STAFF MEETING AGENDA

Date _____/_____/_____

Week Ending _____/_____/_____

I. Affirmation

II. Positive Feedback

III. New Patients

a. NP Files Review

Name of NP reviewed	Referred By

IV. Visits:_____

V. Collections

FD Collections:_____

FD Services:_____

Insurance In:_____

Total Collections:_____

Total Services:_____

MTD: Total Charges:_____

Total Collections:_____

Insurance Collections:_____

FD Collections:_____

Inactive Billing:_____

VI. Telephone Tracer Log

Cancelled:_____

Absent:_____

Reschedule:_____

% Absent:_____

VII. Special Consultation

Patients:_____

Guests:_____

Marketing Projects	Action Steps

Challenges	Solutions

Training Notes

Miscellaneous/Follow Up