

Business Information Management Systems Training Classes Registration Form

Last Name:	First Name:	MI:
Department:	Division:	
Phone Number:	Location: <input type="checkbox"/> UMHC/SCCC <input type="checkbox"/> ABLEH <input type="checkbox"/> Gables One (Hospital Staff <i>ONLY</i>)	
Interoffice Address:	Supervisor:	
Fax Number:	Contact Name:	
Date of Request:	IDX Logon name (if available):	

If new employee: Start Date: _____

	IDX Classes	Class Date
<input type="checkbox"/>	Integration Overview, System Concepts and Patient Inquiry	
<input type="checkbox"/>	Registration & Insurance (2 Days)	
<input type="checkbox"/>	Open Referrals	

	IDX Classes	Class Date
P R A C T I C E	<input type="checkbox"/> BAR Invoice Inquiry	
	<input type="checkbox"/> BAR Front Desk	
	<input type="checkbox"/> Appointment Scheduling (2 Days)	
	<input type="checkbox"/> Intensive FSC	
	<input type="checkbox"/> Master Schedules (3 Days)	
	<input type="checkbox"/> BAR Charge Entry	
	<input type="checkbox"/> BAR Charge Correction	
	<input type="checkbox"/> BAR Payment Posting	
	<input type="checkbox"/> PCS Collectors (1 ½ Days)	
	<input type="checkbox"/> Analyzer	
	<input type="checkbox"/> Understanding B/AR Reports	
	<input type="checkbox"/> BAR Case Management	
	<input type="checkbox"/> BAR Claims Manager	
<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Other		

	IDX Classes	Class Date
H O S P I T A L	<input type="checkbox"/> VM Inquiry & Chart Request	
	<input type="checkbox"/> Hospital Front Desk	
	<input type="checkbox"/> Hospital Appointment Scheduling (2 Days)	
	<input type="checkbox"/> Hospital Appointment Scheduling for Nursing	
	<input type="checkbox"/> Visit Management for Insurance Verifiers	
	<input type="checkbox"/> Visit Management for Admissions	
	<input type="checkbox"/> Visit Management for Nursing	
	<input type="checkbox"/> CT for Rad or HIM (please circle one)	
	<input type="checkbox"/> Hospital TES Order Entry	
	<input type="checkbox"/> Hospital TES Order Entry Inquiry	
	<input type="checkbox"/> Intro to HPA & Billing Inquiry	
	<input type="checkbox"/> HPA Charge Entry	
	<input type="checkbox"/> HPA Collectors	
<input type="checkbox"/> HPA Payment Posting		
<input type="checkbox"/> Other		

Fax the completed form to the BIMS Training Staff at 305-243-7355