



**POSITION DESCRIPTION: CALL CENTER /
PATIENT SERVICES
REPRESENTATIVE**

ACCOUNTABLE TO: MANAGER

FLSA STATUS: NON-EXEMPT

DATE ADOPTED: 9/29/2017

DATE REVISED:

POSITION SUMMARY:

The Call Center and Patient Services Representative is the first impression of the practice and plays a key role in the day-to-day business affairs of SLO Eye Associates by attending to patients on the phone and in person. Coordinate and organize appointments and documentation to facilitate the smooth running of the office and provide compassionate and personalized care to our patients. Cross- trained to cover the front office duties as needed.

POSITION QUALIFICATIONS:

Minimum Requirements

1. High school diploma or Equivalent is required.
2. Must be able to bend, stand or sit for extended periods of time
3. Must be able to lift up to 25 lbs.
4. Must type 40 wpm

Minimum Demonstrated Skills

1. Demonstrated proficiency in Customer Service.
2. Demonstrated proficiency in time management and organizational skills.
3. Demonstrated proficiency in communications skills.
4. Demonstrated ability to effectively convey ideas and information.
5. Demonstrated ability to work with Computer Systems.
6. Must be able and willing to achieve goals with tenacity, compassion and a sense of humor.
7. Must have demonstrated ability to successfully work with physicians and office personnel.

ESSENTIAL PHYSICAL AND COGNITIVE FUNCTIONS:

1. Ability to sustain sitting or standing positions for prolonged time periods.
2. Ability to alternate sitting, standing, and walking positions throughout the day.
3. Ability to sustain continuous wrist and finger movement – gross and fine motor handling, holding, grasping and typing.
4. Ability to sustain concentration and attention among competing multi-modal stimuli.
5. Continuous near and mid-range vision and close and mid-range hearing
6. Ability to lift up to 25 pounds without assistance and to cognitively employ sound judgment to request assistance when lifting / moving items that may otherwise cause personal injury.

OSHA RISK CATEGORY:

CATEGORY II: “The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment”.

Duties that involve risk and require uniform precautions include: patient contact, cleaning and sharing public facilities (e.g. phones, and restrooms).

DUTIES AND RESPONSIBILITIES

Primary Responsibilities:

1. Answer telephones and direct calls as needed.
2. Patient scheduling
3. Managing physicians’ schedules, filling gaps, re-arranging as needed for better flow for physicians and patients.
4. Verify patient’s medical and vision insurance plans and pull authorizations when necessary.

Secondary Responsibilities:

1. Daily cash control of front office operations, including cash drawer balance.
2. Check patients in/out including use of EMR to tag patients and print out visit summary to be given to patient at check out.
3. Collect all co-payments, deductibles, refraction fees, etc. at the time of visit.
4. Monitor and distribute all incoming faxes and deliveries.
5. Scan chart documents.
6. Back up Medical Records as needed.
7. Other tasks assigned by Supervisor.

REVIEW OF JOB DESCRIPTION:

I acknowledge that this job description, Call Center/Receptionist, has been reviewed with me; I understand its contents and the expectations inherent in these job functions. I understand that my employment can be terminated at any time, with or without cause, and with or without notice; at the option of either SLO Eye Associates or me and that the results of an evaluation of this job description do not alter or modify this employment policy. I also understand and agree that SLO Eye Associates retains the right to demote, transfer, change my job duties, and change my compensation at any time with or without notice and with or without cause in its sole discretion.

I have read and understand my job description. I can perform the essential functions of the job.

_____	_____	_____
Date	Employee Signature	Full Name (printed)

_____	_____	_____
Date	Supervisor Signature	Full Name (printed)