Pat Cox – Professional Medical Coding Education

Student Registration

☐ Certified Professional Coder Cours	e Introduction to Billing and Coding
☐ Other Specialty Offerings:	
Please print clearly: Name:	
Home Address:	
City/State/Zip	
Home Phone: ()	Phone: ()
Cell Phone ()	mail:
mergency contact	
Please list the name and number of your er	nergency contact and relationship to you.
Have you taken medical terminology? Have you had previous coding class?	□ Yes □ No
Do you currently code? What do you consider your coding level?	☐ Yes☐ No☐ New to coding☐ Understand concept☐ Currently use Diagnosis and/or CPT codes
	ust be requested in writing and that no refunds will be granted \$100.00 processing fee for all returned registrations.
Landent's signature:	Date:

Payment should be made payable to: Pat Cox, at P.O. Box 702, White Marsh, VA 23183.

