

DATE AND TIME

TUESDAY EVENINGS

First class scheduled for **August 27, 2024** (6:00 PM – 9:00 PM)

Course Ends: December 10, 2024

LOCATION

LIVE VIRTUAL CLASS

Via Zoom

ZOOM INVITE IS EMAIL WEEKLY

INSTRUCTOR INFORMATION

Damaris Ramirez, MS, CPC, CPB, CRC, CPC-H, CPCO, CPMA, Approved Instructor

Office: By appointment only

1625 Lemoine Avenue, STE 207

Fort Lee, NJ 07024

CELL: 201-355-6141

EMAIL: damaris@healthcarenetworkinc.com

COST

CLASS COST : \$1,900.00

Installment Payments:

\$295.00 Deposit required to hold your place in class if paying in installments.
Additional \$95.00 processing fee also added. See Payment plan on next page.

NOT INCLUDED IN COST

Coding books not included but required for course:

- CPT 2024 (AMA Professional Edition)
- ICD-10-CM 2024 (expert editions are allowed)
- HCPCS 2024 (expert editions are allowed)

Additional fees:

- AAPC Membership-payable directly to AAPC
- Exam fee- payable directly to AAPC



STUDENT INFORMATION

Please print as needed for class certificate

Full Name : [input box]

Address : _____

Phone Number : _____

AAPC Member Number : _____

E-Mail : _____

PAYMENT OPTIONS: #CEPC082024

Option A: Standard Registration - Payment in FULL (\$1,900.00)
(Full payment due by August 27, 2024)

Option B: Payment Plan (TOTAL IS \$1,995.00)
(Registration payment \$295.00 due by August 20, 2024)

Included in total is an additional \$95 processing fee for PayPal payment plan.
See payment schedule on next page.

Payment Type: Cash Money Order Certified Checks
 Credit Card/Debit Card (PAYPAL ONLY)*

*For PayPal you will need to fill out the Debit/Credit Card Authorization Form.

*Card information will be kept on file for recurring payments on payment plan.

Contact Information :

1625 Lemoine Avenue, Fort Lee, NJ 07024

201-355-6141

www.CPCEXAMPREP.com

STUDENT SIGNATURE

Please sign and date on line above

2024 CPC EXAM PREP

CLASS POLICIES- PAYMENTS AND REFUNDS

This course only provides assistance for the medical coding certification exam. As stipulated by law, we can not and do not make any guarantees about your ability to get certified. Your results are up to you. All products and services by our company are for educational and informational purposes only.

Admission Policy

THE HEALTHCARE NETWORK does not discriminate on the basis of sex, ethnicity, religion, age, disability, or natural origin in admission, access, in its program. Applicants must be 18 years of age or older at the start of the program.

Payment Policies

Missed payments are assessed a \$35.00 late fee per payment missed. Each additional seven days is assessed an additional \$20 late fee. If student fails to make 2 or more payments, they will be asked to stop attending class until payment is up to date.

Payment Plan 2024

Option B: Installment payment plan is as follows:

Registration = \$295.00 -Initial Payment	
Payment 1 (August 31)	= \$283.30
Payment 2 (September 14)	= \$283.30
Payment 3 (September 28)	= \$283.30
Payment 4 (October 12)	= \$283.30
Payment 5 (October 26)	= \$283.30
Payment 6 (November 9)	= \$283.30

Payment Plan Total = \$1,995.00 (Includes \$95 Processing Fee)

To create a payment plan, you must enter valid card information in the Debit/Credit Card Authorization Form. Card information will be kept on file for recurring payments.

****Student will not be allowed to sit for exam until balance for class is \$0.**

Grade Policy

Homework 50%

Final 25%

Class Participation 25%

Refunds and Cancellation Policy

A full refund will be made if request is done in writing prior to the first day of class. Once the course books are paid (\$150 value) to the AAPC that amount plus a non-refundable administrative fee (\$100) will be deducted from the refund. No refunds will be made after the first day of class. If student withdraws from class after the first day, they are responsible for the total payment of the course. In the event that CPC Exam Prep cancels the course before the first day of class a full refund will be made to the student. All refunds will be made no later than thirty (30) days after cancellation or withdrawal.

Returning Students

All returning students must have a \$0 balance on your account in order to attend a new course. Approval is needed before attending class.

Copyright

Textbooks, handouts and visual aids are the sole property of THE HEALTHCARE NETWORK. Copying, distributing or duplicating any of this information is prohibited without prior written consent.

Returned Checks

Any business checks returned for insufficient funds will be assessed a fee of an additional \$30.00

Sign above- I agree with the above terms and conditions

Date

PAGES 1 & 2 MUST BE SIGNED AND RETURNED by Email to: damaris@healthcarenetworkinc.com *Thank you*



STUDENT ACCOUNT INFORMATION

Please complete all fields in print or clear text. This authorization will remain in effect until payment completed. Reminder for students who decide to withdrawal - you are responsible for the full total payment of the course after the first day of class.

Debit/Credit Card Information	
Card Type: MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/>	
Other _____	
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (MM/YY): _____ CSC code: _____	
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize The Healthcare Network to charge my debit/credit card above for agreed upon recurring course payments. I understand that my information will be saved to file for future transactions (see below for payment due dates) on my account.

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Payment 6 (November 9) = \$283.30

Payment Plan Total = \$1,995.00 (Includes \$95 Processing Fee)

Student Signature

Date

MUST BE SIGNED AND RETURNED by email to: damaris@healthcarenetworkinc.com

Thank you