

REIMBURSEMENT SPECIALIST

PROFESSIONAL MEDICAL CODING COURSE

ONLINE via ZOOM

SUMMER TERM 2025

Name _____

Address _____

City, State, ZIP _____

Phone _____

Mobile _____

Email _____

Employer / Occupation _____

Last grade completed: _____

Certifications / Licenses you now hold _____

Certification for which you are preparing _____

How did you find us? (circle one) A APC Yelp Google Merchant Circle

Referred by: _____

Circle the following if you have taken a course or have experience:
(these are not pre-requisites)

Medical Terminology

Human Anatomy and Physiology

Healthcare Compliance

Medical Records

Billing

Coding

In the space provided below, explain why you are taking this course:
