CEDAR ROW PHYSICAL THERAPY · FRONT DESK

Read this on day one.

Everything the front desk does, in the order the day does it. Twelve pages. The first week is at the back, and so are the twenty questions everyone asks.

02 Welcome, and the three things that matter

03 How the day runs

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Example business (fictional). Sample guide prepared by Acrid Team. Policies, prices, hours and roles are invented for this sample; items marked **Confirm** are the places a real owner signs off before it goes to a new hire.

WELCOME

The first and last person every patient sees.

Therapists fix knees. You fix the experience of coming here. When it goes well, nobody notices; when it goes badly, it is the only thing they remember. This guide is the way we do it, written down so you do not have to ask forty questions in your first month. Ask anyway. We would rather answer than guess.

The three things that matter at this desk

1

Nobody waits unnoticed.

Ten seconds. Eye contact, their name if you know it, "I'll be right with you" if you are on the phone. The wait is fine; being ignored is not.

2

The schedule is the truth.

If it is not in the system, it did not happen. Every booking, change, cancellation and note goes in before you do the next thing.

3

Money and privacy, the same way every time.

Copays at check-in, kindly, always. Patient details stay off the lobby air and off your personal phone. No exceptions, including nice ones.

Who is who

ROLE	WHAT THEY OWN	GO TO THEM FOR
Owner / lead therapist	The practice, clinical decisions, hiring	Anything clinical, anything you are not sure the office manager can decide
Second therapist	Their own schedule and patients	Their schedule changes, their patients' questions
Office manager	Billing, insurance, policies, this guide	Bills, refunds, insurance fights, upset patients you could not settle, your schedule
Front desk (you, plus two)	Check-in, phones, schedule, copays, lobby, closing	Each other. Overlap is 11–2; the part-timer covers Tue/Thu afternoons

Hours

Mon–Thu 7:30 am – 6:00 pm · Fri 7:30 am – 4:00 pm · closed weekends.
First appointment 8:00, last appointment start 5:15 (Fri 3:15).

How to use this guide

Read it once on day one. Keep it at the desk. The page tabs match the parts of the day. The last page is the one you will actually use.

HOW THE DAY RUNS

7:30 to 6:00, in order.

A good day at the desk is boring. These are the fixed points; everything else is phones and people.

7:30	**Open.** Lights, sign, music low, both computers on, card reader on. Print the day sheet for each therapist and leave it in their room. Check voicemail (page 6) and the e-fax inbox for new referrals.
7:45	**Prep.** Pull the intake folders for today's new patients (page 4). Look at the schedule for gaps and conflicts; flag anything odd to the therapist before 8:00, not at 9:05.
8:00	**First patients.** From here the loop is: greet, check in, collect, seat, tell the therapist, repeat. Reminders for tomorrow go out automatically at 10:00; glance that they did.
11:00–2:00	**Overlap.** Two of you at the desk. One owns the phone and voicemail, the other owns the lobby and check-in. Swap at 12:30 so both eat.
4:30	**Last voicemail check.** Call back anything that came in after 12:30. Confirm the first three appointments of tomorrow by phone if the text reminder has no reply.
5:15	**Last appointment starts.** Begin closing tasks that do not need the day to be over (restock forms, tidy lobby, prep tomorrow's folders).
6:00	**Close out** (page 11). Batch the card reader, reconcile, send the end-of-day note, lock up.

Opening checklist

- [ ] Door unlocked, sign flipped, lobby lights on
- [ ] Both desk computers logged in; schedule open on the left screen
- [ ] Card reader on and connected (green light)
- [ ] Day sheets printed and in each therapist's room
- [ ] Voicemail and e-fax checked; messages logged (page 6)
- [ ] New-patient folders pulled and ready at the desk
- [ ] Water, cups, tissues, pens on the lobby table
- [ ] Conflicts on today's schedule flagged to the therapist

Ninety seconds for a returning patient. Ten minutes for a new one.

Returning patient

1. **Greet by name** if you know it. If not, "Good morning, what's your name?" then confirm with a second identifier (date of birth).
2. **Mark them arrived** in the schedule. This is what tells the therapist they are here. Do it before anything else.
3. **Collect the copay** (page 7). "That's the usual $30 today, card or tap?"
4. **Check for changes:** new insurance card, new phone, new address. Once a month per patient is enough; the system flags it.
5. **Seat them** and say how long. "She's finishing up, about five minutes."

> SAY THIS
>
> *"Hi, welcome back. Can I get your date of birth to pull you up? Great, you're all set with the usual $30. Have a seat, he'll be out in a couple of minutes."*

New patient

New patients are asked to arrive 15 minutes early. If they are on time instead, that is fine; the therapist loses a few minutes, not the patient.

1. **Welcome them properly.** First visits are nervous visits. Stand up if you can.
2. **Confirm name, date of birth, and who referred them** (doctor or self-referred).
3. **Hand over the intake folder:** history form, consent to treat, privacy notice, financial policy. Clipboard and a pen that works.
4. **Scan the insurance card (front and back) and ID** into their chart. Hand both straight back.
5. **Confirm what we verified** (page 7): copay, deductible, visit limit. Say the number out loud before you take it.
6. **Collect, mark arrived, seat,** and bring the finished forms to the therapist's room, not to the patient's chair.

> SAY THIS
>
> *"Welcome in. You're seeing Dana at 9. These four pages are the boring part; take the chairs by the window and I'll grab them when you're done. Your plan has a $30 copay per visit, so that's what today is."*

CONFIRM WITH THE OWNER

Two-identifier check (name + date of birth) is the house rule for every patient, every time, including the ones you know. Confirm this matches the practice's written policy.

If it is not in the system, it did not happen.

VISIT TYPE	LENGTH	BOOK IT WHEN	NOTES
Evaluation (first visit)	60 min	Within 5 business days of the call; sooner for post-surgery	Only in eval slots (8:00, 10:00, 1:00, 3:00). Never the last slot of the day.
Follow-up	45 min	Per the plan of care	Book the whole plan at once (see below).
Re-check	30 min	Therapist asks for it	Can go in the 5:15 slot.
Lunch / admin	60 min	12:00 or 1:00, per therapist	Not bookable. Do not move it to fit a patient; ask the therapist.

Booking a plan of care

When the therapist writes "2x/week for 6 weeks," book all twelve visits before the patient leaves, same days and times if possible. People keep appointments they can see; they drift when they have to call each week.

> SAY THIS
>
> *"Dana wants to see you twice a week for six weeks. Let's lock in all twelve now; Tuesdays and Thursdays at 4:30 work? If something comes up you can move one, just give us a day's notice."*

Waitlist

Anyone who wanted a sooner slot goes on the waitlist with a phone number and the times they can do. When a cancellation lands, call the list top-down. Text if no answer. First to confirm gets it; note who you called.

When two people are booked at 9:00

1. **Do not solve it in the lobby.** Greet both, seat both, say "two minutes."
2. **Ask the therapist** which one they can start and whether the other therapist has room.
3. **Offer the second patient a real choice:** wait 20 minutes with an apology, see the other therapist now, or rebook today with the next slot held for them. Never "which therapist do you prefer" out loud in front of the other patient.
4. **Write down how it happened** in the day note so the manager can fix the cause.

Rescheduling

Move the appointment, do not delete and rebook; the system keeps the history. Put the reason in the note field in three words or fewer: "pt sick," "weather," "pt asked."

CONFIRM WITH THE OWNER

Visit lengths and the eval-slot rule are the current practice as of this guide; the owner confirms them each January.

By the third ring, with your name, with a smile they can hear.

> **ANSWER LIKE THIS**
>
> *"Cedar Row Physical Therapy, this is Sam. How can I help?"* Then stop talking and write.

What you can answer

- Hours, directions, parking, what to bring, what to wear
- Booking, moving and cancelling appointments
- Whether we take their insurance (check the list on the desk; if it is not on the list, say "let me verify and call you back")
- Self-pay prices (page 7)
- The cancellation policy (page 8)
- Whether a referral has arrived

What goes to someone else

- **Anything clinical** ("should I ice it," "is this normal after surgery," "can I skip my exercises"): the therapist. You do not guess, even when you know.
- **Anything about a bill** beyond "what is my copay": the office manager, callback within one business day (page 7).
- **Records requests, lawyers, insurers asking for notes:** the office manager. Take the details; promise nothing.
- **Sales calls:** "Email the office and we'll look at it." We do not take vendor meetings at the desk.

> **SAY THIS, FOR CLINICAL QUESTIONS**
>
> *"That's a question for Dana, not me, and I don't want to guess with your knee. I'll have her call you back today. What number, and is there a time that's bad?"*

Taking a message

Every message goes in the system's message log, not on paper. Name, number, date of birth if a patient, what they want in one line, when they can be reached, who it is for. Paper messages get lost; the log gets checked.

Voicemail

Check at 7:30, 12:30 and 4:30. Return every call the same business day. If a message came in after 4:30 Friday, it is Monday's first job.

Referral calls and faxes

Doctors' offices call to send patients. Get: patient name, date of birth, phone, diagnosis as written, the referring provider and their fax. Tell them the e-fax number. When the referral arrives, call the patient within one business day to book the eval.

The five most common calls

"Do you take my insurance?"	Check the list; if unsure, verify and call back today.
"How much will it cost?"	Copay if verified; self-pay prices if not; "I'll verify and call you back" if new.
"Can I come in today?"	Same-day openings, then the waitlist; evals need an eval slot.
"I need to cancel."	Cancel, note the reason, offer to rebook now; mention the 24-hour policy only if it applies.
"Did my referral come through?"	Check the e-fax inbox and the chart; if not, offer to call the doctor's office.

Collect at check-in, every time, kindly.

Copays collected after the visit get collected about half the time. Collected before, almost always. It is not awkward if you do it the same way with everyone.

Taking a payment

1. Open the patient's visit in the system; the copay amount is on the right.
2. Enter the amount on the card reader, turn it to the patient. Tap, insert or swipe; cash and checks go in the drawer with a receipt written.
3. Mark the payment on the visit. If the reader took it and the system does not show it, fix it now, not at close.
4. Receipt: email by default, print if asked.

When someone cannot pay today

It happens. Do not make it a scene and do not waive it. Note it on the visit as "copay due," tell them it will be added to the next visit, and let the manager know in the end-of-day note. Twice in a row goes to the manager before the third visit.

> **SAY THIS**
> *"No problem at all. I'll note it and we'll catch it up on Thursday. Go on back."*

Self-pay prices

Evaluation (60 min)	**$150**
Follow-up (45 min)	**$95**
Re-check (30 min)	**$65**
Package of 10 follow-ups, paid up front	**$850**

Verifying insurance before a first visit

Done the day the eval is booked, never the morning of. Use the payer's portal or phone line; it takes ten minutes. Record in the chart:

- [ ] Plan active, and the date you checked
- [ ] Copay per visit, or coinsurance percent
- [ ] Deductible: total, and how much is met
- [ ] Visit limit for the year, and visits used
- [ ] Authorization or referral required? If yes, do we have it?
- [ ] Reference number for the call

Then call the patient and tell them what to expect in plain numbers. Surprises at the desk are what turn into bad reviews.

> **SAY THIS**
> *"Good news, you're active and PT is covered. Your plan has a $30 copay per visit and you've met your deductible, so that's all you'll owe each time. I'll have that in your chart."*

When someone calls about a bill

Never argue a bill at the desk or on the phone. You do not have the whole picture and the lobby can hear you. Take their name, number and the invoice date, say the office manager will call within one business day, and log it. Refunds are the manager's only.

CONFIRM WITH THE OWNER
Prices, the "catch it up next visit" rule, and the two-strikes handoff are sample policies. The owner sets the real ones.

The policy is kind because it is consistent.

The policy, as we tell patients

Please give us 24 hours' notice to cancel or move an appointment. The first late cancellation or no-show is free, with a reminder of the policy. After that, a **$40 fee** applies, and it is not billable to insurance. Illness and emergencies are waived; just call. Three no-shows in a plan of care and the office manager will call to talk about whether now is the right time for therapy.

A cancellation call comes in

1. Cancel the visit with the reason in three words.
2. Offer to rebook right now. Most people say yes if asked.
3. If it is inside 24 hours and not their first, mention the fee plainly and once. Do not apologize for the policy and do not negotiate it; the manager can waive, you cannot.
4. Call the waitlist for the open slot.

> **SAY THIS**
>
> *"Got it, I've taken you off for tomorrow. Want to grab Thursday at the same time? And just so you know, since this is inside 24 hours, the $40 late fee will be on your next visit. Feel better."*

A no-show

1. At ten minutes past, call. "Hi, it's Sam at Cedar Row, you're on the schedule for 9 and I wanted to check you're okay."
2. Running late and under 20 minutes out: ask the therapist if they can still be seen for a shorter visit. Over 20: rebook.
3. No answer: leave a message, text, mark the visit no-show with the time you called.
4. Count it in the chart's no-show tally. First is a reminder, second is the fee, third goes to the manager.

Weather and closures

The owner decides by 6:30 am and texts the group. If we close: call every patient on the day's schedule, oldest appointment first, and rebook them within the week. No fees for anything that day. Change the voicemail greeting.

CONFIRM WITH THE OWNER

The $40 fee, the first-one-free rule and the three-strike call are sample policies. The owner confirms the real numbers and whether the fee is in the signed financial policy.

The lobby can hear everything. Act like it.

These are the common-sense basics every clinic front desk follows. They are not legal advice and they are not the whole policy; the practice's compliance training covers that. If this page and that training ever disagree, the training wins.

Every day

- [ ] Screens face you, not the lobby. Privacy filters stay on. Lock the screen when you step away, even for water.
- [ ] First names only out loud. "Maria, come on back," not "Maria Example for her shoulder."
- [ ] No conditions, no diagnoses, no "how's the back" across the room. Save it for the treatment area.
- [ ] Paper with patient details goes face down on the desk and into the shred bin, never the trash.
- [ ] The sign-in sheet shows name and time only. Cover the previous names.
- [ ] Phone calls about a patient happen at the back desk, not the counter, when the lobby is full.

Never

- Text or photograph patient details from your personal phone.
- Confirm to a caller that someone is a patient here unless you have verified who the caller is and the patient's chart says they may be told.
- Leave a voicemail with anything beyond "please call Cedar Row back at this number."
- Look up a chart you have no work reason to open. The system logs every view.

Requests you will get

"Can I have a copy of my records?"	Yes, through the manager. Give them the request form, note the date, promise the manager will respond within the practice's stated window.
A spouse, parent or adult child asks about a patient	Check the chart for a signed release naming them. No release: "I can't share that, but I'm happy to pass on a message."
A doctor's office calls for notes	Take the request and fax number; the therapist or manager sends. You do not read notes over the phone.
An insurer or lawyer calls	Take name, organization, callback number and what they want. Manager calls back. Promise nothing.
A patient wants to pay for someone else	Fine. Payment is not information. Do not discuss the other person's visits.

> **SAY THIS, WHEN YOU CANNOT SHARE**
>
> *"I'm not able to share anything about another patient, even to confirm they've been here. I can take a message, or if they've signed a release for you, I can check that."*

CONFIRM WITH YOUR COMPLIANCE RESOURCE

This page is a plain-language summary for a new hire. The practice's privacy officer or compliance advisor should confirm it against the real policy and the required training before it is handed out.

Nothing on this page is your fault. All of it is your job.

An upset patient

Four moves, in order. **Listen** all the way to the end without defending. **Name it:** "You waited forty minutes and nobody told you why. I'd be annoyed too." **Ask** what would help. **Propose** one concrete thing you can actually do: rebook with the first slot tomorrow, waive today's copay (manager approves, you can promise to ask), or get the manager now. Then do it.

> SAY THIS
>
> *"You're right, and I'm sorry. Here's what I can do right now: I can get you in at 8 tomorrow, first of the day, no waiting. Would that help?"*

The therapist is running late

At **10 minutes**, tell the waiting patient, with a time: "She's about ten minutes behind." At **20**, offer to rebook or to see the other therapist if there is room. Never let someone find out they are waiting by watching the clock.

The system is down

Last night's printed schedule is in the top drawer, which is why we print it (page 11). Check people in on paper with time and copay; take card payments on the reader's standalone mode; enter everything the minute the system is back. Call the support line, then the manager.

Someone feels unwell in the lobby

Get a therapist, now, by walking back, not by calling. If someone is unresponsive, having trouble breathing, or you are frightened, call emergency services first and then get the therapist. Clear the chairs around them. Afterwards write down what happened and when for the manager. You will not get in trouble for calling for help you did not end up needing.

A walk-in with no appointment

Warm, then honest. If there is a same-day opening of the right type, book it on the spot. If not, book the first available and put them on the waitlist. New patients still need the eval slot and the intake forms; a walk-in eval is rarely possible today, and it is fine to say so.

A vendor or sales rep

"Thanks, leave a card and email the office." No meetings at the desk, no samples left in the lobby, no "just two minutes with the owner."

You made a mistake

Say so, quickly, to the manager, with what you have already done to fix it. A double booking you flag at 8:05 is a scheduling note. The same one discovered at 9:00 by two people in the lobby is the thing this whole page is about.

Twenty minutes, same order, every night.

The checklist

- [ ] **Batch the card reader.** Print the batch report.
- [ ] **Reconcile:** batch total + cash + checks should equal the day's payments in the system. If it does not, find it now; it is always easier tonight than tomorrow.
- [ ] **Count the cash drawer** to the float ($100). Deposit anything over, note the amount.
- [ ] **No-shows and late cancels** marked, tallies updated, fees noted (page 8).
- [ ] **Tomorrow's reminders** went out (10:00 auto-text); call anyone with no reply for the first three slots.
- [ ] **Print tomorrow's schedule** per therapist. Top drawer. This is the system-down backup.
- [ ] **Prep tomorrow's new-patient folders** (page 4).
- [ ] **Voicemail** checked one last time; greeting changed if tomorrow is a closure.
- [ ] **Lobby reset:** chairs, magazines, water, tissues, shred bin emptied if full.
- [ ] **Send the end-of-day note** (right).
- [ ] **Lights, reader off, computers locked, door locked, alarm on.**

The end-of-day note

One email to the office manager, same subject line every day: **"EOD Tue 10/14."** Five lines, numbers first, then anything a human should know. Takes three minutes and it is how problems get caught the same day.

```
Visits: 22 scheduled · 20 seen · 1 no-show · 1 late cancel
Copays: $540 card · $60 cash · $0 checks · reconciled ✓
Copays due (not collected): 1 (Sample Patient, next visit Thu)
New evals booked: 3 · referrals in: 2 (both called)
Anything odd: 9:00 double-booked, both seen, cause = plan booked over a blocked slot. Reader froze once at 2:10, restarted fine.
Tomorrow: 24 scheduled, folders ready, first three confirmed.
```

If the numbers do not match

Do not go home with a mystery. Check: a payment marked on the wrong visit, a refund run as a sale, cash taken without a receipt, a card payment the reader took but nobody marked. If after fifteen minutes it is still off, write exactly what is off in the note and the manager will look in the morning. Never adjust a number to make it balance.

Shadow, then do it with backup, then do it.

Day 1–2 · Watch

Shadow the desk. Read this guide. Learn the schedule screen and the card reader. Answer no phones yet. Learn ten patients' names.

Day 3–4 · Do, with backup

You check in; someone sits beside you. You take the phone during overlap hours. You book a full plan of care. You verify one new patient's insurance with the manager watching.

Day 5 · Solo, then close

Run the desk alone for the morning. Close out the day with the manager and send your first end-of-day note. Then tell us what in this guide was wrong or missing.

The twenty questions everyone asks

What do I say when I answer the phone?
"Cedar Row Physical Therapy, this is [name]. How can I help?" (p. 6)

How do I confirm I have the right patient?
Name plus date of birth, every time. (p. 4)

Which slots can take an evaluation?
8, 10, 1 and 3. Never the last slot. (p. 5)

What's the copay and when do I take it?
It is on the visit screen; take it at check-in. (p. 7)

What do we charge without insurance?
$150 eval, $95 follow-up, $65 re-check. (p. 7)

What's the cancellation policy?
24 hours; first one free; then $40. (p. 8)

Is it a no-show if they called at 8:55 for 9:00?
Late cancel, not no-show; same count. (p. 8)

A doctor's office wants the notes.
Take the fax number; therapist or manager sends. (p. 9)

Someone looks faint in the lobby.
Get a therapist; if scared, call emergency services first. (p. 10)

The drawer is $20 off.
Fifteen minutes of looking, then write it in the note. (p. 11)

Someone's early and the therapist isn't ready.
Check in, collect, seat, give a time. (p. 4)

Two people booked at 9. Now what?
Seat both, ask the therapist, offer a real choice. (p. 5)

Can I move a therapist's lunch to fit someone?
No. Ask the therapist. (p. 5)

They can't pay today.
Note "copay due," add to next visit, tell the manager. (p. 7)

Someone's angry about a bill.
Take details, manager calls back in one business day. (p. 7)

Patient is 10 minutes late and not here.
Call. Under 20 late, ask the therapist; over, rebook. (p. 8)

Can I tell a husband when his wife's appointment is?
Only with a signed release in the chart. (p. 9)

The system is down.
Paper schedule in the top drawer; reader standalone; enter later. (p. 10)

A rep wants two minutes with the owner.
Card and email. No meetings at the desk. (p. 10)

Who do I ask when I don't know?
The office manager. Then write the answer in this margin.