

General Call Flow

If the caller is the patient and is scheduling an appointment for themselves, you need only the patient's name and date of birth for authentication. Otherwise, verify HIPAA if the caller is not the patient.

The only exception is if the caller asks for information that doesn't include patient information. For example, you can provide a clinic fax number from the web scheduler or their provider's accepted insurance from the Provider Enrollment PDFs.

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Call Flow

The call flow is not set in order because the scripting depends on the situation.

What if the patient opens with, "I need to reschedule my appointment with Dr. Nguyen this Friday"? Then you don't need to confirm the account because you already know the caller was the patient when they said, "*my* appointment."

Adjust the call flow based on the caller and your experience, and you'll do great.

1. Open the call.
 - **Empathize**, **apologize**, or **assure**—choose one based on the call situation.
 - i) Use **empathy** if you want to apologize without admitting company guilt.
 - ii) **Apologize** if it is **clearly** a fault of Village or an employee at Village.
 - iii) **Assure** the caller if you only need to answer their question or help with their need.
 - Confirm the account. If the caller didn't identify themselves as the patient, you need to verify their identity.
 - Ask probing questions.
 - i) **Yes**: "Is there a specific provider you'd like to see?"
 - (1) If you don't have this information, asking for it can help you find an appointment.
 - ii) **No**: "To confirm, you'd like to schedule an appointment?"
 - Solve the inquiry.
 - i) This will depend on the caller's need. Did they need to schedule an appointment? Then schedule them an appointment.
2. Offer further assistance.
 - This vital step ensures we provide the caller with everything they need before ending the conversation. If you're transferring, go ahead and transfer and leave this step to the next agent.
3. Close the call.

Example Flowchart



Frequently Asked Questions (FAQ)

What if the call drops?

If you were still helping the patient when the call disconnected, call back and resume.

What if I can't hear the caller or the caller can't hear me?

Provide the opening twice in case the caller isn't ready. If the issue persists, ask the caller if they can hear you. If you still can't hear them, or if they're unable to hear you, inform the caller of the situation and ask them to hang up and call back.

What if the caller asks to speak to a supervisor?

Attempt to de-escalate. Sometimes callers are frustrated and think a supervisor can help them quicker even though you can still help them. However, you can still help them in many cases.

Suppose the caller persists and absolutely refuses to talk to you. You may escalate the call to a supervisor or team lead in that case.