



My_Hospital

Adding Department Details

Department Name

Office

Telephone

Submit Info

My_Hospital

Adding Doctor Details

First Name

Last Name

Department

Telephone

Backup Doctor ID

Submit Info

My_Hospital

Adding Nurse Details

First Name

Last Name

Certification

Year Hired

Department

Supervior Nurse

Submit Info

A Web Page

https://

Adding Claim Details

Company Name

Patient Number

Diagnosis

Amount

Submit Info







