LITTLE CHOMPERS
PEDIATRIC DENTISTRY

**EOM report - Front Office Manager**

*Send a completed form to Integrator at the end of each month.*

Month/Year: _____

| Report | Notes | Date Completed | Initials |
|---|---|---|---|
| **Beginning of Month** | | | |
| Met with lead Coordinator to review goals and issues | | | |
| Attend Provider meeting | | | |
| On schedule with annual performance reviews | | | |
| Prepare for both clinics team meetings | | | |
| | | | |
| **Before End of Month** | | | |
| Review recall reports | | | |
| All Scorecard metrics entered | | | |
| Updated employee sched/attendance | | | |
| Front office supplies inventory | | | |
| Review team meeting notes with employees unattended | | | |
| Review GoTo call reports | | | |
| | | | |
| **Between 1st - 5th** | | | |
| All Scorecard metrics entered | | | |
| All online payment posted to account | Days missed: | | |
| Configure Provider pay -daily min. | | | |
| **On or before the 5th** | | | |
| "Choose Dentist" report | | | |
| 'Claims Not Sent" report | | | |
| "Declined patient payments" report worked | | | |
| "Procedures not billed to Ins" report | | | |
| Review timecards and PTO for payroll x2 | | | |
| | | | |