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Winning Ways With patients





YOU'RE A VALUABLE





GAL IN THE DOCTOR'S OFFICE!

Your doctor-employer depends on you in many ways.

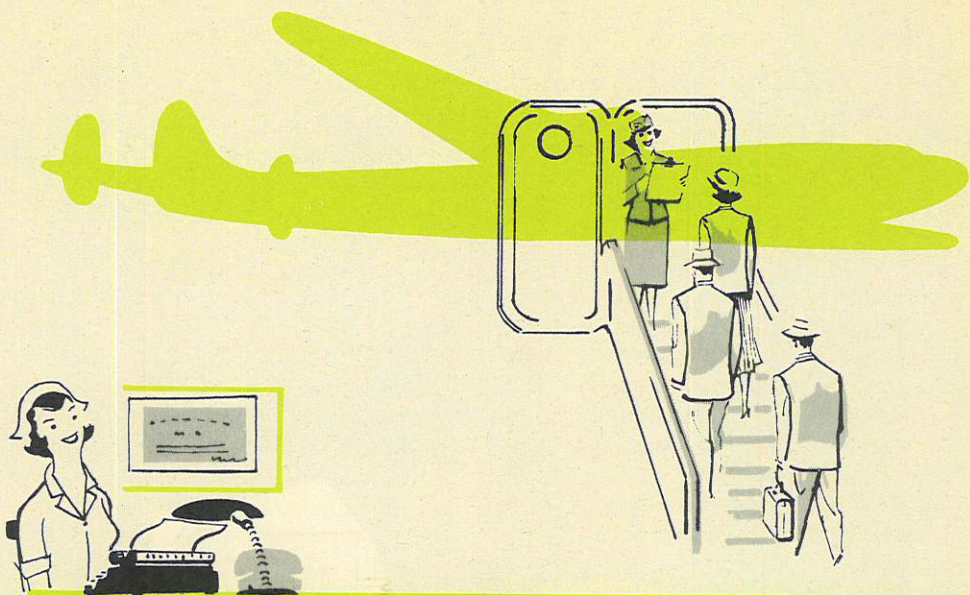
But most of all

*he depends on you to practice the kind of public relations
in his office that will make more friends for you, for him,
and for the medical profession as a whole.*

*Your job is a mighty important one, whether
your official title is medical secretary, receptionist,
or just plain office girl.*

Here are some tips

on how you can top the list of your doctor's assets.



If you have ever flown aboard a great airliner, you were probably impressed by the pert hostess who greeted you so warmly and cared for you during the flight. Like the flying hostess, you are responsible for the comfort and well-being of the doctor's patients until the end of their office visit.

You are the doctor's ambassador. The impression which you make on those patients as the doctor's representative strongly influences their opinions of the doctor himself.

PERSONALITY—UNLIMITED

The girl who is a success in the skies has an unforgettable personality, combining friendliness, graciousness, sympathy and calm efficiency. You and the airline hostess have a lot in common. She greets passengers—you greet patients—in a friendly, tactful manner. Both of you must meet any emergency with cool-headed composure.

Because you deal with a constantly changing procession of all kinds of people, your personality becomes as important in your work as your ability to type or your knowledge of medical shorthand. How would you rate your own "office personality"? Here are some questions for a quick personality check-up:

1. *Do you like people?*
2. *Do you enjoy helping people?*
3. *Are you cheerful?*
4. *Are you friendly?*
5. *Are you polite?*
6. *Do you try to be tactful in every situation?*
7. *Are you kind and sympathetic toward the doctor's patients?*

The key to a high "office personality" rating is consideration for the people you meet every day, human kindness and sympathy. Try to view yourself from the patient's side of the waiting-room. Concentrate on the patients' problems. It's not difficult to be friendly, cheerful and polite. The

effect of these qualities on the patients' morale will be remarkable—and soul-satisfying as well.



BEAUTIFUL MEDICINE

A neat, attractive secretary is "good medicine" for any patient. Many physicians prefer that their assistants wear a white uniform. Clad in white, you have a fresh, professional look, and a comforting psychological effect on patients. If you wear a uniform, it must always be immaculate. A ring and a wristwatch are the only jewelry acceptable with a white dress. Omit bows, frills, flowers and fluffy handkerchiefs in your uniform pocket. If you wear a white cap and are not a registered nurse, don't violate professional etiquette by wearing your cap outside the doctor's office.

Good taste and appropriateness are the most important factors in choosing your office wardrobe, if you don't wear a uniform. Whether your dress is white or you wear a tailored costume, you will want to be your most attractive self. It helps to:

1. *Abide by the old standby health rules: get plenty of sleep, exercise and eat balanced meals.*
2. *Follow the rules of personal cleanliness.*
3. *Wear comfortable shoes while working.*
4. *Wear make-up that is most becoming and in good taste.*
5. *Shampoo your hair regularly and set it neatly and attrac-*

tively. Steer clear of conspicuous, elaborate coiffures.

6. Omit vivid nail polish during office hours. Keep nails spotlessly clean and covered with light shades of polish or colorless enamel.

How you sound is as important as how you look. Cultivate a pleasant, calm voice and don't use slang or bad grammar in your conversation with patients. The people who visit the doctor's office are ill, usually nervous, and sometimes supersensitive to a high-pitched, nasal or loud voice. It is especially necessary to speak softly so that when you are taking down personal information, other patients cannot overhear you. If patients have trouble understanding you, don't shout, but speak more clearly and more slowly.

Take that extra few minutes to look your best each day. Because you are the doctor's representative, the way you look—just as much as the way you act—influences the patient's impressions about the doctor.



“... jack of all trades ...”

ALL IN A DAY'S WORK

The typical doctor's secretary serves as a combination receptionist and hostess, telephone operator, secretary, nurse, bookkeeper, practical psychologist and diplomat extraordinary. (Versatile, aren't you?) Her daily activities may include:

1. Supervising the reception room, greeting, dealing with, and dismissing patients.
2. Answering the telephone.
3. Scheduling appointments.
4. Handling the doctor's correspondence.
5. Keeping medical histories and routine information up to date, correctly filed and readily available.
6. Billing and collecting medical accounts; maintaining the doctor's financial records.
7. Carrying out other secretarial duties, such as typing manuscripts and keeping track of engagements.

Sometimes the doctor's secretary is asked to assist in some of the simpler clinical office procedures. Special training is required to carry out these duties independently. If your doctor asks your assistance, make an intensive study of the procedure and its methods. Remember that watchwords in the doctor's office are attention to details and unflinching vigilance. Carelessness in the doctor's office could result in real harm to the patient. A good memory and a large supply of memo pads will help you keep track of office details. Write down all messages. “I forgot” can be tragic words in the doctor's office.

You will probably assume more responsibility than other secretaries in the business world. The doctor is

a busy man—he depends upon you to manage the everyday affairs of his office. To do your work in the most competent manner you must lay out a program that best fits the circumstances in your office. One sure rule is to plan to do typing and work requiring concentration before the patients arrive. The patients themselves will require your full attention.

TOP SECRET

Can you keep a secret? You'll be entrusted with many of them in the doctor's office. Confidences about patients, their illnesses, or their personal life which you may learn through your work should never be repeated. Avoid mentioning the names of patients, for sometimes the doctor's specialty reveals the patient's reason for consulting him.

Curious patients will often ask you personal questions about other patients, you, or the doctor. You must firmly refuse information without giving offense. A tactful, courteous refusal will discourage further questioning. Then change the subject. Some patients will query you about their own case. Refer them to the doctor for such information. Don't advise patients, even when they seek your advice on personal matters. For patients tend to identify your every remark with the doctor himself.

Keep confidential papers, case histories and even the appointment book out of the reach of curious eyes. You'll be protecting yourself—and the doctor.

Like the doctor, you also will assume the obligation to conduct yourself in accordance with the Principles

of Medical Ethics which stress that "the prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration."



"I HAVE AN APPOINTMENT WITH THE DOCTOR"

Many people complain that doctors keep them waiting in the reception room, even when appointments have been made in advance. "My time is just as important as the doctor's," they grumble. The efficient and intelligent scheduling of the doctor's appointments to avoid long waits by patients is one of the doctor's secretary's principal duties.

An appointment with the doctor is important to the patient—he has decided to spend his time and his money and he is worried about his

health. If he has to wait a long time and is made to feel unimportant, he becomes resentful.

Patience, finesse and tact are needed to handle patient-appointments. It is the spirit, rather than the actual date or hour, which counts most in making appointments.

Use an appointment book marked off in 15-minute intervals. This book also may serve as a record for making out patients' bills, so carefully enter all appointments and cancellations. The doctor's schedule must be flexible—for he never knows when an emergency may occur. You can help him by following these general rules when scheduling appointments:

1. *Schedule appointments only during office hours.*
2. *Don't make conflicting appointments; check the book first.*
3. *Don't overcrowd the schedule.*
4. *Allot time by type of patient. (A new patient may take an hour, a revisitor only 15 or 20 minutes, a treatment 10 minutes.)*
5. *Try to be sincerely helpful in making appointments.*
6. *If you must refuse an appointment, always explain why.*
7. *Give patients a written or oral reminder of their appointment.*
8. *Fit referred patients and patients without appointments into the schedule as best you can.*
9. *Notify the patient and make him a new appointment if the doctor must cancel.*
10. *Schedule home calls at a time not conflicting with office hours.*

When a patient wishes to make an appointment, convey the impression that you are trying to arrange a time when the doctor can give the patient his complete attention. It helps, too, to allow for the unexpected by saying something like "The doctor will see you as near 2:30 as possible." Ask new patients who referred them to the doctor.

Emergency calls get top priority in the doctor's schedule. When an emergency disrupts the doctor's schedule, explain the emergency to waiting patients and ask them if they



*"... will Tuesday at 3 p.m.
be convenient? ..."*

would like to make a new appointment or will continue waiting. If the doctor is delayed and the patient has not yet arrived in the office, a quick call to the patient's home to schedule a later appointment is a wise action.

TELEPHONE TACTICS

The telephone is your trusty assistant and will introduce you to many of the doctor's patients. To the caller you are a faceless, bodiless sound—so put a smile into your voice! Always try to visualize the person on the other end of the line. You aren't talking to a spirit or to the telephone—you are talking to another person.

Your telephone responsibilities are a vital part of your work in the doctor's office. It's your job to welcome each patient as warmly over the phone as you would in person. If your voice conveys cheerfulness, interest and friendliness, it will be easy to establish cordial patient-relationships at once. Courtesy should be your telephone by-word. Offer assistance by the tone of your voice and make the patient feel you have time to handle his wants, regardless of how tedious these requests may be.

Never leave the telephone unattended. Keep a pad and paper handy to jot down all phone messages. Answer the phone promptly when it rings and identify yourself and the office properly. Say something like: "Dr. Smith's office, this is his secretary, Miss Black, speaking . . ." The patient then can decide whether to state his business to you or wait until he can speak to the doctor.

Many appointments will be made by telephone. You will also take calls

from patients reporting on their condition, patients wishing information, other physicians, business and civic representatives, and friends or relatives of the doctor. You must also be prepared to handle emergency calls.

When the doctor is out of the office and an emergency call comes in, get this information: who is calling, address, nature of the emergency, directions on how to reach the patient, the patient's condition, the phone number of the caller, and other details. Explain clearly to the caller—who is anxious to get through to the doctor—that you must have all the pertinent information so that you can reach the doctor and send him speeding on his way at once. When you have the essential information, calm the caller and reassure him you will call the doctor immediately and



have him phone back. Waiting-time to the caller seems interminable. Anything you can do to relieve anxiety is of great value.

Sometimes the doctor will want you to take calls from patients reporting on their condition or wishing information. Or the physician may

want to receive all calls from patients himself. You and the doctor must work out a system best-suited to your office and the doctor's wishes.

Mysterious "personal" calls from people who will not identify themselves are a problem. Suggest that you can relay the information to the doctor and get his answer—or that the caller write the doctor a letter. If such callers persist, offer to make an appointment. They are usually salesmen, who certainly don't want to be charged with an office call.

Correct use of the telephone is really an art, which can be developed only through actual practice. Your voice determines your telephone personality.

1. *Speak in a low, pleasant voice.*
2. *Speak slowly and distinctly.*
3. *Speak with authority, but don't sound brusque.*
4. *Speak in a normal tone of voice; don't shout or mumble.*
5. *Speak directly into the transmitter; your lips should be about a half-inch from the mouthpiece.*
6. *Convey the impression that you are anxious to be of service.*
7. *Hang up gently. Slamming down the receiver is discourteous.*
8. *If you must leave the phone to get information, suggest that you call the other party back later.*



HOME SWEET WAITING-ROOM

No one who is sick wants to go into depressing surroundings for relief. Every patient needs the assurance that he is a special, important individual. That's why the doctor's waiting-room should be as comfortable, tidy, attractive and cheerful as you can make it. It should be planned for the patient's comfort and enjoyment while waiting.

There should be comfortable furniture adequate for the number of waiting patients each day. A clever doctor-receptionist team will arrange the furniture in the best ways for reading, writing or conversation. Avoid arranging chairs in a circle around the room so that nervous patients must stare into opposite patients' faces—or look at the floor.

There should be good lighting, ventilation, and storage space for coats, hats, rubbers and umbrellas. The reception room should be colorful, but not violently so. Plants, pictures, posters can lend it charm. The waiting-room need not be formal and cold, cluttered with cast-off, dingy furniture.

The modern doctor subscribes to a number of good magazines and keeps them in leather-bound covers in the waiting-room to preserve them temporarily. Writing-desks or a television set may be added to make waiting more pleasant. Some doctors pipe restful music into the waiting-room. Perhaps a children's corner can be arranged—with small furniture and children's playthings—for young visitors may prove a nuisance if left to their own diversions in an adult waiting-room.

A pleasant, cheerful waiting-room is a sign to patients that the doctor

has their welfare at heart. Exert all your efforts to make it that way—make suggestions to the doctor if you think improvements should be made. The pay-off will come in pleased patients.

ENTER HIS MAJESTY THE PATIENT

The waiting-room is cheerful and tidy and you are crisp and fresh behind your desk. The stage is set for the entrance of the patients. In the ideal reception room the receptionist's desk is situated so that she can see all newcomers and survey the rest of the room. A deserted waiting-room frustrates a patient, for he doesn't know whether to announce his presence or sit down and wait.

Every patient should be given a warm welcome by the receptionist, who should introduce herself if the patient is new. Here's a typical welcome:

"Good morning, Mr. Jones. I see you are right on time! The doctor will see you in just a few minutes. Won't you sit down? There are some new magazines on the table..."

Every patient is sensitive to discourtesy. That's why the "haughty" or "elegant" secretary or the grouchy receptionist are misfits in the doctor's office. Rich or poor, every patient should be treated with the same consideration. No matter how humble or how important, every patient wants to be recognized as an individual. He wants to feel that his presence in the office is an important matter to which the deserved attention is being given.

Greet the patient in a friendly,



*"good morning,
Mr. Jones..."*

self-assured manner, but shy away from over-effusiveness and over-familiarity. If you are smart, you will soon become familiar with most of the doctor's patients, so that on a patient's second visit you can add to your greeting something like this:

"How's that son of yours getting along at the university? Is he still playing football?"

Patients are people—not ailing clinical specimens. While it is unwise to appear over-curious about a patient's personal life, a little conversation about his family, his hobbies or his work will prove you recognize him as an active, interesting individual. It's easy to keep track of some personal information about each patient when you have access to case histories and information gained in past conversations. You may want to jot down a key conversation word or two on each patient's card. Your "personal touch" establishes you as a valuable personality in the doctor's office.

It is easy to be pleasant and helpful to the people you like. The persons who demand all your understanding and patience are the unreasonable, whining, snobbish, uncouth or stupid ones. Every irritating situation should be a challenge to your ability to handle people. Don't let the unpleasant, unreasonable patient affect your own composure. See how deftly you can manage the situation.

“WHEN CAN I SEE THE DOCTOR” ?

Once a patient has been welcomed, he wants to know one thing: “When can I see the doctor?”

To make a good impression, get the patient in to see the doctor as soon as possible, or explain why you can't. If the patient must wait, make it clear to him that both you and the doctor are keenly concerned about the delay. When an emergency upsets

the appointment schedule, get the patients' cooperation by explaining:

“Doctor Black has been called out of the office on an emergency. It may be an hour or so before he returns. He is very sorry that he must inconvenience you and asked me to inquire whether you will wait or would rather I made a new appointment for you.”

When the medical secretary knows patients have a long wait ahead, she can suggest they have some lunch, a cup of coffee, or shop in the neighborhood for an hour or so.

Helping patients pass waiting-time pleasantly will test your ingenuity. Some persons will want to read. Others will want to talk. The thoughtful assistant can suggest a particularly good story or article or chat for a few minutes with a restless patient. It's up to the patient to decide whether or not he wants to talk.



“... take the hating out of waiting ...”

Subjects which interest the patient—his hobbies, his family, his business or professional interests—are good conversational topics. Steer clear of controversial subjects, such as politics and religion. If you hear other patients getting into a heated argument on a controversial issue, start a conversation on some other subject or get one patient into a treatment or consulting room. Posters and health educational material in the doctor's office also provide good talking-points. Perhaps the doctor himself has an interesting hobby or is planning to attend a medical meeting soon. Such information will increase the patient's esteem for the doctor.

The medical secretary should also be well-informed on general medical subjects such as voluntary health insurance, socialized medicine, and medical care facilities. The doctor's waiting-room is an excellent place to distribute literature from the American Medical Association and other sources.

Be careful not to irritate waiting patients by ushering latecomers in ahead of them. Say: "Your appointment was for 2:30, Mr. Johnson. The doctor will see you now," or "You are here for a treatment, Mrs. Gordon. Won't you step into the treatment room?"

When a patient becomes visibly irritated at waiting, show him some personal attention. Adjust his reading light, empty his ashtray or offer him another magazine. Perhaps you can chat with him for a few moments. Take him into an inner office, if possible. Usually one patient can be placed in an examining room and another in a treatment room, while the doctor talks to a third in his office.

Fear is a special waiting-room problem which the receptionist must combat. People fear that the doctor will find something seriously wrong with them and that their life and income will be affected. Some worry about paying their doctor bills. A good receptionist can minimize these fears by keeping the patients occupied with reading or conversation. Her own cheerful, sympathetic manner and her little extra attentions will boost the patients' morale.

HUMAN MONKEY-WRENCHES

Into the doctor's reception room each day come other doctors, detail men, civic leaders, relatives, friends and salesmen—all intent upon seeing the doctor. These visitors, usually without appointments, upset the planned schedule. You must decide which persons should be allotted some of the doctor's precious time—and which ones should politely but firmly be refused admittance.

Another physician should be ushered inside at once to an inner room where the doctor can join him as soon as possible. He should be greeted with extra cordiality and respect and his arrival announced immediately to the doctor.

"Detail men"—representatives of pharmaceutical houses—who bring the doctor the latest information on new discoveries in the medical field—may call regularly. These men should be welcomed with the same cordiality reserved for patients. The doctor will probably want to see them if he has time.

Civic leaders may call to ask the doctor to serve on some committee or board. Because his time is so

limited, the doctor will want to weigh these requests very carefully. If the doctor cannot speak to the representatives in person, it is best to take down all the necessary information and tell the caller the doctor will give his answer in a day or so. Discuss these community requests with the doctor thoroughly. There are some civic projects so important that the doctor cannot conscientiously say "no." Doctors, too, must carry their share of community responsibility, especially in the health and welfare area. Every doctor should be active in at least one or two community activities. Generally, it is best that the doctor himself give his answer to the civic group. Occasionally, he will ask his secretary to turn down such a request. She must say "no" as pleasantly and tactfully as possible and offer an explanation something like this:

"The doctor asked me to express his appreciation for inviting him to serve on the Recreational Development Committee. He feels it is a most worthwhile project. However, he is already serving as chairman of the School Health Committee and on the Boy Scout Camp Board and

because of his heavy schedule cannot take on any additional community responsibilities this year."

When relatives or friends of the doctor arrive, greet them graciously. Tell the doctor at once that they are waiting. He may say "Tell them to wait." You will then have to keep them calmly and quietly occupied in the waiting-room. If the doctor tells you to "throw them out!", it's up to you to translate the message into more acceptable words. The doctor's wife or mother should never be kept waiting. Direct them into an inner office if possible, and give them the same attention you give the doctor himself.

Door-to-door salesmen and solicitors of various kinds may ask to see the doctor during his busy office hours. Treat such callers with courtesy and explain that the doctor is busy caring for his patients. In some cases, you can get the information about the products or projects they are selling and relay it to the doctor.

Keeping order in the doctor's office will require your sharpest judgment and smoothest techniques for keeping the parade of people happy.



FRIENDLY FAREWELL

As patients leave after seeing the doctor, they probably will pass your desk. If another appointment is required, you can schedule it and write out a reminder card. At the end of the visit is the time to discuss finan-

cial arrangements, too. A tactful way to open a conversation about medical fees is to say: "How would you like to handle your bill?"

Every patient should be told goodbye in the same friendly fashion you would use with your own guests. If you have time, walk to the door with



"not all are patients . . . screen them carefully."

the patient. Smile and be cordial. Make certain there are no unanswered questions. If the patient is coming back for another visit, say something like: "See you soon." If it is the patient's last visit, you may want to say, "I certainly hope you won't have any more trouble."

FEES—FLIES IN THE OINTMENT!

Doctors traditionally have avoided discussions with patients about medical fees. Some have conducted their financial affairs in the office in a haphazard sort of way. The doctor is a professional man. His first con-

cern must always be his patients. Financial gain is a subordinate—but a necessary—consideration. The doctor is entitled to a just fee and must feel right about charging that fee. The patient must learn to accept the doctor's moral right to charge a fee and consider the cost of medical care a desirable "investment."

It is only fair to the doctor's patients—and certainly within the bounds of medical ethics—to run his office in an efficient way. In most offices, the doctor's secretary shoulders the bulk of the office responsibility.

The good will or ill will of patients often depends upon the way billing and collecting of fees are handled. The specific responsibilities of both the doctor and his assistant in the handling of medical bills should be clearly defined after a thorough discussion of the various aspects of the procedure.

Most complaints about the medical

profession today are centered about fee problems. The bill is considered too high or it isn't clear. In most cases, such difficulties could be avoided by explaining medical charges in advance to patients.

For this important reason, you should have an understanding with the doctor that he will first discuss fees and services with the patients. In some cases, the doctor may want to work out "time payment" or "budget" payment plans with patients in advance. Encourage the doctor to explain "other" medical expenses as well—consulting fees, radiologists' and anesthetists' fees, drug and hospital costs. Then you can carry out the responsibilities which the doctor has assigned to you—which probably will include the actual billing and collecting of fees. To do the best public relations job for your doctor, here are some suggestions which may help you to handle touchy fee problems:

1. *Suggest that your doctor post the American Medical Association plaque encouraging fee discussions, if he has not already done so.*
2. *Send statements regularly.*
3. *Itemize all statements.*
4. *Get to know the patients so you can help the doctor evaluate their ability to pay.*
5. *Keep accurate financial records; avoid billing mistakes.*
6. *Send reminders when bills are past due, but never send threatening letters.*
7. *Familiarize yourself with your doctor's wishes and practices in regard to fees so that you can answer simple questions about medical bills.*

As soon as a patient finds out what is wrong with him, he wants to know two things: "How long will it take to cure me?—and how much will it cost?" The doctor should be prepared to give the patient an approximate answer to the latter question. The costs of an operation, anesthesiologist's, radiologist's and laboratory fees, and home and office call charges should be explained in advance to iron out misunderstandings before the patient receives any medical bills.

Many patients are reticent about

talking over fees with the doctor. To encourage people to discuss medical fees in advance, the American Medical Association sells an attractive office plaque inviting fee discussions. Suggest that your doctor secure a plaque if he has not already posted one.

When certain patients can't pay medical bills, many doctors scale down their fees or do not charge at all for their services. Such patients require extremely tactful handling—for most people are proud and don't



"... planning takes the pain out of paying ..."

relish receiving "charity." The doctor and his assistant must be able to judge whether a patient deserves a reduced fee or should not be billed at all. Most patients want to settle their bills—these patients deserve special consideration.

In large cities it is not always possible to know the medically indigent and confirmed hardship cases. Try to get adequate information about a patient on the first call. Always check with the doctor if you suspect a hardship case.

In the event that the doctor himself doesn't settle fee questions, you must inform yourself fully of his wishes. You must know what his charges are, under what circumstances he will reduce or cancel fees, what the minimum fee he will accept is, and any other information necessary to deal with payment problems.

When the doctor is asked by someone other than the patient to render services, it is wise to find out tactfully before treatment who will be responsible for the bill. No ethical doctor, however, worries about collecting a bill before treating a patient.



GOOD BUSINESS PRACTICES

Irregular billing is poor business practice and is unfair to patients who try to plan ahead for medical expenses. The older the bill becomes, the lower are the collection possibilities. The value of the doctor's services fades as the weeks pass. New illnesses may intervene, the patient may lose his job, or move, "address unknown."

To avoid fee misunderstandings, every doctor should itemize his bills.

How should medical bills be paid? Many doctors prefer that their secretaries ask patients on their first visit what arrangements they wish to make. It is advisable to collect cash payments before patients leave the office. Some physicians give patients a billfold-size record card showing charges and payments which serves as a permanent medical financial record.

On the first visit the doctor or his assistant should work out with the patient a satisfactory payment plan. "Budget plans" can be arranged for patients with long-term therapy or surgery ahead, so that such persons can make weekly or monthly payments. Time-payment plans help the patient who wishes to pay his bill but is hard-pressed to meet his obligations.

You must thoroughly familiarize yourself with health insurance contracts of voluntary health insurance companies, so that you can also help patients compute the amount of benefits for medical care they can receive under their policy.

When a statement has been sent and no payment received, what is the next collection step? Send another statement with a courteous request for payment. You may want to write "An early settlement will be appreciated" across the bottom of the bill. If this fails, write a personal letter accompanying the next bill, asking as cordially as possible the reason for non-payment. Suggest that perhaps a part of the bill can be paid and arrangements worked out to pay it a little at a time. Always encourage the patient to drop in at the doctor's



"mutual understanding eliminates demanding . . ."

office to discuss his reasons for non-payment or to write a letter to the doctor explaining the circumstances.

Never send a threatening letter. These letters work directly against the continuance of pleasant, profitable patient-relations in the future. They rarely result in payment—and the doctor almost always loses the patient.

Some physicians use a collection service for bill follow-ups. It is the duty of the doctor to carefully select a collection service which he believes will most nearly handle his accounts in the correct manner, taking into consideration medical ethics and the public relations factor in bill collect-

ing. "Money collected on bad accounts through the tactics of unscrupulous and hard-boiled collection agencies is a poor offset against the loss of good will for the individual doctor and the profession."

No worker in any profession goes without payment as often as the doctor. He should feel right about charging a fee—and his fees should be set on a valid, businesslike basis. The doctor's secretary can prove herself especially valuable by capable and intelligent handling of fee collections and problems, based on an understanding of human nature and an ability to handle people.



"VIRTUE HATH . . ."

The doctor's secretary also handles the doctor's correspondence and routine office records. In every task you must be conscientious and accurate. Letters should be promptly answered and turned out attractively and neatly. Every letter of complaint should be given extra-careful attention and answered with extreme tact and consideration.

Keep case histories neatly typed, up to date and filed where you can

get at them quickly. If you are asked to take down parts of the history, follow the given outline which the doctor will provide. The medical indexing and filing system in the office should be as simple as possible.

You will want to help your doctor in every possible way—and you may also be asked to type his medical manuscripts and speeches, carry out duties connected with any teaching work he may do, or even scan medical periodicals for material directly re-

lated to his field of practice. There will always be paper work in connection with insurance, veterans' claims, workman's compensation and government medical programs. Do this work as accurately and quickly as possible.

Your job is a full one, but it will reward you with personal satisfaction. You and the doctor are working side by side, serving the people of your town.



*If you follow the suggestions of this booklet,
you'll prove the perfect doctor's secretary—
and after awhile public relations will be "painless."*

You'll carry on your work

*in the correct way without extra thought—and win
the admiration and appreciation of the patients*

for both you and the doctor!



*a public relations aid for
the doctors' receptionists, secretaries
and medical assistants.*

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