Component II: Administrative

Module A: Medical Office Reception

Topic 4: Patient Registration

Statement of Purpose
To prepare the learner with basic knowledge and skills necessary to register patients.

Student Learning Outcomes
Upon completion of this topic, the learner will be able to:

1. Spell and define key terms.
2. Discuss confidentiality while registering and communicating with new and established patients.
3. Identify forms necessary to complete patient registration.
4. Explain the purpose of patient registration.
5. Recognize special patient needs and be prepared to adapt accordingly.
6. Demonstrate conflict resolution.
7. Distinguish cultural, ethnic, physical and mental diversities.

Terminology

1. Advanced directive
2. Appearance
3. Arbitration agreement
4. Authorization
5. Confidentiality
6. Conflict resolution
7. Consent form
8. Co-payment
9. Department of Motor Vehicles (DMV)
10. Disability
11. Diversity
12. Electronic Health Record (EHR)
13. Established patient
14. Health Insurance Portability and Accountability Act (HIPAA)
15. Living will or trust
16. New patient
17. Nondiscriminatory
18. Nonjudgmental
19. Patient Portal
20. Patient registration forms
21. Power of attorney
22. Practice Management (PM)
23. Standard precautions
24. Template

References

1. Davis, F.A. (2013). *Taber's Cyclopedic Medical Dictionary* (22th Ed.). Philadelphia PA: F.A. Davis.
2. French, L.L., & Fordney, M.T. (2013). *Administrative Medical Assistant* (7th Ed.) Clifton Park, NY: Delmar, Cengage Learning
3. Blesi, M., Wise, B.A., & Kelley-Arney, C, (2012) *Medical Assisting Administrative and Clinical Competencies* (7th Ed.) Clifton Park, NY: Delmar, Cengage Learning
4. Kronenberger, J., Southard D. L., & Woodson, D. (2013). *Comprehensive Medical Assisting* (4th Ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
5. Larsen, W. (2011). *Computerized Medical Office Procedures: A Worktext Using Medisoft v16* (3rd Ed.). Philadelphia, PA: Saunders Elsevier.
6. Proctor, D. B., & Young-Adams, A. P. (2011). *Kinn's The Medical Assistant: An Applied Learning Approach* (11th Ed.). Philadelphia, PA: Saunders Elsevier

7. Dennerll, J.T., & Davis, P.E. (2010). *Medical Terminology: A Programmed Systems Approach (10th Ed.).* Clifton Park, NY: Delmar, Cengage Learning.

Content Outline/Theory Objectives	Suggested Learning Activities

Objective 1
Spell and define key terms.
  A. Review the terms listed in the terminology section.
  B. Spell the terms listed accurately.
  C. Pronounce the terms correctly.
  D. Use the terms in their proper context.
	A. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration.
	B. Administer vocabulary pre-test and post-test.
	C. Discuss learning gaps and plan for applying vocabulary.

Objective 2
Discuss confidentiality while registering and communicating with new and established patients.
  A. Methods of patient identification are confidential
    1. Medical insurance card.
    2. Driver's license.
    3. New patient information forms, medical history forms, medical record information, and superbill (charge) slips.
  B. Confidential attitude
    1. Speak in a low voice, or use a private area for discussion of personal information.
    2. Avoid communicating across the waiting room area.
    3. Follow facility protocol regarding HIPAA privacy and policies.
  C. Design office reception area to protect the confidentiality of the patients
    1. Sign-in sheet or computer screen must be adjusted for medical personnel view only.
    2. Phone messages and/or charts should also be located for view by medical personnel only.
	A. Lecture/Discussion
	B. Assigned Reading
	C. HIPAA (Administration A: 4.3)

Objective 3
Identify forms necessary to complete patient registration.
  A. Registration forms must be filled out completely.
  B. Health history or physical forms need to be completed and time should be allotted for this necessity.
  C. Registration forms and health history can be done prior to the visit via the Patient Portal
    1. Follow facility protocol for new patients.
    2. Follow facility protocol for updating established patient forms.
  D. Registration forms and health history can be scanned or typed into the PM/EHR for the fully integrated office.
  E. Insurance forms, including workers compensation and disability, may need to have updated information and signatures.
  F. Arbitration agreements may also be required; copies of these should be given to the patient.
	A. Lecture/Discussion
	B. Assigned Reading
	C. See textbooks for examples.
	D. Get examples of living wills and trusts, disability placards and other special forms
	E. Discuss minor surgery forms

G. Special authorization forms. Copies should be kept in patient's medical record
  1. Advanced directives.
  2. Living wills and trusts.
  3. Powers of attorney.
  4. Disability placards.
  5. Referrals to or from your office.
  6. Consent forms
    a. Surgery or other necessary procedures.
    b. Treatment authorizations
      1) Managed care approval with correct date and/or authorization number.
      2) Family member caring for child.
      3) Childcare giver or school program.
      4) Worker's compensation.
  7. Arbitration agreement.
  8. Department of motor vehicles (DMV) forms.
  9. Sports physical.
  10. Third party physical form.
H. Patient welcome letter
  1. Gives the office the opportunity to welcome the patient and let them know general information.
  2. Informs the patient about office expectations
    a. Co-payments, co-insurance and deductibles.
    b. Charges to an account and their limits.
    c. Office hours and on call numbers or alternative facilities or for after-hours.
  3. These letters can be typed or templates within the EHR can be used.	

Objective 4
Explain the purpose of patient registration.
A. To give the physician the most current information in order to provide the patient with the best medical care.
B. To give the facility information necessary to bill the patient or some other third-party pay or in order to obtain appropriate reimbursement
  1. Need photocopy of patient insurance ID cards, including front and back sides of card.
  2. Need photocopy of driver's license or some other type of secondary identification.
  3. If using EHR, scan both insurance cards and driver's license into patient record.
	A. Lecture/Discussion
	B. Assigned Reading

Objective 5
Recognize special patient needs and be prepared to adapt accordingly.
A. Recognize emergency situations.
B. Apply the following concepts and practices
  1. Infection control.
  2. Standard precautions.
C. Offer assistance to patients with the following types of disabilities and difficulties
	A. Lecture/Discussion
	B. Assigned Reading

1. Limited language skills. 2. Limited sight or hearing ability. 3. Wheelchair-bound. 4. Other recognizable disabilities.	

Objective 6
Demonstrate conflict resolution.
  A. Angry, scared, depressed or very sick patients
    1. To resolve problems, listen, remain calm, attempt to calm or reassure the patient.
    2. Make an effort to see the other person's point of view.
    3. Resolve the situation or ask for assistance from your supervisor.
    4. Use facility protocol in all situations.
    5. Do not attempt to go beyond your level of expertise.
  B. Interested neighbors or family members
    1. HIPAA prevents disclosure of information to any unauthorized person or entity.
    2. Unless authorization has been given in writing, release of information (even to spouse or parent) is inappropriate. It is important to know the rights of all patients including the rights of minor children.
	A. Lecture/Discussion
	B. Assigned Reading
	C. Brainstorm resolutions to various issues such as an unpaid bill, insurance problems, patient dissatisfaction with physician treatment plans, appointment scheduling problems or a general lack of response to patient needs.

Objective 7
Distinguish cultural, ethnic, physical and mental diversities.
  A. Perception of information gathered is influenced by how we view an event, another person and ourselves.
  B. These differences may be psychological and physiological. Diversities should be:
    1. Acknowledged.
    2. Accepted.
    3. Given attention.
    4. Dealt with in a professional manner.
  C. Psychological influences
    1. Past experiences.
    2. Assumptions.
    3. Expectations.
    4. Knowledge.
    5. Personal moods.
  D. Physiological influences
    1. Senses.
    2. Age.
    3. Number of experiences.
    4. Health status.
    5. Fatigue.
    6. Hunger.
    7. Circadian rhythm.
  E. Cultural influences
    1. Different cultural and ethnic backgrounds.
    2. Do not make assumptions regarding a patient's understanding of health, disease, treatment and
	A. Lecture/Discussion
	B. Assigned Reading
	C. Role Play, using preset situations, have students show how they would deal with patients who have differences.

prevention.
3. People from many cultures believe in alternative, non-Western medicine.
4. In some cultures, eye contact is perceived as sexually suggestive or disrespectful. Lack of eye contact may be a sign of respect.
5. Use of touch differs by culture.
6. Extended family members accompany patient.
7. Social roles, gender based beliefs.

F. Other factors
1. Fear, physiological response sudden.
2. Anxiety, feeling of apprehension, uneasiness, or uncertainty.
3. Stress.
4. Ability to pay for services.

G. Review
1. Maslow's Hierarchy of Needs.
2. Religious differences.
3. Cultural and ethnic backgrounds.
4. Appearance or physical differences.
5. Illiteracy or language barriers.
6. Stages of grief.