

PUBLIC NON-MEMBER PAYMENT PLAN AGREEMENT

The American Institute of Healthcare Compliance

Mailing Address: AIHC 5000 Gateway Drive Suite 202 Medina, OH 44256

Phone: (330) 241-5635 Fax: (330) 952-0716

Print Name of AIHC Member Enrolling in Course Marked Below		Member Phone – Work	Mobile
Member Email Address: Personal & Work			
SELECT COURSE ELIGIBLE FOR PAYMENT PLAN OPTION*			
	Member- Priced Tuition	1ST Payment Amount*	2ND Payment Amount*
<input type="checkbox"/> Appeals Management (COCAS)	\$1250.00	\$625.00	\$625.00
<input type="checkbox"/> Auditing for Compliance (CHA)	\$1250.00	\$625.00	\$625.00
<input type="checkbox"/> Conducting Investigations (CIFHA)	\$1250.00	\$625.00	\$625.00
<input type="checkbox"/> Clinical Documentation Improvement (CMDP)	\$1250.00	\$625.00	\$625.00
<input type="checkbox"/> Computerized Physician Order Entry (CPOEP)	\$495.00	\$247.50	\$247.50
<input type="checkbox"/> Corporate Compliance (OHCC)	\$1250.00	\$625.00	\$625.00
<input type="checkbox"/> HIPAA Compliance (CHCO)	\$1250.00	\$625.00	\$625.00
<input type="checkbox"/> Revenue Cycle Management (CORCM)	\$1250.00	\$625.00	\$625.00
Select One:			
<input type="checkbox"/> I would like to make the 2 nd payment in 30 days by credit card (below)			
<input type="checkbox"/> I would like to make the 2 nd payment in 60 days by credit card (below)			
<input type="checkbox"/> Please send me a Payment Link via email for the first and subsequent payments			
Payment Plan Credit Cards We Can Accept Are: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
Print Cardholder Name as it appears on Card			
Signature Approving this Credit Card Transaction			
Credit Card Number		Expiration Date	CVV2 (security code on back of card)
Billing Address for this Card			
Short term payment plans are available to those who qualify* at 0% interest for all of our online courses that offer a certification. Your training program tuition will be divided into two (2) payments. The initial payment at the time of registration and a second payment within 30 or 60 days of registration. Course access will be granted after first/initial payment is made.			
<small>*NOTE: Payment plans are available only to self-pay individuals and are not available to companies, organizations, or corporations. Payment plans cannot be combined with any other discount offer or coupons. Certification Exams cannot be scheduled until the course is paid in full. Agreements are binding, and failure to make a timely payment (Refusal of our charge by your bank or credit card company) could result in termination of the education program, causing this agreement to become null and void and the balance due immediately. There is no pre-payment penalty or fee for paying loan in advance. Both parties will receive a printed copy of the agreement and will be responsible for upholding its terms.</small>			
I agree to the terms described above.			
Signature of Person Authorizing this Payment Agreement		Date	
Signature of AIHC Registration Approval		Date	

WE WILL EMAIL YOU CONFIRMATION, A RECEIPT AND COPY OF THIS AGREEMENT