

FORMS FOR MEDICAL TRANSCRIPTION

You may use some or all of these forms, depending on your needs. You can print them all out once and keep photocopying the ones you find useful.

1. Form for tracking line count, date, and doctor - you can also hand these out to your subcontractors; also small version of form for daily logging
2. Tracking Invoice Form - If you want to type in or hand fill in for your records - keep in a folder ready for tax time.
3. Daily To-Do List Form - A must have for keeping organized!
4. Bank Deposit Form - Enter your business checks for each deposit
5. Form for keeping track of payments to subcontractors
6. Form for recording all pertinent information about subcontractors when you hire them.
7. Office/Physician information forms, including address, phone, and fax numbers
8. Office staff phone numbers, addresses, and birthdays
9. Mileage Log - Keeps you ready for tax time..
10. Difficult Word List/New Words Form - Handy for you or your subs to make notes on.
11. End of week line count log and earnings - Keep track of what you earn. You can also give these to your subcontractors.
12. Word expansion entry form - A must have! (Keep in front of your computer.)

When you add new entries to your auto-correct or other shorthand program, this will help you remember what abbreviated form you used. For example, type "djd" and the word "degenerative joint disease" types out for you.

13. Interview subcontractors over the phone form.
14. Interview form when getting accounts.
15. Keeping track of letters sent out to get accounts.

INVOICE TRACKING FORM

Date: _____

Dr. _____

Transcription: From Date: _____ to _____

Number of tapes: _____

Total Lines: _____

Amount: _____

Billed on: _____

Paid on: _____

Deposited on: _____

Daily Things to Do

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Remember to:

Other notes:

BANK DEPOSITS

Date: _____ Bank: _____
Account: _____ Client/doctor: _____
Amount: _____

Date: _____ Bank: _____
Account: _____ Client/doctor: _____
Amount: _____

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Account: _____ Client/doctor: _____
Amount: _____

Date: _____ Bank: _____
Account: _____ Client/doctor: _____
Amount: _____

Date: _____ Bank: _____
Account: _____ Client/doctor: _____
Amount: _____

Total Deposit Amount: _____

SUBCONTRACTOR PAYMENT FORM RECORD

Name: _____

Address: _____

Date: _____ Amount of check: _____

Check number: _____

Account/Typed For:

SUBCONTRACTOR FORM

Name: _____

Address: _____

Social Security number:

Date of Birth: _____

Driver's License number: _____

I agree that all of the above personal information is correct.

Signed: _____

Starting Rate of Pay: _____

Start Date: _____

OFFICE INFORMATION

Client/Doctor: _____

Address: _____

Telephone number: () _____

Fax number: () _____

Back Line number: () _____

Office Hours

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Pick-Up and Delivery Days: _____

Time: _____

Office Manager: _____

Receptionist: _____

Notes: _____

OFFICE STAFF INFORMATION SHEET

Name: _____

Address: _____

Phone number: _____

Position: _____

Cell: _____

Birthday: _____

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Position: \_\_\_\_\_

Cell: \_\_\_\_\_

Birthday: \_\_\_\_\_

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Name: _____

Address: _____

Phone number: _____

Position: _____

Cell: _____

Birthday: _____

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## MILEAGE DEDUCTION LOG

Date: \_\_\_\_\_

Office: \_\_\_\_\_

Miles there and back: \_\_\_\_\_

Times per week: \_\_\_\_\_

Total miles per week: \_\_\_\_\_

## NEW WORDS/DIFFICULT WORDS

Word: \_\_\_\_\_

Definition:

\_\_\_\_\_  
\_\_\_\_\_

Word: \_\_\_\_\_

Definition:

\_\_\_\_\_  
\_\_\_\_\_

Word: \_\_\_\_\_

Definition:

\_\_\_\_\_  
\_\_\_\_\_

Word: \_\_\_\_\_

Definition:

\_\_\_\_\_  
\_\_\_\_\_

Word: \_\_\_\_\_

Definition:

\_\_\_\_\_  
\_\_\_\_\_

Word: \_\_\_\_\_

Definition:

\_\_\_\_\_  
\_\_\_\_\_

## WEEKLY LINE COUNT AND EARNINGS LOG

Doctor: \_\_\_\_\_

Lines: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Rates/Charge per gross line: \_\_\_\_\_

or Charge per character line: \_\_\_\_\_

Total lines: \_\_\_\_\_

Amount Earned: \$ \_\_\_\_\_





## INTERVIEW FORM / POTENTIAL SUBCONTRACTOR'S DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Previous experience: \_\_\_\_\_

Programs used:

\_\_\_\_\_  
\_\_\_\_\_

Experienced in which specialties?

\_\_\_\_\_  
\_\_\_\_\_

Hours available?

\_\_\_\_\_  
\_\_\_\_\_

Familiar with WAV files? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has Internet connection? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Able to email work back? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Rate of pay desired?: \_\_\_\_\_

Willing to try a test tape or wav file? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Reliable transportation: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Set up date for Interview: \_\_\_\_\_

Other notes:

\_\_\_\_\_



## DOCTOR INTERVIEW FORM

How many tapes per week? \_\_\_\_\_

Which days are pick-up days? \_\_\_\_\_

Office hours for pick and delivery: \_\_\_\_\_

When do they like to be billed? \_\_\_\_\_

Do they like their tapes erased? \_\_\_\_\_

Do they use digital technology? \_\_\_\_\_

Ask for sample reports of each type of procedure, visit etc. for you to take home. (This way you can see the style/format they like).

Expected turnaround time? \_\_\_\_\_

SENT LETTERS TO:

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Office location: \_\_\_\_\_

Phone number \_\_\_\_\_

Office Manager \_\_\_\_\_

~~~~~

Doctor: _____ Date: _____

Office location: _____

Phone number _____

Office Manager _____

~~~~~

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Office location: \_\_\_\_\_

Phone number \_\_\_\_\_

Office Manager \_\_\_\_\_

~~~~~

Doctor: _____ Date: _____

Office location: _____

Phone number _____

Office Manager _____

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Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Office location: \_\_\_\_\_

Phone number \_\_\_\_\_ Office Manager \_\_\_\_\_

