FZBMS | BUSINESS MANAGEMENT SYSTEM

HOSPITAL MANUAL

FZBMS Hospital User Manual

Step-by-step guidance for patient records, appointments, consultations, operations, and billing.

For hospital administrators, reception, clinicians, billing staff, and authorized records users.

FZBMS contacts: contact@fzbms.org (sales and demos) | support@fzbms.org (technical, account, and billing support) | info@fzbms.org (general information and partnerships) | fzbms.org

Scope: This guide documents the implemented FZBMS workflows represented in the supplied source snapshot. What a user can see and do depends on the organization type, subscription plan, branch assignment, role permissions, and enabled modules.

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1. Configure access and setup

Organization and hospital details

Confirm organization name, address, contact details, logo, and local settings. Review hospital setup options, services/departments, and doctors before front-desk use.

Users and permissions

Create individual accounts and assign only the modules/actions needed. Separate reception, clinical, billing, and administrator responsibilities. Confirm branch or department scope where used.

> Use patient records only for assigned work. Sign out on shared reception and clinical devices.

2. Register or find a patient

Search before registering

Search using available patient identifier or contact details before creating a new record. Confirm identity with more than one identifier where available to avoid duplicates.

Register details and verify

Enter required identity and contact details. Review spelling and reference number, save, then open the patient profile or journey to confirm the record.

Patient journey

Review prior appointments, consultations, operations, and billing available to your role. Confirm the correct visit before adding information.

3. Appointments and consultations

Doctors and appointments

Maintain doctor records and supported schedules. For an appointment, select the patient, doctor, date/time, and status. Check schedule conflicts and save. Use list filters to confirm the appointment appears on the right date and status.

Consultation

Open the correct patient and visit, verify identity and assigned clinician, complete required fields, and review before saving. Use available print views only when needed and authorized.

> If patient or visit identity is uncertain, pause and verify before entering data.

4. Operations, billing, and reports

Operations

Update configured service or patient journey events with accurate date, status, assigned staff, and patient association. Review the journey after significant updates.

Billing and payments

Create/open the bill for the correct patient and visit. Review service lines, quantities, rates, discount/tax if configured, total, and payment status. Enter payment amount, date, method, and reference. Check the remaining balance and avoid duplicate payment entries.

Reports

Choose the right date range and available doctor/department/status filters. Compare unexpected totals with source records.

5. Printing, privacy, and troubleshooting

Check patient name/identifier, organization header/logo, recipient, and document before printing. Handle printouts under the hospital privacy and retention policy.

Issue	Check
Duplicate patient	Search by identifier/contact and review existing journey.
Appointment missing	Date range, doctor, status, and access scope.
Bill total unexpected	Correct visit, service lines, discounts/tax, and payment history.
Record not visible	Module entitlement, permissions, branch/department scope, filters.
Print is incorrect	Patient identity, visit, hospital profile/logo, preview.

For support, provide module, record reference, date, role, and visible error text. Do not send patient credentials or unnecessary clinical details.