



PAYMENT PLAN SCHEDULE & OBLIGATION FORM

PROGRAM NAME: Inpatient Workshop **SESSION:** Fall 2016

PERSONAL INFORMATION:

Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

COURSE DESCRIPTION:

With the recent implementation of ICD-10-CM/PCS code set, our Inpatient Training Workshop is geared for Health Information Management (HIM) professionals who wish to further enhance their knowledge in a simulated Inpatient Acute Hospital setting. Students will learn how to code Inpatient charts in this instructor-lead and practical application course. Students will utilize Encoders and learn how to query and improve Clinical Documentation by physicians, Present on Admission (POA), OSHPD abstracting, and MS-DRG.

COURSE SCHEDULE:

96 Hours of Course Instruction
Starts: October 15, 2016 *Ends:* November 20, 2016
Day(s): Saturdays and Sundays *Time:* 8:00 AM-4:30 PM
Dates: 10/15, 10/16, 10/22, 10/23, 10/29, 10/30, 11/5, 11/6, 11/12, 11/13, 11/19, 11/20

TUITION AND FEES:

Registration Fee (Non-Refundable):	\$250.00
Course Materials:	\$100.00
Tuition:	\$1,500.00
Total:	\$1,850.00

Discount Code (If Applicable)

Registration Fee (Non-Refundable):	\$250.00
Course Materials:	\$100.00
Tuition (Discount):	\$1,350.00
Total:	\$1,700.00

Discount Approved by:

 Signature Date



PAYMENT SCHEDULE:

Due Date	Registration (Non-Refundable)	Course Materials	Tuition	Payment Amount
Prior to October 15, 2016	\$250.00	--	--	\$250.00
October 15, 2016	--	\$100.00	\$150.00	\$250.00
	--	--	\$675.00	\$675.00
	--	--	\$675.00	\$675.00
TOTAL	\$250.00	\$100.00	\$1,500.00	\$1,850.00

PAYMENT SCHEDULE (DISCOUNT TUITION, IF APPLICABLE):

Due Date	Registration (Non-Refundable)	Course Materials	Tuition (Discount if applicable)	Payment Amount (Discount if applicable)
Prior to October 15, 2016	\$250.00	--	--	\$250.00
October 15, 2016	--	\$100.00	\$150.00	\$250.00
	--	--	\$600.00	\$600.00
	--	--	\$600.00	\$600.00
TOTAL	\$250.00	\$100.00	\$1,350.00	\$1,700.00

Discount Code: _____

Discount Authorized by: _____
Name

Signature *Date*



AE & ASSOCIATES, LLC
A Healthcare Company Providing You with Excellent Service

506 Queensland Circle
Corona, CA 92879
P: 951.278.3477
F: 951.278.3670
www.AEAALLC.com

PROMISE TO PAY:

I, _____ (referred to as Student) promise to pay the sum of \$1,850.00 (or \$1,700.00 with applicable discount) in the number and amount of installments on the dates shown above to AE & Associates, LLC (referred to as AE). This Contract is part of and is subject to all terms and conditions contained in any written agreement between Student and AE made in connection with this Contract. If Student defaults, a negative report on Student's credit may be submitted to a credit reporting agency or agencies and Student will be prohibited from class attendance until the default is cleared. When a Student is prohibited from class attendance based on a payment default, Student shall still be responsible for all tuition fees and costs associated with the program regardless of AE's attendance prohibition due to Student's default.

LATE CHARGES:

If any part of a payment is seven (7) days or more late (or amount period allotted by law) Student will be charged the greater of a) \$10.00 b.) 10% of the payment, or c.) the highest amount permitted by state law.

DEFAULT:

Student will be in default if Student does not fully pay any installment at the end of business (currently 6:00 pm) of the day the installment became due. AE may then accelerate the payment schedule and demand all outstanding unpaid amounts due. In any action instituted in regards to Student's payment obligations under this contract, AE shall be entitled to reasonable attorney fees, collection fees, expenses of collection, court costs and interest as allowed by law.

RETURNED ITEMS:

If any payment is returned unpaid by Student's bank, Student may be charged \$20.00 or the greatest amount allowed by law. The words "paid in full" or any other restrictive endorsement written on Student's payment will have no significance on Student's account.

CREDIT INFORMATION:

Student authorizes AE, and/or any parties authorized by AE, from time to time, to check my credit history. Upon Student's request, Student will be informed as to whether or not a consumer report was requested and informed of the name and address of the consumer reporting agency(ies) that furnished the report.

PARTIAL INVALIDITY

Should any portion of this agreement be found invalid, the remaining portions of the contract shall remain in effect and enforceable in accordance to the intent of the parties.

MUTUAL DRAFTING

Parties to this agreement have drafted this agreement jointly. Ambiguities shall be resolved in accordance with the intent of the parties.

For further information please contact the Account Department of AE & Associates, LLC at (951) 278-3477 ext. 106.



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I have read and understand AE & Associates, LLC's Payment Plan Schedule and Obligation Form.

By signing below I certify that I have agreed to the above payment plan and policies.

Student Printed Name

Student Signature

Date

Administrator Name

Title

Administrator Signature

Date