



Workforce Investment Act Eligible Training Program

Provider Name: MedCerts

Contract #: 4050- -80

Address: ONLINE Program
14115 Farmington Road
Livonia, MI 48154

Address if program is held at a another site:
ONLINE Program
14115 Farmington Road
Livonia, MI 48154

Program Name: Medical Billing Specialist HI-1100

Office use only: ONET CODE 43-9041

CONTACT INFORMATION

Program Contact Person: Foy Ann Plohr

Phone: 734 237-3960
Email: fplohr@medcerts.com

Fax: 734 237-3960
Website: www.mecerts.com

Course Outline/Topics to be Covered

Human Anatomy, Phsiology and Medical Terminology
Insurance, Billing, and Coding Essentials

Required academic grade levels to enter program

Reading Grade Level HS/GED

Math Grade Level HS/GED

English Proficiency HS/GED

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 :

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 Specialist
- 2) Medical Insurance Specialist
- 3) Meical Records
- 4) Insurance Claims Processor

Is this program Pell grant eligible? Yes No

PROGRAM COSTS:

TUITION INCLUDES:	
Tuition	<u>\$2,000.00</u>
Fees	<u>Included</u>
Books	<u>Included</u>
Licensing	<u>Included</u>
Certificate fees	<u>Included</u>
Other, provide explanation	<u>_____</u>
Total Tuition Cost	\$2,000.00

These are expenses that <u>MAY</u> be reimbursed after successful completion of training.			
<i>Please indicate Yes, No or enter the amount</i>			
	YES	NO	AMOUNT
Books	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>_____</u>
Licensing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>_____</u>
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>_____</u>
Uniforms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>_____</u>
Travel	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>_____</u>
Miscellaneous	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>_____</u>
Total			\$0.00

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

Maximum ITA Responsibility (Max. \$5500)

\$2,000.00

PROGRAM LENGTH **3 Months/192 Hours**
Weeks and Hours and Additional Information

What type of certificate will be awarded and by whom? (CBCS) Certified Billing and Coding Specialist