



Carrier and TPA Training Request Form

To request training, email a completed form to auditandpt@myfloridacfo.com.

Date: _____

Insurer Name: _____ Insurer #: _____

TPA Name: _____ TPA #: _____

Contact Person: _____ Telephone #: _____

Email: _____

Method of Training: Onsite Webinar Month: _____ Date: _____

Preferred Day for Training: Monday Tuesday Wednesday Thursday Friday

Preferred Time: Morning Afternoon All Day

Type of Training Requested:

Overview	Calculations	Reporting	Medical Data Review
<input type="checkbox"/> Workers' Compensation Overview <input type="checkbox"/> Indemnity Overview <input type="checkbox"/> Benefits Overview <input type="checkbox"/> Calculation Overview <input type="checkbox"/> Medical Overview <input type="checkbox"/> PT Overview <input type="checkbox"/> EDI Overview	<input type="checkbox"/> PTS <input type="checkbox"/> SS Offset <input type="checkbox"/> Grice Offset <input type="checkbox"/> IIB <input type="checkbox"/> TTD <input type="checkbox"/> TPD <input type="checkbox"/> PTD <input type="checkbox"/> AWW	<input type="checkbox"/> Notice of Action/Change <input type="checkbox"/> Denials <input type="checkbox"/> Claim Cost Reports <input type="checkbox"/> First Report of Injury or Illness <input type="checkbox"/> Letters and Brochures <input type="checkbox"/> EDI Data Reporting	<input type="checkbox"/> Paid Dates <input type="checkbox"/> Received Dates <input type="checkbox"/> EOBR's <input type="checkbox"/> Medial Authorization

Additional Comments:

Internal Use:

Follow up Contact: _____
Date Training Scheduled: _____

Last Audit Number: _____
Time Training Scheduled: _____