

**MASON CITY CLINIC**  
**Job Description**

**Job Title:** Receptionist/Patient Coordinator

**FLSA Status:** Nonexempt

**Job Code:**

**Employee Group:** Non-Management

**Department:** Reception

**General Summary:**

Under general supervision and according to prescribed procedures, greets patients, prepares necessary forms, and collects completed forms. Following prescribed procedures, orders medical record charts, prepares for appointments, add appropriate forms to patient charts. Uses the computer system to order radiology work, verify and update patient data, and schedule appointments. Performs various clerical duties such as answering telephones, recording messages, preparing physician schedules, copying materials, typing forms, files records, and the like.

**Principal Duties and Responsibilities:**

1. Greets patients, customers and families to the department in a positive and helpful manner. Provides directions, information, and other assistance as needed.
2. Provides necessary forms to patient for completion and signature, reviews same for accuracy, and notifies physician and/or staff that patient is ready. Keep patients informed to physician delays.
3. Answers telephone calls, screens and records messages for physicians and department personnel, pages physicians according to department guidelines.
4. Schedules patient appointments, and revises patient schedules for cancellations and so forth. Reviews schedules for accuracy and completion. Prepares appointment schedules periodically or as requested in order to provide physicians with accurate list of ensuing patient workload.
5. Obtains demographic information to effectively schedule appointments, to include insurance information and primary care referral approval when needed.
6. Schedules patients for follow-up appointments, out-patient procedures, lab, radiology, moderately complex surgical procedures and/or appointments in other departments and clinics. Provides patients with basic information on preps, waiver form requirements, referral physicians and other facilities for further care.
7. Completes written orders for required facilities with proper documentation to include payable diagnosis and proper referrals. Insurance referral requirement for further treatment plan approval, depends on insurance requirements.
8. Listens to patient complaints or concerns, resolves when possible or notifies appropriate person to assist in resolving problem.
9. Schedules depositions, conference calls, and legal appointments for physicians. Coordinates with Administration and the Business Office to ensure space and prepayment paperwork is completed in advance.
10. Prepares out of town clinic bag to ensure charts, schedules, required equipment are available for physician. Coordinates with the satellite offices to ensure schedule accuracy. Coordinates schedule for new outreach clinics working with current clinics when re-arranging of the schedule is needed.

11. Orders medical records charts, prepares same for daily appointments, types various forms and labels, makes copies of material, and includes proper patient data in medical record charts in order to maintain necessary information.
12. Using the computer system, generates fee slips for appointments according to prescribed procedures, reviews fee slips information for accuracy, and updates and/or corrects information as necessary. Documents no show appointments as needed.
13. Maintains an adequate level of office supplies and necessary forms and orders office supplies from appropriate department in order to facilitate smooth department operations.
14. Maintains various logs of daily activities including physician vacations, meetings, and procedures, number of canceled appointments, patient count, and the like in order to prepare monthly tallies of operating activity.
15. Performs various clerical duties such as photocopying forms, reports and patient information, typing letters, forms, and labels, mailing and faxing forms, collecting payments and providing receipts, handling special requests by physicians, and other duties as assigned.

**Knowledge, Skills and Abilities Required:**

1. Interpersonal skills necessary in order to deal effectively and courteously with callers, patients and families, exchange patient related information with a variety of Clinic personnel, and interacts effectively with physicians. Interpersonal skills to manage conflict situations in a calm manner.
2. Ability to comprehend verbal and/or written orders from physicians. The ability to read or write in order to prepare medical records charts, generate and prepare fee slips, schedule appointments and diagnostic work. To perform simple arithmetic calculation when completing fee slips and activity logs at a level normally acquired through completion of high school or with previous medical experience.
3. Previous public or medical experience preferred.
4. Approximately three to six months on the job experience necessary in order to learn department and Clinic policies and procedures and order and update patient charts, to become familiar with department personnel and medical terminology.
5. Analytical skills necessary in order to schedule return appointments, laboratory and radiology orders and moderately complex procedures. The ability to compare diagnostic codes required for ordering certain procedures. Also, maintain logs of department activities, and prepare routine schedules and reports.
6. Basic knowledge of insurance types and guidelines to keep current with changes to effectively schedule and complete forms for appointments and/or procedures requiring insurance referrals.
7. Ability to concentrate and pay close attention to detail for approximately 75-80 percent of work time when reviewing patient data in computer system, entering appointments, scheduling appointments, reviewing patient dictation, screening messages, requesting charts and so forth.
8. Basic knowledge of keyboarding skills to effectively type on a computer terminal.
9. Knowledge of facility and surrounding facilities to assist or direct patients to other locations accordingly.

**Working Conditions:**

1. Works in a normal office environment where there are few, if any, physical discomforts due to dust, dirt, noise and the like.

**Reporting Relationships:**

Reports to the Front Office Operations Manager.

**Approvals:**

\_\_\_\_\_  
Department Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

The above is intended to describe the general content of and the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

Revised 7/17, 7/19, 3/20

**WORKING CONDITIONS AND PHYSICAL DEMANDS WORKSHEET**

**Job Title: Patient Coordinator**

**Department: various depts.**

**Date: 10/2010**

**1. Physical Activities**

| Activity  | Does Not Apply | Occasionally (8-10%) | Periodically (11-20%) | Frequently (21-50%) | Very frequently (51-80%) | Continuously (80% or more) |
|-----------|----------------|----------------------|-----------------------|---------------------|--------------------------|----------------------------|
| Balancing | X              |                      |                       |                     |                          |                            |
| Bending   | X              |                      |                       |                     |                          |                            |
| Climbing  | X              |                      |                       |                     |                          |                            |
| Crawling  | X              |                      |                       |                     |                          |                            |
| Crouching | X              |                      |                       |                     |                          |                            |
| Kneeling  | X              |                      |                       |                     |                          |                            |
| Reading   |                |                      |                       |                     |                          | X                          |
| Sitting   |                |                      |                       |                     |                          | X                          |
| Squatting | X              |                      |                       |                     |                          |                            |
| Standing  |                | X                    |                       |                     |                          |                            |
| Stooping  | X              |                      |                       |                     |                          |                            |
| Walking   |                | X                    |                       |                     |                          |                            |

**2. Lifting and/or Pushing and Pulling**

| Weight         | Does Not Apply | Occasionally (8-10%) | Periodically (11-20%) | Frequently (21-50%) | Very frequently (51-80%) | Continuously (80% or more) |
|----------------|----------------|----------------------|-----------------------|---------------------|--------------------------|----------------------------|
| 0-10 pounds    | X              |                      |                       |                     |                          |                            |
| 10-20 pounds   | X              |                      |                       |                     |                          |                            |
| 20-30 pounds   | X              |                      |                       |                     |                          |                            |
| 30-60 pounds   | X              |                      |                       |                     |                          |                            |
| Over 60 pounds | X              |                      |                       |                     |                          |                            |

**3. Carrying and/or Pushing Pulling**

| Weight         | Does Not Apply | Occasionally (8-10%) | Periodically (11-20%) | Frequently (21-50%) | Very frequently (51-80%) | Continuously (80% or more) |
|----------------|----------------|----------------------|-----------------------|---------------------|--------------------------|----------------------------|
| 0-10 pounds    |                | X                    |                       |                     |                          |                            |
| 10-20 pounds   | X              |                      |                       |                     |                          |                            |
| 20-30 pounds   | X              |                      |                       |                     |                          |                            |
| 30-60 pounds   | X              |                      |                       |                     |                          |                            |
| Over 60 pounds | X              |                      |                       |                     |                          |                            |

**4. Visual Activity**

| Level                    | Yes | No | Comment |
|--------------------------|-----|----|---------|
| Near Vision              | X   |    |         |
| Far Vision               | X   |    |         |
| Depth Perception         |     | X  |         |
| Fine Discriminate Detail |     | X  |         |
| Color Vision             |     | X  |         |
| Field of Vision          | X   |    |         |

**5. Auditory Activity**

| Level              | Yes | No | Comment |
|--------------------|-----|----|---------|
| Distinguish Sounds | X   |    |         |

|                   |   |   |  |
|-------------------|---|---|--|
| Distinguish Pitch |   | X |  |
| Distinguish Tone  |   | X |  |
| Hear Speech       | X |   |  |

6. Sensory Activity (Touch & Smell)

| Level                            | Yes | No | Comment            |
|----------------------------------|-----|----|--------------------|
| Distinguish Hot & Cold           |     | X  |                    |
| Distinguish Range of Temperature |     | X  |                    |
| Distinguish Surfaces             |     | X  |                    |
| Fine Motor Skills to Grasp       |     | X  |                    |
| Manual Dexterity                 | X   |    | Keyboarding skills |
| Detect Odors                     |     | X  |                    |
| Distinguish Odors                |     | X  |                    |

7. Verbal Activity

| Level        | Yes | No | Comment                           |
|--------------|-----|----|-----------------------------------|
| Make Sounds  |     | X  |                                   |
| Form Words   | X   |    |                                   |
| Speak Loudly | X   |    | Some patients are hard of hearing |
| Speak Softly | X   |    |                                   |

8. Mental Activity

| Activity  | Does Not Apply | Occasionally (8-10%) | Periodically (11-20%) | Frequently (21-50%) | Very frequently (51-80%) | Continuously (80% or more) |
|---|----------------|----------------------|-----------------------|---------------------|--------------------------|----------------------------|
| Performing detailed tasks (bookkeeping, transcribing, etc.) |                |                      |                       |                     |                          | X                          |
| Subjected to interruptions                                  |                |                      |                       |                     | X                        |                            |

|                                       |  |  |  |  |   |  |
|---------------------------------------|--|--|--|--|---|--|
| Subjected to changing work priorities |  |  |  |  | X |  |
|---------------------------------------|--|--|--|--|---|--|

9. Hazardous Conditions

| Activity   | Does Not Apply | Occasionally (8-10%) | Periodically (11-20%) | Frequently (21-50%) | Very frequently (51-80%) | Continuously (80% or more) |
|--|----------------|----------------------|-----------------------|---------------------|--------------------------|----------------------------|
| Exposure to marked changes in temperature & humidity | X              |                      |                       |                     |                          |                            |
| Exposure to electrical shock                         | X              |                      |                       |                     |                          |                            |
| Exposure to vapor, fumes & gases                     | X              |                      |                       |                     |                          |                            |
| Exposure to radiation                                | X              |                      |                       |                     |                          |                            |
| Exposure to infectious disease                       | X              |                      |                       |                     |                          |                            |
| Driving automotive equip.                            | X              |                      |                       |                     |                          |                            |
| Exposure to weather elements                         | X              |                      |                       |                     |                          |                            |