

Name: _____

Date: _____

MEDICAL BUSINESS SKILLS

Answer Phones	YES	NO
Schedule Patients	YES	NO
Collect/Post Pmts.	YES	NO
Billing	YES	NO
Collections	YES	NO
Insurance Claims	YES	NO
E-Claims	YES	NO
ICD-9/CPT Codes	YES	NO
EOB's	YES	NO
Accts Rec/Pay	YES	NO
Treatment Planning/Financial Arrangements	YES	NO

Computer Software:

QuickBooks	YES	NO
Med. Manager	YES	NO
Microsoft Office:		
Word	YES	NO
Excel	YES	NO
PowerPoint	YES	NO
Access	YES	NO

Other: _____

Management Skills:

Staff Scheduling	YES	NO
Supervision	YES	NO
#Employees	_____	_____
Payroll	YES	NO

Please list the types of practices you have worked in: (eg: orthopedics, ophthalmology, pediatrics, OB/GYN)

MEDICAL CLINICAL SKILLS

Vital Signs	YES	NO
Charting	YES	NO
Computer Charting	YES	NO
Software:_____		
EMR	YES	NO
Software:_____		
Medications	YES	NO
Surgical Assisting	YES	NO
Blood Tests/Draws	YES	NO
Injections	YES	NO
Laboratory	YES	NO
Urinalysis	YES	NO
Urine C&S	YES	NO
Throat Swabs	YES	NO
TB Tests	YES	NO
Immunizations	YES	NO
Starting IVs	YES	NO
IV Infusion	YES	NO
Blood Glucose Monitoring	YES	NO
Finger Stick	YES	NO
Diabetic Teaching	YES	NO
Sterilization	YES	NO

ADDITIONAL SKILLS:

CERTIFICATIONS:

OTHER

CPR	YES	NO
BLS	YES	NO
ACLS	YES	NO
Bilingual	YES	NO
Language(s)	_____	_____