

MEDICAL OFFICE ASSISTANT EXTERNSHIP PROGRAM

The Medical Office Assistant Externship gives the student the opportunity to perform in a medical or office facility and to become more familiar with the day-to-day situations and procedures that occur. The following outline will give insight into the training the student has received. Please give the student the opportunity to perform as many of the duties and procedures as possible.

ADMINISTRATIVE: Filing & records management, appointment setting, charting, preparation, insurance claims, coding & authorization, basic accounting procedures, basic computer operations, billing & collections, basic office management, receptionist duties.

ATTENDANCE: All students must complete a total of 200 hours. He or she must fill in attendance on an attendance/progress report for each week of work and must submit the completed and signed report to the school in a timely manner. The school should be notified of the student fails to attend or is late without prior notification. Persistent absences or tardiness is not to be tolerated. The supervisor should note the student's progress on the attendance/progress report

EXTERN SITE: Notify the school of the student fails to abide by office regulations. Inform the student as to what you and your staff expect from him or her. Do not ask the student to perform any functions that may violate local, state or federal laws or industry ethical codes.

EVALUATION: Please fill in the attached Student Evaluation form by commenting in each category. The school must receive evaluations before the student may receive their diploma.

We welcome your comments and suggestions! Should you have any questions or require additional information, please do not hesitate to contact the Director of Career Services or Director of Education at PCI HEALTH TRAINING CENTER at 214-630-0568.

THANK YOU FOR PARTICIPATING IN OUR EXTERNSHIP PROGRAM!

MEDICAL OFFICE ASSISTANT EXTERNSHIP FINAL EVALUATION

NAME OF EXTERN: _____ DATE: _____

NAME OF FACILITY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE: _____

INSTRUCTIONS: In order that our combined efforts may be efficiently employed in the training of the extern named above, your grading on the tasks listed below is desired upon completion of the externship. If any tasks are not applicable to your office, or were not performed during this externship, please indicate by checking the column "N/A".

TASK	EXCLNT	GOOD	AVG	FAIR	POOR	N/A	COMMENTS
Receptionist/Telephone Skills							
Computer Skills							
Typing Skills							
Filing/Records Management							
Basic Accounting/Bookkeeping							
CPT Coding							
ICD-9 Coding							
Insurance Claims							
Insurance Authorizations							
Appointment Setting/Scheduling							
Written Correspondence							
Patient Billing & Collections							
Insurance Billing							
Office Management							
Preparing Charts							
Vital Signs/Patient History							

OBSERVATIONS	EXCLNT	GOOD	AVG	FAIR	POOR	N/A	COMMENTS
Personal Appearance							
Personal Attitude							
Cooperation							
Initiative							
Promptness							
Attendance							
Patient Relations							
Miscellaneous							

This student can benefit from suggestions for improvement in the following areas:

We would appreciate any comments/suggestions in regard to the student and/or program.

Would you recommend this student for a position? YES___ NO___

If Yes, Why? _____

If No, Why? _____

Was the Extern hired at your facility? YES___ NO___

If Yes, Date of Hire:_____ Starting Wage/Hour: \$_____

Signature of Supervisor

Date

THANK YOU FOR OPENING YOUR FACILITY TO OUR STUDENTS!