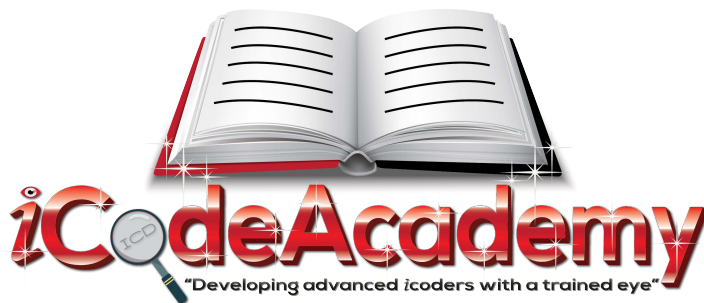


AAPC MEMBER ID # _____ CERTIFICATE # _____



STUDENT ENROLLMENT AGREEMENT 2021 (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.

WIOA STUDENT? YES OR NO

If yes, please specify county _____

(if WIOA student payment structure does not apply)

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

Date of Birth: ___/___/___ **Contact**

Info:

1230 Peachtree St. NE. 19th Floor Promenade II Bldg.
Phone: (678)409-9956 * Fax: (770)-234-6255
registration@icodesacademy.com
www.icodesacademy.com

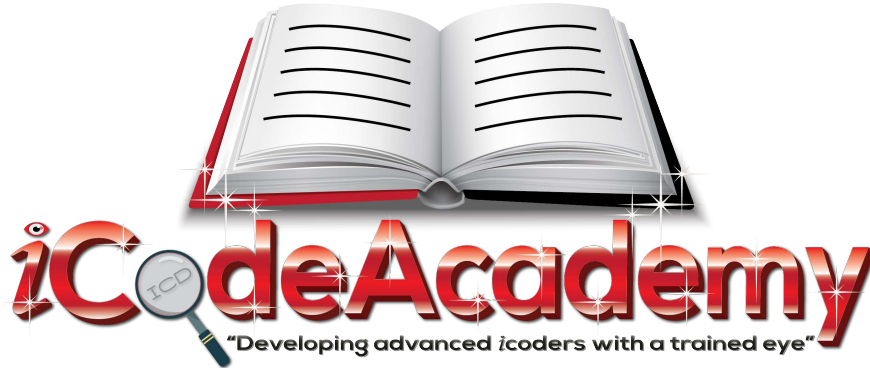
AAPC MEMBER ID # _____ CERTIFICATE # _____

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 24 Week Course Tuition = \$3,250.00**

- Access to our 2021 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 180 days
- You'll be place in our 24-week Virtual Classroom training with an AAPC licensed and certified live instructor, who will guide you through the course 4 hrs. each week on Wednesdays between 6pm - 10pm.
- You will also receive additional instructional support from an AAPC licensed instructor. If needed there will be 1 on 1 training sessions in our virtual Classroom where you are able to ask questions and get answers on subjects throughout the course. (10 hours Max)
- Access to our Mon., Tues., Weds., Thurs., and Fri., Study Group Sessions. 6pm-7:30pm (optional)
- After the completion of the course and once you have passed the exam you will be provided a letter of recommendation to the AAPC of course completion. 80 hours credit to 1-year experience toward the removal of the CPC-A apprentice.

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- You will then be placed in our job assistance program, where we introduce you to the industry and help with obtaining employment. (2 Hour Seminar)
- **AAPC exam sitting fee – Included!** Comes with 2 attempts

PRE---PAYMENT REGISTRATION

A **non-refundable \$750.00 Registration Fee** is required at the time of signing the agreement/contract for all courses provided. This payment will be credited towards your tuition fee. Below is a complete breakdown of how the **\$750.00 non-refundable Registration Fee** is applied:

- ✎ \$100.00 = AAPC Membership (valued at \$130.00)
- ✎ \$100.00 = AAPC Medical Coding Training: Student Training Manual & Practical Application Workbook
- ✎ \$150.00 = AAPC Online Portal access, user-name and password
- ✎ 220.00 = Coding Book Bundle (CPT, ICD-10, HCPCS)
- ✎ \$160.00 = CPC Course Enrollment seat reservation fee

Non-refundable Registration Fee is due for the course(s) the student is registering for. Remaining balance of tuition payment is due in full to iCode Academy, Inc. Or with our "pay as you go option" no later than the 25th week of the course. (25 equal payments in the amount of \$100.00)

For information concerning refunds &* Payment plans, see the Refund & Payment Policies in this Student Enrollment Agreement.**

For further details call 1-866-553-2928.

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 25th week 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.

Payments are due each week. After a two-week span of non-payment iCodeAcademy has the right to terminate the student from the 24 week coding course. If student does not attend the classroom on a scheduled date by signing this agreement they are **still responsible to pay** for the missed course and in return will receive a webinar PowerPoint along with any handouts distributed for that session. By signing this agreement, the student has an obligation to the entire 24-week course and all fees associated with the class in the amount of **\$2,500.00** even if they are unable to attend or continue the course.

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.

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AAPC MEMBER ID # _____ CERTIFICATE # _____

The student and iCodeAcademy understand that this Enrollment Agreement, WHICH INCLUDES THE REFUND POLICY, may not be amended except in writing and signed by both parties. Postponement of starting date, whether at the request of iCodeAcademy or the student, requires a written agreement signed by the student and iCodeAcademy

The agreement must set forth:

- a) Whether the postponement is for the convenience of iCodeAcademy or student, and;
- b) A deadline for the new start date, beyond which the start date will not be postponed. If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to an appropriate refund of any prepaid portion of the tuition less the **\$750.00 non-refundable Registration fee** within 30 days of the notice.

Breakdown of Initial Non---Refundable deposit

Below is a complete breakdown of how the **\$750.00 initial non-refundable Registration Fee** is applied:

- ✍ \$100.00 = AAPC Membership (valued at \$130.00)
- ✍ \$100.00 = AAPC Medical Coding Training: CPC Textbook & Practical Application Workbook
- ✍ 220.00 = Coding Book Bundle (CPT, ICD-10, HCPCS)
- ✍ \$150.00 = AAPC Online Portal Access
- ✍ \$160.00 = CPC Course Enrollment seat reservation fee

Students who elect to withdraw, from the course prior to the commencement of the 24 Week course start date, after signing this Student Enrollment Agreement are entitled to a refund of any tuition paid. The **\$750.00 is a nonrefundable Registration fee.**

iCodeAcademy will retain the **\$750.00 non-refundable Registration fee** for any students who decides to cancel or withdrawal at any point during the commencement of the 24-week course, The Refund Table below outlines the paid in full refund vs. the pay as you go refund which is based on the following

Refund Table: Student is entitled to upon withdraw/termination a Refund

All refunds will be made by mail via check within 30 days from the date of termination notice was received in writing. The official date of termination or withdrawal of a student shall be determined in the following manner:

- ✍ The date on which iCodeAcademy received written notice of the student's intention to discontinue the training program; or
- ✍ The date on which the student violates published school policy, which provides for termination

Paid In Full Option:

Students will receive a **10%** discount if the total tuition amount of **\$2,500.00** is paid in full. Student will be eligible for a full refund if student with draws prior to the commencement of class Cancellation or withdrawal from the program after the 2nd week of class there will be no refund issued but student will have the option to attend the next scheduled class. Before week 2 of the course then the student can request a 60% refund of **\$2,500.00** or attend the next scheduled

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class. Initial **\$750.00 Registration Fee is non-refundable** and to attend the next scheduled class will require a **\$150.00 Administration Fee** This option will only be granted one time only.

Pay As You Go Option:

After payment of the deposit you may take advantage of our pay as you go option.
\$2,500.00 / by 24 weeks is a weekly payment of \$100.00

Since this is paid on a weekly basis, Virtual Classroom and eLearning Center access will only be granted if payments were made in advance to the commencement of that week's class. If student is unable to continue the course for any reason the weekly payments will still be due to satisfy the total amount owed of **\$2,500.00** and an invoice will be generated for any balances owed and sent to student upon cancellation. the Initial **\$750.00 non-refundable Registration fee and \$150.00 Administration Fee** will apply if student decides to join the next schedule class and will not have to start payment structure over but can start back where he/she left off. This option will only be granted one time only.

✕ Enrollment in programs not listed on the original contract are included and subject to all policies and terms of the original contract, i.e.; student terms/policies/payment policies and refunds.

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

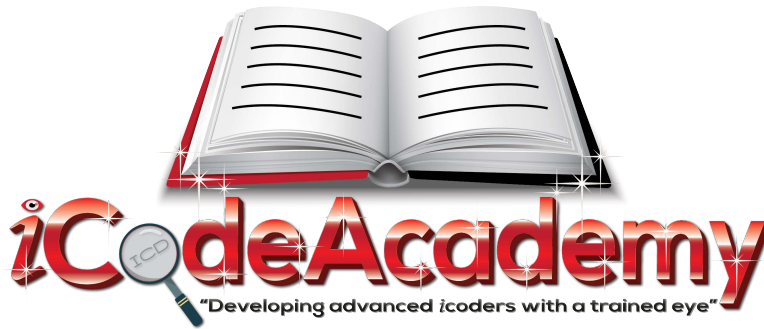
Complaints 1st will be resolved by the student and iCode Academy internally. If unable to resolve internally a third-party arbitrator may be brought in at the student's expense. If the student disagrees with the findings, the student will then have 30 days to submit a written notice to the Department 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.icodeacademy.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 this information on your Grievance Procedure document and for student complaints please visit, [Georgia Nonpublic Postsecondary Education Commission \(NPEC\)](http://www.gnpec.org) 2082 E. Exchange Place, STE 220 Tucker, GA 30084 (770)-414-3300 www.gnpec.georgia.gov.

AAPC MEMBER ID # _____ CERTIFICATE # _____

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**



STUDENT ENROLLMENT AGREEMENT CAN BE FAXED TO:

(770)234 - 6255

OR

EMAILED TO: registration@icodesacademy.org

OR

MAILED TO:

iCodeAcademy Inc.

c/o Jasmine Pickett, BSHA, CPC, CPC-I,

1230 Peachtree St. NE. 19th Floor Promenade II Bldg.

Atlanta, GA. 30309

*****Non---Refundable deposit is required for enrollment*****

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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. Refund Policy

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.