

COCAS CEU Package

For Outpatient Clinical Appeals Specialists

GOT CEUs?

For AIHC Members Only - Price: \$65

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:

HIPAA Cybercrime & Healthcare

- This short course provides answers to common cybercrime & cyber-attack questions, addresses cybersecurity and HIPAA – HITECH, the cost of a data breach, cyber threats – what’s trending and advice from OCR and the FBI.

Capturing & Coding Social Determinants of Health

- This course provides an introduction to the importance of addressing, documenting and coding Social Determinants of Health (SDoH) within our health care system to improve the quality of care and health outcomes in our communities.

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 under Financial Policies at www.aihc-assn.org.

COCAS Annual CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3 style="margin: 0;">Bundled for Only \$65</h3> <ul style="list-style-type: none"> ✓ HIPAA Cybercrime & Healthcare ✓ Capturing & Coding Social Determinants of Health
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:	
  	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover	
Amount Approved on this Credit Card: <input type="checkbox"/> \$65 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 \$65</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address:</p> <p>3637 Medina Road – Suite 15, Medina, Ohio 44256</p>	