Medical Billing Basics Class Registration Instructions

Thank you for your interest in the Medical Billing Basics class. Follow these instructions to register for the class with Minnesota West Community and Technical College.

Link to Medical Billing Basics Class included here for your convenience: https://mnscu.rschooltoday.com/public/costoption/class_id/160047/public/1/

Steps to Register:

1. Click the above link, you will see the following information:

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: Online ID: 06.01.20	Section: 08.15.20	> CI	ick for	Advan	ced Se	earch	
Description:	No other job in the medical field affects more lives than that of a medical biller because everyone involved in						
	the healthcare experience, from the patient and front office staff to providers and payers, relies on you.	0		March	1 2020)	Ð
	that power must be treated with respect and integrity. This course will give the student a broad overview	Su	Мо	Tu V	Ve T	h Fr	Sa
	and practical application necessary to be successful in medical biller role.	1	2	3	4	5 (i 7
Bring to Class:	Class starts June 1, 2020. Mandatory Orientation at 12:30 PM in the onlline class. Class ends August 15, 2020.	8	9	10	11 1	2 13	3 14
	You will receive an email from Roxanne.hayenga@mnwest.edu to help you access the online class. A second email will	15	16	17	18 1	9 20) 21
	be sent to you once you have successfully accessed the online course content. At that time you will be given instructions on how to order the book (the book nurchase is not included in the class registration fee). If you have any	22	23	24	25 2	6 2	28
	other questions, please feel free to email Roxanne.hayenga@mnwest.edu or call 507-372-3468.	29	30	31			
	Student must have book and class access BEFORE start date of class.				-		
	Have a great day!	1	1				
Day(s):	M, Sa				10	nlir	e
Time:	1:00 PM	(1	CI	ass	es
Sessions:	22		V	lick	Her	-	
Cost:	\$699.00				-		
Instructors:	Terri Petersen						
	Megan Gorres Roxanne Havenga						
Registration Cutoff Date:	05/17/2020						
Dates & Times:	06/01/2020 1-00PM - 3-00PM						
	06/06/2020 1:00PM - 3:00PM						

- Scroll to bottom of page and "Add to Cart"
- Then Check Out
- You will now see a box "Please sign in to proceed"
- Under New Users select Create New Account
- Select Personal
- Please Read Prior to Entering Data: You are registering directly in a secure site supported by the Minnesota State Colleges and Universities System. To assure data integrity there is a duplicate record resolution process as part of each student registration in the Minnesota State System. If a participant has ever been enrolled in a credit or non-credit class, additional private data may be requested. The additional private data cannot be required and includes:
 - Middle Name, Date of Birth, and Social Security number.

To successfully register for the Medical Billing Basics online course please understand that the private data will be requested in order to complete your registration and provide you access to the online course.

Email Address: Please provide a personal email address as it is common for work emails to have access limitations to outside organization content and create a barrier to gaining access to the online course.

- 2. Add Participant Information Screen Step 1 of 2:
 - Complete the data fields including the non-required fields
 - "Save & Continue".

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Step 1 of 2: A Please fill in the in * Denotes required	Add Participant formation for all of the field	Information participants that will be attending	the selected classes in the cart.					
* First Na	me :				Gender :	Not Specified		
Middle Na	me :					Female		
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Lust Hu					Birth Date :	e.g.:09/30/2005		
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* St	ate :	*			Rican, South or Central			
*:	Zip :				America or other Spanish culture,			
En	nail :				regardless of race)? (Optional) :			
* Day Pho	ine :				Racial Background	American Indian or Ala	ska Native - A persor	n having origins in any of the original peoples of North and South
Night Pho	ine :	Same as Day			(Optional - select one or more) :	America (including	a origin in any of the	erisinal seconds of the Far Fast Southcast Asis or the Indian
* Home Pho	ine :	Same as Day Night				subcontinent.	ig ongin in any of the	original peoples of the Far East, Southeast Asia of the Indian
						Black or African Ameri	ican - A person havin er Pacific Islander - Δ	g origins in any of the black racial groups of Africa
	Special Needs					Guam, Samoa or Oth		· · · · · · · · · · · · · · · · · · ·
	Describe Special I	Veeds (Disability, Allergies, and	Other Notes)			White - A person havin	ng origins in any of the	e original peoples of Europe, the Middle East, or North Africa
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- 3. Add Payer Information Screen Step 2 of 2: By checking the "Student Participant is Payer" box, the fields populate.
 - Create a user name and password. Do not use an email address for the username. You will need the user name and password to complete the registration.
 - Click Continue

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Step 2 of 2 ⁻ Add P	Paver Information	
Please fill in the information	n for the person who is P	AVING for this registration.
* Denotes required field		
Payer's Info:		For your convenience, this information will let us set you up as a possible participant also for future reservations:
Student/Participant is all	lso the Payer	Gender:
* Payer First Name:		O Male
* Payer Last Name:		Other Info: Email
* Address 1:		Marketing Preference: Yes! I want to receive news and promotion updates.
Address 2:		
* City:		
* State: M	linnesota 🗸 🗸	
* ZIp:		
Contact Info:		
* Day Phone:		
Night Phone:	me ar Dav	
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Work Phone:		Same as Davi Hight
* Home Phone:		Same as <u>Dav / Hob</u> ł
Cell Phone:		Same as <u>Day I Night</u>
Fax:		
* Email:		
• User Name:		
* Password:		
Add Payer as () Parent/Guardian?:	Yes	

4. Verify Participant and Quantity Step 3 of 4: Confirm Qty of participants, if correct "Check Out"

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Step 3 of 4: Verify Participants	& Quantity									
On this screen, you can increa If you make changes, click "Up	ise the quantify of each item or change the participant as needed. date Cart* button before continuing.									
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- 5. Assign Participants to Each Activity Selected: Your participant name will be highlighted in blue.
 - Upon verification that the registration is correct "Check Out".

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6. You will see a box "Please Sign in to Proceed": Click "Login to My Account" and Login with the Username and Password you created. You will see your name in blue in the class, if correct "Check Out"

7. Class Registration Confirm that information is Correct: Final Confirmation that your information is correct. If so, Enter your credit card payment information and "Submit Payment"



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	Securely store this Information for Future Payments
Refunds: Refunds for cancellations that refunds and refund information.	are made prior to the class start date vary by class and institution. Please contact the institution you registered with for

You will receive the following message: You will receive an email with the details of this confirmation. You will also get an email from the credit card processor, your credit card will only be charged once. If you do not receive an email within 24 hours, please contact Roxanne at 507-372-3468. Would you like to view a receipt Y N If you check yes, a class registration receipt is generated. The email will be sent to the email address you provided and will include the details for the course. Thank you for your registration!!