NAMIBIAN ASSOCATION OF MEDICAL AID FUNDS

CODING TRAINING REGISTRATION FORM

By completing and submitting this form, you hereby confirm attendance to the coding training:

Applicant Name and Surname: _____

Fund / Company / Practice: _____

Postal Address: _____

E-Mail Address: _____

Contact Number: _____

Please indicate the coding training session you confirm to attend Virtually:

ICD-10 Coding on line Duration : 1 day training Cost per participant: N$ 1,160.50 Date: See on previous page	☐
ICD-10 Coding on site **Duration : 1 day training** **Cost per participant: N$ 1,651.05** **Date: See on previous page**	☐
Basic Medical Practitioner Coding on line Duration: 1 day training Cost per participant: N$ 1,660.00 Date: See on previous page	☐
Basic Medical Practitioner Coding on site **Duration: 1 day training** **Cost per participant: N$ 2,151.05** **Date: See on previous page**	☐
Intermediate Basic Medical Coding Duration : 1 day training Cost per participant: N$ 2,060.50 Date: See on previous page	☐
Intermediate Basic Medical Coding **Duration : 1 day training** **Cost per participant: N$ 2,156.05** **Date: See on previous page**	☐
Case Management Duration : 1 day training Cost per participant: N$ 4,755.10 Date: See on previous page	

	Basic Anatomy and Physiology Duration : 1 day training Cost per participant: N$ 4,755.10 Date: See on previous page **Mode of Training:** **Hybrid Training**
	Kindly indicate the day that you would like to attend the training: _____

NB: Kindly complete a form for each participant.

Cost and Payment of Training:

1. Please note that confirmation of attendance will only be done once payment has been received.
2. Payment must be received by the deadline date to confirm attendance.
3. Training cost include digital training material.
4. Each candidate who attends the training will receive a certificate.
5. A class require a minimum of 26 candidates for it to be presented.