Inspire Code Consulting Medical Coding

 Online Enrollment Agreement

 P O Box 2911

 Slidell, Louisiana 70459

 985-422-4612

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Completion Yes\_\_\_ No\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program\_\_\_\_\_**Online Dual Medical Coding Course**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Length (Hours)\_**488**\_\_\_ Online Classes

In consideration of my acceptance as a student for the\_\_\_**Dual** **Medical Coding Course**\_\_\_\_\_program as of the above date, I hereby enroll and obligate myself to pay to the order of\_\_\_three thousand three hundred\_\_\_\_\_\_\_\_\_\_ dollars ($\_**3,300.00**\_\_\_\_\_) to be paid as follows: $ **650.00**\_\_\_\_\_\_\_\_\_\_ with the signing of this enrollment agreement and the balance of $ **2,650.00**\_\_\_\_\_\_ to be paid as follows:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Three Business Day Cancellation**: I understand that if for any reason I am unable to enter, all monies paid will be refunded if requested within three business days after signing an enrollment agreement and making an initial payment.

**Cancellation Prior to Commencement of Classes**: I understand that if for any reason I am unable to enter, after three business days, but prior to attending classes all monies paid will be refunded, minus a registration fee of **$150.00**, which shall be retained by the institution.

I understand that the **Withdrawal After Commencement of Classes Refund Policy** shall be:

1. during the first week of the program, the institution shall refund at least 90% of the tuition, less the registration fee, thereafter;
2. during the next three weeks of the program, the institution shall refund at least 75% of the tuition, less the registration fee, thereafter;
3. during the first 25% of the program, the institution shall refund at least 55% of the tuition, less the registration fee, thereafter;
4. during the second 25% of the program, the institution shall refund at least 30% of the tuition, less the registration fee, thereafter;
5. during the third and fourth 25% of the program, the institution shall retain 100% of the stated program price.

Percentages of program completion are to be computed on the basis of clock hours. I certify that I have received a copy of the school catalog that contains: my program outline, schedule of tuition, fees, and other charges, the refund policy, regulations pertaining to the rules of operation and conduct, grading policy, and general information. I further certify I have received and read a copy of this Enrollment Agreement and understand it is subject to representation only as expressed herein. I agree to comply with these policies during my period of enrollment in \_**Inspire Code Consulting**\_

Charges:

Registration Fee $\_**150.00**\_\_\_\_\_\_\_\_ Entrance Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition $\_\_**2,500.00**\_\_\_\_\_\_

Textbooks $\_\_**650.00**\_\_\_\_\_\_\_\_

Fees $\_\_**704.00**\_\_\_\_\_\_\_\_ (optional)

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_