

**MASON CITY CLINIC**  
**Job Description**

**Job Title:** Registration Clerk

**FLSA Status:** Nonexempt

**Job Code:**

**Employee Group:** Non-Management

**Department:** Reception

**Revised:** 08/01/2013

**General Summary:**

Under general supervision and according to established policies and procedures, gathers registration data from patients in order to create and/or update patient accounts. Enters data into Practice Management system and contacts appropriate party to verify and/or obtain missing patient information. Collects and posts appropriate copays and balances batch daily. Performs Real Time Eligibility checking by assigned departments/schedule and contacts appropriate party to obtain missing or inactive insurance information. Responsible for researching returned mail for forwarding address and updating system accordingly.

**Principal Duties and Responsibilities:**

1. Registers patients for appointments by reviewing patient data in Practice Management system, updating data as necessary. Collects required billing information such as insurance carrier and policy ID number, Medicare Secondary Payer Questionnaire, insurance subscriber information (date of birth, sex, etc.), and the like. Collects necessary information to fulfill governmental regulation requirements such as language, race, ethnicity, pharmacy of choice, emergency contact, e-mail address. Follows policies established to fulfill Red Flag Rule requirements (driver's license, photo, identity verification). Performs real-time eligibility checking on Medicaid patients at the time of service by calling the Iowa Medicaid ELVS. Educates patients regarding Authorization to File Insurance, Receipt of Privacy Notice, Release of Patient Information, and Benefit Assignment and obtains necessary signature/forms.
2. Ascertains and collects applicable copays. Posts payments in the Billing module, generates receipts for patients. Prints necessary financial reports at day end and balances cash bag. Responsible for creating and closing personal batches daily.
3. Attempts to resolve and collect any patient balance. Posts payments in the Payment Entry module, generates receipts for patients.
4. Following established guidelines, contacts patients via the telephone in order to gather and/or verify necessary data needed to complete a patient account.
5. Researches incomplete patient registration information by contacting referring physician offices, insurance carriers, hospitals, and other sources in order to ensure accurate patient information.
6. Interacts with Receptionists and Hospital List Clerks/Coding in order to register new/hospital patients due to emergencies/hospitalizations, walk-ins, and the like. Interacts with Business Office personnel in making financial arrangements for uninsured patients.
7. Performs Real Time Eligibility checking for assigned departments by schedule. Researches accounts with missing insurance or inactive insurance information by contacting patient, referring providers, insurance companies, and/or researching PowerChart and the like.
8. Performs miscellaneous clerical duties including photocopying forms, records and microfiche, typing labels and forms, and sorting and filing daily paper work.

9. Provides on-going support to the registration team.
10. Performs other department duties as assigned.

**Knowledge, Skills and Abilities Required:**

1. Ability to read and write in order complete registration forms, verify patient information, and update patient information in the Practice Management system at a level normally acquired through completion of high school.
2. Basic math skills in order to make change and balance cash bag at day end and research and resolve any discrepancies at a level normally acquired through successful completion of high school in order
3. Approximately one to three months work related experience necessary in order to learn patient registration procedures, become familiar with department and Clinic policies and procedures and the computer system.
4. Interpersonal skills necessary in order to interact with patients in a confident, courteous, and tactful manner when completing the registration process and with department and Clinic personnel when exchanging patient-related information. An ability to communicate effectively with referring offices and insurance companies via phone to gather insurance/demographic data.
5. Analytical skills necessary in order to verify patient account information, research missing and/or incorrect data, and place correct documentation into patient charts.
6. Ability to concentrate and pay close attention to detail for approximately fifty percent of work time when entering patient registration information.

**Working Conditions:**

1. Works in a normal office environment where there are few, if any, physical discomforts due to dust, dirt, noise and the like.

**Reporting Relationships:**

Reports to the Front Office Operations Manager.

**Approvals:**

\_\_\_\_\_  
Department Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

The above is intended to describe the general content of and the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

Revised 08/2013