

Check-In/Check-Out Coordinator Training Checklist and Evaluation

Employee Name: _____

Start Date: _____

Location: _____

This document provides an overview of your training progress, outlining your current standing relative to the required benchmarks. It includes a performance evaluation conducted by your lead, using a standardized rating scale to assess your strengths and identify areas for improvement. A score below the minimum threshold indicates insufficient performance and will necessitate additional training to ensure successful completion of the program.

Grading Scale (Per Category)

Each category will be graded on a 5-point scale per week based on performance: 5 = Excellent (No supervision needed, exceeds expectations)

4 = Proficient (Minimal supervision needed, meets expectations)

3 = Satisfactory (Some supervision required, needs improvement)

2 = Needs Improvement (Significant supervision required)

1 = Unsatisfactory (Unable to perform the task, requires retraining)

Minimum Passing Score

To pass, the trainee must achieve an average score of **4 or higher** to proceed to the next training phase. If any category falls below 4, additional training and re-evaluation are required.

Categories and Checklist

1. Patient Check-In Process:

- Answers phone calls professionally and leads conversations with potential new patients
- Greet patients warmly and professionally (Stands up, greets patients by name)
- Verify patient information and update records accurately
- Collects all necessary documents, IDs, and insurance cards
- Ensure all required forms are completed and signed before calling the patient to the back

Score/Trainer Initials: wk1_____ wk2_____ wk3_____ wk4_____

2. Insurance Verification & Financial Responsibility:

- Can verify insurance benefits and eligibility (including Medicaid)
- Knows how to accurately input insurance details into the system
- Can explain patient financial responsibilities, copays, and out-of-pocket costs
- Can explain our HSDP to patients to bring them in if we don't take their insurance (HMO plans)

Score/Trainer Initials: wk1_____ wk2_____ wk3_____ wk4_____

3. Patient Check-Out Process:

- Review treatment provided and confirm charges
- Collect payments and provide receipts
- Schedule follow-up visits as needed
- Provide necessary paperwork, RX, referrals, and post-op instructions
- Calls in Prescriptions

Score/Trainer Initials: wk1____ wk2____ wk3____ wk4____

4. Scheduling & Appointment Management:

- Schedule patient appointments efficiently
- Confirm appointments via phone and text
- Maintain accurate scheduling notes and follow-ups
- Minimize gaps and optimize the provider's schedule
- Schedules ER patients same day

Score/Trainer Initials: wk1____ wk2____ wk3____ wk4____

5. Customer Service & Patient Satisfaction:

- Greets all patients by name and with a friendly attitude
- Address patient questions and concerns professionally
- Offer comfort items (water, coffee) when needed
- Follow up with patients post-treatment for satisfaction and retention

Score/Trainer Initials: wk1____ wk2____ wk3____ wk4____

6. Office Policies & Compliance:

- Maintain HIPAA compliance and patient confidentiality
- Ensure proper documentation and patient record management
- Follow office policies for scheduling, payments, and patient communication
- Wears walkie talkie with ear daily
- Successfully reviewed and walked through the Emergency Protocol with the Office Manager

Score/Trainer Initials: wk1____ wk2____ wk3____ wk4____

7. Evaluation by Office Manager:

- Ability to efficiently manage front desk duties
- Accuracy in insurance verification and patient records
- Professionalism in patient interactions and communication
- Overall contribution to office efficiency and workflow

Score/Trainer Initials: wk1____ wk2____ wk3____ wk4____

Office Manager Feedback & Recommendations:

Areas of improvement:

- Week 1: _____
- Week 2: _____
- Week 3: _____
- Week 4: _____

Final Training Evaluation

- ♦ Final Decision: ☒ Pass | ☐ Fail
- ♦ Additional Training Required? YES / NO

Trainee's Signature: _____ Date: _____

Trainer's Signature: _____ Date: _____