

A RON TESTER COACHING GUIDE

Administrative Assistant Delegation Guide

For PT, OT, and SLP Clinic Owners

A practical guide to moving repeatable work off your plate and onto the right person, one clear outcome at a time.



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Purpose of the Role

An Administrative Assistant is there to take the routine administrative, coordination, communication, documentation, and follow-up work off your plate and off the plates of your other key people.

That gives you more time for the work only you can do:

- Patient care that needs your clinical expertise
- Leadership and team development
- Business strategy
- Referral relationships
- Financial decisions
- Growing the practice
- Culture
- Protected time for focused work

The point isn't just to make you less busy. It's to move repeatable work to the right person and get it done more consistently and reliably at the same time.

What you're aiming for is an assistant who owns clear outcomes, rather than one who works through whatever tasks come up that day.



How to Use This Guide

Think of this as a menu, not a job description. No single person should own all of it. The long list at the end, the Task Menu, is there for reference rather than for reading start to finish. You pull from it when you're working out the scope of a role.

To build the role, work through these steps:

- 1 Look at what you or another key team member is doing right now.
- 2 Estimate how much time each task takes. See the note below on how to do that accurately.

- 3 Decide whether each task can be handed off now, handed off after training, or should stay with you or another qualified professional.
- 4 Group related responsibilities into a role that fits the hours you have.
- 5 Name the outcomes that role owns.
- 6 Assign clear decision authority and escalation rules.
- 7 Pick the KPIs that show whether those outcomes are being met.
- 8 Transfer responsibilities gradually, as the assistant's capacity and skill grow.

Not every clinic needs the same assistant. What you end up with should fit your clinic's size, systems, staffing, patient volume, and above all the bottleneck that's costing you the most right now.

One note on Step 2. Guessing at how much time a task takes doesn't work well. For a week or two, keep a running list while you work. Every time you do an administrative task, like prior authorizations, billing follow-up, scheduling calls, or your inbox, jot down the task and roughly how long it took. By the end you'll know whether handing something off saves you two hours a week or ten. That list becomes your order of what to hand off first, and it's also the first draft of what you'll need to train.

PART 01

Where Delegation Breaks Down

Most of the time, delegation doesn't fall apart because you picked the wrong person. It falls apart in a handful of predictable, human ways. Naming them up front is the best way to keep them from happening. Read this before you hand off anything.

"It's faster if I just do it myself." For today, you're right. It is faster. But the task you keep doing because explaining it takes longer is the same task that keeps everything running through you. Doing it yourself this week is part of why the work still runs through you later.

Handing off the task without the training. This is the most common way it fails. Someone comes on to help, gets a vague sense of the work, and gets left to figure it out. Very few people ever do. What happens instead is they sit there unsure what to do, and the working relationship goes bad, not because they couldn't do the work, but because you didn't set them up to. The training you put in on the front end is what makes everything after it work.

Taking it back the first time it's done at 80%. At first, the assistant won't do it the way you would. They don't have your years of context yet. If you grab the task back the moment it's imperfect, you teach them the handoff didn't mean anything, and you teach yourself that delegation doesn't work. Help them close the gap instead. Ownership gets built over time.

Handing off the activity but not the outcome. "Help me with scheduling" comes right back to you, because the result has no owner. "You own getting open slots filled" gives the assistant something to be responsible for.

Hovering, and then wondering why they keep asking. If every small decision still routes through you, you didn't hand anything off. You added a step. Decide what they're allowed to decide on their own, and let them decide it.

Thinking you trained someone because you explained it once. One walkthrough isn't training. Training is showing them, letting them try, reviewing it, correcting it, and writing it down so it lives somewhere besides your head.

Feeling like you're dumping work on someone. It doesn't have to feel that way. You're building a job with clear outcomes and room for someone to own it. A job someone can do well is a good thing to hand them.



PART 02

The Delegation Mindset

1. Delegate based on the task, not the person's industry background

A strong Administrative Assistant doesn't need prior physical therapy experience. Industry background can shorten the learning curve, but most of what matters transfers in from other healthcare, service, administrative, hospitality, project-management, or operations work.

Skills that are worth more than PT experience:

- Communicating professionally with patients, families, employees, and vendors
- Handling sensitive or confidential information

- Coordinating appointments, meetings, projects, or services
- Following up consistently
- Keeping accurate records
- Learning new software and systems
- Knowing when to escalate
- Staying calm in emotionally sensitive situations
- Juggling competing priorities
- Documenting conversations and next steps
- Following written procedures
- Communicating clearly in writing and over the phone

What they'll need to learn is your clinic's language, services, patient journey, scheduling expectations, systems, policies, privacy requirements, escalation rules, and culture. They don't need to become a physical therapist.

A useful test for any task: ask whether it needs your clinical license, your professional judgment, your authority as the owner, or your time on the big-picture work. When the answer is no, it's a candidate to hand off.

2. Decide what kind of assistant your clinic needs

"Administrative Assistant" can mean several different jobs. Before you hire or redesign the role, decide which kind of support your clinic needs most.

OWNER OR EXECUTIVE SUPPORT ASSISTANT

Calendar, email, meetings, projects, follow-up, reporting, travel, priority management, protecting the owner's time.

PATIENT ADMINISTRATION OR FRONT-OFFICE ASSISTANT

Patient calls, intake, scheduling, check-in and checkout, insurance verification, authorizations, collections, patient follow-up, schedule utilization.

OPERATIONS ADMINISTRATIVE ASSISTANT

SOPs, documentation, KPI reporting, vendor coordination, facility administration, HR administration, compliance coordination, technology administration.

MARKETING OR RECRUITING ASSISTANT

Marketing calendars, social-media administration, referral-source tracking, community events, candidate tracking, interview coordination, recruiting outreach, campaign reporting.

HYBRID ASSISTANT

A mix of the above. A hybrid role is fine, but still name its main purpose. A hybrid shouldn't turn into an open-ended pile of unrelated tasks.

The right scope depends on whether the role is part-time or full-time, onsite or remote, the person's experience, your patient volume, your number of providers and locations, whether you have a front desk, whether billing is internal or external, whether you have a practice manager, how much training you can offer, and how risky the work is. A part-time assistant will own less than a full-time one. What matters either way is that the load fits the hours. What you're after is a role that produces consistent, measurable results, not handing off as much as you possibly can.

3. Don't wait until the assistant does it exactly like you

You've got years of experience and context the assistant won't have on day one. If you wait for them to match you before you hand anything over, you'll be waiting a long time. Use this progression instead:

- 1 I do, you watch.
- 2 We do it together.
- 3 You do, I review.
- 4 You do, and you report the exceptions.
- 5 You own the outcome.

The goal is ownership that grows one step at a time. The assistant gets more independent as the process gets clearer, their skill grows, mistakes drop off, their judgment sharpens, the exceptions get easier to spot, and trust builds.

4. Delegate outcomes, not activities

Instead of "Help me with scheduling," say something like:

Your outcome is that patients get timely responses, appointments get confirmed, open treatment slots get filled, and scheduling problems only come to me when they need an exception.

Instead of "Keep up with applicants," say:

Your outcome is that every qualified candidate gets a timely response, every candidate's status is current, interviews get scheduled fast, and you don't lose a good applicant to slow follow-up.

Instead of "Organize my email," say:

Your outcome is that the urgent messages get flagged for me, the routine ones get handled or drafted, open commitments get tracked, and I can review everything that needs me in one block.

When the outcome is clear, the person can own it. When it's vague, the work ends up back on your desk.



5. Separate decision rights from task ownership

An assistant can own a process without having unlimited authority. For each responsibility, spell out:

- What they can decide on their own
- What policy they should follow
- What dollar amount they can approve
- What needs your approval
- What needs a clinician
- What has to be escalated right away
- What can wait for a scheduled check-in
- What belongs in the weekly report

For example:

- They can reschedule a patient within your scheduling rules. They can't advise a patient whether treatment is medically appropriate.
- They can order routine supplies under an approved spending limit. They can't sign a new vendor agreement.
- They can prepare payroll information. They can't give final payroll approval.
- They can compare vendor proposals. They can't commit the clinic to a long-term contract.

Clear decision rights cut down on both micromanaging and preventable mistakes.

6. Expect questions, but build a system that cuts down the repeat ones

Questions are normal while someone's learning. Repeated questions are a sign something's missing: a written procedure, a template, a script, a decision tree, a checklist, an escalation rule, a clearer policy, better access to information, or more training.

Write your repeatable processes down so your team can run them without depending on what's in your head. A simple SOP has:

- 1 The purpose of the process
- 2 The outcome you want
- 3 Who's responsible
- 4 The systems or logins needed
- 5 Step-by-step instructions
- 6 Scripts or templates
- 7 Exceptions and escalation rules
- 8 The KPI or quality standard
- 9 The date it was last updated

Two things belong at the top of each one: the trigger, meaning what has to be true for that work to start, and the done-when, meaning what finishes it. Those two lines are what let each procedure cover a single job. "Getting a new patient started" sounds like one process and

turns out to be about ten, depending on how your practice runs, and written as one document it can't be changed, reassigned, or handed over a piece at a time.

There are two signals that something belongs in an SOP. The first is somebody asking you the same question more than twice. The second is you being ready to hand off work you have done yourself all along, where the questions have not come up because you are the only one who has done it.

For anything on a computer, like the EMR, scheduling, billing follow-up, or eligibility checks, the fastest training you can build is a screen recording. Record your screen and talk through it while you do the task: you go here, click this, and that's how you get to that. Save the videos where the assistant can find them, a shared Drive folder works fine, and you've got a training library that answers most questions without you. The next time someone asks how to enter a new patient, the answer is a link to the video instead of a live walkthrough.

There are free tools that record as long as you need, like OBS, lighter ones for short clips, like Loom, and some video-conferencing tools you may already pay for that record the screen too. One more thing: when the assistant follows your recording, they'll sometimes find a better way to do it. Good. Improving the process is part of owning it.

7. Set the assistant up to protect your time, not add to the interruptions

A new assistant can easily become one more person interrupting you all day. That is the opposite of the point. To make that work, set up:

- A scheduled daily check-in during the early training period
- A shared list for non-urgent questions
- A clear line between urgent and non-urgent
- A weekly review meeting
- Blocks where you aren't interrupted
- A set way to submit decisions that need your approval
- A standing rule to bring a recommended solution whenever they can

Instead of bringing you a problem, teach the assistant to bring you a decision:

Here's the issue, here's what the policy says, here's what I'd recommend, and here's the decision I need from you.

Your attention is one of the most valuable things the practice has. Protect the time you need for the work only you can do.

8. Hire and train for judgment, reliability, and communication

Look for candidates who show:

- Ability to learn
- Attention to detail
- Follow-through
- Warmth and professionalism
- Written and verbal communication
- Comfort with technology
- Discretion with confidential information
- Organization
- Ability to follow a process, and to spot the exceptions
- Willingness to ask for clarification
- Ability to take feedback and own mistakes
- Reliability under pressure
- Resourcefulness
- Ability to prioritize and close loops
- Comfort talking with patients and professionals
- Fit with your clinic's values

Industry knowledge you can teach. Weak follow-through, poor judgment, defensiveness, and no sense of ownership are much harder to fix.

A Simple Delegation Filter

Run each task through these questions:

- 1 Does it need a clinical license or professional judgment?
- 2 Does it legally or strategically need you?
- 3 Is it repeatable?
- 4 Can it be documented?
- 5 Can a capable person be trained to do it?
- 6 What's the cost of an error?
- 7 What approvals or checks would lower that risk?
- 8 How often does it happen?
- 9 How much of your time does it take?
- 10 Does doing it keep you from more valuable work?

Hand off now: tasks that are repetitive, administrative, easy to document, low-risk, time-consuming, rule-based, mostly coordination or follow-up, and needed but not dependent on your expertise.

Hand off after training: tasks that involve patient communication, scheduling judgment, insurance workflows, financial information, recruiting communication, vendor coordination, reporting, protected information, complaint handling inside a set process, clinical or billing terms, or decisions inside defined limits.

Keep, or require your approval: clinical decisions, diagnosis and treatment advice, licensed provider supervision, high-level financial decisions, hiring and firing, compensation changes, legal decisions, contract approval, strategic direction, culture and values, high-risk complaints, exceptions to written policy, large purchases, bank transfers, public crisis communication, and anything that creates significant legal, clinical, financial, or reputational risk.

Where to start: your best early handoffs are tasks that happen often, take up meaningful time, are easy to teach and measure, carry low to moderate risk, drain your attention, and cause delays because you're the one holding them up.



One Handoff, Start to Finish

This is easier to trust once you've seen one run all the way through. Here's a common one, filling cancellations, taken from the first day to full ownership. Use it as the pattern for everything else.

The task. When a patient cancels, that slot sits empty unless someone works the waitlist and cancellation list to fill it. Right now that someone is probably you, when you remember.

The outcome you hand over. *You own getting canceled slots filled from the waitlist the same day when we can, contacting patients who need to be seen sooner, and only bringing it to me when a slot can't be filled or a patient situation needs a judgment call.*

The decision rights. They can offer any open slot to any waitlisted patient and reschedule inside your scheduling rules. They can't override a clinician's plan of care, promise a specific provider without checking, or schedule a patient who's flagged as pending authorization. Anything outside the rules comes to you.

The first SOP. Write the nine-part SOP for it: the purpose, the outcome, who owns it, the logins they need, the steps, the phone and text scripts they use, the exceptions and escalation, the quality standard, and the date. Record your screen once while you pull the day's cancellations and work the waitlist, and drop the video next to the SOP. Now the process lives outside your head.

The KPI. One number: the percentage of canceled slots that get filled. Maybe a second: how many patients they contact off the waitlist each week. Those two tell you whether it's working.

The progression. You fill a few while they watch. You do the next ones together. They fill them and you review at the end of the day. Then they fill them and only flag the exceptions. Then they own filling cancelled slots, and it shows up on the weekly scorecard as a number instead of a task you're still carrying.

That's the pattern. An outcome, decision rights, an SOP with a recording, one KPI, and ownership that grows a step at a time. Every other handoff in this guide follows the same shape.



Recommended Starting Scope

Trying to hand off the whole list at once will overwhelm both of you. Start with the areas that clear your biggest bottleneck.

Priority Area 1: Owner Time Protection

Calendar, email organization, meeting scheduling, deadline tracking, question and decision tracking, weekly priority summary, project follow-up.

Priority Area 2: Patient Administrative Follow-Up

Returning routine calls, sending forms, appointment reminders, cancellation follow-up, no-show follow-up, waitlist management, tracking patients without future appointments.

Priority Area 3: Data and Reporting

Pulling routine EMR data, updating the weekly scorecard, preparing reports, tracking action items, tracking down missing information.

Priority Area 4: Organization and SOPs

Organizing the shared drive, creating templates, documenting recurring processes, keeping checklists and forms current.

Priority Area 5: Recruiting, Marketing, and Project Coordination

Posting approved jobs, scheduling interviews, keeping candidate trackers current, updating marketing calendars, coordinating events, maintaining referral-source lists, tracking owner projects.

Pick the area that clears the bottleneck costing you the most.



A Sample Handoff Sequence

Phase 1: Observe and Organize

Review the clinic's mission, values, services, and patient journey. Complete privacy, security, and required compliance training. Learn the phone, email, calendar, EMR, and file systems for the role. Watch how the current administrative work gets done. Make a list of every task in the role. Organize the owner's calendar and the right inboxes. Start a shared question-and-decision list. Document the recurring procedures they'll be using. Confirm the escalation rules.

Phase 2: Take Over Low-Risk Tasks

Schedule meetings, confirm appointments, send forms, keep follow-up lists current, organize files, prepare agendas, record action items, maintain supply inventory, post approved jobs, update trackers, send approved routine communication.

Phase 3: Take On Trained Administrative Work

Depending on the role: handle routine administrative patient calls, follow up on cancellations and no-shows, manage the waitlist, pull routine reports, update the scorecard, coordinate with the biller on missing information, prepare a weekly summary, coordinate recruiting or marketing follow-up, keep SOPs current.

Phase 4: Own Defined Outcomes

Own the calendar-management process, the assigned follow-up list, selected reporting, meeting prep and follow-through, and selected recruiting, marketing, patient-administration, or operations processes. Suggest process improvements. Point out the next responsibilities ready to move. Report exceptions instead of asking about every routine step.

Move people forward on what they've shown they can do, not on the calendar.



The Weekly Owner-Assistant Meeting

Set aside 30 minutes a week.

1. Wins

What got done? What improved? What came off your plate? What process is getting more reliable?

2. Scorecard

Review only the measures that fit the role: schedule utilization, new inquiries, evaluations scheduled, cancellations and no-shows, open follow-up items, collection or verification issues, recruiting activity, marketing activity, response time, owner hours recovered, project completion.

3. Exceptions

What needs your decision? What needs clinical input? What's outside current policy? What risk needs attention? What deadline is at risk?

4. Process Improvement

What question came up more than once? What needs an SOP? What step is causing delays? What could be automated? What depends too much on one person?

5. Next Delegation

What's ready to move next? What training or documentation has to come first? What should come off the role because it no longer fits the priorities?



Performance Scorecard

Pick the measures that fit the role rather than tracking all of them.

1. Owner or Leadership Hours Recovered

The administrative hours pulled off the owner's or a leader's week. A possible target is five or more hours a week once the role is established, depending on the hours and scope.

2. Follow-Up Completion Rate

The percentage of assigned follow-ups done by the deadline. A possible target is 95 percent or higher.

3. Response Time

The percentage of routine calls, emails, and requests acknowledged within your standard. A possible target is same business day, or another standard you set.

4. Scheduling Support

Open slots filled, patients rescheduled after a cancellation, patients without future appointments contacted, new inquiries followed up, schedule utilization, no-show follow-up completion, new-patient conversion.

5. Accuracy

Data-entry errors, missed deadlines, incomplete forms, insurance-verification errors, reports sent back for correction, scheduling errors.

6. Process Ownership

SOPs created or updated, the share of assigned processes done without your involvement, the number of repeated questions, open action items, the share of weekly commitments completed.

Judge the role on outcomes, reliability, judgment, communication, and whether it keeps getting better, not on whether the assistant looks busy.

The Delegation Script

Here's a way to say it when you hand over a responsibility:

I'm handing this to you because it doesn't need my clinical license or my final say, and I want you to own keeping it organized and moving.

The outcome I want is [describe the result].

Here's how we do it now: [describe or show the steps].

You can decide these on your own: [list them].

Follow this policy when: [common situations].

Check with me before: [the exceptions].

Come to me right away when: [the urgent situations].

Each week, report these numbers back to me: [the KPIs].

While you're learning, do it and let me review it. As you get more consistent, you'll take it over and just report the exceptions.

What Not to Hand Off Without Clear Authority

The assistant shouldn't, on their own:

- Give clinical advice, interpret symptoms, or diagnose
- Change a plan of care, or tell a patient to start or stop treatment

- Sign clinical documentation
 - Discuss patient information with anyone not authorized
 - Guarantee insurance payment
 - Choose billing codes without qualified oversight
 - Waive balances outside policy
 - Sign contracts
 - Start large financial transfers
 - Give final payroll approval
 - Make hiring or firing decisions
 - Run high-risk employee investigations
 - Interpret employment law or payer contracts
 - Respond to legal threats on their own
 - Handle serious safety events on their own
 - Make public statements during a crisis
 - Share passwords or use someone else's login
 - Make policy exceptions they don't have authority for
 - Commit the clinic to significant spending without approval
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PART 11

Final Perspective

An Administrative Assistant isn't just an extra set of hands. Done right, the role changes how the practice runs on the days you aren't there.

The question most owners start with is, "What little things can this person help me with?" A better one is, "What can this person own, so the practice stops depending on me to remember, coordinate, and follow up on everything?"

Take the work that doesn't need your vision, your culture, your clinical judgment, or your most important relationships, and move it into a defined role with outcomes you can measure. You still own leadership. Leadership just doesn't mean doing every task yourself. It means:

- Creating clarity
- Picking the right person
- Defining outcomes
- Providing training
- Documenting processes
- Setting boundaries
- Reviewing results
- Giving feedback
- Letting ownership grow

The aim of all this is to get your practice to where it doesn't depend on you for every routine decision, follow-up, and handoff. You're still the one leading it. You're just no longer the bottleneck.



The Task Menu

This is a reference list of responsibilities you might hand off. It isn't a job description, and it isn't meant to be read straight through. Pull from it when you're scoping a role or deciding what to hand off next. No assistant should own all of it.

A Owner Calendar and Time Management

- Manage the owner's calendar.
- Schedule internal, vendor, networking, and candidate-interview meetings.
- Schedule meetings with the accountant, bookkeeper, biller, attorney, banker, or consultant.
- Confirm appointments and send calendar invitations.
- Include meeting links, locations, agendas, and prep materials.
- Protect recurring CEO time and focused work blocks.
- Add travel and prep time to appointments.
- Keep unnecessary back-to-back meetings off the calendar.
- Reschedule non-essential meetings when conflicts come up.
- Keep recurring leadership and team meetings on the calendar.
- Track deadlines and renewal dates.
- Remind the owner of upcoming commitments.
- Keep a list of meetings waiting on confirmation.
- Decline or redirect low-priority requests using approved language.
- Create a weekly calendar overview.
- Catch scheduling conflicts before they get urgent.
- Schedule prep blocks before important meetings.

- Keep recurring reminders for reviews, renewals, and strategic priorities.

Desired outcome: the owner's calendar reflects the practice's priorities instead of reacting to whoever asks for time first.

B Email, Messages, and Communication Management

- Organize the owner's inbox. Create folders, labels, filters, and priority categories.
- Unsubscribe from unnecessary emails.
- Separate urgent from routine. Flag messages that need the owner's review.
- Draft responses for the owner's approval. Send approved routine responses.
- Acknowledge that messages came in.
- Follow up when someone else hasn't responded. Keep a waiting-for-response list.
- Turn email requests into tasks.
- Route billing questions to the biller, clinical questions to the clinician, employment questions to the owner or the right leader.
- Track unresolved requests.
- Prepare a daily or twice-weekly inbox summary.
- Keep approved email templates current.
- Monitor website contact-form submissions, general clinic email, and non-clinical voicemail when appropriate.
- Return routine vendor calls.
- Document significant conversations.

- Answer common administrative questions after training. Communicate established policies.
- Send routine referral-source follow-ups and candidate communication.
- Coordinate complaint follow-up inside an approved process.
- Draft responses to online reviews for approval.
- Escalate urgent, clinical, legal, or reputational concerns.

C Patient Inquiries and Intake Support

AFTER HIPAA AND CLINIC TRAINING:

- Answer routine incoming calls and return prospective-patient inquiries.
- Gather basic demographic and contact information. Record the referral source.
- Note the general reason for care without giving clinical advice.
- Explain the administrative intake process. Send intake forms. Confirm they came back. Follow up on incomplete forms.
- Request the administrative documentation you need.
- Confirm the appointment location and arrival time. Explain what to bring.
- Confirm whether a referral or authorization is required, per your process.
- Route clinical questions to a licensed clinician.
- Keep a new-patient inquiry tracker. Track inquiries that haven't scheduled. Follow up with prospects who did not schedule. Note why they declined or delayed.
- Tell the owner or leader about patterns in lost inquiries.
- Coordinate communication with caregivers or authorized family. Confirm communication permissions.
- Use approved phone and email scripts.

- Track response times to new inquiries and confirm each one reaches a documented outcome.

One boundary that matters. The assistant shouldn't diagnose, recommend treatment, interpret exam findings, guarantee insurance coverage, tell a patient whether PT is medically appropriate, advise disregarding another provider's instructions, or give emergency or medical-triage guidance beyond the approved escalation protocol.

D Patient Scheduling and Schedule Optimization

AFTER TRAINING:

- Schedule initial evaluations and follow-up visits per your guidelines.
- Schedule the recommended plan of care after the clinician's direction.
- Confirm appointments. Send reminders.
- Keep the cancellation list and waitlist current. Fill openings from cancellations.
- Contact patients who need more appointments. Reschedule cancellations. Follow up on no-shows.
- Track patients who haven't scheduled future visits.
- Review upcoming schedules for gaps. Flag underutilized and overbooked blocks.
- Tell clinicians about significant schedule changes.
- Schedule interpreters and coordinate transportation-related needs.
- Track patients waiting on authorization. Prevent unauthorized visits per your rules.
- Keep recurring appointment patterns in place.
- Watch new-patient availability. Track the average wait for an evaluation. Keep a same-week-need list.

- Confirm discharge and follow-up appointments as directed.
- Contact past patients using approved reactivation campaigns.
- Run daily schedule checks and next-day confirmations.
- Prepare a weekly schedule-utilization summary.

Possible KPIs: schedule utilization, new-patient conversion, new-patient arrival rate, overall arrival rate, cancellation rate, no-show rate, open visits filled, share of cancellations rescheduled, patients without future appointments, average days to the next open evaluation, inquiry response time.

E Patient Follow-Up and Retention Support

AFTER TRAINING:

- Call patients who missed appointments. Contact patients who canceled without rescheduling. Follow up with patients who have no future appointments.
- Send approved appointment-compliance messages.
- Coordinate check-in calls for patients the clinicians flag.
- Contact patients who've been away for a set period.
- Keep a patient follow-up list. Track open follow-up items.
- Contact discharged patients for approved satisfaction follow-up. Send satisfaction surveys.
- Request reviews using approved language. Send thank-you messages.
- Keep a past-patient outreach list. Coordinate reactivation campaigns.
- Send birthday or milestone messages when appropriate.
- Escalate dissatisfaction, pain changes, medical questions, or clinical concerns.

- Document how each follow-up turned out. Track unresolved concerns. Confirm promised follow-up happens.

Desired outcome: patients get steady, timely administrative support without the owner having to remember every follow-up.

F Front-Desk and Daily Clinic Support

USUALLY FOR AN ONSITE OR HYBRID ROLE:

- Open and close the front office using a checklist.
- Greet patients and visitors. Manage check-in and checkout. Confirm contact information. Collect required forms. Tell providers when patients arrive.
- Answer and route calls.
- Keep the reception area clean and organized. Watch waiting-room needs. Restock patient-facing materials.
- Print schedules and forms. Prepare daily clinic materials.
- Coordinate incoming and outgoing mail. Receive routine deliveries. Keep visitor and vendor logs.
- Coordinate non-clinical patient requests. Manage lost-and-found.
- Watch office appearance. Report maintenance or safety concerns. Coordinate routine cleaning concerns. Keep approved signage current.
- Get the clinic ready to open. Confirm closing procedures are done.

G Insurance Verification and Authorization Support

This needs structured training, written procedures, and careful checking:

- Verify insurance eligibility per your procedures. Confirm basic benefit information. Document the verification where it belongs.
- Get representative names and reference numbers.

- Note deductible, copay, coinsurance, and visit-limit information. Flag plans that need authorization.
- Track authorization start and expiration dates and authorized visit counts.
- Submit routine authorization documentation when allowed. Follow up on pending authorizations.
- Tell the clinician when clinical documentation is needed. Tell scheduling when authorization may delay care.
- Keep an authorization tracker and a referral-expiration tracker.
- Get updated insurance cards. Confirm demographic information.
- Coordinate with the billing company on discrepancies. Review recurring verification errors. Track denials tied to front-end data.
- Prepare a weekly list of insurance issues that need escalation.
- Keep payer-specific procedure notes. Track unresolved eligibility or authorization questions.

One boundary that matters. Verification isn't a guarantee of payment. The assistant shouldn't promise that insurance will cover a service.

H Billing and Patient Collection Support

AFTER TRAINING:

- Collect copays, coinsurance, deductibles, and approved self-pay amounts. Send payment reminders. Give approved payment instructions. Generate routine receipts.
- Post or reconcile front-desk collections as directed. Keep daily collection logs. Reconcile cash and credit-card totals. Find missing payments.
- Coordinate payment-plan paperwork after approval.

- Contact patients about routine outstanding balances using approved scripts. Route disputed balances to the right person.
- Coordinate with the biller on rejected claims. Collect missing patient information that billing needs.
- Track recurring billing issues. Keep a denial and rejection log. Ask the billing company for status updates.
- Organize explanation-of-benefits documents. Prepare questions for the monthly billing meeting.
- Track over-the-counter collection performance. Prepare an aging or collection summary the biller supplies.
- Confirm billing follow-up items are closed. Keep a list of balances that need the owner's review. Document approved payment exceptions.

These need the owner's approval: waiving balances, refunding significant payments, sending accounts to collections, changing fee schedules, approving payment plans outside policy, writing off balances, making billing-policy exceptions.

I KPI Tracking and Reporting

The assistant can gather, organize, and check data while the owner keeps responsibility for reading it and deciding what to do.

- Pull routine reports from the EMR. Enter weekly raw data into the KPI dashboard.
- Track scheduled visits, completed visits, evaluations, cancellations and no-shows, new-patient inquiries, referrals, evaluation conversion, schedule utilization, provider capacity, patient arrival rate, over-the-counter collections, plan-of-care completion, discharges and drop-offs, authorization issues, denials, referral sources, marketing activity, recruiting activity.
- Compile weekly scorecards. Prepare monthly summaries.

- Check reports for missing data. Follow up with team members who owe numbers.
- Keep KPI definitions current. Flag metrics outside your thresholds.
- Prepare meeting-ready charts or summaries. Record action items from KPI meetings. Keep historical KPI records.
- Confirm the formulas and reporting periods are correct. Track whether corrective action items get done.

One boundary that matters. The assistant prepares the information. The owner or the right leader stays responsible for what the numbers mean and what to do about them.

J Meeting Coordination and Follow-Through

- Schedule team meetings. Prepare recurring agendas. Ask for agenda items. Send reports out beforehand. Prepare the KPI scorecard.
- Take notes. Record decisions. Capture action items. Assign deadlines. Send recaps.
- Keep an action-item tracker. Follow up before deadlines. Carry incomplete items into the next agenda.
- Organize leadership-meeting materials. Keep recurring meeting templates. Track quarterly priorities.
- Prepare owner coaching-call materials. Keep the owner's "Big 3" priority list. Compile wins, challenges, and questions before coaching meetings.
- Keep a decision log. Confirm meetings produce documented next steps. Track recurring issues that need a deeper look.

K Standard Operating Procedures and Documentation

- Build an SOP inventory. Find the recurring tasks that aren't documented.
- Record the owner or a team member doing a task, using screen recordings for anything on a computer. Turn recordings or notes into draft SOPs.
- Format SOPs consistently. Add screenshots, links to forms and templates, scripts, decision trees, and escalation instructions.
- Test SOPs by following them. Have another person test them.
- Keep version dates. Archive outdated procedures. Keep a master SOP folder. Organize documents by department.
- Track who's been trained. Keep an onboarding checklist and a policy-acknowledgment tracker.
- Schedule periodic SOP reviews. Update procedures after a workflow changes.
- Keep a list of processes that still depend on one person. Flag procedures that are outdated or unclear.

Recommended first SOPs: answering the phone, handling a new-patient inquiry, scheduling an evaluation, verifying insurance, handling a cancellation, handling a no-show, filling an open appointment, collecting a copay, escalating a patient complaint, preparing the weekly KPI report, ordering routine supplies, processing incoming mail, communicating with the billing company, preparing a team meeting, managing the owner's inbox and calendar.

L Document, File, and Information Management

- Organize the shared drive. Create a consistent folder structure. Standardize file names. Remove duplicates. Archive outdated documents.
- Keep current forms, templates, policy documents, vendor records, and employee administrative files, per policy.

- Keep credentialing documentation, insurance-contract files, licenses and renewal dates, business registrations and renewal reminders, equipment manuals and warranties.
- Scan and file paper documents. Track document expiration dates.
- Control access to confidential folders. Keep a document-retention schedule the owner approves.
- Keep a master list of clinic systems, vendors, and contacts. Keep a list of document owners. Confirm the team uses current versions of forms.

M Supply, Inventory, and Facility Coordination

- Watch office and clinical supply inventory, using your par levels. Order approved routine supplies. Compare routine vendor pricing. Track backordered items.
- Receive deliveries. Confirm order accuracy. Report damaged or missing items.
- Keep an approved vendor list and spending limits. Track recurring subscriptions.
- Coordinate shredding, waste disposal, routine equipment servicing, repairs, and cleaning services. Track warranties and maintenance schedules. Report repair needs.
- Communicate with the landlord or property manager on routine issues.
- Keep emergency contact lists. Check first-aid and emergency supplies. Keep routine facility inspection checklists.
- Track keys, badges, and access codes. Deactivate access for departing employees when directed. Coordinate signage updates. Track utility and service interruptions.
- Keep approved inventory levels. Prepare a summary of unusual supply or facility expenses.

These need the owner's approval: new long-term contracts, large equipment purchases, lease decisions, major repairs, vendor changes involving patient information, purchases over a set limit.

N Vendor and Professional-Partner Coordination

- Keep a vendor contact list. Schedule vendor meetings. Request routine quotes. Compare proposals in a summary.
- Track contract renewal dates and cancellation deadlines. Route invoices for approval. Confirm approved payments went out. Follow up on service issues.
- Coordinate with the IT vendor, EMR vendor, phone and internet providers, payroll provider, billing company, bookkeeper, accountant, and routine attorney requests.
- Keep notes from vendor meetings. Track open vendor issues.
- Confirm vendors meet your privacy and security requirements before they get access.
- Keep a vendor-performance log. Track whether vendors do the follow-up they promised.

O Bookkeeping and Financial Administration Support

The assistant can organize financial information without becoming the financial decision-maker.

AFTER THE RIGHT CONTROLS ARE IN PLACE:

- Collect invoices. Save and categorize receipts for bookkeeping review. Match receipts to transactions. Prepare deposits.
- Keep an accounts-payable list. Track due dates. Enter bills for approval. Find duplicate charges and missing invoices. Follow up with vendors on billing errors.

- Keep subscription and recurring-expense lists. Prepare reimbursement documentation. Keep petty-cash records.
- Prepare payroll-change documentation. Collect timesheets. Check for missing entries. Prepare payroll information for the owner's approval.
- Coordinate with the bookkeeper. Prepare questions for monthly financial meetings. Pull routine revenue and expense reports. Keep a worksheet that tracks budget against spending. Update cash-flow trackers with approved information. Track A/R information the biller supplies.
- Organize tax documents. Keep financial-document folders. Track filing and payment deadlines. Prepare monthly financial packets. Track unusual expenses. Confirm approved financial follow-up gets done.

The owner or a financial professional keeps: bank-transfer authority, loan decisions, tax strategy, final payroll approval, compensation decisions, profit-distribution decisions, budget approval, financial forecasting, investment decisions, signing tax returns, signing credit agreements.

P Human Resources Administration

AFTER TRAINING:

- Keep employee contact information and personnel-document checklists.
- Send onboarding forms. Track completion. Coordinate background and reference checks. Schedule orientation. Prepare onboarding calendars. Set up non-clinical system access. Coordinate badges, keys, uniforms, and equipment.
- Track policy acknowledgments and required training completion.
- Keep PTO request logs and employee birthday and work-anniversary calendars.

- Track license and certification expiration dates. Send renewal reminders.
- Coordinate benefit-enrollment materials. Route benefit questions to the right provider. Keep emergency-contact information.
- Prepare administrative offboarding checklists. Collect property from departing employees. Coordinate access termination as directed.
- Schedule performance reviews. Prepare review forms. Keep completed administrative records.
- Track continuing-education requests and approvals. Coordinate employee events. Prepare routine employment-verification information after approval.
- Keep an onboarding-status tracker. Confirm required offboarding steps are done.

The owner or qualified HR support keeps:

hiring, firing, disciplinary decisions, compensation changes, harassment investigations, leave-law determinations, accommodation decisions, classification decisions, legal interpretation of employment policies.

Q Recruiting Support

Recruiting works better as a steady system than as something you start only when you're desperate to hire.

- Keep job-description templates. Post approved advertisements. Refresh postings. Watch applications. Organize resumes.
- Run initial administrative screening. Confirm license status when appropriate. Send candidate questionnaires.
- Schedule interviews. Send confirmations. Give instructions. Follow up with candidates.
- Keep an applicant-tracking spreadsheet. Track each candidate's stage. Keep a bench of future candidates.

- Coordinate reference and background checks. Send approved rejection and next-step messages.
- Organize interview notes. Prepare candidate summary sheets.
- Coordinate university contacts. Keep career-fair dates and materials. Track employee referral-program activity.
- Run approved outreach to potential candidates. Stay in touch with people you might hire later.
- Prepare weekly recruiting-activity reports. Track candidate response times. Confirm no active candidate is left without a next step.

R Marketing Administration

AFTER BASIC BRAND TRAINING:

- Keep the marketing calendar. Schedule approved social-media posts. Repurpose approved content. Format email newsletters. Upload blog posts. Update basic website information.
- Coordinate with marketing vendors. Request performance reports. Organize photos and approved media. Keep patient media-release records.
- Order brochures, business cards, and rack cards. Keep referral pads and promotional materials. Track inventory of marketing materials.
- Keep a campaign tracker. Track lead and referral sources. Prepare campaign summaries.
- Keep a testimonial library. Request reviews from the right patients.
- Draft routine social captions and email copy for approval. Coordinate direct-mail projects.
- Keep a list of community groups. Research local events. Submit approved community-calendar listings.
- Track marketing expenses. Keep brand templates. Make sure current logos and contact information get used. Keep a marketing-approval tracker. Confirm campaign follow-up gets done.

The owner or marketing leader keeps:

brand positioning, clinic purpose and values, target-market decisions, major campaign strategy, advertising-budget approval, final approval of sensitive claims, clinical content approval when required.

S Referral Relationship Support

- Keep the referral-source database. Confirm contact information. Track referrals by source. Prepare weekly referral reports. Spot sources that have stopped referring.
- Schedule physician or community meetings. Send confirmations. Prepare information packets. Coordinate lunch-and-learn logistics. Send thank-you notes. Track promised follow-up.
- Keep a relationship-touchpoint calendar. Organize referral-source notes. Coordinate delivery of approved materials.
- Gather contact information from networking events. Enter contacts into the CRM. Schedule follow-up calls for the owner.
- Prepare a weekly priority list of referral relationships. Track meetings, contacts, follow-ups, and referrals generated.
- Coordinate community-partner communication. Spot overdue referral-source follow-up. Prepare relationship histories before meetings.

T Community Events, Workshops, and Outreach

- Research event opportunities. Keep an event calendar. Contact organizers. Reserve space. Complete routine registration forms.
- Coordinate event supplies. Create packing checklists. Order approved promotional items. Coordinate staff attendance.
- Create registration pages. Manage attendee lists. Send reminders. Confirm A/V needs. Prepare handouts. Coordinate food and beverages.

- Collect participant contact information with consent. Send post-event follow-up. Track leads and referrals. Record expenses. Prepare an event-results summary.
- Keep photos and approved media. Collect feedback. Schedule follow-up conversations. Track how many event contacts turn into appointments. Keep reusable event checklists.

U Online Reputation and Patient Experience Administration

- Monitor online reviews. Tell the owner about negative reviews. Draft review responses for approval. Thank patients for positive feedback. Send approved review requests. Track review volume and rating.
- Run patient-satisfaction surveys. Compile results. Spot recurring themes.
- Route clinical concerns to the clinical leader and service concerns to the right administrator. Track open complaints. Confirm complaints get follow-up. Keep a complaint-resolution log.
- Prepare a monthly patient-experience summary. Track compliments worth sharing with the team.
- Get permission before using testimonials. Track response time to complaints. Confirm promised service-recovery steps get done.

V Compliance and Credentialing Administration

WITH THE RIGHT PROFESSIONAL OVERSIGHT, AFTER TRAINING:

- Keep provider credentialing files. Track credentialing applications and payer-enrollment status. Follow up on pending applications. Track recredentialing dates.
- Keep copies of licenses and certifications. Send renewal reminders. Keep malpractice-insurance documentation and business-associate agreements (BAAs).

- Track policy-review dates. Keep HIPAA and OSHA-related training records. Keep incident-report forms. Route incidents to the right leader. Keep required postings.
- Coordinate routine audit-document requests. Organize payer-contract documents. Track contract renewal dates. Keep compliance checklists.
- Coordinate with qualified legal, compliance, or credentialing professionals. Keep a renewal calendar. Track missing credentialing information.

One boundary that matters. The assistant can organize and coordinate compliance work, but shouldn't interpret laws, regulations, payer contracts, or professional-practice requirements on their own.

W Technology and System Administration

- Keep lists of clinic software and system administrators. Coordinate new-user setup and user deactivation.
- Keep hardware inventory. Track assigned laptops, phones, tablets, keys, and access cards.
- Coordinate password-reset requests. Keep approved access levels.
- Coordinate with IT support. Submit support tickets. Track unresolved tickets.
- Keep software-renewal dates. Track subscription costs. Organize software training resources. Create basic system guides. Keep downtime procedures. Coordinate equipment replacement.
- Track security-training completion. Report suspicious messages or access concerns.
- Keep approved templates inside the EMR or other systems. Test routine forms and links. Coordinate phone-system changes. Keep call-routing instructions.
- Keep a system-access checklist. Confirm access gets removed promptly when directed.

X Owner Project and Priority Support

- Keep the owner's master project list. Break projects into tasks. Assign due dates. Track dependencies. Ask for status updates. Prepare weekly project summaries. Spot overdue items.
- Organize project files. Schedule project meetings. Capture decisions. Keep a waiting-on list.
- Keep the owner's quarterly priorities visible. Prepare materials for strategic planning. Research routine options. Summarize findings. Prepare comparison tables.
- Follow up on delegated commitments. Close completed projects. Archive project materials. Keep a decision log. Spot stalled projects. Prepare the specific decisions the owner needs to make.

Desired outcome: the owner keeps direction and decisions, while the assistant keeps the structure that moves projects forward.

Y Personal Administration That Protects CEO Capacity

Depending on the arrangement and the owner's preferences, the assistant may handle limited personal administrative work that protects business capacity.

- Coordinate business travel. Prepare itineraries. Make approved reservations.
- Track business memberships. Submit routine reimbursements.
- Organize professional-development events. Register the owner for conferences. Keep continuing-education records. Order books or training materials.
- Coordinate routine professional appointments. Keep gift and thank-you reminders. Organize charitable or community commitments tied to the practice.

Keep personal tasks clearly defined so they don't crowd out the assistant's main

business responsibilities.

A Last Word

You don't have to act on all of this at once, and you shouldn't try. Pick the one area that's costing you the most right now, hand off a single outcome, train it well, and let the person own it. Then come back to this guide and find the next one.

The first handoff is the hardest. Every one after it gets easier, and the work adds up faster than you'd expect. Give it a year of doing this steadily, and you'll have a practice that runs well when you step back, and the room to spend your time on the things only you can do.



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