

CIFHA CEU Package

For Certified Internal Forensic Healthcare Auditors

For AIHC Members Only - Price: \$89

A dark green oval containing the text "GOT CEUs?" in white, bold, sans-serif font.

Earn all 6 required CEUs needed for your next renewal!

The short courses below are bundled at a special price. All courses are now on *one page* for quick and easy access to complete your Continuing Education Units for your next credential renewal. This package includes:

If you are also certified as a Healthcare Auditor (CHASM), this will count for both your CHASM and CIHFASM renewal. This package includes:

Chiropractic Coding & Billing Compliance

- A course to strengthen coding and billing skills to increase compliance in a Chiropractic Office – Includes Medicare rules, Medical Necessity, Documentation Requirements and more. Perfect for Auditors and Investigators!

COVID-19 HIPAA & Healthcare Ethics

- Safeguarding information, strengthening security of ePHI and developing an ethical culture during the COVID1-9 crisis is what you will learn in this short online course.

How to Register



Register Online – Return to the Enrollment Page and




Pay via Credit Card! We accept online registration payment via credit card.

Register Via Mail or Fax: Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

Refund Policy - View the Refund Policy Posted on the Home Page of our Website www.aihc-assn.org

CIFHA Annual CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3 style="margin: 0;">Bundled for Only \$89</h3> <ul style="list-style-type: none">✓ Chiropractic Coding & Billing Compliance✓ COVID-19 HIPAA & Healthcare Ethics
Name & Credentials:	
Home Address:	
Employer Name & Address:	
Work Phone Number:	
Alternate or Cell Phone Number:	
<i>(For website administration and registration confirmation)</i>	
Primary Email Address:	
Alternate Email Address:	
Credit Card Payment Information:	
<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"> <input type="checkbox"/> MasterCard</div><div style="text-align: center;"> <input type="checkbox"/> VISA</div><div style="text-align: center;"> <input type="checkbox"/> Discover</div></div>	
Amount Approved on this Credit Card: <input type="checkbox"/> \$89 AIHC Fax Number: (330) 952-0716	
Card Number: _____	
Security Code: _____	Expiration Date: _____
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<p>Paying by corporate check? Pay \$89</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address: 3637 Medina Road – Suite 15, Medina, Ohio 44256</p>	