



## Job Description

Job Title: Operator  
Department: Scheduling  
Reports To: Business Office Manager  
FLSA Status: Nonexempt

Prepared By: Scheduling Supervisor  
Approved By: Practice Administrator  
Date: 05/09/2016, rev. 03/02/2021

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### Basic Function

1. Efficiently answering and routing incoming phone calls and managing the practice switchboard.
2. Efficiently following phone call routing protocols set forth by the practice.
3. Efficiently scheduling clinic appointments with all providers.

### Responsibilities

1. Answer incoming calls, determine patient/caller needs, and route the information to the appropriate department/employee for assistance.
2. Schedule, cancel, and reschedule patient appointments for office visits using practice management software.
3. Assist patients with scheduling appointments by applying knowledge of office operations and medical procedures.
4. Possess knowledge of the necessary medical records and documents required for all patient appointment types and communicate that information with patient/caller via telephone to obtain them prior to their office visit.
5. Confirm and enter necessary changes on computer to update demographic information prior to patient appointments.
6. Assist with receptionist responsibilities as needed.
7. Inform staff of changes in patient status, and file information in appropriate EMR charts.
8. Operate standard office equipment to include:
  - VoIP telephone and switchboard
  - printer
  - copy/facsimile machine
  - computer
9. Perform other related duties as assigned.

### Proper Telephone Etiquette

- Answer the phone with a smile.
- Speak clearly, concisely without using jargon.
- Offer a greeting, and introduce yourself. Example: "Thank you for calling Crescent City Orthopedics, this is \_\_\_\_\_ how may I help you today or can you please hold for a moment?"
- Ask callers to hold, and wait for their response.
- Use two identifiers before disclosing any patient information to a caller.
- Never give out clinical information or what could be perceived as medical advice over the phone.
- Do not eat or chew gum while answering the telephone.
- Field any patient or physician complaints to the appropriate person of management.

### Skills

- Knowledge of practice management and word processing software.
- Ability to perform redundant tasks with minimal error rate.
- Ability to use good judgment in the course of contact with physicians, patients, staff, etc.
- Possess a strong work ethic and a high level of professionalism.
- A team player who handles multiple projects simultaneously in a fast paced environment.



Oral Communication  
Written Communication  
Technical Communication  
Customer Relations  
Customer Service  
Time Management

Typing > 60 wpm  
Computer Literacy  
Professionalism  
Organization  
Diplomacy  
Filing

Planning  
Project Management  
Presentation  
Reading  
Lifting up to 20 lb.

### **Education/Training**

Degree: High School Diploma or Equivalent

### **Experience**

Customer service experience required.  
Prior medical office experience preferred.

### **Employee Acknowledgment of Job Description**

I have received a copy of the job description for the position I was hired to perform. I have read this job description, and I completely understand all my job duties and responsibilities. I am able to perform the essential functions as outlined with or without reasonable accommodation. I understand that my job may change on a temporary or regular basis according to the needs of my location or department without it being specifically included in the job description. If I have any questions about job duties not specified on this description that I am asked to perform, I should discuss them with my immediate supervisor or Human Resources.

I further understand that future performance evaluations and merit increases to my pay are based on my ability to perform the duties and responsibilities outlined in this job description to the satisfaction of my immediate supervisor. I have discussed any questions I may have had about this job description prior to signing this form.

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Signature

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Date