

204 Professional Court
Calhoun, GA 30701

AGC Pediatrics, LLC

7311 Fairmount Hwy
Calhoun, GA 30701

100 Market Place Blvd.
Suite 201
Cartersville, GA 30103

Performance Standards

Employee's Name _____

NEW HIRE

Location _____

90 DAY REVIEW

Date of Hire _____

YEARLY REVIEW

Supervisor's Name _____

Under the direct supervision of the Nursing Supervisor and Office Manager or his/her designee, the Front Office Clerk/Patient Representative will assist in coordinating and providing quality patient-focused care in the clinic. He/ she will be responsible for identified business affairs functions within the clinic and duties including, but not limited to:

- Receiving and greeting all patients and visitors
- Pre-registration, registration and maintenance of the patient's records
- Up-dating patient information at EACH office visit
- Verifying Insurance coverage, Private and State funded
- Collecting co-payments and any other money's due
- Balancing receipts and Close of day report
- Ordering supplies and forms for Front office Area
- Communicate effectively with patients and staff
- Practices within clinic guidelines, promotes teamwork, and patient satisfaction
- Uphold patient confidentiality at all times, according to HIPAA guidelines

Training/Evaluation Due Date: _____

Training/Evaluation Completion Date: _____

Trainee Initials: _____

Standards: 2= Exceeds 1= Meets 0= Needs Improvement

| SELF EVALUATION RATING | EVALUATOR'S RATING SCORE | |
|------------------------|--------------------------|--|
| | | <i>EVIDENCE/RESPONSIBILITIES OF STANDARD COMPLIANCE</i> |
| | | PROMPTLY GREETES AND SPEAKS TO WHOM EVER IS WALKING THROUGH THE DOOR |
| | | INTERVIEW PATIENT/CAREGIVER FOR PERSONAL HISTORY AND INSURANCE DATA |
| | | MAINTAIN ORDERLY PATIENT FLOW, KEEPING PATIENT/CAREGIVER INFORMED OF DELAYS OR SCHEDULE CHANGES, RESPONDING TO REQUEST FOR INFORMATION |
| | | DEMONSTRATES RECOGNITION OF EMERGENCY CODES, CONSISTENTLY IMPLEMENTS AGE APPROPRIATE EMERGENCY PROCEDURES |
| | | FILLS IN INFORMATION REQUIRED AT CHECK-IN FOR BILLING DEPT. |

| SELF EVALUATION RATING | EVALUATOR'S RATING SCORE | |
|------------------------------|--------------------------------|---|
| | | <i>DOCUMENTATION AND COMMUNICATION</i> |
| | | OBTAINS UP TO DATE INSURANCE INFORMATION |
| | | VERIFIES THAT INSURANCE IS ACTIVE AND CORRECT |
| | | DEMONSTRATES KNOWLEDGE OF CO-PAYS AND COLLECTS AT TIME OF SERVICE |
| | | OBTAINS PROPER DOCUMENTS IN MEDICAL RECORDS AND BILLING SYSTEM |
| | | OBTAINS UP DATES TO PATIENT CHARTS AT EACH VISIT |
| | | DEMONSTRATES PRACTICES TO KEEP ALL MEDICAL RECORD INFORMATION PROTECTED AND CONFIDENTIAL |
| | | MAINTAINS PATIENT CHARTS IN APPROPRIATE FORMAT ONGOING AND ENSURES THAT ALL REQUIRED INFORMATION IS AVAILABLE PRIOR TO SCHEDULED APPOINTMENT |
| | | ENSURES THAT DOCUMENTS, FAXES, MEDICAL RECORDS, REFERRALS AND ANY OTHER PATIENT DOCUMENTS ARE SCANNED INTO PATIENT CHART AND ASSIGNED TO APPROPRIATE PERSON |
| | | ENSURES THAT MEDICAL REQUEST ARE COPIED AND MAILED IN A TIMELY MANNER |
| | | IMMUNIZATION REQUEST ARE MAINTAINED AND MADE AVAILABLE WITHIN 48-72 HOURS AFTER REQUEST |
| | | RETURN APPOINTMENTS ARE MADE AND APPOINTMENT CARDS ARE GIVEN |
| | | APPROPRIATELY THANKS PATIENT AT CHECK OUT AND PROMOTES POSITIVE CUSTOMER RELATIONS |
| | | FOLLOW DEPARTMENT POLICY FOR CASH MANAGEMENT RECORDS PAYMENT RECEIVED |
| | | CONDUCTS DAILY INVENTORY AND MAINTENANCE OF ADEQUATE SUPPLY OF SUPPLIES AND FORMS |
| | | REVIEWS FORMS FOR PHYSICIAN'S SIGNATURE. ORGANIZES ALL REPORTS, RECORDS, FORMS, LETTERS, AND OTHER DOCUMENTS AND MAKES SURE THEY ARE SCANNED INTO APPROPRIATE CHART |
| | | DISTRIBUTES DAILY PERSONAL RECEIPTS TO CORRECT PATIENT'S ACCOUNT THE DATE RECEIVED |
| | | CONSISTENTLY MAINTAINS OFFICE HOURS AND PROMPTLY NOTIFIES PUBLIC OF ANY VARIANCE |
| | | RECONCILES DAILY CASH AND PREPARES DAILY REPORT ENSURING THAT ALL FINANCES ARE HANDLED ACCORDING TO POLICY AND PROCEDURE |
| | | DEMONSTRATES ABILITY TO COMMUNICATE WITH PATIENTS REGARDING BILLING QUESTIONS COURTEOUSLY AND PROMPTLY TO THE SATISFACTION OF BOTH PARTIES |
| | | DEMONSTRATES CLEAR CONCISE COMMUNICATIONS ABOUT PATIENT INFORMATION TO MEMBERS OF THE HEALTH CARE TEAM |
| | | <i>SAFETY</i> |
| | | ADHERES TO POLICY AND PROCEDURES FOR INFECTION CONTROL AND FACILITY SAFETY IN ACCORDANCE WITH REGULATORY GUIDELINES |
| | | DEMONSTRATES ABILITY TO FOLLOW CLINIC FIRE PLAN |
| | | <i>EDUCATION</i> |
| | | COMPLETES ALL MANDATORY PROGRAMS ANNUALLY |
| | | COMPLETES DEPARTMENTAL AND CLINIC WIDE COMPETENCY EVALUATIONS |
| | | <i>PROFESSIONALISM</i> |
| | | DEMONSTRATES AGREEMENT AND BEHAVIORS CONSISTENT WITH THE CLINIC PHILOSOPHY, MISSION, GOALS, POLICY AND PROCEDURES |
| | | DEMONSTRATES BEHAVIORS THAT PROMOTES POSITIVE CUSTOMER RELATIONS WITH PROVIDERS, MANAGEMENT, STAFF, PATIENT AND VISITORS |
| | | FOLLOW PATIENT'S RIGHT POLICIES AT ALL TIMES |
| | | COMES TO WORK AS SCHEDULED AND CONSISTENTLY DEMONSTRATES DEPENDABILITY AND PUNCTUALITY. |

| SELF EVALUATION RATING | EVALUATOR'S RATING SCORE | |
|------------------------|--------------------------|---------------------------|
| | | <i>WORK ETHICS</i> |
| | | ATTENDANCE |
| | | CHARACTER |
| | | TEAMWORK |
| | | APPEARANCE |
| | | ATTITUDE |
| | | PRODUCTIVITY |
| | | ORGANIZATIONAL SKILLS |
| | | COMMUNICATION |
| | | COOPERATION |
| | | RESPECT |
| | | INITIATIVE |

COMMENTS _____

 EMPLOYEE'S SIGNATURE

 DATE

 EVALUATOR'S SIGNATURE

 DATE