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 | April 10, 2024 – June 12, 2024 | COURSE FEE | \$2299.00 | | |
| CLASS TIME | Wednesdays 6:00 PM - 9:00 PM | AAPC MEMBERSHIP FEE | \$145.00 | | |
| 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: 2024 AMA CPT Professional Edition, 2024 AMA ICD-10-CM & 2024 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 | Musculoskeletal System Respiratory, Hemic, Lymphatic, Mediastinum and Diaphragm Cardiovascular Systems Digestive System Urinary System and Male Genital System | Endocrine and Nervous System Eye & Ocular Adnexa, Auditory Systems Anesthesia Radiology Pathology and Laboratory Evaluation and Management Medicine | | | | |
| Integumentary System | Female Reproductive System | What Lies Ahead | | | | |

❖ 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 4/10/2024 | | | |
|--|--|-----------------|--|
| NAME | | EMPLOYER | |
| | | 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 | |