ClinicOps

FREE DESK CARD

Medical Office Phone Answering Card

The answering standard for every phone at the desk, front and back, plus a one-week phone audit that scores your desk.

Print pages 1 and 2 back to back and keep one at every phone. Pages 3 onward are for the manager: set-up, the one-week audit, the score and the hard cases.

3 rings
AHRQ's example of a written answer policy
AHRQ Tool 7, 2024

30 sec
average speed of answer: the VA's national goal
VA OIG, 2026; VA, 2025

Under 5%
of calls abandoned before answer: the VA's standard
VA OIG, Jul 2026

The six steps of every call

Step	Do this, every call	Target
1. Pick up	Answer by the third ring. One named phone person in the peak hours; if you are mid-task, answer and ask to hold.	3 rings
2. Greet	"Thank you for calling [Practice name], this is [first name]. How can I help you?" Practice name first, first name only. Never "please hold" as the first words.	Under 5 seconds
3. Verify	Two identifiers (full name plus date of birth or address) before any appointment, account or health detail. Not the patient? Check who the patient allows you to talk to.	Every call that touches a record
4. Resolve	Book, answer or decide on this call. Offer two specific times, never "when are you free?"	Most calls closed on first contact
5. Route	Hold: "May I place you on hold for about a minute?" Wait for yes; come back by 60 seconds. Transfer warm: tell the next person who and why. Nobody picks up: take a full message (back of card).	Check back by 60 seconds
6. Close	Read back the time, the next step, who owns it and when. "You're booked for [day] at [time]. We'll send a reminder [two days] before."	Every call

Red flags: route now, never message

Chest pain, trouble breathing, stroke signs, severe bleeding or any thought of self-harm: tell the caller to call 911, or call or text 988 for a mental health crisis (24/7). Get a clinician now and stay on the line. The desk recognizes and routes; it never triages.

The back of the card

VERIFY BEFORE ANY DETAIL (45 CFR 164.514(H))

- **Patient calling: two identifiers, then proceed. A familiar voice is not proof.**
- **Family or friend calling: share only what the patient has allowed. Otherwise: "Please ask [first name] to call [Practice name] at [number]." (45 CFR 164.510(b))**
- **Patient asked for cell only, no work calls, or mail only: follow the flag and never ask why (45 CFR 164.522(b)).**
- **Desk beside the waiting room: lower your voice; never say a full name and date of birth together where others can hear.**

EVERY MESSAGE HOLDS

Field	Why
Caller, and relationship to the patient	Tells the person calling back what they may share
Patient's two identifiers	The right chart, every time
Callback number; voicemail OK (Y/N)	Honors a confidential communication request
The reason, in the caller's words	No paraphrase, no guessed diagnosis
Urgency; any red flag named	Red flags are routed now, not messaged
For whom; callback promised by (time)	An owner and a clock
Taken by, date and time	Lets the manager trace a lost message

VOICEMAIL: SAY ONLY THIS

"This is [first name] from [Practice name] for [patient first name]. Please call us at [number]." Add the appointment date and time only to confirm a visit. Never a test, a result, a diagnosis, or a clinic name that reveals one. HHS: practices "should take care to limit the amount of information disclosed on the answering machine."

AFTER HOURS, RELAY CALLS AND RECORDING

- **After-hours greeting: 911 first, the covering clinician's number said twice, slowly, 988 for a crisis, and when messages are returned (AHRQ Tool 7).**
- **Relay calls: a relay operator may speak first. Stay on and answer as you would any call (28 CFR 36.303(d)(4)).**
- **Recording: announce it in the greeting. California and some other states require every party's consent (Cal. Penal Code 632(a)).**

Our after-hours or on-call number

Our interpreter line

Messages returned by (time)

Manager to escalate to

For the manager: make it yours

Fill these once, then print the card. The reasoning and sources behind every line are in the guide on clinicops.us; the word-for-word scripts for the 12 hard calls are in the free Front Desk Phone Script Pack.

Greeting practice name (as callers know it)	Phone person, peak hours (name)	Peak hours (from your report)	Backup phone person

Lunch: phones covered by	Lunch closed message (Y/N)	Callback promise (hours)	Red-flag list approved by (clinician)

The one-week phone audit

Use your phone system's report for one ordinary week, or tally by hand. Calls offered = answered live + to voicemail + abandoned (hung up before an answer).

Hour	Calls offered	Answered live	To voicemail	Abandoned	Longest wait (seconds)
8:00 to 9:00					
9:00 to 10:00					
10:00 to 11:00					
11:00 to 12:00					
12:00 to 1:00					
1:00 to 2:00					
2:00 to 3:00					
3:00 to 4:00					
4:00 to 5:00					
Week total					

Where to look first: the hour with the most voicemail plus abandoned calls. In Valley View's clinics most missed calls came at 10 a.m. (MGMA, 2023).

Score your desk

Worked example: a three-physician family practice, one ordinary week. Illustrative numbers, not a client. ClinicOps calculation.

Line	How to work it out	Worked example	Yours
A. Calls offered	Week total	640	
B. Answered live	Week total	448	
C. To voicemail	Week total	141	
D. Abandoned	Week total	51	
E. Answer rate	B / A	70%	
F. Voicemail share (target 10% or lower)	C / A; Valley View's goal (MGMA, 2023)	22%	
G. Abandonment (target under 5%)	D / A; the VA's standard (VA OIG, 2026)	8%	
H. Worst hour	Most voicemail plus abandoned	10:00 to 11:00	
I. Callback hours a year	C x your minutes per callback / 60 x 50 weeks (95 seconds measured at Valley View)	186	
J. Callback wage cost a year	I x hourly wage (BLS May 2025 median, receptionists: $18.27)	$3,400	
K. Callers who hung up, a year	D x 50 weeks: how many were new patients?	2,550	

Read your grade

Holding	G under 5% and F 10% or lower	Keep it: listen to five calls a month (below) and rerun the audit each quarter.
Slipping	G 5% to 8%, or F over 10% up to 20%	Fix the worst hour first: a named phone person in that hour and check-in moved to someone else.
Broken	G over 8%, or F over 20%	The desk cannot answer at its peak. Re-plan the peak hours, the lunch cover and the after-hours route this month, then rerun the audit.

Grade bands are ClinicOps thresholds built around the VA's 5% standard and Valley View's 10% goal, not a regulatory standard. The worked example grades Broken (G 8%, F 22%).

Five calls a month: the listening check

Listen to five live calls (or recordings, where callers were told). Mark Y or N. Two or more N in one column is the next training topic.

Call	Third ring	Greeting	Two identifiers	Asked before hold	Back by 60 s	Read-back
Call 1						
Call 2						
Call 3						
Call 4						
Call 5						

When the call goes wrong

When this happens	Do this	Rule or source
Two lines ring while you check a patient in	Finish the sentence, answer, ask to hold and wait for yes. If it happens every day at the same hour, it is a staffing problem: split phones and check-in for that hour.	VA OIG, 2026
The caller cannot be verified	No appointment, account or health details. Offer general information and a callback to the number on file.	45 CFR 164.514(h)
A spouse calls for results	Only what the patient has allowed. Otherwise take a message for the patient; the clinical team returns it.	45 CFR 164.510(b)
The patient asked for no voicemails	Do not leave one. Use only the method the patient asked for, and note each attempt.	45 CFR 164.522(b)
A relay operator introduces the call	Stay on the line and speak to the caller directly, at a normal pace, pausing for the relay.	28 CFR 36.303(d)(4)
The caller speaks limited English	Use your interpreter line, not a family member or child, for anything clinical. Note the language in the chart.	Our standard
Another office or a pharmacy calls	Route it to its direct line or owner. Confirm who they are before sharing anything about a patient.	45 CFR 164.514(h)
The phone system goes down	Forward the main number to the backup line or answering service, post the backup number on the website, and log every callback owed.	Our standard; phone system guide
Calls were recorded without an announcement	Stop recording, tell the manager, and add the announcement to the greeting before recording again.	Cal. Penal Code 632(a)
The caller becomes abusive	Stay calm, state one limit, offer the manager; you may end the call after a clear warning. Log it.	Our standard; angry patients guide

Sources

Every figure and rule here was checked against its original source for this edition (v1.0, Nov 20, 2026). Rules and figures change: confirm anything time-sensitive on the source page.

1. AHRQ, Health Literacy Universal Precautions Toolkit, 3rd ed., Tool 7: Be Easy To Reach (page last reviewed Mar 2024). ahrq.gov
2. VA OIG, Review of Medical Facilities' Management of Specialty Care Calls, Report 25-03621-145 (Jul 23, 2026). vaoig.gov
3. VA Tuscaloosa, Clinical Contact Center surpasses national standards: 30-second goal, 5% standard (Mar 4, 2025). va.gov
4. MGMA, Enhancing patient access through phone system improvements (Valley View) (Sep 26, 2023). mgma.com
5. HHS OCR FAQ, leaving messages for patients (reviewed Dec 28, 2022). hhs.gov
6. 45 CFR 164.514(h) verification; 164.510(b) family; 164.522(b) confidential communications (current). law.cornell.edu
7. 28 CFR 36.303(d), telephone and relay calls (current). law.cornell.edu
8. California Penal Code 632(a), recording confidential communications (current). leginfo.legislature.ca.gov
9. 988 Suicide and Crisis Lifeline: call, text or chat, 24/7/365 (current). 988lifeline.org
10. BLS OEWS Table 1: receptionists, median $18.27 an hour (May 2025). bls.gov

Next steps

1. **Print the card (pages 1 and 2, back to back) for every phone and read the six steps aloud at the next huddle.**
2. **Run the one-week audit, score it and fix the worst hour first.**
3. **Give the desk the words for the 12 hard calls with the free Front Desk Phone Script Pack, and set the night route with the after-hours call policy.**
4. **Read the reasoning behind every rule in how to answer the phone in a medical office.**

Where this card stops

The card makes every call follow the same standard. Here is what paper cannot do for you:

- **It cannot answer the phone: the peak hours still need a named person, and a backup when that person is out.**
- **It cannot see your queue. Only the phone report shows answer time, voicemail share and hang-ups, and someone has to read it every week.**
- **It does not train anyone. A new hire learns the standard by practice, listening and feedback, not by reading a card once.**
- **It cannot fix a call flow, a menu or a missing report. Those live in the phone system and the schedule.**

Fix one system: the 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.
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