ClinicOps

FREE CHECKLIST

Medical Office Check-Out Checklist

Five checks that close every visit before the patient reaches the door, the log for what is still open, and a leak counter for your own week.

Print this and keep it at every station where a visit ends. Page 1 is the desk card: five checks and what to say. Page 2 is the check-out log, with a filled sample. Page 3 is the leak counter: count one ordinary week and it turns your counts into staff hours and a grade. Page 4 covers the cases that go wrong, the model that fits your size and a one-week rollout.

27.40%
of canceled visits were rescheduled within 30 days, so a visit not booked at the window is hard to win back
MGMA Stat, Aug 2026 (2024 data)

58.4%
of tests and referrals ordered at in-person visits were completed on time; 42.6% after telehealth visits
JAMA Network Open, 2023

15% vs 21%
no-show rate with text reminders vs without; several reminders beat one
BMJ Open, 2016 (mostly non-US)

The desk card: five checks, every patient

Station: _____

Owner of checks 1 and 4 (role): _____

Owner of checks 2 and 3 (role): _____

Who reads the log at close (role): _____

- [ ] **1. Next visit booked before the patient leaves, or on the recall list with a due date.**
  Read the interval from the visit note, not the patient's memory. Say: "Dr. [Name] wants to see you in [4 weeks]. I have [Tuesday 9:20] or [Thursday 3:40]. Which works better?"
- [ ] **2. Every referral and order sent, or queued with an owner and a due date.**
  Log it by chart number with the receiving office and the urgency. Say: "The referral goes to [practice] today. If you have not heard from them by [date], call us at [number]."
- [ ] **3. The patient knows what happens next.**
  Visit summary printed or in the portal, how and when results arrive, and whom to call. Say: "Your results go to the portal within [X] days. [Role] calls you if anything needs attention."
- [ ] **4. Paperwork and payment closed.**
  Work or school notes and completed forms handed over; a receipt for any payment taken today, under your written financial policy.
- [ ] **5. Anything still open goes on the check-out log.**
  Chart number, the open item, the owner and the due time. Nothing open leaves in anyone's head.

The check-out log

Every item that is not finished at the window goes here, the moment it is known. The person who runs the end-of-day close reads it before the doors lock; the practice manager counts the week on Friday. The first five rows are a filled sample: cross them out and use the blank rows, or print this page as many times as you need. An item still open at close, like SAMPLE-40218, is carried to the end-of-day sweep with its owner, never dropped.

> **Keep the log safe**
> Treat the filled-in log as protected health information: a chart number (medical record number) is a HIPAA identifier (45 CFR 164.514(b)(2)(i)(H)). Keep it on the practice's secure drive or in a tool covered by a business associate agreement, and never write a patient name, date of birth or diagnosis on it. Ask your privacy officer if unsure.

Chart #	Open item	Owner (role)	Due	Closed (date, initials)
SAMPLE-20871	Cardiology referral not yet sent	Referral coordinator	Tomorrow 12:00	11/19 KT
SAMPLE-31406	Follow-up due in 6 months; template not open yet	Front desk lead	Recall, May 15	On recall list
SAMPLE-11952	Left before check-out; 4-week follow-up unbooked	Front desk	Call today by 4:30	Booked 12/16 RM
SAMPLE-40218	Work note waiting for signature	MA, Pod B	Today 5:00	Open: carried to close
SAMPLE-27733	Telehealth visit: orders not confirmed with patient	MA, Pod A	Next business day	Portal msg sent JS

What the sample rows show

- SAMPLE-31406: when the schedule is not open that far out, the patient goes on the recall list with a due date. The log entry closes when the recall entry exists.
- SAMPLE-11952: a walk-out is logged and called the same day. The entry closes only when the visit is booked.
- SAMPLE-27733: telehealth visits get a check-out too, by phone or portal message within one business day.

The leak counter: what your check-out gaps cost

Count one ordinary week, Monday to Friday, with tally marks at the window. Fill the right-hand column, then do the math in the second table. The middle column is a worked example for a two-physician family practice with 220 visits a week (an illustration, not a client).

Count for one week	Worked example	Your week
A. Visits that ended with a follow-up instruction	90	
B. Of those, follow-ups booked before the patient left	78	
C. Referrals and orders written	30	
D. Of those, sent or queued with an owner the same day	26	
E. Items left open on the check-out log at close (week total)	9	

Your number	How to work it out	Worked example	Yours
Follow-up capture rate	B divided by A	87%	
Same-day order rate	D divided by C	87%	
Staff hours lost a week	((A minus B) x 12 min + (C minus D) x 15 min) divided by 60	3.4 hours	
Staff hours lost a year	Weekly hours x 52	177 hours	
Follow-ups at risk	(A minus B) x 0.726: if they rebook at the rate MGMA saw for canceled visits	about 9 a week	

12 minutes is our estimate for three call attempts to book a follow-up later; 15 minutes is our estimate to chase one stalled referral. Replace both with your own timing. The 0.726 factor is 1 minus 27.40%, MGMA's 2024 rate of canceled visits rescheduled within 30 days; unbooked follow-ups are not the same population, so read it as an illustration of scale.

Grade your week

Grade	Follow-up capture and same-day order rate	What to do this week
Holding	Both 95% or higher	Keep the card at every station. Count again in a quarter.
Leaking	Either one from 85% to 94%	Find the station or the hour where the misses cluster; fix check 1 or 2 there first.
Broken	Either one below 85%, or more than 10 open items a week at close	The card is not being used. Name one owner per check and review the log at every close for two weeks.

Grades are ClinicOps thresholds, a starting point you can tighten. They are advice, not a published benchmark.

Turn the count into a decision

If the counter says Leaking or Broken two weeks in a row, the gap is a system problem, not a people problem: the same check fails at the same point. The guide behind this checklist walks through each check and the models by practice size: Medical Office Check-Out Process Checklist.

When check-out goes wrong

When this happens	Do this
The patient will not book now	Add them to the recall list with a due date and tell them who will call. Never end with "call us to schedule".
The provider gave no follow-up interval	Ask before the patient leaves the building. One question now beats a chart review next month.
The schedule is not open that far out	Recall list with the due date, plus a standing task to open the template earlier. The recall routine: patient recall lists that run.
The patient walks out without stopping	Log it at once, then call the same day to book the follow-up and confirm any orders.
An urgent referral	Send it before the patient leaves, confirm receipt by phone, and set a same-week due date on the log.
The receiving office is not taking new patients	Ask the provider for a second choice the same day. A referral never waits in the log for a reply that will not come.
A telehealth visit	Run the same five checks by phone or portal message within one business day. Telehealth orders were the least likely to be completed on time (42.6%).
The patient needs an interpreter or a caregiver decides	Run checks 1 to 3 with the interpreter or the caregiver present, and write the follow-up time on paper for them.

Pick the model that fits your size

Model	How it works	Best when	Where it breaks
Front-desk window	A check-out station runs all five checks	Enough staff to split check-in from check-out	Patients walk past it when there is a line
In-room	The MA books the follow-up and logs orders before the patient leaves the room	A tight front desk; MAs with scheduling access	The MA is pulled to the next room mid-task
Hybrid	MA runs checks 2 and 3 in the room; the window runs 1, 4 and 5	Most 2 to 5 physician practices	Each side assumes the other did check 1

Roll it out this week

1. Day 1: print this card for every station where a visit ends and write the owner of each check by role.
2. Day 1: start the log on page 2 and tell the end-of-day closer to read it before locking up.
3. Days 1 to 5: count the week on page 3 with tally marks at the window.
4. Friday: work the leak counter, grade the week, and fix the one check that failed most.
5. Next quarter: count one week again and compare.

Sources

Checked against the original source on Nov 18, 2026. Rules and figures change: confirm anything time-sensitive on the source page.

1. MGMA Stat, about 1 in 3 medical groups see higher no-shows in 2026 (2024 DataDive data: 19.95% cancellations, 27.40% rescheduled within 30 days; poll of Aug 11, 2026, n=190) (Aug 12, 2026). mgma.com/mgma-stat/about-1-in-3-medical-groups-see-higher-no-shows-in-2026-as-

2. Zhong et al., Completion of recommended tests and referrals in telehealth vs in-person visits, JAMA Network Open (Nov 2023). jamanetwork.com/journals/jamanetworkopen/fullarticle/2811870

3. Robotham et al., Using digital notifications to improve attendance in clinic, BMJ Open (21 studies; older than 2021, mostly non-US) (Oct 2016). bmjopen.bmj.com/content/6/10/e012116

4. Patel et al., Closing the referral loop, Journal of General Internal Medicine (34.8% of 103,737 referral attempts completed; 2015 to 2016 data) (2018). link.springer.com/article/10.1007/s11606-018-4392-z

5. 45 CFR 164.514, de-identification and the list of HIPAA identifiers (eCFR, current). ecfr.gov/current/title-45/section-164.514

Where this checklist stops

The card tells your team what to do at the window. Here is what paper cannot do on a busy afternoon:

- **It cannot see your schedule, so a follow-up that was never booked only shows up if someone counts it.**
- **It cannot remind anyone: the log works only if the closer reads it every day.**
- **It cannot train a new hire or cover the station when the usual person is out.**
- **It covers the last two minutes of the visit, not the phones, reminders and recall that decide whether the booked visit is kept.**

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.

Not ready to talk? Score your practice in 3 minutes, or get more free tools and templates.
Follow ClinicOps for one useful fix a week: LinkedIn | YouTube | X | Instagram | Facebook