

Front Office Test:

1. Which of the following is not an Alpha Spine Center Step of Service?
 - a. Anticipation and compliance of patient's needs.
 - b. We are Ladies and Gentlemen, Serving Ladies and Gentlemen.
 - c. Fond Farewell using the patient's name.
 - d. A Warm and sincere greeting using the patient's name.
2. True or False: A New Patient can find their New Patients Papers under the "Our Resources" section of our website.
 - a. True
 - b. False
3. When you are scheduling a New Patient that has Medicare insurance, what portion of the phone script should be skipped?
 - a. Birth Date
 - b. Scheduling
 - c. Promo
 - d. All the above should still be discussed
4. When a New Patient comes into the office for the first time, what should the front office enter their patient file? Select all that apply:
 - a. Health History Index
 - b. Insurance Card
 - c. Driver's License
 - d. Re-Exam Alerts
 - e. ASC Consultation Form
 - f. None of the above is collected on the patient's first visit
5. What does this column tell us?

The screenshot displays a medical office scheduling software interface. On the left, a list of appointments is shown with columns for patient name and time. The appointments are: Bringle, Anna (09:00 AM), \$Burke, Nicky (09:00 AM), Thompson, April (09:00 AM), Balthasar, Jack (09:10 AM), Hedrick, Hope (09:30 AM), Sullivan, Hank (09:50 AM), Hedrick, Hope (09:50 AM), Polios, Julie (10:00 AM), Polios, Julie (10:20 AM), Moore, Kim (10:30 AM), and Toman, Grant (10:30 AM). Below the list are navigation buttons: ARRIVED, CHECK-IN, and CHECK OUT. A red arrow points to the CHECK OUT button. On the right, a summary dashboard shows statistics: Scheduled (39), Arrived (0), New (1), Walk-Ins (0), Today's (39), Existing (32), Cancelled (0), Check-In (0), Re-Sched (0), and Seen (0).

Patient Name	Time
Bringle, Anna	09:00 AM
\$Burke, Nicky	09:00 AM
Thompson, April	09:00 AM
Balthasar, Jack	09:10 AM
Hedrick, Hope	09:30 AM
Sullivan, Hank	09:50 AM
Hedrick, Hope	09:50 AM
Polios, Julie	10:00 AM
Polios, Julie	10:20 AM
Moore, Kim	10:30 AM
Toman, Grant	10:30 AM

Category	Count
Scheduled	39
Arrived	0
New	1
Walk-Ins	0
Today's	39
Existing	32
Cancelled	0
Check-In	0
Re-Sched	0
Seen	0

- a. Appointments for today
- b. Patients Checked Out
- c. Laser Appointments

- d. Patients Checked In
6. When is a patient's first Re-Exam?
 - a. 2 months from the start of care
 - b. 3 visits after the start of care
 - c. 1 month from the start of care
 - d. 3 months from the start of care
 7. What are the times allotted for New Patients during the morning and afternoon?
 - a. 8:00 am & 2:30 pm
 - b. 8:30 am & 1:00 pm
 - c. 8:30 am & 1:30 pm
 - d. 8:30 am & 2:30 pm
 8. How much time is the typical RE1 scheduled for?
 - a. 1.5 - 2 hours
 - b. 2 - 2.5 hours
 - c. 2.5 - 3 hours
 - d. 3 - 3.5 hours
 9. How much time is the typical RE1 scheduled for?
 - a. 60 minutes
 - b. 45 minutes
 - c. 90 minutes
 - d. 40 minutes
 10. How much time is the typical RE2 scheduled for?
 - a. 60 minutes
 - b. 45 minutes
 - c. 90 minutes
 - d. 40 minutes
 11. Which of the below options are NOT one of the payments options a patient can choose on their 3rd visit?
 - a. Pay-in-full
 - b. Monthly Payments
 - c. Weekly Payments
 - d. Biweekly Payments
 12. When would we use the following New Patient Code: 98940-76
 - a. When adjusting a Medicare patient that does not provide their Medicare insurance
 - b. When adjusting a standard new patient
 - c. When taking a second post on a new patient
 - d. When adjusting a new patient two times in the same visit
 13. What percentage of does Medicare "claim" to cover up to per adjustment?
 - a. 75% - Unless you have a rider that will cover the remaining 25%
 - b. 85% - Unless you have a rider that will cover the remaining 15%
 - c. 60% - Unless you have a rider that will cover the remaining 40%
 - d. 80% - Unless you have a rider that will cover the remaining 20%
 14. What does an ABN tell Medicare patients?

- a. That all adjustments and scans can have coverage depending on the frequency of visits.
 - b. That adjustments can have coverage depending on the frequency of visits.
 - c. That adjustments, x-rays and scans can have coverage depending on the frequency of visits.
 - d. None of the above are correct.
15. What are the aspects of care that our office talks about that can prevent a patient from moving forward in their care?
- a. Only Fear
 - b. Only Family
 - c. Money, Time, and Spouse
 - d. Fear, Time, and Money
 - e. Family, Fear, and Money
16. At what point does a patient become a “Reactivation?”
- a. Gap of care of 6-months - 1 year
 - b. Gap of care of 1-2 years
 - c. Gap of care of less than 3 years
 - d. Gap of care that is greater than 3 years
17. When a patient is approaching the end of their initial care plan, what is the protocol for setting up a new plan for the patient?
- a. Front office creates a plan before the patient arrives without consulting the Doctor about their future care
 - b. Front office creates a plan after the patients plan ends without consulting the Doctor about their future care
 - c. Front office creates a plan before the patient arrives with consulting the Doctor about their future care
 - d. Front office creates a plan after the patients plan ends with consulting the Doctor about their future care
18. What is the length of time and amount of appointments correlative to the standard wellness plan?
- a. 9 Months & 18 Visits
 - b. 12 Months & 24 Visits
 - c. 6 Months & 18 Visits
 - d. 6 Months & 24 Visits