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Trainer Account: Sarah Reed

Submit Payment Detail

Popup window when payment is submitted to remind CPT that Checklist must be faxed for payments to be processed.

Patient Name(s): [Mary Kablach](#), [Sandra Ing](#)Training Type: [Pump Start](#)

Training Date: 06/24/2014

Rate: \$50/ppt

Training Fee

Number of hours

Amount: \$100

Mileage

Number of miles:

Amount: \$62

Start Address

End Address

City

City

State

State

Zip

Zip

Start and End Address become required fields when mileage is entered

Notes

Becomes required when Number of hours is > 2hrs

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Trainer Account: Sarah Reed

Edit Payment Detail

Popup window when payment is submitted to remind CPT that Checklist must be faxed for payments to be processed.

Patient Name(s): Mary Kablach
Training Type: [Pump Start](#)
Training Date: 06/24/2014
Training Mode: Group
Device Name: Insulin Pump
Rate: \$50/ppt

Training Fee

Number of hours

Mileage

Number of miles

Start Address

City

State

Zip

End Address

City

State

Zip

Add Note

Becomes required when Number of hours is > 2hrs

Note Aliquam porttitor, est id suscipit convallis, turpis ex congue leo, molestie cursus elit mi

Created By: Sarah Lonne 07/12/15 3:42PM

Cancel

Submit



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Trainer Account: Sarah Reed

View Payment Detail

Patient Name(s): Mary Kablach
Training Type: [Pump Start](#)
Training Date: 06/24/2014
Training Mode: Group
Device Name: Insulin Pump
Rate: \$50/ppt

Training Fee	
Number of hours: 2hrs	Amount: \$100
Submitted Date: 10/14/15	
Mileage	
Number of miles: 32	Amount: \$62
Start Address: 123 Main St	End Address: 43587 Adam Ave
City: Los Angeles	City: Sherman Oaks
State: CA	State: CA
Zip: 95432	Zip: 98745
Submitted Date: 10/14/15	
Adjustment Training Fee	
Number of hours: 1hr	Amount: \$50test
Submitted Date: 10/14/15	

Note Aliquam porttitor, est id suscipit convallis, turpis ex congue leo, molestie cursus
 elit mi

Created By: Sarah Lonne 07/12/15 3:42PM



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Trainer Account: Sarah Reed

Training Event Details

[Patients](#) | [Notes](#) | [Checklist](#) | [Payments](#)

Training Details

CPT: Adam Short
 Training Type: Pump Start
 DCM: [Sarah Keen](#)
 Training Mode: Group
 Compass Training ID: 437563745
 Scheduled Training Date: 06/29/2015

Trainer Account: *** Visible only for a Center***
 Training Status: Paid
 Assigned Date: 06/21/2015
 Completion Date: 7/2/2015

visible to Admins only

Patients

Patient Name	Zip	City	Date Of Birth	Doctor
Giacomo Guilizzoni	96547	Northridge	10/25/1976	David Lasserted
Marco Botton	98745	Reseda	1/14/1982	Jennifer Wheaton
Mariah Maclachlan	96323	Porter Ranch	6/19/2002	
Valerie Liberty	97854	Sherman Oaks	4/5/1984	David Bole
Mariah Maclachlan	96323	Porter Ranch	6/19/2002	
Valerie Liberty	97854	Sherman Oaks	4/5/1984	David Bole
Mariah Maclachlan	96323	Porter Ranch	6/19/2002	

Training Note

Created Date	Note	Created By
7/15/2015	Nulla tempor sodales elit. Curabitur id dolor elementum pharetra urna malesuada faucibus odio	Biran Matt
7/11/2015	Phasellus efficitur augue sed auctor aliquet purus elit viverra lacus eget faucibus leo ligula ac dui	Sarah Lon
7/7/2015	Maecenas sit amet odio nec diam mollis pulvinar. Mauris eu aliquam massa. Praesent consequat massa semper conv	Biran Matt

Checklists

	Action	Title	Patient
<input type="checkbox"/>	View	Giacomo Guilizzoni - Training Checklist	Giacomo Guilizzoni
<input type="checkbox"/>	View	Marco Botton - Training Checklist	Marco Botton
<input type="checkbox"/>	View	Mariah Maclachlan - Training Checklist	Mariah Maclachlan
<input type="checkbox"/>	View	Valerie Liberty - Training Checklist	Valerie Liberty
<input type="checkbox"/>	View	Mariah Maclachlan - Training Checklist	Mariah Maclachlan
<input type="checkbox"/>	View	Valerie Liberty - Training Checklist	Valerie Liberty

Payments

Action	Training Type	Payment Type	Status	Amount	Submitted Date
	Pump Start	Training Fee	Approved	\$430	10/03/15
View	Pump Start	Mileage	Approved	\$150	10/03/15
	Pump Start	Training Fee Adjustment	Pending	\$75	11/01/15