

Through training in the revenue development department in its various units I could identify the mechanism for the work of government hospitals and private health centers from the moment of the patient's entry into the hospital and writing its statements and knows whether health insurance or not to leave and how electronic systems are used to update Their data and work statistics for its divisure and speed of access to their information, and as everyone knows it is very necessary to deal with electronics and convert all paper processes to electronic and preservation in the hospital site – the claims section: is a department on investigation of insurance claims Road interview the claimant and witnesses and discuss police records and hospitals and examine damage to property to determine the financial obligations due to the insurance company that I was tasks assigned to me: 1. Fill out the UC paper 2. Check the presence of an insurance policy The believer, fragmentation and printing of insurance printers 3. Ensure the health insurance site 4. Search the mother company that includes other companies less and printed and put with some 5. We save UC in a special file called DALY and all special files On 6. Statistical work on the ASP 7. Bill served to the Insurance Company to restore claims for components (UC, approval, patient proofs, proof of insurance, medical reports that, in cesarean sections and natural childbirth Fingerprint and Fingerprint Child Fingerprint) 8. Action of an archive for all bills and fragmented on a number of insurance companies. – Accounting department: Accounting and public hospitals and private hospitals and children are mainly based on allocation of credits Financial and distribution of various activities at hospital 1. Expenditure procedures containing (requested by section, speech to the hospital director and directive medical funding department, the benefit of medical supply not to provide the product, directed by the hospital administrator to provide them from abroad 3 Different companies, each company sends pricing and all epitheliums, the company's adoption by the purchase Committee, issuing the supply of the company, after the accreditation of documents and invoices, payment of the company by transferring (tasks collection of receipts From all the two gatters this morning 2. Recording receipts on a daily basis for all patients, the owners of cash and insurance 3. Auditing of the receipts and sorting 4. The work of the indebtedness of me does not know the amount of money 5. The work of a support for the patient or his representative to sign and shine To repay the payment in batches – the approval and claims section of the insurance company: Department of medical procedures audit in the financial claims received from the contracted hospitals with all kinds. Follow-up patients inputs in the contracted hospital whenever needed the need for this tasks I used: 1. Send a request for approval or upgraded request is by insurance official 2. Send u Caf Send with him report and basic stuff in the report Notes All medical staff Nursing with the patient of doctors, nurses and the most important analysis – Department of Medical Records: Register Section is one of the most important hospital sections and therefore is responsible for attention to patient files and reporting that illustrates the quality and quantity of work Achievement and contribution to the development of medical services. Medical records are confidential document, maintenance, correct, valid, clear and complete. Tasks that assigned to me: 1. Fill out a request form by recording the file number for the patient and the partition for the doctor who has requested the file and the number 2. Read the fully patient file and read the final summary of the medical staff 3. Know all the allegations of patient actions 4. Log in Hospital and put the patient file number, click the Kodang button put all the codes for all procedures, including (cesareanan and natural

birth code, all chronic diseases that suffer and if blood is transferred to the patient) and for children (weight code if it is normal or Less, diseases and number) and move them to 3M DARS and save. 5. Inventory work for official models in the patient's paper and electronically preserved with a patient file number 6. Action archiving for all files 7. Review the patient file after leaving it and ensure complementary information by the doctor specialist if a file is reviewed The patient and all information and data were complete and correct, they are transferred to the system and saved. 8. Review of the file and when lack of information, I return to the doctor responsible for the patient's status and necessary to complete all the missing information within 14 days and if the doctor does not respond within 14 days, a reminder is sent to the date and gave it 14 days. If any response is received from the date of delivery for 30 days, the file number is sent to the Medical Director and reported that 30 days on the patient's exit and that the doctor did not complete the file. 9. Receive files from hypnosis sections