



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 (in classroom additional fee applies)	Course Fee:	\$1995.00
Class Time:		AAPC Membership:	\$90.00
Class Location:		Course Workbook:	\$195.00
<u>Class Always Available online</u> <u>(Go at your own pace)</u>		Required text books: <u>(not included)</u>	2017 AMA CPT Professional, ICD10-CM, HCPCS

Course Syllabus

- | | | |
|--|---|--|
| ❖ The Business of Medicine | ❖ Respiratory System | ❖ Anesthesia |
| ❖ Review of Anatomy | ❖ Cardiovascular System | ❖ Radiology |
| ❖ Overview of ICD-10 CM | ❖ Hemic & Lymphatic System,
Mediastinum, Diaphragm | ❖ Pathology & Laboratory |
| ❖ Applying ICD-10-CM Guidelines
with ICD-10-CM applications | ❖ Digestive System | ❖ Evaluation & Management
Services |
| ❖ Accurate ICD-10-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 2017 - \$380.00 one free retake

CONTACT INFORMATION

Telephone: 877-897-5456 option 2 Email: classes@daileybilling.com
 Fax: 732-244-1005 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: _____
Online Course <input type="checkbox"/>	Classroom Course <input type="checkbox"/>

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

