



ICD-10 CODERS ACADEMY

Setting Standards For ICD-10 Training And Implementation

ICD-10 HYBRID TRAINING REGISTRATION FORM

Thank you for your interest in our onsite training program. Please complete the below form and submit via e-mail to support@icd10codersacademy.com or fax it at 1-888-786-8611. You can also mail this form along with your check (address given below).

Please feel free to contact us at support@icd10codersacademy.com or or dial 321-332-0766 if you have any questions.

Note: Please refer our website http://icd10codersacademy.com/ICD10_Hybrid_training.html for any additional information.

TRAINING PROGRAM: ICD-10 ONSITE TRAINING PACKAGE

| | |
|--|-----------|
| Name | Title |
| Organization | |
| Address | |
| Phone | E-Mail ID |
| Expected Number of Participants (in words & numbers) | |

ICD-10 TEAM LEADER/PROJECT MANAGER INFORMATION

Name _____ Designation _____

E-Mail ID _____ Phone _____

ICD-10 Coders Academy requires the Organization to provide certain basic essentials for the onsite training session. Are you able to have the following items?

- Internet Connection Yes ____ No ____
- White Board & Pens Yes ____ No ____
- OH Projector Yes ____ No ____
-

ADDITIONAL COMMENTS

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TERMS & CONDITIONS

- Once we receive the filled form, we will send you the invoice. The online training access will be provided to all the participants within 24 hours of the receipt of the payment.
- Onsite training can/will be scheduled after four months from the start date of online training. The onsite training scheduled can be changed subject to the training progress of the participants and convenience.
- The cost of the training includes the Membership, Online Training, Onsite Training, Certification Examination, ICD-10 Coding Manuals, ICD-10 Coding Tool.
- The 50% of the agreed training fees is required to be paid at the time of enrollment towards on-line training. This fee is non-refundable, once online access has been granted. So, we request you to ask for a demo trial first, should you so wish to.
- The remaining 50% of the agreed amount needs to be paid at least 15 days before the scheduled onsite training. This is fully refundable, should your organization cancel it at least 4 days prior to the scheduled onsite training. Cancellation within 3 or lesser days to scheduled onsite training is refundable to the extent of 75% only.

Please tick the appropriate box

- \$1499/participant (10-19 participants) \$1299/participant (20 & above participants)

Please multiple the number of participants and the appropriate per participant cost and send check to:

ICD-10 Coders Academy
2800 Corner Stone Dr. Suite 203
Pagosa Springs, CO 81147
Phone: 321-332-0766



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PARTICIPANT DETAILS

| Name | Official E-mail Id |
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* Add additional sheet if required to fill the Participant Details

I agree to the terms and conditions of the ICD-10 Hybrid Training as laid out in this registration form.

Name _____ Designation _____

Authorized Signature _____ Date _____

Thank you for considering ICD-10 Coders Academy for your training needs!

| | |
|-------------------------|----------------|
| Office Use Only: | |
| Date Form Received: | Approved Date: |
| Trainer Assigned: | Approved By: |