

# The Primary Health Network CPC Course

## ENROLLMENT AGREEMENT/REGISTRATION FORM

To enroll, please fill in the blanks and mail this form to:

The Primary Health Network  
c/o CPC Course  
81 Vine Avenue  
Sharon, PA 16146.

Registration must be received by \_\_\_\_\_ to reserve a seat. Please call 724-342-5313 and speak to Donna DeSantis (ext. 423) or Sherry Davis (ext. 407) for additional information.

### Home Information:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

### Business Information:

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Course Title: Professional Medical Coding Curriculum (PMCC)

Course Fee of \$2200.00 includes: Tuition, CPC exam fee, AAPC membership dues, course workbooks, exam reviews, and handouts.

**REFUND POLICY:** 100% prior to class start, minus the cost of books and exam fees. Fee must be paid in full before the exam will be given. **Please make checks payable to: The Primary Health Network.**

STUDENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### Payment:

\*Course fee should be paid at the time of registration unless prior arrangements are made.

\*If a financial agreement is made, course fee must then be paid by the end of the course in order to take the exam.

**Please circle:**

Check

Cash

Money Order

Visa

American Express

MasterCard

Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

(For Credit Card Payment)

*The Primary Health Network reserves the right to cancel classes for lack of minimum enrollment*

*The Primary Health Network does not discriminate on the basis of age, race, color, creed, disability, martial status, veteran status, national origin, or gender in the educational programs and activities which it operates.*