Managing Appointments

Chapter Checklist

✔ Read textbook chapter and take notes within the Chapter Notes outline. Answer the Learning Objectives as you reach them in the content, and then check them off.

✔ Work the Content Review questions — both Foundational Knowledge and Application.

✔ Perform the Active Learning exercise(s).

✔ Complete Professional Journal entries.

✔ Complete Skill Practice Activity(s) using Competency Evaluation Forms and Work Products, when appropriate.

✔ Take the Chapter Self-Assessment Quiz. Check your Quiz using answers found in Appendix B, correct any incorrect answers, and review that portion of the textbook chapter as necessary for complete understanding.

✔ Insert all appropriate pages into your Portfolio.

Learning Objectives

1. Spell and define the key terms
2. Describe the various systems for scheduling patient office visits, including manual and computerized scheduling
3. Identify the factors that affect appointment scheduling
4. Explain guidelines for scheduling appointments for new patients, return visits, inpatient admissions, and outpatient procedures
5. List three ways to remind patients about appointments
6. Describe how to triage patient emergencies, acutely ill patients, and walk-in patients
7. Describe how to handle late patients
8. Explain what to do if the physician is delayed
9. Describe how to handle patients who miss their appointments
10. Describe how to handle appointment cancellations made by the office or by the patient

Chapter Notes

Note: bold-faced headings are the major headings in the text chapter; headings in regular font are lower-level headings (i.e., the content is subordinate to, or falls “under,” the major headings). Make sure you understand the key terms used in the chapter, as well as the concepts presented as Key Points.

<table>
<thead>
<tr>
<th>TEXT SUBHEADINGS</th>
<th>NOTES</th>
</tr>
</thead>
</table>
| Introduction     | Key Term: providers  
                  | Key Point:  
                  | • Your responsibility is to manage all of this while maintaining a calm, efficient, and polite attitude. |
LEARNING OBJECTIVE 1: Spell and define the key terms.

Appointment Scheduling Systems

Manual Appointment Scheduling

The Appointment Book

Establishing a Matrix

Key Term: matrix

Key Point:
- Along with the notations in a patient’s chart, the pages of the appointment book provide documentation of a patient’s visits and any changes, such as cancellations and rescheduled appointments.

Computerized Appointment Scheduling

Key Point:
- Once the daily schedule is printed, this important document is referred to as the daily activity sheet or the day sheet and is the guide for everyone involved in the flow of patient care. Figure 6-2 shows a computer-generated daily activity sheet.

LEARNING OBJECTIVE 2: Describe the various systems for scheduling patient office visits, including manual and computerized scheduling.

Types of Scheduling

Structured Appointments

Key Term: buffer
## Clustering

**Key Term:** clustering

## Wave and Modified Wave

**Key Term:** wave scheduling system

## Fixed Scheduling

## Streaming

**Key Term:** streaming

## Double Booking

**Key Term:** double booking

## Flexible Hours

## Open Hours

## Factors That Affect Scheduling

## Patients’ Needs

**Key Terms:** acute, chronic

**Key Point:**
- With a patient in an emotional state, even the slightest real or imagined miscommunication can lead to negative response from the patient.

## Providers’ Preferences and Needs
### Physical Facilities

**Key Point:**
- You must thoroughly understand the requirements for procedures to be performed in the office to schedule appointments accurately.

### LEARNING OBJECTIVE 3: Identify the factors that affect appointment scheduling.

### Scheduling Guidelines

### New Patients

**Key Point:**
- The information you exchange at this encounter is crucial, and entering the patient's data accurately is imperative.

### Established Patients

### LEARNING OBJECTIVE 4: Explain guidelines for scheduling appointments for new patients, return visits, inpatient admissions, and outpatient procedures.

### Preparing a Daily or Weekly Schedule

### Patient Reminders

### Appointment Cards

### Telephone Reminders

**Key Point:**
- All new patients and patients with appointments scheduled in advance should receive a telephone reminder the day before their appointment.
**Mailed Reminder Cards**

Key Term: tickler file

**LEARNING OBJECTIVE 5:** List three ways to remind patients about appointments.

**Adapting the Schedule**

**Emergencies**

Key Terms: STAT; constellation of symptoms

Key Point:
- When a patient calls with an emergency (Fig. 6-5), your first responsibility is to determine whether the problem can be treated in the office.

**Patients Who Are Acutely Ill**

Key Point:
- Obtain as much information about the patient’s medical problem as you can so your message to the physician will allow him or her to decide how soon the patient should be seen.

**Walk-in Patients**

**LEARNING OBJECTIVE 6:** Describe how to triage patient emergencies, acutely ill patients, and walk-in patients.

**Late Patients**

**LEARNING OBJECTIVE 7:** Describe how to handle late patients.

**Physician Delays**

Key Point:
- If patients are waiting in the office, inform them immediately if the physician will be delayed.
LEARNING OBJECTIVE 8: Explain what to do if the physician is delayed.

Missed Appointments

Key Point:
• Continued failure to keep appointments should be brought to the attention of the physician, who may want to call the patient personally (particularly if the patient is seriously ill) or send a letter expressing concern for the patient’s welfare.

LEARNING OBJECTIVE 9: Describe how to handle patients who miss their appointments.

Cancellations

Cancellations by the Office

Key Point:
• These cancellations should be noted in the patient’s medical record.

Cancellations by the Patient

LEARNING OBJECTIVE 10: Describe how to handle appointment cancellations made by the office or by the patient.

Making Appointments for Patients in Other Facilities

Referrals and Consultations

Key Terms: consultation; referral; precertification

Key Point:
• Be sure the physician you are calling is on the preferred provider list for the patient’s insurance company.

Diagnostic Testing
Surgery

When the Appointment Schedule Does Not Work

Key Point:
• Since the work flow of the office affects every staff member, involve all employees in your study.

FOUNDATIONAL KNOWLEDGE

Know Your Schedule

1. Medical offices may either use a manual or computerized appointment scheduling system. There are characteristics specific to each type of system. In the table below, read each characteristic, and then decide which type of system it describes. Place a check in the appropriate column.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Manual</th>
<th>Computerized</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. An appointment book</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Feature that allows you to search the appointment database for the next available timeslot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Easy access to billing information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Matrix created by crossing out unavailable times</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Identify each type of scheduling system in the chart below.

<table>
<thead>
<tr>
<th>Description</th>
<th>Type of Scheduling System</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. several patients are scheduled for the first 30 minutes of each hour</td>
<td></td>
</tr>
<tr>
<td>b. appointments are given based on the needs of individual patients</td>
<td></td>
</tr>
<tr>
<td>c. each hour is divided into increments of 15, 30, 45, or 60 minutes for appointments depending on the reason for the visit</td>
<td></td>
</tr>
<tr>
<td>d. patients are grouped according to needs or problems</td>
<td></td>
</tr>
<tr>
<td>e. two patients are scheduled for the same period with the same physician</td>
<td></td>
</tr>
</tbody>
</table>

3. List four advantages to clustering patients.
   a.                                                                 |
   b.                                                                 |
   c.                                                                 |
   d.                                                                 |
4. Mr. Gonzalez requests an appointment for 1 P.M. on Wednesday. You already have a patient scheduled on that day and time slot. What should you do?

5. Name the three factors that can affect scheduling.
   a. 
   b. 
   c. 

6. The allotted time for each service will vary among different medical offices. However, you can estimate how long each service should take when creating a schedule. Match each service below with the estimated amount of time needed for each one.

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. blood pressure check</td>
<td>1. 5 minutes</td>
</tr>
<tr>
<td>b. complete physical exam</td>
<td>2. 10 minutes</td>
</tr>
<tr>
<td>c. dressing change</td>
<td>3. 15 minutes</td>
</tr>
<tr>
<td>d. recheck</td>
<td>4. 30 minutes</td>
</tr>
<tr>
<td>e. school physical</td>
<td>5. 1 hour</td>
</tr>
</tbody>
</table>

7. Below are the steps for making a return appointment. Some of the steps are false or incomplete. Review each step and then decide if it is correct or incorrect. If incorrect, rewrite the statement to make it true and complete.

   a. Carefully check your appointment book or screen before offering an appointment time. If a specific examination, test, or x-ray is to be performed on the return visit, avoid scheduling two patients for the same examination at the same time.

   b. Ask the patient when he or she would like to return.

   c. Write the patient’s name and telephone number in the appointment book or enter information in computer.

   d. Transfer the information to an appointment card that you will mail out to the patient at a later date.

   e. Double-check your book or screen to be sure there are no errors.

   f. End your conversation with a pleasant word and a smile.
8. Don’t Forget... 
List the three ways to remind patients about appointments.

a. 

b. 

c. 

9. When a patient calls with an emergency, your first responsibility is to:

a. determine if the patient has an appointment.
b. decide whether the problem can be treated in the office.
c. verify that the physician can see the patient.
d. identify the patient’s constellation of symptoms.

10. What should you do if the physician decides not to see a walk-in patient?

a. Ask the patient to schedule an appointment to return later.
b. Explain that the physician is too busy.
c. Tell the patient to try a different medical office.
d. Tell the patient to go to the hospital.

11. Tardy Party
Like the rabbit in “Alice in Wonderland,” some patients always seem to be running just behind schedule. Patients who are routinely late might benefit by having their appointments ________ for a time at the ________ of the day.

a. rescheduled; end
b. suspended; beginning
c. revoked; afternoon
d. renewed; middle

12. Time on the Mind
Sometimes, the physician will be the person who is running late. Explain what you would do in each situation.

The physician calls in to the office to say he is delayed. What would you do if:

a. Office hours have not yet begun.

b. Patients are waiting in the office.

13. No-Show
Sometimes, a patient may neglect to keep an appointment. When this happens, you should call the patient. What should you do if you are unable to reach the patient by phone?

14. When might you write a letter to a patient who has an appointment that you must cancel?

a. when you can’t reach the patient by phone
b. when the physician leaves the office abruptly
c. when you have advance notice from the physician
d. when you want to use written communication
15. Maria has just called into the office to cancel her appointment for today. Explain what you should do.

16. When calling another physician’s office for an appointment for your patient, you’ll need to provide certain information. Review the list below and circle the information that you should provide to another physician’s office.

<table>
<thead>
<tr>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician’s name</td>
</tr>
<tr>
<td>Patient’s name</td>
</tr>
<tr>
<td>Physician’s telephone number</td>
</tr>
<tr>
<td>Insurance company’s telephone number</td>
</tr>
<tr>
<td>Reason for the referral</td>
</tr>
<tr>
<td>Patient’s allergies</td>
</tr>
<tr>
<td>Patient’s Social Security number</td>
</tr>
<tr>
<td>Patient’s address and telephone number</td>
</tr>
<tr>
<td>Patient’s next of kin</td>
</tr>
<tr>
<td>Degree of urgency</td>
</tr>
<tr>
<td>Patient’s insurance information</td>
</tr>
<tr>
<td>If patient needs a consultation or referral</td>
</tr>
</tbody>
</table>

17. If diagnostic testing requires preparation from the patient, what should you do?

18. Preadmission testing for surgery may include:

   a. ____________________________
   b. ____________________________
   c. ____________________________

19. Match the following key terms to their definitions.

<table>
<thead>
<tr>
<th>Key Terms</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. acute</td>
<td>1. a group of clinical signs indicating a particular disease process</td>
</tr>
<tr>
<td>b. buffer</td>
<td>2. the practice of booking two patients for the same period with the same physician</td>
</tr>
<tr>
<td>c. chronic</td>
<td>3. term used in the medical field to indicate that something should be done immediately</td>
</tr>
<tr>
<td>d. clustering</td>
<td>4. a system for blocking off unavailable patient appointment times</td>
</tr>
<tr>
<td>e. constellation of symptoms</td>
<td>5. a flexible scheduling method that allows time for procedures of varying lengths and the addition of unscheduled patients, as needed</td>
</tr>
<tr>
<td>f. consultation</td>
<td>6. referring to longstanding medical problem</td>
</tr>
<tr>
<td>g. double booking</td>
<td>7. grouping patients with similar problems or needs</td>
</tr>
<tr>
<td>h. matrix</td>
<td>8. a method of allotting time for appointments based on the needs of the individual patient that helps minimize gaps in time and backups</td>
</tr>
<tr>
<td>i. precertification</td>
<td>9. extra time booked on the schedule to accommodate emergencies, walk-ins, and other demands on the provider’s daily time schedule that are not considered direct patient care</td>
</tr>
<tr>
<td>j. providers</td>
<td>10. health care workers who deliver medical care</td>
</tr>
<tr>
<td>k. referral</td>
<td>11. referring to medical problem with abrupt onset</td>
</tr>
<tr>
<td>l. STAT</td>
<td>12. request for assistance from one physician to another</td>
</tr>
<tr>
<td>m. streaming</td>
<td>13. approved documentation prior to referrals to specialists and other facilities</td>
</tr>
<tr>
<td>n. tickler file</td>
<td>14. instructions to transfer a patient’s care to a specialist</td>
</tr>
<tr>
<td>o. wave scheduling system</td>
<td>15. a file that provides a reminder to do a given task at a particular date and time</td>
</tr>
</tbody>
</table>

20. True or False? Determine whether the following statements are true or false. If false, explain why.

   a. Fixed scheduling is the most commonly used method.
b. A medical office that operates with open hours for patient visits is open 24 hours a day, 7 days a week.

c. Most appointments for new patients are made in person.

d. Patients with medical emergencies need to be seen immediately.

APPLICATION

Critical Thinking Practice

1. An elderly patient walks into the medical office. His constellation of symptoms includes chest discomfort, shortness of breath, and nausea. He doesn’t have an appointment. Explain what you would do.

2. The appointment book below is divided into half-hour increments. The spaces below each time slot are empty. Fill in the appointment book with the following information: Dr. Brown has hospital rounds from 8:00 A.M. to 9:00 A.M. He has the following appointments: Cindy Wallis at 9:30 A.M.; Bill Waters at 10:00 A.M.; Rodney Kingston at 10:30 A.M.

<table>
<thead>
<tr>
<th>8:00</th>
<th>8:30</th>
<th>9:00</th>
<th>9:30</th>
<th>10:00</th>
<th>10:30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Janet Pele calls the office and requests an emergency morning appointment. Can you accommodate her? Explain.

Patient Education

1. Juan is consistently late for appointments. You’ve spoken with him several times. What should you do next? Explain what you will say to him and the information you will provide him with.

Documentation

1. Write a narrative charting note describing your interactions with Juan from the question above.
Active Learning

1. Record all of the activities you take part in on a typical day. Then, practice scheduling by placing these activities in a matrix.

2. Pretend that you’re a new patient. Make a list of questions you might have about the medical office. Now as a medical assistant, answer your questions. If you don’t know the answer to a question, find out. Then tape this “Q and A” list somewhere around your desk, and use it when new patients come into the office.

3. Working with a group of students, place a “suggestions box” in a medical office’s waiting room. Patients can place their suggestions concerning waiting times, scheduling, etc., into the box anonymously and at their leisure. After two weeks, open the box and discuss the suggestions with your group. Decide which suggestions are possible, and discuss ways of implementing these changes. Create a report for the medical office discussing the suggestions and how they may be addressed.

Professional Journal

REFLECT

(Prompts and Ideas: Are you concerned about controlling the appointment schedule effectively? How will you keep track of appointments, missed patients, physician delays, etc? Think about the medical office that you visit as a patient. In what ways does the medical assistant keep the schedule running smoothly? What changes would you like to see?)

PONDER AND SOLVE

1. Patients may come and go without your direct involvement in their care. Even so, why is it important for you to understand the reason for a patient’s appointment?
2. Would you rather use a manual or computerized appointment scheduling system? Explain your reasons and give advantages and disadvantages for each.

EXPERIENCE

Skills related to this chapter include:
1. Schedule an appointment for a new patient (Procedure 6-1)
2. Schedule an appointment for a return visit (Procedure 6-2)
3. Schedule an appointment for a referral to an outpatient facility (Procedure 6-3)
4. Arrange for admission to an inpatient facility (Procedure 6-4)

Record any common mistakes, lessons learned, and/or tips you discovered during your experience of practicing and demonstrating these skills:

PERFORMANCE OBJECTIVES:

1. Schedule an appointment for a new patient (Procedure 6-1).
2. Schedule an appointment for a return visit (Procedure 6-2).
3. Schedule an appointment for a referral to an outpatient facility (Procedure 6-3).
4. Arrange for admission to an inpatient facility (Procedure 6-4).
**Procedure 6-1: MAKING AN APPOINTMENT FOR A NEW PATIENT**

**EQUIPMENT/ITEMS NEEDED:** Patient’s demographic information, patient’s chief complaint, appointment book or computer with appointment software.

**STANDARDS:** Given the needed equipment and a place to work, the student will perform this skill with ___ % accuracy in a total of ___ minutes. (Your instructor will tell you what the percentage and time limits will be before you begin.)

**KEY:** 4 = Satisfactory 0 = Unsatisfactory NA = This step is not counted

<table>
<thead>
<tr>
<th>PROCEDURE STEPS</th>
<th>SELF</th>
<th>PARTNER</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtain as much information as possible from the patient, such as:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Full name and correct spelling</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Mailing address (not all offices require this)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Day and evening telephone numbers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Reason for the visit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Name of the referring person</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

2. Determine the patient’s chief complaint or the reason for seeing the physician.

3. Explain the payment policy of the practice. Instruct patients to bring all pertinent insurance information.

4. Give concise directions if needed.

5. Ask the patient if it is permissible to call at home or at work.

6. Confirm the time and date of the appointment.

7. Check your appointment book to be sure that you have placed the appointment on the correct day in the right time slot.

8. If the patient was referred by another physician, call that physician’s office before the appointment for copies of laboratory work, radiology, pathology reports, and so on. Give this information to the physician prior to the patient’s appointment.

**CALCULATION**

Total Possible Points: ___
Total Points Earned: ____ Multiplied by 100 = ____ Divided by Total Possible Points = ____%

**Pass**  **Fail**  **Comments:**
☐  ☐  

Student’s signature ________________________________ Date ________
Partner’s signature ________________________________ Date ________
Instructor’s signature ________________________________ Date ________
Procedure 6-2: MAKING AN APPOINTMENT FOR AN ESTABLISHED PATIENT

EQUIPMENT: Appointment book or computer with appointment software, appointment card.

STANDARDS: Given the needed equipment and a place to work, the student will perform this skill with ____ % accuracy in a total of ____ minutes. (Your instructor will tell you what the percentage and time limits will be before you begin.)

KEY: 4 = Satisfactory 0 = Unsatisfactory NA = This step is not counted

<table>
<thead>
<tr>
<th>PROCEDURE STEPS</th>
<th>SELF</th>
<th>PARTNER</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>5.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

CALCULATION

Total Possible Points: ____
Total Points Earned: ____ Multiplied by 100 = ____ Divided by Total Possible Points = ____ %

Pass Fail Comments:
☐ ☐

Student’s signature ___________________________ Date ________
Partner’s signature ___________________________ Date ________
Instructor’s signature _________________________ Date ________
### Procedure 6-3: MAKING AN APPOINTMENT FOR A REFERRAL TO AN OUTPATIENT FACILITY

**EQUIPMENT:** Patient’s chart with demographic information; physician’s order for services needed by the patient and reason for the services; patient’s insurance card with referral information, referral form, and directions to office.

**STANDARDS:** Given the needed equipment and a place to work, the student will perform this skill with ____ % accuracy in a total of ____ minutes. (*Your instructor will tell you what the percentage and time limits will be before you begin.*)

**KEY:**     4 = Satisfactory     0 = Unsatisfactory     NA = This step is not counted

<table>
<thead>
<tr>
<th>PROCEDURE STEPS</th>
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<th>PARTNER</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Make certain that the requirements of any third-party payers are met.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Refer to the preferred provider list for the patient’s insurance company. Allow the patient to choose a provider from the list.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
| 3. Have the following information available when you make the call:  
  - Physician’s name and telephone number  
  - Patient’s name, address, and telephone number  
  - Reason for the call  
  - Degree of urgency  
  - Whether the patient is being sent for consultation or referral | ☐ | ☐ | ☐ |
| 4. Record in the patient’s chart the time and date of the call and the name of the person who received your call. | ☐ | ☐ | ☐ |
| 5. Tell the person you are calling that you wish to be notified if your patient does not keep the appointment. If this occurs, be sure to tell your physician and enter this information in the patient’s record. | ☐ | ☐ | ☐ |
| 6. Write down the name, address, and telephone number of the doctor you are referring your patient to and include the date and time of the appointment. Give or mail this information to your patient. Be certain that the information is complete, accurate, and easy to read. | ☐ | ☐ | ☐ |
| 7. If the patient is to call the referring physician to make the appointment, ask the patient to call you with the appointment date, then document this in the chart. | ☐ | ☐ | ☐ |

**CALCULATION**

Total Possible Points: ____
Total Points Earned: ____ Multiplied by 100 = ____ Divided by Total Possible Points = ____ %

**Pass** ✅  **Fail** ✗  **Comments:**

Student’s signature: ____________________________ Date: _______
Partner’s signature: ___________________________ Date: _______
Instructor’s signature: _________________________ Date: _______
EQUIPMENT: Physician’s order with diagnosis, patient’s chart with demographic information, contact information for inpatient facility.

STANDARDS: Given the needed equipment and a place to work, the student will perform this skill with _____ % accuracy in a total of _____ minutes. (*Your instructor will tell you what the percentage and time limits will be before you begin.*)

KEY: 4 = Satisfactory 0 = Unsatisfactory NA = This step is not counted

**PROCEDURE STEPS**

<table>
<thead>
<tr>
<th>PROCEDURE STEPS</th>
<th>SELF</th>
<th>PARTNER</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Determine the place patient and/or physician wants the admission arranged.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Gather information for the other facility, including demographic and insurance information.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Determine any precertification requirements. If needed, locate contact information on the back of the insurance card and call the insurance carrier to obtain a precertification number.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Obtain from the physician the diagnosis and exact needs of the patient for an admission.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Call the admissions department of the inpatient facility and give information from step 2.</td>
<td>☐</td>
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<tr>
<td>6. Obtain instructions for the patient and call or give the patient instructions and information.</td>
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<tr>
<td>7. Provide the patient with the physician’s orders for their hospital stay, including diet, medications, bed rest, etc.</td>
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<tr>
<td>8. Document time, place, etc. in patient’s chart, including any precertification requirements completed.</td>
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</tbody>
</table>

**CALCULATION**

Total Possible Points: ____
Total Points Earned: ____ Multiplied by 100 = ____ Divided by Total Possible Points = ____ %

Pass ☐ Fail ☐ Comments: ☐

Student’s signature ____________________________ Date _____
Partner’s signature ____________________________ Date _____
Instructor’s signature __________________________ Date _____
Chapter
Self-Assessment Quiz

1. If your medical office uses a manual system of scheduled appointments for patient office visits, you will need a(n):
   a. toolbar.
   b. appointment book.
   c. computer.
   d. buffer time.
   e. fixed schedule

2. How much time should be blocked off each morning and afternoon to accommodate emergencies, late arrivals, and other delays?
   a. 5 to 10 minutes
   b. 10 to 20 minutes
   c. 15 to 30 minutes
   d. 45 minutes to one hour
   e. one to two hours

3. When scheduling an appointment, why should you ask the patient the reason she needs to see the doctor?
   a. To know the level of empathy to give the patient
   b. To anticipate the time needed for the appointment
   c. To confront the patient about his personal choices
   d. To manipulate the patient’s needs
   e. To determine who should see the patient

4. Which of the following is an advantage to clustering?
   a. Efficient use of employee’s time
   b. Increased patient time for the physician
   c. Reduced staff costs for the office
   d. Shorter patient appointments
   e. Greater need for specialists in the office

5. In fixed scheduling, the length of time reserved for each appointment is determined by the:
   a. physician’s personal schedule.
   b. number of hours open on a given day.
   c. reason for the patient’s visit.
   d. type of insurance provider.
   e. patient’s age.

6. Double booking works well when patients are being sent for diagnostic testing because:
   a. it gives each patient enough time to prepare for testing.
   b. it leaves time to see both patients without keeping either one waiting unnecessarily.
   c. the physician enjoys seeing two patients at one time.
   d. it challenges the medical practice’s resources.
   e. it gives the physician more “downtime.”

7. Which of the following is a disadvantage to open hours?
   a. Patients with emergencies cannot be seen quickly.
   b. Scheduling patients is a challenge.
   c. Effective time management is almost impossible
   d. Walk-ins are encouraged.
   e. Patient charts aren’t properly updated.

8. You should leave some time slots open during the schedule each day to:
   a. allow patients to make their own appointments on-line.
   b. make the schedule more well-rounded.
   c. leave some time for personal responsibilities.
   d. provide the staff some flex time.
   e. make room for emergencies and delays.

9. Most return appointments are made:
   a. before the patient leaves the office.
   b. before the patient’s appointment.
   c. after the patient leaves the office.
   d. during the patient’s next visit.
   e. when the patient receives a mailed reminder.

10. Reminder cards be mailed:
    a. the first day of every month.
    b. a week before the date of the appointment.
    c. the beginning of the year.
    d. with all billing statements.
    e. only when the patient requests one.

11. A condition that is abrupt in onset is described as:
    a. chronic.
    b. commonplace.
    c. lethal.
    d. acute.
    e. uncurable.
12. Who is authorized to make the decision whether to see a walk-in patient or not?
   a. Medical assistant
   b. Emergency medical technician
   c. Physician
   d. Reception
   e. Nurse

13. If you reschedule an appointment, you should note the reason for the cancellation or rescheduling in:
   a. the patient’s chart.
   b. the patient’s immunization record
   c. the patient’s insurance card
   d. the patient’s billing form.
   e. the office’s appointment book.

14. If you have to cancel on the day of an appointment because of a physician’s illness:
   a. send the patient an apology letter.
   b. give the patient a detailed excuse.
   c. e-mail the patient a reminder.
   d. call the patient and explain.
   e. offer the patient a discount at his next appointment.

15. If you find that your schedule is chaotic nearly every day, then you should:
   a. evaluate the schedule over time.
   b. keep that information private.
   c. tell your supervisor that you would like a new job.
   d. stop the old schedule and make a new one.
   e. let the patients know that the schedule isn’t working.

16. An instruction to transfer a patient’s care to a specialist is a(n):
   a. precertification.
   b. consultation.
   c. transfer.
   d. referral.
   e. payback.

17. Established patients are:
   a. patients who are new to the practice.
   b. patients who have been to the practice before.
   c. patients who are over the age of 65.
   d. patients who are chronically ill.
   e. patients with insurance.

18. A flexible scheduling method that schedules patients for the first 30 minutes of an hour and leaves the second half of each hour open is called:
   a. clustering.
   b. wave scheduling system.
   c. streaming.
   d. fixed schedule system.
   e. doublebooking.

19. A chronic problem is one that is:
   a. not very serious.
   b. occurring for a short period of time.
   c. longstanding.
   d. easily cured.
   e. difficult to diagnose.

20. Which of the following is true of a constellation of symptoms?
   a. It can only be assessed by a physician.
   b. It is only an emergency if a patient is having a heart attack.
   c. It means a patient is suffering from appendicitis.
   d. It is a group of clinical signs indicating a particular disease.
   e. It probably requires a call to emergency medical services.