



Registration Form
All Classes

Personal Information

NAME _____

COMPANY/AFFILIATION _____

ADDRESS _____

Street / P. O. Box

City / State / Zip Code

() () _____

Telephone

Fax

Email

CURRENT OCCUPATION _____

Course Options

First, please indicate below your Career Path Option or individual course selection and the semester.

Second, please select the semester that you would like to begin your class(es).

Third, indicate if you would like to have your coding books (coding bundle) supplied through our office.

CAREER PATH OPTIONS

INDIVIDUAL CLASSES

SEMESTER

[] A. Health Insurance Specialist

[] Medical Terminology

[] Spring

[] B. Medical Coding Certification

[] Medical Billing

[] Summer

[] Both A. and B.

[] Beginning Coding

[] Fall

[] Coding Book Bundle (\$200)

[] Advanced Coding

Payment

PLEASE CHECK PAYMENT METHOD BELOW AND SEE TUITION PAYMENT CONTRACT

[] Cash or Check - Payment must be received by the first class

Cost of Class(es) \$ _____

Less Coupon/Discount \$(_____)

[] Financing - First payment is due on the first class.

Subtotal of Class(es) \$ _____

Cost of Coding Bundle \$ _____

Cost of Textbook(s) \$ _____

[] Credit Card _____ Visa / MC / Discover Exp Date

TOTAL: \$ _____

Signature authorizes Mediquick to apply charges to card

Date

Fax or mail your Registration Form and Tuition Payment Contract form to:

Payment for textbook and coding books are payable at time of registration. Financing and discounts are not available on textbooks or coding books. Payment in full or finance payment must be made prior to the first class. Discounts are on cash or check payments only.

4813 Green Oaks Drive • River Oaks, Texas 76114
Ph: (817) 923-5553 • Fx: (817) 923-5549
info@mediquickps.com • www.mediquickps.com