

STUDENT ENROLLMENT AGREEMENT 2020 (PLEASE PRINT)

Student Information --- Please Print Clearly Date: ____

The following information is used for billing and identification only and will not be sold or used for any solicitation. Your information is secured by HIPAA privacy policies.

STUDENT CONSENTS

I give permission to publish my name, phone number and email address on the class roster? YES NO

Email address:

Your information will not be sold or used by any other source, or used for solicitation. Your email may be used to contact you concerning school or classroom correspondence only.

How did you hear about iCodeAcademy Inc.?

Online Radio Website Friend Other

Student Name:

First Last MI

Address:

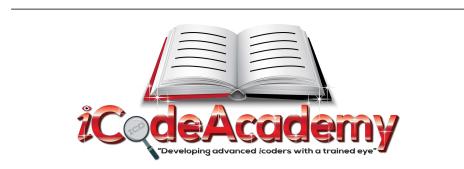
Street Apt # City State Zip

1230 Peachtree St. NE. 19th Floor Promenade II Bldg. Phone: 1-866-553-2928 * Fax: (770)-234-6255 registration@icodesacademy.org www.icodesacademy.org

AAPC MEMBER ID #		CERTIFICATE #	
Date of Birth://			
Contact Info: Home () Cell	()	Wk. ()	
Name and phone number of a person in case of an emergency:			

Optional – The following questions could be helpful in case of an emergency

Are there any health related illnesses we should be made aware of? No Yes If yes, what?



Programs/Courses Offered:

CPC Certification Program / Medical Coding PMCC

120 Day Course Tuition = \$1,500.00

(Tuition does not include fees for AAPC National Certification Test, AAPC Membership, AAPC Coding Books and or any written materials)

PRE---PAYMENT REGISTRATION

A **non-refundable \$300.00 Tuition Fee** is required at the time of signing the student enrollment agreement/contract for the course provided. This payment will be credited towards your tuition fee. Below is a complete breakdown of how the course fee is applied:

 Access to our 2020 eLearning Center which contains lectures, study guides, section reviews, quizzes, mock exams and final exams. The portal will grade each of your test and quizzes in real time and provide rationale for each question. It also provides reporting to help gauge where you are. (Access for 120 days)

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- You will also receive instructional support from an AAPC licensed instructor to • answer any questions you may have. There will be 1 on 1 training sessions in our Virtual Classroom where you are able to ask guestions and get answers on subjects throughout the course. (10 hours Max)
- After the completion of the course you will be provided a letter of completion to the AAPC of course completion which will in turn gain you 1 year of experience towards the removal of (A) apprentice CPC-A

A non-refundable payment of \$300.00 tuition fee is due for the course(s) the student is registering for. Remaining balance of **\$1,200.00** tuition payment is due in full to iCode Academy, Inc. with our "pay as you go option" no later than the 3/4 mark of 120 days of the course. For information concerning refunds & payment plans, see the Refund & Payment policies in this Student Enrollment Agreement. Call iCodeAcademy, for further details, you will receive an email of confirmation from iCodeAcademy with date, time and balance due for current class enrollment.

REFUND AND PAYMENT POLICIES

By signing below, the student agrees to pay iCodeAcademy, hereafter referred to as iCodeAcademy, the total stated tuition and fees no later than the 3/4 mark of 120 days of the course. iCodeAcademy agrees to provide the occupational training in accordance with the AAPC. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to iCode have been met (prior to the course end date), iCodeAcademy will award the PMCC certificate of completion to the student.

Copyright

Textbooks, handouts, and visual aids are the sole property of iCodeAcademy Copying, distributing or duplicating any of this information is prohibited without the written consent of iCodeAcademy. iCodeAcademy strictly enforces this policy and violators will be prosecuted.

Grievances

Complaints 1st will be resolved by the student and iCode Academy internally. If unable to resolve internally a third-party arbitrator may be brought in at the student's expense. If the student disagrees with the findings, the student will then have 30 days to submit a written notice to the Department of Student Affairs at iCode that the student would like to appeal the arbitrator's or institutions decision. After a 60-day review by the board a final decision will be made and made available to the student within 10 business days of the decision. Finally, the student has the right to appeal to the Georgia Nonpublic Postsecondary Education Commission if a suitable resolution cannot be reached at the institution identified as iCode Academy who resides at 1230 Peachtree St. NE, Promenade II Building 19th, Floor, and can be reached at 1-866-553-2928 or www.icodesacademy.org. The student must submit any unresolved complaints to GNPEC within 90 days of receiving a final written notice from the institution. Please include all

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this information on your Grievance Procedure document. Here is the link to the page for student complaints (<u>https://gnpec.org/gnpec-authorized-school-complainant-form/</u>). Please review this page for a better understanding of their complaint policy.

I have received a copy of this enrollment agreement and fully understand the terms of this student contract by signing below.

Student Name Print	Date
Student Signature	Date
2Cod	eloping advanced <i>i</i> coders with a trained eye"
STUDENT ENROLLMENT AGREE	MENT CAN BE FAXED TO :
(770)234 - 6255 OR	
EMAILED TO: registration@icode	sacademy.org
OR MAILED	
TO:	
iCodeAcademy Inc.	
c/o Jasmine Pickett, BSHA, CPC,	CPC-I,
1230 Peachtree St. NE. 19th Floor	r Promenade II Bldg.
Atlanta, GA. 30309	
NonRefundable deposit is	s required for enrollment

GNPEC Student Disclosure Form

Name of School: iCodeAcademy Inc. Address of School: 1230 Peachtree St. NE Promenade II Bldg. 19th Floor Atlanta, GA. 30309

1. Enrollment Agreement & Catalog

I have read and received a copy of the enrollment agreement, or equivalent document, and the school catalog. I understand that the terms and conditions of these documents are not subject to amendment or modification by oral agreements.

_____ Student's Initials

2. School Outcomes

I have read and received a copy of the school's self-reported, unaudited retention, graduation, and placement rates for the preceding year as well as the most recent Georgia licensure test results, if applicable, for the program I am entering.

_____ Student's Initials

3. Employment

I understand that upon successful completion of my training program, this school will provide placement assistance. However, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment to earn a specific salary range upon graduation.

____ Student's Initials

4. <u>Refund Policy</u>

I have reviewed the refund policy provided in the catalog and am aware that the institution attests to the fact that this policy meets the Minimum Standards set forth by the Georgia Nonpublic Postsecondary Education Commission.

___ Student's Initials

5. Complaint Procedure

I have reviewed the complaint procedure provided in the catalog and am aware that, after exhausting the institution's procedure, I have the right to appeal the institution's complaint determination to the Georgia Nonpublic Postsecondary Education Commission.

_____ Student's Initials

6. Authorization and Accreditation Status

I understand that the institution in which I am enrolling has been issued a Certificate of Authorization by the Georgia Nonpublic Postsecondary Education Commission. This status indicates that the institution has met the Minimum Standards established by Georgia Code (§20-3-250.6). Although authorized, I understand that this institution is not accredited by a U.S.-based accrediting association recognized by the United States Secretary of Education; therefore, I am not eligible for Federal Student Aid. Additionally, as is the case with all postsecondary institutions, both accredited and unaccredited, there is no guarantee that my credits will transfer to another institution.

_____ Student's Initials

School Representative's Signature:

_Date:_____

*Student must receive a copy of this form, and a copy must be kept in the student's file.