MEDICAL BILLING

Financial assistance is available to those who qualify, and we offer placement assistance.
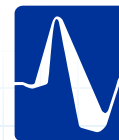
PROFESSIONAL MEDICAL BILLING

A Professional Medical Biller (PMB) looks after patients' care related issues as well as overall office activities of a healthcare office setting. As you are going to work in a clinic, hospital or healthcare industry, you need to be caring and supporting by nature and interested in doing so. Hence persons who seek job satisfaction by serving or helping others will enjoy this profession very much.

PROFESSIONAL MEDICAL BILLING specialists serve as the foundation for the medical financial team. The program objective is designed to assist the st udent with developing pr oficiency and confidence in performing administrative responsibilities beyond the diploma program. Students' additional skills include electronic health records, hospital billing, quality assurance, risk management, medical records, practice management, and working with physicians and health care personnel.

STUDENTS are prepared to demonstrate their knowledge of basic financial management, health information administration, ICD-9, CPT, and HCPCS coding, diagnostic related groups, Medicare, Medicaid, and other government/private insurance claims process, managed care systems, medical records legality, with a special emphasis on basic pharmacology, data entry, computer skills, and introduction to ICD-10 coding.

GRADUATES are eligible to take the Certified Professional Coder (CPC) Examination through the American Academy of Professional Coders to become a Certified Professional Coder.

ST. LOUIS COLLEGE
of HEALTH CAREERS
SLCHC.EDU

CITY CAMPUS:
909 South Taylor Ave.
St. Louis, MO 63110

314.652.0300

www.slchc.edu

Come Here, ... *GO ANYWHERE*

PROFESSIONAL MEDICAL BILLING ASSOCIATE

Associate Degree

Course #	Course	Hours	Credits
Semester I			
BI103	Human Biology Theory	60	4
BI103L	Human Biology Lab	30	1
HB303	Medical Terminology	45	3
PS101	Psychology	45	3
AH100	Professional Development	45	3
MT201	Technical Math	45	3
Semester II			
MOA101	Fundamental Skills Theory I	45	3
MOA101L	Fundamental Skills Lab I	30	1
MOA100	Medical Office Procedures	45	3
MOA102	Fundamental Skills Theory II	45	3
MOA102L	Fundamental Skills Lab II	30	1
MOA250	Externship	160	3
Semester III			
EN150	Communications	45	3
SC101	Sociology	45	3
ENG101	English Composition	45	3
MT204	Pre-Algebra	45	3
HM201	Electronic Health Records Theory	45	3
HM201L	Electronic Health Records Lab	30	1
Semester IV			
HM302	Reimbursement Methodologies	30	2
HM307	Health Information & Pratice Management	45	3
PH202	Human Pathology & Pharmacology Concepts	45	3
HC101	Ethics	45	3
HM306	Legal Aspects of Medical Records	45	3
72 Weeks	**Combined Program Totals**	**1090**	**61**

Fill out the online application or to request an application packet contact:

CITY CAMPUS
909 S Taylor
St. Louis, MO 63110
(314)652-0300

COUNTY CAMPUS
1297 N Hwy. Drive
Fenton, MO 63026
(636)529-0000

admissions@slchcmail.com

What will you learn?

The Professional Medical Billing specialist program is designed to assist the students with developing proficiency and confidence in performing administrative responsibilities. Student will learn electronic health records management, hospital billing, quality assurance, risk management, medical records, practice management, and working with physicians and health care personnel. Students are prepared with training in financial management, health information administration, ICD-10, and HCPCS coding, diagnostic related groups, Medicare, Medicaid, and other government/private insurance claims process.

Graduate Opportunities:

Graduates of the Professional Medical Billing program may seek employment opportunities in various settings such as hospitals, physician offices, managed care organizations, home health care agencies, durable medical equipment companies, skilled nursing facilities, rehabilitation centers, insurance and billing companies.

Certification:

Upon successful completion of the Professional Medical Billing Associates, graduates are eligible to apply for approval to take a national Certified Professional Coder examination (CPC).

*Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2016-17 Edition, Medical Records and Health Information, on the Internet at https://www.bls.gov/ooh/healthcare/medical-records-and-health-information-technicians.htm

ST. LOUIS COLLEGE of HEALTH CAREERS
SLCHC.EDU

ST. LOUIS COLLEGE of HEALTH CAREERS

slchc.edu

APPLICATION FOR ADMISSIONS

Please complete all items on both sides of this form, and print legibly in ink.

Withholding information requested on this application or giving false information

may delay or void admission or result in dismissal following admission.

PERSONAL INFORMATION

Name: Last First Middle Initial Maiden	Social Security #
Present Address: Number & Street City State Zip	Area Code & Home Telephone #
Date of Birth Place of Birth State of Permanent Residence	Area Code & Cell Telephone #
Are you at U.S. Citizen? Have you ever served or are you now serving in the Armed Forces? ☐ Yes ☐ No ☐ Yes ☐ No Dates of Service:	E-Mail Address

I agree to allow all SLCHC team members to call, text or email me using the info above: _____ (initial please)

ADMISSIONS INFORMATION

Today's Date (Month – Date – Year)	Application Status: ☐ New Student ☐ Independent ☐ Readmission ☐ Dependent	If a Readmission, date previously attended:	Program in which previously enrolled:

PLEASE INDICATE PROGRAM & SCHEDULE OF INTEREST:

CITY CAMPUS PROGRAMS:	**SCHEDULE:**	**COUNTY CAMPUS PROGRAMS:**	**SCHEDULE:**
☐ Medical Assistant	☐ DAY	☐ Medical Assistant	☐ DAY
☐ Medical Assistant (AAS)	☐ EVENING	☐ Medical Assistant (AAS)	☐ EVENING
☐ Patient Care Technician		☐ Occupational Therapy Assistant (AAS)	
☐ Medical Office Administration		☐ Patient Care Technician	
☐ Professional Medical Billing (AAS)		☐ Pharmacy Technician	
☐ Pharmacy Technician		☐ Pharmacy Technician (AAS)	
☐ Pharmacy Technician (AAS)		☐ Physical Therapist Assistant (AAS)	
		☐ Practical Nursing	
		☐ Respiratory Therapy (AAS)	

EDUCATIONAL INFORMATION

ATTESTATION By my signature on the reverse of this application, I declare that I have achieved high school or equivalent graduate status, and the information I am providing on this application is accurate and valid.	Do you have a high school diploma? ☐ Yes ☐ No Graduation Date: _____ Do you have a GED certification ☐ Yes ☐ No Date Earned: _____

High School Name	City, State	Dates Attended	Diploma

Name of School	City	State	Dates Attended	Diploma/Degree/ # of Hours
College/University				
College/University				
Other				

REVISED 6.1.2016

EMPLOYMENT INFORMATION *(this information is utilized to assist graduates pursuing employment opportunities)*

Present or Most Recent Employer	Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment From To	Job Title	Immediate Supervisor

Previous Employer	Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment From To	Job Title	Immediate Supervisor

SPECIAL NEEDS INFORMATION

What means of transportation will you use to get to school?	Personal Auto: Year Make/Model License #
Do you feel that you have any physical/mental handicaps or disabilities that may restrict your ability to successfully complete your program or seek employment? ☐ Yes ☐ No	If Yes, please explain:
Do you feel that you have or have had any illness/disease transmittable to patient or other individuals you may come in contact with in the classroom or clinical area? ☐ Yes ☐ No	If Yes, please explain:

EMERGENCY CONTACTS (please provide two separate names & numbers)

Name	Relationship	Address	Telephone #
Name	Relationship	Address	Telephone #

STATEMENT OF AGREEMENT

All information and material submitted to St. Louis College of Health Careers shall become property of the College and shall only be disclosed to when deemed necessary for official purposes. The applicant affirms the information contained on the application is complete and true.

- Upon enrollment, you must submit any documents or records required for acceptance into the instructional program you have designated.
- Upon enrollment, you must submit $50 application fee prior to meeting with Financial Aid. $40.00 of this fee will be refunded if the applicant is denied admission with $10.00 kept for Wonderlic Processing. An additional fee will be charged for High School Diplomas/Transcripts and GED information that may be required.
- You must sign and date this application.

Concerning the release of information, I hereby give my consent to release to the Admissions Representatives any and all of my previous academic records – including transcripts and diplomas – that may be needed to help determine my enrollment eligibility. I also hereby give my consent to release any and all information regarding my financial records to the Financial Aid Representatives acting in my interest before, during or after my attendance at St. Louis College of Health Careers.

Furthermore, I hereby give my consent to release my educational records to any sponsoring agencies to which I have applied for funding assistance, as well as my enrollment information to any other agencies with which I am associated for assistance, such as housing, child care, work study, clinical/practicum/externship, etc., and for which I will give prior notification to the College.

Additionally, I hereby give my consent for my parents of records or others that I designate to obtain information pertaining to my educational records at St. Louis College of Health Careers. However, the recipient of this information must present to a school official a written request signed and dated by me that contains my name, social security number, program and start date, as well as the recipient's name, relationship to me and the item to be released, and must display some form of identification.

_____   _____
Applicant Signature   *Date*

St. Louis College of Health Careers adheres to the principle of equal education and employment opportunity without regards to race, sex, age, color, creed, physical or mental handicap, veteran status or national origin. This policy extends to all programs and activities supported by the college.

The following information is being collected for statistical purposes only. This information will not be considered for Admission purposes.

RACE: ☐ African American ☐ Hispanic ☐ Caucasian ☐ Asian ☐ American Indian/Alaska Native ☐ Other **SEX:** ☐ Male   ☐ Female