



FOC DAILY CHECKLIST	
Open RTM, Clock in & begin your day – make sure to punch in/out for lunch	
Log into Agile <ul style="list-style-type: none"> <li>• Open the clinic schedule</li> <li>• Open and complete the Work Queue, continue to monitor throughout the day</li> </ul>	
<ul style="list-style-type: none"> <li>• Check &amp; monitor voicemail – monitor throughout the day/responding to all requests</li> <li>• Check Email &amp; monitor – Open and minimize the screen – monitor throughout the day (before/after lunch/before end of shift) handle and respond to all requests from patients, staff, etc.</li> </ul>	
Answer phones by the 3 <sup>rd</sup> ring with the following greeting or similar:  <i><b>Good Morning, Afternoon, Evening, “<u>Company Name</u>” Physical Therapy in <u>Location</u>, this is <u>your name</u>, how may I help you?</b></i>	
<b>Check In all patients as they arrive</b> <ul style="list-style-type: none"> <li>• All appts must be Arrived, Rescheduled or Canceled. Handle any alerts that are attached the appointment.</li> <li>• Collect Copay</li> </ul>	
<b>Check out all patients</b> <ul style="list-style-type: none"> <li>• Confirm next appointment directly with each patient</li> <li>• Collect copay at Time of Service (if not collected at check in)/Inform patient of any balance, collecting any balance due – if not collected, document in Notes section of Home page in Agile</li> </ul>	
<b>Clinic Daily Overview Report</b> - Open and minimize on screen or print from Agile (reflects all monies due by patients arriving for today’s appts) <ul style="list-style-type: none"> <li>• Copays are due at TOS, if you do not collect the copay, notate the main page in Agile of the patient’s case under Notes as to why it wasn’t collected</li> </ul>	
Post all OTC (over the counter) monies collected today to patient’s accounts <ul style="list-style-type: none"> <li>• Print the <b>Day Close Report</b> before the day is closed from yesterday, checking to make sure all monies collected are posted and reflected accurately. Scan all receipts, deposit slips &amp; logs into the <b>FOC Daily</b> folder on the shared drive, labeling the file as todays date mm/dd/year</li> <li>• Record all OTC cash total, check total &amp; cc total on your <b>Deposit Log</b> on your Shared Drive</li> <li>• Run cc settlement report from cc terminal – check for accuracy against the log</li> <li>• Run your <b>Daily Cash Drawer Transaction Report</b> and balance posted payments</li> <li>• Deposit cash/checks at Bank making sure you scan the deposit slip with your days balancing</li> <li>• <b>Location Open Days</b> – <u>once above is completed, close the day</u></li> </ul>	

Submit charges to billing through the Work Queue, verifying accuracy	
Run <b><i>Cancellation vs No Show Report</i></b> from the day before, ensuring accuracy	
Run <b><i>Visits without Charges Report</i></b> – review and update what you can/hand to clinicians	
Check Fax & inbox for New Patient referrals <ul style="list-style-type: none"> <li>• Handle with urgency, work to get on schedule w/in 0-48hrs (consider same day Evaluations), reach out to CD if beyond this timeframe</li> <li>• Review your referral file and follow up with any referral that you didn't connect with the day before.</li> </ul>	
Use Patient Intake Form to schedule IEs by fully creating a case for the patient and entering all case billing information.	
Review all Precerts & Authorizations for patients the day prior to their appt – No precert/authorization, we reschedule the appt if we are unable to obtain prior to appt	
Call all IEs the day before appt/document your call (Clinical Notes section of Case),	
Obtain verification of benefits on all New Patients day before their appt, obtaining precert/auth if needed/contact patient ahead of time, courtesy call, if necessary <ul style="list-style-type: none"> <li>• Go over all Insurance Verifications with patients, encourage patients to contact their Insurance for benefits as well, for comparison purposes. Once agreed upon, set agreement and have patient sign. Document how patient will pay (copays) and if payment arrangement was agreed upon (daily/weekly).</li> </ul>	
Send PNs/POCs/faxes to referring physicians from the Work Queue	
Scan, enter & file all incoming faxes, ensure all is copied & shred hard copies	
End of the Day run <b><i>Clinic Daily Overview Report</i></b> for the <b><u>next day</u></b> <ul style="list-style-type: none"> <li>• Contact any noncompliant patients to confirm their appts/notate in Clinical Notes of patients' chart</li> <li>• Review any alerts and add in any that will need to be addressed with patient.</li> </ul>	
Contact patients in the work queue that are 1+ days(s) Case Inactivity to reactivate and avoid further drop off of schedule	



FOC WEEKLY CHECKLIST	
Run <b><i>Patient Visit Outlook Report</i></b> on <b><u>Monday</u></b> – ensure all patients have minimum of 3 appts scheduled – if not, schedule out according to script/clinician’s recommendation	
Run <b><i>Case Appointment Inactivity Report</i></b> on <b><u>Tuesday</u></b> – ensure all patients who have dropped off schedule are contacted and or necessary discharge/review with all clinicians every Tuesday	
Run <b><i>Patient Visit Utilization Report</i></b> on <b><u>Monday</u></b> – this will display all patients, by clinician, indicating the frequency we have that patient scheduled for	
Run <b><i>Copay Collections Report</i></b> for last week – f/u with patients & collect any copays missed	
Run <b><i>Patient Email Collection % Report</i></b> for last week – f/u with patients on the 2 <sup>nd</sup> page of the report who have “Not Listed” in the “Reason” column if we do not have their email collected on their paperwork	

