MEDICAL CODING FOR PROFESSIONALS CPC CLASS

COURSE INSTRUCTOR: Kathleen M. Skolnick, *Licensed by AAPC*

CREDENTIALS: COC, CPC, CPCO, CPB, CPMA, CPPM, CPC-I, CEMC, CRC, CDEO, CEDC, CIRCC, COBGC, CCC

CLASS INFORMATION AND FEES					
CLASS DATES	January 7, 2026 - March 11, 2026	COURSE FEE	\$2299.00		
CLASS TIME	Wednesdays 6:00 PM - 9:00 PM	AAPC MEMBERSHIP FEE	\$157.00		
CLASS	500 North Wood Avenue – 1 ST Floor, Suite 2B	STUDY GUIDE FEE	\$100.00		
LOCATION	Linden, NJ 07036 and/or WebEx	*Student workbooks & free practice exam included			

← Class size is limited, so register early ←

COURSE REQUIREMENTS: 2026 AMA CPT Professional Edition, 2026 AMA ICD-10-CM & 2026 AMA HCPCS

TOPICS TO BE COVERED							
 The Business of Medicine Medical Terminology & Anatomy Introduction to ICD-10-CM ICD-10-CM Coding (Ch. 1 - 9) ICD-10-CM Coding (Ch. 10 - 19) Introduction to CPT, Surgery Guidelines, HCPCS & Modifiers Integumentary System Musculoskeletal System Respiratory, Hemic, Lymphatic, Mediastinum and Diaphragm Cardiovascular Systems Digestive System Pathology and Laboratory Evaluation and Management Medicine Medicine Medicine What Lies Ahead 	ems						

❖ A certificate of completion is awarded upon successful completion of the course ❖



SEND APPLICATION AND PAYMENT TO:

Medical Coding for Professionals 112 Arthur Avenue Colonia, NJ 07067

CONTACT INFORMATION				
TELEPHONE 732-381-9811				
FAX	732-340-9675			
EMAIL	kskolnick@comcast.net			
WEBSITE	http://medicalcodingllc.com			

ENROLLMENT APPLICATION FOR CPC COURSE STARTING 1/7/2026				
NAME		EMPLOYER		
NAME		NAME		
HOME		EMPLOYER		
ADDRESS		ADDRESS		
HOME		BUSINESS		
ADDRESS		PHONE #		
CELL#		TITLE		
EMAIL		YRS OF		
		EXPERIENCE		

<u>CANCELLATION POLICY</u>: Fee will be refunded in full up to seven days prior to the starting date of the course. **Note:** If using Square, there is a \$77 non-refundable fee. If canceling less than seven days prior to the starting date of the course, fee will be reimbursed minus a \$350 non-refundable deposit. **No fees will be refunded for cancellation once the course has started or thereafter.**

have read and agree to the cancellation policy set forth above.		
Signature of Applicant	Date	
Signature of Employer (if paying for course)	 Date	