



TRIFECTA REVENUE SOLUTIONS ENROLLMENT FORM

Last Name:	<input type="text"/>	First Name:	<input type="text"/>		
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Phone#:	<input type="text"/>	Date of Birth		<input type="text"/>	
Email:	<input type="text"/>	Occupation:		<input type="text"/>	
Do you have any prior experience in medical coding?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any prior experience or training in medical billing?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any prior experience reviewing medical documentation for improvement?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you completed a college-level medical terminology course?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you completed a college-level Anatomy and Physiology course?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold any certification in healthcare or related fields?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list them: <input type="text"/>					
Do you require any special accommodation?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify: <input type="text"/>					
Level of Experience:					
<input type="checkbox"/> Beginner <input type="checkbox"/> Mid-level (some training) <input type="checkbox"/> Advanced (need refresher)					
<input type="checkbox"/> College Level Medical Terminology <input type="checkbox"/> College Level Anatomy & Physiology					



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Highest Level of Education Completed:

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High School/GED

☐

Associate's degree

☐

Bachelor's degree

☐

Master's degree

☐

Doctorate

Interested Services: (Check all that apply)

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Certified Coding Associate (CCA)

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Certified Coding Specialist (CCS)

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Certified Professional Coder (CPC)

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Certified Inpatient Coder (CIC)

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Certified Outpatient Coder (COC)

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Certified Documentation Integrity Practitioner (CDIP) (must meet eligibility requirements)

Preferred Course/Training Schedule and Pricing:

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16-Week Instructor-Led Courses: **\$2,800**

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10-Week Instructor-Led Bootcamp: **\$2,300**

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10-Week Self-Paced Bootcamp (advanced experience only): **\$2,100**

☐

10-Month Self-Paced Courses: **\$3,500**

☐

10-Week Instructor-Led CDIP Training: **\$2,800**

Payment Method:

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Credit Card

☐

Debit Card

☐

PayPal

☐

Invoicing

Payment Plan Option:

All payment plan options require a \$500 down payment for each registered training session. A payment plan contract will be required and provided separately.



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Payment Link:

<https://app.autobooks.co/pay/trifecta-revenue-solutions>

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Standard Installment Plan: Initial Enrollment deposit paid, followed by monthly installments over the course duration.

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Custom Payment Plan: Initial Enrollment deposit paid, followed by contacting us to discuss a personalized payment plan tailored to your specific needs.

Disclaimer Notice:

The training sessions offered by Trifecta Revenue Solutions are thoughtfully crafted to guide individuals in exploring the dynamic and rewarding field of medical coding and clinical documentation improvement. Our goal is to equip participants with the foundational knowledge and practical skills necessary to pursue their selected certification confidently.

However, while we are committed to delivering high-quality training and support, we cannot and do not guarantee participants' successful completion or passing of any certification examination. Success in these exams depends on numerous factors, including individual effort, study habits, and test-taking skills.

Please note that our certified trainers and staff members do not have access to, nor can they provide any answers to, the actual questions found in national certification exams. We uphold the highest ethical standards and respect the integrity of all certification processes.

Additionally, these training sessions are not affiliated with any educational institution. They are designed as professional development opportunities and will be conducted with a high level of professionalism.

By participating in our boot camps, attendees acknowledge and accept the terms outlined in this notice. We are excited to support your professional journey and wish you success in your pursuit of coding certification.

Should you have any questions or need further clarification, please do not hesitate to reach out to us directly.



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Acknowledgement and Agreement:

- ☐ I hereby declare that the information provided is true and correct to the best of my knowledge.
- ☐ I have read and understood all the information provided.
- ☐ I agree to abide by the policies and guidelines set forth by the TRS program administrators.

Print Name: _____

Signature: _____

Date: _____