STUDENT ENROLLMENT AGREEMENT 2017

CAREER CODERS, LLC  292 Marcy Drive, Loveland, CO  80537
(970) 663-0020   Fax: (970) 663-0060

Approved and Regulated by the Colorado Department of Higher Education,
Private Occupational School Board

Step 1: Enroll online at www.careercoders.com
Step 2: Complete enrollment form, sign and submit via email to MelodyIrvine@careercoders.com or send USPS to Career Coders, 292 Marcy Drive, Loveland, CO  80537

STUDENT INFORMATION

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.

Date:  ____________________________

Student Name:___________________________________________________________________________
First                                                            Last                                                         MI

Address:________________________________________________________________________________
Street                                  Apt #                                        City                         State                   Zip

Home (____)_________________  Cell (____) ___________________  Wk (____) ___________________

Email address:___________________________________________________________________
This is the email used for all class invitations and correspondence. An email is REQUIRED - Your information will not be sold or used by any other source, or used for solicitation. Your email will be used for correspondence and classroom communication only.

Your Time Zone: (Circle One)      Pacific      Mountain      Central      Eastern

How did you hear about Career Coders?

□ Web Search _____________________________ Friend _____________________________
Other (explain)  _____________________________________________________________________________________
______________________________________________________________________________________________
Student Name: __________________

Programs/ Course
Check all classes you will be attending

___ Basic Anatomy & Medical Terminology  Tuition - $599.00 + Book (Approx. $100.00)

___ Introduction to Medical Billing and Coding  Tuition - $1850.00 + Books (Approx. $225.00)

___ CPC Certification Program  Tuition - $1850.00 + Books (Approx. $325.00)

Must enroll Online at www.careercoders.com

PAYMENT INFORMATION

PAYMENTS MUST BE RECEIVED 7 DAYS PRIOR TO CLASS START DATE

Method of Payment:
□ Money Order  □ Credit Card (see below)  □ WorkForce/Gov Program ________________________
□ Other ________________________________________________________________

Credit Card Payments:

Call Career Coders at (970) 663-0020 to submit credit card information

Payments made to:  Career Coders, LLC, 292 Marcy Drive, Loveland, CO 80537
APPLICATION CAN BE FAXED AT (970) 663-0060 OR MAILED TO Career Coders, LLC, 292 Marcy Drive, Loveland, CO 80537
****DISCLAIMER - These prices are effective 01/01/17, class times and dates subject to change.****
Student Name: __________________

STUDENT ASSESSMENT/ EVALUATION

1. Level of Education    □ HS Graduate    □ College    □ Trade School    □ Other__________________________
2. Have you ever worked in a medical position? □ Yes □ No
   If yes, in what capacity ?___________________________________________________________
3. My knowledge of Medical Billing    □ None    □ Basic Knowledge    □ Advanced
4. My knowledge of Medical Coding    □ None    □ Basic Knowledge    □ Advanced
5. Have you ever taken any other Medical Billing and Coding courses? □ Yes □ No    If Yes, where and when___________________________________________________________
6. Why are you interested in this field?
   _________________________________________________________________________________

7. Is there anything that would keep you from completing the class, assignments or attending class? □ Yes □ No □ Maybe (explain) ___________________________________________________________
8. I have good skills and knowledge of computers, internet services and email and capable of learning and completing an online class. □ Yes □ No
9. I have a current personal e-mail address □ Yes □ No
10. I am a self-directed and self-motivated person who completes assignments on time. □ Yes □ No
11. My computer and computer connections meet or exceeds the computer specifications listed on the Software/Computer Standards and Specifications □ Yes □ No
12. I have a back-up plan if my computer malfunctions and able to obtain assignments or participate in online classes □ Yes □ No
13. I understand and agree with Career Coders copyrights and intellectual properties rights? □ Yes □ No
14. I understand and agree that I will be responsible to print all lecture notes and worksheets need for the class.
15. I have read and understand Career Coders attendance and assignment policies? □ Yes □ No
16. I have read the Career Coders Catalog and understand the information posted on Student Privacy, Student Confidentiality, and Plagiarism Policy? □ Yes □ No
17. I have read and understand the Student Conduct Policy? □ Yes □ No
18. I have received and agree to the Career Coders Catalog regarding all other policies and procedures? □ Yes □ No
MEDICAL TERMINOLOGY/ANATOMY CLASS AGREEMENT

As a student, I understand the following by initialing each item listed below for Medical Terminology and Anatomy Class.

1. I understand this class is self-paced and need to be completed within 12 weeks or less of date of orientation to the Career Coders classroom. I also understand start date cannot be changed once orientation has been performed.
2. I understand orientation date will be provided one-on-one via phone conference call with the student and will be contacted by Career Coders to set up this orientation date. Orientation date will not be scheduled until payment for class has been received.
3. I understand that extension of class can be authorized at a charge of $25.00 per week after 12 weeks.
4. I understand I can only view classes once.
5. I understand there are no refunds for uncompleted courses.
6. I understand there is no set time for classes and is my responsibility to view class and perform testing in a timely manner and set my own schedule.
7. I understand testing for each chapter must be completed to receive a certificate of completion and tests can only be taken once.
8. I understand certificate of completion will be sent upon completion of class and tests and must receive an overall passing grade of 70%.
9. I understand I am responsible to order my book “Exploring Medical Language: A Student-Directed Approach, 7th or 8th Edition - (Text and Audio CD Package)” by Myrna LaFleur Brooks. It is also recommended to purchase a Medical Dictionary but not required.
10. I understand I can contact Career Coders for any additional direction or questions with the Medical Terminology/Anatomy class at MelodyIrvine@CareerCoders.com or (970) 663-0020 at any time.
11. I understand homework and textbook assignments are my responsibility to complete and are not turned into Career Coders for approval or grading.
CPC CLASS ASSESSMENT/ AGREEMENT

As a student, I understand the following by initialing each item listed below for CPC Certification Class.

I understand testing fees and AAPC membership is not part of my tuition with Career Coders and it is my responsibility to register/pay for the AAPC National Certification Exam at least 5-6 weeks before testing date.

I understand and verify that I have an excellent knowledge or will be taking classes for training of CPT, ICD-10-CM, HCPCS, Modifiers, Medicare Rules and Regulations, Coding Concepts, HIPAA, Medical Terminology and Anatomy prior to this class.

I understand this CPC Certification class uses 2017 curriculum and it is my responsibility to purchase and have all current 2017 books that are required for class and testing purposes.

I understand there are additional workbook and textbook that will be required for the CPC class and will be given the information how to order these books approximately 3 weeks before start of class.

I understand the taking of this course does not guarantee the passing of the CPC National Certification Test.

I have a high school diploma or GED

I understand I will need to print class lecture notes and worksheets provided for this class

I understand the instructor is a licensed instructor through AAPC and the curriculum is designed by AAPC to aid students in the successful passing of the CPC Examination.

I understand CPC certification will be provided by AAPC to each student provides proof of the two years required education and/or coding experience and successfully passes the CPC Exam

I understand CPC-A certification will be awarded to student who successfully pass the CPC exam but lacks the required education and/or coding experience in the coding field. To remove the A the student must provide proof of two years’ experience to have the A removed. The taking of this class will automatically give you one year of experience and only require the proof of 1 year to have the A removed.
Student Name: ___________________________

**Student Waiver Request**

- Medical Terminology/Anatomy
- Introduction to Medical Billing and Coding

**WAIVER REQUEST for Medical Terminology and Anatomy Class**

I understand Medical Billing and Coding and CPC Certification class requires a comprehensive knowledge of Medical Terminology and Anatomy. I am requesting a waiver for Medical Terminology and Anatomy class due to my previous experience/background.

Explain your prior course work that justifies this waiver; ie; classes, dates, schools, etc.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Accepted by Career Coders: _____________          Denied by Career Coders: ______________

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**WAIVER REQUEST for Introduction to Medical Billing and Coding**

I understand CPC Certification Class requires a comprehensive knowledge and proficient in CPT, ICD-10-CM, HCPCS, Modifiers, Medicare Rules and Regulations, Coding Concepts, HIPAA, Medical Terminology and Anatomy. I am requesting a waiver for Introduction to Medical Billing and Coding class due to my previous experience/background.

Explain your prior course work that justifies this waiver; ie; classes, dates, schools, work experience etc.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Accepted by Career Coders: _____________          Denied by Career Coders: ______________
REFUND AND PAYMENT POLICIES

By signing below, the student agrees to pay Career Coders, LLC, hereafter referred to as the school, the total stated tuition and fees. The school agrees to provide the occupational training in accordance with the provisions of Catalog NO. XII, 2017. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met the school will award the certificate of completion to the student. The student and school understand that this Enrollment Agreement, WHICH INCLUDES THE REFUND POLICY, may not be amended except in writing and signed by both parties.

Postponement of starting date, whether at the request of the school or the student, requires a written agreement signed by the student and the school. The agreement must set forth:
   a) Whether the postponement is for the convenience of the school or student, and;
   b) A deadline for the new start date, beyond which the start date will not be postponed.

If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to an appropriate refund of prepaid tuition and fees within 30 days of the deadline of the new start date set forth in the agreement, determined in accordance with the school’s refund policy and all applicable laws and rules concerning the Private Occupational Education Act of 1981.

Students not accepted to the school are entitled to all moneys paid. Students who cancel this contract by notifying the school within three (3) business days are entitled to a full refund of all tuition and fees paid. Students, who withdraw after three (3) business days, but before commencement of classes, are entitled to a full refund of all tuition and fees paid except the maximum cancellation charge of $150.00 or 25% of the contract price, whichever is less. In the case of students withdrawing after commencement of classes, the school will retain a cancellation charge plus a percentage of tuition and fees, which is based on the percentage of contract hours, as described in the table below. The refund is based on the last date of recorded attendance.

Refund Table – 10 Week Program/ Course

<table>
<thead>
<tr>
<th>Student is entitled to upon withdraw/ termination</th>
<th>Refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within first 10% (1st week) of program (1-2 classes)</td>
<td>90% less cancellation charge</td>
</tr>
<tr>
<td>After 10% but within first 25% of program (3-5 classes)</td>
<td>75% less cancellation charge</td>
</tr>
<tr>
<td>After 25% but within first 50% of program (6-10 classes)</td>
<td>50% less cancellation charge</td>
</tr>
<tr>
<td>After 50% but within first 75% of program (11-15 classes)</td>
<td>25% less cancellation charge</td>
</tr>
<tr>
<td>After 75% (if paid in full, cancellation charge is not applicable)</td>
<td>NO REFUND</td>
</tr>
</tbody>
</table>

Refund Table – 5 Week Program/ Course

<table>
<thead>
<tr>
<th>Student is entitled to upon withdraw/ termination</th>
<th>Refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within first 10% (1st week) of program (1-2 classes)</td>
<td>90% less cancellation charge</td>
</tr>
<tr>
<td>After 10% but within first 25% of program (3-4 classes)</td>
<td>75% less cancellation charge</td>
</tr>
<tr>
<td>After 25% but within first 50% of program (5-6 classes)</td>
<td>50% less cancellation charge</td>
</tr>
<tr>
<td>After 50% but within first 75% of program (7-8 classes)</td>
<td>25% less cancellation charge</td>
</tr>
<tr>
<td>After 75% (if paid in full, cancellation charge is not applicable)</td>
<td>NO REFUND</td>
</tr>
</tbody>
</table>

- The student may cancel this contract at any time prior to midnight of the third business day after signing this contract.
- All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
  - The date on which the school received notice of the student’s intention to discontinue and training program; or
  - The date on which the student violates published school policy, which provides for termination.
  - Should a student fail to return from an excused leave of absence, the effective date of termination for a student on an extended leave of absence or a leave of absence in the earlier of the date the school determines the student is not returning or the day following the expected return date.
- The student will receive a full refund of tuition and fees paid if the school discontinues a course/program within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
The policy for granting credit for previous training shall not impact the refund policy.

Enrollments in programs not listed on the original contract are included and subject to all policies and terms of the original contract, i.e., student terms/policies/payment policies and refunds.

Tuition fees are payable in accordance with the dates agreed as part of this contract. Career Coders reserves the right to deny admission of the student to the facilities of Career Coders On-Line including classes, if payments due to Career Coders are not made by the due dates. Students whose accounts are in arrears will not participate with On-Line classes, and progress reports and transcripts will not be released until payment is received.

**STUDENT GRIEVANCE**

If the student feels their rights have been violated, the following procedures should be followed:

- Try to resolve the issue with the other person involved
- If not resolved, contact instructor to help resolve the issue
- If matter is still not resolved the student may submit a written request of their grievance for further review.

Career Coders, LLC will review the process and make final decisions.

Students also have the right to file a formal complaint with the Division of Private Occupational School and there is a two-year limitation (from student’s last date of attendance) on the Division taking action on student complaints. If the complaint cannot be resolved between the student and the school and all complaints to the division can be filed online. They can be contacted at or done online at the following:

**In Writing:**
Colorado Department of Higher Education
Division of Private Occupation Schools
1560 Broadway, Suite 1600
Denver, CO 80202  (303) 862-3001

**Online:**  http://highered.colorado.gov/DPOS/Students/complaint.html or http://highered.colorado.gov/DPOS/default.html
This application must include pages 1 - 8 to include:

Checklist:
- Student Information (page 1)
- Classes you want to enroll (page 2)
- Student Assessment/Evaluation (page 3)
- Anatomy/Medical Terminology Agreement (page 4)
- CPC Class Assessment/Agreement (page 5)
- Waiver (page 6) if requested by student
- Signature (page 9)

My signature below indicates I understand and agree with this agreement. I also confirm I have received the current copy of Career Coders Catalog, Volume XII, 2017 and enrollment agreement.

I certify that my answers for student assessment and evaluations are true and complete to the best of my knowledge. I understand that any false misrepresentation of Assessment, Evaluation or Student Permissions will hold Career Coders, LLC harmless

____________________________________________________________________________________
Student Signature                                Date

____________________________________________________________________________________
Career Coders, LLC  by Melody S. Irvine, President      Date

This completed and signed form must be returned to Career Coders via email, fax or USPS.

Email:  MelodyIrvine@CareerCoders.com
Fax:  970-663-0060
USPS:  Career Coders, 292 Marcy Drive, Loveland, CO  80537