

# LEGACY MEDICAL BILLING & CODING

PO Box 66033 University Place, WA 98464

253-212-0354

Legacy@MedicalBillCo.com

## ENROLLMENT AGREEMENT

This agreement is between the above named school and:

<b>Student Name</b>	Click or tap here to enter text.	<b>Phone Number</b>	Click or tap here to enter text.
<b>Physical Address</b>	Click or tap here to enter text.		
<b>City</b>	Click or tap here to enter text.	<b>State</b>	Click or tap here to enter text.
<b>Zip Code</b>	Click or tap here to enter text.	<b>Date of Birth</b>	Click or tap here to enter text.
<b>Social Security Number</b>	Click or tap here to enter text.		
<b>Start Date</b>	Click or tap here to enter text.	<b>Completion Date</b>	Click or tap here to enter text.
<b>Program Consists of</b>	80 clock hours.	<b>Training Option</b>	<input type="checkbox"/> Live Instruction Professional Medical Coding Preparation <input type="checkbox"/> Self-Paced Professional Medical Coding Preparation

### PROGRAM COSTS

#### Live Instruction Professional Medical Coding Preparation

Cost Item	Amount
Registration Fee	\$100.00
Tuition	\$2100.00
<b>Total</b>	<b>\$2200.00</b>

#### Self-Paced Professional Medical Coding Preparation

Cost Item	Amount
Registration Fee	\$100.00
Tuition	\$1100.00
<b>Total</b>	<b>\$1200.00</b>

### METHOD OF PAYMENT

I agree that the payment of program costs is satisfied by:

- Credit Card
- SweetPay Financing
- WIOA Grant

Payments by credit card are due in full before course materials are released.

SweetPay Financing requires a minimum 10% deposit of the course value before funding your course in addition to a \$79.00 non-refundable application fee. The monthly payments and loan amount will vary depending on the course and down payment made.

## AGREEMENT NOTICE

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This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

## CHANGES TO AGREEMENT NOTICE

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Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student.

## CANCELLATION AND REFUND POLICY

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1. The school must refund all monies paid if the applicant is not accepted. This includes instances where a starting class is cancelled by the school.
2. The school must refund all monies paid if the applicant cancels within 5 business days, excluding Sundays and holidays, after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to 10% of the total tuition cost, or \$100.00, whichever is less, if the applicant cancels past the 5th business day after signing the contract or making an initial payment. A registration fee is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under item 3, plus a percentage of the total tuition as described in the following table:

If the student completes this amount of training	School keeps this percentage of tuition
One week or up to 10%, whichever is less	10%
More than one week, or 10%, whichever is less, but less than 25%	25%
25% to 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student's termination is the last day of recorded attendance:
  - a. When the school receives notice of the student's intention to discontinue the training program; or,
  - b. When the student is terminated for a violation of a published school policy which provides for termination; or,
  - c. When a student, without notice, fails to attend classes for 30 calendar days.
6. All refunds must be paid within 30 calendar days of the student's official termination date.

## NOTICE TO BUYER

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Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact

copy of the agreement, school catalog, and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

## CANCELLATION OF CONTRACT

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If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the 5th business day, excluding Sundays and holidays, following your signing this contract; the written notice may also be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the applicant.

## UNFAIR BUSINESS PRACTICES

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It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his or her financial sponsors if he or she is a minor, and a written statement notifying all parties that the cancellation and refund policy continues to apply.

## CERTIFICATION

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I certify that I read and understand the cancellation and refund policy and the complaint procedure; I received a copy of the school catalog and I am entitled to an exact copy of this enrollment agreement, school catalog, and any other papers I sign.

**Student Printed Name**

Click or tap here to enter text.

**Signature**

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**Authorized School Representative Signature**

**Authorized School Representative Printed Name**

Rachel Shelly McKenty

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Rachel Shelly McKenty

Director of Operations

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this private vocational school may be made to:

Workforce Training and Education Coordinating Board  
128 10th Avenue SW  
Olympia, Washington 98501  
360-709-4600  
workforce@wtb.wa.gov  
wtb.wa.gov

## ATTACHMENT A

### NOTICE OF FINANCIAL OBLIGATION

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under Chapter 28C.10 RCW. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual's enrollment agreement, as well as a copy provided to the enrollee by the school.

#### ACKNOWLEDGMENT BY ENROLLEE

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1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into will not be binding or take effect for at least 5 days, excluding Sundays and holidays, following the last date such a contract is signed by the school and me, provided that I have not entered classes.

**Name:** Click or tap here to enter text.

**Dated this:** Click or tap here to enter text. Day of Click or tap here to enter text., 20Click or tap here to enter text.

#### ACKNOWLEDGMENT BY SCHOOL

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Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he or she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his or her chosen occupation.

**Name:** Rachel Shelly McKenty

**Title:** Director of Operations

**Dated this:** Click or tap here to enter text. Day of Click or tap here to enter text., 20Click or tap here to enter text.

## ATTACHMENT B

### HOW TO FILE A COMPLAINT

Washington law requires private vocational schools to inform students how to file a complaint. By signing this form you acknowledge this process has been explained to you. Below are the next steps the school must take in discussing this policy with you, along with information about the complaint process.

#### DISCUSSION ABOUT COMPLAINT POLICY REQUIRED

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First, a school representative must discuss the school's complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

#### ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT

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4. The school has described the grievance and or complaint policy to me.
5. I understand that the policy can also be found in the school catalog.
6. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
7. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: [http://wtb.wa.gov/PCS Complaints.asp](http://wtb.wa.gov/PCS%20Complaints.asp).
8. I understand that I have 1 year to file a complaint from my last date of attendance.
9. I further understand that in the event of a school closure, I have 60 days to file a complaint.
10. I also understand that complaints are public records.
11. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at [http://ljwtb.wa.gov/PCS Complaints.asp](http://ljwtb.wa.gov/PCS%20Complaints.asp)

**Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

#### ACKNOWLEDGMENT BY SCHOOL

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Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school's complaint policy.

**Name:** Rachel Shelly McKenty

**Title:** Director of Operations

**Date:** Click or tap here to enter text.