

Easy Pay Consent Form

Program #: 26299-0114

I understand and agree to authorize **Practice Management Institute® (PMI)** to maintain my credit card(s) and/or debit card(s) on file for the balance charges to be paid according to the following payment agreement:

Program/Course Name: Certified Medical Coder

-		<u> </u>		
	Course Fee:	\$ 1375.00		
	Codo Codo): - ()		
	S/H Fee (if applicable):	Subtotal +		
	TOTAL FEE:	\$		
	TOTAL TEE.	Φ		
I understand that the 1 st payment is and that payment in full is required		to the class sessions and materials, tification examination.		
	o Practice Management I	ments with the final payment due by nstitute to charge my credit card(s) s paid in FULL:		
1st payment of \$229.20 will	be made on	(Date)		
2 nd payment of \$229.16 wil	be made on	(Date)		
2 nd payment of \$229.16 will be made on(Date) 3 rd payment of \$229.16 will be made on(Date)				
4 th payment of \$229.16 will	4 th payment of \$229.16 will be made on(Date)			
5 th payment of \$229.16 will be made on(Date)				
6 th payment of \$229.16 will	be made on	(Date)		
Please have funds available as a incurred and processing time.	igreed. You will be held	liable for returned payment fees		
notice and make other payment ar	rangements to pay the bale for the FULL payment	tel the authorization through written lance in full. I understand that I am of my purchase and all means of with these Terms and Conditions.		
	#			
Course Registrant Name		MI Invoice (if applicable)		
Signature		Date		
NOTE: All pages of this form mus	t be completed in full and	signed prior to course commencing.		

Payment dates and arrangements must be first approved by the PMI Accounting Department. All

applicable cancellation policies will be enforced during the term of this agreement.



Billing Information

Billing Informa	ation					
Name:						
State / Province	»:		Postal code:			
Country:						
Phone: ()	Fax: ()				
			ail:			
			_			
Shipping Infor	mation					
Employer/Organ						
ATTN:						
State / Province _	e Postal code:					
Country						
Direct line or ext	line or extension: (Email:					
		Do not write below t	his line			
		PMI OFFICE USE				
DAYA (DAID)				T TANK OD IZ A MION		
PAYMENT	AMOUNT	DATE CHARGED	REFERENCE #	AUTHORIZATION CODE		
1						
3						
4		1				
5						
6						
Approved by: _			Date:			



Credit Card Information (1st card)

Use for Payment	date(s):		
Card Type:	□ VISA	☐ MasterCard	☐ American Express
Card Number:			Security Code:
Expiration date: _		_ Cardholder:	
Cardholder Billing	g Address:		Apt/ Ste/PO Box
City:		State	Zip code
Cardholder Contac	et Number ()	Email:	
	Cormation (2 nd car	,	
Card Type:	□ VISA	☐ MasterCard	☐ American Express
Card Number:			Security Code:
Expiration date: _		Cardholder:	
Cardholder Billing	g Address:		Apt/ PO Box#
City		State	Zip code
Cardholder Contac	et Number ()	Email:	· · · · · · · · · · · · · · · · · · ·

Please fax or scan/email the completed form to:

Practice Management Institute, Accounting Department

Email: accounting@pmiMD.com

Fax: 210.691.8972 Inquiries: 800-259-5562