



ACADEMY
of MEDICAL PROFESSIONS



Conference Room #408

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Medical Office Specialist (CMAA with Billing)
COURSE ENROLLMENT AGREEMENT

(PLEASE PRINT AND MAIL OR EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)
SS#

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ Race: _____

PHONE NUMBER: _____ (H) _____ (C) Ethnicity: _____

E-MAIL: _____ Gender: _____

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) _____

LIVE (Webex, see start dates on calendar) START DATE: _____

ONLINE (watching prerecorded classes) START DATE: _____

SINGLE PAYMENT METHOD

****Please make checks payable to the Academy of Medical Professions****

- \$500 Deposit is required for Payment Plan Options
- \$300.00 Non-refundable enrollment fee is already included in the price
- Voucher Payments: (I.E. Goodwill, Dept Of Labor, VA, Mycaa, Etc.)

ONE TIME FULL PAYMENT

Self-Pay Voucher

\$3,200 Medical Office Specialist (CMAA & Billing Certificate)

\$6,300 Medical Professional (CMAA, CPC-A, Billing Certificate)

Voucher Payments:

Name Of Organization Paying: _____

Point of Contact: _____

If taking a program that requires Medical Terminology, please indicate the following:

Place Start Date Next To Option

_____ I Intend To Take The Program All Together

_____ I Intend To Break Up My Courses By Taking Terminology First

Where Did You Hear About Our Courses? _____

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM:

FULL PAYMENT \$ _____ Date you wish to have payment taken: _____

PAYMENT PLAN DOWN PAYMENT Amount \$500.00 Date to take out deposit from credit card: _____

PAYMENT PLANS

All payment plans do require a \$500 down payment which is deducted from the cost of tuition

Choose One program

_____ \$3,425 (CMAA)

_____ \$6,500 (Office Professional)

Payment Plan

_____ \$500 Down Payment/ \$325/month for 9 months.

contact school for payment options

SS# _____ DATE OF BIRTH: _____

_____ (initial) I agree to the payment plan chosen above

_____ (initial) I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to

CONTRACT AGREEMENT

I, _____ hereby agree to the above-mentioned terms of the program. I

have read and understand the REFUND POLICY and STANDARDS OF PROGRESS for this

course and agree to its terms.

SIGNATURE: _____ DATE: _____