



## The Medical Management Institute

www.mmiclass.com

3330 Preston Ridge Rd, Ste 380

Alpharetta, GA 30005

Ph: 866-892-2765

Fax: 678-669-2483

### Enrollment Form

Certification	Program Price	Program + Anatomy & Terminology
RMC	<input type="checkbox"/> \$1,099	<input type="checkbox"/> \$1,499 (A/T is pre-requisite)
CPC®	<input type="checkbox"/> \$1,099	<input type="checkbox"/> \$1,499 (A/T is pre-requisite)
RMM	<input type="checkbox"/> \$1,099	<input type="checkbox"/> \$1,499
RMA	<input type="checkbox"/> \$1,099	<input type="checkbox"/> \$1,499 (A/T is pre-requisite)
RMB	<input type="checkbox"/> \$1,099	<input checked="" type="checkbox"/> <del>\$1,499</del> \$1,099 (expires 10/7/13)

#### Personal Information-

Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Home Address: \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ promo/discount code: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Practice/Business Name \_\_\_\_\_

Work Address \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Work email \_\_\_\_\_

#### Payment Information-

Online  Company Check / Personal Check / Money Order Enclosed  Payment Plan **\$250 down, \$169.80 five months following**

Credit Card (check one): Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express \_\_\_

CC #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Billing Address (check one): Home \_\_\_ Work \_\_\_

Name as it Appears on the Credit Card: \_\_\_\_\_

#### How to Submit- (all 4 pages)

Fax: 678-669-2483 ATTN: Certification Enrollment OR;

Email: Scan and email to info@mmiclass.com, Subject: Certification Enrollment OR;

Mail: The Medical Management Institute: 3330 Preston Ridge Rd, Ste 380, Alpharetta, GA 30005

Contact a member services representative for group discount details. Email info@mmiclass.com, or call 866-892-2765

### **Student Financial Obligation –**

**Full Tuition Payment Plan:** Tuition must be paid in full at time of registration in order to qualify for the Full Tuition Payment Plan. All monies must be received before grades or certificates can be mailed to the student. By completing the enrollment process, you agree to pay the tuition in full. Unless payment plan arrangements have been made.

**Payment Plan Option:** Without Anatomy & Terminology: \$250 down, remaining balance paid over 5 month period. With Anatomy & Terminology: \$350 down, remaining balance paid over 5 month period.

### **Prerequisites**

Anatomy & Terminology for RMC, CPC®, RMB, & ICD-10-CM Certifications.  
Anatomy & Terminology and RMC, CPC®, or CCS-P® for RMA Certification.

### **Course Description**

All courses are described in detail in the school's Student Handbook, as well as on [mmiclass.com](http://mmiclass.com)

### **Course of Study**

This agreement is for the education services provided at The Medical Management Institute. Each student who registers for the program will be given six (6) months to complete the program. Once the final exam is started, the student will have 24 hours to complete the exam. If this is not successfully completed within the allotted time frame, the student will need to re-enroll in the following years program. To successfully complete an exam a student must receive a 76% or higher. Once any certification exam is successfully completed you will become certified. If the exam is not successfully completed students will be allowed one free retest that must be started within one month of the previous exam.

### **Legal Responsibility**

Once submitted, this agreement will serve as a legally binding contract. Your acceptance of this agreement indicates and acknowledges that you have been given reasonable time to read and understand it, and that you have had the opportunity to read, understand and clarify how the program works and what is expected of you as a student. You acknowledge that you have found all material facts concerning the Institute that would affect your decision to enroll to be satisfactory. Likewise, The Medical Management Institute agrees to abide by the guidelines set forth in the school's Student Handbook.

### **Student's / Buyer's Right to Cancel**

The student/buyer has a right to cancel enrollment in the certification program and obtain a refund for purchased materials within 90 calendar days from the date of enrollment (restrictions and proration may apply; please see Handbook for specific details). Course materials must be returned using traceable means where a signature can be obtained in case the package is lost (ex. FedEx, UPS, Certified US Mail, courier, etc). The Medical Management Institute will not accept responsibility for the loss or damage of uninsured packages. You acknowledge that all cost expectations, cancellation, and refund policies have been explained in detail and are clear. In order to cancel this enrollment agreement and receive a refund, you must return all of the program materials with a written request to withdraw, via certified mail to:

The Medical Management Institute  
Attn: Withdrawals  
3330 Preston Ridge Road  
Suite 380  
Alpharetta, GA 30005

No tuition refunds will be processed until all materials are received, including but not limited to study guides, cd's, exams, and other materials included in the program, and a letter of intent to withdraw from the course of study.

**Initial/Sign where you see the  and fax to the school: 678.669.2483 Attn: Enrollment, or scan and email to info@mmiclass.com.**

**Length of Enrollment**

By submitting this agreement, you understand that you have six months to study and prepare for the certification exam and have access to MMI instructor support during the period of enrollment. If a student does not begin the exam within the allotted six month time period, the student will forfeit their enrollment and be required to enroll in the following years program to receive certification. Certification exams are updated once per year and are effective February 1st of each year.

**Notice to Student:**

Do not sign this agreement before you have read it or if it contains any blank spaces. This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school’s principal place of business. Read document in its entirety before signing.

1. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
2. This agreement and the school catalog constitute the entire agreement between the student and the School.
3. Although the School will provide job-search assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
4. The school reserves the right to reschedule the program start date with the number of students scheduled is too small.
5. The School reserves the right to terminate a students’ training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct.
6. The School does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.
7. For Department of Veterans Affairs, benefits recipients, the school will refund the unused portion of prepaid tuition and fees on a pro-rata refund basis. Any amount in excess of \$10.00 for an enrollment or registration fee will also be pro-rated.

**Student Acknowledgments:**

1. I hereby acknowledge receipt of the School’s catalog/handbook dated \_\_\_\_\_, which contains information describing programs offered, and equipment/supplies provided and/or needed. The School catalog/handbook is included as part of this Enrollment Agreement and I acknowledge that I have received a copy of this catalog/handbook.



\_\_\_\_\_ *Student initials*

2. I have carefully read and received an exact copy of this enrollment agreement.



\_\_\_\_\_ *Student initials*

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the School catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid-in-full before a certificate may be awarded.



\_\_\_\_\_ *Student initials*

