

Daily Duties/Script

Answering the phone:

General: “Dr. Peter Osborne’s office, this is Shelley. How may I help you?”

Scheduling/Rescheduling: Offer one or two slots. Offer cancelation list.

Supplement Orders: Take down order. Offer to use or take a credit card on file. Offer shipping or picking up.

(See FAQ Section) New Patient:

Direct: Take down insurance information, if they have any; inform that Dr. Osborne is out of network. Take down \$25 deposit and inform the balance will be \$165. Explain how to go on the website and get new patient forms. Explain that these forms must be filled out and brought to the appointment. Explain location. If a phone call, explain that Dr. Osborne will call patient.

Indirect: Answer questions patient might have about pricing, blood work, insurance, and after care. Take down insurance information, if they have any; inform that Dr. Osborne is out of network. Take down \$25 deposit and inform the balance will be \$165. Explain how to go on the website and get new patient forms. Explain that these forms must be filled out and brought to the appointment. Explain location. If a phone call, explain that Dr. Osborne will call patient.

Returning Patient: If it has been within a year, a follow up is protocol, if it has been more than a year, must treat returning patient as a new patient and follow protocol above. Follow ups are \$135. If primarily chiropractic patient, 30 minutes which costs \$95 is acceptable. Also, if current patient has several questions that need to be answered directly from Dr. Osborne, a 30 minute consult will also do.

GFS Customers: Offer GFS number and instruct to leave a brief message and the team will get back with you within 1 to 2 business days.

Email:

Supplement Orders: Patient sends list. Ask if they'd like it shipped or picked up. Once indicated, give the patient the total and let them know when it goes out in the mail or ready to be picked up at the office

Scanning: Documents to be scanned are kept in the "Scan" folder, documents that are already scanned and need to be kept for the patients are placed in the "File" folder to be placed in the charts.

Results/Documents to be saved as:

LLP: LLP, Last, First, Date Reported ----SHRED

FIA: FIA, Last, First, Date Reported----SHRED

OD: (Other Doctor): OD, Last, First, Date Reported ----KEEP/FILE

Bone Re-absorption: BoneRes, Last, First, Date Reported -----SHRED

Exam Forms: Exam Forms, Last, First, Date Seen -----KEEP

Quest Diagnostics: CHEM, Last, First, Date Reported -----KEEP

RX: RX, Last, First, Date Seen -----SHRED

Genova GiFX: GFX, Last, First, Date Reported-----SHRED

Elisa/ACT: EAB, Last, First, Date Reported ----KEEP

Iodine Loading: FFP, Last, First, Date Reported -----KEEP

Labcorp DNA: DNA, Last, First, Date Reported ----KEEP

ALLETSS Allergies: Alletess, Last, First, Date Reported----KEEP

Toxic Metal: TOXIC, PRE&POST, Last, First, Date Reported -----SHRED

DNA Methylation: Methyl, Last, First, Date Reported----KEEP

*All the ones kept, file in the patient's chart

OLD PATIENTS: Scan everything then shred

DNA ONLINE: Save in DNA ONLINE folder, shred

Invoices: Company Name, Date of invoice, save in supplement invoices