



CERTIFIED MEDICAL OFFICE ASSISTANT WITH MEDICAL BILLING

What do Medical Administrative Professionals do?

These versatile professionals are office specialists that are essential to many different health care settings, including physician's offices, chiropractors, cardiologists, dentists, and others. In addition, individuals can accomplish various jobs in the hospital environment, and some are employed by freestanding emergency centers and surgery centers.

Opportunities for Certified Medical Administrative Assistants are growing¹ because of the constant change within the medical profession and the surge of cross-training, which means that one individual is trained to do a variety of duties. Certified Medical Administrative Assistants greet patients as they arrive, obtain basic registration information, assemble patient medical records, perform office accounting and filing, handle all correspondence and scheduling of outpatient procedures, consultations, and appointments. In addition, they must have a basic knowledge of procedure and diagnostic coding, the ability to complete insurance forms, and to determine insurance coverage and limitations for the patient.

This certification program will teach you the practical real-world skills essential for success in the healthcare field. Upon completion of this program, you will sit for your CMAA (Certified Medical Administrative Assistant) examination through the National Healthcareer Association (NHA).

1. Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Medical Assistants, at <https://www.bls.gov/ooh/healthcare/medical-assistants.htm> (visited July 08, 2025).

CERTIFICATE PROGRAM

• WITH CMAA NATIONAL CERTIFICATION

All Inclusive - Tuition Includes:

- All Textbooks
- Electronic Health Record Simulation/Virtual Medical Office
- CMAA Practice Exams
- Resume Building, Job Search, and Interview Skills
- NHA CMAA Exam Fees
- Medical Billing Certificate

Class Calendar

Self-Paced: Learn Your Way

- Start Anytime
- Watch recorded lessons.
- Dedicated instructor support

MEDICAL ADMINISTRATIVE ASSISTANT - WHAT YOU WILL LEARN:

- Medical Terminology
- Medical Front Office Skills
- Electronic Medical Records for the Medical Office
- Medical Insurance and Billing

COURSE DESCRIPTIONS

•**Medical Administrative Assistant- 16 Weeks.** Classes are held once a week for 2 hours via Zoom and are recorded. You may choose to attend the course Live via Zoom or Self-paced by watching the recorded classes; both program options have instructor support. You will learn HIPAA compliance and health information in the medical office, insurance and billing procedures, financial and practice management, and administrative duties. In addition, we take you through the “virtual medical office” which gives you the opportunity to practice “real” medical office skills before entering the workforce. All books, virtual materials, and CMAA Exam Fees are included. \$3,200.

•**Medical Administrative Professional Program- 36 Weeks.** This course track combines two programs enabling you to master the entire medical revenue cycle: Medical Administrative Assistant with Billing, as well as Medical Coding with CPC-A, leaving you with 2 national certifications. It also includes our programs at a discounted rate. The Medical Professional courses are designed to be completed one after the other; course timing will be coordinated with you by our Education Advisors. This course includes all resources, books, and exam fees for both the Medical Administrative Assistant with Billing and the Medical Coding with CPC-A. \$6,750.

ENTRANCE REQUIREMENTS

All applicants must be 18 years of age. A high school diploma or GED equivalent is also required by program completion. Basic computer skills required.

ATTENDANCE POLICY

The attendance policy set forth by the Academy of Medical Professions is strictly enforced.

Students attending Live Classes are expected to attend 100% of all scheduled meetings; missing a scheduled meeting will require the student to watch the recorded version of the meeting prior to attending the next lecture.

Self-Paced students are expected to watch recorded lectures and communicate weekly with the Academy or their assigned instructor. Students whose attendance drops below 70% (not withstanding mitigating circumstances), may be dis-enrolled from the program.

STANDARDS OF PROGRESS

Students whose academic average drops below 70% will be placed on academic probation. We will work with the student to develop an action plan for success, to include specific goals and target dates. If the student is unsuccessful in meeting the goals and target dates of the action plan or success, the student will be subject to academic dismissal with no refund.

REFUND POLICY

1. You may terminate the Enrollment Agreement or training at any time. If you do so, you must inform the school, not the instructor, in writing. Termination will become effective upon receipt of the written notice. The refund will be based on notification week corresponding with your course assignments or week associated with start date of the program.

2. If you terminate before you commence training, you will receive a refund of the money paid to the school, minus \$500 for the course books, unless they are returned unused, unopened. The \$300.00 application fee is nonrefundable. If no unused books are returned, the total subtracted from the refund will be \$800.00.

3. If you terminate within the first 3 weeks, you will receive a prorated refund equal to the unused portion of monies received from your last day of attendance, or week corresponding with your course assignments, less the application fee of \$300.00 and the book fee of \$500.00. If you terminate any time after week 3, there will be no refund. If you are on a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections.



ACADEMY

of MEDICAL PROFESSIONS

Brunswick Business Center

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Brunswick, ME 04011

207-449-1242 (fax)

info@academyofmedicalprofessions.com

MEDICAL ADMINISTRATIVE ASSISTANT ENROLLMENT AGREEMENT

(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

NAME: _____ SS# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ (H) _____ (C)

E-MAIL: _____

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) _____

_____ Live Online Class or _____ Self-Paced Online START DATE: _____

SINGLE PAYMENT METHOD

******Please make checks payable to the Academy of Medical Professions******

- \$500 Deposit is required for Payment Plan Options
- \$300.00 Non-refundable enrollment fee is already included in the price
- Voucher Payments: (I.E. Goodwill, Dept Of Labor, Mycaa, Etc.)

ONE TIME FULL PAYMENT

Self-Pay

Voucher

\$3,200 Medical Administrative Assistant (CMAA & Billing Certificate)

\$6,750 Medical Professional (CMAA, CPC-A, Billing Certificate)

Voucher Payments:

Name Of Organization Paying: _____

Point of Contact: _____

Where Did You Hear About Our Courses? _____

If From An Adult Education Or College Brochure Please List Which One:

***All applicants must sign the contract agreement on the next page regardless of payment method.**

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS IF DIFFERENT FROM REGISTRATION FORM:

FULL PAYMENT \$ _____ Date you wish to have payment taken: _____

PAYMENT PLAN DOWN PAYMENT Amount \$500.00 Date to take out deposit from credit card: _____

PAYMENT PLANS

All payment plans do require a \$500 down payment which is deducted from the cost of tuition

Choose One program	Payment Plan
_____ \$3,425 (Medical Administrative Assistant)	\$500 Down Payment/ \$325/month for 9 months.
_____ \$7,000 (Medical Professional)	\$500 Down Payment/ \$325/month for 20 months.

Date you wish to have monthly payments taken: _____ of each month.

_____ (initial) I agree to the payment plan chosen above

_____ (initial) I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to

CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the program, including the ATTENDANCE and STANDARDS OF PROGRESS policies. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY for this course and agree to its terms. I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to:

SIGNATURE: _____ DATE: _____