

Student Registration Form



Tri-County Allied Health School
 Admissions Office
 512 Queensland Circle
 Corona, CA 92879

Tel: (951) 479-4775
 Fax: (951) 278-3670
 Email: admissions@tricityallied.com
 Website: www.tricityallied.edu

A. BASIC PERSONAL INFORMATION

PLEASE PRINT OR TYPE

Applicant Legal Name _____
(First) (Middle) (Last)
 Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Driver's License / ID No. _____
 Home Telephone (____) _____ - _____ Work (____) _____ - _____ Cell (____) _____ - _____
 Address _____ City _____ State _____ Zip _____
 E-Mail _____ Fax No. _____
 Do you possess a coding certificate? Y or N Which one? CPC _____ CCS _____ Other _____

B. COURSES AND FEES

BASIC SCIENCES					
COURSE	HOURS	PRICE	BEGIN DATE	REGISTERING FOR:	MATERIALS
Medical Terminology	32	\$375.00	4/4 - 4/19	CHECK: <input type="checkbox"/>	<i>Materials Provided</i>
Anatomy for Coders	32	\$375.00	4/25 - 5/3	CHECK: <input type="checkbox"/>	<i>Materials Provided</i>
Diseases in HCC Coding	64	\$750.00	5/9 - 6/7	CHECK: <input type="checkbox"/>	<i>Materials Provided</i>
Pharmacology for Coders	32	\$375.00	1/25 - 2/2 6/13 - 6/21	CHECK: <input type="checkbox"/> <input type="checkbox"/>	<i>Materials Provided</i>

CODING CLASSES					
COURSE	HOURS	PRICE	BEGIN DATE	REGISTERING FOR:	MATERIALS
Coding Compliance/Billing (HIM)	48	\$550.00	2/15 - 3/1 3/14 - 3/29	CHECK: <input type="checkbox"/> <input type="checkbox"/>	<i>Materials Provided</i>
Diagnosis Coding (CM)	160	\$1875.00	3/7 - 5/17 6/20 - 8/2	CHECK: <input type="checkbox"/> <input type="checkbox"/>	<i>Text Required</i>
Procedure Coding Inpatient (PCS)	48	\$550.00	5/30 - 6/14	CHECK: <input type="checkbox"/> <input type="checkbox"/>	<i>Text Required</i>
Procedure Coding Outpatient (CPT)	96	\$1150.00	1/25 - 3/1 6/20 - 8/2	CHECK: <input type="checkbox"/> <input type="checkbox"/>	<i>Text Required</i>
AAPC PMCC Approved CPC Coding Curriculum **	90	\$1800.00	3/3 - 5/7 6/23 - 8/27	CHECK: <input type="checkbox"/> <input type="checkbox"/>	<i>Text Required</i>
Test Review for CCS Exam	48	\$550.00	3/7 - 3/22	CHECK: <input type="checkbox"/>	<i>Materials Provided</i>

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PROFESSIONAL DEVELOPMENT EDUCATION					
COURSE	HOURS	PRICE	BEGIN DATE	REGISTERING FOR:	MATERIALS
HCC Coding - <i>Weekends</i>	32	\$500.00	2/1 – 2/9 2/29 – 3/8 4/18 – 4/26	CHECK: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>Materials Provided Text Required</i>
Practical Coding - <i>Weekends</i>	16	\$175.00	4/4/2020	CHECK: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>Materials Provided</i>
CDI	14	TBA	3/18 – 3/19	CHECK: <input type="checkbox"/>	<i>Materials Provided</i>
CRC - <i>Weekends</i>	48	\$500.00	2/9 -2/23	CHECK: <input type="checkbox"/>	<i>Materials Provided</i>
CPC 2020 Update **	8	\$125.00	TBA	CHECK: <input type="checkbox"/>	<i>Materials Provided</i>
NOTE: ** Classes only available nights during the week					

1. Credentials:

- All national credential examination fees and organization dues are the responsibility of the student.
- Fees and instructions for the exams can be found at www.ahima.org OR www.aapc.com respective websites.

C. SCHOOL POLICY

1. All Classes will be paid in full prior to or on first day of class
2. No Refunds
3. Only one course may be purchased at a time
4. All classes are recorded on transcripts as COMPLETE or INCOMPLETE
 - a. Completion is based on payment in full
 - b. 80% Attendance
5. All assignments are on PASS/FAIL basis
6. No certificates of completion are issued
 - a. AHIMA or AAPC certifications will serve to aid students in gaining employment
7. Transcripts will be maintained for payment and completion of classes
8. There are no pre-requisites for any class
9. No text books or workbooks are provided for any classes
10. Handout materials are included in the tuition
11. No Federal or State funds will be accepted for payment of tuition

I agree to pay school fees by: Cash _____ Card _____ Check _____ (Returned check will result in \$15.00 processing fee)

By signing this form, I hereby acknowledge and understand the information stated in this form.

Student Print Name

Student Signature

Date