

Bridges Healthcare Consulting, Inc.
STUDENT ENROLLMENT AGREEMENT 2019 (PLEASE PRINT)

Student Information --- Please Print Clearly Date: _____

The following information is used for billing and identification only and will not be sold or used for any solicitation. Your information is secured by HIPAA privacy policies.

STUDENT INFORMATION

Email address: _____

Your information will not be sold or used by any other source, or used for solicitation. Your email may be used to contact you concerning school or classroom correspondence only.

How did you hear about us (please circle one)? Online Radio Website Friend Other

Student Name: _____

Address: _____ Street
Apt # City State Zip

Date of Birth: ____/____/____ Contact Info:

AHIMA MEMBER ID # _____ (if applicable)

Home (____) _____ Cell (____) _____ Wk. (____) _____

Name and phone number of a person in case of an emergency:

Programs/Courses Offered:

Check program for registration:

Bridge2Coding 11-Week Education Course (Live sessions) = \$2,600.00

Bridge2Advance/ CCS Certification Program 4-Week Course (Live sessions) = \$1,700.00

Phone: 1-815-953-2985 * Fax: (815)-907-7220 * Email: awb@bridge2healthcare.consulting *
<http://www.bridge2healthcare.consulting>

Bridge2CDI = Contact us for pricing

For information concerning refunds &*** Payment plans, see the Refund & Payment policies in this Enrollment Agreement. ***Call Bridges Healthcare Consulting For further details. You will receive an email of confirmation from Bridges Healthcare Consulting with date, time and balance due for current class enrollment.

Students who elect to withdraw, from the course prior to the commencement of the 11 Week course start date, after signing this Student Enrollment Agreement are not entitled to a refund of any tuition paid above.

Copyright

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Grievances

Complaints will be resolved by the student and Bridges Healthcare Consulting Inc.

I have received a copy of this enrollment agreement and fully understand the terms of this student contract by signing below.

_____ Student Name Print

Date _____

_____ Student Signature

Date _____

STUDENT ENROLLMENT AGREEMENT CAN BE FAXED TO: (815)-907-7220

OR

EMAILED TO: awb@bridge2healthcare.consulting ***Non---Refundable deposit is required for enrollment***



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