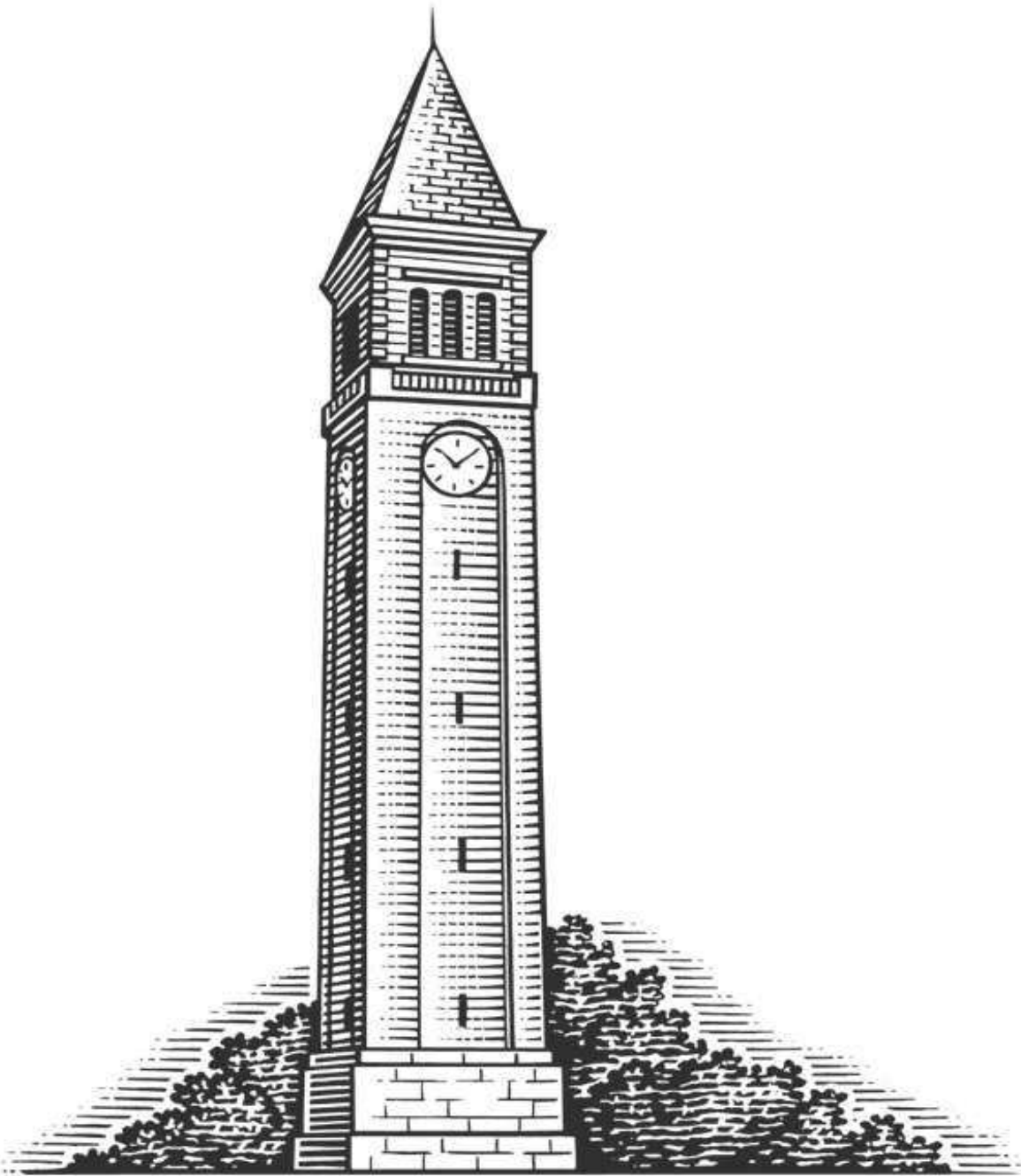


BOSTON REED COLLEGE
Medical Biller
Externship Resource Booklet



BOSTON REED COLLEGE

BOSTON REED COLLEGE

**Medical Biller
Externship Resource Booklet**

Fall or Spring

Circle one

Year _____

(Please print)

Student Name: _____

Course Location: City _____

Site: _____

Weekday Class **Saturday Class**

*If found please return to:
Boston Reed College
2799 Napa Valley Corporate Drive
Napa, CA 94558*

Phone (800) 201-1141

Fax (707) 307-5017

Course Completion Checklist

- ✓ 120 hours noted and signed
- ✓ Evaluations complete and signed
- ✓ Skills checklist complete
- ✓ Current address and phone number listed

Student Name: _____

Your current mailing address:

Your current phone #: _____

Day (____) _____ Cell: (____) _____

Eve (____) _____

Externship Site: _____

Facility Name: _____

Address: _____

City: _____

Phone (____) _____

Preceptor Name: _____

Important Information

Sign-in Log: See back cover. Each day of the clinical externship should be documented and signed for a total of 120 hours within one (1) year from the date you began the program.

Clinical Skills Checklist: This is used in the classroom and clinical externship settings. Be sure to have the staff at the clinical externship site sign off on the checklist for any skills that you either perform or observe during your externship.

Student Evaluation Form: Are to be completed by your preceptor.

Attendance: If you are unable to attend your clinical externship due to illness or emergency, please notify your preceptor AND contact the Boston Reed Student line at (800) 201-1141, Option 3, to notify us. Any changes to your schedule must be approved by the clinical externship site and Boston Reed in advance. You must maintain good attendance. Missing your scheduled time or being late may cause you to lose your site externship and the decision is made by the site preceptor and/or Boston Reed College.

Confidentiality: You are required to maintain confidentiality of patient information in accordance with state and federal law. Please show your signed HIPAA statement to your preceptor to show that you have knowledge of the state requirements for confidentiality in the office. No student will have access to or have the right to review any medical record, except where necessary in the regular course of the clinical program. The discussion, transmission or narration in any form by students of any patient information obtained in the regular course of the clinical program is forbidden except as permitted by law.

Accident or Injury in Classroom or Externship Site: In the event of accident or injury in the classroom or externship site first aid should be rendered. In the event of bloodborne pathogens exposure immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant, if available. Report immediately to instructor or preceptor who will advise student to seek medical attention from their personal physician.

In order to graduate from this program and receive your certificate of completion, you must return this booklet to Boston Reed with:

- ✓ All skills signed off a minimum of one time. Both classroom and clinical externship count toward this (pages 10-13).
- ✓ Sign-in log completed for a total of 160 clinical hours .
- ✓ At least one Student Evaluation Form completed and signed by your preceptor
- ✓ Student evaluation of clinical site

Once the booklet is received, Boston Reed will mail the certificate of completion directly to your home approximately two weeks after the receipt of this booklet.

NOTE: Please make copies of all documents *before* mailing your originals to Boston Reed. It is the responsibility of the student to maintain copies of this book in case a book is lost. It is sometimes difficult to have instructors sign off skills after a class has ended. If you are in an externship please keep a copy of your book at home for safe keeping.

Important Information

Dress Code

Appropriate dress standards have been established in order to present and maintain, at all times, a professional appearance to patients, employees and visitors. The standards allow for comfortable performance of duties, promotion of safety and prevention of the spread of infectious organisms. All medical assistant students are expected to keep themselves neat, clean and well groomed at all times. The appearance of a Boston Reed student is an important part of public relations.

Anyone not conforming to this policy will be appropriately counseled and may face disciplinary action.

- ID Badge:** Identification badge is to be worn at all times above the waist, with name visible.
Hair: Should have a clean and neat appearance; hair that is shoulder length or longer will be pulled back. Facial hair must be clean, neat and well groomed.
Headwear: Religious head covers may be worn; baseball-type caps are inappropriate.
Jewelry: Should be appropriate to professional wear and not present a safety hazard when working with patients or equipment.

Tops/Blouses/Shirts: White, solid-colored or print tops with sleeves. Colors must be non-fluorescent. Pullover blouses and collared polo style shirts, or scrub tops may be worn.

NO denim attire, tank tops, halter tops, sweatshirts, low cut necklines, transparent garments, tops exposing bare midriff, back or chest. There will be absolutely **NO** sweatshirts or T-shirts with cartoons, graffiti, advertising or offensive pictures.

Skirts/Dresses: White uniform skirts, dresses or jumpers worn are to be clean, neat and allow for the performance of the job without restrictions. Mini dresses/skirts or long skirts that might interfere with safety are not acceptable.

Slacks/Pants: White uniform pants or white scrub pants may be worn. **NO** sweat pants, jogging pants, overalls, torn or patched pants, tight clothing (bike shorts, leotards, shorts or leggings).

Hose: White or neutral shades must be worn.

Footwear: Clean, white, closed-toed shoes will be worn. Clean, neat, athletic shoes are acceptable.

Grooming: Fragrances: Do not wear any perfume or cologne as it may cause allergic reactions

Fingernails: Nails must be clean and trimmed not to extend beyond the tips of the fingers. No artificial fingernails are allowed.

Tattoos and piercing: Cover all obvious tattoos and remove all facial piercing(s).

HIPAA STATEMENT

Attached is a notification of privacy practices in accordance with the Health Insurance Probability and Accountability Act (HIPAA). It is your responsibility as a Boston Reed student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position as Medical Biller.

Please read the HIPAA notification thoroughly and keep it with your other medical assisting references that you carry with you at your job or externship site.

HIPAA Statement

I _____ have read and understand the HIPAA regulations.

(Please Print your name)

Signature

Date

My externship schedule is:

A Note for Preceptors:

Thank you for hosting a Boston Reed College Medical Biller student. We appreciate your contribution to the success of our students. Please contact the externship coordinator at 800-201-1141 immediately if you have any questions or concerns. This booklet contains all of the paperwork required for the student to complete the program. Here is a list of what we ask of you:

- **Skills Checklist:** Initial next to any skill the student either performs or observes in your facility. We hope students will experience as many of these skills as possible, however the student is not required to have all of the skills signed off during the externship.
- **Sign-In Log:** Sign the back of the booklet with the date and hours the student has completed.
- **Student Evaluation Form:** Complete this at the end of the externship.

It is the student's responsibility to provide Boston Reed College with a copy of this booklet.

Skills Checklist

Student Name: _____

Note: The skills checklist is for use in the classroom and clinical settings. The student should strive to have as many skills as possible signed off during the externship. Having all skills signed off during the externship is not a requirement.

Skill	Initials	Initials
Demonstrate HIPAA Compliance		
Demonstrate ability to Use Computer efficiently		
Communicate appropriately with the level of understanding of one's audience		
Organize Written and Verbal Skills		
Interview Patient and/or Caregiver to Collect Patient Information		
Collect correct information for Patient Information Form		
Obtain & Review Patient Insurance Cards		
Enter Patient Information into Billing Program		
Enter Patient Billing Information into Billing Program		
Enter Patient Diagnosis Correctly		
Enter Transaction Code		
Add Necessary Information to Produce Claim i.e. new insurance carriers, referring providers, etc		
Demonstrate Knowledge of Medicare Billing		
Demonstrate Knowledge of Medicaid Billing (Medi-Cal in CA)		
Demonstrate Knowledge of Blue Cross /Blue Shield		
Demonstrate Knowledge of Tricare		
Demonstrate Knowledge of Workers Compensation		
Demonstrate Knowledge of Completing Commerical Claims		
Demonstrate ability to Produce a Clean Claim for billing		
Provide Patient Walk-Out Statements		
Produce Monthly Billing Statements Review and Prepare for Mailing		
Review Accounts Receivable Report		
Produce Daily Journals		
Balance Daily Petty Cash		
Produce Monthly Reports i.e. Monthly Daily Journal, Payment Reports, etc		
Demonstrate ability to edit and delete in the medical billing program used		
Ability to discuss with supervisor any errors made and how to correct them		
Problem Solve in the Workplace		
Demonstrate ethical conduct		

Student Externship Evaluation

(To be completed by Preceptor)

Student: _____

Site _____

Date Started: _____ Date Ended: _____

Please evaluate the above named student in the following areas.

Guidelines are as follows:

5 = excellent 4 = above average 3 - Average 2 = needs improvement 1 = Not Passing

PERFORMANCE

The student demonstrates:

Ability to Learn and Retain Information	5	4	3	2	1	N/A
Correct Techniques in Paperwork Procedures	5	4	3	2	1	N/A
Knowledge of Collection/Preparation of Specimens	5	4	3	2	1	N/A
Competence in Taking Appropriate Vital Signs	5	4	3	2	1	N/A
Competence in Charting of Clinical Procedures	5	4	3	2	1	N/A
Set-up and Clean-up of Patient Care Areas	5	4	3	2	1	N/A
Sufficient Speed in Completing Tasks	5	4	3	2	1	N/A
Care of Instruments and Equipment	5	4	3	2	1	N/A

ATTITUDE

The student demonstrates:

Interest in Improving Self	5	4	3	2	1	N/A
Ability to Adapt to New Procedures	5	4	3	2	1	N/A
Punctuality / Attendance	5	4	3	2	1	N/A

INITIATIVE

The student demonstrates:

Completion of Tasks	5	4	3	2	1	N/A
Undertaking of Appropriate Additional Duties	5	4	3	2	1	N/A
Anticipation of Doctor's / Co-workers Needs	5	4	3	2	1	N/A

NEATNESS

The student demonstrates:

Neatness in Accomplishing Work	5	4	3	2	1	N/A
Professionalism in Personal Appearance	5	4	3	2	1	N/A

Student Externship Evaluation (Continued)

PATIENT/STAFF RELATIONS

The student demonstrates:

Ability to Put Others at Ease	5	4	3	2	1	N/A
Cooperation with Staff	5	4	3	2	1	N/A
Diplomacy and Tact with Staff	5	4	3	2	1	N/A
Emotional Maturity to Function Under Stress	5	4	3	2	1	N/A
Appropriate Conversation with Staff/Patients	5	4	3	2	1	N/A
Use of Correct Terminology	5	4	3	2	1	N/A
Sensitivity to Patient Comfort	5	4	3	2	1	N/A

Student appears to show strength in these areas:

Student could profit from suggestions for improvement in these areas:

The overall appraisal of the student (Note Preceptors: Marking “Unsatisfactory” means that the student, in your opinion, is not prepared for the role of Medical Biller. However, this does not necessarily mean the student cannot pass the course under certain conditions to be determined by Boston Reed College):

The overall appraisal of the student:

Outstanding _____ Above Average _____ Average _____ Unsatisfactory _____

Signature: _____

Print Name: _____ Title: _____

Site: _____

Name: _____

Address: _____

Phone Number: _____ Date: _____

Student Evaluation of Clinical Setting

Course: _____

Semester: Fall _____ Spring _____ Summer _____ Year _____

Name of Facility: _____

Assigned area or unit: _____

Instructions: Read each statement and mark your response on this form. Do not sign your name.

A = Strongly Agree
 B = Agree
 C = Disagree
 D = Strongly Disagree
 E = Not Applicable

1. The number of patients/clients in the clinical setting was sufficient to meet course objectives.
2. The range of major health problems represented in the patient/client population was sufficient to meet course objectives.
3. The variety of learning opportunities was sufficient to meet course objectives.
4. The staff provided positive role models.
5. There were sufficient resources (personnel and supplies) available to meet course objectives.
6. The attitude of the staff on the unit contributes to a supportive learning environment.

A	B	C	D	E

Sign-In Log

Student Name: _____

	Date	Preceptor Signature	Location	Hours Spent
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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24.				
25.				
26.				
27.				
28.				
29.				
30.				
Total Hours				

A total of 120 hours is needed to complete the course.

Please staple entire Externship Resource book together and bring to every class and externship session.