



## DIVISION SCOPE OF SERVICE

<b>Division: CENTRAL &amp; WEST TEXAS</b>
<b>Classification: PATIENT SERVICES REPRESENTATIVE</b>
<b>Applicant Name:</b>

<p><b>Patient Services Representative:</b> The Patient Services Representative must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p><b>Definition of Care or Service:</b> The Patient Services Representative start their encounters with a patient by greeting them at a hospital and helping her with intake procedures, such as filling out health care and insurance forms. They spend much of their time on the phone, contacting resources and verifying information. When a patient complains, they inform their facilities and try to resolve any problems. They may collect data on patient encounters and consumer satisfaction. They also represent patients at management and policy meetings to recommend ways of reducing liability and improving health care quality. Scope of service may include:</p> <ul style="list-style-type: none"> <li>● Obtains current patient information from established and new patients. <ul style="list-style-type: none"> <li>○ Accurately enters/updates patient information in practice management system.</li> <li>○ Identifies payer source, verifies insurance eligibility, financial status and assigns correct pay type</li> <li>○ Assists patients with completion of paperwork when necessary.</li> <li>○ Notes patient arrival in Electronic Health Record.</li> </ul> </li> <li>● Accurately pre-screens medical records. <ul style="list-style-type: none"> <li>○ Prints schedules for upcoming appointments.</li> <li>○ Verifies insurance eligibility and obtains authorizations for dates of service.</li> <li>○ Attaches needed updated demographics and consent forms to schedule.</li> <li>○ Review systems for needed updated demographics and consent forms</li> </ul> </li> <li>● Schedules appointments. <ul style="list-style-type: none"> <li>○ Identifies patients by date of birth and name in computer system.</li> <li>○ Creates new account if patient not in the system.</li> <li>○ Schedules and re-schedules appointments as needed.</li> <li>○ Calls No Show appointments to reschedule, makes appropriate notations in system.</li> <li>○ Performs prescreening process for add-on appointments.</li> </ul> </li> <li>● Routinely demonstrates superior customer service skills. <ul style="list-style-type: none"> <li>○ Answers telephone in a timely and polite manner, preferably within three rings.</li> <li>○ Communicates with customers in a courteous, professional, cooperative and mature manner.</li> <li>○ Recognizes and responds appropriately to violent/abusive situations, threats, fire and emergency situations</li> <li>○ Protects/observes patient confidentiality per policies and procedures.</li> <li>○ Categorizes, dates, and labels loose medical documents.</li> <li>○ Demonstrates the ability to collect office charges, post charges to patient accounts and accurately manage cash drawer.</li> </ul> </li> <li>● Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.</li> </ul>



## DIVISION SCOPE OF SERVICE

<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Indirect supervision by Administrator, Nurse Manager, Charge Nurse or Staff RN</li> </ul> <p><b>Evaluator:</b> Department director or designee in conjunction with supervising Physician or Licensed Independent Practitioner</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• High School Diploma or GED</li> </ul> <p style="color: red; font-weight: bold;">NOTE: Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><b>Preferred Experience:</b></p> <ul style="list-style-type: none"> <li>• Medical Office experience</li> </ul>
<p><b>Competencies:</b></p> <ul style="list-style-type: none"> <li>• Infection Prevention             <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE)</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precaution</li> </ul> </li> </ul>
<p><b>References:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>

Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

**Applicant Printed Name:** \_\_\_\_\_

  

**Signature:** \_\_\_\_\_

  

**Date:** \_\_\_\_\_