Training Request Form

Kindly complete ALL sections – no booking can be processed without all required information.

Completed form to be sent to training@medicharge.co.za.

Please Note:

1) You will receive written confirmation via email, that you have been booked for training

2) Should you not receive any correspondence within 5 days after submitting the form, please contact the VeriClaim Support Centre to query this training request. Tel: 086 183 7425

3) The submission of this training request form does not confirm/guarantee that you will be booked for training on the dates you requested. This is due to number of training bookings available

4) Bookings for training can only be accepted no later than 4 days prior to actual training date

5) VeriClaim training is offered free of charge. In the event of any Practice staff member requiring re-training, the cost of this re-training will be charged to the practice, as per the Terms & Conditions below

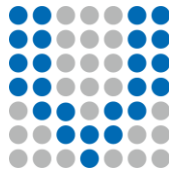**PLEASE PRINT, COMPLETE AND RETURN ALL PAGES** OR ALTERNATIVELY SUBMIT ELECTRONICALLY VIA EMAIL

Practice Details:

Practice Name:	
Practice Number:	
Speciality:	
Tel:	
Fax:	
Email:	
Geographical Area/ Hospital:	

SpesNet Consultant:							
Bureau Practice:	Yes		No		Activation Date:		

Training Venue:	Bloemfontein		Cape Town		Centurion		Durban		P.E.
Other: Please specify:									
Accommodation:	Yes		No						
VeriClaim Infield Support Consultants:									

VeriClaim Training Terms & Conditions: MediCharge reserves the right to postpone or re-schedule for an alternative course date. Cancellations should be made no later than 48 hours prior to course date. In the event of "no shows" the practice will be billed a minimum fee of R600 per trainee booked, per day, to cover costs. Please send any queries/cancellations through to training@medicharge.co.za. Alternatively contact the VeriClaim Support Centre at 086 183 7425.

Delegate 1: Personal Details:

I.D. no																						

Surname:																					

Name:																					

Title:			Position in Practice:	

Dietary Requirements:	

Medical Software Experience:	Yes		No		System used	

VeriClaim Experience:	Yes		No		If yes, Years/Months	

Cell:										

Fax:										

Email:	

Please note the email address as captured above will be used for training confirmation

Delegate 1 - Training Date/Dates:

Bureau Training 1 Day (Patient Page, Diary, Tools, Settings Page, Invoice Templates)	**Date:**	
Full VeriClaim Day 1: Admin (Patient Page, Diary, Tools, Settings Page, SMS Engine)	**Date/s:**	
Full VeriClaim Day 2: Financials (Invoicing, Receipting, Reports, Batch Mailing)	**Date/s:**	

Delegate 2: Personal Details:

I.D. no:																						

Surname:																					

Name:																					

Title:			Position in Practice:	

Dietary Requirements:	

Medical Software Experience:	Yes		No		System used	

VeriClaim Experience:	Yes		No		If yes, Years/Months	

Cell:										

Fax:										

Email:	

Please note the email address as captured above will be used for training confirmation

Delegate 2 - Training Date/Dates:

Bureau Training 1 Day (Patient Page, Diary, Tools, Settings Page, Invoice Templates)	**Date:**	
Full VeriClaim Day 1: Admin (Patient Page, Diary, Tools, Settings Page, SMS Engine)	**Date/s:**	
Full VeriClaim Day 2: Financials (Invoicing, Receipting, Reports, Batch Mailing)	**Date/s:**	

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Delegate 3: Personal Details:

I.D. no																

Surname:																

Name:																

Title:			Position in Practice:								

Dietary Requirements:	

Medical Software Experience:	Yes		No		System used	

VeriClaim Experience:	Yes		No		If yes, Years/Months	

Cell:									

Fax:									

Email:									

Please note the email address as captured above will be used for training confirmation

Delegate 3 - Training Date/Dates:

Bureau Training 1 Day (Patient Page, Diary, Tools, Settings Page, Invoice Templates)	**Date:**	
Full VeriClaim Day 1: Admin (Patient Page, Diary, Tools, Settings Page, SMS Engine)	**Date/s:**	
Full VeriClaim Day 2: Financials (Invoicing, Receipting, Reports, Batch Mailing)	**Date/s:**	

Delegate 4: Personal Details:

I.D. no																

Surname:																

Name:																

Title:			Position in Practice:								

Dietary Requirements:	

Medical Software Experience:	Yes		No		System used	

VeriClaim Experience:	Yes		No		If yes, Years/Months	

Cell:									

Fax:									

Email:									

Please note the email address as captured above will be used for training confirmation

Delegate 4 - Training Date/Dates:

Bureau Training 1 Day (Patient Page, Diary, Tools, Settings Page, Invoice Templates)	**Date:**	
Full VeriClaim Day 1: Admin (Patient Page, Diary, Tools, Settings Page, SMS Engine)	**Date/s:**	
Full VeriClaim Day 2: Financials (Invoicing, Receipting, Reports, Batch Mailing)	**Date/s:**	

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Delegate 5: Personal Details:

I.D. no													

Surname:													

Name:													

Title:		Position in Practice:	

Dietary Requirements:	

Medical Software Experience:	Yes		No		System used	

VeriClaim Experience:	Yes		No		If yes, Years/Months	

Cell:										

Fax:										

Email:	

Please note the email address as captured above will be used for training confirmation

Delegate 5 - Training Date/Dates:

Bureau Training 1 Day (Patient Page, Diary, Tools, Settings Page, Invoice Templates)	**Date:**	
Full VeriClaim Day 1: Admin (Patient Page, Diary, Tools, Settings Page, SMS Engine)	**Date/s:**	
Full VeriClaim Day 2: Financials (Invoicing, Receipting, Reports, Batch Mailing)	**Date/s:**	

Delegate 6: Personal Details:

I.D. no													

Surname:													

Name:													

Title:		Position in Practice:	

Dietary Requirements:	

Medical Software Experience:	Yes		No		System used	

VeriClaim Experience:	Yes		No		If yes, Years/Months	

Cell:										

Fax:										

Email:	

Please note the email address as captured above will be used for training confirmation

Delegate 6 - Training Date/Dates:

Bureau Training 1 Day (Patient Page, Diary, Tools, Settings Page, Invoice Templates)	**Date:**	
Full VeriClaim Day 1: Admin (Patient Page, Diary, Tools, Settings Page, SMS Engine)	**Date/s:**	
Full VeriClaim Day 2: Financials (Invoicing, Receipting, Reports, Batch Mailing)	**Date/s:**	

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