DATE AND TIME

TUESDAY EVENINGS
First class scheduled for January 13, 2026 (6:30 PM – 9:30 PM)
Course Ends:April 28, 2026

LOCATION

LIVE VIRTUAL CLASS
Via Zoom

The January 2026 CPC Exam Prep Class includes interactive online exercises designed to replicate the format and rigor of the official CPC exam.

INSTRUCTOR INFORMATION

Damaris Ramirez, MS, CPC, CPB, CRC, CPC-H, CPCO, CPPM, CPMA, Approved Instructor
Office: By appointment only
11 New Street
Englewood Cliffs, NJ 07632
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 2026 (AMA Professional Edition)
• ICD-10-CM 2026 (expert editions are allowed)
• HCPCS 2026 (expert editions are allowed)

Additional fees:
• AAPC Membership-payable directly to AAPC
• Exam fee- payable directly to AAPC

CPC EXAM PREP

STUDENT INFORMATION

Please print as needed for class certificate

Full Name :

Address :

Phone Number :

AAPC Member Number :

E-Mail :

PAYMENT OPTIONS: **#CEPC012026**

☐ **Option A: Standard Registration** - Payment in FULL ($1,900.00)
(Full payment due by January 10, 2026)

☐ **Option B: Payment Plan** (TOTAL IS $1,995.00) Done by Paypal
(Registration payment $295.00 due by January 10, 2026)

Included in total is an additional *$95 processing fee for PayPal payment plan.*

See payment schedule on next page.

Payment Type: ☐ 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 :

📍 11 New Street
Englewood Cliffs, NJ 07632

📞 201-355-6141

🌐 www.CPCEXAMPREP.com

STUDENT SIGNATURE

Please sign and date on line above

2026 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 2026
Option B: Installment payment plan is as follows:
Registration =$295.00 -Initial Payment
Payment 1 (January 23)   = $283.30
Payment 2 (February 6)   = $283.30
Payment 3 (February 20)   = $283.30
Payment 4 (March 6)   = $283.30
Payment 5 (March 20)   = $283.30
Payment 6 (April 3)   = $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.

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. 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

CPC EXAM PREP

SPRING 2026

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 ☐ VISA ☐ Discover ☐ AMEX 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.

Payment Plan 2026
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Payment 3 (February 20) = $283.30
Payment 4 (March 6)   = $283.30
Payment 5 (March 20)   = $283.30
Payment 6 (April 3)   = $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