ClinicOps

FREE SCRIPT PACK

# Front Desk Phone Script Pack

**Nine scripts for the calls that go wrong, the call standard behind them, and a worksheet that puts a number on your phone leak.**

**Keep this beside every phone. It opens with the standard under every call, then nine scripts in the same five parts, then the calls that go wrong. It ends with a filled call log and a worksheet that turns one week of your own call counts into new patients lost each month.**

**6.81%**
single-specialty no-show rate in 2023, nearing the 7% recorded in 2019
MGMA Stat, Jan 8, 2025

**42%**
of medical group leaders say their practice charges a no-show fee (622 responses)
MGMA Stat poll, Jan 7, 2025

**2**
identifiers checked before any patient detail is discussed: our standard, built on HIPAA's verification rule
45 CFR 164.514(h)

## How to put the pack to work this week

1. Fill the blanks once: every [bracketed] item, in your practice's words (hours, callback window, late policy, who takes payment questions).
2. Practise for 20 minutes: read scripts 1, 6 and 9 aloud in pairs, then swap. Never meet the upset or the urgent caller for the first time live.
3. Count one ordinary week of calls on page 7 and fill the leak worksheet below it.
4. Review monthly: read one call log, listen to two calls (with consent if you record), update one script, date the change.

## The call standard: five rules under every script

| Rule | What the person on the phone does | Why |
|---|---|---|
| **1. Answer to book** | Book, rebook or resolve it on this call. Offer two specific times, never an open question. | A call that ends in "we will call you back" is the one most likely to be lost. Our standard. |
| **2. Verify first** | Confirm two identifiers (full name plus date of birth or address) before any appointment, result or account detail. If the caller is not the patient, check who the patient allows you to talk to. | Identity and authority must be verified when not known (45 CFR 164.514(h)). |
| **3. Least on the voicemail** | Your first name, the practice name, a callback number and at most the appointment date and time. Never a test, result, diagnosis or a specialty that reveals one. | Messages are allowed, but HHS says to limit what you leave (HHS OCR FAQ 198). |

| Rule | What the person on the phone does | Why |
|---|---|---|
| **4. Honor the request** | Cell only, never at work, mail only: flag it where every caller sees it, follow it, and never ask why. | Reasonable requests must be accommodated without an explanation (45 CFR 164.522(b)). |
| **5. Route red flags now** | Chest pain, trouble breathing, stroke signs, severe bleeding or any thought of self-harm: tell the caller to call 911 (or 988 in a mental health crisis) and tell a clinician at once. | The desk recognizes and routes; it never triages. Your clinicians write the list in script 9. |

# The nine scripts

**Read the words in quotation marks as written until they feel natural, then make them yours. The parts in brackets are yours to fill. The full guide, with the reasoning behind each call, is on clinicops.us.**

## SCRIPT 1 New patient call: book it on the first call

A caller who has never been seen. The goal is a booked visit before the call ends.

| | |
|---|---|
| **Open** | "Thank you for calling [Practice name], this is [first name]. How can I help you today?" |
| **Gather** | Full name, date of birth, best callback number, the reason for the visit in the caller's own words (one sentence is enough), preferred days and times, how they heard about you. |
| **Say** | "I can see you on [day] at [time] or [day] at [time]. Which works better?" Then: what to bring (photo ID, a list of current medicines, any recent records), when to arrive, and where the new patient forms are. |
| **Avoid** | "Let me have someone call you back." Long questionnaires on the phone. Clinical advice. If they ask about cost or payment: "[Name] handles payment questions. May I hold this time for you first so you do not lose it?" |
| **Close** | Read back the date, time and address. Confirm how they want reminders (text, call, email) and note it. "We look forward to seeing you, [first name]." |

## SCRIPT 2 Reschedule or cancel: rebook before you hang up

Any caller who cannot keep a booked visit. A cancelled slot you refill is not a lost slot.

| | |
|---|---|
| **Open** | Verify two identifiers. "I can help with that. Let us find you a new time now so your [visit type] is not delayed." |
| **Gather** | Which visit, the reason only if they offer it, and their next available days. |
| **Say** | Offer two specific new times inside the clinician's recommended window. If the caller is inside your notice window: "Our policy asks for [24] hours' notice. I have noted the change." Then check the waitlist for the freed slot. |
| **Avoid** | Cancelling without offering a new time. Arguing about the policy on the phone: state it once, calmly. |
| **Close** | "You are now booked for [day] at [time]. You will get a reminder [two days] before." Offer the freed slot to the waitlist within the hour. |

## SCRIPT 3 No-show follow-up: same day, no blame

Call within two hours of a missed visit. The tone decides whether the patient comes back.

| | |
|---|---|
| **Open** | Verify two identifiers. "Hi [first name], this is [first name] from [Practice name]. We missed you today at [time] and wanted to make sure you are all right." |
| **Gather** | Whether they still need the visit, and what got in the way (transport, timing, a reminder that never reached them). Note the reason code, not the story. |
| **Say** | "Let us get you back on the schedule. I have [day] at [time] or [day] at [time]." If your practice has a no-show fee, state the policy once, plainly, as written. |
| **Avoid** | Lecturing. Leaving a voicemail that names the visit type or the clinician's specialty. Never booking the patient back into a high-demand slot without a reminder confirmed. |
| **Close** | Read back the new time. Voicemail version: "This is [first name] from [Practice name] for [patient first name]. Please call us at [number]." Nothing more. |

## SCRIPT 4 Running late: the patient, or the practice

Two versions: a patient who calls to say they are late, and the call you make when the clinician is behind.

| | |
|---|---|
| **Patient late** | "Thank you for calling ahead. Our policy is that if you arrive more than [15] minutes after your time, we may need to move you so other patients are not delayed. Let me check with [clinician or flow lead]." Then offer: come now and be seen if the schedule allows, or a new time today or this week. |
| **Practice late** | Call or text anyone booked in the next hour: "Hi [first name], [Practice name] here. Dr. [Name] is running about [30] minutes behind today. You can arrive at [new time], or I can move you to [day] at [time]. Which would you prefer?" |
| **Avoid** | Silent waiting rooms. Promising a time you have not checked with the clinical team. Applying a late policy to a patient you did not warn when the practice was the late one. |
| **Close** | Note the new arrival time on the schedule so the clinical team sees it. |

## SCRIPT 5 After hours: the recorded greeting and the message

Your greeting is a script too. Record it in a calm voice and test it from an outside line every quarter.

| | |
|---|---|
| **Greeting** | "You have reached [Practice name]. Our office is closed. If this is a medical emergency, hang up and call 911. If you are thinking about harming yourself, call or text 988. To reach the [doctor on call or answering service], press [1]. To leave a message for the office, press [2]. We return messages by [10 a.m.] on the next business day." |
| **Message rule** | Messages ask for name, date of birth, callback number and a short reason. Whoever opens the office checks messages first, before the phones open, and logs the time each is returned. |
| **Avoid** | A greeting that lists hours before it gives the emergency line. A mailbox that is full. Messages no one owns. |
| **Close** | "Thank you. We will call you back by [time] on [next business day]." |

## SCRIPT 6 The upset caller: hear, own, fix, follow up

Use it for any caller who is angry about a wait, a bill, a message that was not returned, or how they were treated.

| | |
|---|---|
| **Open** | Let the caller finish without interrupting. Then: "I am sorry this happened. I want to help fix it." Apologize for the experience; do not argue about the facts. |
| **Gather** | Verify two identifiers. Ask one question at a time: what happened, when, and what they would like to happen now. Write their words down. |
| **Say** | Tell them what you can do today, not what you cannot: "Here is what I can do right now: [action]. I will also pass this to [manager], who will call you by [time]." |
| **Avoid** | "That is our policy" as a full answer. Raising your voice to match theirs. Promising a refund, a waiver or a clinical action you cannot authorise. |
| **Close** | Repeat the next step and the time. Log it on the complaint log. If the caller becomes abusive: one calm warning, then end the call and tell the manager (see When the call goes wrong). |

## SCRIPT 7 Recall call: due for a visit

A patient overdue for an annual visit or a follow-up the clinician asked for. A treatment reminder, not a sales call.

| | |
|---|---|
| **Open** | Verify two identifiers. "Hi [first name], this is [first name] from [Practice name]. Dr. [Name] would like to see you for your [annual visit or follow-up], and you are due now." |
| **Say** | Offer two specific times. If they decline, ask once if a different month works, and set the next recall date. |
| **Voicemail** | "This is [first name] from [Practice name] calling for [patient first name]. Please call us at [number] to schedule your visit." No condition, test or specialty. |
| **Close** | Book, then mark the recall done. Three attempts across two channels, then a letter, then close the recall with the reason. |

## SCRIPT 8 Refill or results request: route it, do not answer it

The front desk never reads out results or decides on a refill. It takes a clean message to the right person with a promised time.

| | |
|---|---|
| **Open** | Verify two identifiers. "I will get this to [the nurse or Dr. Name] right away." |
| **Gather** | Refill: medicine name, dose as on the label, pharmacy, how many doses are left. Results: which test and when it was done. Callback number and whether a voicemail is all right. |
| **Say** | "Refill requests are answered within [two business days]. If you have fewer than [three] days of medicine left, tell me now." For results: "[The nurse or Dr. Name] will contact you by [time] to go over them." |
| **Avoid** | Reading out any result, even "it looks normal". Promising a refill will be approved. |
| **Close** | Send the message in your EHR to the named owner with the promised time. Mark urgent if fewer than [three] days of medicine are left. |

### SCRIPT 9 Urgent or red-flag call: recognize, route, stay on the line

Ask your clinicians to write their own red-flag list into the box below. The front desk recognizes and routes; it never triages.

| | |
|---|---|
| **Say** | "What you are describing needs care right now. Please hang up and call 911", or: "I am getting [the nurse or Dr. Name] for you now. Please stay on the line." |
| **Crisis** | If a caller mentions harming themselves: stay calm, keep them on the line, get a clinician, and give the 988 Suicide and Crisis Lifeline (call or text 988, open 24/7). If they are in immediate danger, call 911. |
| **Avoid** | Booking a red-flag caller into next week. Putting them on hold without a person on the line. |
| **Close** | Log the time, the call and who it went to. The clinician confirms in the log that it was handled. |

Our clinicians' red-flag list (route to 911 or a clinician at once):

## When the call goes wrong

**The calls that are not routine: what to do, in order, and the rule behind it. Federal rules are shown; your state can add to them.**

| When this happens | Do this | Why, and the rule |
|---|---|---|
| **The caller will not give a date of birth or second identifier** | Explain once that it protects their privacy. Help with anything that needs no record (hours, address); discuss nothing about the visit or account. | Verification is required when the person's identity is not known (45 CFR 164.514(h)). |
| **A spouse, parent of an adult or a friend calls about the patient** | Check the patient's list of approved contacts. If listed or clearly involved in the care, share only what relates to that involvement (a time, a pickup). If unsure, take a message. | Disclosure to a person involved in the patient's care is limited to what is directly relevant to that involvement (45 CFR 164.510(b)). |
| **The patient asks you never to call their home or work** | Flag the preferred number and method in the chart banner and the scheduling system the same day. Do not ask why. | Reasonable confidential communication requests must be accommodated without an explanation (45 CFR 164.522(b)). |
| **You reach a voicemail that may not be the patient's** | Leave only your first name, the practice name and the callback number. No patient name, no visit type. | HHS advises limiting what is left on an answering machine (HHS OCR FAQ 198). |
| **The caller mentions chest pain, stroke signs or self-harm** | Script 9: tell them to call 911 (or 988 for a mental health crisis), get a clinician, stay on the line, and log it. | Our standard: the front desk recognizes and routes, never triages. |
| **The caller is abusive or threatening** | One calm warning: "I want to help, and I cannot continue if you use that language." If it continues, end the call, log what was said, tell the manager. Threats go to the manager at once. | Protects staff. The manager decides any next step under your written policy. |
| **The caller asks for test results or a diagnosis** | Script 8: route to the clinician with a promised callback time. Never read out a result, even a normal one. | Results need clinical context. Your results policy sets who calls and when. |

| When this happens | Do this | Why, and the rule |
|---|---|---|
| **The caller speaks limited English** | Use your interpreter line or service, not a family member or child, for anything clinical. Note the language in the chart. | Our standard: a family interpreter can change the message. |
| **The voicemail box or the queue is full at opening** | Return messages oldest first and log each return time. Full most mornings? The fix is coverage or routing, not faster typing. | A full box means callers got no answer at all. Count it on page 7. |

**Keep the call log safe**

A filled call log is protected health information: a chart number and any date tied to a patient are HIPAA identifiers (45 CFR 164.514). Keep it on the practice's secure drive or in a system under a business associate agreement, never on a personal phone. Never write diagnoses on it. Unsure? Ask your privacy officer.

## Worked example: one morning's call log

**An illustrative log for a three-provider practice, chart numbers only. Every call has an outcome and an owner; anything not booked or resolved has a callback time.**

| Time | Chart # or ref | Call type | Script | Outcome | Owner, callback by |
|---|---|---|---|---|---|
| 8:02 | NEW-0412 | New patient | 1 | Booked Thu 2:15, reminder by text | Front desk |
| 8:09 | C-20931 | Cancel | 2 | Rebooked Mon 9:40; slot offered to waitlist, filled 8:31 | Front desk |
| 8:17 | C-18810 | Refill | 8 | Message to RN; 2 days of medicine left, marked urgent | RN, by 12:00 |
| 8:26 | C-21507 | Upset caller | 6 | Message not returned last week; manager callback logged | Manager, by 11:00 |
| 8:40 | C-19774 | No-show follow-up | 3 | Voicemail, minimum message; retry at 1:00 | Front desk, 1:00 |
| 8:52 | Missed call | Unknown | | Abandoned in queue; returned 9:05, new patient, booked | Front desk |
| 9:14 | C-17302 | Red flag | 9 | Chest pain: told to call 911, clinician informed, logged | Dr. on site |

## Your one-week call count

**Count one ordinary week, every line, every call. Your phone system's call report gives most columns; a tally mark works for the rest.**

| Day | Total calls | Answered live | Voicemail | Abandoned | New-patient calls | Booked on first call |
|---|---|---|---|---|---|---|
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | | | | |
| Thu | | | | | | |
| Fri | | | | | | |
| Week total | | | | | | |

## The size of your phone leak

**Use your week's totals. The example column shows a worked example (illustrative numbers) so you can check your arithmetic. ClinicOps calculation from your own counts.**

| Line | How to get it | Worked example | Yours |
|---|---|---|---|
| A. Calls a working day | Week total calls divided by 5 | 120 | |
| B. Share not answered live | (Voicemail + abandoned) divided by total calls | 18% | |
| C. Share of calls from new patients | New-patient calls divided by total calls | 15% | |
| D. Share of missed new callers who never get booked | From your callback log: missed new callers not booked within 2 days, divided by all missed new callers | 50% | |
| E. New patients lost a month | A x 21 working days x B x C x D | 34 | |
| F. Value of a new patient's first visit | Your own figure from your practice management reports | $180 | |
| G. First-visit revenue lost a month | E x F (before any follow-up visits) | $6,120 | |
| H. No-show check | Your no-shows last month divided by booked visits. Compare with 6.81% (MGMA single-specialty, 2023) | 8.2% | |

### Read your number

| | | |
|---|---|---|
| E under 3 | A tidy front door | Keep the scripts current and repeat the count each quarter. |
| E of 3 to 10 | A steady leak | Fix the busiest hour first: who covers the phones at 8 a.m. and at lunch, and who returns missed calls within the hour. |
| E above 10 | Your biggest leak | Phones are costing more new patients than most marketing brings in. Fix coverage, routing and callbacks before you spend on ads. |

**Next steps: pick the one script your team handled worst this week and practice it on Monday. Put the callback rule (every missed call returned within one hour, logged) on the wall. Repeat the one-week count in 30 days and compare line E.**

## Sources

Every figure and rule here was checked against the original source on Nov 18, 2026. Rules and figures change: confirm anything time-sensitive on the source page.

1. MGMA Stat, "No-show fees in medical practices on the rise to balance bumpy attendance rates" (6.81% single-specialty no-show rate in 2023; 42% charge a fee, Jan 7, 2025 poll, 622 responses) (Jan 8, 2025). mgma.com/mgma-stat/no-show-fees-in-medical-practices-on-the-rise-to-balance-bu

2. 45 CFR 164.514(h), verification of identity and authority (eCFR, current). ecfr.gov/current/title-45/section-164.514

3. 45 CFR 164.510(b), disclosures to people involved in the patient's care (eCFR, current). ecfr.gov/current/title-45/section-164.510

4. 45 CFR 164.522(b), confidential communications (eCFR, current). ecfr.gov/current/title-45/section-164.522

5. HHS OCR, HIPAA FAQ 198: may providers leave messages for patients at home (HHS, current). hhs.gov/hipaa/for-professionals/faq/198/may-health-care-providers-leave-messag

6. 988 Suicide and Crisis Lifeline: call, text or chat 988, 24/7 (988lifeline.org, current). 988lifeline.org/

## Where this pack stops

**The scripts give your team the words. Here is what paper cannot do on a busy Monday:**

- **It cannot answer the phone. Scripts help the person who picks up; they do nothing for the call no one picks up.**
- **It cannot see your queue. Only your phone system's reports show when calls pile up and who is covering.**
- **It cannot train people on its own. A script read once is forgotten by the first hard call; it needs practice and a monthly review.**
- **It cannot follow up. A missed call is only returned if someone owns the callback list every hour.**

**14-Day Front Door Fix: every call, form and message answered inside a set window by a named owner, phone scripts and training, online scheduling, reminders, a waitlist and recall, built in 14 days inside the tools you already use.**

**Book the free 20-minute Chaos Audit >**

It is a diagnostic call, not a sales call: we walk back the last thing that slipped, put an hours or dollar figure on it, and you leave with the first fix whether or not you hire us.

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