

# CPC B.E.S.T

## BUILDING EXPERT SKILLS FOR TESTING

### THE CPC BOOT CAMP CLASS

#### Via Zoom

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

### CLASS SCHEDULE

Wednesday, JANUARY 14, 2026- 6:30 PM- 9:30 PM  
Wednesday, JANUARY 21, 2026- 6:30 PM - 9:30 PM  
Saturday, JANUARY 31, 2026- 9:00 AM - 4:00 PM  
Wednesday, FEBRUARY 4, 2026- 6:30 PM - 9:30 PM  
Wednesday, FEBRUARY 11, 2026- 6:30 PM - 9:30 PM  
Saturday, FEBRUARY 21, 2026- 9:00 AM- 12:30 PM

### 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

EMAIL: damaris@healthcarenetworkinc.com

CELL: 201-355-6141

### COST

**Boot Camp Fee : \$995.00**

*Installment Payments available*

#### 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

### COURSE OBJECTIVE

- Designed for repeat exam takers — targeted review and strategy
- Live, interactive instruction via Zoom — get real-time guidance and feedback
- Focused on exam-style thinking — learn how to navigate tricky questions and time limits
- Hands-on practice every session — includes timed drills with online testing
- Confidence-building approach — personalized support to strengthen weak areas and boost the passing potential

While this boot camp provides the tools, strategies, and guidance needed for success, each student's exam readiness may vary. Students are encouraged to review their performance and dedicate additional study time as needed prior to scheduling the test.

### STUDENT INFORMATION

Please print as needed for class certificate

Full Name :

Address :

  

Phone Number :

AAPC Member Number :

E-Mail :

PAYMENT OPTIONS: **#CPCBEST011426**

☐ **Option A: Standard Registration** - Payment in FULL (\$995.00)

(Full payment due by January 12, 2026)

☐ **Option B: Payment Plan - 3 payments** (TOTAL IS \$1,090.00) Done by Paypal

(Registration payment #1 \$395.00 due by January 12, 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

# CPC B.E.S.T- The Boot Camp

## 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 payments as follows:

Payment 1 / <b>Registration</b>	= \$395.00
Payment 2 (January 23)	= \$300.00
Payment 3 (February 6)	= \$300.00

**Payment Plan Total** = \$1,090.00 (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 60%  
Final 20%  
Class Participation 20%

### 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. In the rare event that we must cancel a course or boot camp after it has started, participants will have the option to transfer into a future session. No refunds made after the first day of class.

### 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

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Sign above- I agree with the above terms and conditions

PAGES 1 & 2 MUST BE SIGNED AND RETURNED by Email to: [damaris@healthcarenetworkinc.com](mailto:damaris@healthcarenetworkinc.com)

Date  
*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 ☐ 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.

##### BOOT CAMP Payment Plan 2026

##### Option B: Installment payment plan is as follows:

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Payment 1 / Registration = \$395.00

Payment 2 (January 23, 2026) = \$300.00

Payment 3 ( February 6, 2026) = \$300.00

Payment Plan Total = \$1,090.00 (Includes \$95 Processing Fee)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

MUST BE SIGNED AND RETURNED by email to: [damaris@healthcarenetworkinc.com](mailto:damaris@healthcarenetworkinc.com)

*Thank you*