The daily functioning of a medical practice relies on good communication skills. As you have learned in previous chapters, effective communication involves excellent skills not only in speaking and listening but also in conveying nonverbal and written messages. Medical assistants and other health professionals must use effective communication skills in such daily activities as:

- Greeting patients
- Speaking with patients and other professionals on the telephone
- Scheduling appointments
- Corresponding with patients and other health professionals in writing

When applying effective communication skills in these areas, health professionals must meet patient expectations for professionalism, as well as HIPAA regulations on how patient information can be communicated or disclosed (Box 26-1).

LEARNING OBJECTIVES

You will be able to do the following after completing this chapter:

Key Terms
1. Define, appropriately use, and spell all the Key Terms for this chapter.

Greeting Patients
2. Describe how a warm, professional greeting affects patients.
3. Demonstrate the correct procedure for giving patients verbal instructions on how to locate the medical office.
4. Explain the purpose of the medical practice information booklet.
5. Demonstrate the correct procedure for constructing a patient information brochure.

Managing the Telephone
6. Describe how a medical assistant’s tone of voice affects telephone conversations.
7. List 12 guidelines for telephone etiquette and explain the importance of each.
8. Demonstrate the correct procedure for answering a multiline telephone system.
9. Explain the considerations for screening incoming calls.
10. Explain the importance of a triage (protocol guidelines) manual.
11. Describe the process of placing a caller on hold when needed.
12. List the seven types of information documented when taking a phone message.
13. List three types of outgoing calls that administrative medical assistants may make.

Scheduling Appointments
14. Explain the importance for patients, medical assistants, and physicians of managing office appointments efficiently and consistently.
15. Demonstrate the correct procedure for preparing and maintaining the office appointment book.
16. List one method of blocking off, or reserving, time not to be used for patient scheduling.
17. Explain the considerations for canceling a patient appointment.
18. List 10 abbreviations commonly used in scheduling appointments.
19. Demonstrate the correct procedure for scheduling a new patient for an office visit.
20. List six appointment-scheduling techniques and explain the advantages and disadvantages of each.
21. List two special problems that can occur in scheduling appointments and explain what can be done to prevent each.
22. Explain the purpose of an appointment reminder.
23. Demonstrate the correct procedure for scheduling a patient for outpatient diagnostic testing.

Handling Mail
24. Explain why it is important to sort incoming mail.
25. List four classifications of U.S. mail.
26. List eight special services offered by the post office that can help medical offices track, insure, and receive delivery confirmation for the mail they send.
27. Demonstrate the correct preparation of an envelope.

Managing Written Correspondence
28. Explain the proper use of a letter and a memo in medical office communication.
29. List nine guidelines for preparing effective written communication in the medical office.
30. Identify proofreader’s marks used to edit written correspondence.
31. Demonstrate the correct procedure for composing, keying, and proofreading a business letter and preparing the envelope.
32. Demonstrate the correct procedure for composing a memo.
33. Describe the format used to prepare a manuscript based on clinical research performed in the office.
34. List seven types of medical office reports and describe the purpose of each.

Patient-Centered Professionalism
35. Analyze a realistic medical office situation and apply your understanding of medical office communication to determine the best course of action.
36. Describe the impact on patient care when medical assistants have a solid understanding of communication in the medical office.

KEY TERMS

- abstract
- autopsy report
- certified mail
- cluster scheduling
- consultation reports
- discharge summary
- double booking
- emergency
- established patients
- full-block format
- history and physical (H&P) report
- manuscript
- matrix
- medical practice information booklet
- memo
- modified-block format
- modified-wave scheduling
- necropsy
- new patients
- open-hour scheduling
- operative report
- patient information brochure
- progress notes
- proofreading
- radiology report
- registered mail
- streaming scheduling
- time-specified scheduling
- transcriptionist
- wave scheduling

PRACTICAL APPLICATIONS

Read the following scenario and keep it in mind as you learn about the importance of communicating effectively in the medical office in this chapter.

Tara is a new medical assistant at a physician’s office. Dr. Vickers has hired her to answer the phone and to greet patients as they arrive, as well as to assist with making appointments as needed. On a particularly busy day, the phone is ringing with two lines already on hold and a new patient arrives at the reception desk. Steve, the physician’s assistant, asks Tara to make an appointment for another patient to see Dr. Vickers as soon as possible. Since the office makes appointments in a modified wave, Steve tells the patient to wait to be seen because Tara has found an opening in about a half hour. In all the confusion, Tara does not return to the patients who are on hold for several minutes, and one of the calls is an emergency. Furthermore, Tara is short-tempered with the new patient who has arrived at the office. Tara’s frustration about the busy schedule she is expected to keep shows, and the new patient states that she is not sure that she has chosen the best physician’s office for her medical care.

What effect will Tara’s frustration have on this medical office? How would you have handled this situation differently?

GREETING PATIENTS

As a medical assistant, you may serve as a receptionist. The receptionist is the first person a patient sees in the medical office. Make sure the patient’s first impression of you and the medical practice is positive. If a patient is calling for the first time to schedule an appointment, make sure the patient knows how to find the office. Procedure 26-1 shows how to use verbal instructions to give patients directions for locating the medical office.

As you recall from Chapter 24, the reception desk should be accessible to patients when they enter the office. In addition, the counter height needs to be high enough to maintain the confidentiality of patient information. You must keep several considerations in mind when greeting new patients and established patients, as well as other visitors to the medical office.

New Patients

Patients new to the medical office (first visit or first visit to the office in 3 years) need to feel welcome. Some practices will mail a “new patient packet” before the patient’s first office visit. If forms have not been sent previously, give the new patient a pen and the forms that must be completed; these forms are discussed in Chapter 34. Explain the policies of the medical office, or give the patient a medical practice information booklet, or patient information brochure, that provides
**BOX 26-1**

**HIPAA: the Privacy Rule and Security Rule**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates that the privacy and security of patient information be maintained in a confidential manner. This process begins when the individual arrives for their first appointment. Patients must be given detailed written information concerning their privacy rights. This includes the steps the practice will take to protect their privacy and how the medical practice will use patients’ protected health information (PHI).

To document that the medical practice made an effort to comply with this regulation, the practice must obtain a written acknowledgment from the patient that he or she has reviewed these rights. Acknowledgment may be in the form of a signature or the patient’s initials on the notice signifying that he or she has received the required information. If the patient declines to acknowledge receiving a Notice of Privacy Practices, this must be documented in the patient’s chart. This documentation shows a good faith effort was made by the practice to inform the patient and details the reason for failure to accomplish this act and comply with the regulation.

Medical practices must also post a Notice of Privacy Practices in the office, usually in the reception area. Additional copies of the notice should be made available if a patient requests a copy. The regulation also requires medical practices to have a written policy and procedure in place for determining who has access to patient medical information. For example, the policy may state that the receptionist may view the names of the patients coming into the office but may not view patients’ records.

To accommodate computerized information, two types of access codes (passwords) should be used. The first set would allow the receptionist to view the physician’s schedule but would not allow the receptionist to view patient records. The second set would allow the physician, nurse, and medical assistant to view the patient records for the purpose of patient care. A tracking system that keeps detailed information of all staff members viewing a patient’s medical record should be in place.

The HIPAA regulation also addresses the issues of sign-in sheets and calling the names of patients who are sitting in the waiting area.

**Can a medical practice use patient sign-in sheets and call out the names of patients in the waiting room?**

Yes; the practice can do both, as long as the information disclosed is appropriately limited. The Privacy Rule allows for incidental disclosure as long as appropriate safeguards are in place. For example, the sign-in sheet cannot contain confidential patient information (e.g., reason for the visit, medical problem). It is best to change used sheets with clean ones periodically during the day. Calling patients by name is still the most acceptable, courteous, and respectful way to “invite” patients into the examination area.

To document that the medical practice made an effort to comply with this regulation, the practice must obtain a written acknowledgment from the patient that he or she has reviewed these rights. This includes the steps the practice will take to protect their privacy and how the medical practice will use patients’ protected health information (PHI).

**BOX 26-2**

**Patient Information Booklet**

The patient information booklet (or brochure) communicates policies of the practice, (e.g., payment must be made at the time of service). It clarifies appointment policies, office hours, prescription refill policies, and so on. It should avoid technical terminology and should be written as if the staff is speaking to the patient (e.g., “We want to make your medical care our number-one priority”).

A patient brochure, or medical practice information booklet, should answer frequently asked questions, thus saving staff time by limiting the need to repeat information. This reduces telephone calls about office policies (e.g., office hours). The booklet invites the patient to be an active participant in his or her care.

Established Patients

Personalize the greeting when returning patients come into the office (e.g., “The doctor will be with you shortly, Ms. Jones; please make yourself comfortable in the reception area”). Remember, do not address a patient by their first name unless the patient has given you permission to do so. If other patients approach the desk while you are speaking with a patient, stop long enough to acknowledge their presence and tell them you will be available shortly. This lets them know that they are important as well and will receive your full attention. Every patient should be made to feel that he or she has the full attention of the office staff and that his or her needs have priority, no matter how busy the office is that day.
PROCEDURE 26-1

Give Verbal Instructions on How to Locate the Medical Office

**TASK:** Provide verbal instructions to a caller on how to locate the medical office.

**EQUIPMENT AND SUPPLIES**
- Telephone
- City map
- Pen or pencil

**SKILLS/RATIONALE**

1. **Procedural Step.** Address the patient or caller in a polite and professional manner.
   
   **Rationale.** The tone and pitch of your voice can promote a positive first impression of the office.

2. **Procedural Step.** Ask the person, "Where will you be coming from?"
   
   **Rationale.** This provides the medical assistant with a location on which to base directions. Find the location on a city map if needed. An Internet mapping service (e.g., MapQuest) may also be helpful in providing door-to-door directions.

3. **Procedural Step.** Determine the most direct route to the medical office, with alternate routes if possible. Provide the person with major cross streets and landmarks.
   
   **Rationale.** Providing the most direct route will save the patient or caller time and will lessen the likelihood of not finding the office. Having alternate routes, cross streets, and landmarks available will be helpful for people unfamiliar with the area. For example, "turn left on McCleary, take the next right onto Dearborne. Our parking lot is across the street from the bank." Keep in mind that the person may be driving, walking, or taking public transportation.

4. **Procedural Step.** Allow the patient or caller sufficient time to write down the directions.
   
   a. Repeat the directions back to the person, as needed, with a cheerful and pleasant tone.
   
   b. Ask the person to repeat the directions back to you if the location is somewhat difficult to find.
   
   **Rationale.** This provides excellent customer service and a favorable impression of the medical office.

5. **Procedural Step.** Provide the caller with the office’s phone number in case the person needs to call for further clarification of directions en route. If time permits, the medical assistant may mail written directions and a map to the patient before the appointment.
   
   **Rationale.** Again, this provides excellent customer service and a favorable impression of the medical office. Written directions and a map may be included in the office’s informational brochure, which is often mailed to new patients.

6. **Procedural Step.** Ask the caller if they have any questions.
   
   **Rationale.** Clarifies information provided and helps avoid any misunderstanding.

7. **Procedural Step.** Politely end the call after answering any questions.
   
   **Rationale.** This action displays a professional approach and provides a favorable impression of the office.

**FIGURE 26-1** Brochures provide information to the patient about the various services that the medical practice offers and often answers frequently asked questions that the patient needs to understand.
Create a Medical Practice Information Brochure

**TASK:** Create a “mock” patient information brochure for a medical practice.

**EQUIPMENT AND SUPPLIES**

- Computer
- Software program that allows for brochure layouts
- Examples of local medical practice brochures and local medical office policies
- Pen or pencil

**SKILLS/RATIONALE**

1. **Procedural Step.** Determine the content information to include in the informational brochure to be provided to patients.

   **Rationale.** Provides an effective means to communicate with patient’s about office policies.

   Items for consideration may include:
   - Practice’s philosophy statement
   - Goals of the practice
   - Description of the practice
   - Physical location of the office (address), including a map
   - Telephone numbers, e-mail address, web page
   - Office hours, day, and time
   - Names and credentials of staff members*
   - Types of services
   - Policy regarding appointment scheduling, no-shows, and cancellations
   - Payment options
   - Prescription refill policy
   - Types of insurance accepted
   - Referral policy
   - Release of records policy
   - Emergency protocols
   - Who to contact if the physician is unavailable
   - Frequently asked questions
   - Any special needs considerations
   - Personal information about the physician (e.g., area roots, special interests, and include special training and board certification)

2. **Procedural Step.** Write and key a short paragraph describing each of the topics to be included in the brochure. Proofread the keyed information.

   **Rationale.** The medical assistant can read the content and make corrections as needed. A brochure should never be sent out with incorrect information or “typos.” Remember, this may be the first interaction a patient has with your office and an impression will be formed.

3. **Procedural Step.** Determine the layout of the brochure.

   a. The layout should be visually pleasing.
   b. Consider the placement of the office logo.
   c. Ensure that the name of the practice, address, and phone number are prominent.
   d. Some software programs have a brochure template that may work for creating this booklet. If a separate program is not available, any word processing program can be used.

4. **Procedural Step.** Have the office manager or physician approve the final draft.

   a. Make corrections as requested.
   b. The physician has final approval.

5. **Procedural Step.** Print the brochure.

   This may be done at the office if the office photocopier can provide quality copies. Otherwise, submit the brochure electronically to a printing company for professional-looking brochures.

*Some offices choose not to include this information.
Other Visitors
Occasionally, people other than patients, such as family members, sales representatives, and other physicians, may request to see the physician. If possible, answer questions concerning when the physician can see them, or assist them with making an appointment. The office should have a procedure to let the receptionist know which visitors the physician will see without an appointment. All visitors should be treated courteously.

PATIENT-CENTERED PROFESSIONALISM
- Why must the medical assistant greet patients and all visitors to the medical office in a professional manner?
- Why is it important that the medical practice information brochure be structured to anticipate patients’ most common nonmedical questions?

MANAGING THE TELEPHONE
Every caller who phones the medical office forms an impression of the physician and all health care workers in the office. In fact, people often form a mental picture of the person they are speaking with according to the way his or her voice sounds on the telephone. When people talk face to face, an impression is formed based on many factors. When talking on the telephone, a speaker’s personality is projected by the voice alone. The receptionist’s voice should be businesslike, courteous, pleasant, and friendly.

Telephone Voice
The quality of your voice is important because it is a major way to express your ideas to others. A person’s voice tends to project that person’s personality to listeners. The voice is a valuable tool to promote a professional image. You have probably heard this before, but it is true: if you smile while talking on the phone, callers can tell.

Tone
Your tone, or the sound of your voice, should be expressive and pleasant not monotone. The pitch (highs and lows) should be low because this projects and carries the voice better and tends to be calming. When emphasizing a word or important point, the pitch should be raised. Raising the inflection of the voice at the end of a sentence is useful because people tend to remember what they heard last.

Volume
The volume used when delivering a message must be appropriate for what is being said and for the physical condition of the patient. Speaking loudly is irritating to most patients. They may feel they are being spoken to rudely (e.g., “yelled at”) or disrespectfully.

Clarity
You need to speak distinctly so that it will be easy for patients to understand your message. Patients also need to understand the terms used. Speak in lay terms (nontechnical terms); the message is lost if the patient does not understand the terminology. Pronounce words correctly, and ask patients to pronounce or spell their last name if you are unsure how to say it correctly.

Rate of Speed
If you speak too rapidly, you will not be well understood and waste time repeating yourself. Speaking too slowly causes your words to sound disconnected, which can also irritate the listener. Speaking too quickly or too slowly can make it difficult for the listener to follow the conversation, and the person may lose interest. Speaking clearly requires that you adjust your rate of speed according to the listener’s needs.

Telephone Etiquette
The word etiquette essentially means “manners.” Using good etiquette on the medical office telephone helps make a good impression on those who call. Good telephone manners reflect the qualities of pleasantness, promptness, politeness, and helpfulness. Guidelines for proper telephone etiquette follow. When making phone calls, always know the purpose of why the call is being made. You want to present a favorable impression on the patient that you are organized and capable of handling their needs. If you have told a patient you would return their call at a certain time, do it.

Before the Call
1. Prepare yourself by checking your body posture.
2. Make sure you have the supplies to take messages (pens, paper, message pad, appointment book, and watch to record time).

When Speaking with the Caller
1. Always identify yourself and the office so that callers know they have reached the correct number (e.g., “Good morning, Westside Medical Office, this is Lisa. How can I help you?”). Use a greeting that is going to give the caller the impression that the medical office staff is professional.
2. Be as courteous over the telephone as you would be with someone face to face.
3. Avoid slang terms and technical terms.
4. Listen attentively. Do not interrupt callers until they finish saying everything they want to say. If you speak too quickly, an important fact may be missed. Do provide feedback to let people know you are listening. Sound alert and helpful.
5. Think about how the caller feels. Be empathetic and show concern for what a patient is saying. The patient’s needs are critical to the medical practice. Concentrate on what
When the Call Is Over

Leave the caller with a pleasant feeling when the conversation is finished (e.g., “Thank you for calling, Ms. Jones”). Remember that the first impression of the medical office staff will stay with the caller long after the call is over.

Incoming Calls

When the medical assistant uses proper telephone techniques, screening incoming calls becomes easier. Before picking up the receiver, discontinue any other conversations or activity (e.g., eating, chewing gum) that can be heard by the calling party. Procedure 26-3 explains the proper techniques for answering a multiline telephone in a medical office. When a caller requests to speak to “the doctor,” the medical assistant can use these techniques to process the requests in a professional manner. Calls from other physicians should be put through to the physician promptly, if he or she is available.

Tact must be used when a caller requests to speak to the physician. The callers must never feel that the physician is trying to avoid them. It is best to acknowledge that the physician is not available or is with a patient before asking for the caller’s identity. If the caller wants to hold for the physician, keep the caller informed about what is happening (e.g., “The doctor is still unavailable. Would you like to continue to hold?”). Always offer to take a message or ask “would you like me to transfer you to Ms. John’s voicemail?”

Office policy should list the types of situations for which the medical assistant can interrupt the physician. Table 26-1 provides the protocol to be used as a guide when certain situations arise. Medical assistants are not permitted to exercise independent decisions and must limit their actions to preset protocols established by the physician. When this information is firmly and competently relayed, callers gain confidence in the office’s ability to assist them. Often a new patient will call and request directions to the facility; it is important that this information be provided accurately and with clarity (see Procedure 26-1).

Placing the Caller on Hold

The telephone in a medical practice is in constant use. Most offices have more than one telephone line, and more than one call can come into the office at the same time. See Procedure 26-3 for a more detailed explanation of the process for putting a caller on hold.

Telephone Messages

When you take a message, certain information should be obtained (see Procedure 26-3 for details). Remember, always record what the patient tells you. Write the message in a duplicate telephone logbook. Give the original to the appropriate person for follow-up. Utilize copy messages that leave a copy within the message book, but always remember to tear out the original.

Outgoing Calls

You must also be prepared to place outgoing calls. Have all needed information available before making the call. Before dialing the number, always listen for a dial tone. Many times a call may be coming in to the office at the same time you are trying to dial out. In this case, a loud noise on the phone line will be heard. Outgoing calls that medical assistants may need to make include the following:

- Changing or confirming a patient’s appointment.
- Making outpatient appointments or patient referrals.
- Ordering supplies or laboratory forms.
- Calling in prescriptions and/or refills.

Long-Distance Calls

When you need to call a person or company in a different state, it is important to know in which time zone the person or company is located. Figure 26-2 shows the time zones of the United States and Canada. For example, if you were in an office in Massachusetts and needed to make a call to Nevada, you would need to remember that Nevada is 3 hours behind Massachusetts in time. Therefore 9 AM in Massachusetts is 6 AM in Nevada. Some medical offices require that all long-distance phone calls be recorded in a long-distance telephone log (caller, time, and reason for calling). Check your office policy manual for any special considerations for long-distance calling.

Telephone Directory

At times you may need to look up a telephone number and use a telephone directory. The telephone directory’s “white pages” list residential phone numbers and addresses in alphabetical order by residents’ last names. The “yellow pages” list area businesses’ contact information in alphabetical order by
PROCEDURE 26-3

Answer a Multiline Telephone System

**TASK:** Answer a multiline telephone system in a physician’s office or clinic in a professional manner. Respond to a request for action, place a call on hold, transfer a call to another party, and accurately record a message.

**EQUIPMENT AND SUPPLIES**
- Telephone
- Appointment book
- Message pad
- Telephone emergency triage reference guide
- Physician referral sheet
- Pen or pencil
- Headset (optional)

**SKILLS/RATIONALE**

1. **Procedural Step.** Answer the phone.
   a. Smile before answering the phone.
      **Rationale.** The caller may not be able to see the smile but will hear it in your voice. Often, a telephone call to make an appointment is the first interaction the patient has with the office or clinic. Make the first impression a pleasant one.
   b. Answer the telephone by the third ring; speak directly into the transmitter, with the mouthpiece positioned 1 inch from the mouth.
      **Rationale.** Answering promptly conveys interest in the caller. The voice carries better when the mouthpiece is properly positioned.
   c. Speaking distinctly with a pleasant tone and expression, at a moderate rate, and with sufficient volume, identify the office and yourself. The greeting should start with the time of day (such as “Good morning” or “Good afternoon”), and a request to help should be included.
      **Rationale.** By speaking distinctly with a pleasant tone, at a moderate rate, and with sufficient volume, the caller will be able to understand what is being said. By identifying the facility and yourself, the caller will know that the correct number has been reached and to whom they are speaking.
      **Example:** “Good morning, Dr. Smith’s office, this is Stacey speaking. How may I help you?”
   d. Verify the identity of the caller and request the caller’s phone number.
      **Rationale.** This confirms the origin of the call and provides a phone number to return the call should it be disconnected or if the intended receiver of the call is unavailable.
   e. Provide the caller with the requested information or service, whenever possible.
      Medical assistants handle four types of calls on a routine basis:
      (1) **Appointments.** Because these are typically the most common phone calls made to the medical office, it is important to have the appointment book or electronic scheduling program easily accessible and near the telephone.
      (2) **Payment or account balance information.** If the medical facility does not have a separate department that handles these calls, it is best to have patient records close to the phone so that the medical assistant answering the phone has access.
      (3) **Physician referrals.** Most medical facilities have a physician referral list typed and located near the phone. The list should contain physicians, laboratories, hospitals, and other medical services frequently used by the physician in patient referrals.
      (4) **Emergencies.** Emergency calls may or may not be made to the medical facility. If this is a common occurrence for the practice, an emergency screening reference guide should be located near the phone. Along with the triage reference guide, emergency phone numbers for fire, police, poison control, and ambulance services should be readily accessible if 911 does not connect with these services in your area.
      **Rationale.** The medical assistant can handle many calls and conserve the time and energy of the physician or other staff members.
   f. If you are unable to assist the caller, transfer the caller to the person who can assist. First, ask if you may put the caller on hold. Wait for a response, and place the call on hold. Then transfer the call to the appropriate staff member. (**Note:** Some telephone systems allow you to immediately transfer the caller without placing him or her on hold.)
Example: “I would like to transfer you to the accounting department. May I put you on hold? Thank you. Please hold.”

Note: Never leave a caller on hold for more than 90 seconds. If the line is not answered within this time, return to the caller and ask to take a message. If the caller does not want to be put back on hold, ask the caller for a phone number at which the call can be returned.

2. Procedural Step. If more than one line is ringing at once, put a caller on hold:
   a. Answer the first line, and ask if you can put the caller on hold (remember to wait for a response).
   b. Answer the second line, and ask the caller to please hold (again, waiting for a response first).
   c. Return to the first call, and either help the caller or direct the call to the correct person, using the appropriate hold request, or ask for a phone number at which the call can be returned as soon as possible.
   d. Return to the second call, and repeat the process for subsequent incoming calls.

Rationale. This ensures that all callers are treated with courtesy and respect.

   a. Collect complete and accurate information that you can pass on to the party with whom the caller wishes to speak.

Rationale. Complete, accurate information helps the person quickly and efficiently return the call and addresses the needs or concerns of the caller.

b. Record the following information:
   (1) Recipient of the message.

Rationale. When taking a telephone message, it is important to know to whom the message needs to be directed so that the message is received promptly.

(2) Name of the caller. If you are unsure of the spelling of the caller’s name or did not understand the caller, ask the caller to spell it for you.

Rationale. When taking a telephone message, it is important to determine the relationship of the caller to the patient if the caller is someone other than the patient, to ensure that the caller has a legal right to ask questions or be given information about the patient.

(3) Date and time the message is taken.

(4) Urgency of the message.

Rationale. It is important for the physician or other health professional to know if this situation must be handled immediately, as in an emergency.

(5) Allergies. If no allergies exist, write “none” or “0” in the box. Allergy information is available in the patient’s medical record but any changes need to be noted. (This information may be unnecessary if no drug therapy is needed for the patient.)

Rationale. The condition reported may require a prescription.

(6) Message content. Record exactly what the patient tells you.

Rationale. The “heart” of the message includes the reason why the call was made and the caller’s question for the physician or other allied health professional (or action the caller wants the physician to take).

(7) Return phone number.

Rationale. The person for whom the call was placed must have the phone number of the caller to return the call.

(8) Pharmacy name and phone number. This information may be found in the patient’s medical record.

Rationale. Including the name and number of the patient’s pharmacy in the message provides the physician.
PROCEDURE 26-3 Answer a Multiline Telephone System—cont’d

with a ready means of contacting the pharmacy should the need arise and ensures the correct pharmacy is called.

(9) Initials of message taker.  
**Rationale.** For purposes of accountability and in case a question arises, the identification of the person taking the message needs to be indicated and should be recorded during the course of the phone call.

(10) Physician and staff response. This section of the form is completed by the individual to whom the message was directed. It is used whenever a telephone encounter with a patient results in, for example, the reporting of symptoms or a change in treatment. The provider writes in the action taken or to be taken (e.g., physician writes prescription that medical assistant will call in to pharmacy), call back (yes or no), chart message (yes or no), and follow-up date.  
**NOTE:** If the medical assistant is assigned to make the follow-up call, the provider usually writes his or her initials immediately following the narrative. Sometimes both the provider and the medical assistant place their initials in the response box.  
**Rationale.** Completing this portion of the form and placing it in the medical record is necessary after such calls, as this action must be documented in the medical record as part of the continuous record of care given.

4. **Procedural Step.** Terminate the call in a pleasant manner, and replace the receiver gently.
   a. Be sure to thank the caller and ask if there is anything further you can do to assist the caller before hanging up.
   b. It is best if the caller ends the call first. The proper language to end a call is to say, “Good-bye, Ms. Jones, and thank you for calling.” It is never appropriate to say “bye-bye” or to use any other form of familiarization when ending a call.  
**Rationale.** Proper telephone technique is often the first impression a new patient has of the medical practice.

### TABLE 26-1
**Protocol for Screening Telephone Calls**

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>Action Taken by Medical Administrative Assistant</th>
<th>Call Handled by Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient requests appointment</td>
<td>If not a potential emergency, schedule appointment. Take a message with medication name and patient’s pharmacy name and number. Send message with patient’s medical record to physician.</td>
<td>Medical administrative assistant</td>
</tr>
<tr>
<td>Patient requests prescription refill</td>
<td>Take a message, send message with patient’s medical record to physician or clinical medical professional. (Depending on the severity of the patient’s illness, the call may need to be transferred immediately to the physician or clinical medical professional.)</td>
<td>Physician or clinical medical professional</td>
</tr>
<tr>
<td>Patient asks to talk with physician or clinical medical professional because patient is ill or needs some medical information</td>
<td>Take a message, send message with patient’s medical record to physician or clinical medical professional.</td>
<td>Physician or clinical medical professional</td>
</tr>
<tr>
<td>Patient is returning a call to the physician or clinical medical professional</td>
<td>Transfer call directly to physician or clinical medical professional as requested.</td>
<td>Physician or clinical medical professional</td>
</tr>
<tr>
<td>Another physician calls for the physician</td>
<td>Transfer call directly to physician as requested; no need to ask the reason for the call.</td>
<td>Physician or clinical medical professional</td>
</tr>
<tr>
<td>Outside laboratory calls with test results</td>
<td>Transfer call directly to individual requested by the laboratory.</td>
<td>Identified staff member</td>
</tr>
<tr>
<td>Patient is uncomfortable identifying the reason for calling</td>
<td>Ask the patient if the call is an emergency. If not, ask the patient if you can have the clinical medical professional return a call to the patient.</td>
<td>Clinical medical professional</td>
</tr>
<tr>
<td>Patient calls for test results</td>
<td>Take a message; send message with patient’s medical record to physician or clinical medical professional.</td>
<td>Physician or clinical medical professional</td>
</tr>
<tr>
<td>Patient calls with insurance or billing question</td>
<td>After confirming the identity of the patient and if the patient is entitled to the information, answer the patient’s question. Some information may not be able to be released over the phone and may need to be mailed directly to the patient’s home.</td>
<td>Medical administrative assistant</td>
</tr>
<tr>
<td>Insurance company calls requesting information on a patient</td>
<td>Identify requested information and identity of caller. Usually, only limited information may be given over the phone, and the caller should send a written request for information that has been authorized by the patient.</td>
<td>Medical administrative assistant</td>
</tr>
<tr>
<td>Personal calls for a member of the office staff</td>
<td>Transfer directly to the staff member. If the call is for the physician and the physician is with a patient, notify the caller of that fact and ask if you should interrupt (i.e., “The doctor is with a patient right now; would you like me to interrupt?”). Note: Follow office protocol regarding physician interruptions.</td>
<td>Identified staff member</td>
</tr>
<tr>
<td>Administration calls for a member of the office staff</td>
<td>Transfer directly to the staff member. If the call is for the physician and the physician is with a patient, notify the caller of that fact and ask if you should interrupt (i.e., “The doctor is with a patient right now; would you like me to interrupt?”). Note: Follow office protocol regarding physician interruptions.</td>
<td>Identified staff member</td>
</tr>
<tr>
<td>Patient has a complaint</td>
<td>Attempt to handle the situation if at all possible; otherwise, take a message or transfer the call to the appropriate individual. If necessary, notify physician of complaint.</td>
<td>Medical administrative assistant or identified staff member</td>
</tr>
<tr>
<td>Patient has been poisoned</td>
<td>Immediately give caller telephone number of poison control center and obtain identification of patient. Poison control centers are properly equipped to handle poisonings in a rapid manner; assist with emergency help as appropriate.</td>
<td>Notify physician, and document call in patient’s medical chart</td>
</tr>
<tr>
<td>Pharmaceutical sales representative wants appointment to give sales talk to physician and clinical medical professional</td>
<td>Make appointment under the guidelines established for the office.</td>
<td>Medical administrative assistant</td>
</tr>
<tr>
<td>Office supply sales representative</td>
<td>Take message and give to staff member chiefly responsible for buying office supplies.</td>
<td>Identified staff member</td>
</tr>
</tbody>
</table>

*Modified from Potter BA: Medical office administration; a worktext, Philadelphia, 2003, Saunders.*
the business (or business owner’s) name and type of business. Yellow pages can also be found on the Internet. Some telephone directories contain a special section that lists local government or municipal contact information (city hall, public works, governmental offices, and schools). Many medical offices keep a list of frequently called telephone numbers (laboratories, local hospitals and pharmacies, and supply companies). This may be a printed list or a file stored on the office computer system.

PATIENT-CENTERED PROFESSIONALISM

• What telephone techniques would you use if you were responsible for answering the telephone at the medical office? What impact will this have on patients who call?
• Why must the medical assistant be aware of telephone etiquette? What are some general guidelines to follow?

SCHEDULING APPOINTMENTS

An administrative medical assistant is often the person who schedules appointments in the medical office. For consistency, it is best if only one person schedules the appointments, but this is not always possible, especially in a large practice. Although offices should have their own set of policies and procedures (which is important since these documents are used to train new personnel), some general principles apply when scheduling appointments effectively. Medical assistants need to understand the importance of effective scheduling, how to use the office appointment book, or the computerized scheduling feature of their practice management software and the techniques available for scheduling appointments. Remember, appointment scheduling needs to focus on the needs of the physician (e.g., time needs to be allotted for the physician to return phone calls, review patient laboratory results, meet with drug representatives, and to complete dictations of chart notes, letters, etc.). Also, the ability to schedule efficiently will require attention to the dynamics of the facility (e.g., number of examination rooms, availability of equipment, and time needed for procedures scheduled), and available resources (e.g., staff).

Effective Scheduling

Good scheduling management allows for efficient office functioning. The scheduling system chosen must be flexible enough to handle emergency situations, as well as the routine daily schedule. Patients do not find it acceptable to wait for long periods. Few patients are willing to wait longer than 20 minutes. Having an appointment schedule that accommodates the physician’s preferences and commitments allows for a smoothly operating practice. Each office should have a standard for the time needed for each type of procedure so that the medical assistant can gauge the time needed for the appointment and assign appointments accordingly. Always advise patients of delays since this allows the patient the option of rescheduling their appointment, wait, or return later. It is not always necessary to provide the reason why the provider will be late.

Making the schedule flow smoothly can be a challenge for the medical office. It takes the cooperation of all staff members to make it happen. But effective scheduling is the backbone of an efficient medical practice.

Appointment Book

Many types of appointment books are used in medical offices today. Often, appointment books are spiral-bound, and each page is dated and contains a day of the week. The time allotted for appointments varies from every 10 minutes to every 60 minutes (Figure 26-3). The appointment book must be accurate because the daily workflow depends on its contents.
Before appointments can be made, it must be determined when the physician is available. Most offices establish a matrix (reserved time) or develop some other format to block off time that is not to be used in patient scheduling. Using a slanted line or an “X” to mark off the nonpatient appointment periods informs staff about when the physician is not able to see patients. A brief statement explaining this notation is used (e.g., “hospital rounds”; see Figure 26-3). Open appointment times are indicated by the blank boxes in the grid. In an office of several providers, each may have their own appointment book. If providers are sharing examination rooms, the scheduling is critical.

Procedure 26-4 explains the process of establishing the matrix of an appointment book page and scheduling a patient appointment in detail. When appointments are entered, the patient’s name and phone number are entered. If a patient is a “no-show” or cancels the day of the appointment, a notation next to the patient’s name must be placed in ink. This documentation protects the medical practice in case of a lawsuit. The appointment book is a legal document; this is why most offices require that only black ink be used to write in it. Other important aspects of scheduling appointments include the use of computerized appointment systems and abbreviations in scheduling. Everyone in the office must be apprised of abbreviations made in the appointment books, so they may be aware of all notations in the book. It is important to remember that when a patient fails to appear for their appointment (no show, or N/S), the incident must appear in the patient’s chart.

**Computerized Appointments**

Computerized systems for appointment scheduling offer medical assistants great flexibility. The system will search a particular physician’s schedule and can also search other health providers in the medical practice to locate an available appointment time. The schedule can be printed daily (Figure 26-4). As with any computerized data, a backup system should be in place if the system fails. Electronic appointment books are very efficient in that they can mark all electronic health records (EHRs) for that day, or if the practice does not use EHRs, the computer can pull up all patients’ names in alphabetical order for pulling the charts efficiently. The electronic appointment book prints out a grid that identifies the appointment times for each health care provider allowing the schedule to be reviewed for the day.

**Abbreviations**

When an appointment is made, a reason should be recorded. Using an abbreviation allows the medical assistant to indicate the reason the appointment without writing out the reason using complete words and sentences (e.g., “complete physical exam” is “CPE”). This is much quicker and also helps prevent spelling errors and hard-to-read explanations. Box 26-4 shows common abbreviations used for appointment setting.

---

**PROCEDURE 26-4**

**Prepare and Maintain an Appointment Book**

**TASK:** Establish the matrix of an appointment book page and schedule a new and established patient appointment.

**EQUIPMENT AND SUPPLIES**

- Appointment book
- Office policy for office hours and list of physician’s availability
- Pencil
- Calendar

**SKILLS/RATIONALE**

1. **Procedural Step.** “Matrix” the appointment book.
   a. Identify and mark with an “X” in an appointment book those times when the office is not open for patient care.
   b. Determine the hours that each physician will not be available for appointments.
   c. Block out time for emergency visits, and reserve time for unexpected needs.

**NOTE:** This can be accomplished manually in an appointment book or electronically in a computer software program. (For the purposes of this procedure, this task is performed manually in an appointment book.)

**Rationale.** Predetermined time(s) must be blocked out on the appointment book so that patients are not inadvertently scheduled to be seen during these times. “Matrixing” the appointment book...
Prepare and Maintain an Appointment Book—cont’d

### PROCEDURE 26-4

The appointment book is a critical tool in managing patient care. It helps in scheduling appointments, ensuring efficient use of medical staff time, and maintaining patient records. Here’s a continued explanation of how to prepare and maintain an appointment book:

<table>
<thead>
<tr>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon.</td>
</tr>
<tr>
<td>Tue.</td>
</tr>
<tr>
<td>Wed.</td>
</tr>
<tr>
<td>Thu.</td>
</tr>
<tr>
<td>Fri.</td>
</tr>
<tr>
<td>Sat.</td>
</tr>
</tbody>
</table>

**APPOINTMENT SCHEDULE**

- **Dr. Lawler**
  - Hospital visits
- **Dr. Hughes**
  - Satellite office
- **Dr. Lopez**
  - Lunch

**Time Blocks**

- 8:00 AM - 12:00 PM
- 1:00 PM - 5:00 PM

**Notes**

- Add-up
- Review

---

*Continued*
shows the available time slots that can be used for patient appointments.

2. **Procedural Step. Schedule an appointment.**
   a. When a patient requests an appointment time, identify the patient’s chief complaint to determine the amount of time needed for the appointment.
   **Rationale.** The patient’s chief complaint determines the amount of time required for the visit. Office policies should be established to provide standard procedure times for patient scheduling.
   b. Identify whether the patient is a new or an established patient and determine the patient’s preference for date and time.
   **Rationale.** New patients often require a longer office visit than established patients.
   c. Once the patient agrees to the date and time, enter the patient’s full name, reason for the visit, and patient’s day phone number (home, work, or cell number) in the appointment book.
   **Rationale.** Writing in a reason for the visit allows the clinical assistant to prepare equipment and supplies needed for the visit. Writing in a telephone number allows for quick reference if the patient must be rescheduled for any reason. If the patient is new to the facility, write “NP” (new patient) after his or her name. Accommodating the patient’s needs makes it more likely the patient will keep the appointment.

**NOTE:** An appointment book is a legal document and can be subpoenaed as evidence in court. Because of this, appointments should be entered in ink. However, if a manual appointment book is kept, standard practice is to enter the appointments in pencil to allow for changes such as rescheduling. A record of no-show appointments should be kept and documented in patient records. A photocopy of the appointment page is accepted as a permanent record.

**3. Procedural Step. Complete an appointment card.**
When the patient is required to come back for a follow-up appointment, make the patient an appointment card to include the date and time. If making an appointment by phone, repeat the date and time to the patient.

**Rationale.** Appointment cards and repeating appointment information help the patient remember the appointment.

Be careful when using abbreviations; all staff members must be knowledgeable about the abbreviations used and in agreement about their meaning and only use those that have been approved by the medical office.

**New Patient Appointments**

When a new patient calls the medical office for an appointment, you should obtain the following information:

1. **Name.** Obtain the patient’s last name, first name, and middle initial. Ask the patient to spell the last name to avoid an error.
2. **Address.** Obtain the home address and the billing address, if different from the home address.
3. **Telephone number.** Obtain the telephone numbers for home, cellular phone, and work so that an appointment time can be confirmed, canceled, or changed.
4. **Purpose of the visit.** This information is necessary to schedule the correct length of time for the appointment.
5. **Referral.** If another physician is referring the patient, try to schedule the patient as soon as possible. The patient needs to bring any applicable documents to the appointment.
6. **Insurance coverage.** Insurance information can be verified to save time when the patient comes into the office.

Procedure 26-5 explains the process of scheduling new patients in detail, both manually and using the computer. Chapter 25 provides more information on using the medical office computer to perform scheduling and other tasks.

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**BOX 26-4**

**Common Abbreviations Used in Appointment Setting**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCP</td>
<td>Birth control pill</td>
</tr>
<tr>
<td>BP</td>
<td>Blood pressure check</td>
</tr>
<tr>
<td>Bx</td>
<td>Biopsy</td>
</tr>
<tr>
<td>Can</td>
<td>Cancelled</td>
</tr>
<tr>
<td>Cons</td>
<td>Consultation</td>
</tr>
<tr>
<td>CPE, CPX</td>
<td>Complete physical examination</td>
</tr>
<tr>
<td>ECG, EKG</td>
<td>Electrocardiography</td>
</tr>
<tr>
<td>FB</td>
<td>Foreign body</td>
</tr>
<tr>
<td>FU</td>
<td>Follow up (follow-up)</td>
</tr>
<tr>
<td>HTN</td>
<td>Hypertension</td>
</tr>
<tr>
<td>I&amp;D</td>
<td>Incision and drainage</td>
</tr>
<tr>
<td>Lab</td>
<td>Laboratory</td>
</tr>
<tr>
<td>N&amp;V</td>
<td>Nausea and vomiting</td>
</tr>
<tr>
<td>NP</td>
<td>New patient</td>
</tr>
<tr>
<td>NS</td>
<td>No-show</td>
</tr>
<tr>
<td>OV</td>
<td>Office visit</td>
</tr>
<tr>
<td>PAP</td>
<td>Pap (Papanicolaou smear (test)</td>
</tr>
<tr>
<td>Pgt</td>
<td>Pregnancy test</td>
</tr>
<tr>
<td>PX</td>
<td>Physical</td>
</tr>
<tr>
<td>ReC, RECK</td>
<td>Recheck</td>
</tr>
<tr>
<td>Ref</td>
<td>Referral</td>
</tr>
<tr>
<td>RS</td>
<td>Reschedule</td>
</tr>
<tr>
<td>SOB</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Surg</td>
<td>Surgery</td>
</tr>
<tr>
<td>S/R</td>
<td>Suture removal</td>
</tr>
<tr>
<td>URI</td>
<td>Upper respiratory infection</td>
</tr>
<tr>
<td>UTI</td>
<td>Urinary tract infection</td>
</tr>
</tbody>
</table>
**Established-Patient Appointments**

An established patient is any patient who has been seen in the past 3 years by the physician or another physician in the practice, no matter what the locale (patients who have not been to the office in 3 years should be considered “new” patients). The following information is needed when established patients call:

1. **Telephone.** Obtain the telephone numbers for both home and work for the same reason as a new patient.
2. **Purpose of the visit.** This is obtained, as with the new patient, for scheduling purposes.
3. **Insurance information.** Ask if the patient’s insurance information has changed.
4. **Demographic information.** Ask established patients if there has been any change in their home address.

**Appointment Techniques**

Medical assistants are often responsible for scheduling appointments. An office policy listing time periods for the various types of medical services allows the medical assistant to assign appointment times accordingly. Routine office visits require an average of 15 to 20 minutes when only basic equipment and staff are needed (Figure 26-5).

Each office must choose a method of scheduling appointments that fits the activities of the physician and needs of the office. Various techniques are used for scheduling patients.

**Time-Specified**

**Time-specified scheduling** gives each patient an appointment for a definite period (e.g., 10-10:15 AM). The medical assistant scheduling the appointment needs to know exactly why the patient is being scheduled. A 15-minute appointment is adequate for a follow-up visit, in most cases, but more time is needed for a well-patient visit.

**Wave**

**Wave scheduling** is not as structured as the time-specified system and allows for more flexibility. Wave scheduling is designed to self-adjust and avoid backups. This type of
**PROCEDURE 26-5**

**Schedule a New Patient**

**TASK:** Schedule a new patient for an office visit.

**EQUIPMENT AND SUPPLIES**
- Appointment book
- Telephone
- Pencil and paper

**SKILLS/RATIONALE**

1. **Procedural Step.** Obtain preliminary information.
   a. Name of the physician for whom to book the appointment.
   b. Purpose of the appointment.
   c. Scheduling preferences of the patient.

   **Rationale.** It is important to have this information so you can then locate and schedule an appropriate appointment time slot in the appointment book.

2. **Procedural Step.** Obtain the patient’s demographic information and chief complaint.

![Appointment Schedule Diagram]

*Continued*
PROCEDURE 26-5

Schedule a New Patient—cont’d

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Patient’s name (verify the spelling of the name).</td>
</tr>
<tr>
<td>b.</td>
<td>Patient’s address.</td>
</tr>
<tr>
<td>c.</td>
<td>Patient’s daytime phone number, including cell or work number.</td>
</tr>
<tr>
<td>d.</td>
<td>Patient’s date of birth.</td>
</tr>
<tr>
<td></td>
<td><strong>Rationale.</strong> Not all the information, such as the address and date of birth, will be recorded in the appointment book. This information will be used to start the patient’s medical record. However, it is important that this information is gathered at the time the first appointment is scheduled.</td>
</tr>
<tr>
<td>e.</td>
<td>Determine the new patient’s chief complaint, and ask when the first symptoms occurred.</td>
</tr>
<tr>
<td></td>
<td><strong>Rationale.</strong> This information is needed to help determine the length of time needed for the appointment and the degree of urgency.</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Procedural Step.</strong> Determine whether the patient was referred by another physician.</td>
</tr>
<tr>
<td></td>
<td>Reference the patient history form for this information or ask the patient directly. You may need to request additional information from the referring physician, and your physician will want to send a consultation report and a thank-you letter.</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Procedural Step.</strong> Enter the appointment in the appointment book.</td>
</tr>
<tr>
<td></td>
<td>a. Search the appointment book for the first available appointment time and an alternate time. Offer the patient a choice of these dates and times. It is best to give the patient two appointment options: a morning appointment on one date and an afternoon appointment on another date.</td>
</tr>
</tbody>
</table>

**Rationale.** Patients are better satisfied if they are given a choice.

b. Enter the time agreed on in the appointment book, followed by the patient’s daytime telephone number, reason for visit, and the abbreviation “NP.”

**Rationale.** Writing in a reason for the visit allows the clinical assistant to prepare equipment and supplies needed for the visit. Writing in a telephone number allows for quick reference if the patient must be rescheduled for any reason. “NP” establishes the new patient status.

5. **Procedural Step.** Obtain additional information at the time the appointment is made.
   a. Request insurance information and explain any financial policies at the time the appointment is made. |
   | **Rationale.** This ensures that the patient will be aware of the payment policy and that the office can verify insurance benefits before the appointment. |
   b. Provide directions to the office, as well as any special parking instructions. |
   | **Rationale.** This provides for excellent customer service and relieves any patient anxiety about being able to find the medical facility (see Procedure 26-1). |
   c. Repeat the day, date, and time of the appointment, and ask if the patient has any questions before ending the conversation. |
   | **Rationale.** This helps verify that the patient understands when the appointment is scheduled and allows the patient one more opportunity to ask questions or clarify the office payment policy. |

**FIGURE 26-5** Medical assistant scheduling an appointment in an appointment book.
scheduling takes into account no-shows and late arrivals. Each hour block is divided into the average appointment time. For example, if the average amount of time used for each appointment is 15 minutes, four patients could be scheduled between 9 and 10 AM. In this case the four patients would be given an appointment time at the beginning of the hour (9 AM). Patients are seen in the order of their arrival. The idea behind the flexible appointment system is that each patient will not arrive at exactly the same time or require the entire time, and by the end of the hour, all patients will be seen and the schedule will be on track.

**Modified Wave**

As with the wave method, modified-wave scheduling is also based on the idea that each visit will not take the required time. However, instead of scheduling the entire group of patients at the beginning of the hour, the group is split in half. One half of the group is scheduled for the beginning of the hour and the remaining on the half hour. Thus, using the example given in the wave method, two patients would be given a 9 AM appointment and the other two would be given a 9:30 AM appointment. This allows time to catch up before the next hour begins.

**Streaming**

Streaming scheduling uses the concept of meeting the needs of the patient. Appointments are set according to why the patient is coming into the office, therefore allowing enough time for the procedure. In most cases, each time slot is broken into 15-minute intervals. A procedure needing an hour would use four time slots, but a procedure needing only 5 minutes (e.g., blood pressure check) would get one 15-minute slot and another patient needing only 5 minutes may be booked in the same slot. This type of booking accounts for the “in-and-out” patient and leaves enough slots open for emergencies.

**Double Booking**

Double booking is similar to wave scheduling, but instead of more than one patient scheduled at the beginning of the hour, two patients are scheduled to see the physician at the same time. This is similar to an airline selling more seats than available. The assumption is there will be cancellations and no-shows. This form of scheduling is helpful if a patient needs to be seen that day and has no appointment, but it often causes the office schedule to fall behind. This type of scheduling should not be done on a regular basis, and patients should be informed that they are being double-booked and that they will probably have to wait after arrival.

**Cluster (Group) or Categorization**

In cluster scheduling, several appointments for similar types of examinations are grouped. For instance, some medical offices will only do complete physical examinations the last Friday of the month or only on Fridays. Grouping specialty examinations allows the practice to meet patient demands and is a better use of resources. Often, specialty personnel (e.g., a nutritionist) must see these patients and the time they can be scheduled is limited.

**Open Hour**

Open-hour scheduling allows patients to be seen any time within a specified time frame on a first-come, first-served basis. This type of scheduling is typically used in walk-in clinics because of the steady flow of patients. An appointment book is often needed to establish a matrix and to mark which patient has arrived first. A disadvantage of this scheduling method is that patients may have to wait for a considerably long time, depending on the number of patients already there when they arrive.

**Acute Needs**

From time to time, patients call and request to see the physician the same day. The medical assistant will have to screen the patient to determine the urgency of the call and the need for an immediate office appointment. Office criteria should be developed to determine what constitutes an emergency. The physician or other supervisory medical staff must be available to help with the decision process. Some patients will be advised to go directly to the emergency room because of their condition. If a patient is scheduled to come in on an emergency basis, it usually means the patient is told to arrive at the end of the day, or to come in right away, but the patient may have to wait.

Some offices build a “buffer period” into their schedule to accommodate emergencies or walk-in patients. This buffer period is a designated flexible hour in the schedule that is used to meet the needs of patients while not disrupting the rest of the schedule. After all, patients cannot predict when they will become sick or injured. You will learn more about handling office emergencies in Chapter 46.

**Special Circumstances**

Problems that disrupt the scheduling process include “no-shows,” cancellations, late arrival of patients, late arrival of the physician, and unexpected times when the physician is called away from the office. Inclement weather can make travel dangerous, resulting in cancelled appointments. An electrical power loss can cause a medical practice to close, resulting in the cancelling or rescheduling of appointments.

**No-Shows and Cancellations.** Patients sometimes fail to keep an appointment, or they cancel an appointment without rescheduling. “No-show” information needs to be noted in the appointment book and on the patient’s medical record for legal purposes. Patients who do this chronically are “noncompliant with treatment.”

**Late Arrival of Patients.** If a patient is repeatedly late for a scheduled appointment, scheduling the person at the end of the day helps alleviate the resulting delay.

**Late Arrival or Unexpected Absence of Physician.** Patients understand occasionally waiting for the physician, usually 20 minutes, but repeated lengthy waits result in agitation and stress. Patients should be notified if they will be required to wait more than 20 minutes. This shows respect for their time.
and allows them an opportunity to reschedule. Always notify patients if the physician will be delayed, and give an approximate time of the physician’s arrival. Patients may take this opportunity to run an errand or make some phone calls. This reduces their stress and the resulting stress placed on the office staff.

**Appointment Reminder**

An appointment reminder card helps patients remember their next appointment. Many patients will carry the card in their wallet or purse for easy reference. It should be given to patients before they leave the office. If a new patient schedules an appointment, an appointment card can be sent with the patient information packet.

The appointment card takes many forms, but the information it contains is standard. The following information is imprinted on the card (Figure 26-6):

- Line to record patient’s name
- Line(s) to record date and time of appointment
- Physician’s name, address, and telephone number
- Sometimes, office policy concerning cancellations

---

**Scheduling Ancillary Appointments for Patients**

Sometimes medical assistants schedule patients for surgery, consultations, referrals, physical therapy, x-rays, and outpatient diagnostic testing (Procedure 26-6). To make certain these things are done in a timely manner, the medical assistant will often call and schedule the appointment as a convenience for the patient. The medical assistant must be aware that each health care plan has its own requirements that must be met before providing an authorization number. Scheduling guidelines for ancillary appointments require that the medical assistant have all information readily available before calling for an appointment. For example, the patient should be consulted as to preference for day and time (e.g., “Friday mornings work best for me”). The patient’s health record must be readily available before calling since pertinent information will be found within the chart (e.g., diagnosis, health insurance information). After scheduling the appointment the patient should be called to inform him or her of the day and time, as well as of any preparation need before the test (e.g., nothing to eat past midnight). All information about the appointment and the patient’s notification must be documented in the patient’s health record. Table 26-2 provides information the medical assistant must have available when making ancillary appointments or scheduling surgery for the patient.

---

**Figure 26-6** Appointment reminder card.

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**Patient-Centered Professionalism**

- Why is it important to follow established guidelines when scheduling patients? What are the established guidelines?
- How would you handle the situation of a physician being delayed for his afternoon appointments? How are patients affected by this situation?
- Why is it important to inform waiting patients of a provider’s delay?

**Handling Mail**

Handling correspondence is an important administrative medical office duty. Incoming and outgoing medical office mail needs to be handled properly to make sure patients and office staff alike receive their correspondence. Setting protocol for the efficient handling of incoming and outgoing mail is key to an organized daily routine, which will include other...
Schedule Outpatient and Inpatient Appointments

**TASK:** Schedule a patient for a physician-ordered diagnostic test or procedure, either in an outpatient or inpatient setting, or inpatient admission within the time frame requested by the physician, confirm the appointment with the patient, and issue all required instructions.

**EQUIPMENT AND SUPPLIES**
- Physician’s order for either an outpatient or inpatient diagnostic test, procedure, or inpatient admission
- Name, address, and telephone number of diagnostic facility performing the test or the admitting facility
- Patient medical record
- Test preparation or preadmission instructions
- Telephone
- Pencil

**SKILLS/RATIONALE**

1. **Procedural Step.** Schedule appointment using an order for an outpatient or inpatient diagnostic test, procedure, or admission and the expected time frame for results.
   **Rationale.** A physician’s order is required prior to scheduling diagnostic tests, procedures, or inpatient admissions. The urgency of receiving the test results, having procedures done, or patient care affects the timing of the appointment.

2. **Procedural Step.** Secure approval for the procedure from the patient’s insurance company.
   **Rationale.** In some cases it is important to confirm that a patient’s insurance benefits are valid and the needed procedure will be covered by the patient’s insurance policy. This is accomplished by contacting the insurance company directly.

3. **Procedural Step.** Determine patient availability.
   a. Call the patient to determine the availability of dates and times before scheduling the appointment.
   **Rationale.** This ensures that the patient will be able to comply with all arrangements. The best practice is to obtain an alternate date and time as well.
   b. Pull the patient’s record before calling to schedule the test or admission.
   **Rationale.** All of the patient’s information, such as address, phone number, and insurance information, will be requested by the facility. Having the patient’s record accessible before calling ensures the information is readily available.

4. **Procedural Step.** Contact the facility and schedule the procedure, test, or admission.
   a. Provide the facility with the information needed for arrangements.
      - Order the specific test or procedure needed, or inform the facility of the admitting order.
      - Provide the patient’s diagnosis.
      - Give the patient’s name, address, daytime telephone number, and date of birth.
      - Provide the patient’s insurance information, including policy numbers and addresses.
   **Rationale.** Establish the date and time of the procedure or time of admission.
   - Determine any special instructions or requirements for the patient.
   - Notify the facility of any urgency for test or procedure results.

5. **Procedural Step.** Notify the patient of arrangements, including the following:
   a. Name, address, and telephone number of the facility.
   b. Date and time to report for the test, procedure, or admission.
   c. Instructions concerning preparation for the test or procedure (such as eating restrictions, fluids, medications, etc.).
   d. Tell what, if any, preparation is necessary.
   e. Directions to the facility and parking instructions.
   f. Ask the patient to repeat the instructions.
   g. Send written instructions to the patient, if applicable.
   **Rationale.** These details are provided to ensure that the patient understands the preparation necessary for the test and the importance of keeping the appointment.

6. **Procedural Step.** Document in the patient’s chart all information provided.

7. **Procedural Step.** Conduct follow-up.
   a. Place a reminder of the test, procedure, or admission on the physician’s desk calendar or appropriate tickler file.
   b. Record the scheduled test, procedure, or admission on an office tracking log for follow-up with the facility if the results are not received in a timely manner.
   c. Place the notification for the test or procedure in the patient’s record and make it available to the physician.
   **Rationale.** This allows for timely follow-up of the results, which will impact patient care.
duties for the medical assistant. Medical assistants responsible for handling the mail should familiarize themselves with postal laws, regulations, and procedures. The United States Postal Service (USPS) website, www.usps.com, is a great resource for this information.

*Interoffice mail*, the mail coming from within the office or from other offices of the same practice, can be handled in a variety of ways, according to office protocol. This type of correspondence does not go through the USPS.

### Incoming Mail

When mail arrives, it needs to be sorted into categories before being opened. Many different types of mail will be sent to the medical office: payments, insurance correspondence, journals, personal mail, magazines, brochures, and advertisements. The sorting of mail saves valuable time for the physician and office staff. Letters marked “Personal” are separated from other mail and delivered unopened to the person to whom they are addressed. If a “Personal” letter is accidentally opened, “Opened in error” should be noted on the envelope with the opener’s initials.

The USPS classifies U.S. mail into several types, or classes (Box 26-5). Considerations for handling incoming mail include the following:

- **First-class mail** includes all sealed or unsealed letters up to and including 13 oz (e.g., correspondence, statements). The maximum weight is 70 lbs, and the maximum size is 108 inches in length and girth combined. If the envelope is not standard size, all four sides of the envelope should be marked First Class.
- **Bound and printed mail or standard mail** includes circulars and advertising materials that weigh less than 16 oz.
- **Media mail** includes library material, packages, and manuscripts weighing 1 to 70 lbs with a combined girth of 108 inches.

- **When payments are received, the payment is entered in the daily journal and posted on the patient’s ledger card or account by the appropriate person.**
- **Mail should be arranged according to importance and placed on the physician’s desk (i.e., express mail, first-class mail on top).**
- **The physician will need to initial all papers that require proof that he or she has read them (e.g., laboratory reports, pathology reports). Initials signify that the physician has reviewed the material personally.**

### Outgoing Mail

Correspondence that leaves the medical office should be prepared properly. This helps ensure it will arrive at its destination quickly and will create a professional impression. General guidelines for properly preparing outgoing mail are as follows:

- **Copies should be made of all correspondence, providing a record of what was sent, and filed in the patient’s...**
Most medical office mail is sent first class, but certain items require special handling.

- **Registered mail** is used when items have a declared monetary value and are being sent via first-class mail. Registered mail can be insured for a maximum amount of $25,000. This option is available for First Class and Priority Mail.

- **Insured mail** is also used when items have a monetary value, but it is used for items valued at $400 or less and being mailed via First Class or Priority Mail.

- **Return receipt** is used when the medical office needs proof that an item mailed was received by the intended person. The recipient must sign the return receipt, which is returned to the sender, and this provides proof that the sender’s mail was received.

- **Restricted delivery** is used when the item needs to be delivered only to a specific recipient. It can be used to help maintain patient privacy (e.g., delivery is restricted to only the patient, and no one else is authorized to receive the mail).

- **Certified mail** is used when it is necessary to prove that a letter was delivered and is available for Priority Mail. The recipient signs a return receipt to verify that the delivery was made. Certified mail is used for items that are considered urgent. It also provides proof that an item was mailed. A letter sent to discharge a patient from the practice must be sent by certified mail. The receipt is kept with the patient’s record.

- **Express mail** guarantees overnight delivery or second-day service within the United States. It is available 7 days a week for items up to 70 lbs and measuring 108 inches in combined length and girth.

- **Priority mail** is first-class mail weighing more than 13 oz and up to 70 lbs. It is the fastest method to have heavier mail delivered within 2 or 3 days. Priority mail rate over 13 oz is determined by zone and weight.

- **Mailgrams** are special services offered by both the U.S. Postal Service (USPS) and Western Union.

**Folding Letters**

The folding and inserting of a letter will depend on the letterhead used and the envelopes provided. The letter should be face up and folded into thirds to fit into a #10 envelope (Figure 26-7). If a #6 1/2 envelope is used, the letter should be folded in half and then into thirds (Figure 26-8).

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**FIGURE 26-7** Method of folding a letter to place inside a #10 envelope. (From Young AP, Kennedy DB: *Kinn’s the medical assistant*, ed 10, St Louis, 2007, Saunders.)

**FIGURE 26-8** Method of folding a letter to place inside a #6 1/2 envelope. (From Young AP, Kennedy DB: *Kinn’s the medical assistant*, ed 10, St Louis, 2007, Saunders.)
**Box 26-7**

**State Abbreviations for Mailing Addresses**

<table>
<thead>
<tr>
<th>State Abbreviation</th>
<th>State Abbreviation</th>
<th>State Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>Alaska</td>
<td>MT</td>
</tr>
<tr>
<td>AL</td>
<td>Alabama</td>
<td>NC</td>
</tr>
<tr>
<td>AR</td>
<td>Arkansas</td>
<td>ND</td>
</tr>
<tr>
<td>AZ</td>
<td>Arizona</td>
<td>NE</td>
</tr>
<tr>
<td>CA</td>
<td>California</td>
<td>NH</td>
</tr>
<tr>
<td>CO</td>
<td>Colorado</td>
<td>NJ</td>
</tr>
<tr>
<td>CT</td>
<td>Connecticut</td>
<td>NM</td>
</tr>
<tr>
<td>DC</td>
<td>District of Columbia</td>
<td>NV</td>
</tr>
<tr>
<td>DE</td>
<td>Delaware</td>
<td>NY</td>
</tr>
<tr>
<td>FL</td>
<td>Florida</td>
<td>OH</td>
</tr>
<tr>
<td>GA</td>
<td>Georgia</td>
<td>OK</td>
</tr>
<tr>
<td>GU</td>
<td>Guam</td>
<td>OR</td>
</tr>
<tr>
<td>HI</td>
<td>Hawaii</td>
<td>PA</td>
</tr>
<tr>
<td>IA</td>
<td>Iowa</td>
<td>PR</td>
</tr>
<tr>
<td>ID</td>
<td>Idaho</td>
<td>RI</td>
</tr>
<tr>
<td>IL</td>
<td>Illinois</td>
<td>SC</td>
</tr>
<tr>
<td>IN</td>
<td>Indiana</td>
<td>SD</td>
</tr>
<tr>
<td>KS</td>
<td>Kansas</td>
<td>TN</td>
</tr>
<tr>
<td>KY</td>
<td>Kentucky</td>
<td>TX</td>
</tr>
<tr>
<td>LA</td>
<td>Louisiana</td>
<td>UT</td>
</tr>
<tr>
<td>MA</td>
<td>Massachusetts</td>
<td>VA</td>
</tr>
<tr>
<td>MD</td>
<td>Maryland</td>
<td>VI</td>
</tr>
<tr>
<td>ME</td>
<td>Maine</td>
<td>VT</td>
</tr>
<tr>
<td>MI</td>
<td>Michigan</td>
<td>WA</td>
</tr>
<tr>
<td>MN</td>
<td>Minnesota</td>
<td>WI</td>
</tr>
<tr>
<td>MO</td>
<td>Missouri</td>
<td>WV</td>
</tr>
<tr>
<td>MS</td>
<td>Mississippi</td>
<td>WY</td>
</tr>
</tbody>
</table>

*Not a state, but this abbreviation is used.

---

**Envelope Preparation**

When addressing an envelope, following simple guidelines helps the post office speed the mail to its destination.

1. A business letter envelope is 4 ¼ x 9 ¾ inches (#10). The address should begin 14 lines from the top and 4 inches from the left edge of the envelope. This is the most common envelope used for correspondence.

2. A standard size envelope is 3 ½ x 6 ¼ inches (#6 3/4). The address should begin 12 lines down from the top and 2 inches from the left edge.

3. Only use capital letters to start words throughout the address.

4. Do not use punctuation.

5. Use single spacing and block format.

6. Use two-letter abbreviation for state, district, or territory. State abbreviations of two letters without periods or spaces were developed to use with the optical character reader (OCR), which reads numbers, capitals, and small letters typed by machine or word processor. OCR has all post office locations and zip code numbers and can recognize the state abbreviation faster than the whole word. Box 26-7 provides a list of acceptable state abbreviations.

7. The last line in the address must have the city, state, and zip code. Using zip codes speeds mail to its destination. A zip code directory can be purchased at the post office or can be found on-line. It is important to recognize that only 27 characters are to be used in the last line, including spaces.

8. If mail is to be sent via special handling (e.g., registered mail), this needs to be identified in all-capital letters and placed below the stamp.

Figure 26-9 shows properly addressed envelopes.

**Note:** Envelopes can be processed by using the envelope and or label function in a word processing program.

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**Patient-Centered Professionalism**

- Why is it important to sort the mail in a planned sequence?
- How important is it to follow USPS guidelines when addressing an envelope?
- How might patients be affected if mail is not handled efficiently?
MANAGING WRITTEN CORRESPONDENCE

All written correspondence from the medical office must create a good impression. It should be neat, in the correct format, professional and courteous in tone, and error-free. You need to understand the basic guidelines for effective written correspondence as well as the writing formats used for business letters, memos, and manuscripts.

Guidelines for Effective Written Correspondence

All written correspondence, whether sent within the office, out to patients, or other organizations, needs to be written in a clear, concise, professional way. Basic guidelines for effective written correspondence are as follows:

1. Before writing, plan the message so that it meets the needs of the reader. The message should contain all the information the receiver needs to have, written in good grammatical style.

2. Present ideas positively (e.g., “Please feel free to call if I can be of assistance” instead of “If I can be of further help, please do not hesitate to let me know”).

3. Include all essential information. Confusion or errors can result when a letter does not include all essential information. Often, time is wasted because a second letter needs to be written to add to or clarify the first communication.

4. Ensure clarity. Written communications need to be written clearly so that they cannot be misunderstood.

5. Write in an action-oriented style (e.g., “We will mail you the lab report” instead of “The lab report will be mailed to you”). Clear, direct writing is effective and efficient.

6. Use concrete or specific language (e.g., “a fever of 106.4°F” instead of “a high fever”). Confusion exists when general statements are used because the reader may have difficulty understanding the meaning.

7. Use proper sentence structure.

8. Use proper paragraph structure.

9. Edit and proofread messages carefully. Reviewing basic grammar, punctuation, capitalization, and word usage rules will assist in the editing process.

Proofreading

As you know, any communication a patient receives from the medical office creates an impression. Clear, well-organized,
and accurate communication creates a good impression; communication that is not clear, organized, or accurate creates a negative impression. Before sending anything you write or type, you need to proofread it to be certain the document is free of errors. Some medical assistants proofread directly from the computer screen, scrolling line by line. Others prefer to print out the document and proofread the hard copy. Key points to remember when proofreading are as follows:

1. When reviewing a letter, pay close attention to the date, enclosure notation, and recipient’s name.
2. Concentrate as you read, and check for keying errors. Even though most word processors have a spelling checker, it will not detect a miskeyed word if it is another word spelled correctly (e.g., mistakenly keying “spat” instead of “stat,” or “two” instead of “too”).
3. Use the correct word (e.g., affect/effect, advice/advise).
4. Check punctuation after proofreading for spelling and word usage.
5. Do not rely solely on “spell check” always have a dictionary and Thesaurus handy.

Remember if you have misspelled words in your written communications, patients may also mistrust the quality of your skills.

Table 26-3 lists frequently used proofreading symbols and proofreader’s marks. Always be sure to read over the printed copy of a document before sending it.

**Letter and Memo Preparation**

Medical office correspondence is often in the form of letters, memos, and electronic mail (e-mail, discussed in Chapter 7). Medical assistants need to use the correct form when using these types of correspondence.

**Business Letters**

A business letter includes the following elements:

1. **Date line.** The position of the date line on the page depends on the style of the letter used.
   - Typed three lines below the letterhead.
   - Written as month, day, and year (e.g., October 1, 2009, not 10/1/09).
   - Date the letter using the day it was dictated or written, not the day typed.

2. **Inside address.** When using letterhead, the inside address contains the name and address (with zip code and any suite numbers) to whom the letter is written. If not using letterhead, the name and address of the physician and medical office are also included and appear flush with the margin before the inside address.
   - Typed three to eight lines below the date line.
   - Place the person’s name on the first line and the company’s name on the second line.
   - Contains no more than five lines.
   - Single-space the address.

3. **Attention line.** May be used if a person’s name is not known or is not stated on the first line of the inside address. The attention line is flush with the left margin of the letter.

4. **Salutation.** This is the opening greeting of the letter.
   - Typed two to four lines below the inside address.
   - If an “attention” line is used, type the salutation two spaces below the attention line.
   - Capitalize the first word, the title, and the surname. “Mrs.” is used for married females; “Miss” or “Ms.” may be a matter of personal preference.
   - Use a colon following the salutation (e.g., Dear Dr. Smith:).
   - Use “To Whom It May Concern” as a salutation in letters not addressed to any particular person.

5. **Subject or regarding line.**
   - Typed two lines below the salutation.
   - Should be short and to the point (e.g., Subject: Disability Evaluation).

6. **Body.** This is all the material between the salutation and the closing (the message).
   - Begins two lines below the salutation.
   - If the message is short, use double spacing; otherwise, single spacing is recommended.
   - Double space between paragraphs.
   - If entire body is double-spaced, use indentation with new paragraphs.

7. **Closing.** This is the “goodbye” of the letter.
   - Typed two lines below the last line of the message (e.g., “Sincerely yours,”).
   - Box 26-8 shows examples of acceptable closings.

8. **Signature line.** This is the name and title of the person who signs the letter.
   - Typed four lines below the complimentary close.

9. **Reference notation.** This is used when a person does not type his or her own letter. If the writer’s initials are included, they are in all-capital letters, followed by a slash mark or colon, and then followed by the typist’s initials in lowercase letters (e.g., TLM/rgn or TLM:rgn).

**Box 26-8**

**Examples of Complimentary Closing in Business Letters**

<table>
<thead>
<tr>
<th>GREAT RESPECT</th>
<th>LESS FORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respectfully yours</td>
<td>Sincerely yours</td>
</tr>
<tr>
<td>Yours respectfully</td>
<td>Yours truly</td>
</tr>
<tr>
<td>Very respectfully yours</td>
<td>Yours sincerely</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORMAL</th>
<th>FRIENDLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yours very truly</td>
<td>Cordially yours</td>
</tr>
<tr>
<td>Very truly yours</td>
<td>Yours cordially</td>
</tr>
</tbody>
</table>
### TABLE 26-3

**Proofreading Marks**

<table>
<thead>
<tr>
<th>Symbol or Margin Notation</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ or ☐ or ☐</td>
<td>Delete</td>
<td>take it out</td>
</tr>
<tr>
<td>☑</td>
<td>Close up</td>
<td>print as one word</td>
</tr>
<tr>
<td>☑ or ☐ or ☐</td>
<td>Delete and close up</td>
<td>close up</td>
</tr>
<tr>
<td>☞</td>
<td>Insert</td>
<td>insert here something</td>
</tr>
<tr>
<td>#</td>
<td>Insert a space</td>
<td>put one here</td>
</tr>
<tr>
<td>❂</td>
<td>Space evenly</td>
<td>space evenly where indicated</td>
</tr>
<tr>
<td>☘</td>
<td>Let stand</td>
<td>let marked text stand as set</td>
</tr>
<tr>
<td>❌</td>
<td>Transpose</td>
<td>change order the</td>
</tr>
<tr>
<td>[</td>
<td>Set farther to left</td>
<td>too far to the right</td>
</tr>
<tr>
<td>]</td>
<td>Set farther to right</td>
<td>too far to the left</td>
</tr>
<tr>
<td>❫</td>
<td>Begin a new paragraph</td>
<td>the same is true. In conclusion</td>
</tr>
<tr>
<td>✝</td>
<td>Spell out</td>
<td>set 5 lbs. as five pounds</td>
</tr>
<tr>
<td>☩</td>
<td>Set in CAPITALS</td>
<td>set NATO as NATO</td>
</tr>
<tr>
<td>☯</td>
<td>Set in lowercase</td>
<td>set South as south</td>
</tr>
<tr>
<td>☪</td>
<td>Set in italic</td>
<td>set oeuvre as oeuvre</td>
</tr>
<tr>
<td>☪</td>
<td>Set in boldface</td>
<td>set important as important</td>
</tr>
<tr>
<td>☩</td>
<td>Superscript or superior</td>
<td>as in ( \pi^2 )</td>
</tr>
<tr>
<td>☪</td>
<td>Subscript or inferior</td>
<td>as in ( H_2O )</td>
</tr>
<tr>
<td>☐</td>
<td>Comma</td>
<td>red, blue, and yellow</td>
</tr>
<tr>
<td>☟</td>
<td>Apostrophe</td>
<td>Calvin’s lizard was green.</td>
</tr>
<tr>
<td>☟</td>
<td>Period</td>
<td>The end is near</td>
</tr>
<tr>
<td>; or ☯ or ☩</td>
<td>Semicolon</td>
<td>1, this is 2, that</td>
</tr>
<tr>
<td>: or ♦</td>
<td>Colon</td>
<td>is the following:</td>
</tr>
<tr>
<td>✁ or ☀ or ♢</td>
<td>Quotation marks</td>
<td>He said, “I did it.”</td>
</tr>
<tr>
<td>( )</td>
<td>Parentheses</td>
<td>Run (last) now.</td>
</tr>
</tbody>
</table>

- Typed two lines below the signature line, flush with the left margin.

10. **Enclosure notation.** Informs reader of any enclosures, or additional items, included in the mailing (e.g., Enclosure: Resume). Make absolutely certain you have enclosed the information you noted.

- Indicate the number of enclosures (e.g., Enc: 5).
- Typed two lines below the last entry, flush with the left margin.

11. **Copy notation.** The courtesy “carbon” copy (CC) notation lists all the people receiving the letter in addition to the addressee.
When letters are two or more pages long, the additional pages are printed on plain paper of the same quality and color as the letterhead used for the first page.

Procedure 26-7 explains the process of composing and proofreading business correspondence and preparing envelopes.

The letter in Figure 26-10, A illustrates the basic elements of a typical business letter in block-style format.

**Figure 26-10** A, Elements of a business letter (block style in full-block format).
H&IM Medical Associates
4321 Howard Street
Baltimore, MD 21218

At least 3 lines

Date line

June 30, 20XX

4 lines

Inside address

Mr. Robert Bowles, Editor
The Professional Medical Assistant
American Association of Medical Assisting
4321 North Frederick Street
Baltimore, MD 21218

2 lines

Salutation

Dear Mr. Bowles:

2 lines

Subject or
regarding line

Publication requirements

2 lines

Paragraph 1

I am interested in submitting an article for your consideration but need to receive
information on the publication requirements. Please send me this information to the
above address so I can make any necessary adjustments to the article.

2 lines

Paragraph 2

I look forward to hearing from you.

2 lines

Closing

Sincerely yours,

2 lines

Signature

Joanne Hughes
Administrative Director

4 lines

Signature line

FIGURE 26-10, cont’d  B, Elements of a business letter (modified-block format).
PROCEDURE 26-7  
Compose Business Correspondence

**TASK:** Compose, key, and proofread a business letter using the guidelines of a common style.

**EQUIPMENT AND SUPPLIES**
- Word processor, computer with printer, or typewriter
- Paper
- Letterhead stationery
- Pen or pencil
- Envelope

**SKILLS/RATIONALE**

1. **Procedural Step.** Assemble all needed equipment and supplies.
   a. Determine the letter style.
   b. Obtain the name and address of the recipient.
      **Rationale.** This allows for efficient use of time and ensures the letter will be sent to the correct recipient.

2. **Procedural Step.** Prepare a rough draft of the letter.
   a. Use established business correspondence guidelines (see Figure 26-10).
      **Rationale.** This ensures that all topics are covered, that the appearance of the letter is professional, and that the correct format has been used. Working from a draft allows for quick corrections and ease of additions or rearrangement of information.
   b. Edit and proofread the draft carefully for grammatical, spelling, and punctuation errors. If the document was keyed, proofread for miskeyed information. (See Table 26-3 for correct use of proofreading marks.)
      **Rationale.** All business correspondence represents the image of the practice. No correspondence should be sent from the office with errors, as it will reflect poorly on the medical practice. Spelling errors and often grammatical and punctuation errors can be corrected through the “spell check” function of the word processor. Remember, however, that if a miskeyed term is an actual word, it will not be identified as an error. The spell check function of a word processor must never replace careful and thorough proofreading of a draft.
   c. Correct errors on the rough draft.
      If the rough draft was handwritten, the correspondence should now be keyed. If the rough draft was originally keyed, make corrections and save.

3. **Procedural Step.** Prepare the final draft of the letter.
   a. Set the correct line spacing and margins for attractive placement of the letter.
   b. Print a copy on plain paper and review for errors and overall appearance of the final draft.
      **Rationale.** This avoids wasting letterhead if you decide changes need to be made once you have reviewed the hard copy.
   c. Insert letterhead into the printer. Print a hard copy of the final draft.
      This is the copy of the correspondence that will be sent.
   d. Remove the completed document and sign it, or present it to the physician for his or her signature.
      If the document is written under the medical assistant’s name, the medical assistant will sign it. Remember that the medical assistant can send out correspondence requesting information for the office. The physician should sign all other correspondence.

4. **Procedural Step.** Print copy of the letter.

5. **Procedural Step.** Prepare the correspondence for mailing or electronic transmission.
   a. Select the envelope size.
   b. Address the envelope according to postal OCR guidelines. (See Figure 26-9 for the correct method.)
   c. Tri-fold the letter with neat creases. (See Figures 26-7 and 26-8 for the correct method.)
   d. Insert the letter into the envelope. (See Figures 26-7 and 26-8 for the correct method.)
   e. Add postage.
   f. Mail the letter.
      **Rationale.** The appearance of the envelope is as important as the content. The envelope should be free of errors.
      **NOTE:** If the document is prepared for electronic transmission, the letter is sent as an e-mail attachment.
- **Full-block format** has all lines flush with the left margin, and punctuation at the end of the salutation and complimentary close is omitted. This type of formatting does not include indented paragraphs, which tend to slow a typist. This type of letter also appears more formal and businesslike.

- **Modified-block format** has all letter parts flush with the left margin. The date, closing, and signature lines are centered on the page. This type of format is more traditional and appears more balanced (Figure 26-10, B). The modified-block style letter with indented paragraphs of five spaces is a slight variation of this standard format.

There are other business letter styles, but currently, most correspondence is written in one of these two formats.

**Memos**

A *memo*, or memorandum, is written for employees within the medical office setting. Memos might provide details about an upcoming meeting or relay office policy decisions. The elements of a memo are simple and include the following:

1. **Heading.** The heading should include the name of the person receiving the memo, the sender’s name, the subject, and the date. Figure 26-11 shows two different formats.

2. **Body.** The body of the memo should be typed, single-spaced, with double spacing between paragraphs. Memo writing should be concise. Copies of all memos circulated to office staff should be filed alphabetically by subject or by date in a binder. Many offices require staff initials as proof that everyone concerned has read the memo. See Procedure 26-8 for more details about composing a memo.

**Manuscript and Report Preparation**

A *manuscript* is an article for a journal or other publication. You may be asked by the physician (provider) to type a manuscript describing clinical research performed in the office. In addition, you may be asked to type various kinds of procedure reports and records.

**Manuscripts**

A manuscript begins with an *abstract*, which provides a brief summary of each section of the manuscript. The margin settings depend on whether the document will be bound or unbound. An unbound manuscript will have a 1-inch margin all around. A bound edition will have a 1 1/2-inch left margin to allow for binding. Each publisher or journal will have set guidelines for submission of papers to be published. Manuscripts often include but are not limited to the following sections: title, abstract, introduction, main discussion, materials and methods, results or findings and discussion, conclusion, acknowledgments, references, and appendices. Manuscripts accepted for publication must follow the strict style format set by the individual publisher.

**Medical Reports**

A detailed record of the patient’s care is necessary every time a patient is seen in a hospital, outpatient clinic, or physician’s office. This record is created when the health care provider dictates the results of tests, examinations, and procedures. Each facility will establish a format for the reports to satisfy auditing procedures and accrediting standards.

A medical office initiates the history and physical report, progress notes, and sometimes x-rays reports, whereas other report forms may be done by the hospital. Even so, it is important to be aware of the content of all types of reports because they are often copied to the medical office. Following are several types of basic medical reports used by facilities.

*History and Physical Report.* The **history and physical (H&P) report** is the primary document because it must be in the

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**EXAMPLE:**

**Jones Medical Clinic**

To: Office Staff
From: Sandy Wilton, Office Manager
Date: May 2, 20XX

Subject: Staff Meeting

On Monday, May 9, 20XX Justin Collman, a representative from the Alliance Corporation will be here to discuss the new pension and profit sharing plan. The meeting will be held from 12 to 2 in the office library. The doctors will permit the office to be closed 2 hours, with the answering service on for patient calls. No office appointments or lab services are to be scheduled for this time.

The booklets describing the plan were mailed to each employee’s home a week ago. Please read through the booklet and come prepared for any questions you might have concerning the plan.

If you are unable to attend this meeting for any reason, please notify me in advance. Thank you.

---

**FIGURE 26-11** Memo formats.
TASK: Compose, key, and proofread a memo.

EQUIPMENT AND SUPPLIES

- Word processor, computer with printer, or typewriter
- Paper
- Pen or pencil

SKILLS/RATIONALE

1. **Procedural Step.** Assemble all needed equipment and supplies.  
   **Rationale.** This allows for efficient use of time and ensures the memo will be sent to the correct recipient(s).

2. **Procedural Step.** Create a memo form, or access a template file.  
   Access a memo template from the word processing template file. If a template is not available for use, key a Memo Form using the guidelines below. Save the blank document for future use.  
   **NOTE:** If using Microsoft Word, a memo template may be accessed and created by performing the following steps:  
   - On the File menu, click New.  
   - In the New Document task pane, under New Form Template, click General Templates.  
   - Click the Memos tab.  
   If you do not see the Wizard in the Templates dialog box, you might need to install it.  
   - Follow the steps in the Wizard.  
   **NOTE:** You can use the Memo Wizard to create a memo for printing, e-mail distribution, or faxing.

3. **Procedural Step.** Fill in the required data (see Figure 26-11).  
   a. **Date:** When keying the date, use the same rules as if writing a business letter.  
   b. **To:** List the names of all recipients. Names can be listed by hierarchy or alphabetically. If sending the memo to a group or department, the department or group name can be listed (e.g., All Employees, Department Managers) instead of listing individual names.  
   c. **From:** List the name and title of the person sending the memo.  
   d. **Subject:** Key a brief description of the purpose of the memo.  
   e. **Body:** Key the memo message.  
   **NOTE:** Salutations and closings are not used when sending memos.

4. **Procedural Step.** Ensure the format is correct.  
   a. All lines of a memo are justified flush left.  
   b. One-inch margins are used.  
   c. The words Date, To, From, and Subject are double-spaced.  
   d. The body is single-spaced, with double spacing between paragraphs.

5. **Procedural Step.** Distribute the memo.  
   a. Proofread and edit the memo carefully using proofreader’s marks (see Table 26-3).  
   b. Make corrections as necessary.  
   c. Print the memo from the computer and photocopy the required number of copies. Place a memo on each recipient’s desk or in the person’s “in-house” mailbox. Some facilities require the recipient to initial the memo and return it to the sender as an acknowledgment of receipt.  
   **NOTE:** Memos can also be sent electronically in the form of e-mail or an e-mail attachment.

Consultation Report. A physician specializing in a specific field of medicine provides consultation reports. The primary physician requests a consultation from another physician when his or her expertise in that disease process is needed. The consulting physician examines the patient and then dictates a report of the examination, opinions about a course of treatment, and prognosis. This report is sent to the referring physician.

Operative Report. Immediately after a surgical procedure, an operative report is dictated by the surgeon about the
ST. VINCENT’S HOSPITAL
153 West 11th Street
New York, NY 10011-0000

HISTORY AND PHYSICAL

PATIENT: Gregory Williams

DATE: July 9, 20XX

MEDICAL RECORD NO: 86-90-14

PHYSICIAN: M. J. Willis, DO

CHIEF COMPLAINT: Gregory Williams, a 17-year-old white male, presented himself to the emergency room at 7:45 a.m. complaining that he had a pain in his abdomen, which started last evening and has persisted and worsened throughout the night.

DETAILS OF PRESENT ILLNESS: The pain was originally in the mid portion of his abdomen, but it gradually shifted and is mainly in his right lower quadrant. He had no nausea or vomiting. He ate a normal dinner, but he has had nothing by mouth since he awakened at 6:00 a.m. He did not sleep well during the night because of his discomfort. He has never had an attack like this before. His bowels have not moved. He has urinated twice without discomfort and with no effect on the abdominal pain.

PAST HISTORY: His only previous illnesses were tonsillitis, measles, and chickenpox with no complications or sequelae.

PHYSICAL EXAMINATION: Physical examination reveals a tall, thin, well-developed white male in obvious discomfort who is more uncomfortable when he moves. He is alert and answers all questions intelligently. His temperature was 99.4°F, pulse 100, blood pressure 110/78. Examination of his nose and throat were normal. Physical examination of his chest failed to show any abnormalities. Abnormal findings were primarily in the abdomen, without contact. His abdominal musculature seemed tense and he was holding himself tense. He was not breathing deeply. Excursions were flat. On abdominal palpation, his abdominal muscles were tense in the epigastrium and in the right lower quadrant. On palpation, he had severe tenderness and board-like rigidity in the lower right quadrant. Rebound tenderness was most pronounced in the right lower quadrant. Bowel sounds were not remarkable. On rectal examination, his rectum was clear and there was marked tenderness in his rectum, high on the right side. There were no hernias.

LABORATORY RESULTS: A blood count revealed a WBC of 16,000 with an increase in his differential. Urinalysis was normal.

IMPRESSION: On the basis of the blood count, history, and physical examination, a diagnosis of acute appendicitis was made and immediate operation was recommended. He agreed. Prior to operation, he had a physical examination by the surgical resident who found no contraindications to spinal anesthesia or an appendectomy.

PLAN: Gregory was admitted to the hospital and immediate appendectomy was performed.

M. J. Willis, D.O.

MIW: bp
D: 9/9/20XX
T: 9/10/20XX


procedure (Figure 26-13). Preoperative and postoperative diagnoses are included. The procedure done, any pathological specimens, the findings as a result of the procedure, and other personnel involved in the surgical procedure are included. All operative reports contain time anesthesia ensued, when the procedure ended, and when the patient was sent to recovery. This is primarily due to surgical suite costs.

Radiology Report. A radiology report describes the findings and the interpretation of all radiographs by a radiologist (Figure 26-14). Some x-ray images require a dye (contrast media), use of ultrasound, or sensitive x-ray film. Each radiology format will include the date, type of study done, ordering physician’s name, age of the patient, and the findings. The report will be signed by the radiologist who interpreted the film and made a clinical judgment.
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OPERATIVE REPORT

PATIENT: Sharon Crawford
DATE: May 18, 20XX

MEDICAL RECORD NO: 74-34-65
ASSISTANT: Isaac Jones, M.D.

SURGEON: M. J. Willis, D.O.
ANESTHESIOLOGIST: Steven Holt, M.D.

PREOPERATIVE DIAGNOSIS: Carcinoma of the transverse colon.

OPERATION: Colectomy. Colocolostomy.

PROCEDURE: Two weeks ago the patient was operated on at this hospital for an intestinal obstruction, which was due to a carcinoma of the transverse colon. A bar colostomy was performed. In the interim period, the colon was cleaned out proximally and distally. No other lesions were found.

The patient was placed on the operating table in a supine position. Anesthesia was begun with intravenous sodium Pentothal. An endotracheal tube was inserted and inhalation endotracheal anesthesia was continued throughout the operation. There was a functioning transverse colostomy in the right upper quadrant. The abdomen was doubly prepped and draped. Using sharp dissection the colostomy was freed from the skin of the abdomen. This merely freed the colostomy from the adhered abdominal skin. The abdomen was not entered. The colostomy wall was closed with interrupted silk sutures. Drapes were removed and a full new abdominal prep carried out.

The colon was freed with sharp dissection from the abdominal wall opening in the peritoneal cavity. This allowed the closed colostomy to drop into the peritoneal cavity.

The entire peritoneal cavity was examined. The liver was free of any tumor. The entire large and small bowel was examined. There was a 4 cm. irregular tumor in the midportion of the transverse colon encircling the colon. There was no evidence of any more tumor in the abdomen. The mesenteries were all clear of tumor. It was decided to resect en masse the tumor, the hepatic and splenic flexures, the transverse mesocolon and the omentum.

The omentum was freed, the midcolic artery was divided within 1 cm. of the superior mesenteric artery. The arcade of the hepatic flexure was divided where it came off the right colic artery. On the left side the arcade was divided at the left colic artery. Hemostasis was established. It was possible to bring the remaining right colon and left colon together in an end-to-end anastomosis. A very adequate anastomosis was made.

The rents in the mesentery were closed. Hemostasis was established. The wound was closed with interrupted silk sutures. The specimen was examined. There was adequate margin. No lymph nodes were noted.

The patient tolerated the procedure well and left the operating room in good condition. Patient discharged from the hospital with wound well healed and bowels moving satisfactorily.

M. J. Willis, D.O.

Figure 26-14  Example of radiology report. (Modified from Sloane S, Fordney MT: Saunders manual of medical transcription, Philadelphia, 1994, Saunders).

**Discharge Summary.** The discharge summary is a final progress note about a patient who is leaving the hospital. It is a comprehensive review of the patient’s hospital stay. It also includes the patient’s condition at discharge, postdischarge medications prescribed for the patient, discharge diagnosis, and instructions for follow-up care and office visits.

**Autopsy Report.** An autopsy report includes the preliminary diagnosis for a patient’s cause of death, patient’s medical history (if known), both internal and external examination impressions, and the results of microscopic examination of tissues. When a necropsy (autopsy) is done, the report should be part of the final medical record within 60 days.

**Progress Notes.** Progress notes are added to a patient’s medical record each time the patient is treated. The physician records the patient’s chief complaint, noting any significant aspect of the patient’s condition, and the course of treatment, prescribed medications, and diagnosis. Progress notes are always recorded in chronological order, as are prescriptions, laboratory reports, and consultations (Figure 26-15).
Medical Office Communication  CHAPTER 26  509

ROLAND, SARA

MEDICAL RECORD NO: 678-99-08-02

SUBJECTIVE:
Mrs. Roland returns today for a followup of her incontinence. A review of the history with the patient today indicates that she has had stress-related incontinence for 1 or 2 years requiring the use of pads. Interestingly, the patient has had marked urinary frequency of one or two times every hour for the past 15 or possibly 20 to 25 years. She has also had nocturia two or three times a night for a long period of time. This may be somewhat worsened by the diuretics she is currently using, but I suspect that she may have had this even prior to diuretic therapy.

OBJECTIVE:
ABDOMEN: The physical examination today demonstrates a massively obese abdomen. There is a well-healed midline infraumbilical incision from prior hysterectomy.

PELVIC: The pelvic examination demonstrates a mild cystocele and a moderate to severe rectocele. The speculum examination demonstrates no abnormalities, and the bimanual examination is not remarkable for tenderness or mass.

A renal sonogram has been performed and demonstrates normal renal units bilaterally. The remainder of the abdominal sonogram is likewise unremarkable. Cystoscopy demonstrates slight descensus of the bladder neck. There is diffuse erythema throughout the bladder. Upon distention of the bladder, punctate glomerulations or hemorrhages developed. The remainder of the examination is unremarkable. No tumors or stones are appreciated. The trigone is normal. The cystometrogram demonstrates an increased residual urine of approximately 100 cc. The first sensation, however, is at 75 cc and by 200 to 250 cc, the patient has moderately severe urgency with a maximum volume threshold of only 250 cc, which is about half of the normal capacity. A Marshall test was then performed and does demonstrate definite stress-related urinary incontinence. The Bonnie, or O-Tip, test suggests urethral hypermobility with a resting angulation of 45°. With Valsalva, there is some worsening of this. The patient has definite correction of the stress-related incontinence with elevation of the bladder neck during examination.

ASSESSMENT:
Mrs. Roland does definitely have urethral hypermobility with stress-related urinary incontinence and a rectocele that is currently asymptomatic. Unfortunately, the patient also has severe detrusor instability, a decreased volume threshold, and changes in the bladder, which may indicate a mild form of interstitial cystitis. This would certainly explain her chronic history of frequency and her diminished bladder capacity.

PLAN:
I discussed the various treatment alternatives with the patient. Although a bladder neck suspension may correct the incontinence, she would still be left with urgency, frequency, and possibly an inability to void successfully and would, therefore, require intermittent catheterizations. For these reasons, I do not feel this patient is an ideal candidate for a bladder neck suspension. I will, therefore, try to treat her medically. First, I will concentrate on the urgency and the frequency. The patient was given a prescription of Ditropan, 5 mg p.o.i.d., p.r.n. for 1 month with refills. I will see her in 2 months. If she has had some response to this, I could consider adding Ormadine to improve her bladder neck tone.

D: 01-02-XX  T: 01-03-XX

Hal Grisvold, M.D./mtf


Medical Transcription
Occasionally, a medical assistant may be asked to perform the duties of a medical transcriptionist. A transcriptionist is a person who listens to recorded dictation and converts it to a written document. The process begins when the physician speaks into a machine (Dictaphone) and the information is recorded. The transcriptionist listens to the recorded information through a headset and keys it into a word processor (or types it using a typewriter). This action produces a printed document, which is proofread and edited.

PATIENT-CENTERED PROFESSIONALISM

- Why is it important for the medical assistant to develop good writing skills?
- Give an example of how a medical assistant's poor writing can negatively affect a patient.
CONCLUSION
A medical practice must make a good impression on patients and other people involved in its services. A good reputation is important for keeping current patients and attracting new patients. Effective communication in the medical office makes new patients feel welcome, helps established patients continue to feel important, and ultimately ensures good patient care by preventing misunderstandings and errors. In the same way, written correspondence should reflect the medical practice's high standards for patient care and effective communication. Communicating effectively with patients instills confidence and can even help ensure that patients will follow their treatment plans.

Good communication is not just something medical office professionals should “try” to do. It is something they must do to provide effective patient care.

Chapter Summary
Reinforce your understanding of the material in this chapter by reviewing the curriculum objectives and key content points below.

1. Define, appropriately use, and spell all the Key Terms for this chapter.
   ● Review the Key Terms if necessary.
2. Describe how a warm, professional greeting affects patients.
   ● A cheerful, sincere personal greeting will make patients feel welcome and put them at ease.
3. Demonstrate the correct procedure for giving patients verbal instructions on how to locate the medical office.
   ● Review Procedure 26-1.
4. Explain the purpose of the medical practice information booklet.
   ● All new patients should be given information about the practice’s policies and services.
   ● The booklet will answer questions that patients might not think to ask.
5. Demonstrate the correct procedure for constructing a patient information brochure.
6. Describe how a medical assistant’s tone of voice affects telephone conversations.
   ● A person’s telephone voice projects the professional attitude of the medical office.
7. List 12 guidelines for telephone etiquette and explain the importance of each.
   ● Using good telephone etiquette is important when promoting a positive image of the medical practice.
   ● Review the lists under “Telephone Etiquette.”
8. Demonstrate the correct procedure for answering a multiline telephone system.
   ● Review Procedure 26-3.
9. Explain the considerations for screening incoming calls.
   ● Incoming calls should be handled promptly and messages taken accurately to promote an efficient and effective medical office.
   ● Emergency calls receive immediate priority.
10. Explain the importance of a triage manual.
    ● Triage manuals (protocol guidelines) help the receptionist screen incoming calls and determine the level of urgency.
    ● Refer to Table 26-1.
11. Describe the process of placing a caller on hold when needed.
    ● Avoid placing callers on hold whenever possible.
    ● Always ask permission before placing a caller on hold and wait for their answer.
    ● Refer to Procedure 26-3.
12. List the seven types of information documented when taking a phone message.
    ● It is very important to obtain the necessary information in a phone message so that the call can be returned.
    ● Review Procedure 26-3.
13. List three types of outgoing calls that administrative medical assistants may make.
    ● Confirming appointments, referrals to other physician offices, and ordering office supplies are examples of outgoing calls an administrative medical assistant may make.
    ● Outgoing calls are necessary to confirm appointments and to assist in making outpatient appointments.
14. Explain the importance for patients, medical assistants, and physicians of managing office appointments efficiently and consistently.
    ● Daily workflow depends on the accuracy of the appointment book.
    ● Everyone’s stress levels in the medical office are reduced when appointments are scheduled and managed effectively.
    ● Patients appreciate an office that runs on time.
15. Demonstrate the correct procedure for preparing and maintaining the office appointment book.
    ● Review Procedure 26-4.
    ● Appointment books may be on paper or on the computer.
    ● Appointment slots should be assigned according to the type of procedure to be done.
16. List one method of blocking off, or reserving, time not to be used for patient scheduling.
17. **Explain the considerations for canceling a patient appointment.**
   The office may need to cancel patient appointments when:
   - An emergency dictates the physician is needed elsewhere.
   - Inclement weather makes traveling dangerous for patients and staff.
   - Facility problems occur such as loss of electricity.
   - If a patient cancels an appointment:
     - Make the rescheduling as convenient as possible for the patient.
     - If this is a noncompliant patient pattern, it needs to be documented in the patient’s record.
   
18. **List 10 abbreviations commonly used in scheduling appointments.**
   - Using the correct abbreviation is vital.
   - Abbreviations save time and space when keeping the schedule.
   - Review Box 26-4.

19. **Demonstrate the correct procedure for scheduling a new patient for an office visit.**
   - Review Procedure 26-5.
   - Always follow the medical office’s procedures for scheduling new and established patients.
   - Complete name, address, telephone numbers, purpose of visit, name of referring physician, and type of insurance coverage are essential pieces of information.
   - Inaccurate information gathered at the first new patient visit can generate multiple billing problems later.

20. **List six appointment-scheduling techniques and explain the advantages and disadvantages of each.**
   There are many techniques used for scheduling, and the one chosen for the office setting should complement the available resources.
   - Time specified. Every patient has an appointment for a definite time, so the office knows exactly how many patients to expect. The schedule runs smoothly as long as everyone shows up on time. Cancellations and no-shows leave time gaps in the schedule, resulting in underutilization of resources.
   - Wave. Four patients are given appointments for 15-minute time slots (e.g., for 9 AM and all seen by 10 AM). Schedule is flexible and self-adjusts (eventually all four patients will be seen within the hour). If all four patients show up at exactly the same time, however, some will have to wait.
   - Modified wave. Instead of the wave scenario, two patients are given appointments at the hour (e.g., 9 AM and two patients at the half hour (e.g., 9:30 AM). All are seen within the hour (e.g., by 10 AM), but you are accommodating only two patients each half hour, so the patient load is better distributed than with wave. Again, late arrivals, cancellations, and no-shows will affect the schedule.
   - Stream. Appointments are scheduled according to patient needs. When a patient needs less than a 15-minute for an appointment, another patient may also be booked into the same time slot for the same amount of time.
   - Double booking. The time slot has two patients scheduled at the same appointment time, first come, first served. Double booking is the method least favored by patients because it often involves more waiting and patients feel rushed when they are with the physician. The advantage to the office is a “backup patient” in that time slot if the other patient scheduled cancels or is a no-show.
   - Cluster. Several appointments for similar visits are grouped (e.g., all physicals on Fridays). This scheduling allows for better utilization of staff resources but is often inconvenient for the patient.
   - Open hour. This method works best for walk-in clinics. No appointment is necessary; first come, first served. Advantages are patient convenience and often, evening and weekend hours. Disadvantage is not being able to predict the number of patients.

21. **List two special problems that can occur in scheduling appointments and explain what can be done to prevent each.**
   - Cancellations and “no-shows” mean office resources are not being used optimally because the physician is waiting for the patients. No-shows should be documented in the patient medical record. Chronic late offenders should be scheduled at the end of the day, and confirming reminder calls should be made a day before the appointment.
   - Emergency visits must fit into the schedule. Some offices will double book in this case or will have an allotted time in the schedule used only for emergencies.

22. **Explain the purpose of an appointment reminder.**
   - Patients can be reminded of appointments with cards or phone calls.
   - Appointment reminders minimize the number of missed appointments.

23. **Demonstrate the correct procedure for scheduling a patient for outpatient diagnostic testing.**

24. **Explain why it is important to sort incoming mail.**
   - Mail should be categorized when received according to order of importance to the recipient.
   - Sorting mail in order of importance saves time for the physician.

25. **List four classifications of U.S. mail.**
   - Understanding the classifications of mail will make it easier to process incoming mail and outgoing mail in the medical office.
   - Review Box 26-5.

26. **List eight special services offered by the post office that can help medical offices track, insure, and receive delivery confirmation for the mail they send.**
   - Special mailing services may be used depending on the type of item or correspondence being sent.
   - Certified mail and return receipts must be filed in the patient chart for legal purposes.
   - Review Box 26-6.

27. **Demonstrate the correct preparation of an envelope.**
   - Envelope preparation should follow the post office guidelines to promote efficiency of delivery.
   - Refer to Figures 26-7 to 26-9.
28. Explain the proper use of a letter and a memo in medical office communication.
   - Memos are used for interoffice communication.
   - Letters are used to communicate with those outside the medical office (patients, vendors, or other physicians).
29. List nine guidelines for preparing effective written communication in the medical office.
   - Plan the message.
   - Present the message positively.
   - Include all essential information.
   - Ensure clarity.
   - Use active, not passive voice (“action-oriented style”).
   - Use specific language the reader will understand.
   - Use proper sentence structure.
   - Use proper paragraph structure.
   - Edit and proofread the message carefully before sending.
30. Identify proofreader’s marks used to edit written correspondence.
   - Proofreader’s marks help the proofreader see what needs to be corrected before the correspondence is sent.
   - All correspondence must be proofread before being sent out of the office.
   - Refer to Table 26-3.
31. Demonstrate the correct procedure for composing, keying, and proofreading a business letter and preparing the envelope.
   - Correct formatting of a business letter creates a good impression of the medical practice and its staff.
32. Demonstrate the correct procedure for composing a memo.
   - Memos should be clear and concise.
   - Memos are used for interoffice correspondence.
33. Describe the format used to prepare a manuscript based on clinical research performed in the office.
   - Manuscript preparation follows defined guidelines and styles set by individual publishers.
34. List seven types of medical office reports and describe the purpose of each.
   - History and physical (H&P) reports are initiated by the medical office before treatment begins.
   - Progress notes provide documentation of every patient encounter and are a record of the patient’s current status, including chief complaint, course of treatment, and diagnosis.
   - Consultation reports contain information about the examination, opinions of treatment, and the patient’s prognosis as rendered by a specialist or another physician asked for a second opinion.
   - Operative reports describe the surgical procedure and include pathological specimens, results, and personnel involved.
   - Radiology reports describe the findings and the interpretation of all radiographs.
   - Discharge summary is the final progress note of the patient’s stay in the hospital.
   - Autopsy report includes both internal and external examination of tissues and probable cause of death.
35. Analyze a realistic medical office situation and apply your understanding of medical office communication to determine the best course of action.
   - How does the medical assistant’s attitude and treatment of callers and patients affect the functioning of the practice?
36. Describe the impact on patient care when medical assistants have a solid understanding of communication in the medical office.
   - Patient perception of the medical practice is formed in part through the communication they receive.
   - Greeting patients, answering the telephone, scheduling appointments, and writing effectively will create a positive impression of the medical practice.
If you have accomplished the objectives in this chapter, you will be able to make better choices as a medical assistant. Take another look at this situation and decide what you would do.

Tara is a new medical assistant at a physician’s office. Dr. Vickers has hired her to answer the phone and to greet patients as they arrive, as well as to assist with making appointments as needed. On a particularly busy day, the phone is ringing with two lines already on hold and a new patient arrives at the reception desk. Steve, the physician’s assistant, asks Tara to make an appointment for another patient to see Dr. Vickers as soon as possible. Since the office makes appointments in a modified wave, Steve tells the patient to wait to be seen because Tara has found an opening in about a half hour. In all the confusion Tara does not return to the patients who are on hold for several minutes, and one of the calls is an emergency. Furthermore, Tara is short-tempered with the new patient who has arrived at the office. Tara’s frustration about the busy schedule she is expected to keep shows, and the new patient states that she is not sure that she has chosen the best physician’s office for her medical care.

What effect will Tara’s frustration have on this medical office? How would you have handled this situation differently?

1. Why is the role of the receptionist so important in putting a patient at ease?
2. When answering the phone, what are the voice qualities that are important in making a good impression?
3. What are the guidelines necessary in answering multiline calls?
4. What information should be obtained from a patient when making appointments?
5. Why is a patient information booklet important for a new patient?
6. What is modified-wave appointment scheduling? What are the problems with this type of scheduling?
7. How should Tara have handled the callers placed on hold?

Communication in the medical office is handled several ways. The telephone is an important tool when doing business. Creating good first impressions by using telephone techniques that make telephone conversations more effective is vital.

1. Research additional theories on telephone techniques.
   How a caller is treated provides the person with an impression about the capabilities of the medical practice.

   • Keywords: Use the following keywords in your search: telephone etiquette, phone etiquette.

   2. Research appointment scheduling. For the medical office to operate smoothly, appointment scheduling must be done efficiently.
      • Keywords: Use the following keywords in your search: appointments, appointment quest, medical appointments.