

REFERRAL COORDINATOR

POSITION: REFERRAL COORDINATOR/FRONT DESK

REPORTS TO: PRACTICE MANAGER

TIME/STATUS: FULL TIME, NON-EXEMPT

ENNA GONZALEZ

MONDAY THRU FRIDAY FW OFFICE 8A-5P

SPECIFIC RESPONSIBILITIES

1. Performs day-to-day administrative functions and general office duties including but not limited to word processing, scanning, copying, filing, faxing, answering phones and data entry.
2. Welcomes and greets patients/clients/visitors who walk into the clinic (after Jessica leaves)
3. Assist with check-in process to include demographic updates, co-pay collection and verifies completion on new patient registration paperwork (after Jessica leaves).
4. Ensures correct and accurate patient information is on file to include name, phone number, address, SS, insurance and email address (after Jessica leaves).
5. Enters in all patient information in chart including referring provider and pcp. Inputs all “details” in the insurance tab (after Jessica leaves).
6. Obtains a copy of insurance card and valid ID for any new patients. For existing patients, verifies current and updated cards are in patient chart. Informs patient this information is needed for accurate record keeping (after Jessica leaves).
7. Informs patient of any existing balance noted in eCW and request payment on balance or arrangement be made per CC AUTH form if unable to pay entire balance (after Jessica leaves).
8. Facilitate and coordinate all aspects of incoming new patient referrals/appointments to including scheduling.
9. Create new patient accounts/charts once referral has been sent via eCW or fax.
10. Makes first contact to patient for incoming referrals within the first 48 hours of receiving request.
11. Makes 3 attempts to call patient within first 7 days, if no answer or no response, 1 more call is made beginning week 2. If unable to contact patient after first 4 attempts within specified time period, action is then sent to manager for review and last follow up.
12. Send out follow up letters to referring providers informing them status of referral.
13. Maintains accurate and up to date notes within the referral of patient’s chart.
14. Works closely as well as maintains correspondence with patient and referring provider office to ensure authorization for referral is completed (selected ins plans).
15. Completes insurance verification and obtains eligibility for referrals.
16. Assist with contacting missed new patient referral appointments to reschedule.
17. Assist with demographic updates from Out of Office visits, create chart if needed and pull records from HCare.
18. Assist with chart work ups for the week which include, print demo and superbill, verify patient insurance, print out results from HCare when needed and highlighting pertinent missing information on the demo form to include outstanding balance.
19. When scheduling appointment, carefully screens patients for new address, new patient visit or update registration and informs patient of information that must be presented at time of visit.
20. Triage phone calls that come into the que and route accordingly. Make telephone encounters or actions if appropriate and respond in timely manner.
21. Monitors and completes in a timely manner assigned tasks within “jelly beans” of eCW.
22. Checks voice mail throughout working day and responds in a timely manner (same day or no later than next business day)
23. Completes and prints Time of Service day sheet for payment collections and completes report to turn in.