

### PATIENT SCHEDULER SKILLS CHECKLIST

This self evaluation is for assessing your experience in specific clinical areas. This self evaluation will not be a determining factor in accepting your application to become an employee of Supplemental Health Care.

**1 = No Experience    2 = Limited Experience    3 = Experienced    4 = Highly Skilled**

(All Tasks Performed with Appropriate Licensed or Administrative Supervision)

GENERAL DUTIES	1	2	3	4
Schedule Patient Appointments				
Reschedule Patient Appointments				
Confirm onsite / offsite appointments				
Order / Pull Patient Medical Record				
Prepare Patient Medical Record				
Generate Patient Medical Record				
Document Pre / Post Op Instructions				
Knowledge of Insurance Process				
Data Entry of Medical Appointments				
Data Entry of Special Instructions				
Data entry Patient Info				
HIPAA Regulations				

GENERAL DUTIES	1	2	3	4
Screen / Direct Phone Calls				
Receive Provider Calls				
Screen / Direct Provider Calls				
Alert Staff to Emergency				
Receive / Screen Correspondence				
Coordinate / Schedule Referrals				
Prepare Reports as needed				
Reporting to Supervisor				
Administrative Procedures				
Maintain Provider Database				
Microsoft Office				

**Age-Appropriate Care:** Ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4
Newborn (birth-30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School Age (5 - 12 years)				

AGE	1	2	3	4
Adolescents (12 - 18 years)				
Young Adults (18 - 39 years)				
Middle Adults (39 - 64 years)				
Older Adults (64+ years)				

The information I have given is true and accurate to the best of my knowledge, and I hereby authorize Supplemental Health Care to release this Skills Checklist to staffing clients of Supplemental Health Care. Submit this skills self evaluation with your initial application. To be updated annually.

Applicant Signature

Date

Applicant Name & Title (please print)

SHC Representative Signature

Date