

Insurance Billing and Coding Course Fees

Tuition: \$2724.00

Books: \$412.00

Other: Included in tuition - \$30.00 Background Check (non-refundable)

Total Costs: \$3136.00

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 3 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.

Federal ID Number: 20-0346348

Recommended Prerequisite: Medical Terminology
Human Anatomy

Course Description:

The goal of this program is to prepare students for entry level position in the growing field of health care office professionals. These are rewarding careers that not only have good advancement potential by allow 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 certificate program designed to prepare students to assign codes to diagnosis and procedures 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.

Upon completion of the course, student may apply to sit for the certifying examinations through AHIMA and AAPC.

1-800-727-1912

3100 S. Lakeport St Sioux City, IA 51106 712-277-4442	7701 Pacific St Suite 122 Omaha, NE 68114 402-502-1610	3800 W. Technology Cir Suite 201 Sioux Falls, SD 57106 605-221-0850	215 9 th Ave SE Watertown, SD 57201 605-753-7530	205 Flindt Dr Suite 1 Storm Lake, IA 50588 712-213-3500	107 E. Southridge Rd Suite B Marshalltown, IA 50158 641-352-4710
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ICD-9 Medical Coding Course Registration

Name _____ SSN# _____

Phone _____ Birth date (16 & over) _____

Address _____
Street

City _____ State _____ Zip _____

Emergency contact (name) _____ Ph. # _____

School attended _____ Year graduated _____ Diploma _____ GED _____

Please accept my enrollment in the class which begins _____

I prefer: Morning class Afternoon/Evening class

Payment Method: Private Pay Promise Jobs Other Facility (name) _____

Tuition and Other Expenses:

Tuition and cost of books for the program is \$3136.00. The total amount is due at the time of registration.

NOTE: Tuition paid by the applicant will be refunded (with the exception of the \$30.00 required background check fee) 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.

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.

NOTE: No nurse aide who is employed by or who has received an offer of employment from a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program. This includes any textbook fees, other required evaluations or course materials.

Signature of applicant _____ Date _____

Program Coordinator initials _____

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