***Office Management***

**Office Security and Safeguards Implementation Checklist**

**Use:** 1] The purpose of this checklist is to assist you with safeguarding your practice. 2] Mark each box if previously implemented or as

completed.

**Purchase:**

Cash box for petty cash with a lock and key (limit access to keys)

Receipt book (triplicate copies, numbered, customized, carbonless)

An extra stamp “For Deposit Only Stamp” for incoming mail

Office safe that is fireproof

Security cameras inside and out

Burglar alarm system with individually assigned security codes

**Set-Up and Implement the Following:**

**Employees:**

Perform background checks on applicants

Drug test applicants and implement random drug testing

Pull Credit Reports on applicants

Bond employees

Utilize job applications holding applicants accountable for past employment dates

Check references on all applicants utilizing the “Applicant Reference Check”

Distribute administrative duties to optimize practice security

Limit access to the practice by assigning keys and personal alarm codes only to essential

 personnel

**Computer/Software:**

Verify computer virus protection is working

Set up a back-up system and verify back-ups

Set up Time Clock software and have employees clock in / out using their private codes

Assign confidential computer user names and passwords and enforce

* Have adequate software security levels for staff based on positions
* Dr. and Office Manager should have highest access
* Accounts Receivable, Insurance should have next level
* Receptionist, Technical Staff should have lowest level

**Financial:**

Write-up exact systems for closing out the day, printing the day sheet, preparing deposits,

and storing records; Verify that it is being followed

Know if your Day Sheet is numbered when printing duplicates (depends on software)

Limit the number staff members who “handle money” in the office

* Utilize electronic banking for deposits

Designate one person to prepare the deposit

* List the patient name and check number individually on the deposit slip
* Copy all incoming checks

Designate a different person (other than person preparing deposit) to go to the bank

Verify deposits are made daily; Be suspicious when cash is rarely deposited

Verify that patients are receiving a Walkout Statement

Verify that patients are given a cash receipt utilize Receipt Books that are consecutively

 Numbered

Secure all the checkbooks and confidential material

Audit the Petty Cash monies regularly

Designate one person to be in charge of the Petty Cash

Adjustments:

* Limit the number of staff who are authorized to make adjustments
* Utilize adjustment codes
* Assign adjustments codes for each insurance company
* Verify that there is a message for every adjustment made in patient notes
* Verify Large amounts adjusted

Monitor Accounts Receivable regularly

Monitor the Production/Collection ratio [99%]

Verify that there are no “Holds” on accounts to prevent patients from receiving

 statements

Patient refunds:

* Have staff attach the patient’s ledger and statements to checks presented for your signature
* Verify that amounts are debited off patient accounts and the checks are mailed

Verify the Credit Card Summary statements each month

Designate one person to reconcile the bank statement

The bank statements are sent to the doctor’s house

Designate one person to do payroll

Use accounting software such as QuickBooks

Doctor and/or Office Manager should perform random checks to verify finances

Paying Invoices, Statements and Bills:

* Verify that all invoices are accounted for and attached to itemized statements
* Have the Bookkeeper attach the invoice, statement or bill to checks
* Verifying amounts on checks match the amount listed on the invoice, statement or bill presented for your signature

Check your credit report for accounts [new] you are not aware of

Verify that the “Month End Closeout” was done on the computer software

**End of Day:**

Receive “Daily Audit Checklist to Doctor” with requested information attached

**End of Month:**

 Receive “Monthly Audit Checklist to Doctor” from the prior month with requested information attached

**Do Away with the Following:**

Signature stamp

All staff looking through the mail; appoint one person to open and distribute

All staff using the postage machine or access to stamps, appoint one person

The same person opening the mail, entering payments and preparing deposits

No Liquid Paper use on deposit slips and no names or amounts scratched out

***Never believe embezzlement can’t happen to you.***