VOCABULARY REVIEW
1. provider
2. diction
3. inflection
4. cultivate
5. jargon
6. pitch
7. invariably
8. monotone
9. multitasking
10. tedious
11. enunciation
12. clarity
13. STAT
14. tactful
15. screen

SKILLS AND CONCEPTS
Part I: Answering Incoming Calls and Taking Phone Messages
(Please note that there are extra possible answers given.)

1. The clinical medical assistants, Trina and/or Dean
   a. What does the rash look like now?  Color?  Texture?
   b. What cream are you using on it?
   c. How often are you using the cream?
   d. Have you been in contact with anything unusual or different since your visit to the office?
   e. Is it the same or worse than when you were in the office?
   f. What is your pharmacy's phone number?
      Pull the medical record, if not already done.  Place the phone message with the record and give it to the physician.

2. The insurance biller, Gloria Richardson
   a. Are you still employed with the city police department?
   b. Has your insurance company at work changed recently or since your last visit to the office?
   c. What is the name of your insurance company?
   d. Have you gone from full-time to part-time work?
   e. What is the name of your benefits administrator at work?
   f. Can you give me the toll-free number to the insurance company from your insurance card?
   g. Have you recently received a new insurance card?
      Call the benefits administrator at the patient's work and make certain that he is still employed and was eligible for benefits on the day of the office visit.  If so, call the insurance company and determine why the claim was not paid.  Determine if the claim needs to be resubmitted to the insurance company.  Note all conversations and information obtained either in the medical record, on the financial record, or in the database, according to office policy.

3. The office manager, Julia Carpenter
   a. What experience do you have as a medical assistant and in what type of practice?
   b. Why are you looking for employment at this time?
   c. What are your goals for the next 5 years?
   d. Why are you interested in our clinic?
   e. Can you come in for an interview?
   f. What is your contact information?
   g. Can you forward a resume to our office?
      Schedule an interview date and time if she seems to have the qualifications for the position.
4. The clinical medical assistant, Trina or Dean
The patient has provided all of the information necessary to present his request to the physician. Unless the physician has additional questions, all the information is there to carry out the request, if approved by the doctor. Forward the request to the physician, and if the refill is approved, call it in to the pharmacy. Note this in the medical record. In addition, most patients appreciate a return call to let them know that the physician approved the request and that it has been called in to the pharmacy.

5. The office manager, Julia Carpenter
   a. What is the earliest time that you can arrive after 4 PM?
   b. Are you aware of our early morning or late evening appointments (if applicable)?
   c. Can you alternate an appointment at 4:15 or 4:30 this week with one at noon next week?
   d. Begin the call with the phrase, “Mr. Adams, how may I help you?”
      Schedule an appointment that will meet the patient’s needs and follow up to make sure that he arrives on time. Monitor the patient to make sure that he is not trying to abuse the privilege.

6. The office manager, Julia Carpenter
   a. What major changes do you anticipate for the coming year on our policy?
   b. Will there be a cost increase?
   c. Will any benefits be added or removed?
   d. How long do we have to make a decision about renewing the policy?
   e. Have any new policies or plans been created that will enhance our employees’ benefit package?
   f. When can you come in to discuss the renewal?
      Prepare the information from the last fiscal year for review and comparison. Notify any employees who need to attend the meeting with Ms. Garrett. Circulate a memo to employees to gather questions from the staff about coverage options. Notify the physician of the time and date of the meeting in case he or she wishes to attend as well.

7. Dr. Beard, primarily, and secondly, the clinical medical assistant, Trina or Dean
There may be no questions for the laboratory, but the patient will need to be contacted and the physician may want to place her on antibiotics. Determine the physician’s wishes and call the prescription in to the patient’s pharmacy, if indicated. Follow doctor’s orders to handle the situation.

8. The office manager, Julia Carpenter
   a. How long has the headache been bothering you?
   b. What have you tried to relieve the pain?
   c. Are you completely out of medication?
   d. Dr. Beard has already left the office for the weekend. Do you need to go to the emergency room?
      Note: Review the medical record and determine whether Ms. Jordan habitually calls late in the day or just before weekends. If it is clear that she needs the medication and is not abusing it, then Dr. Beard likely will be open to a call to authorize the refill.
      Use your best judgment in deciding whether to call Dr. Beard. Document her orders in the medical record. Call the pharmacy, if indicated, and authorize the refill. Call Judy and explain that Dr. Beard has made an exception for her in this instance and that in the future, she must make a refill call at the correct time.
9. The insurance biller and medical records clerk, Gloria Richardson
   a. What specific information does the patient need from the medical record?
   b. Have you located a new physician as yet?
   c. What is your new address?
   d. Are you willing to wait until you have located a new physician so that the records can be sent directly to the doctor?
      If the patient agrees to wait, then forward the records to the new physician. However, if the patient insists on having a copy of the records, the office must provide them.

10. The office manager, Julia Carpenter
    Secure the supplies requested and have them available for the cleaning service. As a courtesy, call Mr. Jenkins back and leave a message to assure him that the supplies will be available on Friday evening.

11. The scheduling assistant, Stephanie Dickson
    a. What is your address, phone number, etc.?
    b. What is your Aetna policy number?
    c. Do you need directions to the office?
    d. Can you arrive for an appointment on (day) at (time)?
    e. Can you arrive 15 minutes early to complete paperwork?
       Schedule the appointment and then verify the patient’s insurance. If the insurance is valid, prepare any necessary paperwork for the patient’s first visit.

12. The clinical assistant, Trina or Dean
    a. What is the address where you are located?
    b. Are you alone?
    c. How long have you had these symptoms?
    d. Do you have transportation to the hospital?
    e. Can you tell me about the pain you are having?
    f. On a scale from 1 to 10, 10 being the worst pain you have ever had, where is your pain right now?
    g. Can someone drive you to our office?
       The medical assistant must determine whether the patient should be directed to come to the office or to go straight to the hospital emergency department (ED). If she will be sent to the ED, the patient should be kept on the telephone while an ambulance is dispatched to her home. If she is to come to the office, she should not drive herself. Check her medical record to determine whether a next of kin is listed and call that person. Notify the physician of the situation and follow through on her orders.

Part II: Handling Difficult Calls
1. Lower the tone of voice slightly, which may make the caller calm down to hear what you are saying. Address the issue without skirting around it. Avoid getting angry, and do what is possible to resolve the patient’s issues while remaining within the confines of office policy.

2. Do not completely disregard salespersons, but do not allow them to monopolize time or telephone lines, either. Keep these calls quick and to the point. Most professional salespersons realize that the physician’s and the staff’s time is extremely valuable and will respect this. Developing a good rapport with representatives (“reps”) from the companies whose products are frequently used in the practice may result in discounted prices and first news of sales and promotions.
3. The person answering the telephone should first determine whether the call is truly urgent. Emergency calls could include such conditions and/or symptoms as chest pain, profuse bleeding, severe allergic reactions, cessation of breathing, injuries resulting in loss of consciousness, and broken bones. Often the physician will instruct the patient to go straight to the closest hospital emergency room or to call an ambulance. Office policy and procedure manuals should dictate the action to take in such emergency situations.

4. Some individuals call the physician’s office requesting information to which they are not entitled. These callers must be told politely but firmly that such information cannot be provided to them because of privacy laws. Insistent callers should be referred to the office manager or physician.

5. When callers complain, use an approach similar to the one used with angry callers. Do not make an attempt to blame and never argue with the patient. Find the source of the problem and then present the caller with options for resolving the situation. Remember to treat callers in the same way you would want to be treated.

**Part V: Short Answer Questions**

1. screening  
2. tone  
3. chew gum  
4. 1 (one)  
5. confidentiality  
6. third  
7. physician  
8. Conference  
9. directions

**Part VI: Time Zones**

1. 1:00 PM  
2. 5:00 PM  
3. 7:00 PM  
4. 4:00 PM  
5. 12:00 PM

**Part VII: Telephone Technique**

1. Answers include the following:  
   - Where are you?  
   - At what telephone number can you be reached?  
   - What are the chief symptoms?  
   - When did they start?  
   - Has this happened before?  
   - Are you alone?  
   - Do you have transportation?

2. "Let me help you."

3. Always ask the patient’s permission to place him or her on hold and to transfer the call. Identify the person on the phone when a call is transferred to the physician or another person in the facility. It is considered poor customer service to transfer the call to a co-worker’s voicemail without warning the caller that the person is not available. Any person who refuses to give a name should not be put through unless the medical assistant has been specifically instructed to do so. If the person is not immediately available, ask the caller whether he or she would prefer to be put through to voicemail. Some callers simply believe their call will receive more attention if a human takes the message. If the caller insists, take a written message and deliver it to the proper person as soon as possible.
4. The individual could be a patient, so every attempt to identify the patient and assist him or her should be made. Such callers may also be salespersons who are fully aware that if their identity is revealed, they will never get the opportunity to speak to the physician. These people may be firmly told, “Dr. Frank is busy with a patient and has asked that we take messages for her. If you will not leave a message, you may wish to write a letter to her and mark it ‘personal.’”

5. a. The name of the person to whom the call is directed
   b. The name of the person calling
   c. The caller’s daytime, evening, and/or cell phone numbers
   d. The reason for the call
   e. The action to be taken
   f. The date and time of the call
   g. The initials of the person taking the call