

Train to Become a Professional Certified Coder!
CCS-P: Certified Coding Specialist –Physician (AHIMA) or
CPC: Certified Professional Coder (AAPC)

Part I: Online Training
Part II: One-on-One Distance Learning with Instructor



Program by
The American Institute of Healthcare Compliance, Inc.
A non-profit international training center for health care administrators

AIHC International Headquarters
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Visit our web site: www.aihc-assn.org

Physician Coding Exam Prep Course CCS-P



About Distance Learning & Computer Requirements

- High speed Internet connection
- Email account
- Microsoft Word
- PDF Reader program

A PDF Reader program can be downloaded free from www.adobe.com. Download the most recent version.

Part I - home study working on your own through one course text book.

Part II - working lesson by lesson, phone conferences with your instructor to help you prepare for your certification exam.

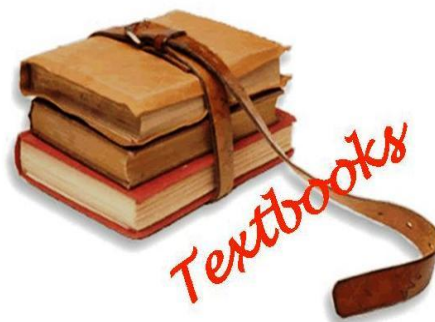
Course Text Books

(cost included in tuition price!)

Course text books will be chosen for you based on your job, coding and education experience. A home study approach is used along with a qualified instructor to help guide you through using your text books.

Part I: Getting started - reviewing basic principles of coding, medical knowledge and reimbursement

Part II: Intermediate-advanced coding exercises, mock exams and certification preparation work with your instructor



Course Text/Materials Supplied by Student (or employer)

1. *Current Year CPT Book, AMA Professional Edition Recommended*
2. *Current Year ICD-9-CM Volumes I & II*
3. *Current Year HCPCS Level II*

2012 Course Tuition

Already an AIHC member? Pay only \$1,000

Non-Members: \$1,250

(includes free AIHC membership during your course training period)

Payment Plans: 4.99% financing is available with a down payment of \$350. A monthly payment arrangement can be made for the balance. Call 866-571-5635 for assistance.

Need Advanced Medical Terminology? Medical Terminology for Health Care Professions (online) - add \$425 to course tuition. Take Med Term before starting Exam Prep!



What You Will Learn

Preparing for your

CCS-P or CPC Exam!

- Principles of CPT and procedure coding - extensive review of coding guidelines;
- Principles of ICD9 with review of diagnosis coding guidelines and application to coding scenarios;
- HCPCS Level II Coding: Review & Exercises;
- Coding Exercises - immediate feedback to check your work through all aspects of the CPT book;
- Comprehensive review and marking up your CPT book with your instructor;
- Medical Science – Review & Exercises;
- Classification Systems Registries & Indexing;
- Medical Billing & Reimbursement Systems;
- Mock Exams

CCS-P/CPC Distance Learning Program

Registration/Enrollment Form

Call 330-241-5635 with any questions about registration, the course or certification exam.

| | | |
|---|--|--|
| <input type="checkbox"/> Certified Coding Specialist-Physician (CCS-P AHIMA) or <input type="checkbox"/> Certified Professional Coder (CPC AAPC) FILL OUT MEMBERSHIP APPLICATION AND SUBMIT WITH COURSE REGISTRATION – SEE BELOW | <u>Date of Enrollment</u> | <u>Amount Due</u> <input type="checkbox"/> Tuition: \$1,250 <input type="checkbox"/> Add Medical Terminology Review for additional \$425 = \$1675 total |
| Print Name, Position, Current Credentials & Check Highest Level of Education <div style="text-align: right;"><input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Diploma Program <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's or Higher</div> | | |
| Employer & Address | Home Address (or address to ship course materials) | |
| Email Address (required for confirmation of enrollment) | | |
| Work Phone/Ext. | Fax | Cell Phone |
| <u>Charge My Credit Card:</u> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card #: _____ Security code (3 digits on back of card): _____ Expiration Date: _____ Billing address for credit card: _____ <u>Name as it appears on the card:</u> _____ Authorized Signature & Date: _____ | | |
| <div style="text-align: center;">CHECK #: _____ AMOUNT ENCLOSED \$ _____</div> <p>Please make checks payable to: AIHC 445 W. Liberty St. Suite 100, Medina, OH 44256 Fax 330-952-0716</p> <p>Please visit our web site at www.aihc-assn.org for more information about our company. Inquiries should be made to info@aihc-assn.org or 866-571-5635</p> <p>How did you hear about us? <input type="checkbox"/> Mailing <input type="checkbox"/> Email <input type="checkbox"/> Co-worker <input type="checkbox"/> AIHC web site <input type="checkbox"/> AHIMA web site <input type="checkbox"/> Wall Street Journal <input type="checkbox"/> Other _____</p> | | |

American Institute of Healthcare Compliance, Inc.

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- | | |
|---|---|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kinesiotherapist | |

OIG exclusion

Have you ever been?

1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?

2) Have you ever been on the OIG exclusion list?

Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold to a higher standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals.

For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at www.hhs.gov/oig)

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; and any member whose name is added to this list will have his/her membership status revoked without refund.

"My signature below indicates I have read this restriction to membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance."

Signature

Date