



*Chronicles Billing Inc.*

**STUDENT ENROLLMENT AGREEMENT**

**CHRONICLES BILLING INC**

(800)467-0141 Fax: (678)-298-4741

**Student Information - Please Clearly Print Date:**

The following information is used for billing and identification only and will not be sold or used for any solicitation. Your information is secured by HIPAA privacy policies.

**STUDENT CONSENTS**

I give permission to publish my name, phone number and email address on the class roster?

YES ! NO !

**Email address:**

Your information will not be sold or used by any other source, or used for solicitation. Your email may be used to contact you concerning school or classroom correspondence only.

**How did you hear about Chronicles Billing Inc?**

! Online ! Henry County Times ! Henry Neighbor ! Friend ! Other

**Student Name:**

First Last MI

**Address:**

Street Apt # City State Zip

**Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth:**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact Info:**

**Home** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_

**Wk**(\_\_\_\_) \_\_\_\_\_

**Name and phone number of a person in case of an emergency:**

**Optional** . The following questions could be helpful in case of an emergency

**Are there any health related illnesses we should be made aware of? ! No**

**! Yes**

**If yes, what?**

**Programs/Courses Offered** Check all programs you plan to register for, current & future. This information will help us plan your class schedules \*\* See Disclaimer on Page 4

- ! **Introduction to Medical Billing** . 8 weeks .
- ! **Medical Terminology** . . 4 weeks . 40 hours –
- ! **CPC Certification Program . PMCC** - 16 weeks
- ! **Medical Billing Business** . 4 weeks .
- ! **Basic Anatomy** - 4 weeks .

**PRE-PAYMENT REGISTRATION**

A registration fee of \$50.00 is required at the time of signing the agreement/contract for Introduction to Medical Billing and Coding, and CPC Certification Program. This payment will be credited to your tuition fee. Deposit is due only on class(s) the student is registering for, not future classes. Balance of tuition payment is due in full to Chronicles Billing Inc within 10 days of 1st day of scheduled classes to receive discount on the PMCC. All other classes require payment in full at the time of registration. For information concerning refunds &\*\*\* Payment plans, see the Refund Clause of this contract. \*\*\*Call Chronicles Billing Inc

Insufficient Checks . Any checks returned for insufficient funds will be assessed a fee of an additional \$30.00.

**Classes:**

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Class Tuition/Books \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Balance due \_\_\_\_\_

**You will receive a letter of confirmation from Chronicles Billing Inc with date, time and balance due for current class enrollment.**

-----**PAYMENT INFORMATION**-----

**Payment:** ! Check ! Cash ! Credit Card ! Other

Credit Card Information: ! VISA ! MasterCard

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
 Name as it appears on the card: \_\_\_\_\_ Signature: \_\_\_\_\_

**REFUND AND PAYMENT POLICIES**

By signing below, the student agrees to pay Chronicles Billing Inc, hereafter referred to as Chronicles Billing Inc, the total stated tuition and fees. Chronicles Billing Inc agrees to provide the occupational training in accordance with the AAPC. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to Chronicles Billing Inc have been met Chronicles Billing Inc will award the PMCC certificate of completion to the student.

The student and Chronicles Billing Inc understand that this Enrollment Agreement, WHICH INCLUDES THE REFUND POLICY, may not be amended except in writing and signed by both parties.

Postponement of starting date, whether at the request of Chronicles Billing Inc or the student, requires a written agreement signed by the student and Chronicles

Billing Inc.

The agreement must set forth:

- a) Whether the postponement is for the convenience of Chronicles Billing Inc or student, and;
- b) A deadline for the new start date, beyond which the start date will not be postponed.

If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to an appropriate refund of prepaid tuition and fees within 30 days of the deadline of the new start date set forth in the agreement, determined in accordance with the students, who withdraw after three (3) business days, but before commencement of classes, are entitled to a full refund of all tuition and fees paid except the maximum cancellation charge of \$150.00 or 25% of the contract price, whichever ever is less.

Chronicles Billing Inc will retain a cancellation charge plus a percentage of tuition and fees, which is based on the percentage of contract hours, as described in the table below. The refund is based on the last date of recorded attendance.

#### **Refund Table . 16 Week Program/Course**

##### **Student is entitled to upon withdraw/termination Refund**

Within first 10% (1<sup>st</sup> week) of program (1-2 classes) 90% less cancellation charge

After 75% (if paid in full, cancellation charge is not applicable) NO REFUND



The student may cancel this contract at any time prior to midnight of the third business day after signing this contract.



All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:

- The date on which Chronicles Billing Inc received notice of the student's intention to discontinue the training program; or
- The date on which the student violates published school policy, which provides for termination.



Enrollment in programs not listed on the original contract are included and subject to all policies and terms of the original contract, i.e.; student terms/policies/payment policies and refunds.

#### **Copyright**

Textbooks, hand outs, and visual aids are the sole property of Chronicles Billing Inc. Copying, distributing or duplicating any of this information is prohibited without the written consent of Chronicles Billing Inc. Chronicles Billing Inc strictly enforces this policy and violators will be prosecuted.

#### **Grievances**

Complaints will be resolved by the student and Chronicles Billing Inc.

**I have received a copy of this enrollment agreement and fully understand the terms of this student contract by signing below.**

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Student Signature Date

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Chronicles Billing Inc .

**APPLICATION CAN BE FAXED TO (678) 298-4741 OR MAILED  
TO**

Chronicles Billing Inc,