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EXAM BULK ORDER FORM

DATE: _____

Recipient Name :

Company Name:

AHIMA ID:

Email Address:

Street Address:

City:

State:

Zip Code:

Directions: Please include the following: Candidates Name, AHIMA ID, Member Status, Exam Name, Price Per Exam. Each candidate must be a member to get the member pricing.

Comments or special instructions:

Acronym	Exam Name	Price
CCA	Certified Coding Associate	\$299.00
CCS	Certified Coding Specialist	\$399.00
CCS-P	Certified Coding Specialist - Physician Based	\$399.00
CDIP	Certified Documentation Improvement Practitioner	\$329.00

Acronym	Exam Name	Price
RHIT	Registered Health Information Technician	\$299.00
RHIA	Registered Health Information Administrator	\$299.00
CHDA	Certified Health Data Analyst	\$329.00
CHPS	Certified Healthcare Privacy Security	\$329.00

Candidate Name		AHIMA ID	Member Status	Exam	Price
EXAMPLE	Joe Smith	11223344	No	Certified Coding Associate CCA	\$299.00
					Subtotal
					Tax
					Total Due