

Records Retention Management







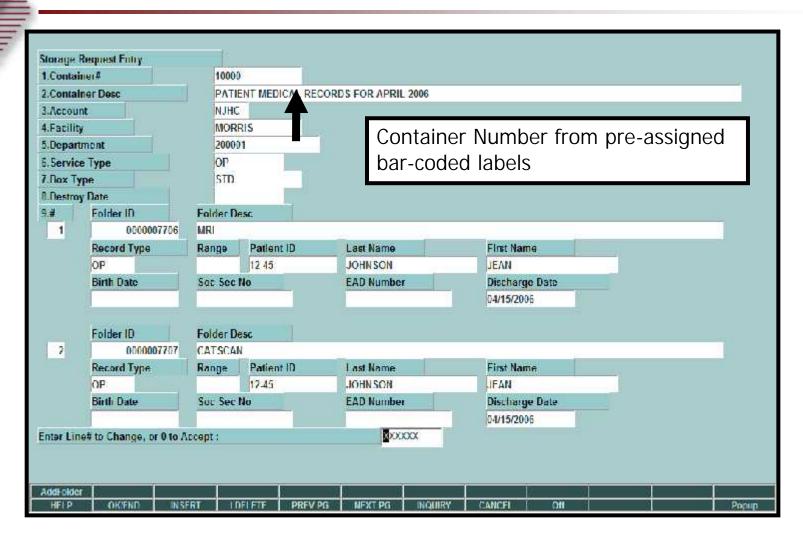






Storage, Retrieval and Billing

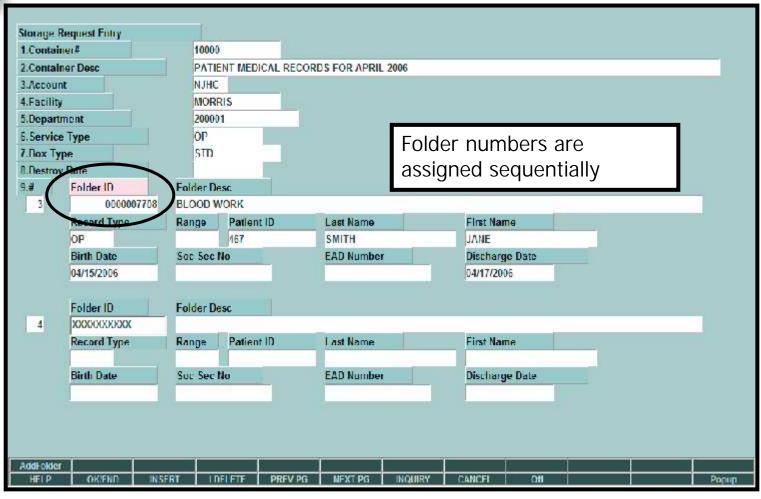




Entered by Account On-site

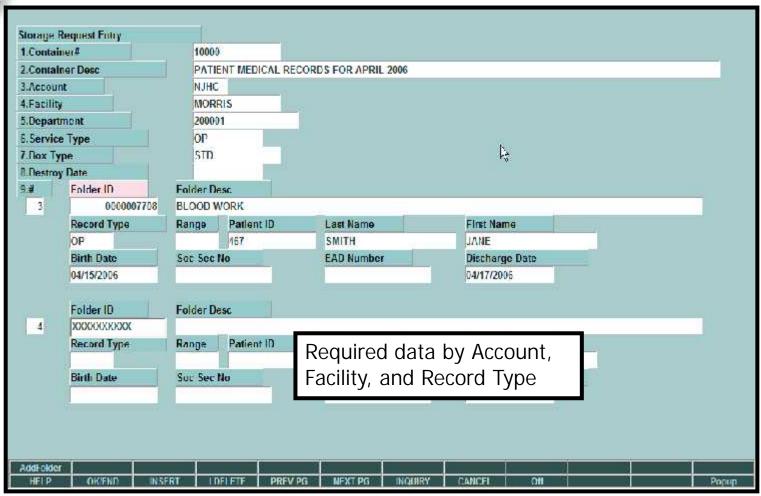


Storage Request Entry



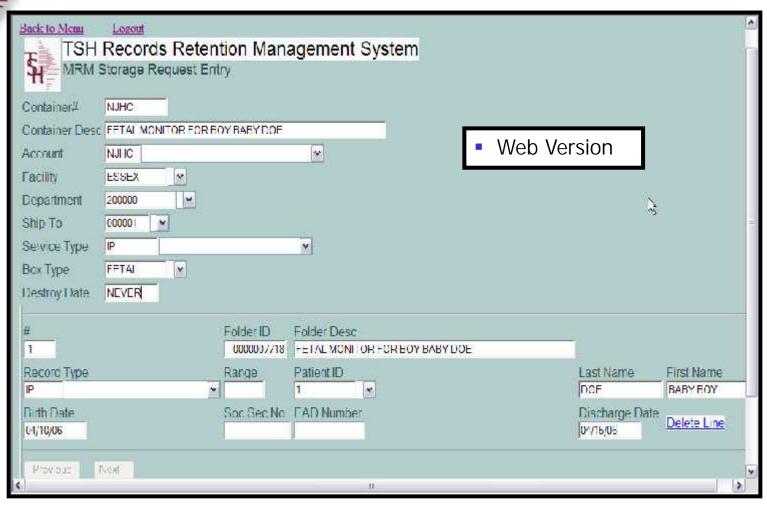


Storage Request Entry





Storage Request Entry Web

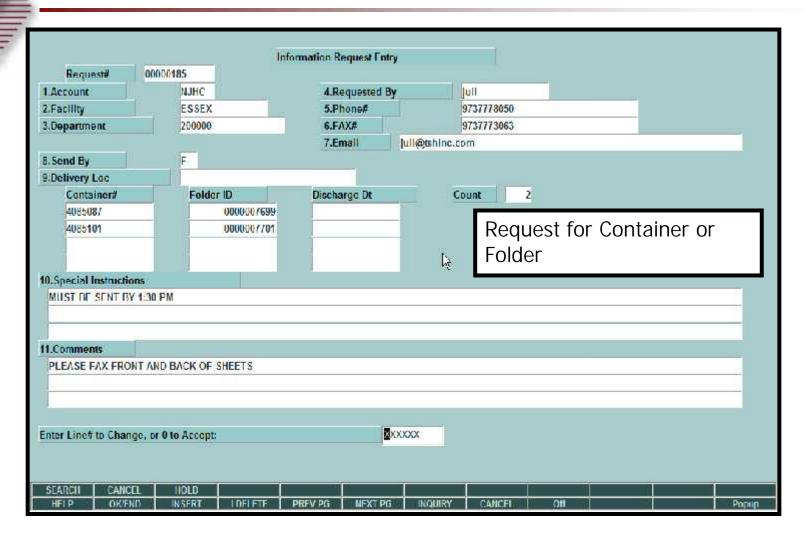




Container Pickup / Received / Stored

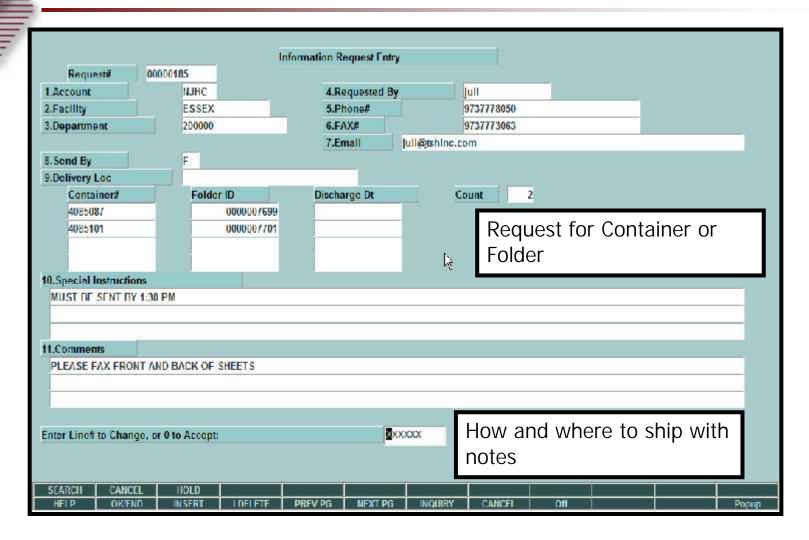






Request Via Web-based Procedure

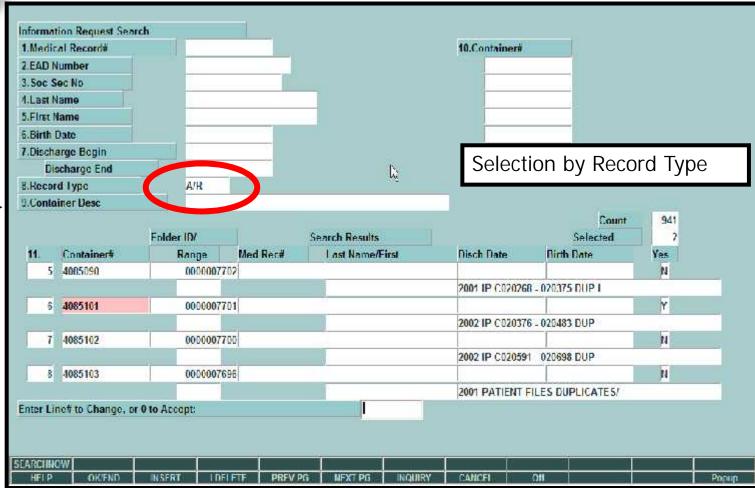




Request Via Web-based Procedure

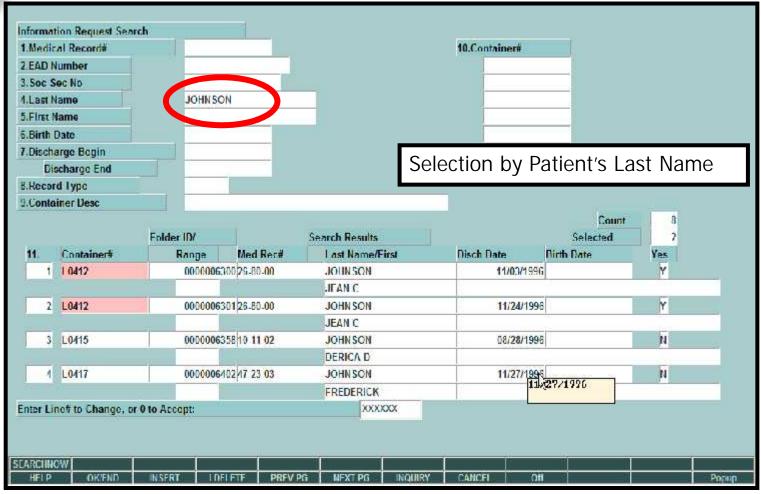


Information Request





Information Request





Information Pick Ticket

***** INFO REQUEST PICK TICKET *****

Pagat

Warehouse 002 CLIFTON

Request# 00000185

Account NUMC NEW JERSEY HEALTH CARE Facilly ESSEX NUMC OF ESSEX COUNTY

Department 200000 NJHC OF ESSEX

Requestor Julianne Raudo Phone# 9737778050 FAX= 9737773063 Email juli@tshind.com

Send By Fax (Routine)

Delivery Loc

| Location | Container; | Folder ID | 1. NONE | 4085087 | 30000007599 | 2. NONE | 4085101 | 30000007701

Special Instructions MOST BL SENT BY 1:30 FM

Commence

PLEASE FAX DRONT AND BACK OF SHEETS



Billing / Verification Entry

Request#	00000202		Billing Entry				
Account	NJHC		Requested By	Juli			
Facility	ESSEX		Phone#	9737778050			
Department	200000		FAX#	9737773063			
1.Pulls/Refiles)	5					
2.Pages Faxed	ı İ	30	Monthly S	torage Charg	ie by Con	tainer S	ize
- 51		Name of the last	•	0	, ,		
3.After Hours S	itat	Y	Services C	Charge for Pu	iis, raxes	, Stat, E	ic.
4.After Hours C	ouder	Y	Miscellane	ous Charges			
5. Stat Courier		Y					
6.Box Pickup		pi .					
7.Other Ship C	harges						
er Line# to Char	nge, or 0 to Accept:		xxxxxxx				
					22.		l _k
FLP OK/FI	ND INSERT	LDFLETE PREVE	G NEXT PG INOU	IRY CANCEL O	Off St.		
UKF	mark)	THEFT PREV	CA MEN PAR INCRE	INI LAWET 0	/// II	7.	Рорир



********* INVOLUE *********

INVOICE NUMBER: 00CC2: Page: 1

INVOICE DATE: 05/22/04

ACCOUNT: NUMC PACCLICY: NUMC OF BESET COUNCY DEPC: NUMC OF BESET

EILL IC:

SHIP TO:

NAME OF BREEK, LIVINGSTOR

NTHC OF ESSEI, LIVENGETON

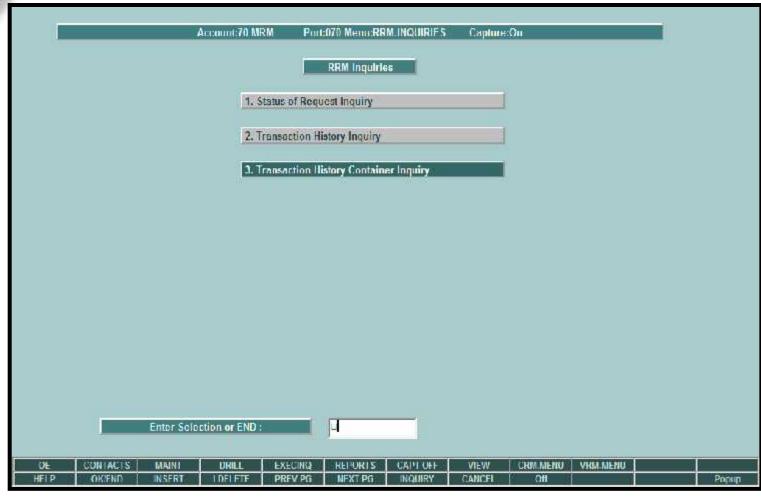
iC: SECRE SE SEWARK, HJ 07(1) 131 BROAD ST

LUL DEC	
NEKARK.	BC 0701
	NEKARA.

Cesoription	Quantity	Price	But Price
Bumbar Pulls Faitles	5	:.30	5.00
Bumber Paxes	29	0.25	1.00
Number After Fours Stat	1	25.00	25.00
Number After Fours Courter	1	50,00	\$0.00
Number Stat Courier	1	100.30	110.00
Bumber Box Pickups	1	5, 00	5.00
EDVELOFE	266	2.00	531.00
FECAL MONITOR BOX	50	25.00	1250.30
CARGE BOI	47	:5.50	728.50
E770 3CM	549	6.13	3414.34
2C1 E 600	1	952.00	652.00
Ether Charges			2.50
Tctal			6971.34
Grand Total			6971.04

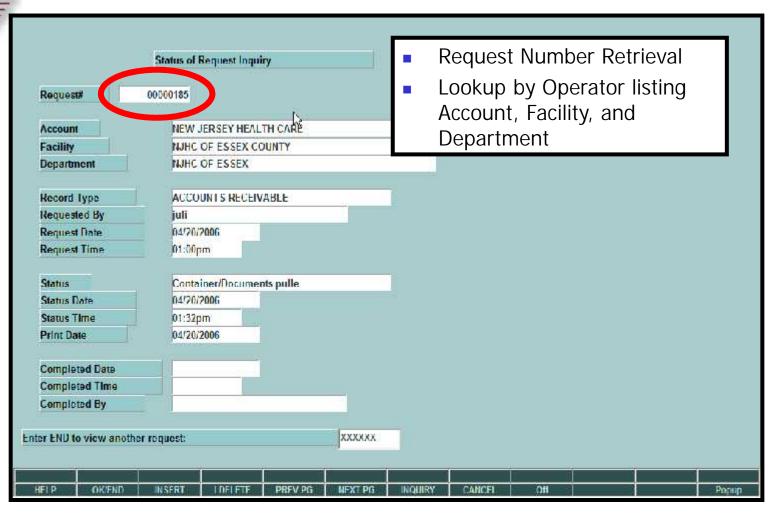


RRM Inquiries





Storage Request Inquiry



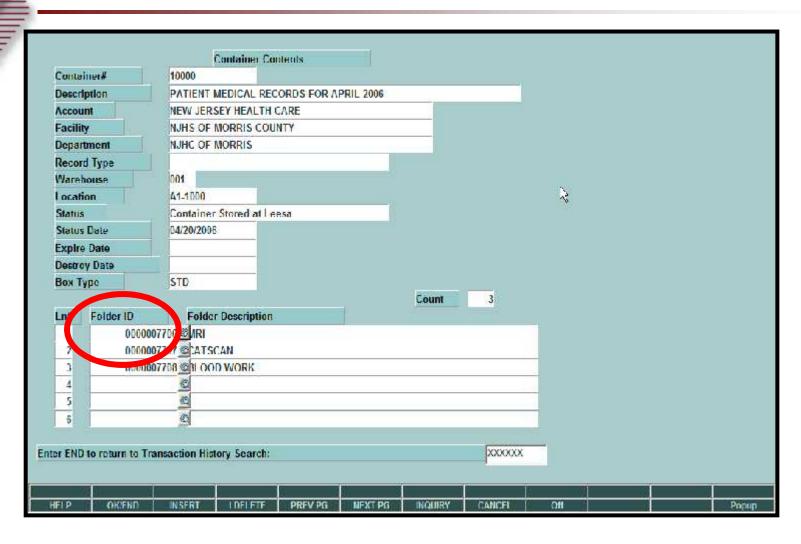


Transaction History Inquiry

1.Acco			UHC	Transaction Histor	y Impriry	10.0	tainer#	
-	Number	I.	anc			10.001	camera :	
3.5oc		-				-		
4.Last	2007/1///	-		1/1		-		
5.First						Ī	i i	
5.Birth								
000000000000000000000000000000000000000	arge Regin							
	ischarge End				Dri	II dow	n to Container or Fold	er
	rd Type	C)P		Dα	tails		
9.Cont	ainer Desc		WAYN WAYN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KKKK DC	tans		
		Folder	ID	Med Rec#	Last Name		First Name	
Ln#	Container#	Range		Isch Date	Birth Date	Descript	lon	
	10000		0000007706	2-45	JOHNSON		JEAN	
				04/15/2000	04/15/2006	PATIENT	MEDICAL RECORDS FOR AP	
2	10000	0	0000007707	C 2-45	JOHNSON		JEAN	
1	10000	ed e	0000007708	04/15/2000	SMITH	PATIENT	MEDICAL RECORDS FOR AP	
-	- C			04/17/2000		PATIENT	MEDICAL RECORDS FOR AP	
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A	TH.				8/3			
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HFIP	OKIEND	INSERT	IDFLETE	PRFV PG N	FXT PG INQUIRY	CANCE	L Off	Рорир

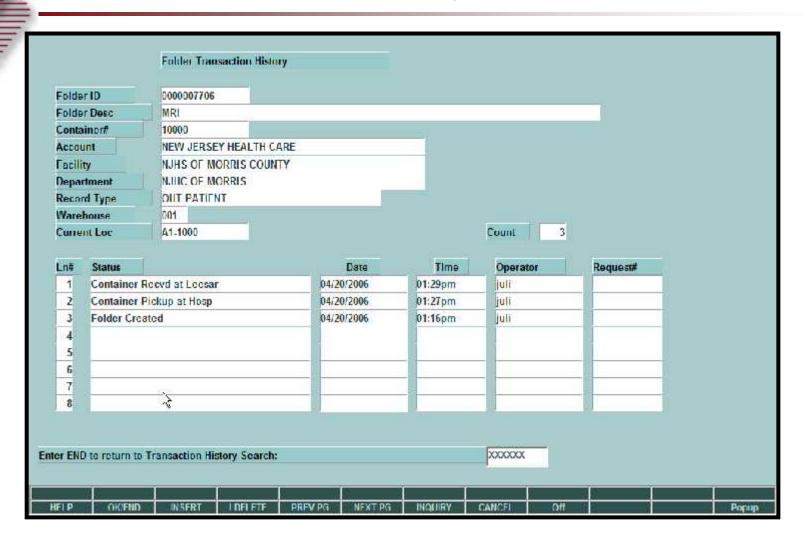
Search options





Drill Down to Folder Details

Folder Transaction History



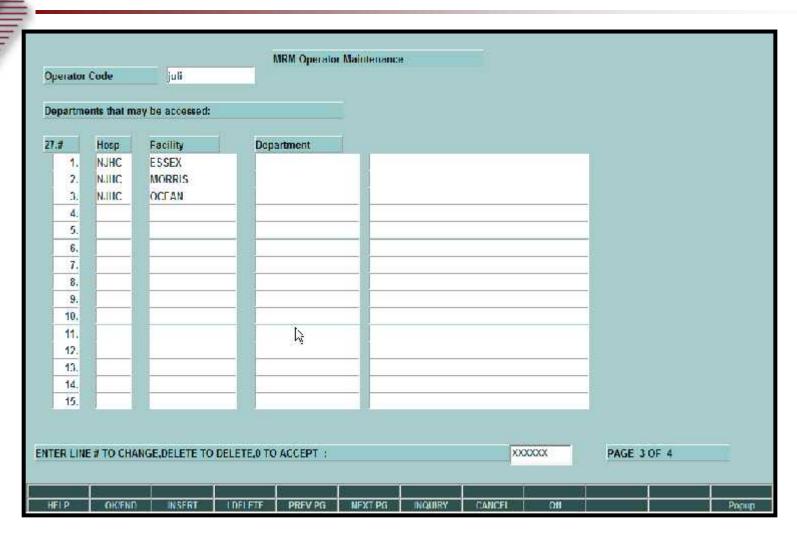
Folder Transaction Detail in date sequence ,most recent first



RRM File Maintenance Selector







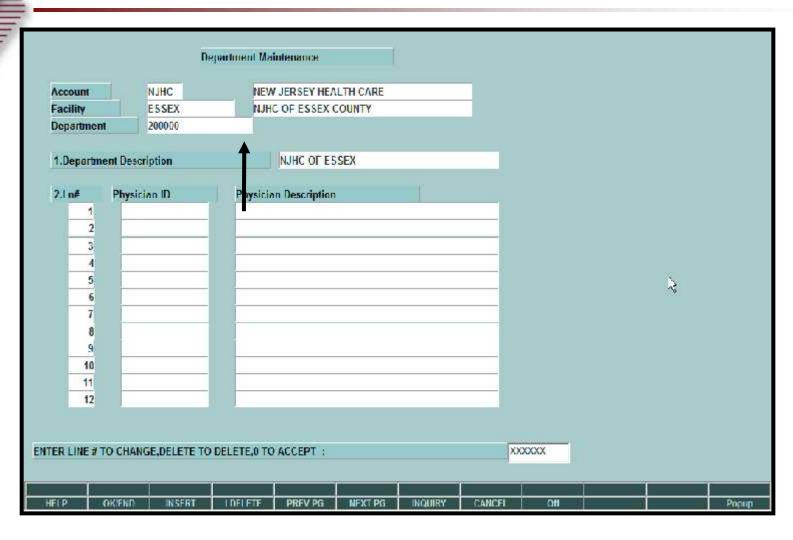
Setup of End User Operators Access to Account, Facility and Dept



Facility Maintenance

		Facility Maintenance					
Account	NJHC	NEW JERSEY HEALTH	CARE				
Facility	ESSEX						
1.Facility Do	scription	NJHC OF	ESSEX COUNTY				
2.Ship-To Nu	ımber	001					
3.Cost Cente	r						
Total Control	Record	Patient Name	Medical#		zed Required		
4.l n#	Туре	Required	Required	Account,	, Facility, and	Record Typ	e
1	A/R		N		<u> </u>	<u> </u>	
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12							
TER LINE # TO	CHANGE, DELE	TE TO DELETE,0 TO ACCE	PT:		XXXXXXX		
					7		
IFIP OF	CEND INS	RT IDELETE PRE	V PG NEXT PO	3 INQUERY	CANCEL Off		Ponup

Department Maintenance



Department Number validated to MDS Customer file



Box Type Maintenance

Price by Account, Facility, and Box Type ER LINE # TO CHANGE, DELETE TO DELETE, 0 TO ACCEPT:		Box Ty	ype Maintenance	
MORRIS BOX Type 1. Description STD FOLDER BOX 2. Size 17X12 3. Price 3.00 Price by Account, Facility, and Box Type ER LINE # TO CHANGE, DELETE TO DELETE, 0 TO ACCEPT:	Account	NJHC	NEW JERSEY HEALTH CARE	
1. Description STD FOLDER BOX 2. Size 17X12 3. Price 3.00 Price by Account, Facility, and Box Type ER LINE # TO CHANGE, DELETE TO DELETE, 0 TO ACCEPT:	3		NJHS OF MORRIS COUNTY	
Price by Account, Facility, and Box Type ER LINE # TO CHANGE, DELETE TO DELETE, 0 TO ACCEPT:	Вох Турс	STD	The state of the s	
Price by Account, Facility, and Box Type ER LINE # TO CHANGE, DELETE TO DELETE, 0 TO ACCEPT:	1.Description	STD FOLD	DER BOX	
Price by Account, Facility, and Box Type ER LINE # TO CHANGE, DELETE TO DELETE, © TO ACCEPT:	2.Size	12X12		
Price by Account, Facility, and Box Type ER LINE # TO CHANGE, DELETE TO DELETE, © TO ACCEPT:	3 Print		00	
ER LINE # TO CHANGE, DELETE, 0 TO ACCEPT:	J. Tice	* "		
ER LINE # TO CHANGE, DELETE, 0 TO ACCEPT:				
ER LINE # TO CHANGE, DELETE, 0 TO ACCEPT:				
			Price by Account Facility and Box	Type
			Price by Account, Facility, and Box	Туре
			Price by Account, Facility, and Box	Туре
			Price by Account, Facility, and Box	Туре
			Price by Account, Facility, and Box	Туре
			Price by Account, Facility, and Box	Туре
			Price by Account, Facility, and Box	Type
	ER LINE # TO CHA	NGE,DELETE TO DEL		Туре
FLP OKIEND INSERT LIDELETE PREVIPG INCLURY CANCEL OH	ER LINE # TO CHA	NGE,DELETE TO DEL		Type



Pricing Maintenance

		RRM Pricing Maintena	псе					
Account	NJHC	NEW JERSEY HEAL	TH CARE					
Facility	ESSEX	NUHC OF ESSEX C	NUHC OF ESSEX COUNTY					
1.Pulls/Refiles		1.00						
2.Pages Faxe		0.25						
3.After Hours		25.00						
4.After Hours		50.00						
5.Stat Courier		100,00						
6.Box Pick-up		5.00		à				
7.Container R	eplaced	2.00						
ITER LINE # TO (CHANGE,DELETE TO	DELETE,0 TO ACCEPT:	rice by	Accou		Facility		
HELP OK	FND INSERT	I DELETE PREV PG	NFXT PG	INQUIRY	CANCEL	Off		Рорир



Patient Maintenance

		Patient Mainter	апсе	f					
Account	NJHC NE	W JERSEY HEAL	TH CARE						
Patient ID	12 45								
-	li								
1.Last Name	JOHNSO	N .	2.First Name	9 .	JEAN				
3.Birth Date									
4.Soc Sec No	19	1							
5.FAD Number	- 10								
	74								
Discharge Date	Fold	er ID							
04/15	2006 0000	007706							
04/15	2006 0000	007707							
1			Created Mainten		lorage	Entry	or thic	ougn	
					1 marie				
ER LINE # TO CHAN	GE, DELETE TO D	ELETE,0 TO ACC	EPT :		XX	XXXX			
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I P OK!END	NSFRT	IDFIFTF PR	FV PG NFXT PG	NOUSRY	CANCEL	Off			Po