

Medical Office Programs

Medical/Clinical Assistant (Physician Front and Back Office)

Medical Insurance Coding Specialist (Physician Front Office)

Information Guide and Application

January 31, 2011



FRANKLIN TECHNOLOGY CENTER @ MSSU

3950 E. Newman Road

Joplin, MO 64801

Phone: (417) 659-4400

Fax: (417) 659-4408

Email: nivens-l@mssu.edu



Medical Insurance Coding Specialist

Medical Insurance Coding Specialist

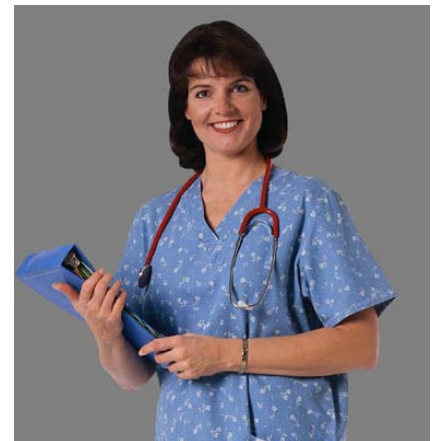
900 Clock Hour Certificate Program
Program Coordinator: Leisa Nivens
Monday – Thursday 8:00 am – 4:30 pm
Phone: 417.659.4406
Nivens-l@mssu.edu

Overview:

An entry level program that prepares individuals, under the supervision of office managers and other professionals, to perform and manage the medical and health insurance operations in a medical office, health care facility, health maintenance organization, or insurance provider. Also prepares individuals to perform routine administrative duties in a medical, clinical, or health care facility/system office environment. Includes instruction in medical records and insurance software applications, basic anatomy and physiology, medical terminology, fundamentals of medical science and treatment procedures, data classification and coding, data entry skills, and regulation relating to insurance documentation. Related occupations include: Medical Office Assistant, Medical Secretaries, Medical Billing Clerks, Administrative Medical Assistant, Medical Insurance Technician, Medical Claims Examiner, Medical Record Coder, and Medical Record Clerk. The program prepares the student to take the NCCT Medical Insurance and Coding Specialist examination. Students may also make application for the AAPC apprentice coding examination (AAPC fee is not included in cost of program).

Program Content:

- Introduction to Medical Terminology
Human Anatomy, Pathology & Applied Medical Terminology
- Keyboarding/Word/Excel
Administrative Medical Office Procedures
- Clinical Medical Office Procedures I
- Business English
- Medical CPT/ICD Coding I
- Medical CPT/ICD Coding II
Computerized Medical Insurance Billing
Introduction to Medical Transcription
Employment/Job Placement Seminar
- Independent Study Packages (ISP)*
Supervised Clinical Externship
- ***ISP Courses Provide Instruction in duties related to Medical Administrative Specialist**



Important Note: Franklin Technology Center programs are based on clock hours and may not be transferable to other education facilities. Franklin Technology Center requires students to maintain a 90% attendance and an overall "C" course average during the program. Students are not certified/registered upon graduation from the program. Students must meet national testing organization entrance requirements and successfully complete their examination to become certified/registered. Contact the Medical Insurance Coding Specialist Program Coordinator at 417-659-4406 for more information.

“Spring 2011 – Program Expenses”

Medical/Clinical Assistant (Day) Medical Insurance Coding Specialist (Day)

Entrance Date: Medical/Clinical Assistant (Day), January 31, 2011
Medical Insurance Coding Specialist (Day), January 31, 2011

Completion Date: September 6, 2011
900 Clock Hours (Day: 32 clock hours per week)

\$50.00 (Non-refundable) Application Fee prior to acceptance into program

\$6,850.00 Tuition
\$ 970.00 Book Purchases (Medical/Clinical Assistant)
\$1075.00 Book Purchases (Medical Insurance Coding Specialist)
\$ 150.00 Book Rental
\$ 15.00 Student Liability Insurance
\$ 200.00 Laboratory Kit Fee (Medical/Clinical Assistant)
\$ 50.00 Laboratory Kit Fee (Medical Insurance Coding Specialist)
\$ 120.00 Uniform Fee
\$ 50.00 Uniform Patch & Name Badge Fee
\$ 90.00 National Registration Application Fee (required)
\$ 30.00 Drug Screen Fee
\$ 50.00 Criminal Background Check Fee
\$ 85.00 Graduation Fee (includes cost of school pin)
\$ 143.00 Miscellaneous Fees

****Total Program Cost****

\$8,753.00 Medical/Clinical Assistant
\$8,708.00 Medical Insurance Coding Specialist

Student Uniforms

Students are required to wear a specific school uniform approximately eight weeks after the start of the program. It is recommended that students purchase a minimum of three uniforms and a jacket. Students purchase school uniforms and jacket directly from the supplier at the time of order. Prices vary according to style and size. A list of suppliers, brand, color and approved styles are available from the program coordinator. Students will also need to wear white shoes and have a watch with a second hand. Note: If you have a funding agency that requires the cost of your uniforms, vaccinations, etc. to be charged through the school, please contact the school bookkeeper after acceptance to the program and prior to the start of school at 417 659-4435.

*Misc. expenses may include required vaccinations as part of application into program and additional national testing fees depending upon the program you are enrolled. **Note: Tuition and other program costs are subject to change any time prior to the start of the program.**

**Medical/Clinical Assistant
Medical Insurance Coding Specialist**

Application Procedure STEPS

STEP 1 – Submit application with fee to Franklin Technology Center @ MSSU Office

In order to be considered for the programs, the first step in the process is receiving this packet with enclosed materials, completing the application, and paying the application fee. Once your application has been submitted, you will move to STEP 2. Please do the following in Step 1:

- ___ Read Information about the Program in the Program Information Guide.
- ___ Review program cost sheet and keep a copy (Important: The school reserves the right to adjust program tuition and fees prior to the start of the program)
- ___ Complete application form on both sides and sign.
- ___ Turn in application along with non-refundable \$50 application fee to the FTC office located on the MSSU Campus, 3950 E. Newman Road, Joplin MO 64801
- ___ All applicants must contact the Financial Aid Coordinator at (417) 625-9865 or Hobart-K@mssu.edu

Please direct all correspondence and inquires to:
Franklin Technology Center @ Missouri Southern State University
Medical Office Programs
3950 East Newman Road, Joplin, Missouri 64801-1595
Telephone: (417) 659-4406, Fax: (417) 659-4408

STEP 2 - Contact Financial Aid Office

- ___ All applicants must contact the Financial Aid Coordinator at (417) 625-9865
Important: In addition to Completion of the Financial Aid Application all students must ALSO complete the FTC Program Application Listed in Step 1 and pay the application fee)

STEP 3 – Conditional Acceptance Letter

- ___ A “conditional acceptance letter” and forms required in Step 4 will be mailed to you upon the program receiving your application and the \$50.00 non-refundable fee.

STEP 4 – Health and Policy Forms

- ___ Submit all the following to the Program Coordinator: #1. Submit documentation of high school completion or G.E.D. #2. Submit documentation that you have obtained a tuberculosis screen test. #3. Supply MMR immunization documentation. #4. Provide proof of obtaining the first injection or sign a waiver for Hepatitis B immunization. #5. Signed Consent for Criminal Background Check Form. #6. Signed Substance Abuse Policy and Drug Screen Consent form. #7. Signed Physical Standards form. #8. Signed Statement of General Health form. #9 Signed Release of Records form. ALL DOCUMENTATION MUST BE COMPLETED BY THE THIRTY-FIRST DAY OF CLASS. (If for any reason you have not received a “conditional acceptance letter” and/or the forms, please call 417 659-4406 to have the forms mailed to you.)

STEP 5 - Acceptance into the Program

- ___ Upon completion of STEP #1 & #2, you will be mailed a “conditional acceptance letter”. Upon submission of all forms listed in Step 4 your application will be changed from “conditional” to “accepted” enrollment status.

FRANKLIN TECHNOLOGY CENTER APPLICATION

Date received: _____
Receipt # _____
Agency: _____
Counselor: _____
Copy to Bookkeeper _____
2nd Packet Sent _____

PLEASE INDICATE WHICH PROGRAM YOU ARE APPLYING FOR:

____ Medical Insurance Coding Specialist ____ Fall ____ Spring
____ Medical/Clinical Assistant ____ Fall ____ Spring

PERSONAL INFORMATION (please print clearly)

Name: _____ Maiden: _____
(First) (M.I.) (Last)

Address _____
(City) (State) (Zip)

SS#: _____ Date of Birth: _____ Phone: _____
Email: _____

EDUCATIONAL HISTORY

I graduated in _____ from _____,
(MM/YY) (Name of School) (City) (State)

I completed my GED in _____ in the state of _____.
(MM/YY)

Have you completed any college coursework? ____ Yes ____ No If yes, where? _____
(Include state)

List any college degrees or vocational certificates held: _____

EMPLOYMENT HISTORY (list your last two places of employment beginning with most recent)

1. Employer w/ address: _____

Phone: _____ Date Employed: _____ Date of Termination _____

Reason for leaving (optional): _____

2. Employer w/ address: _____

Phone: _____ Date Employed: _____ Date of Termination: _____

Reason for leaving (optional): _____

3. ____ I have not been employed outside the home.

EMERGENCY CONTACT INFORMATION (List three people we may contact in case of emergency)

1. Name: _____ Relationship: _____

Home Phone: _____ Street Address: _____

Work Phone: _____ City, State, Zip: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Street Address: _____

Work Phone: _____ City, State, Zip: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Street Address: _____

Work Phone: _____ City, State, Zip: _____

CRIMINAL BACKGROUND CHECK:

All applicants applying for FTC programs will be required to undergo a criminal background check. This background check will require the applicant to list all states the applicant has resided in since 18 years of age. Failure to accurately list this information may result in denial of entrance into the program. Students that are accepted through false or incorrect information for the background check will be terminated from the educational program. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. **Failure to have a clear background check will result in immediate dismissal from the program.**

Have you ever been convicted as an adult offender of any crime? Yes No

If yes, is your name on the Department of Social Services Disqualification List? (This list includes people who have pled guilty to any A or B felony violation of chapters 565,566,569 RSMo). The felonies covered in these chapters focus primarily on crimes against another person and are listed below. Please check which ones apply to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Voluntary Manslaughter | <input type="checkbox"/> 1 st & 2 nd degree Arson | <input type="checkbox"/> 1 st & 2 nd degree Robbery |
| <input type="checkbox"/> 1 st & 2 nd degree Assault | <input type="checkbox"/> Murder | <input type="checkbox"/> Sexual Offender |
| <input type="checkbox"/> Other (Specify) _____ | | |

LICENSURE:

If the program you are applying for requires a licensure exam, you may be unable to receive a license if convicted of a criminal prosecution.

Have you ever been denied a health license in this or any other state? Yes No

DRUG SCREENING:

As part of the final steps in the selection process, Medical/Clinical Assistant and Medical Coding Specialist applicants will be required to submit to a drug screening.

PROGRAM INFORMATION:

Have you ever previously applied for any Health Science program? Yes No
Where? _____

Have you taken any entrance exam for a program? Yes No
Which test have you taken? HOBET TABE

How did you hear about the Medical/Clinical Assistant and the Medical Coding Specialist programs?
 Radio School Sign Friend Other
 TV Brochure Newspaper

THE SCHOOL DISTRICT OF JOPLIN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, DISABILITY OR VETERAN STATUS, NOR WITH ANY PROVISIONS FOR THE "AMERICANS WITH DISABILITIES ACT" OF THE APPLICANT (SECTION IV).

If accepted as a student, I give FTC/MSSU permission to release a copy of my school records to inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application with the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: Names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceeding, and etc. from federal, state and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information. I certify that the information provided on this application is correct to the best of my knowledge and that I am at least 17 years of age. **Falsification of any part of this application may be grounds for dismissal from FTC/MSSU.**

NOTICE OF CONFIDENTIALITY:

Franklin Technology Center receives funds under certain programs of the US Dept of Education and is required by law to collect social security numbers (SSN) from its students for the administration of those programs. We are also required by law to maintain certain documents in accordance with Missouri's records retention policies. We do not collect or share personal information for any purpose other than to respond to you and the governmental agencies requiring us to report such information.

Date: _____

Signature: _____

**Medical/Clinical Assistant
or
Insurance Coding Specialist
Programs**

Criminal Background Check

**Franklin Technology Center
3950 East Newman Rd.
Joplin MO 64801
417-659-4400**

As a requirement of all FTC's programs, I consent to the release of any criminal history records to Franklin Technology Center. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. My record will be considered for the purposes of determining my suitability for any technical or health program. I do not authorize release of this information for any purposes beyond this program requirement.

I understand that this Criminal Background Check Form must be signed and returned to the FTC Office in order to complete the final step in the application process.

Name

(Please Print)

First

Middle

Last

If Married Maiden Name

Driver's License Number

State of Issuance of Driver's License

Social Security Number

Date of Birth

Have you ever been convicted of a felony?

Yes No

Have you ever been convicted of a misdemeanor?

Yes No

If yes to the above, Please specify the charge/conviction

If yes to the above, Please specify the city/county and state of conviction

**Current
Address** _____

City _____ **State** _____ **Zip** _____

Current Phone Number (Include area code) () - _____

Please list all other States with Address(es) since the age of 18 years on the second sheet of this form.

Students that are accepted through false or incorrect information on this background form will be terminated from the educational program.

I hereby authorize Franklin Technology Center to obtain any background or informational reports on me as they may deem necessary.

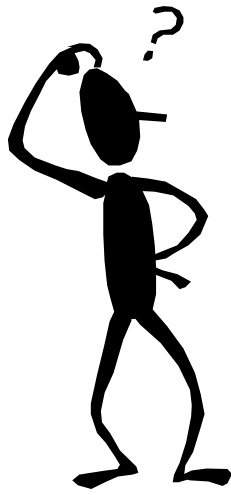
Signature _____

Date _____

Name: _____

List addresses, the most current first, since the age of 18.

1. _____ **How Long?** _____
Address City State
2. _____ **How Long?** _____
Address City State
3. _____ **How Long?** _____
Address City State
4. _____ **How Long?** _____
Address City State
5. _____ **How Long?** _____
Address City State
6. _____ **How Long?** _____
Address City State
7. _____ **How Long?** _____
Address City State
8. _____ **How Long?** _____
Address City State
9. _____ **How Long?** _____
Address City State
10. _____ **How Long?** _____
Address City State
11. _____ **How Long?** _____
Address City State
12. _____ **How Long?** _____
Address City State
13. _____ **How Long?** _____
Address City State
14. _____ **How Long?** _____
Address City State
15. _____ **How Long?** _____
Address City State



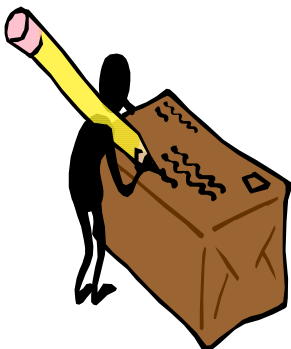
The Next Step



1. Complete your FAFSA online at fafsa.gov. Call the FTC Financial Aid Office at 417-625-9865 if you have questions on how to fill it out or if you don't have access to a computer.



2. In order to fill out your FAFSA, last year's federal tax return must be completed. If married, you must include spouse's information or if you answer all questions with a NO on Step 3 of the FAFSA, you are required to include parent's information on Step 4.



3. Once your FAFSA is submitted, wait 2-3 business days then call the FTC Financial Aid Office to set up an appointment to complete the financial aid process.



4. You will receive a Student Aid Report (SAR) from the US Department of Education in approximately 2 weeks. Verify that all information is correct.



5. Your FTC Award letter will be given to you at the beginning of the program.



6. Study hard and attend classes and you should receive your graduation certificate.

If a funding agency will be providing any monies toward your program costs we must have the following documentation on file before you can attend any program classes. It is the student's responsibility to work closely with their counselor to insure proper documentation has been received by the FTC bookkeeping or financial aid office.

1. Written letter on agency letterhead for \$50 application fee
2. Funding voucher, training agreement, etc. for any program costs