



# Medical Coding Specialist Course Dates 2011

## Upcoming Classes:

- Medical Coding Specialist is an accelerated 12 week certificate program designed to prepare students to assign diagnosis and procedure codes using recognized coding systems.
- Students completing the program will be able to take the certifying examinations through AHIMA.
- Cost for the Medical Billing & Coding program is \$3136.00 and is due prior to your 1st day of class. This includes tuition and all necessary textbooks.

**\*\* Financing is available \*\***

- Any questions, please call  
1-800-727-1912  
or visit us online at  
[www.tristatenursing.com](http://www.tristatenursing.com)

- ★ Apr 4 - Jun 24  
8:30am to 12:00pm
- ★ Jun 27- Sep 16  
1:00pm to 4:30pm
- ★ Sep 19- Dec 9  
8:30am to 12:00 pm
- ★ Dec 12- Mar 2, 2012  
1:00pm to 4:30pm

**\*\*\* Class dates are tentative depending on number of students registered. \*\*\***

**Times & dates are subject to change at the discretion of Tri-State Nursing.**



A division of

# Tri-State Nursing



## Medical Coding Specialist Course Fees

*Tuition:*        **\$2724.00**

*Books:*        **Included**

*Other Requirements:*

**Total Costs:    \$3136.00 with physical & TB**

Federal ID Number: 20-0346348

Course Requirement: must be at least 18 years of age

Recommended Courses: Medical Terminology

Payment required in full at the time of the registration. No refunds will be made if a student has attended one class. Class size restricted to minimum of 4 students. \*\* If you are unable to finish the course, you must provide a documented, legitimate reason and will be charged an additional fee to retake the missed portion of the class. \*\*

### Course Description:

The goal of this program is to prepare students for an entry level position in the growing field of health care office professionals. These are rewarding careers that not only have good advancement potential, but allows the graduates to do the kind of work that helps others by assisting with reimbursement of funds when filing insurance claims.

Medical Coding Specialist is a 12 week certificate program designed to prepare students to assign diagnosis and procedure codes using recognized coding systems. The student will also be knowledgeable of medical insurance, reimbursement systems, and their correlation to coding. Students become competent on the use of coding systems in clinics and hospitals. The course includes lecture and lab experience.

You will receive a Certificate of Completion for this course. The student may apply to sit for the certifying examinations through AHIMA. The Certified Coding Associate (CCA) Exam costs approximately \$260.00 and can be taken here in Sioux City. The CCA exam is not provided by or scheduled through Tri-State Nursing; it is the sole responsibility of the student.

Dear Student,

Thanks for you for choosing Tri State Nursing Learning Center for your Medical Coding Specialist Program. Here is some additional information for you. We are located at 3100 S Lakeport Street in Sioux City, Iowa. Our classrooms are in the TLC portion of our building. We generally alternate morning and afternoon/evening classes throughout the year, so please check the schedule for the time that works best.

The class days throughout these 12 weeks are Monday through Friday.

There is no lunch break for this course; though there is a refrigerator and a microwave that you may use so you are welcome to bring your lunch. We are only blocks from the mall areas so there are food options available.

You may wear whatever is comfortable for you in the classroom providing it is clean and presentable.

Please bring a notebook, paper, and pen or pencil to take notes. You will want to bring a highlighter as well.

Upon completion of this program, you may apply to sit for the certifying examinations through AHIMA and AAPC. Further information regarding schedule, location, and cost of the exams will be provided the first week of class. We have researched to find that the average starting wage for an Insurance Billing & Coding Specialist ranges from \$15 to \$20 per hour. So your choice to make this a career path is a good one!

We are flexible and will do all we can to make this a great learning experience for you. If you have any questions, please feel free to call our office.

Course Instructor  
Tri State Nursing  
712-277-4442



**Payment:**

Payment of course fee is due in full prior to start date of the class. Tri-State Nursing accepts payment in the form of cash, check, and/or credit card. Students will be charged a fee of \$25.00 for any check returned due to insufficient funds.

**Refund Policies:**

Tuition paid by the applicant will be refunded if requested within 3 days of signing the enrollment agreement and initial payment, provided the student gives Tri-State Nursing written notice of cancellation within this 3 day period. No refunds will be made if the student has attended 1 class.

Refunds will be paid within 30 calendar days of your request. To obtain a refund you must make a written request to the school Administrator; in person. If you are unable to finish the course, you must provide a documented legitimate reason, and will be charged an additional fee to retake any missed portion of the class.

**Attendance and Withdraw Policies**

A student must formally withdraw from class at student services in person. Not attending a class is not dropping a class. A student will be charged for the class if they do not withdraw.

A student may not miss more than 15% of their class room hours (this includes tardiness). Tuition is Non-Refundable after attending the first class. A student may be dropped from the program for missing more than 15% of the class room hours at the instructor or the owner’s discretion.

**Academic Advising**

The Administrator for Tri-State Learning Center can assist you with developing an educational plan to meet your career goals, identify on and off campus resources to help with academic success, help with course selection and appropriate sequencing of courses, and answer questions as they arise.

**Employment Options**

Please note that a student attending classes here at Tri-State Nursing are not obligated to be employed with Tri-State Nursing nor does that guarantee employment with Tri-State Nursing or any healthcare facility.

**Enrollment Acknowledgement**

I acknowledge that I have read and understand the agreement. I affirm that information I provided is true and that false information may lead to my dismissal from the program.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if student is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Learning Center Administrator

\_\_\_\_\_  
Date

\*\*Administrator signature denotes approval for admission to the Tri-State Learning Center

**STATE OF IOWA  
 NON-LAW ENFORCEMENT RECORD CHECK REQUEST  
 FORM A**

ACCOUNT NUMBER 7180-C

<b>TO:</b> Iowa Division of Criminal Investigation Bureau of Identification, 1 <sup>st</sup> Floor 215 E 7 <sup>th</sup> Street Des Moines, IA 50319 (515) 725-6066 (515) 725-6080 (fax)	<b>FROM:</b> <u>Tri-State Nursing Enterprises Inc</u> <u>3100 S Lakeport Rd</u> <u>Sioux City, IA 51106</u> Phone # <u>(712) 277-4442</u> Fax # <u>(712)202-0578</u>
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I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

**REQUEST**

**Maiden Name** \_\_\_\_\_

<b>Last Name</b> (mandatory) _____	<b>First Name</b> (mandatory) _____	<b>Middle Name</b> (recommended) _____
/ / <b>Date of Birth</b> (mandatory)	<b>Sex</b> (mandatory)	<b>Social Security Number</b> (recommended)

\_\_\_\_\_  
**Signature of Requester**

**There is a separate Form "A" required for each last name submitted**

(DCI Use Only)

**RESULTS**

As of \_\_\_\_\_, a Name and date of birth check revealed:

CCH record attached       No CCH record found

DCI initials \_\_\_\_\_

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

_____ <b>Signature</b>	_____ <b>Date</b>
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Form No. 595-1489 (4/07)