



JOB TITLE: CUSTOMER SERVICE REPRESENTATIVE
REPORTS TO: Operations Director
DATED: Revised March 2019
EMPLOYMENT STATUS: Non-Exempt

POSITION SUMMARY:

The Customer Service Representative is a vital member of the KCHC team, responsible for facilitation of all patient scheduling functions, patient flow, check-out, registration, and telephone receptionist functions.

A. ESSENTIAL JOB FUNCTIONS:

Acts as a member of the KCHC Healthcare Team in the provision of health services to individuals, families, and/or their communities. Works collaboratively with patients and their caregivers—to the extent preferred by each patient—as well as with other members of the KCHC Healthcare Team to accomplish shared goals within and across settings to achieve coordinated, high-quality care.

1. Serves as the initial point of contact for Kodiak Community Health Center patients, completes check-in, patient registration and check-out processes.
2. Maintains the confidentiality of patient interactions and health information at all times, and consistently follows established standards, policies and procedures.
3. Answers phones in a prompt, courteous and professional manner, taking messages and directing calls as appropriate.
4. Reviews appointment schedules in Epic to ensure accuracy.
5. Refers all inquiries for clinical assistance to the appropriate clinical staff.
6. Registers patients and ensures patient information is current and accurate at each visit.
7. Accurately schedules patients for appointments based on available office hours and provider work schedules.
8. Completes tasks from Ochin Billing Services (OBS) as needed.
9. Collects copays, sliding scale payments, and all self-pay balances on patient accounts.
10. Completes data entry and forms for Breast & Cervical Health Check (BCHC), Workers' Comp and Fisherman's Fund, as assigned.



11. Reviews patient accounts daily; verifies patient insurance prior to appointment.
12. Completes Daily Reconciliation of payments collected.
13. Offers Sliding Fee Discount Program Application to all patients and accepts completed applications.
14. Follows written standard operating procedures (SOP) for Customer Service Representative.
15. Performs other related duties as assigned by the Operations Director.

B. MISSION STATEMENT

We exist to provide compassionate and comprehensive primary care to the entire Kodiak Community.

C. VISION STATEMENT

Working together to achieve ultimate health and well-being.

D. EMPLOYEE CORE VALUES

1. Personal Accountability

- a. You can expect that I will:
 - i. Strive to do my best and ensure that my behaviors positively impact team success
 - ii. Take responsibility for my own actions
 - iii. Operate triangulation free, as differences arise I will talk to the person in the situation before involving others

2. Respect and Compassion

- a. You can expect that I will:
 - i. Honor and respect all cultures
 - ii. Not make assumptions or jump to conclusions. I will first ask “What don’t I know”
 - iii. Listen in order to learn before reacting
 - iv. Always give my peers the “benefit of doubt”

3. Collaboration and Communication

- a. You can expect that I will:
 - i. Use appropriate words, tone and body language at all times



- ii. Actively go out of my way to help my teammates, I will set them up for success
- iii. Deliver and receive feedback constructively, understanding it is intended as an opportunity for improvement
- iv. Demonstrate kindness at all times

I will go above and beyond for my team!

E. PATIENT SERVICE STANDARDS

1. Personal Accountability

- a. You can expect that I will:
 - i. Empathize and seek solutions, never blame
 - ii. Ensure patient concerns are addressed in a timely manner
 - iii. Make patient safety my priority

2. Respect and Compassion

- a. You can expect that I will:
 - i. Demonstrate kindness at all times
 - ii. Honor & respect all cultures
 - iii. Treat patients as people not illnesses
 - iv. Acknowledge and greet every patient appropriately

3. Collaboration and Communication

- a. You can expect that I will:
 - i. Use appropriate words, tone and body language at all times
 - ii. Listen to patient concerns and seek to understand their experience
 - iii. Thank patients for informing us of their concerns and for the opportunity to improve

I will go above and beyond to provide you care!

A. ESSENTIAL JOB QUALIFICATIONS

- 1. **Education:** High school diploma/GED required. Business and/or medical background preferred.



2. **Experience:** One to three years previous business office, health insurance or medical office experience preferred. Must possess excellent customer service skills and demonstrate caring and compassionate behaviors.
3. **Licensure/Certification:** None
4. **Other Qualifications:**
 - a. Communication:
 - b. Ability to effectively communicate, verbally and in writing, with all levels of staff personnel.
 - c. Collaboration:
 - d. Team-oriented and able to work collaboratively with staff.
 - e. Strong problem-solving and time-management skills.
 - f. Ability to work independently in a fast-paced, medical office environment with frequent interruptions, public contact, and occasional crisis situations.
 - g. Ability to maintain strict confidentiality with sensitive medical information and foster an ethical work environment.
 - h. Ability and willingness to carry out responsibilities in accordance with the organization's policies and applicable laws.
 - i. Cultural Competence:
 - j. Demonstrates complete understanding and responds effectively with sensitivity to special populations served by KCHC. Special populations include, but are not limited to, those defined by race, ethnicity, language, age, sex, sexual orientation, economic standing, disability status, migrant, homelessness, seasonal workers, and the uninsured.
5. **Attendance:** Regular attendance and punctuality is expected and required.
6. **English Language:** Must be able to read, write, and speak English.



IN AN 8 HOUR WORKDAY, THIS JOB REQUIRES:

C	=	Continually	(5½ to 8 hours per day)
F	=	Frequently	(2½ to 5½ hours per day)
O	=	Occasionally	(½ to 2½ hours per day)
R	=	Rarely	(less than ½ hours per day)
N	=	Never	(0 hours per day)

I. LIFTING/CARRYING (Amount of force exerted to lift and/or carry)	
1 – 10 lbs.	O
11 – 20 lbs.	R
21 – 35 lbs.	N
36 – 50 lbs.	N
51 – 75 lbs.	N
76 – 100 lbs.	N

II. PUSHING/PULLING (Amount of force exerted to push and/or pull)	
1 – 10 lbs.	O
11 – 20 lbs.	R
21 – 35 lbs.	N
36 – 50 lbs.	N
51 – 75 lbs.	N
76 – 100 lbs. *	N

* If over 100 lbs.: must have assisting personnel and appropriate moving equipment.

III. POSTURES/MOVEMENTS	
Sitting	C
Standing	R
Walking	R
Stooping, kneeling, crouching and/or crawling	N
Reaching and/or grasping	R
Hand/finger dexterity	C
Climbing and/or balancing	N
Carrying, pushing and/or pulling	R

I. COGNITIVE/SENSITIVE	
Talking	C
Hearing	C
Sight (addendum: acuity, color blindness)	C
Smelling/tasting	N

II. WORK ENVIRONMENT	
Working inside	C
Walking outside	N
Changing temperatures	N
Wet/Humid Conditions	N
Areas of dust, odors, mist, gases or other airborne matter	R
Mechanical, electrical and/or other hazards	N
Confined spaces	N

III. OTHER ASPECTS	
Infectious agents	N
Chemicals	N

IV. Special Equipment/Clothing	
Chemicals	N

The above is intended to describe the general content of, and requirements for, the performance of this job. It is not intended to be construed as an exhaustive statement of duties, responsibilities or requirements.



This Job Description reflects Kodiak Community Health Center’s best effort to describe the essential functions and qualifications of the job described. It is not an exhaustive statement of all the duties, responsibilities or qualifications of the job. This document is not intended to exclude an opportunity for modifications consistent with providing reasonable accommodation. This is not intended to be a contract.

Your signature below indicates that you have read this job description and fully understand your essential job functions, essential job qualifications, and your agreement to comply with all Employee Behavioral Expectations.

Employee Printed Name: _____ Date: _____

Employee Signature: _____

Supervisor Printed Name: _____ Date: _____

Supervisor Signature: _____