

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: \$50

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

The Coding, HIPAA, and You CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	<p>Bundled for \$50</p> <p>All CEUS for CCRS, CHA, CIFHA, CMDP, COCAS, ICDCT-CM, ICDCT-PCS, OHCC</p> <p>All Ethics & HIPAA CEUs for Any AIHC Credential</p> <ul style="list-style-type: none"> ✓ Codes for Special Purposes – In a Time of Crisis ✓ HIPAA Compliance and You
Name & Credentials:	
Home Address:	
Employer Name & Address:	
<p>Work Phone Number:</p> <p>Alternate or Cell Phone Number:</p>	
<p><i>(For website administration and registration confirmation)</i></p> <p>Primary Email Address:</p> <p>Alternate Email Address:</p>	
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>
<p>Amount Approved on this Credit Card: <input type="checkbox"/> \$50 AIHC Fax Number: (330) 952-0716</p> <p>Card Number: _____</p> <p>Security Code: _____ Expiration Date: _____</p> <p>Billing Address for this Card: _____</p> <p>Name As It Appears on this Card: _____</p> <p>Authorized Signature & Date: _____</p>	
<p>Paying by corporate check? Pay \$50</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address:</p> <p>3637 Medina Road, Suite 15, Medina, Ohio 44256</p>	

