



The Medical Management Institute
www.mmiclass.com
3330 Preston Ridge Rd, Ste 380
Alpharetta, GA 30005
Ph: 866-892-2765
Fax: 678-669-2483

Only Valid Until

ICD-10-CM Enrollment Form: **DAY OF THANKS (11/19/13)**

Training Path	Program Price	Program + Anatomy & Terminology
ICD-10 Coder	<input type="checkbox"/> \$1,299 \$909	<input type="checkbox"/> \$1,699 \$1,189
ICD-10 Biller (+RMB)	<input type="checkbox"/> \$1,499 \$1,049	<input type="checkbox"/> \$2,264 \$1,585
ICD-10 Manager	<input type="checkbox"/> \$1,099 \$769	<input type="checkbox"/> \$1,499 \$1,049
ICD-10 Provider	<input type="checkbox"/> \$699	<input type="checkbox"/> \$1,099
ICD-10 Clinical Staff	<input type="checkbox"/> \$599	<input type="checkbox"/> \$999

Personal Information (this is where study material, if applicable, will be sent)-

Name: (first) _____ (last) _____

Shipping Address: _____

(city) _____ (state) _____ (zip) _____

Phone: _____ Work Phone: _____

Email: _____

How did you hear about us? _____ promo/discount code: **DayofThanks**

SSN: _____ - _____ - _____ Date of Birth: _____

Practice/Business Name _____

Work Address _____

(city) _____ (state) _____ (zip) _____

Work email _____

Payment Information- [Necessary books & shipping charges are included]

Online Company Check / Personal Check / Money Order Enclosed Payment Plan **Details on pg. 2**

Credit Card: Visa ___ MasterCard ___ Discover ___ American Express ___

CC #: _____ Exp Date: _____ Security Code: _____

Amount: \$ _____

Name as it Appears on the Credit Card: _____

How to Submit- (all 4 pages) **[Submit BY 11/19/2013 for the 30% discount]**

Fax: 678-669-2483 ATTN: ICD-10 Enrollment OR;

Email: Scan and email to info@mmiclass.com, Subject: ICD-10 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 –

The following interest-free payment plan options are available:

Coder: \$350 down, \$111.80 for 5 months following

Coder + Anatomy: \$350 down, \$167.80 for 5 months following

Billers: \$350 down, \$139.80 for 5 months following

Billers + Anatomy: \$350 down, \$257 for 5 months following

Manager: \$350 down, \$83.80 for 5 months following

Manager + Anatomy: \$350 down, \$139.80 for 5 months following

The full amount must be received before grades or certificates can be mailed to the student.

Prerequisites

Anatomy & Terminology for ICD-10 training. To opt out, please submit a certificate of completion via fax to 678-669-2483 ATTN: ICD-10 Enrollment.

Course Description

All courses are described in detail in the school's Student Handbook, as well as on 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 access to the online training until October 1, 2014. Once the final online certification 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*

4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.

_____ *Student initials*

⇒ 5. I understand that complaints, which can not be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Nonpublic Postsecondary Education Commission at 2082 East Exchange Place Suite 220 Tucker, GA 30084-5305. All student complaints must be submitted in writing.

_____ *Student initials*

Contract Acceptance

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by The Medical Management Institute.

My signature below signifies that I have read and understand all aspects of this agreement and do recognized my legal responsibilities in regard to this contract.



Signed this _____ day of _____, 20 _____

Signature of Student

Date

Signature of School Official

Date

Representative's Certification

I hereby certify that the student has been interviewed by me and in my judgment, meets all requirements for acceptance as a student at The Medical Management Institute as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Signature of School Official

Date