

ASSIGNMENT SHEET**CHAPTER 7: FACILITY AND RECORDS MANAGEMENT****Unit 1: Preparing for the Day****WORDS TO KNOW CHALLENGE****A. Spelling: Underline the correct spelling of each word.**

1. confidentshiality confidentiality confidensiality
2. brochure brosure brocure
3. communicasion comunication communication
4. atmosphere atmмосphere atmosfere
5. appointmant apointment appointment
6. schedule scedule scheidung
7. envirenment environment envirement
8. entervention intervension intervention
9. receptionist repectionist recepsionist

UNIT REVIEW**A. Short Answer**

1. Prepare a checklist for opening the office. _____

2. What is the role of the receptionist? _____

3. Why is the reception room atmosphere important? _____

4. Name six things to check in the reception room. _____

5. List information that might be included in a practice information brochure. _____

6. Why should social climate be monitored? _____

7. List some desirable characteristics for a receptionist. _____

8. Prepare a checklist for closing the office for the day. _____

B. True or False: Place a "T" for true or "F" for false in the space provided. For false statements, explain why they are false.

- _____ 1. Preparation procedures for the day are the same for every office.

- _____ 2. Charts should be pulled before the first patient arrives.

- _____ 3. Telephone messages can be retrieved at lunch time.

- _____ 4. The receptionist must have a basic understanding of common diseases and disorders.

- _____ 5. Insurance cards should be requested when patients check in.

- _____ 6. It is not necessary to check the common work areas for cleanliness.

- _____ 7. The charge slip is also known as the encounter form.

- _____ 8. It is important for the receptionist to be discreet when asking the patient for information at the front desk.

CASE STUDIES

Scenario 1

A young mother checks in at the front desk and is asked to fill out a new patient form. Her husband recently left her with two children to raise and no income. She is enrolled in a job training program, but she will be on welfare until she can finish her training. The young mother is embarrassed about the fact that she must be on welfare, even for a short time. After reviewing the form, the receptionist calls to the patient across the waiting area and announces to everyone that she will need a copy of the patient's Medicaid card.

Critical Thinking Questions

- 1. How could the receptionist have handled this situation in a more professional manner? _____

- 2. How do you think the patient felt? _____

- 3. What could be done to ensure that this situation does not occur again? _____

Scenario 2

As the medical assistant escorts the first patient into the exam room, she notices that the room is disorganized and that there is evidence of the last patient from the day before. She needs to take the patient's vitals and notices that the blood pressure cuff is missing and must leave the room to find it.

Critical Thinking Questions

1. What might the patient's impression of the office be? _____

2. What should the medical assistant have done before bringing the patient to the exam room? _____

3. How can this situation be prevented in the future? _____

UNIT APPLICATION

Performance Objective Practice

- A. Divide into groups and make a list of preparations that need to be completed before patients arrive. Choose from one of the following types of practices:
 - Family practice
 - OB/GYN
 - Internal medicine
 - Cardiology
 - Orthopedics
- B. Choose a partner to be the patient and have him or her fill out the new patient information sheet that follows. Conduct a mock new patient interview with your partner based on the completed form, then switch roles.
- C. Complete charge form on page 5. Use yourself as the patient.
 - Insurance company—Health Care One
 - Insurance ID—123-45-6789-A, Coverage Code S—Group-II
 - You have been ill for the past week: fever, chills, coughing, pain over LL chest area, expectorating blood-tinged mucus
 - Description Section: new patient, high complexity (\$110), culture for strep (\$35), therapeutic injection (\$25), ECG (\$50), respiratory function (\$70), misc. drugs (\$20)
 - Diagnosis: acute bronchitis; pneumonia (viral), otitis media
 - Doctor: use your physician's name—office visit accept assignment
- D. Complete a charge form on page 6. Use yourself as the patient, today's date, and the same insurance information as above.
 - For interview—about one week ago, you began having abdominal discomfort and occasional diarrhea. The pain and frequency of diarrhea have intensified.
 - Diagnosis: abdominal pain; diarrhea; diverticulitis
 - Description: extended exam—established patient (\$85), antibiotic injection (\$25)
 - Procedure: high sigmoidoscopy (\$90)
 - Misc.: review X-ray report (\$15)
 - Next appt.: one month
 - Doctor: use your personal physician

PATIENT INFORMATION					DATE:			
PATIENT'S NAME		MARITAL STATUS S M W DIV SEP			DATE OF BIRTH		SOCIAL SECURITY NO.	
STREET ADDRESS <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		CITY AND STATE			ZIP CODE		HOME PHONE NO.	
PATIENT'S EMPLOYER		OCCUPATION (INDICATE IF STUDENT)			HOW LONG EMPLOYED?		BUSINESS PHONE NO.	
EMPLOYER'S STREET ADDRESS		CITY AND STATE			ZIP CODE			
IN CASE OF EMERGENCY CONTACT:							DRIVERS LIC. NO.	
SPOUSE'S NAME								
SPOUSE'S EMPLOYER		OCCUPATION (INDICATE IF STUDENT)			HOW LONG EMPLOYED?		BUSINESS PHONE NO.	
EMPLOYER'S STREET ADDRESS		CITY AND STATE			ZIP CODE			
WHO REFERRED YOU TO THIS PRACTICE?								
IF THE PATIENT IS A MINOR OR STUDENT								
MOTHER'S NAME		STREET ADDRESS, CITY, STATE AND ZIP CODE					HOME PHONE NO.	
MOTHER'S EMPLOYER		OCCUPATION			HOW LONG EMPLOYED?		BUSINESS PHONE NO.	
EMPLOYER'S STREET ADDRESS		CITY AND STATE			ZIP CODE			
FATHER'S NAME		STREET ADDRESS, CITY, STATE AND ZIP CODE					HOME PHONE NO.	
FATHER'S EMPLOYER		OCCUPATION			HOW LONG EMPLOYED?		BUSINESS PHONE NO.	
EMPLOYER'S STREET ADDRESS		CITY AND STATE			ZIP CODE			
INSURANCE INFORMATION								
PERSON RESPONSIBLE FOR PAYMENT, IF NOT ABOVE		STREET ADDRESS, CITY, STATE AND ZIP CODE					HOME PHONE NO.	
<input type="checkbox"/> COMPANY NAME & ADDRESS		NAME OF POLICYHOLDER			CERTIFICATE NO.		GROUP NO.	
<input type="checkbox"/> COMPANY NAME & ADDRESS		NAME OF POLICYHOLDER			POLICY NO.			
<input type="checkbox"/> COMPANY NAME & ADDRESS		NAME OF POLICYHOLDER			POLICY NO.			
<input type="checkbox"/> MEDICARE	MEDICARE NO.		<input type="checkbox"/> MEDICAID	PROGRAM NO.		COUNTY NO.		ACCOUNT NO.
<p>In order to control our cost of billing, we request that office visits be paid at the time service is rendered. We would rather control our billing costs than be forced to raise our fees.</p> <p>AUTHORIZATION: I hereby authorize the physician indicated above to furnish information to insurance carriers concerning this illness/accident, and I hereby irrevocably assign to the doctor all payments for medical services rendered. I understand that I am financially responsible for all charges whether or not covered by insurance.</p>								
_____ Responsible Party Signature								

Name _____

Patient First Name	Patient Last Name	DATE OF ONSET FOR ILLNESS OR ACCIDENT
Responsible Party Last Name	Patient Last Name (If Different)	Date / /
CHANGE OF: <input type="checkbox"/> NAME <input type="checkbox"/> ADDRESS <input type="checkbox"/> PHONE <input type="checkbox"/> INSURANCE <input type="checkbox"/> EMPLOYER		

DIAGNOSIS:	CODE	DIAGNOSIS:	CODE	DIAGNOSIS:	CODE	DIAGNOSIS:	CODE	DIAGNOSIS:	CODE
___ Abdominal Pain	789.0	___ Chest Pain	786.50	___ Enteritis	008.0	___ Impetigo	884	___ Pneumonia	486
___ Abrasion	959.9	___ CHF	428.0	___ Esophagitis	530.1	___ Insomnia	780.51	___ Post Menopaus. Atr. Vag.	627.3
___ Abscess	682.9	___ Cholecystitis	575.1	___ Fatigue	780.7	___ Irritable Bowel Synd.	564.1	___ Pregnancy	V22
___ Acne	706.1	___ Cirrhosis	571.5	___ Flu Syndrome	487.1	___ Keratosis	701.1	___ Prostatic Hypertrophy	600
___ Alcoholism	303.9	___ Colitis	558.9	___ FUO	780.6	___ Labyrinthitis	386.3	___ Prostatitis	601.9
___ Allergic Reaction	995.3	___ Concussion	850.9	___ Furuncle	680.9	___ Laceration	882.0	___ Pyelonephritis	590.10
___ Allergic Rhinitis	477.9	___ Conjunctivitis	372.3	___ Gastritis	535.5	___ Laryngitis	464.0	___ Radiculitis	729.2
___ Amenorrhea	626.0	___ Constipation	564.9	___ Gastroenteritis	558.9	___ Low Back Pain	847.9	___ Renal Failure	586
___ Anemia	281.9	___ Costochondritis	733.6	___ GI Bleeding	578.9	___ Lumbar Disc Dis.	847.2	___ Rheum. Arthritis	714.0
___ Angina Pectoris	413.9	___ Contusion	924.9	___ Gingivitis	523.1	___ Lumbar Strain	846.7	___ Sebaceous Cyst	706.2
___ Anxiety State	300.00	___ COPD	496	___ Gout Unspecified	274.9	___ Menopausal Syndr.	672.2	___ Seborrhea	690
___ Appendicitis	541.	___ Corneal Abrasion	916.1	___ Headache, Migraine	346.9	___ Menorrhagia	626.2	___ Seizure Disorder	345.1
___ Arrhythmia	427.9	___ Cough	786.2	___ Headache, Tension	307.81	___ Mult. Contusions	924.0	___ Sinusitis	473.9
___ ASHD	414.0	___ CVA	431	___ Hematuria	599.7	___ Myocard. Inf	429.1	___ Sprain	848.9
___ Asthma	493.9	___ Cystitis	595.9	___ Hemorrhoids	455.6	___ Myositis	729.1	___ Suture Removal	V58.3
___ Atrial Fibrillation	427.31	___ Dementia	331.0	___ Hernia Hiatal	553.3	___ Nephrosclerosis	403.9	___ Tendinitis	728.90
___ Back Pain	724.2	___ Depression	296.2	___ Hernia Ventral	553.20	___ Nose Bleed	784.7	___ Thrombophleb	451.9
___ Breast Fibrocystic Dis.	610.1	___ Derangement Knee	717.9	___ Hernia, Inguinal	550.9	___ Obesity	278	___ Tonsillitis	463
___ Breast Tumor	239.3	___ Dermatitis	692.5	___ Herpes Simplex	054.9	___ Osteoarthritis	715.9	___ Urethritis	597.80
___ Bronchitis Nos.	493.9	___ Diabetes Mellitus	250.00	___ Herpes Zoster	053.9	___ Otitis Externa	380.12	___ URI	460
___ Bursitis	727.3	___ Diarrhea	558.9	___ Hypercholesteremia	272.0	___ Otitis Media	382.9	___ Vaginitis No. 5	616.1
___ CAD	746.85	___ Diverticulitis	562.11	___ Hyperlipidemia	272.4	___ Ovarian Cyst	620.2	___ Vaginitis Trich	131.01
___ Cellulitis		___ Duodenal Ulcer	532.1	___ Hypertension	401.9	___ Pancreatitis	577	___ Vaginitis Candida	112.1
___ Cerv. Disc. Disease	722.9	___ Dysfunct. Uterus Bid.	626.8	___ Hyperventilation	786.01	___ Paronychia, Finger	681.02	___ Vertigo	780.4
___ Cervical Strain Syndr.	723.8	___ Dysmenorrhoea	625.3	___ Hypoestrogenism	256.3	___ Paronychia, Toe	681.11	___ Warts, Viral	078.1
___ Cervicitis Chronic	618.0	___ Electrolyte Imb.	276.9	___ Hypothyroidism	244.9	___ Pharyngitis	462		
___ CHD	414.9	___ Endometriosis	617.9	___ Impacted Cerumen	380.4	___ PID	614.9		

DIAGNOSIS: (IF NOT CHECKED ABOVE)

✓	DESCRIPTION	CODE/MD	DX	FEE	✓	DESCRIPTION	CODE/MD	DX	FEE	✓	DESCRIPTION	CODE/MD	DX	FEE
	OFFICE VISIT - ESTABLISHED PATIENT					LABORATORY					DIAGNOSTIC PROCEDURES (Cont'd)			
	Minimal Exam	99211				Venipuncture-DR.	36410				Spirometry	94010YB		
	Limited Exam	99212				Venipuncture	36415				Holter Recording	93224YB		
	Intermediate Exam	99213				Handling	99000				Sigmoidoscopy	45330		
	Extended Exam	99214				Throat Culture	87060				High Sigmoidoscopy	45360		
	Comprehensive Exam	99215				Monilia Culture	87086				Sigmoidoscopy w/ Biopsy	45331		
						Urinalysis	81000							
	OFFICE VISIT - NEW PATIENT					Urine Culture	87086							
	Limited Exam	99202									PHYSICAL THERAPY			
	Intermediate Exam	99203									Hydrocollator	97010		
	Extended Exam	99204				PROCEDURES					Ultrasound	97128		
	Comprehensive Exam	99205				Arthrocentesis Small Joint	20600				PT Unlisted	97039		
	Accident Work-up	90020				Arthrocentesis Interm. Joint	20605							
						Arthrocentesis Major Joint	20610							
						Trigger Point Injection	20550				SUPPLIES			
	INJECTIONS					Cryosurgery Cervix	57511				Surgical Tray	A4550	99070	
	B12	J3420	90782			Face Cryosurgery	17000				Sterile Kit	84550		
	Cortisone	J0810	90782			Not Face, 1st	17100							
	Flu		90724			Not Face, 2nd	17101							
	Pneumovax		90732			Not Face 3 or More, Each	17102				MISCELLANEOUS			
	Tetanus Toxoid		90703			Ear Lavage	69210				Special Reports	99080		
	DPT		90701								Emergency O.V.	99058		
	Polio		90712								Review X-Ray Report	76140-26		
	MMR		90707											
	HIB		90729											
	Estrogen	J0970	90782			DIAGNOSTIC PROCEDURES					REC'D BY:			
	Lidocaine	J2000	90782			Audiometry	92552				<input type="checkbox"/> CASH	TOTAL FEE		
	Skin Test (TB, Cocci, Histo)	86585				ECG	93000YB				<input type="checkbox"/> CK. # _____			
	Therapeutic Inj.		90782			ECG (Medicare)	93005				<input type="checkbox"/> CO-PAY	AMT. REC'D		
	Drug:		Dose:								<input type="checkbox"/> MC/VISA			
	Antibiotic Inj.		90788											
	Drug:		Dose:											

Authorization/Responsibility Agreement
 I hereby authorize any insurance company to pay the proceeds of any benefits due me directly to: JAY RICHARD HODES, M.D. A copy of this can be considered as an original for insurance purposes.
 Signed: _____ Date: _____

I hereby agree to pay my account as services are provided. If for any reason there is a balance owing on my account, I agree to pay promptly upon receipt of the monthly statement.
 Signed: _____ Date: _____

I acknowledge and understand that I am responsible for all of the charges for all of the services rendered to me or any member of my family. Although I have requested the doctor to bill my insurance company on my behalf, I clearly understand that it is still my responsibility to make sure the bill is paid in a reasonable time. If for any reason any portion of my bill is not paid by my insurance, I further agree to make arrangements for prompt payment of the bill.
 Signed: _____ Date: _____

NEXT APPOINTMENT						
MON	TUES	WED	THUR	FRI	SAT	
		1 M				2 M
		6 M				12 M
DOCTOR'S SIGNATURE & DATE						

PATIENT INFORMATION

PATIENT'S LAST NAME	FIRST	INITIAL	BIRTHDATE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TODAY'S DATE
ADDRESS	CITY	STATE	ZIP	RELATIONSHIP TO SUBSCRIBER	INJURY DATE
SUBSCRIBER OR POLICYHOLDER				INSURANCE CARRIER	
ADDRESS	CITY	STATE	ZIP	INS. I.D.	COVERAGE CODE GROUP
ASSIGNMENT AND RELEASE: I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO THE UNDERSIGNED PHYSICIAN. I AM FINANCIALLY RESPONSIBLE FOR NON-COVERED SERVICES. I ALSO AUTHORIZE THE PHYSICIAN TO RELEASE ANY INFORMATION REQUIRED.				OTHER HEALTH COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO IDENTIFY	
SIGNED (PATIENT, OR PARENT, IF MINOR) _____ Date _____				DISABILITY RELATED TO: <input type="checkbox"/> ACCIDENT <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> ILLNESS <input type="checkbox"/> OTHER	
				DATE SYMPTOMS APPEARED, INCEPTION OF PREGNANCY, OR ACCIDENT OCCURRED:	

DESCRIPTION	CPT/MD	FEE	DESCRIPTION	CPT/MD	FEE	DESCRIPTION	CPT/MD	FEE
OFFICE VISITS	NEW PT		LABORATORY (Cont'd.)			PROCEDURES		
Moderate Complex	99203		Wet Mount	87210		EKG	93000	93005
Moderate/High Comp.	99204		Pap Smear	88150		Resp. Function Test		94010
High Complexity	99205		Handling	99000		Ear Lavage		69210
OFFICE VISITS	EST. PT		Hemoccult Stool	82270		Injection Inter. Jt.*		20605
Minimal	99211		Glucose	82948		Injection Major Jt.*		20610
Self Limited Comp.	99212		INJECTIONS			Anoscopy		46600
Low/Moderate Comp.	99213		Vitamin B12/B Complex	J3420		Sigmoidoscopy		45355
Moderate Complex	99214		ACTH	J0140		I & D*		10060
High Complexity	99215		Depo-Estradiol	J1000		Electrocautery*		17200
CONSULTATIONS	OFFICE		Depo Testosterone	J1070		Thromb Hemor.*		46320
Moderate Complexity	99243		Imferon	J1760		Inj. Tendon*		20550
Mod. to High Comp.	99244		Tetanus Toxoid	J3180				
HOME	EST. PT		Influenza Vaccine - Flu	90724		MISCELLANEOUS		
Moderate Complexity	99352		Pneumococcal Vaccine	90732		Drugs, Supplies, Materials	99070	
ER			TB Tine Test	86585		Special Reports	99080	
Moderate Severity	99283		Aminophyllin	J0280		Services After Hrs.	99050	
High Severity	99284		Terbutaline Sulf.	J3105		Services 10pm - 8am	99052	
LABORATORY			Demerol HCL	J0990		Services Sun. & Holidays	99054	
Urinalysis - Complete	81000		Compazine	J0780		Counseling	99403	
Hemoglobin	85018		Injection Therapeutic	90782				
Culture, Strep/Monilia	87081		Estrone Susp.	J1410				

<input type="checkbox"/> Allergic Rhinitis 477.9 <input type="checkbox"/> Anemia 280.9 <input type="checkbox"/> Angina Pectoris 413 <input type="checkbox"/> Anxiety 300.00 <input type="checkbox"/> Aortic Stenosis 424.1 <input type="checkbox"/> ASCVD 429.2 <input type="checkbox"/> ASHD 414.9 <input type="checkbox"/> Asthma 493.9 <input type="checkbox"/> Atrial Fibrillation 427.31 <input type="checkbox"/> Bigeminy 427.89 <input type="checkbox"/> BPH 600 <input type="checkbox"/> Bronchitis, Acute 466.1 <input type="checkbox"/> Bronchitis, Chronic 491.9 <input type="checkbox"/> Bursitis 726 <input type="checkbox"/> Cardiomyopathy 425.4 <input type="checkbox"/> Carotid Artery Disease 433.1 <input type="checkbox"/> Cerebral Vascular Disease 437.9 <input type="checkbox"/> CHF 428.0 <input type="checkbox"/> Cholecystitis 575.1	<input type="checkbox"/> Chronic Fatigue Synd. 300.5 <input type="checkbox"/> COPD 496 <input type="checkbox"/> Costochondritis 733.99 <input type="checkbox"/> CVA 431 <input type="checkbox"/> Cystitis 595.9 <input type="checkbox"/> Deg. Disc. Disease, CX 722.4 <input type="checkbox"/> Deg. Disc. Dis., Lumbar 722.52 <input type="checkbox"/> Depression, Endogenous 296.2 <input type="checkbox"/> Dermatitis 692.9 <input type="checkbox"/> Diabetes Mellitus, Adult 250.0 <input type="checkbox"/> Diarrhea 558.9 <input type="checkbox"/> Diverticulitis 562.11 <input type="checkbox"/> Esophagitis 530.1 <input type="checkbox"/> Fibrocystic Breast Disease 610.11 <input type="checkbox"/> Fissure in Ano 565.0 <input type="checkbox"/> Gastroenteritis 558.9 <input type="checkbox"/> Gout 274.9 <input type="checkbox"/> HCVD 429.2 <input type="checkbox"/> Headache, Vascular 784.0 <input type="checkbox"/> Headache, Migraine 346.9	<input type="checkbox"/> Hemorrhoids 455.6 <input type="checkbox"/> Hiatal Hernia 553.3 <input type="checkbox"/> Hiatal Hernia & Reflux 530.1 <input type="checkbox"/> HVD 402.10 <input type="checkbox"/> Hyperlipidemia 272.4 <input type="checkbox"/> Hypoestrogenism 256.3 <input type="checkbox"/> Hypothyroidism 244.9 <input type="checkbox"/> Impacted Cerumen 380.4 <input type="checkbox"/> Influenza, Viral 487.1 <input type="checkbox"/> Irritable Bowel Syndrome 564.1 <input type="checkbox"/> Laryngitis 464.0 <input type="checkbox"/> Menopausal Syndrome 627.2 <input type="checkbox"/> Mitral Insufficiency 396.2 <input type="checkbox"/> Moniliasis 112 <input type="checkbox"/> Myocardial Infarction 410.9 <input type="checkbox"/> Neuritis 729.2 <input type="checkbox"/> Osteoarthritis 715.9 <input type="checkbox"/> Osteoporosis 733.0 <input type="checkbox"/> Otitis Media 382.9 <input type="checkbox"/> Parkinsonism 332	<input type="checkbox"/> Peripheral Vascular Dis 443.9 <input type="checkbox"/> Pharyngitis 462.0 <input type="checkbox"/> Pneumonia, Bacterial 482.9 <input type="checkbox"/> Pneumonia, Viral 480.9 <input type="checkbox"/> Prostatitis, Chronic/Acute 601 <input type="checkbox"/> Rectal Bleeding 569.3 <input type="checkbox"/> Renal Failure, Chronic 585 <input type="checkbox"/> Rheumatoid Arthritis 714.0 <input type="checkbox"/> Sinusitis 461.9 <input type="checkbox"/> Supraventr. Tachycardia 427.0 <input type="checkbox"/> T.I.A. 435.9 <input type="checkbox"/> Tachycardia 426.89 <input type="checkbox"/> Tendinitis 726.90 <input type="checkbox"/> Tonsillitis 463 <input type="checkbox"/> Ulcer Duodenal 532.9 <input type="checkbox"/> Ulcer Gastric 531.9 <input type="checkbox"/> URI 465.9 <input type="checkbox"/> UTI 599.0 <input type="checkbox"/> Vaginitis 616.10 <input type="checkbox"/> Vertigo 780.4
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DIAGNOSIS: (IF NOT CHECKED ABOVE)	REF. DR. & #
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DOCTOR'S SIGNATURE / DATE	NO SERVICES PURCHASED	SERVICE PERFORMED	ACCEPT ASSIGNMENT	TODAY'S FEE	
INSTRUCTIONS TO PATIENT FOR FILING INSURANCE CLAIMS 1. MAIL THIS FORM DIRECTLY TO YOUR INSURANCE COMPANY. ATTACH YOUR OWN INSURANCE COMPANY'S FORM. PLEASE REMEMBER THAT PAYMENT IS YOUR OBLIGATION, REGARDLESS OF INSURANCE OR OTHER THIRD PARTY INVOLVEMENT.		OFFICE <input type="checkbox"/>	YES <input type="checkbox"/>	AMT. REC'D TODAY	
		E.R. <input type="checkbox"/>	NO <input type="checkbox"/>		
		HOME <input type="checkbox"/>			TOTAL DUE

Performance Competency

Following Performance Objective Practice, use the Performance Evaluation Checklists in the Workbook to perform Procedures 7-1, 7-2, and 7-3 for evaluation.

CERTIFICATION AND REGISTRATION PREPARATION

- _____ 1. A medical record consists of all of the following except:
- a. patient information form
 - b. health history
 - c. diagnostic reports
 - d. treatment notes
 - e. personal comments
- _____ 2. Which area of the office will give the first impression to patients?
- a. Waiting area
 - b. Exam room
 - c. Reception area
 - d. Rest rooms
- _____ 3. The receptionist should have a clear view of the:
- a. computer room
 - b. waiting area
 - c. exam room
 - d. front door
- _____ 4. Which of the following forms must accompany the patient to the exam room?
- a. New patient form
 - b. History form
 - c. Charge slip
 - d. None of these answers
- _____ 5. Which of the following procedures may not be completed when closing the office?
- a. Restock exam rooms
 - b. File charts
 - c. Turn off electrical appliances
 - d. Turn off lights



ASSIGNMENT SHEET

CHAPTER 7: FACILITY AND RECORDS MANAGEMENT

Unit 2: The Patient's Medical Record

WORDS TO KNOW CHALLENGE

A. Word Scramble: Unscramble the following terms.

- | | |
|-----------|--|
| 1. _____ | <u>D</u> <u>I</u> <u>F</u> <u>I</u> <u>G</u> <u>N</u> <u>S</u> <u>N</u> |
| 2. _____ | <u>P</u> <u>S</u> <u>E</u> <u>F</u> <u>I</u> <u>C</u> <u>C</u> <u>I</u> |
| 3. _____ | <u>R</u> <u>D</u> <u>O</u> <u>C</u> <u>R</u> <u>E</u> |
| 4. _____ | <u>C</u> <u>E</u> <u>J</u> <u>E</u> <u>V</u> <u>T</u> <u>I</u> <u>B</u> <u>S</u> <u>U</u> |
| 5. _____ | <u>S</u> <u>P</u> <u>G</u> <u>E</u> <u>S</u> <u>R</u> <u>R</u> <u>O</u> |
| 6. _____ | <u>A</u> <u>C</u> <u>E</u> <u>D</u> <u>I</u> <u>T</u> <u>T</u> |
| 7. _____ | <u>N</u> <u>F</u> <u>O</u> <u>I</u> <u>C</u> <u>T</u> <u>T</u> <u>Y</u> <u>L</u> <u>I</u> <u>D</u> <u>A</u> <u>E</u> <u>I</u> <u>N</u> |
| 8. _____ | <u>T</u> <u>A</u> <u>N</u> <u>E</u> <u>C</u> <u>I</u> <u>V</u> <u>O</u> <u>O</u> <u>N</u> <u>N</u> <u>L</u> |
| 9. _____ | <u>C</u> <u>E</u> <u>B</u> <u>T</u> <u>J</u> <u>I</u> <u>O</u> <u>V</u> <u>E</u> |
| 10. _____ | <u>M</u> <u>D</u> <u>D</u> <u>C</u> <u>E</u> <u>U</u> <u>O</u> <u>N</u> <u>T</u> <u>E</u> |
| 11. _____ | <u>R</u> <u>T</u> <u>S</u> <u>H</u> <u>Y</u> <u>I</u> <u>O</u> |
| 12. _____ | <u>E</u> <u>N</u> <u>I</u> <u>O</u> <u>M</u> <u>R</u> <u>I</u> <u>P</u> <u>S</u> <u>S</u> |

UNIT REVIEW

A. Short Answer

- Give examples of "subjective information." _____

- Give examples of "objective information." _____

- What is a progress note? _____

- Describe methods of recording progress notes. _____

- Describe the correct procedure for making corrections on progress notes. _____

- List the differences between a traditional record and the Problem Oriented Medical Record (POMR).

7. Why is procrastination a hindrance with patients' medical records? _____

8. What is assessment? _____

9. What is a plan? _____

B. Multiple Choice: Place the correct letter or letters on the blank line for each question.

- _____ 1. What information in a medical record makes it a useful legal document?
 - a. Progress notes
 - b. Dates of treatments
 - c. Dates of injuries
 - d. All of these
- _____ 2. Which of the symptoms listed below are objective?
 - a. Headache
 - b. Rash
 - c. Swelling
 - d. Bleeding
- _____ 3. Which of the symptoms listed below are subjective?
 - a. Red throat
 - b. Nausea
 - c. Bruise
 - d. Abdominal pain
- _____ 4. Besides the clinical visit findings, what additional information is recorded on progress notes?
 - a. Phone messages
 - b. Marital status
 - c. Phone/fax refills
 - d. Cancellations
- _____ 5. What ink color should be used when recording patient information?
 - a. Blue
 - b. Black
 - c. Red
 - d. Any color

C. True or False: Place a "T" for true or "F" for false in the space provided. For false statements, explain why they are false.

- _____ 1. The confidentiality of the patient's medical record must be maintained by careful management.

- _____ 2. Only parts of the patient's record are necessary when the patient wishes the physician to testify in an injury case.

- _____ 3. The patient must always sign an authorization form before any information can be released.

- _____ 4. All patient information contained in the medical record is considered subjective information.

- _____ 5. Progress notes should be arranged in chronological order with the most recent date on top.

- _____ 6. The date and time should be recorded on the page for progress notes each time the patient is seen.

- _____ 7. Using correction fluid is recommended to completely eliminate an error made on a patient's record.
 _____ 8. Using black ink on the patient's record is important for making good copies.
 _____ 9. The POMR begins with the standard database.

CASE STUDIES

Scenario 1

Melody is the new medical assistant at the Brandenburg Clinic. She has just finished her externship and graduated with honors. She really wanted to work for the clinic and was very excited that she got the position. Melody feels pretty confident about her clinical skills, but is nervous about her documentation skills and handling patients' medical records. With all the new HIPAA regulations, she is worried she may make a mistake and cause problems for the clinic. For Melody, the regulations are very intimidating, and she needs to have some additional training.

Critical Thinking Questions

1. Who should Melody ask about obtaining additional training? _____

2. Where else can Melody find information about HIPAA? _____

3. What can Melody tell a patient who is concerned about his private health information? _____

Scenario 2

Janet is a temporary medical assistant filling in for the full-time medical assistant who is on vacation. She is doing a good job, but today she is overwhelmed because the physician is running way behind schedule. The receptionist has gone home ill and the chart for the next patient, John Leonard, has not been pulled. Janet is trying to answer the phone and prepare to escort Mr. Leonard to the exam room. She pulls the chart for Leonard John and takes the patient's vital signs and records them in the chart. A few minutes later, the physician brings the chart to the front desk and asks for Mr. Leonard's chart.

Critical Thinking Questions

1. What problem did Janet's mistake cause? _____

2. How can this problem be corrected? _____

3. Does this mistake mean that Janet is a poor medical assistant? _____

UNIT APPLICATION

Research Activities

1. Search the Web to see if there are any new formats available for use in the medical office for documenting information in the patient medical record.
2. Contact a medical malpractice attorney in your area and find out if the attorney has ever handled a case where incorrect documentation or an improperly corrected medical record was the cause for legal action. Ask the attorney to give you a synopsis of the case and write a short explanation to present to the class.

CERTIFICATION AND REGISTRATION PREPARATION

- _____ 1. Which of the following is considered to be the most important record kept in the medical office?
- a. Patient information form
 - b. Patient history
 - c. Demographic form
 - d. Laboratory form
- _____ 2. The purpose of the patient medical record is that it:
- a. furnishes documented evidence of the patient's evaluation and treatment
 - b. protects the legal interests of both the patient and the physician
 - c. establishes a database
 - d. is the basis for planning patient care
 - e. all of the above
- _____ 3. Which of the following statements about HIPAA is not true?
- a. HIPAA designates what information is released and to whom.
 - b. HIPAA allows each clinic to do what it feels is reasonable with patient information.
 - c. HIPAA mandates that only certain employees are expected to comply with the regulations.
 - d. HIPAA mandates the privacy and security of medical records.
- _____ 4. All of the following are parts of the medical record except:
- a. progress notes
 - b. lab information
 - c. medications
 - d. personal comments
- _____ 5. How often should a patient's demographic information be updated?
- a. At each visit
 - b. Once a year
 - c. Once every five years
 - d. Once every two years
- _____ 6. Referral or follow-up letters from specialists should be filed in which section of the medical record?
- a. Referral
 - b. Clinical data
 - c. Correspondence
 - d. Diagnostic information
- _____ 7. A prescription refill should be documented in which part of the medical record?
- a. Clinical data
 - b. Medications
 - c. Correspondence
 - d. Progress notes
- _____ 8. Which of the following may be the cause of legal action against a physician?
- a. Incorrect documentation in the patient's medical record
 - b. Personal comments in the patient's medical record
 - c. Improper correction of an error in the patient's medical record
 - d. All of the above
 - e. Only a and c
- _____ 9. All of the following are formats for documentation in the patient's medical record except:
- a. SOAP
 - b. POMR
 - c. MRM
 - d. HPIP

ASSIGNMENT SHEET

CHAPTER 7: FACILITY AND RECORDS MANAGEMENT

Unit 3: Filing

WORDS TO KNOW CHALLENGE

A. Word Search: Find the following words hidden in the puzzle.

- | | | |
|--------------|--------------|----------------|
| ACCUMULATED | ILLUMINATING | STORE |
| ALPHABETICAL | INDEXING | SUBSEQUENT |
| CODING | INSPECT | SUPPLEMENTED |
| DATA | NUMERICAL | SYSTEMATICALLY |
| EXPEDITE | SEQUENCE | UNIT |
| FILING | SORT | UNPRODUCTIVE |
| GEOGRAPHIC | | |

P O I U L K J H M N B V O I U Y L L A C I T A M E T S Y S
 Q W E R F D S A Z X C V K J H N B U N P R O D U C T I V E
 H J K F G H D F H S T O R E S D A W Q E T R E F O C N M Q
 B V C X Z G F D S O M D E T A L U M U C C A I U D O S N U
 L K J M N B T Y U R I O T M N B H G F A P O I U I K P L E
 S U B S E Q U E N T X P I W A B M Y I P O U J H N B E M N
 L O J Y F E D S W G Z Q D B Y N T M I T T R E W G D C X C
 O P U I T Y T R E N A S E W E R I P F I L I N G Y N T G E
 L K J M N B H G F I P L P D E X N V B O M I Y R E D D L K
 A S D W E Q R T B X N H X I L L U M I N A T I N G C A B N
 P O K I J M N B F E D T E H G F D S A Q W E R T Y O T L K
 F D S A E R T W C D B N M J H L A C I T E B A H P L A K J
 L O I K J M N H Y N P O M N U M E R I C A L J N B M L O P
 E R W D S F B V C I M J H K I U O C I H P A R G O E G I N
 P O I N T S U P P L E M E N T E D P O K E R D C S Q N T L

UNIT REVIEW

A. Short Answer

1. Define "indexing." _____

2. Name and define the four basic filing methods.
 - a. _____
 - b. _____
 - c. _____
 - d. _____

3. Name and define the five steps in filing.
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
4. Describe the proper method of placing material in a file folder. _____
5. Describe the most efficient method of removing and replacing patient files. _____
6. List the storage media used for "paperless" filing systems. _____
7. Describe ways to find a missing chart. _____

B. Multiple Choice: Place the correct letter on the blank line for each question.

- _____ 1. Bar code files eliminate the need for:

a. data entry	c. progress notes
b. OUTguides	d. all of these
- _____ 2. Placing all documents in a patient's chart in _____ order makes it easier to obtain information.

a. color-coded	c. chronological
b. alphabetical	d. categorical
- _____ 3. The method of filing that provides the most patient privacy is:

a. alphabetical	c. categorical
b. numeric	d. chronological
- _____ 4. In a miscellaneous file, when there are more than _____ papers on one subject or person, you should remove them and make a separate folder.

a. two	c. four
b. three	d. five
- _____ 5. _____ make it easy to obtain phone numbers and addresses.

a. Bar code files	c. Ticker files
b. Desktop files	d. Numeric files
- _____ 6. Removing the files of patients who are no longer being seen by the physician is called:

a. processing	c. sorting
b. indexing	d. purging
- _____ 7. When there is a signature on a patient's chart, J. Williams (CL), whose initials are in the parentheses?

a. patient's	c. medical assistant's
b. physician's	d. office manager's

CASE STUDIES

Scenario 1

You and your co-worker, Avery, are responsible for working with the health care providers and making chart entries on patients' charts. You have noticed that Avery has been procrastinating about making entries on her charts, and you have also seen her make several mistakes when charting.

Critical Thinking Questions

1. What impact could this have on the medical practice? _____

2. How could Avery's behavior interfere with the proper maintenance of patients' medical records? _____

3. What should you do about the actions you observed? _____

Scenario 2

Justin Lewis has come to the office for his six-month check-up. When you go to retrieve his chart from the stack of charts for patients being seen today, you cannot find it. You check the main file but still cannot locate the chart.

Critical Thinking Questions

1. What is the first step you should take to locate the chart? _____

2. What else could be done? _____

3. If you can't locate the chart while the patient is there, how will information be charted? _____

UNIT APPLICATION

Performance Objective Practice

A. Indexing Practice

1. Index each name below on a 3 × 5 card or on paper cut to that size. Start each name half an inch from the top and half an inch from the left margin. Arrange the cards in alphabetical order.
 - a. Curtis Koch
 - b. Dianne Hanning
 - c. Dezzie Harris
 - d. Connie Graves
 - e. Anna Epstein
 - f. Melvin Edwards
 - g. Charles L. Davis
 - h. Gertrude Carter
 - i. Barbara Cahill
 - j. Earl Block
 - k. Robert Blair
 - l. C.L. Benson

- m. L.K. Ander
- n. Elmo Applegate
- o. Nathan Appleby
- p. Bruce Carr

- q. Sandra Dyer
 - r. Pauline Hall
 - s. P.A. Dennis
 - t. Dave Daniels
-

2. Index each name below on a 3×5 card or paper cut to that size. Start each name half an inch from the top and half an inch from the left margin. Arrange the cards in alphabetical order.

- a. Edgar Underwood
- b. Richard Poff
- c. Thomas Meyer
- d. Felix Lee
- e. Helen Thornton
- f. Hubert Landers
- g. Ann Stone
- h. Mary June Quinn
- i. Peter Nye
- j. G. Saunders

- k. Glen Ochs
 - l. Clyde Rambo
 - m. Russel Owens
 - n. Thomas Jefferson
 - o. June Guthrie
 - p. Theresa Frost
 - q. Kenneth Ford
 - r. Vivian Booth
 - s. Jimmy Block
 - t. Stephen Bergstrom
-

3. Code the names listed below by underlining the first unit and by placing 2, 3, and 4 above other units in correct filing order. Then arrange the names in correct alphabetic and indexing order on the form provided.

Ex: Lisa/²Ann/³Hale

- | | |
|-------------------------|------------------------------|
| a. Steve/Van Meter | n. Louie/Gage |
| b. Victor/Li-Lelaez | o. Alfred/D'Ambrosio |
| c. Min/Kwang-Shik | p. A./M./FitzHugh |
| d. Joan/Vanmatre | q. Kelly/LaBarba |
| e. Judy/Kavang | r. Sylvia/D'Ambrogi |
| f. Esther/Corbie-Bender | s. Bill/Fitz |
| g. Marila/Corbitt | t. Bryan/LaBeff |
| h. Asad/Al-Alowi | u. C./W./McBrayer |
| i. Louise/Gage | v. (Dr.) Larry/Mathis |
| j. Frances/Buntyn | w. (Mrs. M.W.) Smith/Mary |
| k. Letticia/Galindo | x. (Rev.) Joan/Sanders |
| l. Don/Durflinger | y. Carol/Long (Mrs. William) |
| m. Anna/Gunton | |

WORKSHEET FOR FILING ASSIGNMENTS

1st Unit	2nd Unit	3rd Unit	4th Unit
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____
i.	_____	_____	_____
j.	_____	_____	_____
k.	_____	_____	_____
l.	_____	_____	_____
m.	_____	_____	_____
n.	_____	_____	_____
o.	_____	_____	_____
p.	_____	_____	_____
q.	_____	_____	_____
r.	_____	_____	_____
s.	_____	_____	_____
t.	_____	_____	_____
u.	_____	_____	_____
v.	_____	_____	_____
w.	_____	_____	_____
x.	_____	_____	_____
y.	_____	_____	_____

4. Code the names listed below by underlining the first unit and by placing 2, 3, and 4 above other units in correct filing order. Then arrange the names in correct alphabetic and indexing order on the form provided.

Ex: Abbott-Coltman/Inc.

- a. Neu-Mor/Corp.
- b. Mt./Vernon/Mobile/Homes
- c. Richard's/Antiques
- d. Robt./Moriconi, (Jr.)
- e. Japan/Air Lines
- f. Aus-/Tex/Garden/Supply
- g. A./Ingram
- h. Northwest/Airlines
- i. Bill/New/Law/Office
- j. San/Antonio/Tours, Inc.
- k. So-Lo/Diet/Center
- l. M/N/Insurance/Agency
- m. McFarland/Down Town/Motor/Co.
- n. Vivian/Richards, (M.D.)
- o. St./Paul/Printing/Co.

WORKSHEET FOR FILING ASSIGNMENTS

1st Unit 2nd Unit 3rd Unit 4th Unit

a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____
h.	_____	_____	_____	_____
i.	_____	_____	_____	_____
j.	_____	_____	_____	_____
k.	_____	_____	_____	_____
l.	_____	_____	_____	_____
m.	_____	_____	_____	_____
n.	_____	_____	_____	_____
o.	_____	_____	_____	_____

Performance Competency

Following the Performance Objective Practice, use the Performance Evaluation Checklists in the Workbook to perform Procedures 7-4, 7-5, 7-6, and 7-7 for evaluation.

CERTIFICATION AND REGISTRATION PREPARATION

- _____ 1. Which of the following should be indexed first?
- a. Alison B. Williams
 - b. Alease A. Wilkins
 - c. Allison B. Williams
 - d. Alice C. Willems
 - e. Ann A. Wiles
- _____ 2. Which of the following would be included as a purpose of records management?
- a. Reference
 - b. Storage
 - c. Classifying
 - d. Arranging
 - e. All of these answers
- _____ 3. Which of the following is a chronological filing system that specifies a date when an action is needed?
- a. Tickler
 - b. Alphabetic
 - c. Numeric
 - d. Alphanumeric
 - e. None of these answers
- _____ 4. Which of the following should be indexed first?
- a. Betty O. San Louis
 - b. James P. St. George
 - c. John R. St. Michael
 - d. William L. St. John
 - e. Judy del la Rosa
- _____ 5. Which of the following is the most common way to file medical charts?
- a. Numeric
 - b. Subject
 - c. Alphabetic
 - d. Geographic
 - e. None of these answers
- _____ 6. Which of the following is not a common record that needs to be managed in the medical office?
- a. Medical
 - b. Financial
 - c. Correspondence
 - d. Business
 - e. None of these answers
- _____ 7. Which of the following is not a part of the filing process?
- a. Sorting
 - b. Storing
 - c. Rending
 - d. Inspecting
 - e. Releasing

