

PEDIATRIC DENTIST

Dental Receptionist Manual

Note: The following policies and procedures comprise general information and guidelines only. The purpose of these policies is to assist you in performing your job. The policies and procedures may or may not conform with Federal, State and Local laws, rules and regulations and are not offered here as a substitute for proper legal, accounting or other professional advice for specific situations.

Prior to implementing any of these suggestions, policies or procedures, you should seek professional counsel with your attorney, accountant and/or the appropriate governing or licensing board or any other applicable government body for a full understanding of all appropriate laws, rules, procedures or practices pertaining to your healthcare discipline or business activities.

TRAINING MANUAL INFORMATION

READ FIRST

The purpose for this General Policy Manual is to help you understand and use the basic policies needed to be an effective part of our dental team.

Our reasons for giving you this training manual are threefold:

1. To provide written policies and procedures relating to your job functions.
2. To ensure you have a resource for correcting or adding to the written exam questions (since we only accept 100%)
3. To provide you with a future reference. We do not expect you to memorize all of the policies relating to your job. But, we do expect you to refer back to the appropriate written material and review it on your own as well as with your supervisor.

When you have finished reading the policies in this manual, please see your supervisor for the written exam. When you have finished the exam, you will refer back to the appropriate policy in an open book style to change or add to your answers until your supervisor is satisfied every question and each “active procedure” has been successfully executed without error.

Ultimately, we expect that your complete review of this manual will help you understand and use the general policies and communication vehicles of our office.

HOW TO EDIT YOUR MANUALS

As you might imagine, creating these manuals was quite an undertaking. We knew that no single manual would apply to every practice, since each doctor has a unique personality and management style. Over the years, we updated the manuals with both ideas from our clients and emerging techniques.

The resulting contents provide detailed policies and procedures that will significantly reduce your administrative efforts. You may choose to leave the contents in the original form or to adapt the contents to meet your specific style.

Once you have reviewed the manuals and personalized the contents, you will have a solution for competently dealing with the majority of employee-related concerns in your dental office. You'll also have written documentation to consistently support each situation, which will alleviate you from continually rendering opinions.

We recommend you (or your designee) print the manuals and place them in a notebook binder. Then, review each policy and make edits as needed. For example, you may want the phone answered differently than the wording in our script or you may not want to include "Paid holidays." In these instances, simply draw a line through the corresponding contents (use red or blue ink so it's easy to see) and then draw an arrow to the new text that you want included. If there is a policy that does not apply to your practice, simply draw an X through the whole policy and write "delete" in bold letters across the appropriate section.

When the editing is complete, input the changes into the original Microsoft Word file and save. You can then print as many copies as you need and make changes in the future as necessary.

In addition to the detailed information in our manuals, we suggest you retain other relevant handbooks and references that are essential to managing your practice (e.g., equipment manuals, software guides, etc.) All manuals and guides should be stored together in an easily accessible area of your office for quick reference.

TABLE OF CONTENTS

| | |
|---|-----------|
| JOB RESPONSIBILITY | 6 |
| SETTING THE ANSWERING MACHINE..... | 7 |
| RETRIEVING MESSAGES | 8 |
| BACKUP AND LOG-IN TECH | 9 |
| COMMUNICATION..... | 10 |
| NEW PATIENT CALL-IN DIALOGUE | 11 |
| NEW PATIENT CALL-IN FORM | 13 |
| PATIENT FLOW | 15 |
| ANSWERING INCOMING CALLS..... | 16 |
| ROLE PLAYING AND PROCEDURE DRILLS | 17 |
| CALLING IN PRESCRIPTIONS | 18 |
| PRESCRIPTION NEEDED FORM | 19 |
| HANDLING PRICE SHOPPERS..... | 20 |
| EMERGENCY CALL-IN FORM..... | 23 |
| NEW PATIENTS WHO REQUIRE PRE-MEDICATION..... | 24 |
| SAMPLE PRESCRIPTION FOR A PATIENT WHO IS ALLERGIC TO PENICILLIN..... | 25 |
| HANDLING THE ESTABLISHED PATIENT..... | 26 |
| HANDLING THE NEW PATIENT | 27 |
| PATIENT REGISTRATION FORMS..... | 28 |
| SAMPLE NEW PATIENT REGISTRATION PAPERS..... | 29 |
| CREATING NEW PATIENT CHARTS | 30 |
| SAMPLE NEW PATIENT CHART..... | 31 |
| SAMPLE ACCOUNT FOLDER..... | 32 |
| ROLE PLAYING AND PROCEDURE DRILLS | 33 |
| PATIENT INFORMATION | 35 |
| CONTACT NOTES..... | 36 |
| KEEPING THE SCHEDULE ON TIME..... | 37 |
| ENCOURAGING PATIENT REFERRALS..... | 38 |
| SAMPLE PATIENT REFERRAL CARD | 39 |
| PATIENT TESTIMONIALS | 40 |
| SAMPLE PATIENT TESTIMONIAL | 41 |
| SAMPLE LETTER SENT TO PATIENT ABOUT WRITING A TESTIMONIAL | 42 |
| TRACKING THE NEW PATIENT REFERRAL SOURCE | 43 |
| SAMPLE NEW PATIENTS WEEKLY REPORT | 44 |
| YEAR TO DATE REFERRAL REPORT | 45 |
| SAMPLE YTD REFERRAL SOURCE REPORT | 46 |
| GIFTS FOR PATIENT REFERRALS | 47 |
| GIFTS FOR REFERRALS THAT REQUIRE EXTENSIVE TREATMENT PLANS ... | 48 |
| THANK YOU FOR THE REFERRAL LETTERS..... | 49 |
| SAMPLES OF THANK YOU LETTERS..... | 50 |

STAFF MEETING AGENDAS 51
OFFICE SUPPLY PURCHASING AND BUDGET 52
RECORD RELEASE AUTHORIZATION FORM..... 53
SAMPLE RECORD RELEASE AUTHORIZATION FORM 54
MAIL DISTRIBUTION 55
PATIENT MAIL RETURNED WITH NO FORWARDING ADDRESS 56
MAINTAINING THE POSTAL METER..... 57
OFFICE APPEARANCE 58
TREATMENT PLAN SHEETS..... 59
SAMPLE TREATMENT PLAN SHEETS..... 60
X-RAYS..... 61
RECEPTIONIST DAILY CHECKLIST 62
RECEPTIONIST WEEKLY CHECKLIST 64
ROLE PLAYING AND PROCEDURE DRILLS 65
FINAL EXAM..... 67
ATTEST 70
APPRENTICESHIP CHECKLIST 71

© CPC 2016

JOB RESPONSIBILITY

The responsibility of the Receptionist is to professionally greet all patients whether on the phone or in person, ensure all forms are properly filled out, and direct patients to the treatment area as quickly as possible.

In addition, the Receptionist must effectively receive and route all communications to the staff and dentists.

© CPC 2016

SETTING THE ANSWERING MACHINE

Before leaving each evening, it is the Receptionist's responsibility to turn on the answering machines using the steps below:

1. Activate the machine for the doctor who is on call for that evening or weekend.
2. Press the on/off button to turn the answering machine on.

© CPC 2016

RETRIVING MESSAGES

As one of the first duties each morning, the Receptionist is to turn off the answering service and retrieve the messages using the steps below:

1. Press play for the machine that was on.
2. Each message will play individually. There is a pause between messages.
3. After obtaining the caller's name, the nature of the call and return number, delete the message.

© CPC 2016

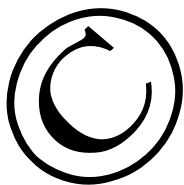
BACKUP AND LOG-IN TECH

The Receptionist is responsible for changing the backup tape each day. The server is located in Dr. [name]'s office. Dr. [name] is in charge of the computer. When Dr. [name] arrives in the morning, he will log on to verify there were no errors. If no errors have occurred, the Receptionist will need to change the tape using the following steps:

1. Press the eject button next to the tape insert area.
2. Insert a new tape labeled for that day of the week.

All tapes are labeled Monday through Friday. These tapes are kept in the black bag.

Any questions regarding hardware or the network are to be directed to Dr. [name]. Any software questions are to be directed to the dealer of that particular software – _____ Support = memory #111.



CPC

2016

COMMUNICATION

The telephone may never ring more than three times before being answered. If you are on another line or otherwise engaged the Accounts Manager or Treatment Coordinator will help answer the phone. There are telephones throughout the office, so if you are somewhere other than the front desk when the phone rings, you may answer it on any of these phones and place the caller on hold until you return to the front desk.

Before transferring a call to the appropriate person, obtain the caller's name, reason for calling and their phone numbers (home/work/mobile). If the caller is an active patient, pull the patient's chart before transferring the call. If the caller is a new patient, fill out the "New Patient Call-In Form" using the appropriate dialogue. Since we have another employee designated as the Scheduling Coordinator whose main responsibility is ensuring our appointment book is effectively scheduled, transfer all new patient calls to her unless she is on the phone with a patient. In that situation, transfer the new patient call to the Treatment Coordinator or Accounts Manager. If you are on the phone taking new patient information, you won't be able to efficiently deal with other calls and patients coming in to the practice.

The Receptionist is the coordinator between the front and back office; and, therefore must be exact when relaying information. The best method for relaying messages is in writing.

Always be aware of the schedule. Know which patients will be arriving next, who is in the waiting room, who is in the back, how long they have been in the office, etc. Walk through the office occasionally to **briefly** talk to patients who are waiting to maintain good communication and ensure everything is going well. If you spot a problem, handle it yourself or request assistance from someone who can deal with it immediately.

This high awareness of the schedule and office activities is essential to our ability to deliver high quality dental care, swiftly and efficiently.

NEW PATIENT CALL-IN DIALOGUE

You will be the first contact new patients have with our office. Your voice is the first one they will hear. The way you handle yourself over the phone, as well as at the front desk, is key to getting and keeping new patients.

The following is a general script for a new patient call:

REC: "Good morning. Dr. [name]'s Family Dentistry. This is _____ . May I help you?"

Patient: "I'd like to make an appointment to see the doctor."

REC: "Great! What is your name, please?"

Patient: "John Smith"

REC: "Thank you. Mr. Smith, when was the last time you were in to see the doctor?" (This isolates new patient from former patient without offending.)

Patient: "Never."

As soon as you determine the patient is a new, get a New Patient Call-In Form and fill out the top portion.

REC: "May I please have your home, work or mobile phone number?"

Patient: "Home is 332-8031. Work is 324-3246. Mobile is 324-4424."

REC: "Thank You. Which of these numbers would you like us to use as your primary contact?"

Patient: "Mobile."

REC: "Great! How did you hear about our office?"

If he/she was referred by another patient, say something nice about the referring patient ("Betty referred you? She's an awesome person, I think you're the third person she's referred this month!"). Make sure whatever remark you make is sincere and not phony.

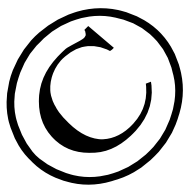
REC: "When was the last time you saw a dentist?"
(Let patient respond.)

REC: "Are you having any problems with your teeth now?"
(Let patient respond.)

REC: "Do you have dental insurance?"

If no, explain our prices for the initial visit. Then pass the patient to the Scheduling Coordinator.

If yes, then tell the patient how we handle the insurance in our office, fill out the insurance section of the New Patient Walk-In Form, and pass the call to the Scheduling Coordinator to schedule the appointment.



CPC 2016

NEW PATIENT CALL-IN FORM

DATE CALLED _____ APPT. DATE & TIME _____

PATIENT NAME _____

IF PATIENT IS A CHILD, PARENT'S NAME _____

HOME PHONE _____ WORK PHONE _____

HOW DID YOU HEAR ABOUT OUR OFFICE? _____

WHEN WAS THE LAST TIME YOU SAW A DENTIST? _____

ARE YOU HAVING ANY PROBLEMS WITH YOUR TEETH NOW? _____

DO YOU HAVE DENTAL INSURANCE? _____

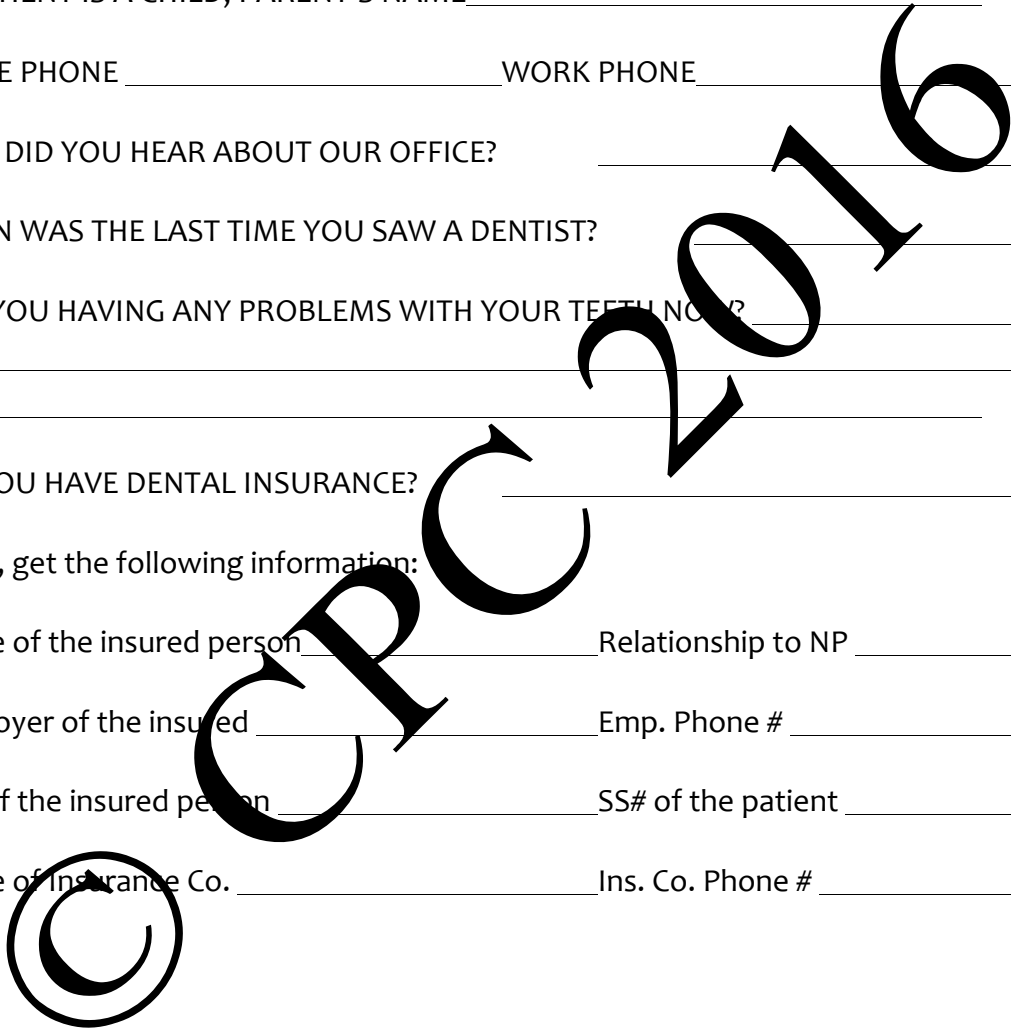
If yes, get the following information:

Name of the insured person _____ Relationship to NP _____

Employer of the insured _____ Emp. Phone # _____

SS# of the insured person _____ SS# of the patient _____

Name of Insurance Co. _____ Ins. Co. Phone # _____



ACCOUNTS MANAGER: Verifies benefits and fills out before NP arrives.

Name of Insurance Company Rep. _____

Effective Date: _____ Max. benefits/year _____

Deductible Amount _____ Has ded. been met? _____

Does deductible apply toward preventative? _____

Percentage covered after deductible for-

Preventative _____ Basic _____ Major _____

Endodontics _____ Periodontics _____

Frequency of Cleanings: (check one) Two cleanings/year _____

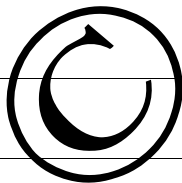
Once every six months _____ Two cleanings within 12 consecutive months

Date of last cleaning _____ Date of last Full Mouth X-Ray _____

Do you replace teeth missing prior to effective date of coverage? _____

Benefits left for the year? _____

Other comments: _____

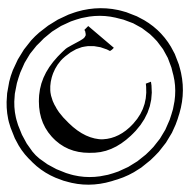


CPC 2016

PATIENT FLOW

Checking the flow of patients through our office is a constant job for the Receptionist. From the time a patient walks through the front door until he/she walks out, you should know where the patient is located. This duty can sometimes be a challenge, because you are checking patients in, answering phones, etc. However, this is your #1 priority. **Patients do not like waiting in a dental office** and maintaining proper flow through the office will ensure that the schedule is followed as closely as possible.

Clear, concise communication between the doctor, Hygienist, assistants, and administrative personnel is vital in maintaining smooth, efficient flow through our office.



© CPC 2016

ANSWERING INCOMING CALLS

The phone may lead you in a number of different directions. Business calls should be forwarded to the appropriate staff member (questions regarding insurance, accounts, collections would go to the Accounts Manager, etc.)

When a patient calls the office and is in pain, you will need to fill out an Emergency Call-In Sheet. Complete the form by filling in the answers as you go. Following are some of the questions you will be asking:

1. "When was the last time you saw Dr. [name]?" This response will tell you if you are dealing with a new patient, an old patient who has been inactive, or an active patient. If the patient already has a chart, pull it from the files. Also, be sure to check the patient's account.
2. "How long have you been in pain?"
3. "What type of pain are you experiencing (have the patient describe the pain)?" If it is a dull ache, the patient can usually wait until we can fit him/her into the schedule. If the pain is sharp, excruciating, throbbing, etc., the patient should be worked into the schedule ASAP (the same day). True emergency patients will come at any time you give them. Patients wanting quick appointments of convenience will usually give you the "run around" regarding what time they can make it into the office.

If an active patient calls the office for a prescription, follow the policy "CALLING IN PRESCRIPTIONS."

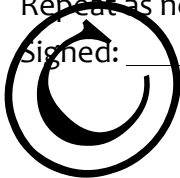
Employees receiving incoming personal calls should not be interrupted unless it is a **true emergency**. All messages will be documented on a "phone message" form and placed in the employee's mailbox. The employee may then return the call during lunch or a break.

The following calls may be put through to the doctor **if** he is not in the middle of a procedure; other doctors, emergency calls from family, and labs (in some cases). Take a message for non-emergency personal calls, patients who do not have an emergency or aren't upset, sales people and other business personnel.

ROLE PLAYING AND PROCEDURE DRILLS

Information: The following procedures are to be repeated as many times as necessary until you can complete each one correctly and with confidence. This is not a test. The purpose of role-playing and going over these procedures is to help you develop accuracy and professionalism in your skills. The only way to develop a high level of skill is with practice and more practice. Therefore, all of the procedures need to be approved by a qualified employee, Office Manager or Dentist by signing their name on the line under the applicable role-play or procedure drill.

1. Memorize the first paragraph in the policy titled "Job Responsibility". Have a qualified employee confirm you know it word for word.
Signed: _____
2. Even though you will be passing new patient calls to the Scheduling Coordinator, it is important for you to be trained on some of the other front desk duties whether it is in your job description or not. Role-play with a qualified employee, scheduling a new patient using the New Patient Call-In form. Repeat as necessary until you can do so with confidence.
Signed: _____
3. Role-play with a qualified employee, the appropriate questions to ask a "patient in pain" according to our procedure "Answering Incoming Calls."
Repeat as necessary until you can do so with confidence.
Signed: _____



CALLING IN PRESCRIPTIONS

Sometimes a patient will call in for a prescription.

After it is determined that the person calling is an established patient who may need a prescription, fill out a "Prescription Needed" Form (see the following page for a sample). Fill in the patient's name, last treatment rendered, known allergies, type of pain, how long in pain, and any other pertinent patient complaints. Then, get the name and phone number of the drugstore he/she uses. If he/she doesn't know the phone number, then get the location and/or street name.

Next, pull the patient's chart and take it and the Prescription Needed Form to the doctor. Let the doctor read the form. Either hand it to him or hand it for him to read, depending on what he is doing at the time. The doctor can then either write down the prescription himself or dictate it to you.

Call the pharmacy with the prescription. Be sure to have the doctor's DEA number on hand in case it is needed.

Be sure to document the prescription given (type of drug, how much dispensed, how to take it, refills, etc.) on the Treatment Rendered sheet in the patient's chart. Also indicate the drug store and phone number.

When complete, call the patient to let him/her know the prescription has been called in. Tell the patient to call us if they have not seen an improvement in two days or if they have any problems taking the medication.

If someone who has never been to our office calls for a prescription, that person must come in for an exam before we can prescribe anything. We will **never** prescribe medication to someone we know nothing about and who has never been in our office.

PRESCRIPTION NEEDED FORM

PATIENT NAME _____ DATE _____

KNOWN ALLERGIES _____

LAST TREATMENT RENDERED _____


TYPE OF PAIN _____

HOW LONG IN PAIN _____

OTHER PATIENT
COMPLAINTS _____

PHARMACY NAME AND PHONE# _____

PRESCRIPTION _____

DOCTOR'S DEA # _____


CPC 2016

HANDLING PRICE SHOPPERS

You are the first contact new patients have with our office. If mishandled, this contact could be their last. It could also result in bad word of mouth by a person who has never even been to our office.

The importance of effective and professional handling of an initial phone call from a new patient cannot be over emphasized. You **are** the first impression, so ensure you give a good impression to everyone, especially **new patients**. All phone calls are important and must be handled professionally. However, the new patient call is especially important.

There can be pain connected with dentistry (e.g., the needle, drill, etc.) None of us can change that, but we can recognize this as one of the "main reasons" most people do not see the dentist regularly. Knowing this we can help people get into the office by understanding and empathizing, but not agreeing with the "so called" reasons they cannot make or keep their appointments.

Price shoppers will call and ask what we charge for fillings, extractions, cleanings, crowns, etc. It is a well surveyed fact that "price" is not the number one determining factor in why people will or will not have their dental work done. The number one reason people will choose to have their dentistry done is - **friendliness of staff and doctor!**

What we must overcome is most patients' "fear of dentistry." It is extremely important to make each patient feel as comfortable and welcome as possible. The following is one example of how to get the price shopper scheduled.

Rec: "Good morning, Dr. [name]'s Family Dentistry, this is _____. May I help you?"

NP: "How much do you charge for a cleaning?"

Rec: "I'll be happy to explain our fees, but first could you give me your name?"

NP: "George Smith."