| STUDENT NAME: | Student # | |
|----------------|-----------|--|
| TRAINING SITE. | | |

MEDICAL ASSISTING Medical Office Management Performance Evaluation Score Sheet

Performance rating scale:

4 = highly skilled Successfully demonstrated without supervision 3 = moderately skilled Successfully demonstrated with limited supervision

2 = limited skill Demonstrated with close supervision

1 = not skilled Demonstration requires direct instruction and supervision

0 = not skilled Student did not complete demonstration

A minimum score of 3 for each of the following performance skills must be achieved to meet State skill certification requirements.

| | Date | 4 | 3 | 2 | 1 | 0 |
|---|------|---|---|---|---|---|
| MEDICAL OFFICE MANAGEMENT | | | | | | |
| BASIC COMPUTER KNWLEDGE TO: | | | | | | |
| Generate a Patient Record | | | | | | |
| Prepare a Billing Statement | | | | | | |
| 3. Complete an Insurance Form | | | | | | |
| PATIENT RECEPTION | | | | | | |
| Collation of Patient Records | | | | | | |
| 2. Demonstrate the Following: | | | | | | |
| a. Opening the Office | | | | | | |
| b. Closing the Office | | | | | | |
| 3. Greeting the Patient | | | | | | |
| Responding to the Patient | | | | | | |
| Escorting and Instructing the Patient | | | | | | |
| ORAL COMMUNICATION | | | | | | |
| Demonstrate Methods of Receiving, Placing & Recording Calls | | | | | | |
| a. Answer the Office Telephone | | | | | | |
| b. Receive, Evaluate & Record a Phone Message | | | | | | |
| c. Make Referrals by Phone | | | | | | |
| Schedule Appointments by Phone | | | | | | |

| STUDENT NAME: | | Page 2 Medical Assisting Performance Evaluation Score Sheet Medical Office Management | | | | | | |
|---|------|---|---|---|---|---|--|--|
| | Date | 4 | 3 | 2 | 1 | 0 | | |
| MEDICAL RECORDS MANAGEMENT | | | | | | | | |
| Demonstrate Filing: | | | | | | | | |
| a. Alphabetically | | | | | | | | |
| b. Numerically | | | | | | | | |
| ACCOUNTING/BILLING AND COLLECTING | | | | | | | | |
| Prepare the Following: | | | | | | | | |
| a. Accounts Payable & Receivable | | | | | | | | |
| b. Daysheet | | | | | | | | |
| c. Petty Cash | | | | | | | | |
| d. Prepare Ledger | | | | | | | | |
| e. Patient's Itemized Monthly Statement | | | | | | | | |
| BANKING SERVICE | | | | | | | | |
| Prepare a Bank Deposit | | | | | | | | |
| 2. Write Checks | | | | | | | | |
| Demonstrate a Bank Reconciliation | | | | | | | | |
| INSURANCE | | | | | | | | |
| Complete HCFA Insurance Form | | | | | | | | |
| RESUME/PLACEMENT | | | | | | | | |
| As Directed by Instructor | | | | | | | | |
| | | | | | | | | |
| Teacher's Signature | | Student's Signature | | | | | | |

STUDENT NAME: _____

The instructor must keep this document on file for one year.