

REIMBURSEMENT SPECIALIST

PROFESSIONAL MEDICAL COURSE CURRICULUM
4012 KATELLA AVE, STE 106
LOS ALAMITOS, CALIFORNIA 90720
SPRING TERM 2016 (Saturdays)

Name _____

Address _____

City, State, ZIP _____

Phone _____

Mobile _____

Email _____

Employer / Occupation _____

Last grade completed: _____

Certifications / Licenses you now hold _____

Certification for which you are preparing _____

Circle the following if you have taken a course or have experience:

Medical Terminology

Human Anatomy and Physiology

Healthcare Compliance

Medical Records

Billing

Coding

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