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