Coastal Care Family Medicine: Front-Desk SOP Set

By Marcus Turner · November 2026 · A fictional clinic. All names, numbers and extensions are made up.

Five standard operating procedures for a family practice front desk, written so that both new hires and an AI assistant can follow them. Each SOP runs from one trigger to one outcome, names an owner, uses tables for rules, and names a person for every escalation. SOP 4 holds the shared escalation directory and the never list that the other SOPs point to.

SOP	Covers	Owner
1. Scheduling and appointment types	Booking every visit type, same-day visits, cancellations, emergencies	Front desk lead
2. Patient check-in and intake	From arrival to "Arrived" in the system, special cases, copays, privacy	Front desk lead
3. Insurance verification	What to check, who checks when, coverage problems, key terms	Insurance and referral coordinator
4. Common problems, escalation and check-out	Who to contact, off-script problems, check-out, the never list	Office manager
5. New-hire welcome and first-week checklist	Setup before day 1, week 1 plan, milestones, solo sign-off	Front desk lead

SOP 1: Scheduling and Appointment Types

Owner: Marisol Vega, front desk lead. Approved by Dana Reyes, office manager.

Purpose and key rules

This SOP tells front-desk staff how to book every appointment type at Coastal Care, whether by phone, in person or from a portal request. It covers receptionists, the scheduling coordinator and anyone covering the phones.

The 5 rules that matter most

1. Confirm two identifiers (full name and date of birth) before you look at or change any appointment.
2. Never give medical advice or decide how urgent a symptom is. Route symptom questions using "When to transfer or escalate" below.
3. Book with the patient's own provider (PCP) first, unless it's a same-day sick visit.
4. Verify insurance is active before every visit that isn't same-day.
5. Read the date, time, provider and arrival instructions back to the patient before ending the call.

Appointment types

Coastal Care uses 8 appointment types. Pick the type from the patient's reason for visit, in their own words. If two types seem to fit, book the longer one.

Type	Length	Who sees the patient	Booking rules
New patient visit	40 min	Any physician	Verify insurance first; send new-patient forms through CoastalConnect; patient arrives 20 min early
Annual physical (adult)	30 min	Patient's PCP	Check the last physical date, since many plans cover one per calendar year
Well-child visit	30 min	Dr. Raman first, then any physician	A parent, legal guardian, or an adult with a signed authorization on file must attend (see SOP 2); ask them to bring the vaccine record

Type	Length	Who sees the patient	Booking rules
Follow-up / chronic care	20 min	Patient's PCP	For ongoing conditions, results reviews and medication check visits. A refill request with no visit goes to the PCP care team as a ChartWell refill task (SOP 4)
Same-day sick visit	15 min	Tom Becker NP or Alicia Grant PA-C first	Same day only; see "Same-day, walk-ins, cancellations and late arrivals"
Telehealth follow-up	15 min	Patient's PCP	Established patients only; not for new problems that need an exam
Procedure visit	30 min	Physicians only	Check the procedure list with the provider's medical assistant before booking
Lab or vaccine only	10 min	Lab tech or nurse	Fasting labs 7:30–11:00 a.m.; must have an existing order

How to book an appointment in ChartWell

Follow these 9 steps for every booking. Step 4 comes before you pick a time, so urgent callers never wait in the scheduling flow.

1. **Confirm identity.** Ask for full name and date of birth, then open the chart in ChartWell.
2. **New or established?** No visit in the last 3 years counts as a new patient.
3. **Ask the reason for the visit.** Type it into the appointment note in the patient's own words. Don't guess at a diagnosis.
4. **Check for urgent warning signs.** If anything matches the transfer list below, stop and transfer the caller now.
5. **Pick the appointment type** from the table above.
6. **Pick the provider and time.** Offer the PCP's next two openings. If neither works, offer another provider.
7. **Verify insurance.** Run the eligibility check in ChartWell. If the plan shows inactive or not found, book the visit and send a task to Rachel Kim.
8. **Book and read back** the date, time, provider and location.

9. **Send the confirmation** through CoastalConnect. Remind the patient to bring a photo ID and insurance card and to arrive 15 minutes early (20 for new patients).

Same-day, walk-ins, cancellations and late arrivals

About 30% of each day's slots are held for same-day sick visits.

Same-day sick visits

- Held slots open at 7:30 a.m., and phone booking starts at 8:00 a.m.
- Book with Tom Becker NP or Alicia Grant PA-C first, then any open provider.
- Unbooked held slots are released to regular bookings at 2:00 p.m.

Walk-ins

- Check the patient in and offer the next open same-day slot.
- If none are left, offer a telehealth visit (established patients) or the Saturday clinic.
- If a walk-in has any urgent warning sign, tell the front desk lead and the triage nurse right away. Never send them home without that check.

Cancellations and no-shows

- Ask for 24 hours' notice. Rebook during the same call whenever you can.
- Mark a missed visit as "No-show" in ChartWell.
- 3 no-shows in 12 months sends the chart to Dana Reyes for review.
- Only Marisol Vega or Dana Reyes can waive the 24-hour cancellation rule. Everyone else sends the request to Marisol.

Late arrivals

- A patient more than 15 minutes late is asked to rebook, unless the provider's medical assistant says they can still be seen.

When to transfer or escalate

Front-desk staff route questions. They don't answer clinical ones. If you're unsure, ask Marisol Vega first, then Dana Reyes.

Emergency warning signs: tell the caller to hang up and call 911 now. These include chest pain or pressure, trouble breathing, signs of a stroke (face drooping, arm weakness, slurred speech), severe bleeding, and fainting or being unresponsive. If a caller mentions thoughts of harming themselves, give them 988 (Suicide & Crisis Lifeline) and tell Nurse

Santos right away. After any 911 or 988 call, send Nurse Santos a ChartWell task saying what the caller reported, so the care team can decide on a follow-up call, and let Marisol Vega know.

Situation	Send to	How
Any other symptom question ("Is this serious?", "Should I come in?")	Nurse Maria Santos, RN (triage)	Warm transfer on the phone queue
Insurance inactive, not found, or needs a referral or prior authorization	Rachel Kim, insurance and referral coordinator	ChartWell task
Patient upset or asking for a manager	Marisol Vega, then Dana Reyes	In person or phone transfer
Booking rule not covered in this SOP	Marisol Vega	Ask before booking
Medication refill request	Patient's PCP care team	ChartWell refill task
Billing question	Billing team	Transfer to the billing line

SOP 2: Patient Check-In and Intake

Owner: Marisol Vega, front desk lead. Approved by Dana Reyes, office manager. Works with SOP 1 (Scheduling) and SOP 3 (Insurance Verification).

Purpose and key rules

This SOP covers what happens from the moment a patient walks in until they're marked "Arrived" in ChartWell and handed to a medical assistant. It applies to the check-in receptionists and anyone covering the desk.

The 5 rules that matter most

1. Greet every patient within 30 seconds, even if you're on the phone. A nod and "I'll be right with you" counts.
2. Confirm two identifiers (full name and date of birth) before you open or change a chart.

3. Scan the front and back of the insurance card at every visit, not just the first one.
4. Collect the copay before the visit, not after.
5. Never say a patient's health details out loud where others can hear.

Before the patient arrives

Most check-in problems can be caught the day before. The scheduling coordinator (Jasmine Cole) runs this list each afternoon for the next day's patients.

1. **Run the eligibility check** in ChartWell for every scheduled patient. Send anything showing inactive or not found to Rachel Kim as a ChartWell task, so it's sorted before the visit.
2. **Check CoastalConnect pre-check-in.** Patients get a link 48 hours ahead to confirm their address and phone, upload photos of their ID and insurance card, and fill in forms.
3. **Flag what's missing.** If pre-check-in isn't done, add the note "Needs full check-in" to the appointment so the desk allows extra time.
4. **Note balances.** Add the patient's past-due balance, if any, to the appointment note so it can be collected at check-in.

Patients who haven't finished pre-check-in by the time this list is run get a reminder phone call from Jasmine Cole, not just the automatic text.

Check-in step by step

An established patient who finished pre-check-in takes about 2 minutes. One who didn't takes about 5.

1. **Greet the patient** and ask for their name and appointment time.
2. **Confirm identity.** Ask for full name and date of birth, and check their photo ID against the chart.
3. **Confirm contact details.** Ask the patient to tell you their address and phone number, then compare them to the chart. Don't ask "Has anything changed?", because people tend to say no without thinking.
4. **Scan the insurance card**, front and back, even if it looks the same as last time. Ask, "Has your insurance changed since your last visit?"
5. **Check the eligibility result** from the day before. If it's flagged, follow SOP 3.
6. **Collect the copay** and any past-due balance (see "Copays, privacy and escalation" below).

7. **Hand over any forms** still needed, such as the yearly privacy notice acknowledgment or a health questionnaire.
8. **Mark the patient "Arrived"** in ChartWell. This alerts the medical assistant.
9. **Tell the patient what's next.** For example, "Have a seat, and a medical assistant will call your name shortly."

Special cases

These are the situations new hires ask about most. If something isn't listed here, ask Marisol Vega before you go further.

Situation	What to do
New patient	Allow 20 minutes. Collect photo ID, the insurance card and the new-patient packet (history, consent to treat, privacy notice). Enter everything in ChartWell before marking them Arrived.
Patient under 18	A parent or legal guardian must sign the consent to treat. If someone else brings the child, such as a grandparent, check the chart for a signed authorization. If there isn't one, ask Marisol.
Forgot their insurance card	Look up the plan in ChartWell using their name and date of birth. If it verifies, check them in and ask them to upload the card through CoastalConnect. If it doesn't, follow SOP 3.
No insurance (self-pay)	Explain the self-pay rate from the rate sheet posted at the check-in desk and collect the visit fee at check-in. Offer the payment plan form if they ask.
Needs an interpreter	Use the phone interpreter line (number on the desk card). Never ask a child to interpret for a parent.
More than 15 minutes late	Follow the late-arrival rule in SOP 1.
Seems very unwell in the lobby	Tell the triage nurse right away. Don't wait until check-in is finished.

Copays, privacy and escalation

Copays and balances

- The copay amount shows on the eligibility result in ChartWell. Collect it at check-in by card, cash or check, and give a receipt.
- If the patient has a past-due balance, ask politely: "I see a balance of [amount] from a past visit. Would you like to take care of that today?"
- If they can't pay the copay, check them in anyway. Note it in ChartWell and send a task to billing. Never turn a patient away at the desk over a copay.
- If the past-due balance is over $250, Dana Reyes must approve the visit before it goes ahead. Same-day sick visits are never held up for a balance.

Privacy at the desk

- Ask for the date of birth quietly, or have the patient write it down.
- Never read the reason for the visit out loud.
- Lock your screen whenever you step away from the desk.
- Call patients from the lobby by first name only.

When to escalate

Situation	Send to
Insurance flagged, changed or not found	Rachel Kim (SOP 3)
Guardian or consent question	Marisol Vega
Upset patient or a payment dispute	Marisol Vega, then Dana Reyes
Patient seems very unwell	Triage nurse right away; 911 for any emergency warning sign in SOP 1

SOP 3: Insurance Verification

Owner: Rachel Kim, insurance and referral coordinator. Approved by Dana Reyes, office manager. Works with SOP 1 (Scheduling) and SOP 2 (Check-In).

Purpose and key rules

This SOP makes sure every patient's coverage is confirmed before their visit, so the clinic gets paid and patients aren't surprised by a bill weeks later. The front desk runs the checks, and Rachel Kim handles anything that comes back as a problem.

The 5 rules that matter most

1. Verify coverage before every visit, not just the first one. Plans change without patients telling us.
2. Check that coverage is active on the date of the visit, not just that the patient has a card.
3. Write down what you found in the ChartWell eligibility note, every time.
4. Never turn away a patient who seems very unwell over an insurance problem. Care comes first, and billing sorts it out later.
5. Don't guess what a plan covers. If the result is unclear, send it to Rachel.

What to check on every eligibility result

An eligibility result is more than a yes or no. Check these 6 things and note any problem in ChartWell.

Check	What you're looking for	If it's a problem
Coverage dates	Active on the visit date	Follow "Inactive or ended" below
Patient details	Name, date of birth and member ID match the card exactly	Fix typos and rerun; if it still fails, send to Rachel
In-network	Coastal Care is in the plan's network	Send to Rachel before the visit
Copay and deductible	Copay amount, and whether the yearly deductible is met	Note the amount to collect at check-in
Referral or prior authorization	Whether the plan needs one for this visit type	Send to Rachel; don't book a procedure visit until it's approved
Other insurance	Whether the patient has a second plan	Ask which plan is primary; send to Rachel if unsure

Who does what, and when

Verification happens in three passes, so problems are caught before the patient is standing at the desk.

When	Who	What
When booking	Scheduler or receptionist	Collect the plan name and member ID; run a first eligibility check (SOP 1, step 7)
Afternoon before the visit	Jasmine Cole	Run the batch eligibility check for tomorrow's patients; send every flagged result to Rachel as a ChartWell task (SOP 2)
Before the visit	Rachel Kim	Work each flagged task: call the plan, fix details, request referrals, or call the patient. Write the outcome in the eligibility note
At check-in	Check-in receptionist	Scan the card, ask whether insurance changed, and compare it to the eligibility note. Anything new or different goes to Rachel

January rule: many patients change plans at the start of the year. From January 2 to January 31, ask every patient for their card and rerun eligibility at check-in, even if the day-before check passed.

When coverage is a problem

Find the situation, then follow its row. A patient who seems very unwell is always seen first, whatever the insurance result.

Situation	At the desk	Who follows up
Inactive or ended	Ask if they have new insurance. If yes, scan the new card and rerun. If no, explain the self-pay rate and let them choose: self-pay today, or rebook	Rachel, always: send a ChartWell task either way

Situation	At the desk	Who follows up
Not found	Check the spelling of the name, the date of birth and the member ID, then rerun	Rachel, if it still fails
Plan changed	Scan the new card, update ChartWell and rerun	Rachel, if the new plan needs a referral or is out of network
Out of network	Tell the patient kindly that we're not in their network and their costs may be higher. Don't quote amounts	Rachel calls the patient with options
Referral or prior authorization needed	Book the visit, but don't start a procedure without approval	Rachel requests it
Two insurance plans	Ask which is primary, scan both cards, and enter them in that order	Rachel confirms the order
Same-day sick visit with any problem above	Check the patient in. Never delay care over insurance	Rachel sorts it out after the visit

Insurance terms every new hire should know

Patients ask about these every day. Explain the word, but leave dollar amounts beyond the copay to Rachel or billing.

Term	Plain meaning
Copay	A set amount the patient pays for a visit, such as $25
Deductible	What the patient pays each year before the plan starts paying for most care
Coinsurance	A percentage of the cost the patient pays after the deductible, such as 20%
In-network	The plan has an agreement with Coastal Care, so the patient pays less

Term	Plain meaning
Referral	Approval from the patient's main doctor to see someone else, which some plans require
Prior authorization	Approval from the plan before certain services, or it may not pay
Primary and secondary	When a patient has two plans, the primary pays first and the secondary may pay some of the rest
Self-pay	No insurance is used, and the patient pays the clinic's posted rate

SOP 4: Common Problems, Escalation and Check-Out

Owner: Dana Reyes, office manager. This is the shared reference that SOPs 1–3 point to for escalation.

Purpose and how to use this SOP

This is the front desk's "who do I ask?" guide, plus the check-out procedure. SOPs 1–3 cover the normal flow, and this one covers what to do when something goes off-script.

- **Look up the problem** in the Common problems table. If it's there, follow that row.
- **If it isn't there, ask Marisol Vega.** If she's unavailable, ask Dana Reyes.
- **Emergencies skip the line.** Go straight to the Emergencies section at the end.

Who to contact

Use a ChartWell task for anything that can wait more than an hour, and a phone extension for anything that can't.

Who	Role	Contact for	How to reach
Marisol Vega	Front desk lead	Any front-desk question not covered in an SOP; first stop for upset patients	Ext. 201 or in person

Who	Role	Contact for	How to reach
Dana Reyes	Office manager	Escalations Marisol can't settle, complaints, staffing, balances over $250, privacy incidents	Ext. 200
Rachel Kim	Insurance and referral coordinator	Eligibility problems, referrals, prior authorizations, two-plan patients	Ext. 210 or ChartWell task
Jasmine Cole	Scheduling and phone coordinator	Booking conflicts, the phone queue, day-before lists	Ext. 205
Nurse Maria Santos, RN	Triage nurse	Any symptom question, or a patient who seems unwell	Ext. 230 (warm transfer)
Billing team	Billing specialists	Bills, statements, payment plans	Ext. 220
Dr. Elena Marsh	Medical director	Only through Dana, for clinical policy questions	Through Dana

Common problems

These are the off-script moments new hires run into most. Each row says what to do yourself first, then who takes it from there.

Problem	What you do first	Then send to
Patient is upset or raising their voice	Stay calm, listen, and move the conversation away from the lobby if you can. Don't argue or promise anything	Marisol, then Dana
Patient asks about test results	Tell them the care team will contact them, or that results show in CoastalConnect. Never read results to a patient	PCP care team (ChartWell message)
Medication refill request	Take the medication name and pharmacy	PCP care team (ChartWell refill task)

Problem	What you do first	Then send to
Provider is running more than 20 minutes late	Tell waiting patients and offer to rebook anyone who can't wait	Marisol, to adjust the schedule
Phone queue has more than 5 callers waiting	Ask a free receptionist to help with phones	Jasmine, then Marisol
ChartWell is down	Use the paper downtime forms in the red binder at the desk, and keep checking patients in	Dana; she contacts IT support
You opened or shared the wrong patient's information	Stop, close it, and don't try to fix it quietly	Dana, right away. This is a privacy incident
Request for medical records	Hand over the records request form. Never print or email records from the desk	Dana
Patient wants to change their PCP	Note the request and the new provider they want	Marisol
Patient complains about a staff member or provider	Listen, thank them, and write down what happened in their words	Dana

Check-out

Check-out is the patient's last impression and the moment follow-up care gets booked. Luis Ortega owns the check-out desk, and any receptionist covering it follows these steps.

1. **Open the visit** in ChartWell and read the provider's checkout instructions: follow-up timing, orders and referrals.
2. **Book the follow-up** the provider asked for, using SOP 1. For example, "Follow-up in 3 months with Dr. Okafor, 20 minutes."
3. **Check for referrals or orders** (labs, imaging, specialists). Hand the patient any printed orders, and send referrals to Rachel Kim as a ChartWell task.
4. **Collect any extra charges** from the visit, such as a procedure fee. The copay was already collected at check-in.
5. **Give the after-visit summary.** Print it, or confirm it's in CoastalConnect if the patient prefers.

6. **Offer a work or school note** if the patient needs one. The provider must sign it.
7. **Mark the visit "Checked out"** in ChartWell.

End of day (last receptionist on shift): review any appointments still showing "Scheduled," and mark each as "No-show" or "Canceled" according to SOP 1.

Emergencies, safety and the never list

Medical emergency in the clinic. Call for the triage nurse or any provider out loud, and call 911 if anyone shows an emergency warning sign from SOP 1. Then tell Dana.

Someone is threatening or violent. Step away and keep yourself safe. Don't try to calm a person who is threatening anyone. Call 911, then tell Dana.

The never list. These rules apply in every SOP, and the onboarding assistant follows them too.

- Never give medical advice or judge how serious a symptom is.
- Never read test results or health details to a patient.
- Never share a patient's information without confirming two identifiers.
- Never turn away a patient who seems unwell, for any reason.
- Never quote what insurance will pay beyond the copay.
- Never print, email or hand out medical records from the desk.
- Never try to quietly fix a privacy mistake. Tell Dana.

SOP 5: New-Hire Welcome and First-Week Checklist

Owner: Marisol Vega, front desk lead. Approved by Dana Reyes, office manager.

Welcome

Welcome to the Coastal Care front desk. You're the first person every patient sees, so this job sets the tone for their whole visit. Our goal is to have you confident and working a shift on your own within 5 weeks.

This SOP is your roadmap for that. It lists what happens before your first day, a day-by-day plan for week 1, the milestones for weeks 2–5, and what you need to show before you work solo. Your trainer is Marisol Vega, and you'll meet with her for 15 minutes at the end of every day in week 1.

Before day 1

Dana Reyes sets everything up before the new hire's first day, so day 1 is spent learning instead of waiting for logins.

- [ ] Send the welcome email with the start time, parking, dress code and the week 1 schedule
- [ ] Create the ChartWell, CoastalConnect and phone-queue logins, and test that each one works
- [ ] Assign the HIPAA privacy training. It must be finished before the new hire can open any patient record
- [ ] Tell Marisol the start date so she can block time for training
- [ ] Print this SOP and SOPs 1–4 for the new hire's binder

Week 1, day by day

Week 1 moves from watching to doing with help. Tick each item off as you go, and bring questions to your daily meeting with Marisol.

Day 1: Welcome and privacy

- [ ] Tour of the clinic and introductions to the team
- [ ] Review the job description and what's expected of you with Dana
- [ ] Finish the HIPAA privacy training
- [ ] Read SOP 4's never list and the privacy rules in SOP 2
- [ ] Shadow check-in for 2 hours

Day 2: Scheduling and phones

- [ ] Read SOP 1 (Scheduling)
- [ ] Shadow Jasmine Cole on the phones for the morning
- [ ] Practice booking 5 test appointments in ChartWell's training mode

Day 3: Insurance

- [ ] Read SOP 3 (Insurance Verification)
- [ ] Spend 2 hours with Rachel Kim working flagged eligibility tasks
- [ ] Learn the insurance terms table by heart

Day 4: Check-in and check-out

- [ ] Read SOP 2 (Check-In) and the check-out section of SOP 4

- [ ] Shadow Luis Ortega at check-out
- [ ] Do 5 check-ins yourself, with Marisol beside you

Day 5: Putting it together

- [ ] Work the check-in desk for the morning with Marisol nearby
- [ ] Walk through 3 "what would you do?" scenarios with Marisol
- [ ] Review week 1 with Marisol and agree on your goals for week 2

Weeks 2–5: milestones to working solo

Each week adds a new desk and less supervision. Marisol checks in twice a week from week 2 on.

Week	Focus	You can do on your own by the end of the week
2	Check-in desk	Check in established patients, scan cards, collect copays
3	Phones and scheduling	Book all 8 appointment types and transfer symptom calls correctly
4	Insurance and special cases	Handle the coverage problems in SOP 3 and the special cases in SOP 2, asking only when the SOP says to
5	Full shift	Cover check-in, check-out or phones for a whole shift, with Marisol on call but not beside you

Sign-off to work solo, and getting help

Marisol signs you off to work solo once every box below is ticked. Dana gives final approval.

- [ ] HIPAA privacy training finished
- [ ] Booked every appointment type correctly at least once
- [ ] Completed 20 check-ins without help
- [ ] Handled at least 3 insurance problems by following SOP 3
- [ ] Transferred a symptom call to the triage nurse correctly
- [ ] Can explain the never list from memory
- [ ] Worked one full shift with Marisol on call only

When you're stuck: check the SOPs first (1: Scheduling, 2: Check-In, 3: Insurance, 4: Problems and Check-Out). If the answer isn't there, ask Marisol, then Dana. Asking is always better than guessing, especially about privacy or a patient who seems unwell.