



# CENTRAL MEDICAL SERVICES (PTY) LTD

Reg. No: 2024/77397/3

Address: 29 Pooke Rd, Rylands, 7764, Western Cape

Cell: 064 041 8084 Email: [info@centralmedservices.com](mailto:info@centralmedservices.com)

## ENROLLMENT APPLICATION FORM

This application form must be completed in full by all prospective students wishing to enroll with Central Medical Services (Pty) Ltd.

### COURSE: MEDICAL CODING & BILLING

Mode of Study: Self- paced | Online (WhatsApp)

#### 1. STUDENT DETAILS

Please complete the information below clearly and accurately.

Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cellphone (WhatsApp): \_\_\_\_\_

#### COURSE STRUCTURE & FEES

The Medical Coding & Billing course is offered as a self- paced online programme via WhatsApp. The total course fee is payable as outlined below.

#### TOTAL COURSE FEES: R3, 850.00

Introduction – <b>R250</b> (a) Getting to know yourself and your niche <ul style="list-style-type: none"><li>• Risks vs Rewards</li><li>• Time Management</li><li>• Anatomy</li></ul>	Date:
Medical Terminology – <b>R250</b>	Date:
Doctors & Specialists – <b>R750</b>	Date:
Dentistry – <b>R750</b>	Date:
Radiology – <b>R750</b>	Date:
Allied Healthcare Professionals – <b>R750</b>	Date:
Exam Preparation – <b>R350</b>	Date: To be confirmed

## OFFICE USE ONLY

Application Reference No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By (Name & Signature): \_\_\_\_\_

Course Applied For: Medical Coding & Billing

Mode of Study Confirmed: ☐ Self- paced Online (WhatsApp)

Payment Option: ☐ Full Payment ☐ Instalments

Amount Paid (R): \_\_\_\_\_

Balance Outstanding (R): \_\_\_\_\_

Proof of Payment Received: ☐ Yes ☐ No

Enrollment Status: ☐ Approved ☐ Pending ☐ Declined

Remarks:

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## BANKING DETAILS

Account Name: Central Medical Services (Pty) Ltd

Bank: First National Bank (FNB)

Account Number: 631 6734 1379

Branch: Vangate, Cape Town

Branch Code: 250655

## TERMS & CONDITIONS

- Once classes have commenced, no refunds will be permitted under any circumstances.
- Students are required to comply strictly with the agreed payment arrangement.
- All student information will be treated as confidential and will not be shared with any third party.
- Once classes have commenced, **NO REFUND** will be issued.
- For convenience, students are advised to strictly adhere to the agreed payment arrangement.
- Student information will **never** be shared with any third party.

## DECLARATION

I, the undersigned, hereby declare that all information provided in this application form is true and correct. I understand and accept the terms and conditions of enrollment and agree to abide by the policies and procedures of Central Medical Services (Pty) Ltd.

I hereby confirm that the information provided above is true and correct. I agree to abide by the rules, regulations, and policies of Central Medical Services (Pty) Ltd.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

*Thank you for choosing Central Medical Services (Pty) Ltd as your institution of choice. We wish you every success in your studies.*