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Job Description

**Job Title**: Registration Clerk

**Classification**: PRN/Non Exempt (Nightshift)

**Education Required**: High School Diploma or GED

**Reports to**: Director of Medical Records and Registration

**Creation Date**: 04/30/2013

Revised Date:

**Job Summary**:

Responsible for registration of patients to obtain required information and legal signatures for treatment and billing of hospital services. Communicates effectively and in a friendly and courteous manner with all patients, coworkers and visitors.

**Essential Duties and Responsibilities**:

* Answers incoming hospital telephone calls and directs to the appropriate person or department
* Interfaces with patients and families, physicians and staff
* Keeps all patient information confidential in compliance with HIPAA guidelines
* Admit patients and process their paperwork
* Enters patient admitting information into computer and routes printed copy to designated department
* Obtains signed statement from patient to protect hospital's interests
* Explains hospital regulations, such as visiting hours, payment of accounts, and schedule of charges
* Collect monies due and document in billing system
* Escorts patient or arranges for escort to assigned room or ward
* Handle funds per office procedure
* May compile data for occupancy and census records
* Other duties as may be assigned.

**Job Requirements**

**Education:** High School diploma/GED

**Licensure/Certification:**

**Experience:** Minimum of one year of office experience required. Previous experience in registration or admitting in a hospital preferred. Previous customer service experience and excellent interpersonal skills required. Knowledge and use of computers is required. Medical terminology preferred. Understanding of health insurance and billing preferred.

**Physical Requirements:** Frequent periods of sitting; occasional standing and walking. Frequent bending, stooping, reaching, pulling. Frequently lift 25 lbs and occasionally lift up to 50 lbs.

I have received my job description and understand that I will be evaluated on the requirements as described therein.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_