



**Job Title:** PATIENT RECEPTION – BILINGUAL (SPANISH-ENGLISH)

**Department(s):** Business Operations

**Position Summary:** Ensures efficient patient flow, provides patients with needed information regarding appointments and services, processes patient registration and collects registration documents, schedules appointments, and ensures prompt collection of fees at the time of service.

**Supervision Received:** Business Operations Manager or Finance Director

**Supervision Exercised:** None

**Hours/Week & FLSA Definition:** 40  Full-Time  Part-Time  Exempt  Non-Exempt

---

**ESSENTIAL FUNCTIONS:**

- Greets patients and other visitors in polite, prompt and helpful manner
- Verifies and updates patient demographic and payment information at check in time
- Collects patient payments
- Sorts incoming mail and faxes and distributes to appropriate destination
- Communicates effectively and professionally with clinical staff
- Responds to and/or forwards patient inquiries in a timely manner
- Facilitates patient referrals to off-site medical services
- Updates registration records at time of check in; scans registration paperwork into Practice Management System after information has been verified and updated/entered. Instructs and assists new patients in filling out registration forms, Sliding Fee Application, SAGE and/or MFPP paperwork.
- Opens and closes Cash Receipt batches for payments and turns in to Billing Supervisor daily
- Prints providers' schedules and patient paperwork for the upcoming day.
- Maintains a clean and orderly lobby and entryway
- Assists the scheduling department:
  - Answers incoming calls while screening and forwarding to appropriate staff
  - Schedules, cancels, and reschedules patient appointments
  - Advises patients of payment policies when scheduling appointments

**CORE REQUIREMENTS:**

- Works collaboratively and respectfully with staff and others—individually and as part of a team—to achieve optimal efficiency, outcomes and morale
- Interacts in a culturally competent manner with individuals and groups from diverse backgrounds, including but not limited to: socio-economics, race and ethnicity, nationality and religion, both in-clinic and in the community
- Maintains excellent and punctual attendance
- Attends and actively participates in staff and departmental meetings
- Attends agency functions and meetings as relevant or required
- Works at any or all NHS clinics, as needed
- Uses computer daily including e-mail, word documents, spreadsheets, patient management system, electronic health record, and patient portal, as needed to carry out essential job functions
- Maintains any required licensure/certification
- Demonstrates commitment to agency mission and goals
- Abides by corporate compliance program, HIPAA regulations and other agency policies and procedures
- Utilizes Patient Portal to access patient information and communicate with patients, as relevant
- Plans, organizes, and multitasks
- Speaks, understands, reads and writes English sufficiently to carry out all essential duties
- Performs other duties as assigned

**QUALIFICATIONS:**

- High school diploma or equivalent
- Fluent in Spanish and English (both oral and written)
- Knowledge of medical terminology; insurance plans; appointment scheduling; Electronic Medical Records, preferred
- Customer Service experience preferred

**Attachments**

- Physical and Mental Requirements
- Work Environment

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

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

**Job Title: Patient Reception – Bilingual (Spanish/English)**

**PHYSICAL AND MENTAL REQUIREMENTS:**

<b>Requirement:</b>	<b>Rarely &lt;15% of day</b>	<b>Occasional 15-39% of day</b>	<b>Frequent 40-74% of day</b>	<b>Continuous &gt;75% of day</b>	<b>Requirement:</b>	<b>Rarely &lt;15% of day</b>	<b>Occasional 15-39% of day</b>	<b>Frequent 40-74% of day</b>	<b>Continuous &gt;75% of day</b>
Bend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Vision:</u> Close/Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Squat/Crouch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Vision:</u> Distance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Vision:</u> Depth Perception	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb (stairs, ramps)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Vision:</u> Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	View computer screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Balance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Hear:</u> Using phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Hear:</u> In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Speak (English):</u> Using phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Speak (English):</u> In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Lift/carry:</u> up to 10 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak other language:Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Lift/carry:</u> 10-25 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read/comprehend (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Lift/carry:</u> 25-50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read/comprehend other: Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write/type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Reach:</u> Overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Reach:</u> Forward	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Handle objects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reason and analyze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use fine finger dexterity (type, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I have reviewed and understand the physical and mental requirements of this position.  
I further verify that I am able to perform all essential job functions of this position.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Job Title:** Patient Reception

**WORKING ENVIRONMENT**

**The OSHA category for this position is:**

<input type="checkbox"/>	Category I – High risk for exposure to blood or body fluids.
<input type="checkbox"/>	Category II – Moderate risk for exposure to blood or body fluids.
<input checked="" type="checkbox"/>	Category III – Low risk for exposure to blood or body fluids.

**On the job, the employee may encounter:**

<input type="checkbox"/>	Chemical/Biological Agent		<b>Noise level:</b>
<input type="checkbox"/>	Contact with water/liquids	<input type="checkbox"/>	low
<input type="checkbox"/>	Confined spaces	<input checked="" type="checkbox"/>	moderate
<input type="checkbox"/>	Temperature variations (outdoors)	<input type="checkbox"/>	loud/noisy
<input type="checkbox"/>		<input type="checkbox"/>	

**SPECIAL CONDITIONS OF EMPLOYMENT**

**Explanation:**

<input checked="" type="checkbox"/>	Occasional weekday evenings required	
<input type="checkbox"/>	Occasional weekend days required	
<input type="checkbox"/>	Occasional overtime required	
<input type="checkbox"/>	Professional license/certification req'd	
<input type="checkbox"/>	Current CPR certification required	

**Minimum level of education:**

<input checked="" type="checkbox"/>	High school diploma/GED	<input type="checkbox"/>	Masters Degree: _____
<input type="checkbox"/>	Associates Degree	<input type="checkbox"/>	Medical Degree: _____
<input type="checkbox"/>	Bachelors Degree: _____	<input type="checkbox"/>	Other: _____

**Travel:**

<input checked="" type="checkbox"/>	Occasional travel between clinics	<input checked="" type="checkbox"/>	Vehicle, drivers license and insurance req'd
<input type="checkbox"/>	Frequent travel between clinics	<input type="checkbox"/>	Occasional work outdoors
<input type="checkbox"/>	Occasional or frequent other local travel	<input type="checkbox"/>	Frequent work outdoors

I certify that I am aware of the Working Environment for this position and I agree to that I am able to fulfill all Special Conditions of Employment.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date