

AAPC ICD-10 CM

General Code Set Training

Learn to code for ICD-10-CM and prepare for the ICD-10 Proficiency Assessment
General Code Set Training with Complete Guidelines and Coding Exercises

Hosted by the Chula Vista Chapter

WHEN: May 30 and 31, 2015

TIME: 8:00 am – 5:00 pm

WHERE: Scripps Mercy Chula Vista Campus 435 H Street Chula Vista CA 91910 Bldg 495

COST: \$300

- 16 CEUS – 2-day boot camp
- AAPC instructor lead
- Limited space available
- Refunds – Registration fee is non-refundable.
- Inclement weather - If there is inclement weather and the AAPC trainer cannot make the meeting,
- AAPC will reschedule. If the AAPC trainer is able to make the meeting, all cancellation agreements will be in force.
- You must be a member of AAPC to attend. Membership can be purchased for \$125 at www.aapc.com.

You cannot register without a current AAPC membership number.

CONTACT INFORMATION: Please call or text after 4:00 pm during weekdays: **Marie Laygo @ 619-347-2527**. You may send text or email (**marielaygo@cox.net**) messages at any time but may not receive a response until after 3:30 pm or later during that day. You may call anytime between 8-7 on weekends. You may also contact any of our officers listed on the AAPC Website.

REGISTRATION FORM – CHULA VISTA AAPC LOCAL Chapter - ICD-10-CM Training
Each attendee must fill out a separate registration form for their CEU
Certificates

- . **\$300** for registration only
- . **\$60** for Timed Proficiency Assessment*
- . **\$195** for At Your Own Pace Proficiency Assessment Course*

*Successful completion of either of these assessment options (Timed or At Your Own Pace) by September 30, 2015 will satisfy AAPC’s ICD-10 certification maintenance requirement and demonstrates proficiency of ICD-10-CM format and structure, groupings and categories of codes, ICD-10-CM official guidelines, and coding concepts.

NOTE: Although not offered at the bootcamp, attendees may choose to purchase the Timed Proficiency Assessment (\$60) through the chapter, or the At Your Own Pace Proficiency Assessment Course (which is offered at a reduced price of \$195) along with registration, through the chapter.

NAME: _____

ADDRESS: _____

EMAIL: _____ **CONTACT PHONE #:** _____

Chapter you currently attend: _____ **AAPC#:** _____

AMOUNT ENCLOSED: _____ (Checks accepted)

CHECKS SHOULD BE MADE PAYABLE TO: CHULA VISTA CA AAPC CHAPTER

SEND REGISTRATION PAYMENT TO: ATTN: CV AAPC

1041 East J Street Chula Vista CA 91910

QUESTIONS/CONCERNS: