CITY OF RAPID CITY
TRAVEL REQUEST
LF081308-04

Person requesting travel __Denise Rossum__ Department __EMS 0890__

I hereby request permission to travel for the following purpose: (Give specific nature of business and interest of the City to justify cost involved.)
__Sweet-billing Workshop__

List all other City employees, if any, making the trip for the same purpose: __Sandy Dempsey, Lori Culbertson-Clark, Carol Siemonsma__

Place of meeting or destination: __Minneapolis, MN__

Date of meeting __9/16/08-9/18/08__

Date trip to begin __9/15/08__   Date trip will end __9/19/08__

Method of transportation requested __City__

Estimated transportation cost	$	250.00
Meals		720.00
Lodging __4__ days		2168.64
Other costs – description __Tuition $725 x 4__		2900.00
Total estimated cost of trip	$	6038.64

Signed _____ Date _____ Date __7/23/08__
          (person requesting travel)   (Department Head)

When the cost of the trip will exceed $500, per employee, this section must be signed.

In accordance with the provisions of Rapid City ordinances and travel regulations, consent is hereby given for travel as requested in the foregoing application. Maximum cost of trip authorized is $ _____

Approved: _____ Date _____
                      Mayor

When the cost of the trip will exceed $1,500, per event, Council approval is required.

Approved by Common Council on_____ (Date)

White copy – Mayor   **Yellow copy – Finance**   **Gold copy – Department copy**

RCDF&ES General Applications for Course Attendance
& Request for Travel / Expenses

Name: _Lori Culbertson-Clark_ Signature: _____ Today's Date: _7/21/08_

Full Course / Event Name: _Sweetbilling Workshop_

Event Dates: _Sept 16-18 08_   Travel Dates: Date Leaving _9-15-08_ Time Leaving _____

     Date Returning _9-19-08_ Time in RC _____

Event Location: ☐ Rapid City   ☒ _Minneapolis MN_ _____

Reasons for Requesting Course: **Approved:** ☐ B/C or Division Chief

☐ Required For Promotion   ☐ Education Chief

☐ Required For Apprenticeship   **Denied:** ☐ B/C or Division Chief

☐ Required For Current Position   ☐ Education Chief

☒ Other _Training on software used daily_   Reason For Denial _____

B/C or Div. Chief Conditions for Approval _____

_____

B/C or Div. Chief Signature _Mark Roh?_ Ed. Chief Sig. _____

****

Other Department Employees that are going with me are: _____

_____

I am Requesting:

☒ On Duty Time: ☐ Overtime Pay for _____ Hours
     Dates & Times _Sept 15-19 08_   Dates & Times _____

☐ Registration / Tuition (Attach Conference/Course Information)
     ☐ There is no Registration / Tuition
     ☒ Registration / Tuition Cost $ _725.00_
             ☐ I will pay and be reimbursed later.
             ☐ I will have them bill the Department
             ☐ It will need to be paid before I go
             ☐ I need to take a check with me

RCDF&ES General Applications for Course Attendance
& Request for Travel / Expenses

Name: _Denise Rossum_ Signature: _Denise Rossum_ Today's Date: _7-31-08_

Full Course / Event Name: _Sweet Billing Workshop_

Event Dates: _Sept 16-18, 08_ Travel Dates: Date Leaving _9-15-08_ Time Leaving ____

Date Returning _9-19-08_ Time in RC ____

Event Location: ☐ Rapid City ☒ _Minneapolis MN_

Reasons for Requesting Course: Approved: ☐ B/C or Division Chief

☐ Required For Promotion   ☐ Education Chief

☐ Required For Apprenticeship   Denied: ☐ B/C or Division Chief

☐ Required For Current Position   ☐ Education Chief

☒ Other _Training for software used daily_ Reason For Denial ____

B/C or Div. Chief Conditions for Approval ____

B/C or Div. Chief Signature _Mark Rohl_ Ed. Chief Sig. ____

****

Other Department Employees that are going with me are: ____

____

I am Requesting:

☒ On Duty Time: ☐ Overtime Pay for ____ Hours
Dates & Times _Sept 15-19, 08_   Dates & Times ____

☐ Registration / Tuition (Attach Conference/Course Information)
    ☐ There is no Registration / Tuition
    ☒ Registration / Tuition Cost $ _725.00_
        ☐ I will pay and be reimbursed later.
        ☒ I will have them bill the Department
        ☐ It will need to be paid before I go
        ☐ I need to take a check with me

RCDF&ES General Applications for Course Attendance
& Request for Travel / Expenses

Name: _Carol Siemonsma_ Signature: _Carol Siemonsma_ Today's Date: _7-31-08_

Full Course / Event Name: _Sweet Billing Workshop_

Event Dates: _Sept 16-18, 08_ Travel Dates: Date Leaving _9-15-08_ Time Leaving _____

Date Returning _9-19-08_ Time in RC _____

Event Location: ☐ Rapid City ☒ _Minneapolis MN_

Reasons for Requesting Course: Approved: ☐ B/C or Division Chief

☐ Required For Promotion   ☐ Education Chief

☐ Required For Apprenticeship   Denied: ☐ B/C or Division Chief

☐ Required For Current Position   ☐ Education Chief

☒ Other _Training on software used daily_   Reason For Denial _____

B/C or Div. Chief Conditions for Approval _____

B/C or Div. Chief Signature _Mark Rohl_ Ed. Chief Sig. _____

****

Other Department Employees that are going with me are: _____

_____

I am Requesting:

☒ **On Duty Time:**   ☐ Overtime Pay for _____ Hours
   Dates & Times _Sept 15-19, 08_   Dates & Times _____

☐ Registration / Tuition (Attach Conference/Course Information)
   ☐ There is no Registration / Tuition
   ☒ Registration / Tuition Cost $ _725.00_
          ☐ I will pay and be reimbursed later.
          ☐ I will have them bill the Department
          ☐ It will need to be paid before I go
          ☐ I need to take a check with me

RCDF&ES General Applications for Course Attendance
& Request for Travel / Expenses

Name: _Sandra Dempsey_ Signature: _Sandra Dempsey_ Today's Date: _7-21-08_

Full Course / Event Name: _Sweet Billing Workshop_

Event Dates: _Sept 16-18, 08_   Travel Dates: Date Leaving _____ Time Leaving _____

Date Returning _____ Time in RC _____

Event Location: ☐ Rapid City   ☒ _Minneapolis MN_

Reasons for Requesting Course: Approved: ☐ B/C or Division Chief

☐ Required For Promotion   ☐ Education Chief

☐ Required For Apprenticeship   Denied: ☐ B/C or Division Chief

☐ Required For Current Position   ☐ Education Chief

☒ Other _Training on software used daily_ Reason For Denial _____

B/C or Div. Chief Conditions for Approval _____

_____

B/C or Div. Chief Signature _Mark Rohlf_ Ed. Chief Sig. _____

****

Other Department Employees that are going with me are: _____

_____

I am Requesting:

☒ On Duty Time: ☐ Overtime Pay for _____ Hours
   Dates & Times _Sept 15-19, 08_   Dates & Times _____

☐ Registration / Tuition (Attach Conference/Course Information)
     ☐   There is no Registration / Tuition
     ☐   Registration / Tuition Cost $ _725.00_
                   ☐ I will pay and be reimbursed later.
                   ☐ I will have them bill the Department
                   ☐ It will need to be paid before I go
                   ☐ I need to take a check with me
                   ☐ Registration / Tuition will be paid by: _____

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Start Page > Ortivus University > UsersGroups > 2008 > UG_EMS200809_SB

sureSchedule

Sept. 16:
Keynote Speaker

Sept. 17:
Sweet-Billing Workshop

Sept. 18:
Sweet-Billing Workshop

EMS Users Group
Sweet-Billing Workshop

« Back

NEW SERVICE !
***Sweet*-Billing**
CHECKUP PROGRAM

September 16-18, 2008
Minneapolis, MN

OrtivusTALK Newsletter

Name

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Preliminary Schedule
Day 1:
Keynote Speakers: Doug Wolfberg and Steve Wirth with Page, Wolfberg and Wirth
Topic: Mock Trial and more TBA

Day 2 and Day 3:
Sweet-Billing hands-on workshop (two full days) - **Tentative Agenda**

(Register here >>)

Read the Latest Issue

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Users Groups

September 2008
Minneapolis, MN

Registration Information
Register before the early-bird deadline of **August 15, 2008**, and receive a $50 discount
per person. In addition, if three or more people register from the same service, each
registrant is entitled to our corporate discount of $25. Separate registrations are
required for each attendee.

The registration fee includes continental breakfast, afternoon snack, hot/cold beverages
and lunch. All travel expenses including hotel and airfare are the responsibility of the
customer.

Hotel
Crowne Plaza Bloomington
5401 Green Valley Dr
Bloomington. MN 55437
952-831-8000

Discounted Rate: $119.00
Room-block Discount Code: **Ortivus Group**
Room-block Deadline: **August 15, 2008**

Each organization is responsible for making its own hotel arrangements. Book early to
receive the Ortivus group rate. When making your reservation, be sure to mention
'Ortivus Group' to receive the discounted group rate.

Training Center
Dakota County Technical College IT Training Center
3140 Neil Armstrong Blvd
Eagan, MN 55122

Transportation will be provided from the hotel to the training center.

Upcoming Webinars

August 27, 2008:
**Error Proofing Your EMS
Service**

September 9, 2008:
**Proper Documentation Skills
- How To Get Your Crews To
Fall In Line**

View complete webinar list

Suggest a topic/presenter¹

Last modified on: 6/24/2008

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Sweet-Billing 2008 User Group (Tentative)

Time	Topic
8:00 - 8:30	Registration Welcome-Introductions-Objectives
8:30 - 9:00	**Ortivus Website** – How to find your way **The importance of PC Anywhere**
9:00 - 10:15	**Codes** • Critical: Credit, Charge, Payor, Location, and Reason • How and why to use defaults • Basic: Alerts, Caller, Company, Employer, Level of Care, Medical Personnel, Medications, Narrative, Procedures, Staff, • Statistics, Units, Urgency, and Zone
10:15 - 10:30	*Break*
10:30 - 11:30	**Schedules – Introduction** • Basic Structure • Tie-in of Event Codes, Form Codes, and Message Codes • Basic Schedules / Primary Schedules / Notice Schedules
11:30 - 11:45	**Q and A Time**
11:45-1:00	***Lunch** (provided)*
1:00 - 2:00	**System Setup** • Database System Setup • Call and Patient types – discussion- how many should you have • Directory System Setup • Code Setup ACTIVITY: Create a Statistic to attach to a Code
2:00 - 2:15	*Break*
2:15 - 3:30	**DATA ENTRY REVIEW** • Call Entry • Patient Entry • Save Grid Settings • Hot keys and Special Billing Scenarios • ACTIVITY: Enter a call with your initials as the call number and yourself as the patient
3:30 - 3:45	*Break*
3:45 - 4:30	**Automated Billing/Paper and Electronic** • Order of printing forms • Reprinting, regenerating, printing single • ACTIVITY: Print a Single Bill for the Call you entered

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Sweet-Billing 2008 User Group

Time	Topic

8:30 – 10:15	**Payment Data Entry (Refer to Data Entry Tab)**
	  ▪ Individual Payment Posting – *Credits Tab*
	  ▪ Batch Credits – Settings that can be replicated
	  ▪ Moving Calls to the next logical "Current Payor"
	ACTIVITY: Enter a payment on the call you entered yesterday; enter a "batch" of payments from Medicare using Batch Credit Settings

10:15 – 10:30	*Break*

10:30 – 10:45	**Balancing From Month to Month**
	  ▪ Reports Involved
	    ○ Aging Report
	    ○ Charge Report
	    ○ Credit Report

10:45 – 11:00	**System Integrity** How to run this utility and Why

11:00 - 12:00	**Reports**
	  ▪ Basic Reports: Call Report, Credit Report and Charge Report
	  ▪ Event History Report – what happened while I was out
	  ▪ Code Analysis
	  ▪ Activity – how many dollars did I collect from trips to XYZ Hospital?
	Aging Report – what does it really mean?

12:00 – 1:00	***Lunch*** *(provided)*

1:00 – 2:00	**EZ Review**
	  ▪ What are it's uses
	  ▪ Common parameters

2:00 – 2:15	*Break*

2:15 – 4:00	**Sneak Peak at Optional Modules**
	  ▪ Update Schedule Event Utility
	  ▪ Task Scheduler
	  ▪ Archive / Purge