

Presented by:



## 5 Tips For Reopening Your Practice

### Overview

- 1. Creating a New Normal
- 2. Office Guide / 2020 Budget Revised
- 3. Patient Safety Measures
- 4. Staff Engagement
- 5. Getting Patients Back In Your Office



#### **Bonus:**

Financially Sustain Your Office







# Offices Closed for Two Months or Open With Limited Hours





# 1. Creating a New Normal

#### Flexible Office Plan

- Patient Relationships
- Office Protocol
- Office, Social Media Correspondence
- As Soon As Your Allowed to Open
- Guidelines: City County State





# 2. Office Guide / 2020 Budget Revised



New Budget for the Remainder of 2020



Bring Back Furlough Staff



Overhead Adjustments

Rent - Payroll - Insurance - Bank Fees - Advertising - Monthly Utilities - Taxes





## 3. Patient Safety Measures

Window Barrier

Floor Markers

Office Signage

**Communicate with Patients** 

Continue Offering Telehealth

**Room Capacity** 

Waiting Room Configuration

#### COVID-19: A Physician Practice Guide to Reopenin

#### Pre-visit screening script templa

Introductions! would like to speak to frame or patient with scheduled visit, I'm calling from [N/Z practice] with egaid to your appointment scheduled for [date and time]. The safety of our patients and staff is of utmost importance to [N/Z practice]. Given the recent COVID-19 outbreak, I'm calling to ask a few questions is connection with your scheduled appointment. These are designed to help promote your safety, as well as the safety of our staff and other patients. We are asking the same questions to all practice patients to help ensure everyone's safety. So that we can ensure that you receive care at the appropriate time and setting, please answer these questions truthfully and accurately. All of your responses will fernal in conflictant As appropriate the information you provide will be reviewed by one of our practices medical professionals who will provide additional quidance regarding whether any adjustments need to be made to your scheduled appointment.

Question	Yes/No	Details
Have you or a member of your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of beath for unknown reasons, loss of unrell, loss of laste, fever, temperature at or greater than 100 degrees fahrenheit? (if) yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started, when the symptoms stopped.)		
Have you or a member of your household been tested for COVID-19° (If yes, obtain the date of test, results of the test, whether the person is currently in quarantine and the status of the person's symptoms.)		
Have you or a member of your household been advised to be tested for COVID-19 by government officials or healthcare providers? If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the testing occurred, when any symptoms started and stopped and the current health status of the person who was adviced.		
Were you or a member of your household advised to self-quarantine for COVID-19 by government officials or healthcare providers? If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the person quarantined, when any symptoms started and stopped and the current health status of the person who was advised.)		
Have you or a member of your household visited or received treatment in a hospital, nursing home, long-term, case, or other health care facility in the past 30 days? (If yes, obtain the facility name, location, reason for visit/treatment and dates.)		
Have you or a member of your household traveled outside the U.S. in the past 30 days? (If yes, obtain the city, country and dates.)		
Have you or a member of your household traveled elsewhere in the U.S. in the past 21 days? (If yes, obtain the city, state and dates.)		
Have you or a member of your household traveled on a cruise ship in the last 21 days? (If yes, determine the name of the ship, ports of call and dates.)		
Are you or a member of your household healthcare providers or emergency responders? (If yes, find out what type of work the person does and whether the person is still working. For example, ICU nurse actively working versus a furfoughed friefightest.)		
Have you or a member of your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? (if yes, obtain the status of the person cared for, when the care occurred, what the care was)		
Do you have any reason to believe you or a member of your household has been exposed to or acquired COMD-191 (flyes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.)		
To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? (If yes, obtain information about when the contact occurred, what the contact was, how long the people were in contact and when the diagnosis occurred.)		

Thank

I will share this Information with a medical professional in our practice. Please note that our office requires that plateinst and visitors follow CDC guidance regarding face coverings to prevent the spread of COMD-19. For that reason, we ask that you please wear a cloth face covering or mask to your appointment. Unless you hear otherwise from us, we look forward to seeing you at your appointment on (date/time).

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# 4. Staff Engagement



- Open Incrementally
- Safety Measures for Staff
- Consider Legal Implications
- BillFlash Task Card Deck





4. Teleworking – The New Normal

- Option to work from home
- Schedule staff breaks
- Offer mental health resources





# Maintaining Patient HealthCare

4. Getting
Patients Back
in Your
Office

Correspondence to Patients

Reschedule Previous Appointments

Prioritize Surgical / Procedural Care





# 4. Financially Sustain Your Office



- Collecting Payments
- Temporarily Waived Services by Insurance Companies
- ABN Form
- Payment Plans
- Collections



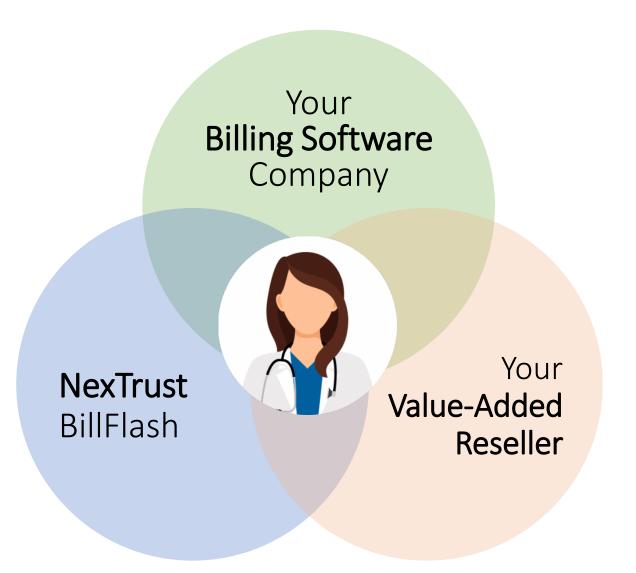


# Patient Billing & Payments Overview





## Working Together to Help Your Practice





# One Platform for Smarter Billing

### BillFlash | Smarter Billing > Collections > Payments

#### Tasks To Get You Paid

- 1 Mail Printed Bills
- 2 Send eBill Notices
- 3 Automate Enhanced Billing
- 4 Automate Integrated Collections
- 5 Submit Office-Entered Payments
- 6 Submit Payer-Entered Payments
- 7 Receive Payments

#### All Done In BillFlash



NexTrust

### The Easiest Way to... Get Paid More & Faster

- You Only Need NexTrust
- Single Account & Login
- Syncing With Your PM System
- Single Support Contact
- Unified Reporting
- Consolidated Invoicing

#### Or, Use 7 Other Vendors



Vendors 1-7

### The Disconnnected Way that... Wastes Your Time & Money

- · Using up to 7 Vendors
- Multiple Accounts & Logins
- Limited Syncing With Your PM System
- Numerous Support Contacts
- Disconnected Reporting
- Multiple Invoices





# Thank you

# See a demonstration or get a free Remote Billing & Payment Consultation

435-940-9213 | GetPaid@BillFlash.com | request in webinar chat

Offer:
Send Mailed & eBill Statements
Free for 30 days

Pay only the cost of a stamp

