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## MEDICAL CODING COURSE ENROLLMENT AGREEMENT

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ :

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Gender Assigned at Birth  
(choose from dropdown)

PHONE NUMBER: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

E-MAIL: \_\_\_\_\_

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

LIVE (Zoom, 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, Mycaa, Etc.)

#### **ONE TIME FULL PAYMENT**

**Self-Pay**
**Voucher**

_____	_____	\$3,750 Medical Coding (CPC-A Certification)
_____	_____	\$4,950 Medical Coding w/Practicode (CPC Certification)
_____	_____	\$6,350 Medical Professional (CMAA AND CPC-A certifications)
_____	_____	\$1,200 Practicode only

#### **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? \_\_\_\_\_

If from an adult education or college brochure please list which one:

\_\_\_\_\_

## 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: \_\_\_\_\_

## PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS 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**

\_\_\_\_\_ \$4,075 (Coding)

\_\_\_\_\_ \$5,150(Coding w/Practicode)

\_\_\_\_\_ \$6,550 (Medical Professional)

\_\_\_\_\_ \$1,400 (Practicode Only)

### **Payment Plan**

\_\_\_\_\_ \$500 Down Payment/ \$325 for 11 months.

Contact school for all other Program payment plans

Date you wish to have monthly payment taken: \_\_\_\_\_ day of the month.

\_\_\_\_\_ (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