

Medical Office Information Technology

The Medical Office Information Technology program prepares students to enter health-care facilities, such as hospitals and doctor, dental or chiropractic offices in a variety of positions. Students will be multi-skilled with knowledge of insurance codes, medical billing practices, electronic health records and medical office administration skills. Students will have a blend of classroom theory and hands-on computer laboratory training that will enable them to meet the requirements of medical information management. The curriculum includes administrative and clinical competencies.

**Externship will be 8 hours days. The hours worked will vary depending on the facility.*

Program/Location	Length	Days	Time
Day Program/ Knoxville Campus	5 Months	Monday-Friday	8:00am—2:30 pm

Course Outline

Anatomy/Terminology
Introduction to Windows and Word 2010
Microsoft Excel 2010
Administrative Procedures
Billing and Coding
Office Simulation with Medisoft I
Office Simulation with Medisoft II
Externship

Typical Job Opportunities

Medical Coder and Biller
Medical Receptionist
Medical Records

Total Completion Rate 2015: 90%

Total Placement Rate 2015: 82%

Diploma & Required Clock Hours

Medical Office Information Technology—632

Certificates & Required Clock Hours

Information Clerk—312

Receptionist—192

HOW TO APPLY

All Documents Must be Presented Together to Apply

- 1. FAFSA—Provide Proof of Completed FAFSA
School Code = 004025**
- 2. Immunizations—Provide Proof of Required
Immunizations (Form is Attached)**
- 3. Complete TCAT Application for Enrollment
(Form is Attached)**
- 4. Provide proof of official transcripts of education
from high school, high-school equivalency or other
colleges and universities.**



Medical Office Information Technology

Tuition, Book, Tool, and Supply List

1st Trimester				
Tuition		Cost		Total
Tuition*		\$1,139.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
TOTAL				\$1,216.00
Book	ISBN	Cost	Required	
Computers in the Medical Office (w/out access code)	9780073402130	\$ 196.00	x	
Insurance in the Medical Office, 7th	9780073374598	\$ 160.00	x	
CPT 2016 Professional Edition	9781622022045	\$ 115.00	x	
ICD-10-CM Standard Edition	9781455774968	\$ 95.00	x	
Case Studies for Use with Computers in the Medical Office	9780077445331	\$ 97.00	x	
Medical Terminology: A Short Course, 7th Edition	9781455758302	\$ 49.00	x	
Microsoft Excel 2010: Level 1	9781591363132	\$ 35.00	x	
Microsoft Word 2010: Level 1	9781591363071	\$ 35.00	x	
Basic Medical Coding Workbook for Physician Practices	9780077862152	\$ 102.00	x	
TOTAL				\$884.00
Supplies		Cost	Required	
3 Black Scrub Pants		\$ 100.00	x	
3 Red Scrub Tops		\$ 100.00	x	
1 Black Scrub Jacket		\$ 50.00	x	
USB Flash Drive 2 GB (bookstore price)		\$ 20.00	x	
TOTAL				\$270.00
2nd Trimester				
Tuition		Cost		
Tuition (200 hours)*		\$ 631.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
TOTAL				\$708.00
Miscellaneous Costs		Cost	Required	
NHA certification for Electronic Health Records		\$ 115.00	X	
NHA certification for Medical Administrative Office Assistant & Billing and Codin		\$ 184.00	X	
Graduation Supplies		\$ 40.00	X	
TOTAL				\$ 339.00
TOTAL PROGRAM COST				\$3,417.00

TCAT - Knoxville Certification of Immunization Measles, Mumps, and Rubella (MMR)

Student's name: _____ Program of Enrollment: _____

PART I (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I graduated from a Tennessee public or private high school in 1999 or after. (transcript attached)
- I attended a Tennessee public or private high school in 2001 or after. (transcript attached)
- I was born prior to January 1, 1957. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 or active military ID attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—MMR (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of measles vaccination since the age of 12 months:

Month/year _____ Month/year _____

2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record:

Month/year _____

4. Patient is immune to disease, as confirmed by laboratory.

Comment _____

ATTEST

(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____

TCAT - Knoxville Certification of Immunization Varicella (Chicken Pox)

Student's name: _____ Program of Enrollment: _____

PART I (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I attended a Tennessee public high school between 1999 and May 2016. **(Must provide proof of second varicella vaccine dose from your physician office.)** (transcript attached)
- I was born prior to January 1, 1980. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 attached)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART II (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.

PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of varicella (chicken pox) vaccination since the age of 12 months:
Month/year _____ Month/year _____
2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record:
Month/year _____
4. Patient is immune to disease, as confirmed by laboratory.
Comment _____

ATTEST

(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____



TENNESSEE COLLEGES OF APPLIED TECHNOLOGY

ENROLLMENT APPLICATION

Applicants must complete every item on this form, sign and date and return it to the College.

Personal Information	<p>Full Legal Name</p> <p>_____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____ City _____</p> <p>County _____ State _____ Zip _____ Email Address _____</p> <p> / / Gender: ___ M ___ F</p> <p>Social Security _____ Date of Birth _____ Age _____</p> <p>Marital Status: ___ Married ___ Single Preferred Phone Number: _____</p> <p>Race: Do you consider yourself to be Hispanic/Latino/Spanish origin? ___ Yes ___ No</p> <p>Select one or more of the following racial categories to best describe you:</p> <p>___ American Indian/Alaska Native ___ Native Hawaiian/Pacific Islander</p> <p>___ Asian ___ White</p> <p>___ Black or African American</p> <p>Citizenship status: ___ US Citizen or US National ___ US Dual Citizen ___ US Permanent Resident or Refugee ___ Other</p> <p>US Forces Status: ___ Currently Serving ___ Previously Serving ___ Current Dependent ___ N/A</p> <p>ALL MALES 18 OR OLDER MUST be registered with Selective Service. Have you registered for Selective Service? ___ Not required to register ___ Registered ___ Required to register, but not registered</p>
Prior Education/ Training	<p>Education (insert highest level of education completed): _____</p> <p>Name of last high school attended: _____</p> <p>High school graduation date (mm/yyyy): _____ GED Diploma Date _____</p> <p>Are you seeking credit for prior education, training or work experience? ___ Yes ___ No</p>
Program	<p>Please review the campuses website and provide the program name choice for career training (Example: Administration Office Technology)</p> <p>_____</p> <p>When will you be available to enroll in class? ___ Fall ___ Spring ___ Summer</p> <p>Do you plan to apply for financial aid? ___ Yes ___ No</p>

Signature of Applicant: _____ Date of Application: _____

The Tennessee Colleges of Applied Technology (TCATs) do not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a covered veteran, genetic information and any other category protected by federal or state civil rights law with respect to all employment, programs and activities sponsored by the TCATs.



Application for Enrollment

The information is for Office use only:

ADMISSIONS REQUIREMENTS

- FAFSA I will not be filing financial aid. I will be paying for my education. Students Initials: _____
 Immunizations Education Transcripts

SPECIAL ADMISSIONS REQUIREMENTS

Cosmetology:

- Photo Proof of Age Copy of SS Card RT/LT Handed Manicuring Only

Dental Assisting, Medical Assisting, and Surgical Technology

Compass required scores: Math 30 and Reading 70

- COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____)
 CPR Documentation (BLS for Healthcare Providers)

Practical Nursing:

Compass required scores: Math 50 and Reading 80

- Notarized Declaration of Citizenship Copy of ID Used to Declare Citizenship
 CPR Documentation (BLS for Healthcare Providers)
 COMPASS or ACT – Scores: _____ Math _____ Reading (Date: _____)

Truck Driving:

- MVR DOT Physical Valid Driver's License
 U.S. Citizenship / Residency

Staff Signature: _____

Date: _____