

## Office Manager 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.

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## Categories and Checklist

### 1. Leadership & Team Management:

- Effectively lead and motivate team members
- Conduct productive and engaging morning huddles
- Maintain accountability within the team to meet daily and monthly goals
- Ensure a positive and professional work environment
- Address team conflicts and resolve issues professionally

Score/ Lead initials: wk1\_\_\_\_\_ wk2\_\_\_\_\_ wk3\_\_\_\_\_ wk4\_\_\_\_\_

### 2. Insurance & Financial Coordination:

- Verify patient insurance benefits and breakdowns accurately
- Understand and explain different insurance plans (PPO, Medicaid, In-house, etc.)
- Know how to calculate patient copays and communicate financial responsibility
- Has a basic understanding of how to submit, track, and follow up on insurance claims

Score/ Lead initials: wk1\_\_\_\_\_ wk2\_\_\_\_\_ wk3\_\_\_\_\_ wk4\_\_\_\_\_

### 3. Treatment Planning & Case Acceptance:

- Create accurate and comprehensive treatment plans for both general and orthodontic cases
- Present treatment plans clearly and confidently to patients
- Offer financing options (CareCredit, in-house, third-party financing)
- Follow up with patients regarding pending treatment
- Achieve and maintain a high same day case acceptance rate (at least 75%)

Score/ Lead initials: wk1\_\_\_\_\_ wk2\_\_\_\_\_ wk3\_\_\_\_\_ wk4\_\_\_\_\_

### 4. Scheduling & Patient Flow Management:

- Effectively schedule patient appointments to optimize productivity
- Ensure a smooth patient check-in and check-out process
- Maintain accurate and updated scheduling notes
- Reduce patient wait times and increase office efficiency

Score/ Lead initials: wk1\_\_\_\_\_ wk2\_\_\_\_\_ wk3\_\_\_\_\_ wk4\_\_\_\_\_

### 5. Office Operations & Compliance:

- Maintain OSHA and HIPAA compliance
- Oversee office inventory and supply ordering
- Ensure that all office equipment is functioning properly
- Maintain organized and up-to-date patient records
- Implement office policies and enforce standard operating procedures
- Successfully reviewed and walked through the Emergency Protocol with the Regional Manager

Score/ Lead initials: wk1\_\_\_\_\_ wk2\_\_\_\_\_ wk3\_\_\_\_\_ wk4\_\_\_\_\_

### 6. Customer Service & Patient Satisfaction:

- Greet patients warmly and by name
- Address patient concerns and complaints professionally
- Enhance the patient experience by offering comfort items (blanket, water, sunglasses)
- Follow up with patients post-treatment for satisfaction and retention

Score/ Lead initials: wk1\_\_\_\_\_ wk2\_\_\_\_\_ wk3\_\_\_\_\_ wk4\_\_\_\_\_

### 7. Evaluation by Senior Doctor(s):

- Ability to lead and support clinical staff effectively
- Knowledge of insurance and treatment planning
- Office efficiency and workflow optimization
- Quality of patient interactions and ability to retain patients
- Overall impact on office production and goal achievement

Score/ Lead initials: wk1\_\_\_\_\_ wk2\_\_\_\_\_ wk3\_\_\_\_\_ wk4\_\_\_\_\_

## Senior Doctor 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: \_\_\_\_\_