RECEPTIONIST JOB RESPONSIBILITIES

BE PREPARED TO BEGIN YOUR DAY AT LEAST ONE HALF HOUR BEFORE PATIENTS ARRIVE which means:
Computer is on, Lytec, Medinotes and Email windows are open and a PRINTED schedule is in front of you for the day WITH co pay information, updates needed and billing statements

PATIENT RELATIONS:

WELCOME PATIENTS TO CKPA AS THEY COME THROUGH THE DOOR WITH A SMILE AND EYE CONTACT

VERIFY PATIENT’S NAME WITH APPOINTMENT

VERIFY PATIENT’S CURRENT INSURANCE

FOR A NEW PATIENT:
GIVE THEM A RED FOLDER, ASK THEM IF THEY HAVE COMPLETED PAPERWORK WITH THEM (we may have sent out, emailed or they may printed off the new patient packet)
IF NOT, GIVE THEM A NEW PATIENT PACKET

ASK PATIENT FOR THEIR CURRENT INSURANCE CARD(S)

COLLECT CO PAY PAYMENT FOR NEW PATIENTS AND ESTABLISHED PATIENTS WHEN APPLICABLE; ALSO COLLECT ACCOUNT PAYMENT

ANSWER ANY QUESTIONS POSSIBLE

CHECK PATIENT IN ON DAILY CHECK IN SHEET WITH NAME AND TIME
ANNOUNCE TO THE BACK OFFICE PATIENT HAS CHECKED IN BY USING THE WALKIE TALKIES

INFORM THE PATIENT(S) IF THERE IS A WAIT – REASSURE THE PATIENT THE WAIT WILL NOT BE VERY LONG—FOLLOW UP BY UPDATING THE MA’S WHO IS WAITING IN LOBBY

KEEP TRACK OF PATIENTS ON CHECK IN/OUT LIST TO HELP WITH TRAFFIC CONTROL

COLLECT PAYMENT OF OVER THE COUNTER (OTC) ITEMS COLLECT THE OTC SHEET TO BE PUT INTO THE MONEY BAG

KEEP DAILY LOG SHEET OF ALL MONIES COLLECTED

*UPDATE PATIENT INFORMATION:
FACE SHEET, MEDICINES, ALLERGIES AND INSURANCE AT LEAST ONCE A YEAR/ ALWAYS ASK IF INSURANCE HAS CHANGED

*ANSWER PHONE PROFESSIONALLY AND WITH A SMILE IN YOUR VOICE WITH THE CKPA GREETING:
  WELCOME TO CENTRAL KANSAS PODIATRY THIS IS _ (your name) _______ HOW MAY I HELP YOU RESOLVE YOUR FOOT CARE NEEDS?
*ANSWER THE PHONE WITHIN 2 RINGS. WHEN NEEDED ASK IF YOU CAN PUT THEM ON HOLD SO YOU CAN ANSWER ANOTHER LINE. TRY TO MAINTAIN AS SHORT AS HOLD TIME AS POSSIBLE. TAKE MESSAGES IF NEEDED TO CALL BACK TO FURTHER ASSIST PERSON(S) ON THE PHONE

COMPLETING APPOINTMENTS IN LYTEC:
MAKE APPOINTMENTS ACCURATELY AND EFFICIENTLY
* PHONE CALL APPOINTMENTS:
ASK WHICH OFFICE LOCATION: 933 TOPEKA, 1515 S CLIFTON OR THE EL DORADO OFFICE DETERMINE IF PATIENT IS AN ESTABLISHED PATIENT OR A NEW PATIENT
A NEW PATIENT PHONE APPOINTMENT REQUIRES:
LAST NAME
FIRST NAME
MIDDLE INITIAL
ADDRESS
PHONE NUMBERS: HOME AND WORK
BIRTHDATE
MARTIAL STATUS
INSURANCE CO PAY (if applicable)
INSURANCE(S),
INSURANCE ID#, GROUP #
INSURANCE PHONE NUMBER (customer service / eligibility are couple key words for patient to look for to find best phone number for insurance)
NAME OF INSURANCE HOLDER
DATE OF BIRTH OF INSURANCE HOLDER
EMPLOYER
PRIMARY CARE DOCTOR

REASON(S) LOOK AT YOUR PHONE TRIAGE FOR THESE ANSWERS: DIABETIC, OPEN SORES, HAMMERTOES, BUNIONS, CALLUSES, WHERE IS THE PAIN: ARCH, BALL OF FOOT, ON TOP OF TOES, FIRST THING IN THE MORNING, INGROWN AND IF INGROWN IS IT: RED, HOT TO THE TOUCH, SWOLLEN, FEVER, DIABETIC, AND OOZING.
THE MORE INFORMATION THE BETTER

CONFIRM TO THE NEW PATIENT: OFFICE LOCATION, TIME (confirm 15min BEFORE scheduled time) AND WHICH DOCTOR THEY WILL BE SEEING.

*FOR ESTABLISHED PATIENTS DOUBLE CHECK LAST TIME PATIENT WAS LAST SEEN (will need to add extra time to appointment if it has been over 3yrs)
SELECT A DAY AND TIME
BE SURE THE APPOINTMENT IS ON THE SCHEDULE FOR THE CORRECT DOCTOR THE PATIENT WISHES AND /OR NEEDS TO SEE
BE SURE TO GET ALL INFORMATION POSSIBLE: what is the reason for the appointment, which foot or toe(s), ball area of foot, ankles, side of foot (feet), diabetic any useful information to better serve the patient

IF THE PATIENT STATES THEY HAVE AN INGROWN: BE SURE TO ALWAYS ASK IF IT IS INFECTED, RAW SKIN EXPOSED, OOZING, WARM OR HOT TO THE TOUCH, RED, FEVER, AND IF THE PATIENT IS DIABETIC (ask as many questions to get complete information)

DIABETIC ULCER: ALWAYS ASK IF IT IS INFECTED, RAW SKIN EXPOSED, OOZING, WARM OR HOT TO THE TOUCH, RED, THE DURATION OF THE ULCER

*THESE ISSUES ARE AN EMERGENCY TYPE APPOINTMENT ALWAYS CHECK WITH ONE OF THE DOCTORS BEFORE SCHEDULING

*FOLLOW UP APPOINTMENT IN OFFICE:

ACKNOWLEDGE THE MA AS QUICKLY AS POSSIBLE WHEN THEY WALK UP TO THE FRONT DESK WITH THE PATIENT

ASK MAs QUESTIONS IF THEY DO NOT PROVIDE INFORMATION, SUCH AS RIGHT, LEFT, ANKLE, 1ST DIGITS, WHICH DR THEY NEED TO SEE, ETC..

*SCHEDULING:

SCHEDULE NEW PATIENTS HEAVIER IN THE MORNING SINCE THERE ARE MORE ASSISTANTS.
ALWAYS CHECK WITH WENDY OR A DOCTOR BEFORE YOU ADD A PATIENT FOR THE PRESENT DAY AND/OR IN AN EMERGENCY.
SPACE THE NEW PATIENTS AS MUCH AS POSSIBLE TRY FOR AT LEAST 15MIN A PART
WEST SIDE: (2ND THURSDAY OF EACH MONTH)
WE BEGIN AT 2P END WITH LAST PATIENT AT 3:30PM
ONLY SCHEDULE APPOINTMENTS OF:
DEBRIDEMENT
FOLLOW UP ON INGROWNS
NEUROMA
CALLOUSES
WARTS
PICK UP OF SHOES AND ORTHOTICS
ALL OTHER APPOINTMENTS MUST GO TO CENTRAL OR SOUTH
NO XRAYS AT WEST

*PRE OP PATIENTS:
THESE APPOINTMENTS ARE ONLY SCHEDULED AT CENTRAL OFFICE (933 N TOPEKA) WITH LINDA.
INCLUDE WHAT TYPE OF SURGERY, RIGHT OR LEFT
ALWAYS EMAIL LINDA AFTER SCHEDULING PRE OP SO SHE WILL KNOW WHAT DAY AND TIME

*CONSULTS:
BE SURE TO SCHEDULE ON DR. BASSI’S SCHEDULE

*SCHEDULE FOR SHOE PICK UP: SHOES CAN BE SCHEDULED WITHOUT A DOCTOR. JUST MAKE SURE AN MA WILL BE AVAILABLE
LOOK IN LYTEC FOR NEXT APPOINTMENT, IF THERE IS NOT ONE CALL PATIENT AND SCHEDULE
SCHEDULE AS QUICKLY AS POSSIBLE

SCHEDULE ALL APPOINTMENTS AS CLOSE AS POSSIBLE TOGETHER; THIS CAN BE DONE BY NOT OFFERING TOO MANY CHOICES TO THE PATIENT
DO NOT HESITATE TO ASK WENDY OR EITHER DOCTOR WHEN YOU ARE IN DOUBT OF THE SCHEDULE

*CALLING TO CONFIRM APPOINTMENTS THE DAY BEFORE:
TAKE A MOMENT TO LOOK AT THE SCHEDULE. YOU MAY BE ABLE TO MOVE PATIENTS UP AND POSSIBLY ADD MORE PATIENTS OR LIGHTEN A HEAVIER SCHEDULE

**MUST CONFIRM:** OFFICE LOCATION, TIME, AND DOCTOR

WHEN WE HAVE CANCELLATIONS THE APPOINTMENT MUST BE MOVED OVER INTO THE SURGERY (SX) COLUMNS. DO NOT DELETE THE APPOINTMENT. ALSO A BLANK NOTE MUST BE ENTERED INTO PATIENTS CHART IN MEDINOTES AS TO WHY THE PATIENT CANCELED

**DAILY TASKS:**

- ANSWER PHONE
- GREET PATIENTS
- SCHEDULE PATIENTS
- COLLECT MONEY FOR: CO PAYS, OTC ITEMS, OR ACCOUNT PAYMENTS
- KEEP DAILY PAYMENT SHEET WITH CORRECT INFORMATION
- SCAN: ALL SCANNING WILL BE FINISHED BEFORE GOING HOME
- WELCOME LETTERS EMAILED TO NEW PATIENTS OR PRINT OUT NEW PATIENTS LETTERS
- PRINT PRIMARY CARE PHYSICANS LETTERS ARE PRINTED FOR:
  (A) NEW PATIENTS
  (B) AS NEEDED PER OUR DOCTORS REQUEST
  (C) ANY TESTING WE PERFORM OR SEND PATIENT OUT FOR A PROGRESS LETTER TO PRIMARY CARE PHYSICIAN (PCP)
  WILL BE PRINTED AND SENT OUT
- THESE LETTERS TO PCP MAY INCLUDE:
  - ULTRASOUND
  - GAITSCAN
  - VPT
  - ABI
  - BIO RESULTS (after they are read to the patient)
  - MRI
  - CVI
  - HOSPITAL CONSULT
OTHER DAILY DUTIES MAY INCLUDE:
FAX
COPY
MAIL
MARKETING
MAINTAIN COPIER i.e.: load paper, toner, ink, etc…
UPDATE PATIENT INFORMATION
CHECK CURRENT REFERRALS FOR PATIENTS
CALL TO CONFIRM APPOINTMENTS AT ALL OFFICES FOR THE NEXT DAY
PREPARE SCHEDULE WITH CO PAY INFORMATION AND PRINT FACE SHEET AND MED LISTS THAT NEED UPDATED
PHONE QUESTIONS
ARE YOU A NEW OR EXSITING PATIENT
WHICH OFFICE WOULD YOU LIKE YOUR APPT

NEW PATIENT QUESTIONS:
• FIRST AND LAST NAME
• ADDRESS
• PHONE NUMBER: HOME AND/OR BEST ONE TO CALL TO CONFIRM APT
• DOB OF PT
• PRIMARY INSURANCE
• INSURANCE ID#
• GROUP #
• INSURANCE CUSTOMER SERVICE OR ELIGIBILITY PHONE NUMBER
  IF PATIENT IS NOT INSURANCE HOLDER: NAME AND DOB OF INS HOLDER
• SECONDARY INS
• INSURANCE ID#
• GROUP #
• INSURANCE CUSTOMER SERVICE OR ELIGIBILITY PHONE NUMBER
  IF PATIENT IS NOT INSURANCE HOLDER: NAME AND DOB OF INS HOLDER
• EMAIL ADDRESS
• EMPLOYER
• PRIMARY CARE PHYSICIAN
• REASON(S) WHY PT IS COMING IN:
  Is this a new condition from last visit?  Y OR N
• WHICH FOOT:  L OR R
• DIABETIC  Y OR N
  DOES PT HAVE AN ULCER (OPEN WOUND)  Y OR N
  IS THERE DRAINAGE ON SOCKS  Y OR N
  RAW SKIN EXPOSED  Y OR N
  BLACK SKIN OR BLACK SPOTS  Y OR N
  NEEDS NAILS TRIMMED (DEBRIDEMENT)  Y OR N
  DOES THE PATIENT NEED/WANTS TO ORDER SHOES  Y OR N
• INGROWN  Y OR N
  IF YES: IS THERE DRAINAGE, HOT TO THE TOUCH, RED, SWOLLEN, FEVER, HOW LONG
• PAIN IS WHERE:
  IN HEEL  Y OR N
  ARCH  Y OR N
  BALL OF FOOT  Y OR N
  TOES  Y OR N
• IF YES WHICH TOE(S) (1ST, 2ND, 3RD, ETC…. DIGITS) WHERE ON THE TOE(S)
• BOTTOM, SIDE, TOP
• WHAT KIND OF PAIN:
  THROBBING  Y OR N
  DULL  Y OR N
  ALL DAY  Y OR N
  FIRST THING IN THE AM  Y OR N
  WARTS  Y OR N
  CORNS  Y OR N
  CALLOUS  Y OR N
• DURATION:
• DR OFFICE CALLING OR REFERRAL DEPT  Y OR N
  Be sure to get name of Dr Office they are calling from
• PT CAN PRINT OFF NEW PATIENT PAPERWORK AT CKPA.NET; OR SEND OUT A WELCOME LETTER VIA EMAIL
• OR SEND IT TO THE PATIENT IN THE MAIL (REQUIRES GETTING AN ADDRESS FROM THEM)