

**Webinar Library –On Demand**

**Order Form**

 All webinars are 60-90 minutes in length and recordings are available for two weeks after purchase.

There is unlimited viewing of these webinars for up to 20 staff (per branch office) for a two week period. Webinars are not downloadable. Please allow 7-14 days for posting of webinars. **All webinars must be paid in full before posting.**

|  |
| --- |
| Company Name: |
| Contact:   | Title:  |
| Address:  | Telephone #: |
| City: | Fax #: |
| State: | E-mail: |
| Zip: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** |  | **Place an x in column to order** | **Please identify your Proposed Release Date.**  | **JLU Office Use Only: Date Released** |
| **ICD-10 CODING**  | **ID #** |  | **ICD-10** |  |
| Fundamentals of Coding Part 1 of 2 | W1.101A |  |  |  |
| Fundamentals of Coding Part 2 of 2 | W101.1B |  |  |  |
| Intake: A Key Part of the HOSPICE Coding Process in ICD-10  | W1.04H |  |  |  |
| Intake: A Key Part of the Coding Process in ICD-10 Part 1 of 2 | W1.04A |  |  |  |
| Intake: A Key Part of the Coding Process in ICD-10 Part 2 of 2 | W1.04B |  |  |  |
| ICD-10 Correct Coding for Hospice Part 1 of 2 | W1.03A |  |  |  |
| ICD-10 Correct Coding for Hospice Part 2 of 2 | W1.03B |  |  |  |
| Understanding Case Mix & Coding  | W1.01BB |  |  |  |
| Neoplasms & Neuro | W201.1 |  |  |  |
| Diabetes & Aftercare | W201.2 |  |  |  |
| Circulatory & Respiratory | W2.01.3 |  |  |  |
| Digestive & Genitourinary | W2.01.4 |  |  |  |
| Musculoskeletal & Injuries | W2.01.5 |  |  |  |
| Wounds & Integumentary  | W2.01.6 |  |  |  |
| Maternal Child Health Coding | W2.01.7 |  |  |  |
| Behavioral Health Coding & Dementias | W2.02 |  |  |  |
| ICD-10 for Clinicians - Nursing | W1.02A |  |  |  |
| ICD-10 for Clinicians -Rehab Staff | W1.02B |  |  |  |
| ICD-10 Transition Checkpoint | W1.05B |  |  |  |
| Top 10 – Clinical Documentation Issues for ICD-10 | W2.03.1 |  |  |  |
| Top 10- Diagnosis Coding Case Scenarios | W2.02.2 |  |  |  |
| **TOTAL QUANTITY PURCHASED** |  |
| **TOTAL COST $349\* x quantity** | $199 |  |
| **Sales Tax or if tax Exempt, record # below** | 6.25% |  |
| **Tax-Payer Identification Number** |  |
| **Total Amount** |  |

\*Per branch office. Branch offices are billed individually.