



Workforce Investment Act Eligible Training Program

Provider Name: Health Care Training Services, Inc.

Contract #: 4050-45

Address: 657 Quarry Street
Fall River, MA 02723

Addresses if program is held at a another site:
1. _____
2. _____

Program Name: Medical Billing Specialist

Office use only: ONET CODE 43-3021

CONTACT INFORMATION

Program Contact Person: Doug Leigh

Phone: 508-672-6800

Email: dleigh@hctschool.com

Fax: 508-672-2866

Website: www.hctschool.com

Course Outline/Topics to be Covered

Completion of this 520-hour certificate program will prepare the participant to work in a variety of medical settings. Course work includes Microsoft Office & Computer Basics, Introduction to Keyboarding, Medical Office Procedures, Typing, Medical Terminology, Medical Insurance and Coding by Medisoft, Third Party Billing, Internship and Career preparation skills.

Required academic grade levels to enter program

Reading Grade Level 8th

Math Grade Level 8th

English Proficiency 8th

Required to enter training program

- Physical Yes No
- Vaccinations Yes No
- Drug test Yes No
- BCI Yes No
- License Yes No
- Tools Yes No
- Experience Yes No
- Other : HS Diploma / GED Min Age 18

MAY be required for employment

- Physical Yes No
- Vaccinations Yes No
- Drug test Yes No
- BCI Yes No
- Certification Yes No
- License Yes No
- Tools Yes No
- Experience Yes No
- Other :

Participants will be qualified to seek employment in the following occupations:

- 1) Medical Billing
- 2) Billing and Posting Clerks
- 3) Insurance Claims & Processing
- 4) _____

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$3,719.00
Fees	\$50.00
Books	\$483.00
Licensing	
Certificate fees	\$105.00
Other, provide explanation	
Total Tuition Cost	\$4,357.00

These are expenses that MAY be reimbursed after successful completion of training.

Please indicate Yes, No or enter the amount

	YES	NO	AMOUNT
Books	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Licensing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Uniforms	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Miscellaneous	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total			\$0.00

Participant is responsible for :

Prerequisites	_____
Memberships	_____
_____	_____
_____	_____
Cost above tuition cap	\$0.00
Expenses that <u>MAY</u> be reimbursed	\$0.00
Total	\$0.00

Maximum ITA Responsibility (Max. \$5500)

\$4,357.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

Open Enrollment every Monday. Monday - Friday usually 20 hrs per week.

What type of certificate will be awarded and by whom?

Certificate from school, Certified Billing & Coding Specialist NHA