

Institute of Medical Arts

107 Park Ave, Suite 202
Plainfield NJ, 07060-07061

Tel: 908-205-0591

Website: Instituteofmedicalart.com

Student Information

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #'S: H: _____ C: _____ W: _____

E-MAIL: _____

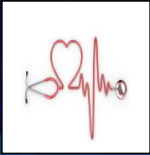
SOCIAL SECURITY #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE: _____

Program Information

| | | | | | | |
|--|-------------------------------------|--------------------------------|-----------------------------------|------------------------------|------------------------------|------------------------------|
| Date of Admission | | Program/Course | | | | |
| Program Start Date | | Anticipated End Date | | | | |
| Full Time: <input type="checkbox"/> | Part-Time: <input type="checkbox"/> | Day: <input type="checkbox"/> | Evening: <input type="checkbox"/> | | | |
| Days/Evening Class Meets: Mon <input type="checkbox"/> | Tues <input type="checkbox"/> | Wed <input type="checkbox"/> | Thurs <input type="checkbox"/> | Fri <input type="checkbox"/> | Sat <input type="checkbox"/> | Sun <input type="checkbox"/> |
| For Institutes Administrator to Complete | | | | | | |
| Time of Day/Evening Class Begins | | Time of Day/Evening Class Ends | | | | |
| Number of Weeks | | Total Credits/Clock hours | | | | |



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Program/Course -

400 Instructional Hours/16 Weeks

Sessions are Monday to Friday five hours each day. Each module is four weeks in duration

Instructional hours are actual hours sat in the classroom or laboratory. All programs lead to a certificate rather than an academic associates or bachelor's degree, hence the use of clock hours.

Medical Assisting Program

Students will learn the structure and function of the major body systems in conjunction with medical terminology, diagnostic, and therapeutic procedures. Students will learn computer skills, administrative processes, bookkeeping, accounting practices, and processing medical insurance forms/claims. Clinical medical assistants' duties vary with the location, specialty, and size of the practice. Typically, MA's do the following: take patient history and measure vital signs, help the physician with patient examinations, give patients injections as directed by physician, and prepare blood for laboratory tests. Additional duties include but are not limited to; disposing of contaminated supplies, sterilizing medical instruments, instructing patients about medication or special diets, preparing patients for diagnostic procedures, removing stitches, drawing blood, performing EKG's, or changing dressings.

Medical Billing and Coding Program

Medical coding and billing specialists review patient medical records and assign codes to diagnoses and procedures performed. The codes are then used to bill insurance and other third-party payers (such as Medicare or Medicaid) as well as the patient.

***WILL BE AVAILABLE 2020**

Tuition: Total Cost of Program: \$3,500.00

| | |
|-------------------|------------|
| Tuition | \$2,500.00 |
| Fees | \$200.00 |
| Books & Materials | \$800.00 |

| For Institute Administrator to Complete | | | |
|---|----|---------------|----|
| THE TOTAL COST OF THE PROGRAM | | | |
| Tuition | \$ | Misc. Expense | \$ |
| Non-Refundable Registration Fee | \$ | Total Cost | \$ |

The student is responsible for purchasing the uniform, books/supplies, needed for the program of study.



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Cancelation Refund Policy

Should the student's enrollment be terminated, or should the student withdraw for any reason, all refunds will be made according to the following refund schedule.

1. Students who wish to cancel their enrollment in a program or at the school must do so in writing. The request must include the date of withdrawal and must be dated and signed by the student. This letter must be received within one week of the withdrawal (5 business days) to receive tuition reimbursement for that week. Tuition reimbursement will begin the week the notification is received. It is best to hand deliver the withdrawal letter and have a copy signed by the admissions officer or mail the letter by certified mail.
2. All monies will be refunded if the applicant is not accepted by the school or if the student cancels within three (3) business days after the enrollment agreement is signed by both parties, even if instruction has begun.
3. Cancellation after the third (3rd) business day, but before the first class, will result in a refund of all monies paid, even apart from the Administrative Fees.
4. Withdraw after attendance has begun is based on the following refund policy for all the 300 instructional hours or more. An instructional hour is defined as 60 consecutive minutes which includes attendance, instruction, project set up and clean up.

Reimbursement Scale

If withdrawal or cancellation occurs:

During the first week

During the second or third week

The School Will Retain

10 % of the tuition

20 % of the tuition

Withdrawing From School

Students must fill out a withdrawal notification and submit it to the school director. This document must contain the student's name, student ID number, and the date of the withdrawal. All final obligations on the part of the school and the student will be calculated using the official withdrawal date. It is the student's responsibility to withdraw officially from the school. Failure to withdraw formally from the school may result in failing grades, dismissal, and additional financial obligations.



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Notice To Buyer

1. Do not sign this agreement before you read it or if it contains any blank spaces.
2. This agreement is a legal binding instrument. Both side of the contract is binding only when the agreement is accepted, signed and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read both sides before beginning.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute of the entire program between the student and the school.
5. Although the school will be provided placement assistance, the school does not guarantee job placement to graduates upon the program completion or upon graduation.
6. The school reserves the right to reschedule the program start date if the number of student's on schedule is too small.
7. The school reserves the right to terminate a student's training for unsatisfactory progress, nonpayment's of tuition or failure to abide established standards of conduct.
8. The school does not guarantee the transferability of the credits to a college, university or institution. Any decisions on the comparability, appropriateness and applicability of the credit and whether they should be accepted is the decision of the receiving institution.

Student Acknowledgements

| Statement | Initials |
|---|----------|
| I have carefully read and received an exact copy of this enrollment agreement. | |
| I understand that the school does not guarantee a job placement to graduates upon program completion or upon graduation. | |
| I hereby acknowledge receipt of the school's catalog dated _____, which contains information describing programs offered, and the equipment/supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog. | |
| I understand that the school may terminate my enrollment if I fail to comply with the attendance, academic, and financial requirements or if I fail to abide by the established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded. | |
| I understand that complaints, which cannot be resolved by direct negotiation with the school in the accordance to its written grievance policy, may be field with the State council of Higher Education for Virginia, 101 N. 14 th Street 9 th floor, James Monroe Building, Richmond, VA 23219. All student complaints must be submitted in writing. | |



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Contract Acceptance

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by _____ (School Name)

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities regarding this contract.

Signed this _____ day of _____, 20 _____

Signature of the Student

Date

Signature of the School Official

Date

Representative's Certification

I hereby certify that _____ has been interviewed by me and in my judgement, meets all the requirements for acceptance as a student in the _____ (Program Name) at The Institute of Medical Arts, as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Signature of the School Official

Date