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MEDICAL CODING
ENROLLMENT APPLICATION

APPLICANT (Student Information)

NAME	TITLE	YEARS OF EXPERIENCE
ADDRESS	CITY	STATE
		ZIP CODE
STUDENT PHONE#	E-MAIL	WEBSITE
EMERGENCY CONTACT NAME	PHONE	ALTERNATIVE PHONE

EMPLOYER (if payment is being made by employer)

NAME		
ADDRESS	CITY	STATE
		ZIP CODE
CONTACT (person responsible for payment of the course for applicant)	TITLE	YEARS OF EXPERIENCE
PHONE	EXT	OTHER
EMAIL	WEBSITE	

PROGRAM/COURSE INFORMATION

COURSE NAME MEDICAL CODING	ADMISSION DATE
START DATE	END DATE
EVENING CLASSES MONDAYS & THURSDAYS	HOURS/TIME Class begins at 6:00PM - Ends at 9:30PM
COURSE TERM 12 Weeks (twice a week)	

TUITION

INCLUDED	TUITION	\$1,320.00
	ENROLLMENT FEE	\$100.00
	STUDENT WORKBOOKS AND CODING BOOKS <small>(2019 AMA CPT Pro. Edition, ICD-10-CM, HCPCS)</small>	\$390.00
	AAPC STUDENT MEMBERSHIP	\$90.00
TOTAL		\$1,900.00

STUDENT ARE RESPONSIBLE FOR **AAPC EXAM:** (Student price \$300.00) Reg. price \$380.00

A16 Coding Training Institute **DOES NOT OFFER financial assistance or payment installments. The full amount is due at the time of registration.*

REFUND POLICY

- The school shall provide a period of at least three business days, excluding weekends and holidays, during which a student applicant may

- cancel his enrollment without financial obligation other than the non-refundable enrollment fee of \$100. (_____ Student Initials)
- This school does not permit installment payments.
- A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the owner of the school. The notice must include the expected last date of attendance and be signed and dated by the student.
- If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave.
- Contact SCHEV as last resort
- Not subject to adverse actions

Proportion of Total Program Taught by Withdrawal Date	Tuition Refund
Less than 25% _____	75% of program cost
25% up to but less than 50% _____	50% of program cost
50% up to but less than 75% _____	25% of program cost
75% or more _____	No Refund

NOTICE TO BUYER

1. Do not sign this agreement before you have read it.
2. This agreement is a legally binding agreement. Both sides of the agreement is binding only when the agreement is accepted, signed and dated by the school faculty.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. The school does not offer job placement and does not guarantee passing of the National Coding Exam.
6. The school reserves the right to reschedule the program start date when the number
7. The school reserves the right to terminate a student for non payment of the tuition or failure to abide established standards of conduct.

CONTRACT ACCEPTANCE

I the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of collection fees or attorney fees incurred by A16 Coding Training Institute.

My signature below attests that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

STUDENT ACKNOWLEDGEMENTS

- I hereby acknowledge receipt of the school's catalog dated _____, which contains information describing programs offered and supplies provided. The school catalog is included as part of the enrollment agreement and I acknowledge that I have received a copy of it. _____(Student Initials)
- I have carefully read and received an exact copy of the enrollment agreement. _____(Student Initials)
- I understand that the school may terminate my enrollment if I fail to comply with financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory attendance and financial obligation to the school before a certificate may be awarded. _____(Student Initials)

- I understand that the school does not offer job placement and does not guarantee passing of the National Exam. ____ (Student Initials)
- I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the State Council of Higher Education for Virginia, 101 N 14th Street, 9th Floor, James Monroe Building, Richmond, VA 23219. All student complaints must be submitted in writing. ____ (Student Initials)

Applicant's Signature

Date

Employer's Signature

Date

Signature of School Official

Date

REPRESENTATIVE'S CERTIFICATION

I Hereby certify that _____ has been Interviewed by me and in my judgment, meets all the requirements as described in the school catalog for the acceptance of the selected course study at A16 Coding Training Institute. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Signature of School Official

Date

our school is certified to operate by:



State Council of
Higher Education for Virginia