



BILLING AND CODING COURSE ENROLLMENT AGREEMENT
(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ (H) _____ (C)

E-MAIL: _____

LOCATION ATTENDING START DATE _____
OR ONLINE/CORRESPONDENCE START DATE: _____

(CHECK ONE)

I PLAN ON TAKING THE ENTIRE PROGRAM AT THE SAME TIME: _____

I PLAN ON TAKING TERMINOLOGY AND ANATOMY & PHYSIOLOGY FIRST AND THEN
CODING: _____

WHERE DID YOU HEAR ABOUT OUR COURSES?:

PAYMENT METHOD

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

- PLEASE SEND ALL REGISTRATION FORMS TO BRUNSWICK, MAINE OFFICE
- \$150.00 NON-REFUNDABLE ENROLLMENT FEE IS ALREADY INCLUDED IN THE PRICE
- ALL REGISTRATION FORMS NEED TO BE IN 2 WEEKS PRIOR TO BEGINNING OF CLASS START DATE OR CALL FOR AVAILABILITY; HOWEVER WE CAN NOT GUARANTEE BOOKS WILL BE AVAILABLE THAT FIRST CLASS.
- PAYMENTS ARE TO BE KEPT IN GOOD STANDING OR CONTRACT IS NULL AND VOID AND YOU MUST PAY REMAINING BALANCE BEFORE ATTENDING ANY MORE CLASSES OR THE BALANCE WITH APPROPRIATE FEES WITH BE SENT TO COLLECTION AGENCIES AS WELL AS LEGAL ACTION WILL BE TAKEN.

_____ SINGLE PAYMENT \$3,500. full coding program

_____ SINGLE PAYMENT \$5,800. Medical Professional Program (CMAA AND CODING DISCOUNT)

_____ VOUCHER PAYMENT \$3,500. full coding program
(PAID BY OUTSIDE SOURCE, I.E. GOODWILL, DEPT OF LABOR)

_____ VOUCHER PAYMENT \$5,800. Medical Professional Program
CODING and CMAA discount program
(PAID BY OUTSIDE SOURCE, I.E. GOODWILL, DEPT OF LABOR)

_____ SINGLE PAYMENT: \$3,100. Coding ONLY, opting out of both A&P and Terminology

_____ SINGLE PAYMENT \$3,300. Coding, opting out of either terminology or A&P



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CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the program. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY for his course and agree to its terms:

SIGNATURE: _____ DATE: _____

WEEKLY PAYMENT PLANS
(Finance Fees Included)

- _____ PAYMENT PLAN 1: **\$ 3,700.00. FULL COURSE***
Initial payment of \$500, then \$100 weekly until paid in full.
- _____ PAYMENT PLAN 2: **\$3,800.00. FULL COURSE***
Initial payment of \$500, then \$50.00 weekly until paid in full.
- _____ PAYMENT PLAN 3: **\$3,300.00. CODING ONLY, opting out of both A&P and Terminology***
Initial payment of \$500, then \$100 weekly until paid in full.
- _____ PAYMENT PLAN 4: **\$3,400.00 CODING ONLY, opting out of both A&P and Terminology***
Initial payment of \$500, then \$50.00 weekly until paid in full.
- _____ PAYMENT PLAN 5: **\$3,500.00. CODING, opting out of either A&P or Terminology***
Initial payment of \$500, then \$100 weekly until paid in full.
- _____ PAYMENT PLAN 6: **\$3,600.00. CODING, opting out of either A&P or Terminology***
Initial payment of \$500, then \$50.00 weekly until paid in full.
- _____ PAYMENT PLAN 7: **\$6,000.00. MEDICAL PROFESSIONAL COURSE (CMAA AND CODING)***
Initial payment of \$500, then \$100 weekly until paid in full.

* Weekly payments can be based on the duration of the course (i.e. if you intend to break the course up over a longer period of time, you may also break up your payments over that same time period, please be sure to get prior approval from the school if you intend to do so.

(THIS INFORMATION IS ONLY NEEDED IF USING PAYMENT PLAN)

SS# _____ DRIVER'S LICENSE # _____ STATE _____

MONTHLY PAYMENT PLANS
(Finance Fees Included)

_____ PAYMENT PLAN 1: **\$3,700.00. FULL COURSE***

Initial payment of \$500, then \$500 monthly until paid in full.

_____ PAYMENT PLAN 2: **\$3,300.00. CODING ONLY, opting out of both A&P and Terminology***

Initial payment of \$500, then \$500 monthly until paid in full.

_____ PAYMENT PLAN 3: **\$3,500.00. CODING, opting out of either A&P or Terminology***

Initial payment of \$500, then \$500 monthly until paid in full.

_____ PAYMENT PLAN 4: **\$6,000.00.MEDICAL PROFESSIONAL COURSE (CMAA AND CODING)***

Initial payment of \$500, then \$500 monthly until paid in full.

*** Monthly payments can be based on the duration of the course (i.e. if you intend to break the course up over a longer period of time, you may also break up your payments over that same time period, please be sure to get prior approval from the school if you intend to do so.**

BE SURE TO PROVIDE CREDIT CARD INFORMATION AND DATE YOU WANT TO START THE AUTOMATIC PAYMENTS ON: _____ (initial agreement to terms)

CREDIT CARD # _____

EXPIRATION: _____ SECURITY CODE: _____ TYPE OF CARD: _____

NAME AS IT APPEARS ON CARD: _____ AMOUNT: _____

ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM:

_____ Date that you want to start the automatic weekly payments on weekly date and amount: _____

AMOUNT OF WEEKLY OR MONTHLY PAYMENT: _____

CHECK ONE: WEEKLY ___ MONTHLY ___