

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 take note of the following information before completing the training request form:

- 1) You will receive written confirmation via email, that you have been booked for training. This email will contain the following:
 - a) VeriClaim IT Specification Requirements
 - b) Important information with regards to the 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 slots available.
- 4) Bookings for training can only be accepted no later than 4 days prior to the 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* in the footer.
- 6) Kindly take note that the training will require active participation from the delegates, as delegates will be required to perform certain tasks during the training. Delegates cannot support with any normal day to day processes in the practice except in the case of an emergency.

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

Practice Details:

Practice Name:													
BHF Number:				VeriC	laim start	date:							
Speciality:													
Tel:													
Doctor's Email: (required for training feedback reports)			·	·									
Geographical Area/ Hospital:													
In-Field Support Consultant:				Sales Consultant:									
Bureau Practice:	Yes	No											



Delegate 1: Personal Details	De	legate	1:	Personal	Details:
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Surname:																					
Name:																					
Nickname:																					
Title:						Positio	on in	Practi	ice:												
Medical Softv	vare I	Exper	ience	ce: Yes No							System used										
VeriClaim Exp	erier	ice:			,	Yes		1	No		If	yes,	Years	s/Mo	nths						
Cell:																					
Email:																					
		Plea	ase no	ote th	e emo	ail add	dress (as cap	otured	d abo	ve wi	II be ι	used j	for tr	aining	g con	firma	tion			

Only applicable for Online Training:

Is the delegate familiar with Zoom?	Yes		No								
Which device will be used for Online Training?	Laptop		Desktop		Mac	iPad		Tablet			
Please note a cell phone should only be used as a secondary device											

Only applicable for Face-to-Face Training:

Accommodation	Yes	No	
etary requirements:	•	<u>, </u>	-

Delegate 1 - Training Date(s):

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



Delegate 2: Personal Detai	ls:
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Surname:																					
Name:																					
Nickname:																					
Title:					ı	Positio	on in	Practi	ice:												
Medical Softv	vare l	Exper	erience: Yes No								System used										
VeriClaim Exp	erier	ice:			,	⁄es		1	No		If	yes,	Years	s/Mo	nths						
Cell:																					
Email:																					
		Plea	ase no	ote th	e ema	iil add	ress (as ca _l	otured	d abo	ve wi	ll be ι	used j	for tr	aining	g con	firma	tion			

Only applicable for Online Training:

Is the delegate familiar with Zoom?	Yes		No								
Which device will be used for Online Training?	Laptop		Desktop		Mac	iPad		Tablet			
Please note a cell phone should only be used as a secondary device											

Only applicable for Face-to-Face Training:

Delegate 2 - Training Date(s):

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



Delegate 3: Personal Details:

Surname:																					
Name:																					
Nickname:																					
Title:					ı	Positio	on in	Practi	ice:												
Medical Softv	vare I	are Experience: Yes No								System used											
VeriClaim Exp	erier	ice:			,	⁄es		1	No		If yes, Years/Months										
Cell:																					
Email:																					
		Plea	ase no	ote th	e emo	iil add	dress (as ca _l	otured	l abo	ve wi	II be ι	used	for tr	aining	g con	firma	tion			

Only applicable for Online Training:

Is the delegate familiar with Zoom?	Yes		No							
Which device will be used for Online Training?	Laptop		Desktop		Mac		iPad		Tablet	
Please note a cell phone should only be used as a secondary device										

Only applicable for Face-to-Face Training:

lation Yes No
uirements:

Delegate 3 - Training Date(s):

Bureau Training 1 Day (Patient Page, Diary, Tools, Settings Page, Invoice Templates)	<u>Date</u> :	
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:

Surname:																				
Name:																				
Nickname:																				
Title:					ı	Positio														
Medical Softv	vare l	vare Experience: Yes No				No		System used												
VeriClaim Exp	erien	ice:			,	Yes		1	No		If	yes,	Years	s/Mo	nths					
Cell:																				
Email:																				
Please note the email address as captured above will be used for training confirmation																				

Only applicable for Online Training:

Is the delegate familiar with Zoom?	Yes		No							
Which device will be used for Online Training?	Laptop		Desktop		Mac		iPad		Tablet	
Please note a cell phone should only be used as a secondary device										

Only applicable for Face-to-Face Training:

Accommodation	Yes	Yes	No	
requirements:		'		

Delegate 4 - Training Date(s):

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