

UMB Dental School

Aixum User/Provider Requests/Updates

As of 12/13/2007, 7:13 AM

TO BE FILLED OUT/REVISED BY SUPERVISOR

User ID (assigned by IT): _____

Have you ever been a User or Provider at UM Dental School? yes no

Dates of service: _____ Name during service: _____ Past ID or Provider#, if known: _____

First Name: _____ Middle Initial: _____ Last Name: _____
(required) Last 4 digits of SSN: _____

Expiry Date: Standard Date (6/30/2010) or Other: ___/___/20___

User Level: Current user with similar responsibilities as yours in Dental School, please enter their name _____

Please circle one choice from the appropriate Staff/Provider category:

<u>Staff Categories</u>	<u>User levels:</u>
BusMgr	Assistant Standard SeniorSupportServices Senior FPC SeniorFDS
Collection Spec	Standard
Corporate Account	Standard
Corporate Exec Dir	Standard
Dept Secretary	Standard
Insurance:	Clerk Specialist
Chartroom Staff	Standard
CMS:	PrepDispenseStaff CentralSterileStaff Supervisor Director
Front Desk:	UG UG Supervisor non-UG standard w/Chart w/Trx
Staff Nurse	Standard
PCC	Standard
Dental Assistant	Standard

<u>Provider Categories</u>	<u>User levels:</u>
UG Student	Dental (S) Hygiene (H)
Resident (R)	ApprovalNeeded ApprovalNotNeeded
Staff Hygienist (Y)	InstructorAlso NotInstructor
Faculty (F)	Practicing non-Practicing/Instructor/VolunteerOnly

Maximum # of Charts allowed: Standard (10 charts) above Standard (50 charts) other _____

Clinic: GPC GP1 GP2 GP3 GP4 AGD ASE CMC FDS FPC OMC SPC

ASE Residents only

ASE SubClinic, if any ENDO ORTHO OS PEDO PERIO PROSTH

Students & Residents only: (valid choice for current class, dental=1 to 4; Hygiene=3 or 4; OS Residents=1 or 2 or 5; other residents=1 to 3)

1st Year of attendance _____
Current Class 1 2 3 4 5
Projected End Date ___/___/20___

Faculty Only:

Fee Schedule if practicing: AGD AGD+ ASE ASE+ CMC FDS FDS+ FPC SPC UG
Department/Grading Discipline: ENDO HYG OM/RADIO ORTHO OS PEDO PERIO RD ANY
Type of Faculty Full-Time Part-Time GPManger Dean'sFaculty(Volunteers)
of Appt chairs, if practicing 1 2

Confirmation from appropriate Office:

Staff: _____ of Payroll (Susan Szekely or Kristen Ray)

Student/Resident: _____ of Dean's Office (Lois Miller) Bar Code? Yes No

Faculty: _____ of Dean's Office (Susan Szekely) Swipe Card? Yes No

Dean's Faculty: _____ Deborah Horstman