

# **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:

ACCKNOWLEDGE 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, 1<sup>ST</sup> DIGITS, WHICH DR THEY NEED TO SEE, ETC..

**\*SHEDULING:**

**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 PHYSICAN (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 ELIGIBITLY **PHONE NUMBER****  
IF PATIENT IS NOT INSURANCE HOLDER: NAME AND DOB OF INS HOLDER
- **SECONDARY INS**
- **INSURANCE ID#**
- **GROUP #**
- **INSURANCE CUSTOMER SERVICE OR ELIGIBITLY **PHONE NUMBER****  
IF PATIENT IS NOT INSURANCE HOLDER: NAME AND DOB OF INS HOLDER
- **EMAIL ADDRESS**
- **EMPLOYER**
- **PRIMARY CARE PHYSICAN**
- **REASON(S) WHY PT IS COMING IN:**

<b>Is this a new condition from last visit?</b>	<b>Y OR N</b>
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- **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) (1<sup>ST</sup>, 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](http://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)**