

VALLEY MEDICAL CENTER

Job Description Clinic Network

TITLE:	Patient Service Representative (Front Desk/Scheduling/MR)
ROLE:	See criteria for <u>Administrative</u> Partner for generic job duties.
AREA OF ASSIGNMENT:	Outpatient Clinic
HOURS OF WORK:	Variable
RESPONSIBLE TO:	Clinic Manager

Prerequisites:

1. High school graduate or equivalent preferred
2. Minimum 2 years experience as a receptionist or one year in physician office experience.
3. Basic computer skills.
4. Basic data entry.

General Qualifications:

1. Experience with reception duties, including answering phones and greeting patients.
2. Demonstrate ability to effectively manage multi-line phones.
3. Attention to detail and ability to work well under pressure is essential. Also, must be able to function effectively in an environment where it is necessary to perform several tasks simultaneously, and where interruptions are frequent.
4. Possesses excellent customer service skills. Interacts in a friendly, professional manner with a wide range of patients, operations staff, physicians, and other departments in Valley Medical Center.
5. Neat and well-groomed appearance.
6. Ability to communicate and work effectively with the physical and emotional development of all age groups.

TYPICAL PHYSICAL/MENTAL DEMANDS, ENVIRONMENT AND WORKING CONDITIONS:

- A. Generic Job Functions: See generic job description for Administrative Partner.
- B. Unique Job Functions:

Telephone Management:

1. Answers designated phone calls in a courteous manner. Identifies self and obtains caller's reason for calling prior to placing caller on hold.

2. Responds to calls according to specific guidelines approved by clinic health care team.
3. Demonstrates ability to effectively manage multi-line phones.
4. Appoints patient according to patient requests and/or schedule limitations.
5. Performs phone screening and refers calls appropriately.
6. Takes complete message with patient information and concerns and forwards for appropriate follow-up. Message is attached to medical record if in file.
7. Coordinates communication and information with other departments.

Appointment Making:

1. Prepares and maintains appointment timetables for all providers, including physicians, physician assistants, nurse practitioners, RNs, and other patient care services.
2. Make appointments for outpatient services as requested. Cancels and reschedules appointments as necessary.
3. Makes phone reminders to patients for the next day appointments – daily.
4. Arranges for specific patient needs for the time of the appointment, including interpreters, wheelchairs, etc.
5. Screens appointment calls for emergencies (911) and urgent requests go to appropriate team member as necessary.
6. Maintains and works lists for patients needing appointments when patient management system is down. Give the patient the option of leaving name and number, or calling back at a later time.
7. Prints, copies and distributes next day or future schedules as requested.

Registration (Patient Management System) :

1. Verifies and updates the following information each time an appointment is made:
 - Address, city, state, zip
 - Day and evening phone numbers
 - Insurance
2. Reviews the appointment screen for financial/clinical and other flags and refers patient to CBO when appropriate.
3. Add new account information as identified.

4. Determine if visit is for an accident or injury, or other type of billable service (i.e., private pay, third party).

Registration – Check In:

1. Greets patients when they arrive for appointments or questions.
2. Checks patients in for their appointments.
3. Verbally verifies with the patient whether or not address, phone number, employment, or insurance information has changed since the appointment was made.
4. Directs or assists patients in completing appropriate paperwork. Nursing staff responsible for paperwork getting back to PSR if patient goes back to room.
5. Generates labels and prepares fee slip/chart for visit or service.
6. Directs patient to location to wait or receive services, including lab work or x-rays. Provides information and supplies as necessary.
7. Responsible for the efficient processing of patients through new patient and established patient registration.

Payment Processing:

1. Identifies and collects co-payments for all outpatient services.
2. Performs daily cash reconciliation and reporting.
3. Receives and directs other payments coming into the facility.
4. Responds to questions/issues regarding patient billing.
5. Collects appropriate paperwork for the visit.

Medical Records: *(Clinic Specific)*

1. All medical records are filed correctly/accurately.
2. Medical records with fee slips prepared and ready for daily appointments.
3. Outguides for medical records are used 100% of the time when leaving medical records work area.
4. Patient charts will be monitored for neatness and or replacement when torn or falling apart.
5. All messages, requests, prescription refills, patient correspondence will include the chart to the provider/nurse.

Other:

1. Responds to patients' questions and investigates and communicates answer as appropriate.
2. Receives, distributes, and responds to mail for work area.
3. Collects faxes and distributes to providers/nurses on a regular basis.
4. Monitor office supplies and equipment, keeping person responsible for ordering updated.
5. Performs procedures for closing office.
6. If required, process referrals generated by providers.
7. Able to give information regarding the clinic and its financial policies.
8. Performs fee slip audit to assure that all forms have been returned.

Revised 12/12/01, 10/08/2004
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