



THE CHIROPRACTIC ASSISTANT HANDBOOK

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CONGRATULATIONS!

You have joined the ranks of those professionals who are called **Chiropractic Assistants** or **CAs**. We are proud of the men and women who have been drawn to serve our patients over the 125-year history of our profession. Yours is more than just a job, it is a calling! You will no longer look at people standing in line for groceries or walking through the shopping mall the same! You know that the secret to good health lies within the body and does not come from outside of our body in the form of drugs. This knowledge comes with a responsibility. You have the **responsibility** to make known to friends, family and strangers alike that there is an alternative to drugs, disease and surgery. You are a **“Chiropractic Crusader,”** and you have a purpose, a mission and a philosophy. Don’t be part of the people who sit idly by as life happens around them. Use your knowledge to make a difference in the lives of those around you!

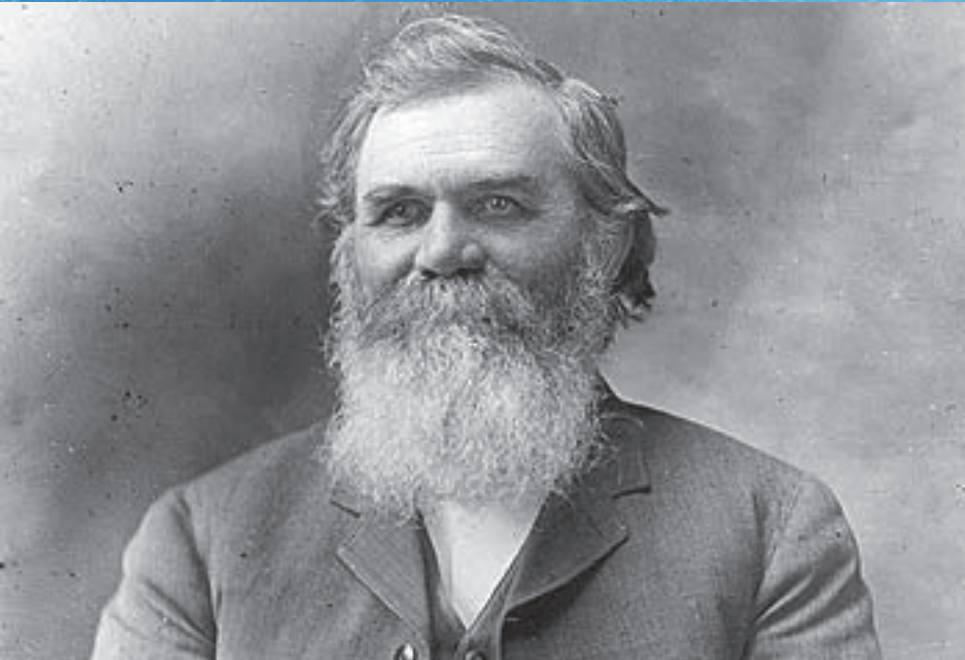
It is up to you to study this material and learn it well enough to become creative within your position. It is normal for you to feel very dependent upon your fellow staff members at this point in time. They are happy to support you! Next you will develop a feeling of independence. You will feel like you have a mastery of the position and that you no longer must rely on your coworkers to provide the information you require. What you should strive for ultimately is to develop a feeling of **INTERDEPENDENCE**.

Interdependence means you are functioning as part of a team, not an independent individual. You should approach your position as being a player on a sports team. When the game is being played, we don't stop to discuss the rules of the game, but wait until halftime or when the game is over to call a huddle. When one player fumbles the ball, it is your job to try to recover it and to keep the ball in play. Finally, never be afraid to pass off the ball to a team member. The greatest glory occurs when the team wins the game, not when an individual player makes a good play. The feeling of interdependence will develop as you learn to trust and feel safe with your fellow teammates.

CHAPTER 1: CHIROPRACTIC HISTORY

Chiropractic was discovered in 1895 in Davenport, Iowa by **Daniel David (D.D.) Palmer**. The first chiropractic adjustment was applied to Harvey Lillard, a janitor who worked in D.D. Palmer's building, who was suffering from deafness. D.D. noticed that there was a bump in Mr. Lillard's neck, which was tender when he pressed on it. He gave the bump a push with his hands and heard a popping sound. Immediately Mr. Lillard's hearing was restored! D.D. later learned that the bump was in fact a misaligned vertebra and that what he had done was to realign the vertebra and take pressure off a nerve. Thus, chiropractic was born!

From this simple beginning, D.D. and later doctors discovered that healing could be achieved by moving or **"adjusting"** the specific vertebrae of the spinal column. Later, D.D.'s son, **B.J. Palmer**, helped to develop chiropractic into the profession it is today. Through chiropractic, millions of patients have found relief from back and neck pains, headaches and many other conditions.



Daniel David (D.D.) Palmer



D.D. named chiropractic from two Greek words: **“cheir,”** meaning **“hand”** and **“praktikos,”** meaning **“done by.”**

This means that chiropractic means “done by hand.” In 1995 chiropractic celebrated its **100th anniversary.**

To become a doctor of chiropractic (DC), **three to four years of pre-professional college** studies are required. These courses concentrate on the basic sciences such as chemistry, physics, mathematics and biology. Then **four years of chiropractic college** are required to reach the doctoral level. Chiropractic studies include pediatrics, orthopedics, biochemistry, kinesiology, obstetrics, two years of cadaver dissection, nutrition, microbiology, pathology, as well as technique and philosophy.

The fundamental difference between chiropractic and allopathic or traditional medicine is **philosophy.** **Chiropractic** teaches that there is an in-born organizing power within the body, which controls the state of health of the body. This power is called **“Innate Intelligence.”** It is transmitted to all tissues and organs of the body through the brain, spinal cord and **nervous system.**

Chiropractic adjustments are a form of spinal manipulative therapy (SMT). An adjustment involves a DC using his or her hands and/or an instrument to apply a controlled force to a joint to restore proper function and mobility.



While other healthcare professionals may perform a manipulation, only a DC may perform an adjustment. An adjustment causes a vertebra or other joint, which has become stuck, to return to its normal pattern of movement. Since the joint itself is moved, a popping sound often accompanies an adjustment. The popping sound is caused when gas is exchanged across a joint space.

THE COMPONENTS IMPACTING FUNCTION:



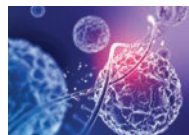
1 Kinesio-pathology



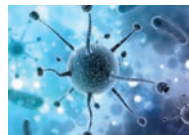
2 Neuro-pathology



3 Myo-pathology



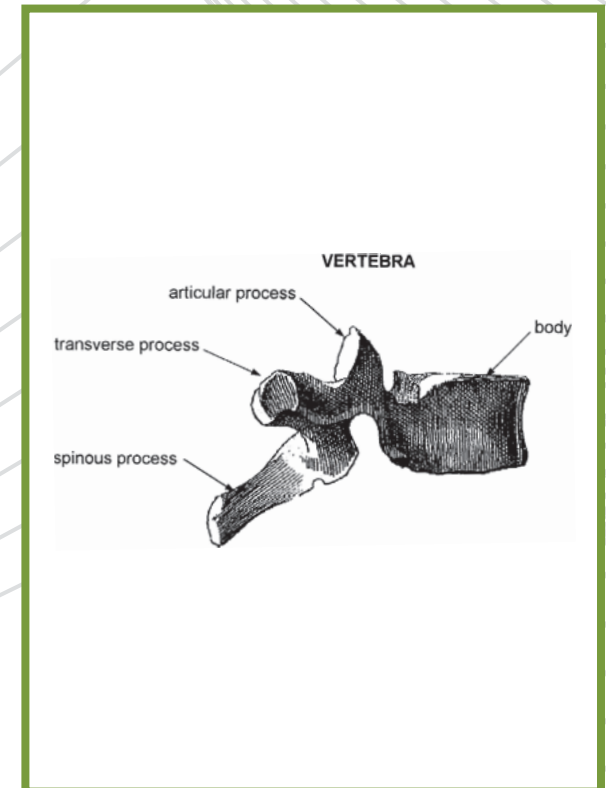
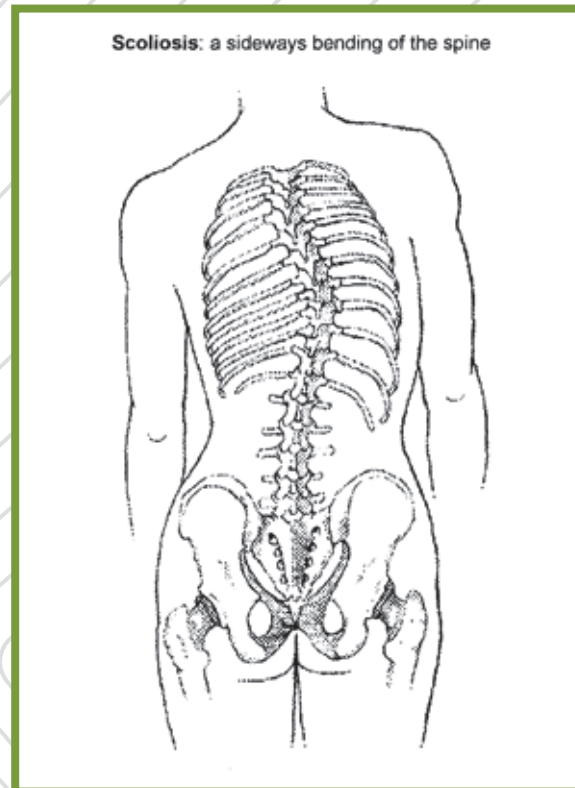
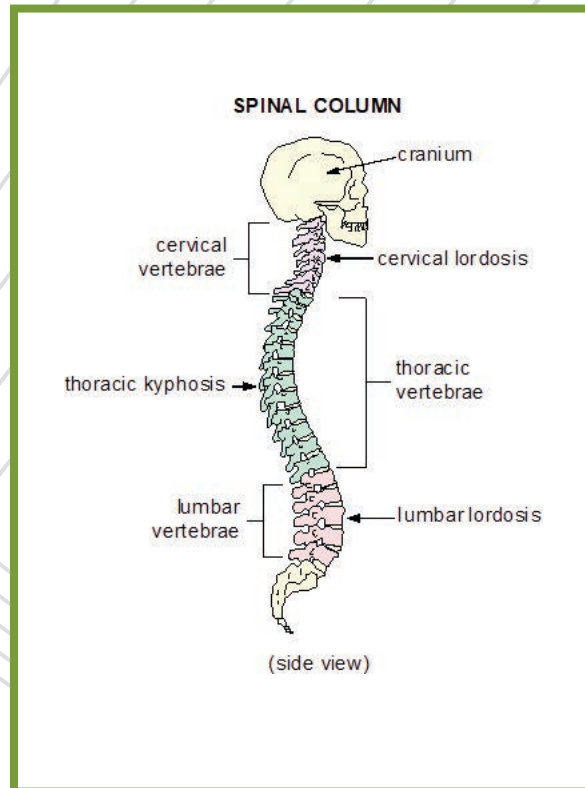
4 Histo-pathology

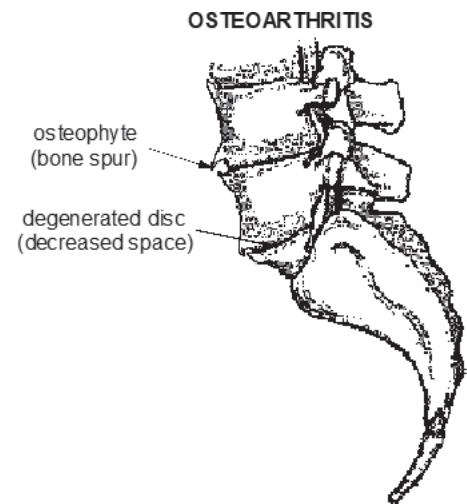
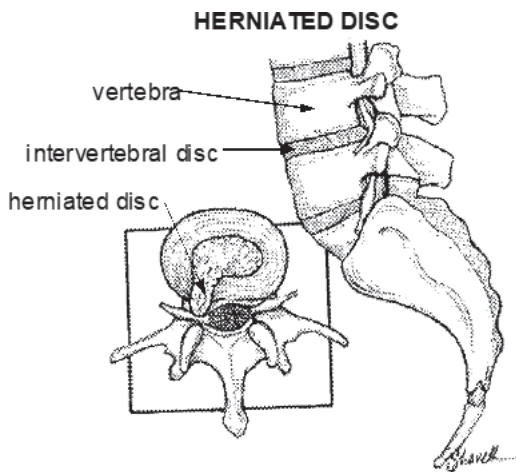
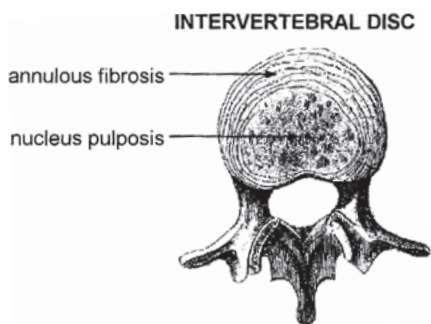


5 Patho-physiology

CHAPTER 2: CHIROPRACTIC TERMINOLOGY MADE EASY

Term	Definition	Term	Definition
a-	Without	Lateral	Relating to the side
Acute	Having a sudden or severe onset	Lordosis	Forward curve of the spine
-algia	Pain	Lumbar	Pertaining to the lower back
Anterior	Relating to the front of the body	Myo-	Pertaining to the muscles
Arthr-	Pertaining to the joints	Neuralgia	Nerve pain
Arthritis	Inflammation of a joint	Osteo-	Pertaining to the bones
Brachial	Pertaining to the arm	Osteoporosis	Decreased calcium in the bone
Ceph-	Pertaining to the head	-porosis	Porous, holes
Cerebro-	Pertaining to the brain	Posterior	Relating to the back of the body
Cerebrospinal Fluid	Fluid that surrounds the brain and spinal cord	Radiculitis	Pain that travels away from its origin
Cervical	Pertaining to the neck	Scoliosis	Sideways curvature of the spine
Cervico-	Pertaining to the neck	Spondylolisthesis	Forward slipping of a vertebra
Chondro-	Pertaining to the cartilage	Syndrome	Inclusive of all symptoms
Chronic	Marked by long duration or frequent recurrence	Thoracic	Pertaining to the mid-back
Costal	Pertaining to the ribs		
Dys-	Malfunction, not working correctly		
Exacerbation	Flare-up or worsening of symptoms or condition		
Extremity	The arms or legs		
-genic	Origin		
Inter-	In-between		
Intercostalchondritis	Inflammation of the cartilage between the ribs		
Intercostal Neuralgia	Nerve pain between the ribs		
-itis	Inflammation		
Kyphosis	Backward curve of the spine		



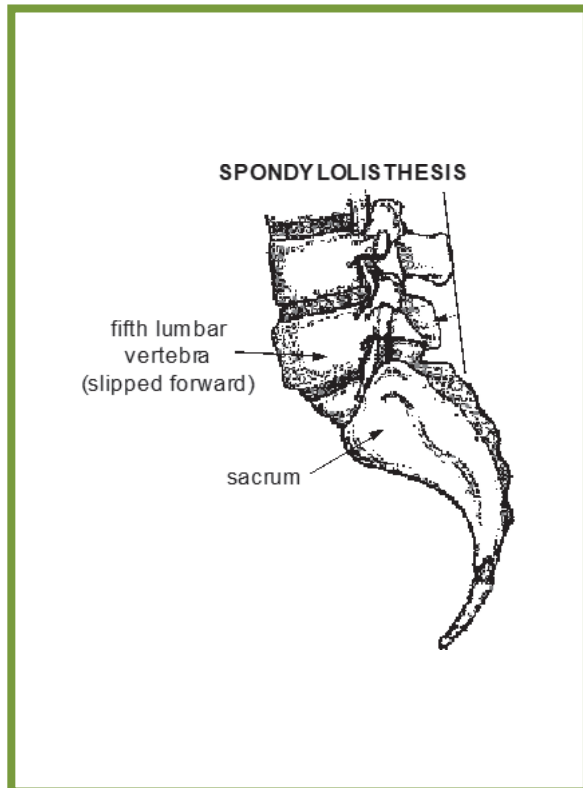


CHAPTER 3: PATIENT RELATIONS

The office procedures you are learning are based on the **“Caring Principle.”** The Caring Principle means that all your actions are based upon the genuine care and concern you have for your fellow person. When you awaken each morning, begin your day with the silent affirmation: **“I deeply desire to assist others with their health and wellness today.”** You will find that it won’t be easy to be indifferent to your patients or to your practice that day. You will be even more sensitive to your patient’s needs. This affirmation will help you to keep in mind the importance of the patient relationship.

When learning the Chiropractic Assistant position, with all the new procedures and information you are absorbing, a tendency to undervalue the importance of a **good attitude toward** your patients is a common pitfall. It is an indifferent attitude toward patients during their care that often causes us to lose rapport with and thus lose the patient. “Indifference,” say business experts, is the reason 65% of patients change doctors.

As you greet each patient, apply the Caring Principle. Take the time to smile, say some uplifting remarks and make the patient feel accepted, acknowledged and appreciated.



During the time the patient is in your presence you will give him or her your whole-undivided attention. Apply the **“YOU attitude”** and try to make the patient feel important, feel wanted and feel recognized. Don’t allow the **“ME attitude”** to creep into your day. This means if you have had a problem at home or are not having a particularly great day, don’t gripe or complain to the patient. They are dealing with their own problems and don’t need to be burdened with yours!

The most important words you can say to another person are **“I’m proud of you,” “I appreciate you,” “Thank you,”** and the most important word of all is **“YOU.”**

As you leave the patient, picture him or her as having health and happiness in their life. Repeat this same procedure with your next patient. By following this simple procedure, you can then end the day with another affirmation: **“I have served the world well today.”**

Take time to compliment your fellow staff members. Thank and acknowledge them on a **regular basis** and they will do the same for you. Let the patients know that you are part of the best team in chiropractic and that your doctors and staff members are the greatest. Let your patients know that **you support the chiropractic tenants** and talk about successes you have seen. You are an important source of information to the patient. They will see literally hundreds of commercials for drugs between each visit with you. The short time you will spend with your patient is your only opportunity to **teach your patient about chiropractic.** Don’t waste your precious time talking about the weather or the news of the day!



CHAPTER 4: MASTERING THE TELEPHONE OPPORTUNITY CALLING!

Because the telephone is such an integral part of our daily lives, we sometimes forget how powerful it is. There can also be a tendency, especially on busy days, to think of the telephone as an interruption instead of an opportunity.

The following information offers some guidelines for using the telephone and the opportunities it presents to the fullest advantage, as well as techniques we can use every day to make the power of the telephone work for us.



The way you deal with patients and potential patients on the telephone is important. The impression you make tells people about you and our office. Your speech, vocabulary, manner and attitude all serve to create a total image because you cannot take advantage of conveying messages with body language (eye contact, gestures, etc.) when talking on the phone. Convey **politeness, confidence, interest and professionalism**. Don't talk too loudly or too softly. Out of courtesy to the patient, do not chew gum or eat while you are working. Your pronunciation will be clearer.

The importance of the telephone at our office cannot be stressed enough. It is one of the most **powerful marketing tools available**. All the advertising in the world will not be worth a thing if a patient calls our office and is not treated properly on the telephone. How can we convince patients to come to our office to show them what a valuable service we have to offer when they call for information and the person who answers sounds hassled, is not courteous, or worse yet is uninterested in the patient's questions?

Each telephone contact is an opportunity to examine and treat a patient or potential patient. Even on the most hectic days, remember, as you answer the telephone, your SMILE can be heard long distance. The telephone call is often the first contact a potential new patient has with your office.

Remember, you never get a second chance to make a first impression!

HOW TO ACHIEVE EXCELLENT PATIENT SERVICE USING THE TELEPHONE

People are increasingly value conscious, and therefore, expect more service for their money. The challenge is to make sure everyone handles every call effectively and efficiently. We always need to be friendly and show concern. There is no great mystery to using this powerful tool effectively and to the best advantage. By following a few simple guidelines, you will find this aspect of your job most rewarding.



Answer the telephone

Answer the telephone by the **third ring**; use the time required for the first rings to make sure you have materials for taking messages. Then, take a deep breath and smile before picking up the receiver.



Doctor's Office

Use **"Doctor's Office"** when answering the phone to be sure the caller hears and knows the call has reached the right destination. Identify yourself by your first name and then say, **"How may I help you?"** For example: **"Good Morning! Doctor's office. This is Cindy. How may I help you?"**



Patient question

If you don't know how to answer a question, simply say, **"I'm really not sure about that. (Use appropriate name) has that information and I'll transfer you to her/him (office manager, doctor, assistant, etc.)."**



Never say

Never say, **"You have to...."**, ask instead, **"Will you please...."**



Do not ask the patient

Do not ask the patient to call back. Volunteer to call the patient back yourself and specify when. People are put off by "as soon as possible." Give a specific time when possible.



Offer solutions

Offer solutions or explanations that DO NOT entail blaming someone else. No one is helped by statements such as, "The receptionist/doctor/assistant should have told you...." When in doubt, say you will check on the situation and will get back to them within a specific time.



Patient on hold

If it is necessary to put the caller on hold, explain that you have already started to help another patient. This softens possible annoyance. When returning to the line, do not apologize, simply say, **"Thank you for waiting, how may I help you?"**

TELEPHONE ETIQUETTE:



Speak clearly
and distinctly

01



Use a friendly tone

02



Avoid talking too fast

03



Identify the office
and your name

04



Pad and pencil near
phone

05



Smile at the caller

06



Be enthusiastic
and cheerful

07



Pay close attention to
caller to get proper
information

08



Repeat return call
phone numbers to be
sure they are correct

09



Answer promptly --
before the end of
the third ring

10



USE THE THREE R's:



LET THEM HEAR YOU SMILE!

Picture this: Your telephone rings, you sigh, look at the clock, wish you were somewhere else and then answer the call. Is this the sort of attitude that is welcoming to a patient?

Did you know that patients can read your attitude by the way you answer the phone? Telephone etiquette is extremely important. Surveys show that almost 70% of patients who stop care do so because they felt an attitude of indifference or discourtesy. Do you use proper telephone etiquette? Can the person on the receiving end **hear your smile**, or do they hear that you would rather be somewhere else? Always answer the phone with the attitude that you are there to serve the caller's needs.

Each call you handle could be a current or future patient. Their decision to do business with our office can depend largely on your ability to be warm, friendly and professional.



The way the phone is answered influences people's opinions of the office.

STUDIES SHOW:



CHECKLIST OF WORDS TO **USE** AND **AVOID** WITH PATIENTS:

How you say it can make a huge difference! Below are words and phrases to use and avoid in practice communications with patients:

 DON'T SAY....	 DO SAY...
You said you would...	Our agreement was...
We've had a cancellation.	We've had a schedule change.
Old Patient	Established Patient
The cost (price) is...	Your fee today is...
Your bill is late.	The account is past due.
Sign your name here.	Please approve this paperwork.
Honey, Sweetie, Dear	Mrs./Mr. X
Waiting Room	Reception Area
Do you understand?	How do you feel about this?
Running late (behind)	Interrupted schedule
Convention	Seminar
He's/She's busy.	The doctor is with a patient.

GET THE MOST FROM YOUR TELEPHONE VOICE:

The **first 15 seconds** of every phone call are crucial to your image. It is important to understand that the first impression most potential patients will get of your practice is via telephone. Mentally they develop that first impression of your practice by what they "see" through the telephone. One key to success is to know how to make your voice work for you.

1. "Warm up" your voice in the morning. Talk to yourself on your way to the office. Sing or read signs out loud. Limber up your vocal cords. You may sound silly at first, but you would be surprised at how different you sound after "warming up."

2. Record your voice and play it back. A simple cassette recorder will do fine. If you use a video recorder, you will be able to “see” how you sound too. Do this occasionally, and you can be your own “voice coach.” Just remember that most people dislike the sound of their recorded voices.

3. Use your natural pitch. Some people find it by saying “mm hmm” lips closed, voice rising on the second syllable. The vibrations should be in your lips and nose, not your throat. When it sounds sincere, it’s your natural pitch. This only takes a second, and once you have done it a few times, you’ll know your natural pitch without hesitating. Unconsciously “switching” your voice to create another image is not only artificial, it can ruin your voice over time.

4. Sit up straight when the phone rings. It creates a more alert tone in your voice.

5. Practice good breathing habits. Breathe with your midsection, your stomach moving slightly out as you inhale and gradually in as you speak.

6. Make sure you speak directly into the phone.

7. Notice how the listener reacts to your voice. Do they often mistake who you are or ask you to repeat yourself? Do they hesitate or pause when you expect them to speak? Chances are they may not be hearing you well.

8. Listen actively. Let the person on the other end know you are listening. “Use response signs like “Yes, I understand” or “Certainly.”

9. SMILE! People can actually hear your smile over the telephone. One sign of not smiling is when people who know you ask if you are feeling okay. They hear stress or fatigue in your voice.



SAMPLE TELEPHONE SCRIPT:

C.A.

"Hello (Good morning, etc.), Doctor's Office, [C.A. Name] speaking, how may I help you!" Identify yourself by using your first name! On subsequent calls, your name will sound familiar, making patient instantly more comfortable.

Patient

"Is this Dr. [X]'s office?" or "Is the doctor in?" or "May I speak with Dr. [X]?" or "I'd like to make an appointment to see the doctor."

C.A.

"Yes, this is Dr. [X]'s office. The doctor is with a patient now; may I ask who's calling?" Once their name is ascertained, use it frequently. At this stage use the patient's full name. (i.e.: Mrs. Jones)
The most important line in telephone technique is to be used every time:

C.A.

"When was the last time you saw the doctor?"

Patient

"I've never been to your office before" or "I never have."



NEW PATIENT PROCEDURE:

C.A.

"May I ask who referred you to our office?"

Patient

"Alice Smith asked me to call you."

C.A.

Compliment Alice Smith, then say "Now let's see what we can do to get you a convenient appointment. Would you prefer today or tomorrow?"

Patient

"Tomorrow. "

C.A.

"Would you prefer morning or afternoon?"

Patient

"Afternoon. "

C.A.

"Terrific. We have an opening for a new patient at 3 P.M. or 4:30 P.M." Always give a choice.
"Mrs. Jones, let me take some information from you right now so we can have your file prepared in advance and save you some time."

C.A.

Complete the new patient pad.
(See next page for sample)

C.A.

"Thank you for your cooperation Mrs. Jones. We look forward to meeting you tomorrow. That's Tuesday, May 10th at 4:30 P.M. Do you know where our office is located? After giving directions to the office and confirming that the patient has the address.



The new patient's name is then marked in the SPECIALS column of the appointment book in pencil as:

A. Jones (New Patient)

A "New Patient Pad" should be placed by each telephone at the Front Desk. It is very important that all information is completed as thoroughly as possible. Always request the correct spelling of the patient's name and address.

SAMPLE NEW PATIENT PAD:

TODAY'S NEW PATIENT

Name _____

Address _____

Home # _____

Work # _____

Date of Birth _____

Referred by _____

Auto/Work Accident: ☐ Yes ☐ No

Date of Appointment _____

Initials of C.A. _____

CHAPTER 5: NEW PATIENTS

We all have heard it over and over again: you only get **one chance** to make a good impression -- on a first date, at a job interview and when welcoming a new patient to the practice.

A POSITIVE first impression will make a new patient feel comfortable, more willing to provide accurate and honest information and more willing to follow through with care. The greater the level of anxiety present in the patient, the more it affects their conscious willingness to cooperate with our recommendations.

A NEGATIVE first impression may make patients reluctant to provide accurate and totally honest information needed for making an accurate diagnosis as well as information that might later be needed for future collection efforts. Worse yet, they may never be back and may tell others not to come to our office for needed chiropractic services.

Here Are Three POSITIVE Attitudes: STOP, LOOK AND LISTEN

STOP

When you **STOP** what you're doing to acknowledge that a person has entered the reception area, you make him or her feel positive about the whole idea of coming to the practice. So, if you're on the phone, give the patient a smile and a "be with you in a moment wave." If you're buried in paperwork or at the computer, mark your place and give the patient the rest of your attention. The papers or computer won't mind! If you are talking with another staff member and both of you stop to give the patient a moment's attention, you quite possibly will make a friend for life, as well as an enthusiastic referrer for the practice! Introduce yourself and offer a confident and friendly handshake.

LOOK

When you **LOOK** patients directly in the eye, smile and greet them with a welcoming tone of your voice, you give the entire practice a positive personality. You set the stage for long term quality relationships. You make a significant contribution to the entire care process of the patient.

LISTEN

When you **LISTEN** to patients, you encourage them to share facts they might not want "strangers" to know. Facts about their employment and family, as well as other tidbits that can leave a positive impact on the patient's perception of our personal commitment to them as individuals.

Here Are Three POSITIVE Acts: INFORM, ASSIST AND CONFIRM

INFORM

INFORM: Tell the patient why information you're asking for is so important and what to do with the new patient information form. Use simple statements like, "This registration form will cover most of the information we'll need to help you. Please have a seat and fill it out. I'll be happy to assist you if you have any questions."

ASSIST

ASSIST: Make it easy for patients to complete forms. Give them a pen. Attach each form to a clipboard. Always encourage patients to "Let me know if you need any assistance." Twenty percent of the United States is still illiterate. Even if you can read and write, if it is the first time you have seen a particular form, it still is always awkward, as well as often confusing. This simple technique might do wonders to lowering the anxiety level of a new patient. Helping the patient complete the new patient forms in the consultation room instead of the reception area is also a good idea if you see that they are struggling with the form.

CONFIRM

CONFIRM: Be sure patients understand what they are supposed to do next when they are ready to conclude the visit and leave the office. Always be sure a patient leaves with at least one of the following: Recall notation, re-check exam scheduled, and/or appointment scheduled. Ask, "Is there anything else I can do for you" or "Are your home care instructions clear to you?" Never sound condescending, such as "Do you understand?"

Robots have replaced workers on the assembly line. But nothing can replace the person who provides a direct line to the rest of the practice -- the receptionist, because only a human receptionist can stop, look, and listen to patients with human feelings and human needs as well.



THE TWO-DAY NEW PATIENT PROCEDURE:

✔ **THE FIRST VISIT:** First impressions are vitally important!

1. New Patient telephones for appointment.
2. C.A. fills out New Patient pad using the referral concept.
3. C.A. schedules an appointment in the "Specials" column.
4. C.A. fills in the patient's information in the computer and assigns a numbered file to the patient.
5. C.A. prepares an X-ray marking card.
6. New Patient enters, and C.A. shakes hands, instructs patient to sign in.

C.A.: "Hi, I'm Cindy! I spoke with you on the phone, and now I'm happy to meet you in person! Please sign in as you will on each visit."
7. Patient is guided to a **New Patient Chair** by a window or a plant. It should be located where the patient can be seen by C.A. and where patient can see what is going on.
8. New Patient completes the intake paperwork. Make sure the patient completes and signs the back of the form.

Confidential Questionnaire:

- On a clipboard
- Gets important history
- Establishes a procedure

9. C.A. ascertains insurance information and makes photo copy of insurance card.

10. C.A. escorts the New Patient to the consultation room and seats them in a chair facing the doctor's chair. Guide the patient with a gentle touch, if at all possible.

C.A.: "Mrs. Jones, the doctor will be with you in just a moment."

11. Doctor performs consultation, examination and X-ray (if necessary).

12. Doctor releases the New Patient to the C.A.

13. C.A. schedules next appointment for a Report of Findings in the "Specials" column.

C.A.'s Release Procedure (After Consultation, Examination and X-Rays):

Using the **Two Choices Technique**, the patient is given a convenient time, and the C.A. solidifies the appointment with an appointment card and marks the time in the "Specials" column of the appointment book. It is marked in pencil:

A. JONES.

C.A.: "It was wonderful to meet you Mrs. Jones. We look forward to seeing you again tomorrow at 5:30."

If the patient still seems apprehensive, add a remark like:

C.A.: "Mrs. Jones, I want you to know if Dr. [X] feels s/he can help you, you can count on it!"

C.A.: "Mrs. Jones, it's normal to be slightly nervous. Most patients are at first but relax; I promise you that you are in good hands. Dr. [X] has handled cases just like yours hundreds of times!"

C.A. escorts the new patient to the Finance Counselor who describes the services that have been rendered and collects the first visit fee.

13. Finance Counselor asks patient to bring all insurance information. If it is a Personal Injury or Workers' Compensation Case, gives necessary paperwork. S/he then completes the New Patient checklist and qualifies patient's insurance.
14. Doctor does analysis of case, recommends a plan of care and (diagnosis, goals, therapy & X-ray analysis).
15. C.A. completes the setup of the new patient record, prepares the file for the report of findings, forwards to the Finance Counselor. The Finance Counselor completes the insurance verification, if applicable, and enters diagnosis and other pertinent information in computer.

✓ THE SECOND VISIT:

1. Patient is greeted and signs in.
C.A.: "Hello again Mrs. Jones! Please sign in and come this way. The doctor will be with you shortly."
2. Report of findings by the doctor.
3. Finance Counselor reviews fees and insurance coverage if indicated. S/he reviews the financial plan and paperwork with the patient; classifies type of case and places the appropriate colored sticker on the Travel Card (Cash, Major Medical, etc.).
4. Gentle first adjustment by the doctor (physiotherapy if applicable).
5. C.A. prepares a reminder note with the New Patient's name and home telephone number for the doctor to call the patient that evening.
6. C.A. makes first block of multiple appointments for the patient on a Multiple Appointment Card. Patient is scheduled for their New Patient Workshop or is given a link to the Workshop video.
7. Chiropractor calls the New Patient at home later that evening to check on how the patient's experience was at the office that day.

CHAPTER 6: MASTERING THE APPOINTMENT BOOK



The “Appointment Book” is where the patients’ schedule of appointments is kept in the computer.

SCHEDULING APPOINTMENTS

The Clustering Technique:

Select one column in the appointment book to be the first column filled in. Appointments for adjustments are filled into this column first. It is important to cluster your appointments. Clustering appointments means to schedule appointments close to each other so that there is not a lot of down time in between appointments. For example, when scheduling a visit, if you have an appointment already on the schedule at 10:00, try to schedule the other patients around that time, for instance at 10:10, and not at 11:00. This is the most efficient way for the doctor and the office to handle as many patients as possible and avoids the start stop of a schedule with a lot of blanks in it.

The Two Choices Technique:

The technique used to control the schedule is called the “Two Choices Technique.” It involves giving the patient two choices in scheduling. First ask if they would like to come in the morning or in the afternoon. Then ask if they would like to come in the early or the late morning/afternoon (depending upon their first choice). Then offer the patient two choices, for example at 10:10 or at 11:00, based upon where you can cluster the appointment.

EXAMPLE:

Patient

"I would like to schedule an appointment."

C.A.

"Would you like a morning or an afternoon appointment?"

Patient

"I'd like to come in the afternoon."

C.A.

"Would you like the early or late afternoon?"

Patient

"I'd like to come in the early afternoon."

C.A.

"Would you like to come at 3:00 or 3:30?"

(Check for clustering)

Patient

"3:00 would be fine."

C.A.

"Great! We will see you on Monday, April 15 at 3:00.

I'll make out a reminder card for you. See you then!"

Always repeat the date and time to the patient, it reconfirms the appointment to them.




The Two Choices Technique can also be used to schedule a particular day of the week. For example, your question would be: ***"Would you like to come on Monday or Tuesday?"*** Always giving the patient two choices gives the appearance that you are letting the patient make a choice, however you are actually in control all the time and are guiding the patient through the process.

Multiple Appointments:

To avoid having to repeat the scheduling procedure on each visit, we use a Multiple Appointment System. This means we will schedule a block of appointments for a patient in advance. This makes the appointment a priority for the patient and they tend to stick to their schedule better and remember their appointments if they are set for the same time each day. By scheduling visits one at a time, patients set their appointments around their schedule of haircuts, bowling engagements, etc. **We want our patients to make their care a high priority in their lives.** Patients who regularly stick to their schedule of care and do not miss appointments get better results than those who don't stick to their schedule. Multiple appointments are given in blocks depending on the frequency of care. All 3 times per week visits are scheduled in a block. Then schedule all the 2 times per week and finally all the 1 time per week. Multiple appointments are recorded on a two-part, carbonless copy appointment card. First write the schedule of care, for example M, W, F. This is followed by the appointment time. Finally, the first date

of the block is written at the top of the card and this is followed by a vertical arrow and then the final date of the block. Place a red dot on the final appointment in a multiple appointment series. This will serve as a reminder that it is time to set up the next series of multiple appointments.

SAMPLE MULTIPLE APPOINTMENT CARD

A sample multiple appointment card with a blue background and a white central box. The card contains the following text: "DC CHIROPRACTIC CENTER", "ADDRESS, CITY, STATE", "PHONE NUMBER", "Name _____", "Appointment:", "M,W,F", "10:00AM", "4/15", a downward arrow, and "5/13".

DC CHIROPRACTIC CENTER
ADDRESS, CITY, STATE
PHONE NUMBER

Name _____

Appointment:

M,W,F
10:00AM

4/15
↓
5/13

THE RECALL SYSTEM:

The importance of the **Recall System** cannot be overlooked. It is much more than just a phone call to reschedule a missed visit or to remind the patient of an upcoming appointment. The patients who have reached the Recall System are in trouble! They are at the greatest possible risk of falling out of chiropractic care. **You may be their last hope to regain the benefits of chiropractic in their life...**remember this before you pick up the phone to make your call.

Always let the patient know that you are calling on **behalf of the doctor**. Speaking on behalf of the doctor provides you with additional authority and avoids a personal confrontation.



C.A.

"Hello this is [your first name] from Dr. [name]'s office. The doctor asked me to call you to reschedule your chiropractic appointment."

If the patient will allow, set the appointment and confirm it with him or her.

C.A.

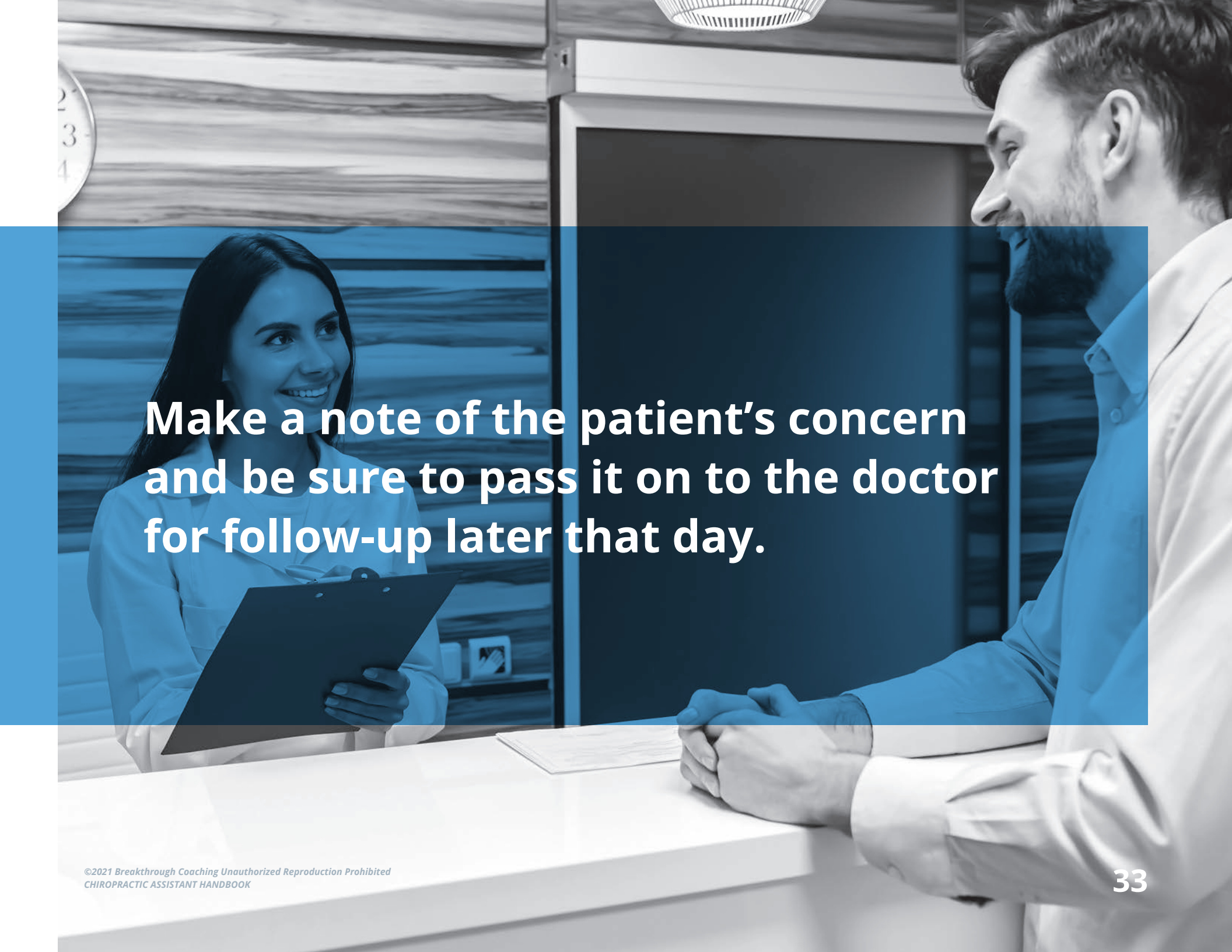
"Great! We will see you on Friday at 10:00 AM."

If the patient has an objection or a concern, handle it if you feel competent to do so. Let them know about your personal experience with chiropractic and how important it is for them to complete their schedule of care to get the results they desire.

If you feel unable to deal with their particular concern, **let the patient know that you will give a message to the doctor** and that the doctor will phone them personally to discuss their situation.

C.A.

"I am sure that the doctor would want to discuss this with you personally. I will pass the message on to him/her and he/she will phone you back later today."



Make a note of the patient's concern and be sure to pass it on to the doctor for follow-up later that day.

CHAPTER 7:

ANCILLARY SERVICES

Some chiropractic practices perform physiotherapeutic modalities and other ancillary services along with the chiropractic adjustment. Laws vary per individual state, and a certification process may be required for a chiropractic assistant to perform these services. Check with your Board of Chiropractic to determine in your state laws and regulations.

ULTRASOUND

Ultrasound produces a sound wave like the waves on the ocean. It is the same modality used by Obstetricians to view a fetus in the uterus. One form of ultrasound uses a long wave and penetrates deep into the body. The echo of the waves bouncing off the fetus are then caught and transferred to a television monitor where an image of the fetus can be seen.

The ultrasound wave used in a chiropractic office is short and therefore penetrates only about 2 cm. The vibration is caused by the vibration of a quartz crystal in the head of the ultrasound applicator when an electrical current is passed through it.

When inflammation occurs, blood vessels become wide or dilate. Putting ice on an area causes the blood vessels to close down and reduces the swelling. Ultrasound drives the toxins, which collect in the tissues back into the blood vessels to be carried away.



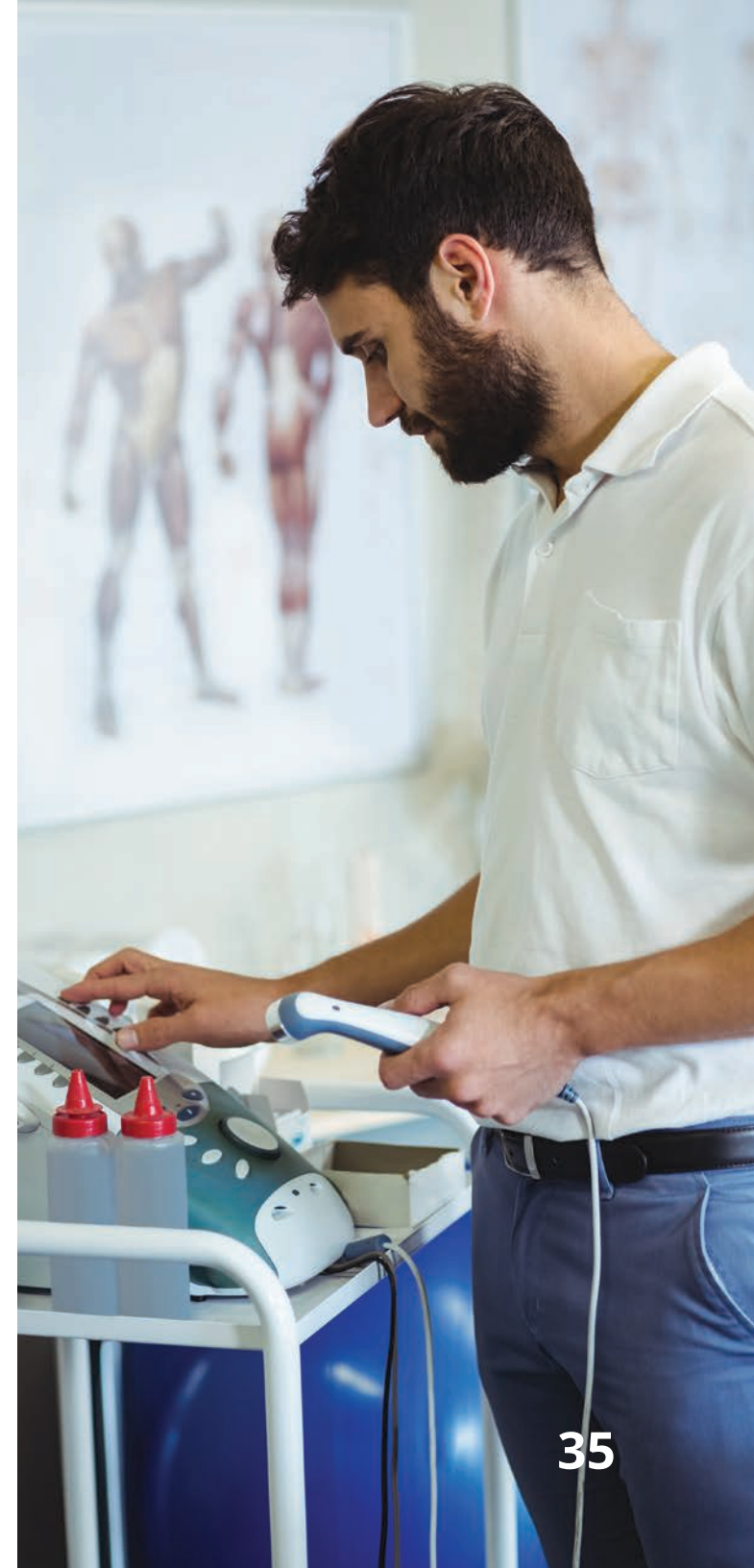
Inflammation and swelling are a natural process. It is a part of healing. If the patient were to have swelling and not receive any treatment at all the area would continue to heal on its own. By applying modalities such as ultrasound we are controlling the healing process. We speed it up and direct the formation of new tissues to replace the old, damaged tissues. If left alone healthy tissue would be replaced by stiff inflexible scar tissue, which can lead to the development of problems later in life. **We help direct the tissues to heal in an organized fashion.**

There Are 2 Forms of Ultrasound: Pulsed = the ultrasound is cycled on and off. There is no heat produced. **Constant** = the ultrasound is continuously on. **This produces heat.**

Because ultrasound is a sound wave, it requires a gel or “**contact medium**” to penetrate the tissues.

When using **Constant Ultrasound**, you must **continuously move** the head of the applicator in small circles or small lines sweeping back and forth so as not to burn the patient. The duration of a treatment is **4 - 7 minutes** per area involved.

Ultrasound should not be applied to **bones** such as the spine or other bones because you can burn the covering of the bones, which lies close to the skin.



This means when applying ultrasound to the back or neck you must “jump” over the spine. It should also not be applied to metal such as surgical screws or plates or if the patient has a pacemaker as these materials will reflect the ultrasound too rapidly and could also heat up and burn the patient. **Ultrasound is not applied to children or pregnant women.**

Don't hold the head of the applicator in the air when the machine is on. You should always have contact with the patient when the unit is turned on. If not, the quartz can vibrate too rapidly and will burn out shortening the life of the machine.

MUSCLE STIMULATION:

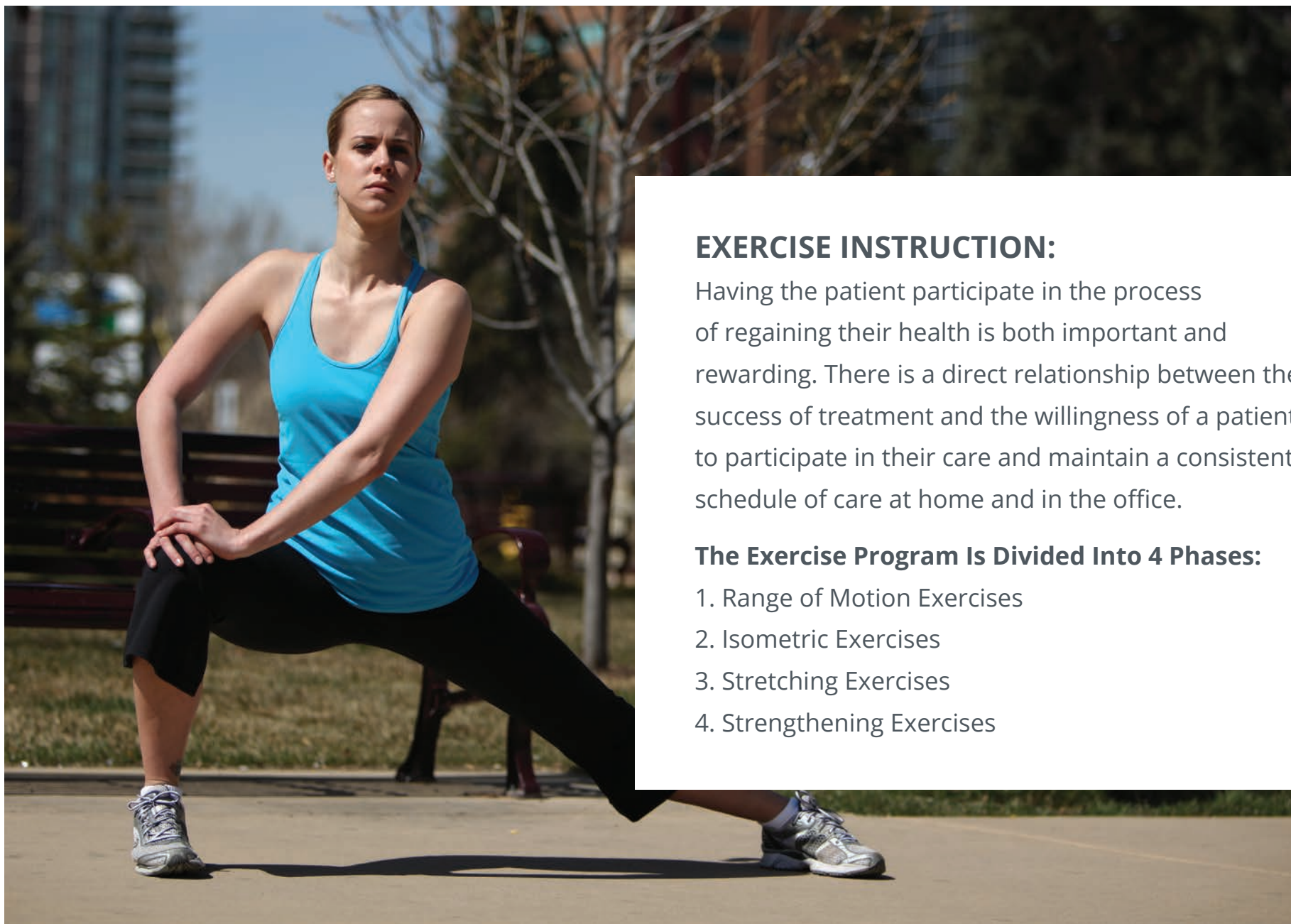
A muscle is composed of **fibers, which** slide one over the other like the **teeth of two combs, which** are pushed together. It is important that the muscle fibers slide smoothly and are organized in parallel so that they can slide without difficulty. When an injury occurs, the fibers of the muscle can become torn or damaged and **scar tissue** will interrupt the normal contraction of muscle fibers.

Muscle stimulation is the application of an electrical current across the muscle fibers causing them to pump or contract in an organized fashion. This helps **squeeze toxins** out of inflamed tissue and helps decrease muscle spasm by relaxing bundles of muscle fibers, which have become stuck in the contracted position. **It helps organize scar tissue and allow the muscle to return to a healthier state.**

Electrodes are placed on the **stomach area** or thickest part of the involved muscle to achieve maximum contraction.

OTHER MODALITIES:

There are many other modalities available to the chiropractic patient. These include heating modalities such as hot packs and diathermy. In general, they promote circulation to an affected area. Ice or cryotherapy can be used to decrease circulation and reduce inflammation. Manual techniques such as massage, myofascial release and manual traction are also employed to promote healing of the soft tissues like muscles and tendons.



EXERCISE INSTRUCTION:

Having the patient participate in the process of regaining their health is both important and rewarding. There is a direct relationship between the success of treatment and the willingness of a patient to participate in their care and maintain a consistent schedule of care at home and in the office.

The Exercise Program Is Divided Into 4 Phases:

1. Range of Motion Exercises
2. Isometric Exercises
3. Stretching Exercises
4. Strengthening Exercises



Range of Motion Exercises:

Help restore the normal movement of the spine or involved joints. These exercises, as well as all other exercises prescribed, should be pain free for the patient. The rule of thumb states that a patient should not have to wince or change their facial expression when exercising.



Isometric Exercises:

Isometric means “does not involve movement.” During these exercises, the patient presses against resistance and gently contracts the muscles. This action helps pump away toxins built up in the muscle and begins the restoration of the strength of the muscle.



Stretching Exercises:

These exercises help stretch tight muscles, which have become constricted due to spasm or the formation of scar tissue within the muscle itself. A specific order of exercise and number of repetitions is spelled out on the exercise sheet.



Strengthening Exercises:

A TheraBand® tubing exercise unit is given to the patient along with exercise instruction. The band provides resistance that the patient can pull against. The speed and degree of movement makes these exercises more and more challenging.

CHAPTER 8: PATIENT ACCOUNT COLLECTIONS

The purpose for collecting money is to help the patient get well!

This may sound odd, but it is true. **Patients who owe money do not get well!** There was a study done by dentists who gave out dentures. To make a long story short, the dentists were trying to figure out why some people's dentures fit, while other people did not. The only thing the dentists could find was that the people whose dentures were paid for were happy with them. If people owed money, their dentures never fit!

Psychologists tell us that when a patient goes to a doctor, there is a "deal" made. The deal is this, "I will pay the doctor a certain amount of money, and s/he will get me well." This is an unspoken deal between the doctor and the patient.

GAIT ANALYSIS & ORTHOTIC SCAN:

This procedure consists of taking a scan of the patient's weight-bearing patient's feet with an orthotic scanner. This analyzes the weight distribution on the foot and its arches, which is analyzed by the doctor. If the doctor determines an abnormal gait analysis and scan, the doctor will order custom-made orthotic supports for the patient's feet.

If the patient pays his/her money, and doesn't get well, the patient is going to be upset and the doctor is going to hear about it. However, if the patient does not pay his/her money in his/her mind s/he is breaking the deal. If the patient gets well now, s/he is being dishonest. Psychologically, the patient does not want to feel this way. Therefore, the patient is not going to allow himself to be dishonest and "get better."

The C.A. who handles finances is helping the patient to get well. This is not something that you need to explain to a patient, but it is something you should understand. If the patient runs up a balance in the office, s/he will avoid coming in out of guilt or s/he will decide that s/he is not feeling better and drop out of care. The experienced C.A. realizes that s/he must handle finances effectively in order to support patients in their care.

The cost of treatment should not be a barrier for patients who want care. **Paying by the visit is the least cost-effective way for a patient to pay for services,**



because there is no savings on the normal fees. This method of payment is usually used on a patient who is on symptomatic care or will not be in town for too long. Paying for visits in advance is a better alternative to paying by the visit, because the patient can obtain a savings due to our decreased bookkeeping and processing costs.

Learning the principles of the **Collector's Calendar** is an important aspect of effective patient account management. Once an agreed payment date has come and gone, you are in the uncomfortable position of working against the calendar. This means that you lose a certain percentage of the original value of an account every day that it's not paid. Collection literature abounds with statistics showing the rates at which uncollected past due accounts lose their original value. These figures vary somewhat from year to year and according to the source from which they may be quoted. However, they all point to one grim reality the more time that elapses from the agreed payment date, the less value the account has and the less probability that you will ever receive the payment.

One study shows that the chance of recovering a dollar, 60 days overdue, is only 90%. Another study shows that you only have an 80% chance of collecting a bill that is 90 days past due. For accounts that are 180 days past due, you only have a 50% chance of collecting the money you are owed. Once an account is past due, you are at a disadvantage. What can you



TAKE CONTROL: Follow the Collector's Calendar

Step one is to realize that **time is NOT on your side**. Take action, **NOW!** Don't sit back, hoping the patient will pay. In the collections business, there is a sequence of events known as the Collections Calendar. It generally follows this pattern: the further down the line you move in the sequence of events on this the less value that payment due will have for you.

The Collections Calendar:

- A. Invoicing
- B. First Statement
- C. Second Statement: Account Past Due
- D. Third and Final Statement:
Account Seriously Past Due
- E. Demand
- F. Account Requiring Third Party Action

Quotable Collections Quotes:

"Time, and tide and past due accounts wait for no one."

Keeping the Quotable Collections Quote in mind, we will examine each of the sequence of events in The Collections Calendar in more detail.

A. Invoicing

An invoice should be presented at the time of service or sent within ten days of the service rendered. Know which form to use, how to complete the form, which copy to retain, where to file it and how and when the invoice is presented.

B. First Statement: 30 Days

Get your bill into the hands of the patient quickly! Passing time erodes the value of your service in the mind of the patient. Think about this a minute from a personal point of view. Think of a large purchase, which you may have made six months ago. Perhaps you purchased a new car. Think about the pride you felt in regard to your new possession. Now, consider your current regard for your car. Are you as excited about your car as you were when you first bought it? The perceived value for services rendered, even more than for products, follows a rapid rate of decline. A service provided to a patient this week has a much higher value than a month later, when neither the service nor the doctor will have as much value to the patient. Most patients will pay at first billing, **so it is important for you to get that bill into their hands as soon as possible** - while the value of your service is still fresh in their mind. First statements should never be mailed more than 30 days after the receipt of services.

C. Second Billing: (Account Past Due) 60 Days

The second statement should be sent no later than 30 days after presenting the first statement. Most patients who did not respond to the first billing will pay within 30 days of receiving a second billing. Account Past Due procedures include reviewing your accounts on a monthly basis to identify the accounts that are past due. The second billing procedures for these accounts should vary from the original statement that was sent. It is a good idea to identify these accounts as past due to the patient. There are many ways in which this may be done - using different forms, different colors of paper, stamping them "PAST DUE." etc. (Medical Arts Press has an excellent catalogue of collections stickers).



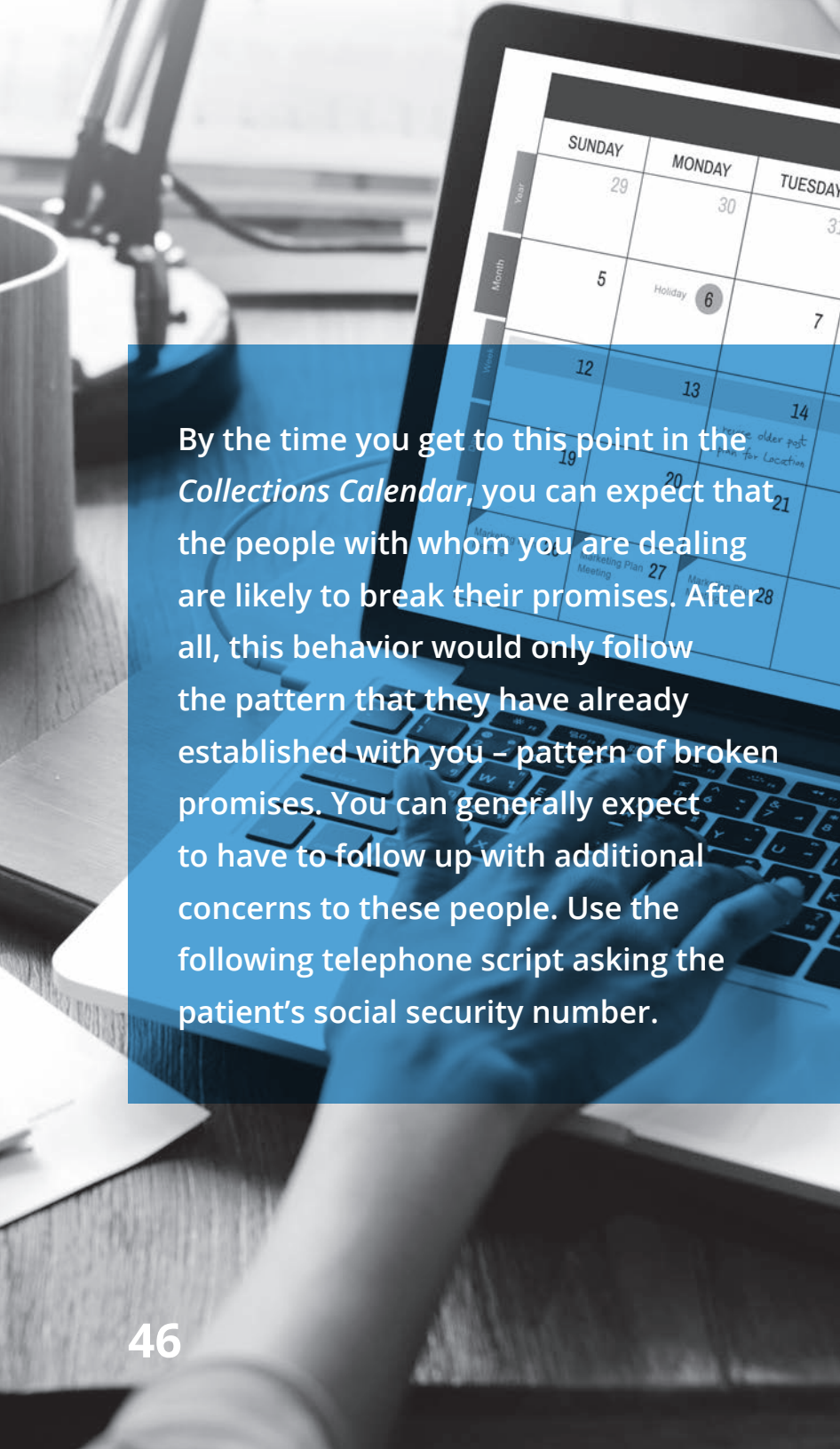
D. Third & Final Billing: (Account Seriously Past Due) 90 Days

If you haven't received payment by 60 days past due, you may already be in big trouble! You may ultimately have to "go to war" to force collection in the courts. You must act now! Accounts Seriously Past Due procedures begin by defining the term. Accounts become "Seriously Past Due" at 90 days. The collection procedures for the accounts seriously past due include making effective telephone collections calls. When an account is in the "Seriously Past Due" stage, it is time to get on the telephone and contact the patient (see sample phone script below). If after the phone script, you do not have a satisfactory response, turn the account over to a collections attorney NOW!

E. Demand

Once you have reached the patient, demand payment in full. Depending upon the patient's response, you may need to do one, two or sometimes three things at this point: clarify, negotiate or make arrangements with the person. Be prepared to clarify the amount of the bill, its due date and the services rendered. Also, be prepared to discuss any complaints that may have contributed to the delinquency of this account. Your ability to answer and deal with these complaints enhances your ability to collect the past due account. "Remember: Collections is not personal." The collections person is upholding the integrity of the office's policies. While you always initially demand payment in full, sometimes you will have to negotiate a settlement. At times, the patient does not have the financial resources to make payment in full, so you must either arrange a future date for payment or allow installment payments.





By the time you get to this point in the *Collections Calendar*, you can expect that the people with whom you are dealing are likely to break their promises. After all, this behavior would only follow the pattern that they have already established with you – pattern of broken promises. You can generally expect to have to follow up with additional concerns to these people. Use the following telephone script asking the patient's social security number.

SAMPLE PATIENT COLLECTIONS TELEPHONE SCRIPT

C.A.

"Hello, Susan?" (This technique lessens the chance that "Susan isn't home").

Patient

"Yes, this is Susan. May I ask who is calling?"

C.A.

"Hi, this is Cindy calling from D.C. Chiropractic Center.
Do you have a minute?"

Patient

"Yes."

C.A.

"The reason I am calling is that you have an outstanding balance which is 90 days old, and I am calling to confirm that the last four digits of your Social Security number are 0000."

Patient

"Yes that's correct. Why are you asking?"

C.A.

"You have an outstanding balance of \$_____. It is our office policy to turn 90 day old balances over to our collections attorney. If you bring the money in this evening before 7 PM, I won't have to send it, or you can pay by credit card over the phone. Which would you prefer?"

Patient

"Can I mail you a post dated check?"

C.A.

"I'm sorry but I can't do that. There is an ATM machine located at [give address], if that helps you. Otherwise I have no choice but to mail it to the collections attorney in the morning. Can you come in before 7:00 this evening?"

Patient

"Yes, I can."

C.A.

"Great! I'll see you later. Be sure to ask for Cindy. Thank you!"

IMPORTANT:

- ➔ **Never phone a patient before 8:00 AM or after 9:30 PM**
- ➔ **Never leave a message with anyone other than the patient**
- ➔ **Never leave a message on a telephone answering machine**



Quotable Collections Quotes:

“When seeking payments on past due accounts, it takes not only an early bird, but also a persistent bird to get the worm.”

F. Accounts Requiring Third Party Action:

Legal action is one of two choices left for the creditor at the end of the Collector's Calendar. The other choice is to write off the debt as a bad experience or a good education. The key is to make this decision while your money is still worth something!

The collection procedure for these types of accounts begins by defining the characteristics of the accounts that require third party action (turning account over to the professional collector). At any point following “Demand” during this sequence of events described in the Collector's Calendar, you can bring a third party in to go to bat for you. In most cases, this third party will be a collections attorney. You should organize the information regarding these accounts before turning them over to the professional collector. There is always certain data, which an attorney will require from you regarding the status of the account. Most collections attorneys will be happy to assist you in this task.

How To Choose A Collections Attorney:

1

Make sure they are in your city, a nearby town and most definitely in your state.

2

When your patients receive a collections letter from an attorney in your area, they know that you mean business!

3

Be available to negotiate with the attorney. Some attorneys that handle collections have other areas of law in their practice and would appreciate your referrals

4

Typically, the attorney's fees for collections are 30-40%.

5

Find out the minimum balance that your attorney is willing to pursue.

6

Make sure your attorney has a system where they will update you with a monthly account status report.



SAMPLE COLLECTIONS LETTER SENT ON YOUR ATTORNEY'S LETTERHEAD:

Patient Name

Address

City, State, Zip Code

Date

RE: Dr. Joe Chiropractor, D.C. Chiropractic Center

Dear Ms. Smith,

We have been retained by the above referenced medical service provider to obtain payment from you in the amount of \$1,000.00 owed for services commencing on [date]. In order to avoid a collection action by this firm, please forward a check payable to our client in that amount, or if you believe the bill, or the amount is in error, your explanation and documentation supporting your position.

Failure to respond within thirty (30) days will result in our recommending a court action against you to our client.

Very truly yours,

J Smith, ESQ.

A & B Law Firm





SAMPLE INSTALLMENT PAYMENT AGREEMENT:

Your Practice

Your Address

Your City

Date

RE: Installment Payment Agreement

Dear Patient,

This is to confirm the arrangement under which we will accept payment of our outstanding account of \$_____ in installments.

You will sign and return the enclosed copy of this letter indicating admission of the full amount of the account and acceptance of the terms of our agreement.

We will then accept payment of the account via credit card, in consecutive monthly installments of \$_____ commencing and continuing on the _____ of each successive month until paid off in full on _____ (Date).

If there is default in making payment, at our option the full balance owing on the account, shall immediately become due and payable by automatic credit card billing.

Please return the signed copy of this agreement with your first payment before the commencement date of the monthly installments, otherwise this agreement is null and void.

Very truly yours,

Signature

Collections Director

Admission and Acceptance The undersigned hereby admits the full amount of the above outstanding account and accepts the above terms of payment.

Signature: _____ Credit Card Number: _____

Expiration Date: _____ Code: _____

CHAPTER 9:

SAMPLE JOB DESCRIPTIONS

OFFICE MANAGER
Staff Recruitment.
Personnel interviewing and reference verification.
Maintains employee files.
Updates office policies.
Staff scheduling.
New staff member orientation and training.
Trains existing staff on new or updated procedures.
Schedules outside training/seminars.
Perform staff skills drilling.
Staff recognition and acknowledgement.
Selects "Superstar-of-the-week."
Meets with staff members who violate office policies.
May recommend demotion or firing of staff members.
Recommends wage adjustments.
Maintains office calendar.
Posts any staff announcements.
Directs before shift huddle.
Coordinates efforts between departments.
Statistics collected, graphed, and analyzed.
Keeps minutes of staff Meetings.
Acknowledges staff member's birthdays or special happenings.
Reports on projects and status of completion.

OFFICE MANAGER (Cont.)
Reports any staff or patient issues with the doctor.
Payroll: prepares hours and rates, distributes checks, records, and files data.
Payables: prepares and sorts bills, prepares petty cash, reviews for duplicate billings and/or payments.
Controls cash flow.
Makes bank deposits and statement reconciliation.
Tax and records preparation.
Keeps receipts and files for vendors and expenses.
Keeps inventory of all office assets.
Handles mail in and out.
Maintains postage supplies.
Handles faxes and routes accordingly.
Maintains interprofessional reference rolodex.
Reorders printed forms and stationary.
Keeps stocked and displayed in-office handouts, pamphlets, other educational materials and videos.
Handles lost and found items.
Handles patient complaints.
Schedules office equipment maintenance.
Maintains office environment: music, video, temperature and smell.
Waters and prunes plants.

DIRECTOR OF PUBLIC RELATIONS

Researches and surveys possible public relations activities.

Creates step-by-step Marketing Plan.

Submits Marketing Plan to doctor for approval.

Implements public relations campaigns.

Implements social media campaigns.

Maintains practice website and blog.

Tracks responses from promotional items.

Gets good work of office known in community.

Press releases for articles and publications.

Sponsoring associations (Food Drive, etc.).

Acknowledgement and Referral Reward system.

Hosts New Patient Workshop and follows up on guests.

Maintains Referral Board.

Birthday cards, Thank You cards, Congratulations, Welcome New Patients and Referral letters.

Distribution of Flyers and cards.

Direct mail promotional efforts.

Phone follow-up on leads to schedule New Patients.

Referral stimulating posters.

Requests and prepares patient testimonials and videos.

Organizes, directs, executes, and follows up on marketing events (Screenings, Lectures, Health Fairs, etc.).

DIRECTOR OF PUBLIC RELATIONS (Cont.)

Development, organization and delivery of print, radio, and television advertising.

Newspaper advertising.

Proofread all advertising materials.

Call, schedule and confirm all promotional events.

Organize and purchase all necessary materials for promotion.

Organize and train all personnel involved with promotion.

Training of staff on referral and New Patient closing scripts.

Contact referral sources. (Lawyers, Trainers, Doctors, Hospitals, Organizations)

Decorate office for holidays and special events.



INSURANCE DIRECTOR

Reviews all Explanations of Benefits.
Submits electronic billing to Insurance Carriers.
Reprints and sends claim resubmissions.
Bills patients once a week, except for cash patients.
Bills cash patients once every four weeks.
Posts collections.
Maintains Accounts Receivable.
Runs End of Month Account Aging Reports and places in Colored Binders.
Makes follow up calls to attorney, adjuster, and group insurance carriers.
Updates computer and staff of any change in patient status or insurance coverage.
Keeps Weekly Insurance Statistics.
Receives requests for Treatment Plans and Narrative Reports, SOAP notes, etc.
Turns over uncollectable accounts to Collections Attorney.
Writes off uncollectable balances per doctor.
Sends Forgiveness letters when appropriate.
Sends Personal Injury follow up letter to attorneys every 6 months.

FINANCE COUNSELOR

A practice seeing more than 200 office visits a week may require a Finance Counselor to assist the Insurance Director. If less than 200 office visits, the Insurance Director performs the function of the Finance Counselor.

Keeps patient information up to date in computer.
Explanation of professional fees.
Collects payment for first office visit.
Obtains new patients' insurance information.
Verifies insurance coverage.
Records the insurance coverage and payment plan in the computer.
Notes any insurance policy exceptions/limitations.
Gives patients Personal Injury or Workers' Compensation paperwork to complete.
Calls employer to verify Workers' Compensation injuries.
Reviews insurance coverage and financial policies with patient.
Presents cash Case Fee payment plans to the patient.
Has patient sign a generic insurance form if required.
Presents the Wellness Care program to the patient.
Follow up on overdue Cash accounts.
Calls on overdue Cash balances.
Schedules referral appointments when ordered by the doctor.

FRONT DESK "IN" POSITION

A practice seeing more than 200 office visits a week may require two Front Desk Assistants. If less than 200 office visits, one Front Desk C.A. performs both functions.

Greets and handles New and Reactivated patients, guests and visitors.

Completes New Patient pad.

Maintains a minimum of 12 New Patient files prepared in advance.

New patient tour and routing.

Answers phones and uses the telephone tracer log to record calls.

Routes calls to proper person.

Takes phone messages.

Follows Recall procedure.

Patient routing.

Operates answering machine.

FRONT DESK "IN" POSITION CONTINUED

Check and clear Front Desk "In" box.

Prepare for next day (Sign in sheets, Report of Findings, etc.).

Opens Reception Room.

Monthly check of Active Patient Files for unscheduled patients recall.

Makes Wellness patients reminder calls.

Reschedules appointments.

FRONT DESK "OUT" POSITION

Pre-schedules patient Multiple Appointments using Multiple Appointment cards.

Checks computer for payment information.

Collects payment due.

Maintains zero balances.

Computer entry of services rendered charges and payments.

Sales of products: pillows, books, nutrients, etc.

Patient routing.

Supplies the new patient computer numbers.

Answers phones whenever Front Desk "In" Position is busy.

Types Out of Work/Disability notes and records them in the computer.

Confers with Finance Counselor concerning patient balances.

Keeps Front Desk statistics.



EXAMINATIONS ASSISTANT

When allowed by State Law, an Assistant can be used to assist with patient examination procedures. Check with your local Board of Chiropractic to determine your State's laws and regulations.

Performs New Patient histories and exams.

Performs Progress exams.

Assists in applying patient therapies.

Takes x rays (may require additional certification and training).

Assists in filing.

PHYSIOTHERAPY ASSISTANT

When allowed by State Law, an Assistant can be used to assist with Ancillary procedures. Check with your local Board of Chiropractic to determine your State's laws and regulations.

Renders physiotherapy.

Instruction and supervision of patients with exercises.

Educates patients on chiropractic.

Turns on office lights and readies the therapy area.

Assists with the Recall System.

Maintains order and neatness in physiotherapy area.

Informs Office Manager when supplies are needed.

Assembles the TheraBand® kits and supplies for patients at Home Exercises.

Closes therapy area at the end of the day.

COMPLIANCE OFFICER

Plan and execute a Compliance Program as outlined by the Compliance Plan

Maintain a Compliance Manual

Conduct periodic Risk Assessments

Implement Written Policies & Procedures and Standards of Conduct

OIG Compliance Policies & Procedures

HIPAA Security Policies & Procedures

HIPAA Privacy Policies & Procedures

Contingency Plans

Disciplinary Procedures

Train staff as prompted on the Compliance Plan ensure that all employees understand and comply with laws, regulations, and standards. (This includes all third-party vendors, Business Associates, and Independent Contractors)

Enforce Policies & Procedures as trained (Enact Disciplinary Procedures if necessary)

Conduct periodic internal audits & reviews as in all risk areas as outlined in the Compliance Plan

Document internal audits & reviews and file in Compliance Manual.

Ensure the Compliance Activities improve the efficiency of the Practice, improve quality of services, and reduce the vulnerability to fraud, abuse & waste

Review for excluded employees and acted when needed

COMPLIANCE OFFICER (Cont.)

Encourage reporting of suspected fraud, waste, abuse, or mismanagement through training and other means of communication (this must happen without fear of retaliation)

Investigate Reports of possible unethical behavior, improper business practices or any behavior that conflicts with written Policies and Procedures

Respond promptly to any reports of suspected fraud

Develop a Corrective Plan document and file in the Compliance Manual

Report findings to the Compliance Committee

Make recommendations to start disciplinary procedure or update and retrain current policies and procedures when necessary

Revise Compliance Program to accommodate changes in the Practice, updates to laws and regulations, updates to health plan contracts, and results of audits, reviews, and compliance investigations

Meet with the Compliance Committee when needed at least annually. Make recommendations for changes and updates in policies, documents, and training.

Document all Compliance and Training Activities as outlined on the Compliance Plan and file in the Compliance Manual.





THE CHIROPRACTIC ASSISTANT HANDBOOK

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