



Student Application

The information below will be used as your student record. Upon completion of your course it is also used for your Diploma and/or Certificate. We suggest you use your home address, spell your first name out and give your middle initial. For accuracy, please print clearly. Call 502.473.8806 for questions regarding this form.

Please note:

The following two pages maybe printed out and mailed or faxed to PHIA with your payment. Class prices can be found at: <http://www.phia.com/medical-coding-resources/Scripts/default.asp>

Section 1. Personal Information

Today's Date _____
 Name (Last) _____ (First) _____ (I) _____
 Address _____ City _____ State _____ Zip _____
 Phone (O) _____ (HM) _____ (Fax) _____

E-mail _____

_____ *Social Security # _____ *DOB _____
 _____ *SS# and date of birth are required by the state of Kentucky and will not be used for any other means than your student record. **How did you hear about PHIA?**

Section 2.

Education (high school & above) *Transcript required*

School Name	Program/ Degree or Diploma Earned	Date Completed

Section 3. Medical Practice Experience (Minimum 1 year required for certain courses)

Employer	Job Description	From – To

Course Information

*(Please check only the course you are signing up for **now**)*

Certification Course: _____ CCP _____ CCP-AS _____ CCP-H Study Guide Program:

_____CMBS _____ CPM _____ CCO **Diploma Course:** _____Medical

Terminology/Anatomy (MTA) _____ Front Office Specialist (FOS)

_____Fundamentals of Billing and Coding (FOBC) **Course Begins Week**

of: _____ **Registration fee of \$40**

(non-refundable) is required when submitting this application. * First course only* Transcripts can be sent directly to PHIA from your high school or college.

Method of Payment: Cash \$ _____ Check # _____ Amount \$ _____

Visa/MC/Discover # _____ Exp. _____

Name on Card _____ 3-Digit Security Code _____

Address: _____ City: _____ State: _____ Zip: _____
(if different from above)

Signature _____

Application and fee can be faxed to 502-473-8807 **OR** mailed to: PHIA, Attention: Sherry Thomas, 4010 Dupont Cir ., Suite 418 Louisville, KY 40207 **Rev. 1206**

Student Contract



The student must ***initial*** each statement listed below. The student signature below verifies that the student understands and agrees to abide by all the requirements as outlined in this document.

- _____ Cancellations up to 3 weeks in advance will be given full refund or credit. A processing fee of \$150.00 will be charged for cancellations received one week prior to the Monday of the first week of class. Full payment is required for withdrawals or cancellations the first week of class.
- _____ I understand that all materials are the copyright of PHIA and all information contained can not be reproduced in whole or in part without the expressed written permission of PHIA.
- _____ I understand that staying on schedule is crucial to my success as a student in this course. All class assignments, homework and quizzes must be completed in order to be eligible to take the final exam.
- _____ I have received a copy of the Student Policies Handbook and have been told that if I have questions either now or in the future pertaining to the policies of this institution to contact my Faculty Advisor or Sherry Thomas, CEO (sherry@phia.com).
- _____ I understand that if I have any concerns about the way my online class is conducted or the material that is being presented that I should first discuss this with my Faculty Advisor. However, should it become evident that my Faculty Advisor is not responding to my concerns, it would be appropriate to bring it to the attention of Sherry Thomas, CEO (sherry@phia.com). I also understand that bringing any concerns forward will not have a negative impact on my final class grade.

I have completed the prerequisites for the following program(s) or have instructor approval: Only initial the course you are taking now.

Initials	Title	Fee	Course Includes
	Certified Coding Professional (CCP)	\$ 2495	HCPCS, textbooks, study guide, membership, exam
	Certified Coding Professional (CCP)	* 2295	* Only for students who have just completed FOBC
	Certified Coding Professional Audit Specialist (CCP-AS)	849	Includes textbook, exam * <i>Additional coding books</i> (CPT, ICD-9 Vol. 1 – 2) are required but are <i>not included</i> in the course fee.
	Certified Coding Professional Hospital Based (CCP-H)	849	Includes textbook, exam * <i>Additional coding books</i> (DRG, ICD-9 Vol. 1 – 3) are required but are <i>not included</i> in the course fee.
	Certified Medical Practice Manager (CMPM)	399	Study Guide
	Certified Medical Billing Specialist (CMBS)	399	Study Guide
	Certified Compliance Officer (CCO)	399	Study Guide
	Fundamentals of Billing & Coding	1195	Includes CPT, ICD-9 Vol. 1-2, and textbook
	Medical Terminology/Anatomy	695	Includes textbook (Language of Medicine)
	Front Office Specialist	399	Includes textbook

I have read and understand the above information and agree to adhere by these guidelines. I understand that any rules that are not followed can and may result in disqualification of this course, as well as forfeiture of any monies invested and paid. Additionally, disclosure of proprietary information may result in civil and/or criminal prosecution at the discretion of PHIA.

Student Name (print) _____

Signature _____

Date _____

School Official _____

Date _____

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