

CTE Skill Certificate Test Performance Documentation

This document must be submitted to the test coordinator at the end of testing each trimester/semester.

Instructor's Name: _____ Course: MA: Medical Office Management
School: _____ Test Number: 712
Students in course: _____ Date: _____
Students tested: _____
Students who passed performance objectives at or above 80%: _____

This is to *verify* that the students marked **YES** on performance accomplished the following performance objectives at or above the 80% (moderately to highly skilled) level.

1. Basic computer knowledge to:
 - a. Generate a patient record, prepare a billing statement ,complete an Insurance form
2. Patient reception
 - a. Collation of patient records
 - b. Opening the office and closing the office
 - c. Greeting the patient, responding to the patient, escorting and instructing the patient
3. Oral communication
 - a. Demonstrate methods of receiving, placing and recording calls
 - b. Answer the office telephone
 - c. Receive, evaluate and record a phone message
 - d. Make referrals by phone , schedule appointments by phone
4. Medical records management
 - a. Demonstrate filing: alphabetically and numerically
5. Accounting/billing and collecting - Prepare the following:
 - a. Accounts payable and receivable , day sheet, petty cash, prepare ledger
 - b. Patient's itemized monthly statement
6. Banking Service
 - a. Prepare a bank deposit
 - b. Write checks
 - c. Demonstrate a bank reconciliation
7. Insurance - Complete HCFA Insurance Form
8. Resume/placement - as directed by instructor

Each performance is documented and kept on file by the teacher for two years.
(Check the documentation method used)

- Class period summary score sheet
- Recorded and identified in the class grade book

Instructor's Signature: _____ Date: _____