

Job Description

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Job Title:	Patient Service Representative	Job Status:	Non-Exempt
Reports To:	Patient Services Coordinator	Pay Grade:	
Department:	Patient Services	Department Code:	000197/000397
Location:	Fresno/Selma/Clovis		

SUMMARY

Responsible for accurate and complete patient accounts based on policies and procedures to include but not limited to pre-admission, admission, pre-registration and registration functions. Responsibilities include greeting patients, posting charges/ payments, collecting patient information, and phone calls. Ensure all insurance requirements are met and inform patients of their financial liability. This position requires excellent customer service skills.

DUTIES AND RESPONSIBILITIES (Other duties may be assigned)

- Check-In Desk:
 - o Greet patients ó direct clinical, surgery, optical, and vendors.
 - o Verify insurance information in computer and update demographics.
 - o Collect and post co-pays, co-insurances, and payments.
 - o Print routes and other necessary forms.
 - Check authorizations.
 - o Copy insurance cards and scan into computer.
 - o Complete new patient forms and make charts.
 - o Complete Medicare AOB forms.
 - o Give patient a copy of the HIPAA regulations and sign acknowledgement form.
 - o Tag patient into schedule.
 - o Balancing cash sheet at end of each shift and prepare deposit.
 - o Make appointments for return and walk-in patients.
 - O Stocking front desk with necessary forms and supplies.
 - o Answering patient questions.
 - o Welcome and direct Optical patients, drug reps and administration visitors.
 - o Back-up for check-out.

Check-Out Desk:

- Collect route from patient.
- o Complete route slip ó charges, dx, return appointment, payments, and initial.
- o Make return appointments and reschedules.
- o Collect and post medical charges and optical charges.
- o Finish patient from schedule.
- o Balance cash sheet at end of each shift and create deposit
- o Collect visa summary slips for accounting.
- o Complete credit card refunds for Business Office and post to cash sheet.
- o Answering patient questions.
- o Back-up check-in.

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SUPERVISORY RESPONSIBILITIES

None.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions. Ability to type 45 WPM.

EDUCATION and/or EXPERIENCE

High school diploma or general education degree (GED); six months to one year related experience and/or technical school training; or equivalent combination of education and experience.

LANGUAGE SKILLS

Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write correspondence. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization.

MATHEMATICAL SKILLS

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

REASONING ABILITY

Ability to solve practical problems and deal with variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle or feel, and talk or hear. The employee frequently is required to walk and reach with hands and arms.

EMPLOYEE ACKNOWLEDGMENT

I have received a copy of the position	description and have read and understand the contents
Employee Name (Please Print)	
Employee Signature	Date

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