

## VeriClaim Module 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](mailto:training@medicharge.co.za).

**Please take note of the following information before completing the Training Request Form:**

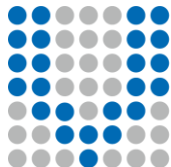
- 1) You will receive written confirmation via email, that you have been booked for training. This email will contain important information with regards to the training.
- 2) Should you not receive any correspondence within 5 days after submitting the form, please contact the VeriClaim Support Centre to query the 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 the number of training slots available.
- 4) Training bookings can only be accepted if received at least 4 days prior to the scheduled training date.
- 5) 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.
- 6) **To qualify as competent, all attendees are evaluated during and after training by completing a Training Assessment. A Certificate of Competence will only be issued if the delegate:**
  - Participated in the training exercises,
  - Completed the competency checklists, and assessments with a pass rate of 75%.

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

**Practice Details:**

|                                                                                           |     |  |    |  |                                                          |  |  |  |  |  |
|-------------------------------------------------------------------------------------------|-----|--|----|--|----------------------------------------------------------|--|--|--|--|--|
| Practice Name:                                                                            |     |  |    |  |                                                          |  |  |  |  |  |
| BHF / Practice Number:                                                                    |     |  |    |  | VeriClaim start date:                                    |  |  |  |  |  |
| Speciality:                                                                               |     |  |    |  |                                                          |  |  |  |  |  |
| Tel:                                                                                      |     |  |    |  |                                                          |  |  |  |  |  |
| *Doctor's Email:                                                                          |     |  |    |  |                                                          |  |  |  |  |  |
| <b>* Please note the Doctor's email address is required for training feedback reports</b> |     |  |    |  |                                                          |  |  |  |  |  |
| Geographical Area/ Hospital:                                                              |     |  |    |  |                                                          |  |  |  |  |  |
| In-Field Support Consultant:                                                              |     |  |    |  | Sales Consultant:                                        |  |  |  |  |  |
| *VBS Bureau Practice:                                                                     | Yes |  | No |  | <b>*VBS Practices only to attend Module 1, 2 &amp; 5</b> |  |  |  |  |  |

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



**VeriClaim**  
by MEDICHARGE

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

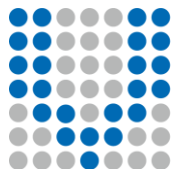
Please select the training modules you would like to attend and make sure to write down the corresponding dates from the VeriClaim Module Training Dates sheet located on the Home Page.

## Module 1: VeriClaim Setup and Medical/Private Patients (Mandatory)

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

VeriClaim Module Training Request Form 2026 V8





**VeriClaim**  
by MEDICHARGE

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

Please select the training modules you would like to attend and make sure to write down the corresponding dates from the VeriClaim Module Training Dates sheet located on the Home Page.

|                                                                    |
|--------------------------------------------------------------------|
| Module 1: VeriClaim Setup and Medical/Private Patients (Mandatory) |
| Module 2: Electronic Diary and Cash in Rooms                       |
| Module 3: Invoicing & Claim Responses                              |
| Module 4: Remittance Allocation and Debtor cycle                   |
| Module 5: VBS Bureau Templates (Only for VBS Practices)            |
| Module 6: Billing Policy, Financial Processes & Reports            |

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

VeriClaim Module Training Request Form 2026 V8

### Delegate 5: Training module(s) and date(s) selection

Please select the training modules you would like to attend and make sure to write down the corresponding dates from the VeriClaim Module Training Dates sheet located on the Home Page.

| Date | VeriClaim Modules                                                  |
|------|--------------------------------------------------------------------|
|      | Module 1: VeriClaim Setup and Medical/Private Patients (Mandatory) |
|      | Module 2: Electronic Diary and Cash in Rooms                       |
|      | Module 3: Invoicing & Claim Responses                              |
|      | Module 4: Remittance Allocation and Debtor cycle                   |
|      | Module 5: VBS Bureau Templates (Only for VBS Practices)            |
|      | Module 6: Billing Policy, Financial Processes & Reports            |

### Delegate 6: Personal Details:

|                                                                                                |        |  |    |  |  |         |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------|--------|--|----|--|--|---------|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|--|
| Surname:                                                                                       |        |  |    |  |  |         |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |
| Name:                                                                                          |        |  |    |  |  |         |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |
| Nickname:                                                                                      |        |  |    |  |  |         |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |
| Title:                                                                                         |        |  |    |  |  |         |  |  |  |  | Position in Practice: |  |  |  |  |  |  |  |  |  |  |
| Cell:                                                                                          |        |  |    |  |  |         |  |  |  |  | Fax:                  |  |  |  |  |  |  |  |  |  |  |
| *Email:                                                                                        |        |  |    |  |  |         |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |
| <b>*Please note the email address as captured above will be used for training confirmation</b> |        |  |    |  |  |         |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |
| Familiar with Zoom:                                                                            | Yes    |  | No |  |  |         |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |
| Which device will be used for Online Training:                                                 | Laptop |  |    |  |  | Desktop |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |
| <b>NB: Cell phones are not recommended for online training sessions</b>                        |        |  |    |  |  |         |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |

### Delegate 6: Training module(s) and date(s) selection

Please select the training modules you would like to attend and make sure to write down the corresponding dates from the VeriClaim Module Training Dates sheet located on the Home Page.

| Date | VeriClaim Modules                                                  |
|------|--------------------------------------------------------------------|
|      | Module 1: VeriClaim Setup and Medical/Private Patients (Mandatory) |
|      | Module 2: Electronic Diary and Cash in Rooms                       |
|      | Module 3: Invoicing & Claim Responses                              |
|      | Module 4: Remittance Allocation and Debtor cycle                   |
|      | Module 5: VBS Bureau Templates (Only for VBS Practices)            |
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