



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

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