chapter 15 Working in a Medical Office
When you have completed this chapter, you should be able to:

- Describe the types of medical offices that employ medical workers.
- Discuss the qualifications needed for various medical careers and positions.
- Discuss basic office and clinical skills that are needed to work in the four major departments usually found in medical offices.
- Explain at least five skills required in the four major divisions in medical offices.
- Explain the basic requirements of HIPAA that applies to medical offices.
- Define and explain basic medical terminology applicable to most medical offices.
The Medical Office

You have already learned many procedures and developed the skills necessary to perform tasks in various types of offices. Most offices have certain basic tasks that are performed by their workforce every day. Some tasks are specialized according to the size of the office, the type of work done in the office, or the number of employees. Being expert at basic skills will give you a competitive edge when you seek employment at almost any type of office. Let’s now relate all of these skills to working in a medical office: What general basic skills are needed, how can you perfect them, and what do you need in the way of additional, more complex competencies? Isn’t that an exciting prospective job?

TYPES OF MEDICAL OFFICES

Have you been to a doctor lately? Most of us have regular medical checkups and occasionally visit a doctor for an illness or accident or maybe even accompany someone to the doctor’s office. The doctor could work as a sole proprietor (in business for himself or herself), or as a partner in a large or small practice (partners own a piece of the business and share in the profits or losses in some way such as a percentage). The doctor may also work as a general member of a corporation (a business that is incorporated under the laws of incorporation of a particular state). A doctor may also be on staff at a hospital, at a clinic, or in a school in the local community or a larger city or town. The word practice refers to the professional business of the doctor. Usually the medical office is where the doctor practices, or works.

Medical practices come in a variety of types. You may need to see your primary care or family doctor, a specialist such as an orthopedic (treats joints, bones, and spine) doctor, a nephrologist (a kidney and renal doctor), a chiropractor (a practitioner who performs manual manipulation of joints in the body), an internal medicine doctor, a dermatologist (skin) specialist, a pediatric (infants and children) doctor, and the like to name a few types of practices in which doctors specialize or practice. These are only a minimum of the types of doctors in the medical profession. If you are interested in learning about other types of doctors, a great place to do that is in the yellow pages of the telephone directory, under “physicians.”

All doctors have graduated not only from college but also from medical school and even from additional types of programs of specialization, such as urology, oncology, endocrinology, or other types of specialization. Most doctors have completed an internship for a number of years at a hospital or institution in preparation for going into practice.

Because they are so highly trained and because doctors must deal with life-and-death situations in which mistakes may kill, they want a staff that is also highly trained. That is where you come in. Let’s go back to the question asked of you earlier: Have you gone to a doctor lately?

MEDICAL CAREERS AND SKILLS NEEDED

So, you have been to a doctor’s office. What exactly have you seen going on in the doctor’s office? What careers have been common and what tasks have the people in these careers been performing? Let’s take a moment and reflect on several advertisements for skilled medical workers that have appeared in newspapers lately.
Medical Assistant—Pediatrics
Full-time position responsible for assisting physicians in all clinical areas of the office with some clerical duties. Qualifications include high school diploma, knowledge of medical terminology and procedures. A graduate of an accredited medical assisting program and medical computer experience are preferred. Experience should include 1–3 years physician office experience.

Medical Transcriptionist
Accurate and timely transcription of medical research and correspondence for physicians and nurses from recorded dictation or written documentation. Candidates must be proficient in Microsoft Word. Experience in an orthopedic surgical practice desirable.

Secretary for Medical Practice
Busy medical practice needs a secretary with expertise in Microsoft Office and maintenance of supplies. Confidentiality is imperative.

Transcription/Dictation Coordinator
Busy medical practice specializing in foot and ankle disorders needs a coordinator to interact with outside transcription companies, review all transcription, correct formatting and spelling errors, research missing dictation, print finalized notes and letters, and file dictation in charts. Must be familiar with medical terminology, MS Word, and have good organizational skills and dependability.

BASIC CLERICAL OR OFFICE SKILLS AND COMPETENCIES
As you review these positions, think about the skills required such as medical terminology, clerical and clinical procedures, organizational ability, and dependability. Let's identify other skills and competencies that may be found under the group called clerical or office procedures. Here are the basic clerical or office skills and competencies needed:

1. **Keyboarding.** Regardless of the position, everyone should know how to keyboard.
2. **Telephone etiquette.** This entails the ability to be friendly, listen to people's problems and communicate correctly what is needed. For example, patients may speak with an accent, and it is sometimes difficult to understand what they need or what they want from the medical office. Patience and kindness are necessary.
3. **Filing.** Although everyone thinks that knowing the alphabet is an easy task, it is amazing to see files in the wrong place. Finding charts can be time consuming and very problematic if a system is not devised to track down a missing chart in the master filing storage area.
4. **Basic medical terminology.** Although every medical office has its own special vocabulary used by individual doctors, a basic knowledge of some terms is helpful.
5. **Health Insurance Portability and Accountability Act (HIPAA) forms and regulations.** Knowing how to complete a HIPAA form and to explain it
correctly is important for those working in the front office such as a receptionist or intake person.

6. **Medical software program.** Knowing how to use medical software to assist a patient in getting an appointment to see a doctor, physician’s assistant, or registered nurse practitioner is a needed skill for many workers in a medical office. Knowing how to complete an appointment card for a patient to take as a reminder is also important.

7. **Compose and type notes or letters.** Often a note or letter is needed regarding a particular patient after a visit to the medical office to the referring doctor. The doctor may handwrite this or dictate a letter, and it is the office’s responsibility to key it and have it ready for the doctor’s signature if necessary.

8. **Billing.** Understanding how important the billing department is to the entire medical office is essential. Without the billing department being successful in collecting moneys from the insurance companies and the patients, the medical practice will not stay in business very long.

9. **Good verbal communication skills.** You must be able to communicate with people with empathy and with understanding.

10. **Good personal grooming.** If the employee wears a uniform, it should be cleaned and pressed to make a good impression on the patient.

11. **A second language.** Being bilingual is now a basic skill that is valued in most areas of the country because the population is so diverse. It would be an added bonus in any office. In a medical practice, people from many ethnic backgrounds converge, and it is very helpful if someone can help a person in pain communicate correctly to a doctor.

**BASIC CLINICAL COMPETENCIES**

You probably have learned most of these skills already from the many business and office courses you have taken. Review these skills and competencies again to assess how you rank in your knowledge of each of them. Then, let’s review a few clinical procedures and competencies you will need.

1. **Hazardous waste materials.** Most medical offices give patients injections. Knowing how to dispose of syringes correctly as well as how to use and dispose of medical gloves is important. Medical offices also have other procedures that may produce biological or other hazardous wastes or liquids. Knowing how to dispose of these is critically important for health reasons as well.

2. **Medications.** Knowing the basic types of medications that patients in your practice use will be valuable information. Having a basic knowledge of pharmacology will help you in understanding how to relate the medicines to the patients. They usually ask questions about the medication being prescribed by the doctor. For example, they may ask what the side effects are to taking a certain medication. Knowing what the state pharmacy law allows you to discuss about medication is important.

3. **Equipment procedures.** Knowing how to sterilize instruments is useful information for employees on the clinical side of any medical office.
4. **Sterilization.** Knowing the basics of equipment sterilization is important as noted in number 3, but also knowing how to sterilize a room, beds, and the like is important.

5. **Legal procedures.** Knowing what you can or cannot do or say legally in your position as a medical professional is very important. Your actions are dependent not only on your position, your education, or your certifications but also upon the state requirements in which the practice is located.

## Basic Medical Office Positions

There are basically four areas of positions available in a medical office. First, there are positions that provide opportunities for employees working up front with the patients, getting information from them before and after they see the doctor. These positions may be known as the receptionist, intake personnel, or front office staff.

Second, there is the clinical staff made of medical assistants or medical techs, **nurse practitioners** or **physician’s assistants**. Third, there are the x-ray technicians; and last, there are the billing and accounts receivable personnel.

Let’s take each of these positions and discuss them according to general and specific responsibilities and then according to the specific skills needed for that position.

### FRONT OFFICE STAFF PERSONNEL

This could be a staff of two or more persons depending on how busy the office is. For example, if the office sees 200 or more patients per day, more front
office personnel would be required in an office where there are many doctors and many physician assistants than in an office that has only one doctor, one nurse or nurse practitioner, and a few medical assistants who see about 55 patients per day.

In a larger office, tasks are quite specialized. This means there may be a switchboard operator and two receptionists or intake persons checking in patients. In addition, there may be two or three other employees (outtake persons) checking patients out of the office.

Receptionists or intake persons who check in patients have them sign a log-in sheet (see Figure 15-1), have them fill out legal forms, ask for their insurance card or cards, and collect insurance co-payments (charges assigned by the insurance company) or any balance due on their account.

**FIGURE 15-1** • Patient log-in sheet.

<table>
<thead>
<tr>
<th>Patient's name: last, first</th>
<th>Arrival time</th>
<th>Have you rec'd a notice of privacy practices?</th>
<th>Ins. carrier</th>
<th>Is there a change in:</th>
<th>Address</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brum, Marie</td>
<td>8:15</td>
<td>✓</td>
<td>United</td>
<td>—</td>
<td>—</td>
<td>yes</td>
</tr>
<tr>
<td>Thomas, Terry</td>
<td>8:20</td>
<td>no</td>
<td>Aetna</td>
<td>—</td>
<td>—</td>
<td>yes</td>
</tr>
<tr>
<td>Jones, Tommy</td>
<td>8:35</td>
<td>✓</td>
<td>N4 Life</td>
<td>—</td>
<td>—</td>
<td>yes</td>
</tr>
<tr>
<td>Hack, Aaron</td>
<td>9:00</td>
<td>✓</td>
<td>United</td>
<td>—</td>
<td>—</td>
<td>yes</td>
</tr>
</tbody>
</table>
Most health insurance falls into two basic categories: either they are HMOs or PPOs. Health maintenance organization (HMO) patients are easiest to handle for the front office staff. The patient just pays the amount printed on his or her insurance card. If the doctor seen is a specialist, the patient needs to obtain a referral from his or her primary care physician prior to the office visit. If the patient has a preferred provider organization (PPO) insurance policy, more than likely the patient has a deductible to be met annually in addition to a copay amount printed on the front of the insurance card. Many times, the patient with a PPO insurance plan also has to pay a copay for x-rays or injections. Here is where the front office staff needs to contact the patient’s insurance company prior to the new patient’s visit to the practice to find out the amount of the deductible, what has already been paid toward that amount, and any other copays the patient has with the policy written by that particular insurance company. To add to the confusion, insurance companies change policies quite often.

If the patient cannot pay the account in full, the patient is encouraged to sign papers stating that he or she will pay within a certain number of days.

The employees who check out patients hand them their prescriptions, sample medications, schedule tests or physical therapy for them as well as schedule the patients for their next visit when the doctor says they should return. Most patients like to receive an appointment card with the next appointment written on it as a reminder (see Figure 15-2). These outtake persons also collect any additional charges that may have occurred while the doctor was with them. For example, if there was an injection or x-ray, many insurance companies require patients to pay a copay for these services.

Likewise, there may be employees (called schedulers or appointment makers) who collect charts of patients coming in the next day and contact them regarding their appointments. These employees review every chart to make certain that the notes and reports are in chronological order, and any outstanding balance is conveyed to the patient at the time of the call so he or she can pay at the appointment the next day. In a specialist’s office, these appointment people also make certain that the patient has a valid referral to see the specialist depending on the type of insurance the patient has. A referral contains information such as that shown in Figure 15-3.

In larger offices, some employees file charts most of the day when they are not busy with other tasks such as answering the phone, writing thank-you letters to doctors, and sending questionnaires to new patients. Other

[FIGURE 15-2 • Appointment card.]
offices may have a full-time employee who handles legal depositions and second-opinion cases in which the doctor is paid to give a legal opinion of someone’s medical condition. A second-opinion interview is called an independent medical examination (IME). These IMEs are usually done right at the office and the attorneys bring a court reporter with them to validate what the doctor says.

In small offices, you will not see as many employees as noted in the larger offices just discussed. In a small office, one or two employees may handle all the tasks identified. You can readily see how busy a medical office can be, regardless of whether it is a large or small office.

Front office staff skills needed in a small office include:

a. Every employee, regardless of job duty, needs to know how to keyboard accurately.
b. Every employee needs to know how to maneuver around a medical software package to make appointments, reschedule, and cancel appointments.

c. Every employee needs to have a pleasant speaking voice that is courteous and cheerful whether the patient is in front of him or her at the office or being spoken with over the phone.

d. Every employee needs to have good handwriting so that employees in the other departments, or the doctors themselves, can read and understand their notes or questions.

e. Every employee needs good listening skills to hear and understand what the patient is saying, or what the doctor is saying, or what is being said over the phone line.

f. In a small office, several people need to know how to operate the switchboard. In a large office, several people need to rotate their job positions to include time at the switchboard. For example: breaks during the day, for vacations or time off. In this age of technology, some offices have only an answering machine that records the information from each patient who calls. The directions on the answering machine instruct the caller about what information to leave and to expect a return call in answer to any requests or other needs at a particular time.

g. All personnel must maintain a professional decorum and avoid discussing patients’ names and medical problems in front of other patients. This is in compliance with HIPAA rules. Other rules and regulations will be discussed later in the chapter.

h. Several people need to know how to handle money when the patient pays a copay or coinsurance charge. This is needed for people who check in patients as well as those who check out patients. The encounter form (see Figure 15-4) notes if a patient had x-rays taken that day or an injection given. If so, additional money may need to be collected from the patient at the time of checking out.

i. Every employee needs to know how to verify insurance coverage over the Internet or by speaking to a customer service representative of an insurance company. They can also determine deductible amounts to collect as well as a mailing address where each claim should be sent.

j. Every employee needs to treat all patients with dignity and courtesy. Sometimes that is difficult, because some people are in great distress and they may not be very pleasant to deal with.

k. Every employee should ensure that all the information keyed into the medical software such as social security number and insurance subscriber number are correct.

l. Every employee should know how to file charts and find charts as well as know where charts may be if they are not in the main files.

m. Every staff member must wear washed and pressed uniforms to promote an air of professionalism among patients and coworkers. Good grooming is necessary for everyone.

n. It is expected that medical office personnel understand some general medical vocabulary pertaining to their particular area of interest or specialty.

o. Everyone must realize the importance of confidentiality regarding every patient’s health problems. This is also a HIPAA rule.
### FIGURE 15-4 • Encounter form.

**CLINICAL STAFF EMPLOYEES**

Depending on the size of the office staff, clinical people must either do many different things or, as in the case of a larger office, they specialize in their job duties. For example, in a small office there is a medical assistant who weighs the patient, takes his or her blood pressure and temperature, and records the information in the chart for the doctor’s exam. The assistant (also known as a technician, or tech, in specialists’ offices) then brings the patient to the examination room. This assistant/tech talks with the patient and verifies the medical history, records medications taken, and writes down the reason for the visit so the doctor does not have to ask the patient. (The doctor will usually verify this information with the patient, however, to get a feel for what the patient is experiencing.) The medical assistant/tech also places the patient’s chart outside the x-ray room door face down in a bin if the patient...
needs x-rays. If not, the assistant/tech places the patient’s chart in sequential order in the doctor’s dictating room. The assistant or technician logs on a sheet which patient is in which exam room to keep the office moving and avoid the wait some patients experience when seeing a doctor. The chart should not be placed outside the patient’s room door because that violates HIPAA rules. Then the medical assistant/tech provides a gown for the patient and, depending on individual circumstances, may assist him or her in putting it on. After the doctor has seen the patient, the assistant/tech assists the doctor with getting samples of medication for the patient before leaving the office. Other duties may include getting a brace or cane for a patient, a wheelchair, or even writing a prescription (if allowed by state pharmacy law) for the doctor to sign to give to the patient after making a copy of the prescription for the patient’s file. Finally, the assistant/tech cleans the room and gets the next patient into an exam room. When the doctors have seen all the patients on any given day, the assistant or tech cleans the rooms thoroughly and puts all used syringes and other biohazardous waste materials (see Figure 15-5) in the proper containers. Gloves must be used when cleaning the room and handling any biohazardous waste. An approved handler of medical waste materials picks up the waste once a week.

In addition, the assistant or technician removes sutures, dresses wounds, and sometimes makes casts for patients of all ages. He or she may draw medication and prepare syringes for the doctor at the beginning of the day, and

**FIGURE 15-5** • Biohazardous waste container in a medical office.
sterilize all instruments on a daily basis and repackage them into sterilized packages for reuse the following day. The assistant/tech also takes phone messages and asks doctors about medication refills and return calls left by patients. After the doctor consents to allow a patient to refill a prescription, the tech or medical assistant records the date, time, the medication ordered, and the quantity in the patient’s chart. (Assistants/techs must know enough about a medication prescribed by the doctor to inform the patient how to take the drug correctly if allowed by state pharmacy law.) The supervisor in charge of all medical assistants or technicians must call in supply requests to make certain the office does not run out of medical supplies on a weekly basis. The supervisor also interviews potential new clinical staff, evaluates staff members, holds meetings, and schedules the workdays of the clinical staff under him or her. Another specialized employee may measure patients’ legs, arms, or feet for braces, walking boots, or crutches or other needed supplies. If the office is small, the medical assistant or technician does this as part of his or her job function. Depending on the type of practice, the assistant/tech may perform various other duties that relate to the particular practice and the patients’ needs.

Other medical employees who may be part of a medical practice are nurse practitioners and physician’s assistants. They hold advanced degrees so they can write and sign prescriptions themselves (depending on the pharmacy practice law in the state they are employed). They can even admit patients into a hospital when necessary. Should they have questions regarding a medical problem, they consult the doctor before discussing anything with their patient as well as review x-rays and magnetic resonance imaging (MRI) test results with the doctor present. These specialized employees are dependent upon the supervision of the doctor in charge because the doctor is responsible for all medical treatment of any person in the practice office. Lawsuits can be filed against the doctor, the employees, or the practice itself for violations relating to the way in which patients are treated, any violations of state or federal law, or any violation of pharmacy law.

Clinical staff skills needed are:

a. They must be patient and courteous to every patient. Although the patient might be irritated, the clinical staff cannot show the same feelings. A great sense of humor always helps.

b. They need great listening skills to not only listen to what the patient is telling them, but also listen to what orders the doctor is giving them and to follow through correctly and efficiently. This is a good place for bilingual employees to assist the doctor. They can explain health problems and then tell patients what the doctor’s orders are.

c. Employees need to know keyboarding to put notes into the computer about patients who contact the clinical office regarding medication questions, exercises and physical therapy, and even how to clean a wound correctly.

d. All clinical staff must have met all the proper state certification to perform their jobs as well as have the opportunity to attend workshops to gain units of credit toward continuing certification requirements.

e. Polite and pleasant telephone techniques are much in demand when a difficult patient is on the other end of the phone in pain and demanding immediate attention and immediate results.
f. Every employee needs to have good handwriting so that employees in the other departments, as well as the doctors, can read and understand their notes or questions.

g. Every clinical staff member must make photocopies of all prescriptions and refill requests and put them in the correct patient’s chart.

h. In a specialist’s office, a nurse or tech also fills out paperwork for patients who are going to have surgery and assists the patient in determining the date for the surgery.

i. An employee in the clinical area of a specialist’s office must see to it that all signed paperwork is then faxed to the correct hospital or day surgery center. The surgical facility also needs this information for billing purposes.

j. Another employee on the clinical staff then gets authorization from the insurance company for the surgery in a specialist’s office.

k. Good verbal communications between the clinical employee and the patient as well as between the doctor and the staff member is an absolute must.

l. Clinical personnel must be made aware of safety requirements necessary around syringes, open wounds, incisions, and so on. They must always wear gloves and sanitize areas where dressings have been changed before the next patient comes into that exam room.

X-RAY TECHNICIAN STAFF

Primary care physicians do not usually have x-ray technicians as part of the staff; however, specialists usually do. How else can they see what the problem is and treat the patient that day without x-rays? If the specialist is still not convinced what the x-rays show, the patient is then sent to get a Magnetic Resonance Imaging (MRI) of the body area in question. An appointment is scheduled for the patient to return a few days after the MRI films and report have been sent to the referring doctor from the facility where the MRI was performed.

These x-ray technicians must not only get the patient from the room and return the patient to the same room after the x-rays are completed, but they must also keep exact filing records on each patient after the visit is over. The x-ray technician must keep a log of every x-ray done and make certain that the x-ray equipment is performing properly. Sometimes, the x-ray technician is asked to mail x-rays back to the original facility where the x-ray was taken. Records must be kept when x-rays are mailed or delivered in person, because x-rays can get lost. Supplies have to be ordered by these technicians and, in some cases, they actually deliver x-rays to the hospitals for upcoming surgeries. In other offices, x-rays are delivered to hospitals by a delivery service.

X-ray technician skills needed are:

a. All x-ray technicians must have met all the proper state certification to perform their jobs as well as have the opportunity to attend workshops to gain units of credit toward continuing certification requirements.

b. The x-ray technicians need to be patient and courteous to every patient. Although the patient might be irritated and in great pain, the technician cannot show the same feelings. A great sense of humor always helps.
c. The x-ray technicians need great listening skills to not only listen to what the patient is telling them, but also to listen to what orders the doctor is giving them and to follow through correctly and efficiently. If the doctor is not satisfied with an x-ray, the technicians must get the exact x-ray the doctor requests.

d. Polite and pleasant telephone techniques are much in demand when a patient is on the other end of the phone demanding to pick up his or her x-rays immediately. That is not always possible, because patients waiting to see the doctor need to be taken care of first.

e. When a patient or patient representative picks up x-rays, the technician must see a driver’s license (or other official identification) proving that the patient is the right person picking up the x-rays. If it is a patient representative, the representative must show proper identification as well as a written note that the representative is truly representing the patient. This is part of the HIPAA guidelines now in effect.

f. Good verbal communications between the x-ray employee and the patient as well as between the doctor and the x-ray employee is an absolute must.

g. X-ray technicians must be aware of the safety needs for each patient as well as for themselves and protect themselves from exposure to radiation. All the doors should have lead in them and x-ray technicians should stand behind a leaded protection or cubicle as well. Patients are usually provided with a lead garment to cover parts of the body that are not being x-rayed.

h. X-ray technicians must have full command of the equipment they use so that they immediately know if there is a problem with the machinery.

i. X-ray technicians need time to file all the x-ray films they do on a daily basis, especially if they are doing hundreds of films every day. They also need to know how to file correctly in order to pull films at a later date quickly.

**BILLING STAFF EMPLOYEES**

Without this department collecting the money from insurance companies and, at times from patients, there would be no medical office. The goal of the billing department is to send out claims with no errors and receive payments from insurance companies in a timely manner. That does not always happen because people make mistakes. Front office employees may have keyed incorrect data, and until the claim is denied, it is not discovered and corrected.

At times patients do not give the doctor the correct insurance information, either. They may forget to mention that the injury is due to an auto accident or an accident on the job. Many times insurance companies know this ahead of time, and if a medical office attempts to receive payment from the health insurance first instead of from the auto insurer or from workers’ compensation, they will always deny payment.

Billing employees need to know Current Procedural Terminology (CPT) codes and International Classification of Diseases (ICD-9) diagnosis codes. They also need to know how to do both electronic (if the volume justifies the cost) and paper claims. Each insurance company has its own identification numbers, doctor identification number, and peculiarities as to what they will allow on the HCFA 1500.
Insurance companies make contracts with doctors as to how much they will allow for each procedure no matter what the doctor charges. Payments that are posted to patient accounts must be adjusted with this in mind, and this is a task of one of the billing employees. Daily denials sent to doctors’ offices from insurance companies must be individually reviewed to discover why the claim was denied. Phone calls must be made to insurance companies when claims remain unpaid to determine how to remedy the problem. Sometimes this can be done through the Internet because all insurance companies have Web sites. However, every insurance company has its own policy for allowing members or doctors’ offices to obtain classified information about individual medical claims. (This, too, is part of HIPAA rules.) The medical office is usually required to get a password to use their Web site.

Statements are also sent monthly to patients who have a balance left on their account and payment is requested. If a payment is not sent, stronger notices are sent. After a designated period, if the balance has not been paid, notices are sent to the patient that the claim is being sent to a collection agency or an attorney. Many patients ignore these notices, but not paying will affect their credit rating eventually.

Billing staff skills needed are:

a. Every billing employee needs to know how to maneuver around a medical software package to make appointments, reschedule, or cancel appointments.

b. In addition, the billing employee must be able to interpret data and charges recorded to a patient’s account to communicate both verbally or in writing the charges, payments, and amount owed by the patient if there is a balance.

c. Each employee needs to know medical terms, medical procedures done in that particular office, as well as the diagnosis codes required for payment by an insurance company. It is vital in communicating with a patient, whether in person or on the phone, to understand what was done for the patient on a particular office visit in question.

Quick Tips

USE MS WORD’S THESAURUS TO FAMILIARIZE YOURSELF WITH TERMS FROM THIS CHAPTER

1. Open Microsoft Word and click on Tools on the Menu bar.
2. Point to Language, then select Thesaurus.
3. Look up the following words taken from this chapter; use MS Word to list each word and the alternate words you might use.
   * competencies
   * physicians
   * internship
   * terminology
   * bilingual
   * biohazard
   * pharmacy

Note: All you have to do to replace your word is to select the word in the Replace with synonym box.
d. Each employee needs to document in the medical software package the
details of every conversation with a patient or an insurance company rep-
resentative. The representative’s name and phone number should also be
recorded for future reviews or contacts.

e. Each employee needs excellent telephone etiquette when attempting to
explain to an irate patient why he or she received a statement.

f. There needs to be a spirit of teamwork with each member in the depart-
ment as well as coworkers from other areas in the practice.

g. Personal grooming is just as vital to the employees in this department as
in any other department of a medical practice, because one can be called
upon to see a patient up front almost every working day.

h. Several billing employees need to know how to send claims to insurance
companies electronically. Some claims must be done on paper HCFA
forms, and every billing employee needs to know how to print them and
send out clean claims to insurance companies.

i. Charts are pulled every day from the main filing area, and each billing
employee is responsible for returning them to their proper place.

j. As in every other department within a medical practice, confidentiality is
of vital importance regarding patient accounts.
Chapter 15 Working in a Medical Office

Concept Review and Reinforcement

Review of Key Concepts

OVERVIEW

✔ The doctor works as a sole proprietor, a partner in a large or small practice, as a general member of a corporation, or on staff at a hospital, clinic, or in a school in the local community.

✔ The basic clerical or office skills and competencies needed are keyboarding, filing, basic medical terminology, knowledge of HIPAA forms and regulations, medical or word processing software skills, billing experience, and good verbal communication skills. Being bilingual is an added benefit.

✔ The front office staff is comprised of people who enjoy meeting people, working with computers, and dealing with constant interruptions in a calm and efficient manner.

✔ The basic front office staff needs the following skills: keyboarding, knowledge of a medical software program, good handwriting, courteous telephone etiquette, good listening skills, a professional decorum, ability to handle money, knowledge of how to verify insurance coverage over the Internet, ability to treat patients with dignity and courtesy, good filing skills, a general medical vocabulary, and ability to keep information confidential.

✔ The clinical staff has the medical training to make things look easy, even though it might not be, in order to help a patient feel better.

✔ Clinical staff skills needed are patience and courtesy, good listening techniques, keyboarding, state certification, courteous telephone etiquette, good handwriting, knowledge of how to make photocopies, ability to handle paperwork and to get authorization from insurance companies, good verbal communications, and awareness of safety requirements regarding syringes, open wounds, incisions, and so on.

✔ The x-ray staff is also medically trained to perform x-rays requested by the doctor in a courteous, professional manner.

✔ The x-ray staff need the following skills: state certification, patience and courtesy, good listening skills, courteous telephone etiquette, good verbal communications, awareness of safety needs, full command of the equipment, and good filing skills.

✔ The billing staff generates the moneys for the medical practice and solves problems with insurance companies and patients.

✔ The billing staff needs the following skills: knowledge of a medical software program, ability to interpret data and charges recorded to a patient's account, knowledge of medical terminology, courteous telephone etiquette, a spirit of teamwork, excellent grooming, knowledge of how to send claims to insurance companies, good filing skills, and ability to keep information confidential.

Key Terms

Appointment card. The card given to a patient indicating the date and time of the next appointment.

Biohazardous waste materials. All syringes, serums, tubes, dirty dressings or anything associated with injections and blood must be disposed of appropriately. This means that special companies are authorized to do this removal of biohazardous waste labeled containers from all medical offices. A special method is prescribed to remove them from medical offices and incinerate them.

Copayments (copays). This charge is assigned by the insurance company to every subscriber or individual when he or she sees a doctor or dentist. The amount to pay is printed on the insurance card, but not all copays are printed on the card. Sometimes there are special
copays for injections and for x-rays. Anyone with an insurance card can call his or her insurance company and get this information.

Current Procedural Terminology (CPT). This book, written and approved by the American Medical Association, gives a numeric five-digit code (ICD-9) for everything a doctor does. For example, it covers office visits, injections, x-rays, and surgeries. This book is used in all fifty states and every insurance company recognizes the codes. The codes are printed on an HCFA form for reimbursement from insurance companies. Whether a claim is printed on paper or sent electronically, every procedure must be coded. If a patient had an x-ray, the procedure code would tell the insurance company what body part was x-rayed. See also International Classification of Diseases (ICD-9).

Deductible. Many people have health insurance policies that allow them to go to any doctor they want to see. They are not limited to certain doctors on a list mailed to them by their insurance carrier. These people usually have a deductible they must meet before their insurance pays the health provider. For example, some people have to pay $500 annually before the insurance company pays. Other people have to pay $1,000 or $2,500 before the insurance company pays anything. Insurance companies will pay a portion, but the subscriber or patient pays most of it until it is met annually.

Encounter form. A sheet from which the doctors write down what they performed for the patient that is billable. For example, did the doctor request x-rays, was a cast put on someone’s arm, did the patient get an injection?

Health Care Financing Administration (HCFA) form. Used in all U.S. doctor’s, chiropractor’s, and surgeon’s offices, this form is issued to patients’ insurance companies for payment. Other than sending claims to insurance companies electronically, this is the way physicians, dentists, and chiropractors are paid.

Health Insurance Portability and Accountability Act (HIPAA). Guarantees that health insurance coverage is available to workers and their families when they change or lose their jobs. The 1996 law was expanded to include, among other things, the privacy of confidential personal health care information. This part of the law went into effect April 14, 2003.

Here is a sample of the HIPAA Privacy and Security checklist:

1. Medical staff does not discuss confidential patient information among themselves in a public area.
2. Conversations with the patient/family regarding confidential patient information are not held in public areas.
3. Phone conversations and dictation are in areas where confidential patient information cannot be heard.
4. Computer monitors are positioned away from public areas to avoid observation by visitors.
5. Documents with confidential patient information are face down or concealed to avoid observation by patients or visitors.
6. Staff specifically authorized to do so release confidential patient information.
7. Confidential patient information is discarded in a shredder or secure container.
8. Visitors and patients are appropriately escorted to ensure they do not access staff areas, dictating room, chart storage, etc.

Excerpts from HIPAA Compliance Alert, October 2002

Health maintenance organization (HMO). Some individuals or groups of employees enroll for insurance with a company in which there is a copay every time the insured sees a doctor within the plan. They also receive prescription benefits. HMOs are usually offered to people of all ages. This means that retirees can be in an HMO as well as people in the workforce. The drawback is that the insured person can see only doctors who take that particular insurance. Insurance companies mail new HMO plan subscribers a list of doctors from whom to choose their care. For subscribers who need to see a specialist, they must first contact their primary care physician and have a referral sent to the specialist’s office before they can be seen. Without the referral, the patient pays full price for the visit or is turned away and must reschedule the visit. With the referral, the patient pays just a small copay.

International Classification of Diseases (ICD-9). Every procedure needs a diagnosis code. These diagnosis codes are found in another international classification of diseases book called the CPT book. For example, if a doctor saw a patient, there was a reason for the visit. Was the reason that the patient had a cold? If so, the diagnosis could be congestion in the head, sore throat, or fever.

Independent medical examinations (IME). Doctors receive special training to give these examinations. A doctor or surgeon is hired by attorneys to review a medical case and then give sworn testimony of what the medical professional believes should or could be done for the patient.

Magnetic resonance imaging (MRI). This test provides doctors and surgeons with photos of parts of the body so sharp that they can see any abnormalities or injuries readily.
Because the photos are much clearer than an x-ray, doctors request MRIs to identify where in the patient’s body the health problem is located.

**Nurse practitioners.** After receiving a registered nurse degree and license, nurse practitioners receive additional medical training that allows them to write prescriptions, admit patients into a hospital, and sometimes assist surgeons during surgery. The nurse practitioner has the equivalent of a master’s degree.

**Physician’s assistants.** These professionals have a minimum of a bachelor’s degree, but in many cases, also have a master’s degree in a field of specialty. For example, there are orthopedic physician’s assistants. They can write prescriptions (if allowed by the state pharmacy act) just like nurse practitioners, admit patients to a hospital, and assist surgeons in surgery.

**Practice.** The term referring to the professional business of the doctor and medical staff work; for example, the medical practice of Dr. Jones.

**Preferred provider organization (PPO).** Individuals or groups of employees can enroll in a PPO policy. Whereas individuals or groups of people with an HMO policy can see only doctors who take their insurance, people with PPO policies may see any doctor without restriction. Subscribers usually have an annual deductible in addition to copays or coinsurance amounts depending on the medical service provided.

**Primary care physician.** Sometimes referred to as a PCP, this family or internal medicine doctor recommends patients to specialists where needed. PCPs are often called “gatekeepers.” A PCP may have a contract with an insurance company such as Blue Cross HMO, Aetna HMO, Humana HMO, or AvMed HMO to see patients who have enrolled in that particular insurance and any other insurance companies with whom the doctor has a contract. Insurance companies pay the PCP X amount of dollars each month to see X number of patients.

**Referral.** A form typically issued by the primary care physician to approve a specialty medical service.

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**For Your Discussion**

Retrieve File C15-DQ.DOC included online with the chapter file.

**DIRECTIONS**

Enter your responses after each question.

1. How do the skills you have already learned—keyboarding, telephoning, proper etiquette, filing, confidentiality, listening, composing correspondence, and similar office skills—relate to the skills you will need in a medical office?

2. Describe three or more types of medical offices or practices and the specialties they may engage in to help patients.

3. Describe at least three medical careers you might be interested in and what your responsibilities would be in each position.

4. List ten basic clerical or office skills you would need to work proficiently in a medical office.

5. List five basic clinical skills you would need to work in a medical office.

6. Name the four basic positions discussed in this chapter that may be available in a medical practice. Discuss briefly the various tasks each job would entail.

7. If you have been in a medical office recently, what changes have you seen since HIPAA has been in effect? For example: Have you had to sign additional forms? Did a medical employee mention HIPAA to you? Did you notice more safety precautions in effect than on your last visit? If you have not been in a medical office recently, what changes would you expect to see (based on the information in the chapter)?

8. Have you ever questioned a doctor about a procedure? Why or why not?

9. Have you ever asked for a second opinion from another doctor? Why or why not?

10. Have you gone to an emergency room recently? What was your opinion of the efficiency of the emergency room staff? Did the emergency room doctor send you or someone you were with to a specialist? Explain. If you have not been in an emergency room, what do you expect to see, based on the chapter information?

11. Do you have friends, relatives, or neighbors in the medical field? Have any of them mentioned HIPAA in passing conversation? If so, how were their jobs changed because of this law? If this question does not apply to you, talk to some of your friends or relatives to get this input on how HIPAA has affected them.

12. Would you enjoy working in a medical office? Why or why not?
Chapter 15 Working in a Medical Office

Workshop

Retrieve file C15-WRKS.DOC included online with the chapter file.

Directions

Compute the deductible, copay, and other fees to determine what payment Pete needs to make prior to surgery and for each visit after surgery.

Scenario #1: Last weekend while playing touch football in the backyard, Pete felt something rip in his kneecap. He was rushed to the emergency room and x-rays were taken of his knee. The emergency room doctor said he tore his meniscus (fibrocartilage found in certain joints) and that Pete needs to see an orthopedic surgeon.

Pete visits an orthopedic surgeon who confirms his dilemma and schedules him for surgery two days later. Before that surgery takes place, someone in the surgeon’s office calls Pete’s insurance company. The insurance company tells the employee that Pete has a $1,000 annual deductible that has already been met for the year. His coinsurance responsibility is 20 percent. The policy has a copay charge of $35 per office visit to see a specialist and a charge of $10 every time x-rays are taken. During a postoperative period, charges for an office visit are waived.

The surgeon’s charges are estimated to be $1,500. What does Pete have to pay the surgeon’s office prior to the surgery?

Scenario #2: Pete has had the surgery done and he is back at the surgeon’s office for a postoperative visit. Every time he comes for a checkup, his knee is x-rayed. What does Pete have to pay each time he sees the surgeon?

On the Job Situations

Retrieve file C15-OJS.DOC included online with the chapter file.

Directions

Enter your responses after each situation.

1. Vicki likes to talk more than work, and lately, she discovered she now has health problems. Laurie, who works with Vicki, feels sorry for Vicki and does some of her work. This then puts her under pressure to get her own work done, and Laurie never quite gets caught up. Laurie then feels stressed, but still allows Vicki to put more and more work on her. In fact, other people in the office have noticed this and also dump more work on Laurie.

What would you suggest Laurie do? What would you tell Vicki? What would you tell their supervisor?

2. Patti and Jeff work in the same office. Over a period of time, their friendship has bloomed into a romance. Although they work in different departments of the medical practice, they are often seen kissing and holding hands or talking to each other on the phone.

Would you consider this professional behavior? What could or should be done? If you were the supervisor, what would you do?

3. Mrs. Jones is a pampered patient. The doctor always sees her because she demands it. Her husband is also a doctor, so she is given preferential treatment. She phoned last week and made an appointment to see the doctor in two weeks. Today she decides she can’t wait that long and walks into the waiting room filled with patients, demanding to see the doctor right away. She displays a temper tantrum, and the doctor concedes and sees Mrs. Jones.

If you were a patient in the waiting room, how would you feel? Would you vent to the person behind the front desk even though it is out of his or her control? If you were the supervisor of the medical office, what would you do?

4. A patient comes to a medical office from the emergency room of a local hospital. The emergency room staff gave this patient an aluminum splint for his finger and told him to follow up with a visit to an orthopedic doctor. After the doctor sees the x-rays, the doctor decides that the aluminum splint is not going to heal the patient’s finger properly and puts a Staxx splint on the patient’s finger. The patient is enraged and refuses to pay for another splint.

How would you convince the patient that the second splint is necessary?
Projects and Activities

1. Select one of the four basic medical office positions discussed in this chapter that interests you most. Contact two doctor’s, dentist’s, or chiropractor’s offices and ask if you could observe an employee in that position for twenty to thirty minutes while patients are not around. During your visit, ask questions about performing the job functions, working with computers, and dealing with patients. Then write a one-page, double-spaced report on your visit. Be sure to include the following:
   a. Names and addresses of the medical offices you visited
   b. Names of persons interviewed
   c. Dates of visits
   d. General comments on: the type of medical office, how the office has changed since HIPAA law has taken effect, how each office does specific tasks, and one interesting story shared with you from the office staff
   e. Your comments on whether these visits helped you decide if you want to work in a medical environment

2. Phone your insurance company or go online and find out what are your health insurance benefits. Find the effective date of your policy, and check to see if you have a PPO or HMO policy. (The letters PPO or HMO are usually printed on the insurance card.) Also find out what your copay is when you visit your family doctor versus visiting a specialist. Check with an insurance company representative (probably by phone) to see if you have an annual deductible and, if so, what the amount is. How much of your deductible has been met already? What urgency does this request have? When would you need to know this information?
   a. If the Internet is not available, check the yellow pages for deaf services and copy that and submit it to your instructor.

4. A new patient calls your medical office. However, the patient cannot speak or understand English. A relative of the person calls and makes the appointment but tells you that he cannot be there with the patient to interpret for the relative. He asks if anyone in the office speaks Spanish.
   a. What if the answer is no? How could you help this person in need of medical attention?
   b. How urgent is this request?

5. Write a thank-you letter to primary care physician Dr. Ella Jones, 123 Main Street, Anywhere, US 12345–0000. Thank Dr. Jones for referring Dana Perry to your specialty clinic, tell Dr. Jones that the patient, who complained of shoulder pain was indeed diagnosed correctly by her, and that Dana has been advised to have shoulder surgery at her earliest convenience.
   a. Go online and find the names of agencies that assist deaf persons with medical visits and print the names and addresses of these organizations.
   b. If the Internet is not available, check the yellow pages for deaf services and copy that and submit it to your instructor.

6. Type a memo to the staff from Dr. Jones with today’s date on it. The subject is: Employee of the Month. The memo should mention that the doctors are instituting this award starting today. Every employee will have a chance to nominate someone during the current month and to list reasons why this employee should be honored on the attached nomination sheet. Mention that the person awarded will have his or her name printed on a brass plaque hung in the waiting room. In addition, the monthly award includes a $50 gift certificate to the restaurant of the winner’s choice. The winner will be announced at the beginning of the following month in another memo. Last, state that at the end of the year, a special award will be given to the Employee of the Year selected from the award winners of the previous months. The winner will receive an all-expenses-paid weekend cruise for two.
   a. Go online and find the names of agencies that assist deaf persons with medical visits and print the names and addresses of these organizations.
   b. If the Internet is not available, check the yellow pages for deaf services and copy that and submit it to your instructor.

7. Telephone the local Jaguar dealer and tell the service adviser that Dr. Smith’s Jaguar is stalling and it needs to be serviced. Ask if someone can pick up the car here at the office today. Give the service adviser, Joe Adams, your name, address, and phone number. Also ask him to leave a loaner car for Dr. Smith.
Surfing the Internet

Complete the following exercises. Your instructor may ask that you also complete a Daily Plan Chart (Form 15-A). See C15-DA.DOC included online with the chapter file for these activities.

1. One of the doctors in your office asks you to get special one-day passes to Universal Studios in Orlando, Florida. He wants two passes and two adult tickets for the park. He and his family of four will be arriving there two days from now.
   a. Where will you find this information?
   b. How much will the passes cost the doctor?
   c. Print the prices and any other information required and submit it to your instructor.

2. Another doctor is going to a medical convention in Atlanta, Georgia. She needs room reservations at the Hyatt Regency Atlanta as well as first-class plane reservations (preferably nonstop) arriving late morning. She will be flying next Monday and returning next Thursday morning.
   a. Go online to find out the room rates at the Hyatt Regency as well as two airline flight times and charges. Check to see if they allow AAA discounts.
   b. Print this information as well as any other pertinent information and submit it to your instructor.

3. One of the doctors you work for is making a speech on how his office has changed since the 2003 HIPAA regulations went into effect. Go online and research HIPAA. The doctor needs all the information you can find on this law as well as any updates since it went into effect in April 2003. First, write a summary of HIPAA regulations and pay special attention to any updates in the law. Then write a review on how HIPAA affects a medical practice and submit it to your instructor.

4. You have been asked by your supervisor to plan a surprise event for all the employees in the office. You need to find out the cost of renting a stretch limousine or a bus for a minimum of four hours and also select three caterers in the area who could create box lunches, including beverages and dessert, for thirty-five people.
   a. Check the yellow pages for local limousine or bus services; then surf their Web sites to see what their hourly rates are.
   b. Surf the Web for three local restaurants or caterers and print several menus. If necessary, call the restaurants for this information.
   c. Select a menu from each of the three restaurants or caterers and phone them to find out what their charge would be to provide the lunches.
   d. Assemble this information and key it into a table or chart. Then submit it to your instructor.

Using Excel: Computing Gross Profit/Loss

You have been asked to set up a chart to show the gross profit for your company for 2004. The chart will show the periods, revenue, expenses, and gross profit/loss for the year as follows:

<table>
<thead>
<tr>
<th>Periods</th>
<th>Revenue</th>
<th>Expenses</th>
<th>Gross Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10,000</td>
<td>8,000</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>14,900</td>
<td>7,500</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>18,200</td>
<td>8,500</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>25,400</td>
<td>9,650</td>
<td></td>
</tr>
</tbody>
</table>

Set up an Excel chart as follows:

1. Be in Excel and click on a new worksheet.
2. In the first cells across, key Income Statement and press Enter.
3. In the first cells below that, key For 2004, press Enter.
4. Next, in the next row, set up a cell by labeling it and keying Periods in the first left cell.
5. Tab over and set up a cell across from that by labeling it and keying Revenue.
6. Tab over and set up a cell next by labeling it and keying Expenses.
7. Tab over and set up a cell next by labeling it and keying Gross Profit/Loss, press Enter.
8. Under the Heading Periods enter 1, tab to Revenue, enter the amount, tab to Expenses, enter the amount (get the amounts from the information above); press Enter.
9. Return to left margin under Periods, enter 2, tab to Revenue, enter the amount, tab to Expenses, enter the amount; Enter.

10. Return to left margin under Periods, enter 3, tab to Revenue, enter the amount, tab to Expenses, enter the amount; Enter.

11. Return to left margin under Periods, enter 4, tab to Revenue, enter the amount, tab to Expenses, enter the amount; Enter.

12. Now you are ready to enter the formula to calculate the Gross Profit/Loss. Tab over and go up to the first cell under Gross Profit/Loss. Key in = followed by the cell assigned to Revenue (as B4), then follow the entry with a minus sign and the cell assigned to Expenses (as C4). You should have a formula such as = B4 – C4. The formula should give you the Gross Profit of 2,000 for Period 1. Put the cursor at the corner of the block under 2,000 and click until you get an arrow or + symbol; drag the cursor downward across the next 3 blocks below to bring the formula to give you the Gross Profit for those Periods. Click on any of the Gross Profit cells and the formula shows in the block in the tool bar above.

13. You may center Income Statement and For 2004 over the figure if your teacher directs you to do that. Proofread your work and save it under the name of the exercise as your teacher directs. Print a copy to submit as directed.

Income Statement For 2004

<table>
<thead>
<tr>
<th>Periods</th>
<th>Revenue</th>
<th>Expenses</th>
<th>Gross Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10,000</td>
<td>8,000</td>
<td>2,000</td>
</tr>
<tr>
<td>2</td>
<td>14,900</td>
<td>7,500</td>
<td>7,400</td>
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<td>18,200</td>
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</tr>
<tr>
<td>4</td>
<td>25,400</td>
<td>9,650</td>
<td>15,750</td>
</tr>
</tbody>
</table>
APPLICATION PROBLEMS

Application 15-A
Setting Priorities

Retrieve file C15-DA.DOC.

Directions
Using the notes in Projects and Activities 1 through 7, key the work to be done and assign priorities to the items in Form 15-A, the Daily Plan Chart. Save the file.

Application 15-B
Evaluating Your Skills

Supplies needed: Form 15-B, Evaluation Form.
Retrieve C15-EV.DOC from your student data disk.

Directions
Complete Form 15-B.

Application 15-C
Completing an Appointment Card

Supplies needed: Form 15-C, Appointment Card.

Directions
Complete Form 15-C.
Retrieve C15-ACARD.DOC from student data disk.
The appointment card is for Ms. Betty Jones for a follow-up appointment on Thursday, current month, next Thursday, at 2 p.m.

Your Action Plan
Refer to the ACTIONPL.DOC saved online with the chapter file or refer to Chapter 1, FORM 1-B, if necessary.
1. Set one goal using the information you learned in Chapter 15.
2. Follow your instructor’s directions for formatting, assembling, and turning in your Action Plan.

Building Your Portfolio
With the help of your instructor, select the best papers representative of your work from Chapter 15. Follow your instructor’s directions for formatting, assembling, and turning in the portfolio.