



Workforce Investment Act Eligible Training Program

Provider Name: Salter School - Fall River

Contract #: 4050-50

Address:
82 Hartwell Street
Fall River, MA 02721

Address if program is held at a another site:

Program Name: Medical Health Claims Specialist

Office use only: ONET CODE 29-2071

CONTACT INFORMATION

Program Contact Person:
Darlene Nelson - Director of Education

Phone: 508-730-2740
Email: dnelson@salterschool.com

Fax: 508-730-2712
Website: www.salterschool.com

Course Outline/Topics to be Covered

Electronic Health Records, Medical Coding, Computerized Billing, Medical Terminology, Medical Law & Ethics, Medical Terminology & Anatomy, Insurance, Office Procedures, Career Development, Psychology, Externship

Required academic grade levels to enter program

Reading Grade Level High School Diploma or GED; passed MCAS and score 15 on Wonderli

Math Grade Level High School Diploma or GED; passed MCAS and score 15 on Wonderli

English Proficiency High School Diploma or GED; passed MCAS and score 15 on Wonderli

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) Health Claims Specialist
- 2) Insurance Billing Clerk
- 3) Medical Office Assistant
- 4) Medical Receptionist

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$11,700.00
Fees	\$225.00
Books	\$875.00
Licensing	\$0.00
Certificate fees	\$0.00
Other, provide explanation	\$0.00

Total Tuition Cost \$12,800.00

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 checked="" type="checkbox"/> No		
Licensing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Tools	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Uniforms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Travel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Miscellaneous	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Total \$0.00

Participant is responsible for :

Prerequisites	
Memberships	
Cost above tuition cap	\$7,300.00

Expenses that **MAY be reimbursed \$0.00**

Total \$7,300.00

Maximum ITA Responsibility (Max. \$5500)

\$5,500.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

37.5 weeks for the day program (Monday through Thursday 8:30 to 2:30) and 46.5 weeks for the evening program; both are 900 hours.

What type of certificate will be awarded and by whom?

Certificate of Program Completion by Director of Education
VA Approved Program