



859-489-0713 | dgreercampbell13@gmail.com

Enrollment Agreement

Name: _____ Phone: _____
Address: _____ Email: _____

Employer: _____

Program Information:

Name: MedCode Logix Professional Medical Coding Curriculum Program in partnership with the American Academy of Professional Coders- Certified Professional Coder (CPC) curriculum

Program length: 16 weeks

Sessions: (choose one): Spring 2023 session: March 1 - end of June
Fall 2023 session: August - September
(watch Facebook and website for details)

Type of learning desired: In-person only in Lexington, KY. Virtual is coming soon.

Location: Hotel LEX, 5532 Athens Boonesboro Road, Lexington, KY 40509

Class hours: Wednesday- 4:30pm-8:30pm
Saturday- 9:00am- 1:00pm ***optional**

Admission requirement:

Prospective students must be at least 18 years old and have a high school diploma or GED equivalent. If the applicant is under the age of 18, but holds a high school diploma or GED, they may be admitted to the program. A basic knowledge of Anatomy and Physiology and/or experience in the medical field is not required but is an advantage.

Cost of program: \$3,595.00 all-inclusive tuition

- CPC workbook and textbook
- Books: CPC, HCPCS, and ICD-10 CM
- Student membership to AAPC
- CPC exam - 2 attempts
- 8 hours of classroom instruction weekly
- Study guides, handouts, practice exams

Tuition payments:

- A non-refundable deposit payment of \$795.00 is due with enrollment agreement.
- Balance of tuition options: (choose one)
 - Payment in Full - 10% discount on tuition cost if balance is paid in full 2 weeks prior to session start date.
 - Payment Plan - Down payment of \$795.00 due 3 weeks prior to session start date, with the balance to be paid in 4 installments of \$500.00 each. Tuition to be paid in full by the first day of the last month of the session. (i.e., Fall session: December 1st, Spring session: May 1st.)
- Methods of Payment accepted: PayPal, credit card payment through website, check, or money order (*mail to 4025 Barnard Drive, Lexington, KY 40509*)

Cancellation and Refund Policy

- Cancelling after the submission of the Enrollment Agreement: The student must provide a written cancellation notice at least two weeks prior to the session start date. All tuition payments made will be refunded within 15 days of notice except for the non-refundable deposit. Failure to provide notice within the time specified will result in student liability of the full tuition.
- Withdrawal after a session begins: The student must provide a written withdrawal notice within 5 business days after the first day of the session. All tuition payments will be refunded within 15 days of notice except for the non-refundable deposit. Failure to provide notice within the time specified will result in student liability of the full tuition.

Certification and Licensure

- At the end of each session, students will have the opportunity to sit for the American Academy of Professional Coders- Certified Professional Coder exam. Upon a passing score of 80%, the student will be designated a CPC certification and a membership with the AAPC.
- Every student will be awarded a certificate of completion of the Professional Medical Coding Curriculum & Certification Program of MedCode Logix.
- MedCode Logix's Professional Medical Coding Curriculum Program is licensed thru the Kentucky Commission on Proprietary Education and the American Academy of Professional Coders.

Student Complaint Policy

- It is the objective and focus of MedCode Logix to provide a quality educational experience for all students. We value your input and want to be aware of any issue you have concern with. We want to create an atmosphere where you feel comfortable commenting on all aspects of the program from instruction, curriculum, the facility, to administration. Should an issue arise, there is a grievance process.
- Step One: Communicate the complaint to a school official either before or after class, thru email correspondence, or letter. Your complaint will be thoughtfully considered and ideally, a resolution will be agreed upon by both parties.
- Step Two: Students that are not satisfied with the school's response to their complaint have the right to file a formal complaint with the Kentucky Commission on Proprietary Education.

Kentucky Student Protection Fund and Claim Filing Instruction

Filing a Complaint with the Kentucky Commission on Proprietary Education

To file a complaint with the Kentucky Commission on Proprietary Education, a complaint shall be in writing and shall be filed on Form PE-24, Form to File a Complaint, accompanied, if applicable, by Form PE-25, Authorization for Release of Student Records.

The form must be mailed to the following address:

Kentucky Commission on Proprietary Education
500 Mero Street, 4th Floor
Frankfort, Kentucky 40601

Forms can be located at www.kcpe.ky.gov.

Existence of the Kentucky Student Protection Fund

Pursuant to KRS 165A.450 All licensed schools, resident and nonresident, shall be required to contribute to a student protection fund. The fund shall be used to reimburse eligible Kentucky students, to pay off debts, including refunds to students enrolled or on leave of absence by not being enrolled for one (1) academic year or less from the school at the time of the closing, incurred due to the closing of a school, discontinuance of a program, loss of license, or loss of accreditation by a school or program.

Process for Filing a Claim Against the Kentucky Student Protection Fund

To file a claim against the Kentucky Student Protection Fund, each person filing must submit a signed and completed Form for Claims Against the Student Protection Fund, Form PE-38 and provide the requested information to the following address:

Kentucky Commission on Proprietary Education
500 Mero Street, 4th Floor
Frankfort, Kentucky 40601

Forms may be located at <http://www.kcpe.ky.gov/>.

Statements of Understanding

1. Student acknowledges that participation in the program does not come with an explicit or implied guarantee of gainful employment upon course completion. I am happy to help you with resources, referrals, and my experiences in obtaining coding employment.
2. MedCode Logix reserves the right to change session dates with 30 days advanced notice to the students.
3. MedCode Logix reserves the right to offer a class virtually or reschedule a class due to extenuating circumstances.
4. Student acknowledges that MedCode Logix reserves the right to discontinue the student's participation in the program due to non-payment of tuition.

Student Acknowledgments

1. I acknowledge receipt of the school's catalog which contains information regarding policies and procedures, curriculum outline and school calendar.
____ student initials
2. I have read the tuition payment policy and agree to remit payment as outlined in the tuition payment option I have chosen.
____ student initials

3. I acknowledge that MedCode Logix may terminate my enrollment if I fail to comply with the financial requirement. If this financial requirement is not met, I will not receive a completion certificate and will forfeit my opportunity to sit for the AAPC-CPC certification exam.

____ student initials

4. Student acknowledges that he/she has carefully read the Enrollment Agreement and received a copy.

____ student initials

Beginning Date of Instruction: _____

Ending Date of Instruction: _____

Tuition payment Options: (Please choose one)

___ Payment in Full -10% discount on full tuition cost if balance is paid in full, 2 weeks prior to session start date.

___ Payment Plan - Down payment of \$795.00 due 3 weeks prior to session start date, with the balance to be paid in 4 installments of \$500.00 each. Tuition to be paid in full by the first day of the last month of the session. (i.e., Fall session: December 1st, Spring session: May 1st.)

I, the undersigned, have read and understand the enrollment agreement and I have received a copy. This agreement supersedes all prior verbal or written agreements and may not be modified without the written agreement of the student and a school official of MedCode Logix, Inc. I also understand that if I default on this agreement, I will be responsible for payment of any collection fees or attorney's fees incurred by MedCode Logix, Inc.

Student signature

Date

MedCode Logix, Inc. school official

Date