**MEMBA Institute**

9165 Otis Ave Suite 236-4

Indianapolis, IN 46216

**Tel:** 317-922-2900 **Website:** [www.membaconsult.com](http://www.membaconsult.com) **Email:** [Memba@membaconsult.com](mailto:Memba@membaconsult.com)

**Certified Professional Coder (CPC) Enrollment Agreement**

**Course Description**

The student will learn principles of medical coding related to the three main code books: CPT®, ICD-10- CM Code Set and HCPCS Level II. This course is recommended for anyone who is preparing for a career in medical coding for a physician’s office.

**Course Length**

To be completed virtual or in classroom within a 10-week period, *with the option of a two-week internship\**

**Class Hours:** **Days/Times Per Week:** Online course, independent self-study, virtual/classroom meetings:

**Tuesday:** 6PM- 8:30PM

**Thursday:** 6PM-8:30PM

**Saturday:** 8AM-11AM

*(Note: 80 clock hours accounts only for time spent in the online course and does not include time spent outside the course or study time)* Classroom Days

**Credential:**

Certificate of Completion Issued-Yes

Certification- Yes, after successfully passing the CPC coding exam with a 70% or higher

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**PERSONAL INFORMATION**

Applicant Legal Name:

*(First, MI, Last)*

Date of Birth:

*(mm,dd,year)*

Marital Status:

Sex: ☐ Female ☐ Male

Previous Last Name(s), if any:

Email:

Phone #

Alternate #

**CURRENT MAILING ADDRESS**

Street Address

Apt #

City/Town

State/Province

Country

Zip/Postal Code

US Citizen

Dual US Citizen, please specify other citizenship

Have you ever been convicted of a felony?  Yes  No

Highest Level of Education:  High School Diploma/GED  Some College  Degree

Name of School

School Address

Phone #

Degree, if applicable

**PAYMENT INFORMATION**

**Course Enrollment Fee**: Payment is due in full at time of enrollment. Fees listed do not include any recommended textbooks/supplies or computer requirements. *Prices are variable and subject to change- (Please see the refund Policy on page 4 of the document)*

*No reduced hours in the course or tuition discount for previous education or training will be granted.*

**Payment Method**

Financial Aid (FAFSA, Grant, etc.)?  Yes  No

Self-pay?  Yes  No **If yes**, Method of payment  Credit Card  ACH  Cash

**AUTHORIZATION**

Your signature below

confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature of applicant

Date

Signature of Administrator

Date

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Tuition Amount  $ | Program Enrollment: |
| Class Start Date: | Expected Completion Date: |
| Work-Study  Yes  No | Credential  Yes  No |
|  |  |

**REFUND POLICY**

In accordance with the Office of Career and Technical Schools (OTCS) Career College Student Assurance Fund (CCSAF), if any of the below conditions apply a student may be entitled to a refund in part of in full of the fees paid.

1. A student is entitled to a full refund if one (1) or more of the following criteria are met:

(a) The student cancels the enrollment agreement or enrollment application within six (6) business days after signing.

(b) The student does not meet the postsecondary proprietary educational institution's minimum admission requirements.

(c) The student's enrollment was procured as a result of a misrepresentation in the written materials utilized by the postsecondary proprietary educational institution.

(d) If the student has not visited the postsecondary educational institution prior to enrollment, and, upon touring the institution or attending the regularly scheduled orientation/classes, the student withdrew from the program within three (3) days.

2. A student withdrawing from an instructional program, after starting the instructional program at a postsecondary proprietary institution and attending one (1) week or less, is entitled to a refund of ninety percent (90%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars ($100).

3. A student withdrawing from an instructional program, after attending more than one (1) week but equal to or less than twenty-five percent (25%) of the duration of the instructional program, is entitled to a refund of seventy-five percent (75%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars ($100).

4. A student withdrawing from an instructional program, after attending more than twenty-five percent (25%) but equal to or less than fifty percent (50%) of the duration of the instructional program, is entitled to a refund of fifty percent (50%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars ($100).

5. A student withdrawing from an instructional program, after attending more than fifty percent (50%) but equal to or less than sixty percent (60%) of the duration of the instructional program, is entitled to a refund of forty percent (40%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars ($100).

6. A student withdrawing from an institutional program, after attending more than sixty percent (60%) of the duration of the instructional program, is not entitled to a refund.

**Student Protection Fund**

IC 22-4.1-21-15 and IC 22-4.1-21-18 requires each educational institution accredited by the Office for Career and Technical Schools to submit an institutional surety bond and contribute to the Career College Student Assurance Fund which will be used to pay off debt incurred due to the closing of a school, discontinuance of a program, or loss of accreditation by an institution. To file a claim, each student must submit a completed “Student Complaint Form.” This form can be found on OCTS’s website at http://www.in.gov/dwd/2731.htm.