

# The Coding, HIPAA, and You CEU Package

**GOT CEUs?**

- All CEUs for CCRS/CHA/CIFHA/CMDP/COCAS/ICDCT-CM/ICDCT-PCS/OHCC
- All Ethics & HIPAA CEUs for Any Credential

The combo short course below is designed to satisfy all CEUs needed for our members to maintain CCRS, CHA, CIFHA, CMDP, COCAS, ICDCT-CM, ICDCT-PCS, and OHCC (one or all these credentials). Your CEUs automatically populate into your CEU tracker for you. A CEU certificate is available for you to print and apply to other organizations accepting AIHC continuing education credits.

**For AIHC Members Only – Price: \$89**

## Codes for Special Purposes – In a Time of Crisis

*2 CEUs: Core for CCRS, CHA, CIFHA, CMDP, COCAS, ICDCT-CM, ICDCT-PCS, OHCC*

- A short online, on-demand course applies to health care professionals responsible to report treatment, documentation, coding, billing and compliance to mitigate risk of potential overpayments, fraud and abuse.

## HIPAA Compliance and You

*4 CEUs: 2 HIPAA CEUs and 2 Ethics CEUs for any credential*

- A short online, on-demand course on How HIPAA Applies to Medical Coding, Billing, Auditing and Organizational Compliance

## 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](http://www.aihc-assn.org)

# The Coding, HIPAA, and You CEU Renewal Package

## HARDCOPY REGISTRATION FORM

<b>Enrollment Date:</b> 	<h3 style="margin: 0;">Bundled for \$89</h3> <p style="margin: 0;">All CEUS for CCRS, CHA, CIFHA, CMDP, COCAS, ICDCT-CM, ICDCT-PCS, OHCC</p> <p style="margin: 0;">All Ethics &amp; HIPAA CEUs for Any AIHC Credential</p> <ul style="list-style-type: none"> <li>✓ Codes for Special Purposes – In a Time of Crisis</li> <li>✓ HIPAA Compliance and You</li> </ul>
<b>Name &amp; Credentials:</b> 	
<b>Home Address:</b> 	
<b>Employer Name &amp; Address:</b> 	
<p style="margin: 0;"><i>(For website administration and registration confirmation)</i></p> <b>Primary Email Address:</b> 	
<b>Alternate Email Address:</b> 	
<b>Credit Card Payment Information:</b>	<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 style="margin: 0;"><b>Paying by corporate check? Pay \$89</b></p> <p style="margin: 0;"><b>Please Make Check Payable to: AIHC</b></p> <p style="margin: 0;"><b>AIHC Mailing Address:</b></p> <p style="margin: 0;"><b>3637 Medina Road, Suite 15, Medina, Ohio 44256</b></p>	