



TELEHEALTH USAGE REPORTING FORM

When utilizing the telehealth system, please submit (email or fax) the following information to:
UMC Telehealth, Attn: **Clinical Coordinator**;
EMAIL: mtn@health.missouri.edu FAX: (573) 882-5666

Do not report if you are utilizing the system for patient consults/services
(Only the site coordinating the call should submit a report)

HOSTING DEPARTMENT/HEALTH CENTER: _____

TELEHEALTH SITE: _____

DC/ ADDRESS: _____

DATE OF CONFERENCE: _____

TIME: Start _____ End _____

TOPIC/SUBJECT OF PRESENTATION: _____

- _____ Medical (i.e. CME, Grand Rounds, multi-disciplinary)
- _____ Administrative
- _____ Educational
- _____ Committee Meetings
- _____ Other

Other locations included in the call:

AGENCY/SITE NAME: _____

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