



CPC EXAM PREPARATION COURSE

Course Instructor: Yvonne Dailey, CPC, CPC-I, CPB

Registration Form

Online classes are available now - 4 months to complete

For class room setting please email classes@daileybilling.com for schedule

Class Dates:	Online anytime	Course Fee:	\$1575.00
Class Time:		AAPC Membership:	included
Class Location:		Course Workbook:	Included
<u>Class Always Available online</u>		Required text books: (not included)	2016 AMA CPT Professional, ICD9-CM, HCPCS
<u>(Go at your own pace)</u>			

Course Syllabus

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| ❖ The Business of Medicine | ❖ Respiratory System | ❖ Anesthesia |
| ❖ Review of Anatomy | ❖ Cardiovascular System | ❖ Radiology |
| ❖ Overview of ICD-9 CM with ICD10 CM applications | ❖ Hemic & Lymphatic System, Mediastinum, Diaphragm | ❖ Pathology & Laboratory |
| ❖ Applying ICD-9-CM Guidelines with ICD-10-CM applications | ❖ Digestive System | ❖ Evaluation & Management Services |
| ❖ Accurate ICD-9-CM Coding | ❖ Urinary System and Male Genital System | ❖ Medicine |
| ❖ Intro to CPT, HCPCS, & Modifiers | ❖ Female Reproductive System & Maternity care/delivery | ❖ Mid term and Final exams (timed) |
| ❖ Integumentary System | ❖ Endocrine System & Nervous System | |
| ❖ Musculoskeletal System | ❖ Special Senses (Ocular and Auditory) | ❖ HIGH SPEED INTERNET CONNECTION REQUIRED |

*Certificate of completion awarded upon successful completion of course * (Also good for 1 year work experience for Apprentice status upon successful completion of course)

Exam Date: TBA 2015 - \$260.00

CONTACT INFORMATION

Telephone: 877-897-5456 option 2
 Fax: 732-244-1005
 Email: classes@daileybilling.com
 Online payment: www.daileybilling.com/register.html
 Mail Registration and Payments to:
 Payable to:
 Dailey Billing
 P.O. Box 811
 Toms River, NJ 08754

Name: _____	Cell Phone Number: _____
Address: _____	Years of Experience: _____
Phone Number: _____	Specialty: _____
<input type="checkbox"/> Online Course	<input type="checkbox"/> Classroom Course
Payment Enclosed: Check # _____	
Credit Card Information: Name as it appears on card _____	
Card Number: _____	Signature Code: _____
	Expiration Date: _____
Card Holder Signature: _____	

Cancellation Policy: Refunds up to 5 days prior to start of course minus administration fee of \$75.00. If less than 5 days you will be subject to a non refundable fee of \$250.00. No fees will be refunded after course starts.

I have read and agree to cancellation policy set forth above.

Signature of Applicant

Date