



Directions: Have team member complete self assessment and set personal goals before meeting with supervisor.

Team Member Name: _____

Year: _____ Quarter: 1st 2nd 3rd 4th

Thank you for taking time to complete this performance review. Only by consistently measuring ourselves and setting goals, can we more fully attain our motto:

<p>DOCTORS, PATIENTS, & STAFF SERVING FOR THE HIGHEST IN VALUE, CARE, EXCELLENCE, & INTEGRITY</p>

Rating Scale Legend

Rating	Abbrev	Description
Not Applicable	NA	Team member too new to company or competency not applicable to team member.
Needs Improvement	1	Consistently falls short of performance standards. Performance is far below expectations. Significant improvement required.
Below Expectations	2	Sometimes meets the performance standards. Seldom exceeds and often falls short of desired results. Performance had declined significantly, or employee has not sustained adequate improvement, as required since last performance review or performance improvement plan.
Meets Expectations	3	Meets all relevant performance standards. Seldom exceeds or falls short of desired results or objectives. Lacks appropriate level of skills or is inexperienced/still learning the scope of the job.
Exceeds Expectations	4	Consistently meets and often exceeds at relevant performance standards. Shows initiative and versatility, works collaboratively, has strong technical & interpersonal skills or has achieved significant improvement in these areas.
Exceptional	5	Consistently exceeds all relevant performance standards. Provides leadership, fosters teamwork, is highly productive, innovative, responsive and generates top quality work



Section 1: Review of Performance

Active Teamwork	Team Member	Supervisor
Facilitates open communication between team members.	NA 1 2 3 4 5	NA 1 2 3 4 5
Actively helps other with their tasks and duties.	NA 1 2 3 4 5	NA 1 2 3 4 5
Equally participates in team tasks and duties	NA 1 2 3 4 5	NA 1 2 3 4 5
Comments:		

People Skills & Patient Communication	Team Member	Supervisor
Takes initiative and time to comfortably talk with patients.	NA 1 2 3 4 5	NA 1 2 3 4 5
Helps patients feel comfortable and at ease.	NA 1 2 3 4 5	NA 1 2 3 4 5
Thoroughly reviews procedures, answers questions, and educates patients.	NA 1 2 3 4 5	NA 1 2 3 4 5
Comments:		

Efficiency	Team Member	Supervisor
Completes tasks and duties in the right order or priority.	NA 1 2 3 4 5	NA 1 2 3 4 5
Does things right the first time.	NA 1 2 3 4 5	NA 1 2 3 4 5
Recognizes how things fit together in the big picture.	NA 1 2 3 4 5	NA 1 2 3 4 5
Effective use of down time.	NA 1 2 3 4 5	NA 1 2 3 4 5
Comments:		

Leadership	Team Member	Supervisor
Appropriately takes responsibility and ownership not deferring to others .	NA 1 2 3 4 5	NA 1 2 3 4 5
Encourages and motivates others to reach their potential.	NA 1 2 3 4 5	NA 1 2 3 4 5
Comments:		

Follow Through	Team Member	Supervisor
Effective use of task lists including: Through use, daily review, keeping it cleaned out, professional language.	NA 1 2 3 4 5	NA 1 2 3 4 5
Through use of all patient checklists.	NA 1 2 3 4 5	NA 1 2 3 4 5
Through use of job position specific checklists.	NA 1 2 3 4 5	NA 1 2 3 4 5
Effectively manages all hand-offs necessary	NA 1 2 3 4 5	NA 1 2 3 4 5
Comments:		

Front Desk Specific	Team Member	Supervisor
Phone Skills: quick, professional, & discerning.	NA 1 2 3 4 5	NA 1 2 3 4 5
Efficient & effective scheduling	NA 1 2 3 4 5	NA 1 2 3 4 5
Effective presentation of TP, financial options, and collection of money.	NA 1 2 3 4 5	NA 1 2 3 4 5
Comments:		



Section 2: Proficiencies Reviews

Rating	Abbrev	Description
Not Acquainted	NA	Team member not acquainted with proficiency.
Understands	20%	Understands proficiency
Reference Needed	40%	Can perform proficiency with reference of guide/handbook
Limited Reference Needed	60%	Can Performs proficiency with limited reference to guide/handbook
No Reference Needed	80%	Can Perform proficiency without reference to guide/handbook.
Quickly w/o Reference	100%	Can Perform proficiency quickly without reference to guide/handbook.

Front Desk Training Overview	NA	20%	40%	60%	80%	100%
Answer the Phone	NA	20%	40%	60%	80%	100%
Taking Payment	NA	20%	40%	60%	80%	100%
Check Patient In	NA	20%	40%	60%	80%	100%
Check Patient Out	NA	20%	40%	60%	80%	100%
Verify Insurance & 2nd Check	NA	20%	40%	60%	80%	100%
Termed Insurance Check	NA	20%	40%	60%	80%	100%
Memorize 3 different types of ins. Be able to setup and identify	NA	20%	40%	60%	80%	100%
Check Email	NA	20%	40%	60%	80%	100%
Open Office, Turn on Equipment, Door & Alarm	NA	20%	40%	60%	80%	100%
Collect & Enter New Patient Information	NA	20%	40%	60%	80%	100%
Follow Patient Interaction Quality Monitoring program	NA	20%	40%	60%	80%	100%
Phone System & Queues	NA	20%	40%	60%	80%	100%
Set up Text Messaging	NA	20%	40%	60%	80%	100%
Complete Dental Charting	NA	20%	40%	60%	80%	100%
Treatment Plan	NA	20%	40%	60%	80%	100%
Efficient Scheduling	NA	20%	40%	60%	80%	100%
Lab Case Setup and Processing	NA	20%	40%	60%	80%	100%
Sell and Record Products	NA	20%	40%	60%	80%	100%
Setup Membership Plan with Quote and Treatment Plan	NA	20%	40%	60%	80%	100%
Multiple tx Plan Options	NA	20%	40%	60%	80%	100%
Set up Payment Plans & Save Credit Card on File	NA	20%	40%	60%	80%	100%
Mail, Shipping of Items	NA	20%	40%	60%	80%	100%
Burn/Email Conebeam and or X-rays	NA	20%	40%	60%	80%	100%
Provider Transfer & Guarantee Work Form	NA	20%	40%	60%	80%	100%
Add Picture to Patient Chart	NA	20%	40%	60%	80%	100%
Appointment Confirmations (Phone, Email, & Text)	NA	20%	40%	60%	80%	100%
Recall Postcards	NA	20%	40%	60%	80%	100%
NEA Attachments	NA	20%	40%	60%	80%	100%
Enter Metrics into Team Portal	NA	20%	40%	60%	80%	100%
Look for Insurance Red Flags (pano+bw = fmx, fl-, etc)	NA	20%	40%	60%	80%	100%
Send Claims	NA	20%	40%	60%	80%	100%
Review Apex Reports	NA	20%	40%	60%	80%	100%
Creating all checklists	NA	20%	40%	60%	80%	100%
Intra Office Chat	NA	20%	40%	60%	80%	100%
Red Flag Checklist	NA	20%	40%	60%	80%	100%
Comm log important info pertaining to patient account	NA	20%	40%	60%	80%	100%



Learn to utilize & navigate the office portal	NA	20%	40%	60%	80%	100%
Prepare Morning Huddle form for next day	NA	20%	40%	60%	80%	100%
Comments:						

Section 3: Performance Plan for & List of Goals

List your own goals: