Pat Cox – Professional Medical Coding Education

Student Registration

☐ **Certified Professional Coder Course** ☐ **Coding and Billing Basics** ☐ **ICD-10-CM Boot Camp**

Date: _____

Please print clearly:

Name: _____

Home Address: _____

*City/State/Zip*_____

Home Phone: ( ) _____ Phone: ( ) _____

Cell Phone ( )_____mail:_____

*Emergency contact*_____

Please list the name and number of your emergency contact and relationship to you.

Have you taken medical terminology? ☐ Yes ☐ No
Have you had previous coding class? ☐ Yes ☐ No
Do you currently code? ☐ Yes ☐ No
What do you consider your coding level? ☐ New to coding ☐ Understand concept
☐ Currently use Diagnosis and/or CPT codes

Refund Policy: *I understand refunds must be requested in writing and that no refunds will be granted after class has started. There will be a* ***$100.00*** *processing fee for all returned registrations.*

Student's signature: _____

Date: _____

Payment should be made payable to:

Pat Cox, at P.O. Box 702, White Marsh, VA 23183.

Professional Medical Coding Certification Education

www.patcoxpmcc.com