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| **Job Title: Call Center Patient Service Representative** |  | **Date: November 2015** |  |
| **Reports To: Call Center Supervisor** |  | **Department: Call Center** |  |
| **FLSA Status: Non-Exempt** |  | **Job Grade: 7** |  |
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| **Job Summary** | | | |
| Position requires medical/dental office knowledge and the ability to input data accurately into computer system. Must be detail oriented with good interpersonal and customer service skills. Assists/directs patients with questions and inquiries. Works under the daily supervision of the office manager. | | | |
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| Responsibilities and Standards | | | |
| * Obtains current patient information from established and new patients. * Accurately enters/updates patient information in practice management system. * Identifies payer source, verifies insurance eligibility, financial status and assigns correct pay type. * Accurately pre-screens medical/dental records. * Verifies insurance eligibility and obtains authorizations for dates of service. * Reviews Practice Management System for needed updated demographics and consent forms. * Schedules appointments. * Identifies patients by date of birth and name in computer system. * Creates new account if patient not in the system. * Schedules and re-schedules appointments as needed. * Calls No Show appointments to reschedule, makes appropriate notations in Electronic Health Record and Practice Management System. * Routinely demonstrates superior customer service skills. * Answers telephone in a timely and polite manner, preferably within three rings. * Communicates with customers in a courteous, professional, cooperative and mature manner. * Recognizes and responds appropriately to violent/abusive situations, bomb threats, fire and emergency situations. * Accurately takes messages and conveys information to recipient. * Transfers call to physicians and nurses when medically indicated. * Protects/observes patient confidentiality per policies and procedures. | | | |
| **Job Specifications** | | | |
| * Efforts are generally responsive to work flow, must be able to work independently and prioritize work on a daily or weekly basis, subject to occasional reprioritization by others * Impact of work performance could result in a noticeable impact in the organization and may involve management attention. * May be required to perform the duties of other employees, including supervisors/managers, in their absence. * May be required to perform duties and responsibilities not listed in this description, on a temporary or long-term basis. | | | |
| **Experience** | | | |
| * Education/Training Level:   + High School Diploma or equivalent   + Medical Office experience preferred * Licenses and Certifications: None * Communication Skills:   + Bilingual preferred   + Ability to effectively interact with physicians, patients and other staff members.   + Translation for patient and provider necessary. * Technology Skills:   + Demonstrates knowledge of proper, safe, efficient usage of current office equipment/software. | | | |
| **Physical Demands/Working Conditions** | | | |
| * Ability to perform repetitive tasks * Ability to walk the equivalent of \_\_\_5\_\_\_ miles per day * Ability to reach above shoulder level * Ability to distinguish colors * Ability to adapt to shift work * Moderate degree of manual dexterity * Ability to grip * Ability to bend a knee * Ability to sit for periods of time * Ability to stand for long periods of time * Ability to lift 25 pounds * Ability to perform CPR   **HOURS OF WORK:**   * Days, accepts flexible schedule to meet department needs.   The duties and responsibilities, qualifications, physical conditions and other statements contained herein represent the current general nature of the job described, and are subject to change at any time, with or without notice. This job description does not limit in any way the assignments that may be given to an employee in the job, and employees are expected to perform any and all duties assigned by their supervisor willingly and without reservation. | | | |
| **HR Approval** |  | **Date** |  |
| **Revision** |  | **Date** |  |
| **Revision Approval** |  | **Date** |  |

**Job Description and**

**Job Accommodation Requests**

The Americans with Disabilities Act (ADA) and its amendments ensures that individuals with a disability (as defined in the Act) have the right to work if they can perform the essential duties of the position for which they are hired, with or without reasonable accommodations. Healthcare Network of Southwest Florida (Healthcare Network) is committed to providing reasonable accommodation for employees with disabilities when an employee identifies a need and requests accommodation. It is recognized that employees may acquire a physical or mental disability at any time during their employment. Employees can request accommodations under the ADA at any time during their employment. Those seeking detailed information on employee rights and procedures for requesting accommodations, should review company policy or speak to the Human Resources Director.

Additionally, the Healthcare Network is committed to the delivery of quality health care to all patients. This commitment extends to situations where an employee’s personal cultural values, ethics and religious beliefs may conflict with patient care procedures or treatments. When the commitment to patient care delivery conflicts with an employee’s values, ethics, and/or beliefs, the conflict must be resolved in such a way that patient care is not negatively affected.

Individuals requesting job accommodations should meet with a Human Resources representative to obtain request forms and submit their request.

**Please review your job description carefully and Healthcare Network Policy above regarding accommodations under the ADA, before completing this form.**

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| I have read and understand the job description of the position for which I am being employed. I have had the opportunity to have any questions answered. | | | |
| Check one:  I **do not** **believe** I need any accommodations to perform my job under the Americans with Disabilities Act and am willing and able to perform those duties without accommodation.  I **do believe** I require an accommodation due to disability/disabilities, and I request an accommodation under the ADA. | | | |
| Check one:  I **do not** **believe** I have a personal conflict with the duties of my position and am willing and able to perform those duties. I do not request accommodations for personal conflict.  I **do believe** I have a personal conflict with participating in an aspect of patient care and request an accommodation due to personal reasons. | | | |
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| Employee Name (PLEASE PRINT) |  | Job Title |  |
| Employee Signature |  | Date |  |
| Manager / Witness |  | Date |  |