

The Step By Step Guide
To
MEDICAL TRANSCRIPTION AT HOME



This book provides valuable information about how to get started and set up your own Medical Transcription Business at home!

By
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MEDICAL TRANSCRIPTION AT HOME

So, you are interested in working from home. Congratulations! You are about to begin an exciting adventure. Why not be your own boss? Why not set your own hours? Today, more and more people are working from home.

There are many types of home-based businesses, and each year more and more come along. Medical transcription is a flexible business that is very well suited to the home environment.

Do you need a college degree to be a great Medical Transcriptionist? The answer to that is no! You do need some education though, however, this book will point you in the right direction so that you can obtain the best and most thorough education for your needs, and show you the quickest way through it.

Now I am not saying that you should not get a degree; education is a wonderful thing. I am merely going to show you how to start your business in the shortest time possible without the degree, which you can get at a later time, if you decide to, - the choice is yours. I think you will find however, that this is not necessary.

I also want to show you some of the short cuts; secrets of the professionals that will help you immensely - a lot of these things you won't learn with school, whether it's home study or college. Not because you won't get the best education through home study or college, but rather you won't learn the tricks of the trade during that journey -- you have to learn the basics first. Home study or college will provide the necessary education. I will be giving you tips about the best books, programs, and short cuts to increase your productivity, such as how to legally and honestly charge for lines you don't type. I will also be sharing with you the best programs for counting your lines, - so you don't have to. I will review and explain various formats and styles, so that you can familiarize yourself with what to expect.

Many people ask me how to get into this kind of business. They want to know how I did it. I have to admit I did not plan on becoming a medical transcriptionist, but now I am so pleased I chose not to venture into another part of the medical industry.

This book is designed to help you follow a plan and hopefully answer a lot of your questions. By the time you have finished reading it, you will probably know if medical transcription is for you or not.

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BEING THE BOSS!

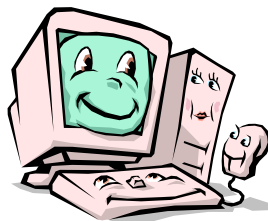
The hardest part about having your own home business has to be discipline! You have to commit to a schedule of some sort, otherwise you are doomed for failure. Watching TV, unnecessary phone conversations, lying in bed all day are not options! They are temptations! Don't fall into the trap!

Everybody procrastinates at some point, but a regular business schedule is essential for success. I cannot over-emphasize this enough. When you promise a turn-around-time to a doctor, most doctors expect you to keep it. It is very unprofessional if you don't. So rule number one is: Be disciplined and make regular work times. You are now the boss, so you must be in charge of yourself!

As a boss, you will also be in charge of many things and have more new responsibilities. Not only will you be the medical transcriptionist/owner of your business, you will need to make sure it all runs smoothly. It's not so hard, so long as you treat yourself as an employee, (which you also are!)

Yes, you will be wearing many hats: Owner, employee, bookkeeper, public relations person, advertising/marketing person, decision maker, delivery person, and much more.

However, along with being the boss comes many benefits. Probably one of the most enjoyed benefits is flexibility with your time; working hours that suit you. There of course are other benefits, such as working in your PJ's if you want, no one to answer to in your home office such as a boss, or supervisor. You can take breaks when you want. You will feel and see the pleasure of profit, power, and pride in your work. Sound good? Let's keep on reading...



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A LITTLE ABOUT MEDICAL TRANSCRIPTION

Medical transcription is a vital part of the Health Care Industry. More than ever before, accurate medical records are necessary to aid in providing patients with appropriate medical care.

For most physicians, the days are long gone when a few scribbled lines on a patient's chart counted for a medical record. Due to state and federal regulations, an accurate account of a visit to the doctor is now essential.

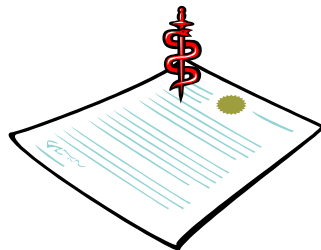
For the doctor to be paid by the insurance company, accurate medical records are needed. The correct coding is vital for reimbursement from the insurance companies, and the medical record should reflect the same diagnosis/diagnoses.

A medical record, once made, is permanent. Often, in cases such as workers' compensation or personal injury, the medical record helps ascertain whether the patient received appropriate medical care. Some medical records have to be used as part of evidence in a court of law.

Medical transcription involves typing medical notes dictated by physicians onto a cassette tape, digital system, or voice file via the Internet. The medical transcriptionist uses a transcribing machine, which is like a tape player, only with more sophisticated functions. It has a foot pedal which enables stop/start functions, and the machine can also be set to recall the last few words dictated, or the last sentence, whatever you wish to set it to. A headset is worn by the transcriptionist which is connected to the transcriber so she can hear the tapes.

There are many kinds of different medical reports: History and physical reports, office notes, operative reports, consultation reports, laboratory reports, procedure reports, x-ray reports, discharge summaries, and many more.

So, as you can see, medical transcription is a much needed and respected profession. Medical records are confidential reports, and as a transcriptionist, we respect this confidentiality.



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IS THIS FOR ME?

If by now you are asking yourself if this is for you, here is a list of points to ponder:

1. Do I want to be my own boss?
2. Would I enjoy working at home on my own?
3. Would I be disciplined enough to work on a regular basis?
4. Do I have a strong desire to persevere with new concepts, even when things seem difficult?
5. Do I have a go-getter type of personality?
6. Do I possess good English skills and have a desire to learn the medical language?
7. Am I prepared to give up benefits provided by an employer?
8. Can I work under pressure when necessary?
9. Can I sit for several hours at a time at a computer?
10. Do I want financial control of my future?

These are important points to think about. If you answered yes to all ten of them, I would bet this is a profession you would enjoy.

If there were some points you said no to, think about some solutions to those "no's". For instance, giving up medical benefits from your employer may be something you are not prepared to give up, or cannot afford to give up. If this reason is purely because of the cost of health insurance, there are some answers. There are some affordable health plans available.

It takes some research to find them sometimes. Find a good agent in your phone book and ask them to give you some competitive rates and comparisons.

I personally think health care insurance is expensive, whichever way you look at it, but my consolation is my earnings at home are more than I would make in an office setting, - much more. Therefore, I accept that. A large part of your health insurance premiums are also tax deductible.

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If you are unable to give up your health benefits due to a pre-existing illness or other health related condition, this could pose a problem. At the time of this writing, Group Insurance is available for small businesses, (only in the month of August). This is called open enrollment. This is subject to change, and as I am not a Health Insurance Professional, please check with someone qualified to advise you about this.) Group Coverage is generally more expensive than Individual Coverage however, with Individual Coverage you are subject to clauses/riders etc. for anything pre-existing. Of course, if you have a spouse or significant other who has health insurance coverage through their employer, it is usually less expensive for you to be added to their plan than to find your own coverage. For those of you who think you may get lonely working at home, or would prefer the interaction of others, perhaps an in-office or hospital environment would suit you better. At home medical transcription is not the only avenue to take.

I personally would prefer not to go back into the office environment, even though the advantages would be the medical benefits and a retirement plan. The pros and cons of this business are different for everyone, and only you can decide what is right for you. Don't think you have to give up a full time job to do medical transcription. This is a business you can build on, by starting out part-time.

I have a friend that works full time for an orthopedist, and in the evenings she types at home for two surgical centers. She is a single mom and needs the extra money. Working in the office gives her and her son medical and other benefits. This business can be tailored to suit your needs. You can start with one small account and decide from there if you want to do this full time, part time, or once a week.

You could also find business transcribing for a multitude of people. I have a friend that sent out letters to private investigators and landed a job. Private social workers are lovely to type for. They usually dislike having to type their own records. If you think about it, you could probably come up with many other businesses that would appreciate your assistance.

Attorneys are another idea. My friend transcribes for three attorneys. Medical and legal transcriptionists charge more than general subject transcriptionists. You can still make good money though. Don't give up on that idea. However, if medical transcription is what you really want to do, then why not? It is a great career. You can work on your own, or you can subcontract and hire other people to work for you. This is done by sharing the charges. Usually, when someone works for you, once they are capable of working alone, it is normal to pay 2/3 to the sub and 1/3 to yourself. You will still need to proofread and print the work, most probably, but not in all cases. You really have the opportunity to expand as much as you want, even as far as to rent office space and hire employees. It's all up to you!

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SUCCESS STORIES



Please realize you can be of any age or gender to start a medical transcription business. No-one ever said a transcriptionist had to be young, or that after fifty or sixty it was too late. It's not! Some people are still transcribing in their 70's. Many of my college friends were older people. The following situations are true. The names have been changed to protect the privacy of each individual, unless prior permission was given.

Claire Broadbanks
Age 55

A few years ago I helped a lady who wanted to be a transcriptionist. She wanted to work from home, as she was already doing.

She was a telemarketer from home, but did not enjoy her work. In the course of conversation with her, I mentioned that I had a medical transcription company. The conversation then became all about medical transcription because she wanted to do that from home.

She also wanted to do this in the shortest time possible. So, I invited her to my house and I talked to her for a few hours about how she could go about this, and still keep her job. (She couldn't give up her other income as she was a single woman.)

She did have two income properties, which paid her mortgage, but she did still need an income to at least match her telemarketing salary. So I encouraged her to take a home study course as her time was limited, which she could complete in her own time.

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Within a year, she was ready to look for accounts. She found a doctor in her area, and started working part-time for him. She loved it, and told me she was going to look for more accounts. She gave up her telemarketing job and dedicated herself to full time medical transcription. The last time I heard from her she told me she was very happy, and said talking to me had set her on the path to freedom. (That was a nice compliment.)

Success Story Number Two:

Linda Doane

Age 49

I had been a medical transcriptionist for about a year when I met Linda. We met through her grand-daughter Nicole, and my daughter Lois who were friends at elementary school.

Anyway, Linda was working at an electronics company at the time. She was looking for ideas to start a home based business.

She asked me about medical transcription and how I had found this type of work. She was interested in learning more about it.

I advised her to take some courses at the Community College, which she did. She then started trying to find work. At first it wasn't doctors that she found, but social workers and writers. As time went on, Linda networked with me and other people, and slowly but surely landed accounts with doctors.

She was thrilled about it. She still is in fact. She loves working her own hours and spending time with her family and grandchildren.

She has been busy building her business ever since. She has thought about expanding her business and hiring subcontractors, but decided against it in the end, mainly because she is happy with her level of income as it is now, and because she doesn't want to work any more hours than she does at present.

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Success story #3

Pamela Harmon
Age 28

I met Pam about four years ago. I needed to hire someone as a subcontractor to work in their home, for a pretty big account I had just got.

I spoke with Claudia, the instructor I had at college, and asked her to keep an eye out for someone for me. That is how I met Pam.

Pam worked at the Outback Steakhouse at the time. She was and still is a very hardworking girl. Pam has a very varied career background, including management and accounting.

Straight away I knew from her work that she had “promise”. School had given her what she needed to start out with. She gives me credit for all I have taught her, but I have to say she deserves the credit because she was “teachable”. I had hired several “know-it-alls” in the past, that knew very little, and either didn’t want to be or couldn’t be taught.

Pam worked out tremendously. Today she is an outstanding medical transcriptionist. She now also has her own accounts and works from home. Our transcription styles are so similar even we can’t tell them apart!

Sounds nice being independent doesn’t it? Let’s read on....one more story.

Success story #4

MaryAnn Kanyuck
Age 43

MaryAnn’s hobby is car racing. She worked at the race-track and also did bookkeeping at home. Through her friend, Ina, a social worker, she heard about medical transcription. MaryAnn decided to go to school and take some classes. We met when we both worked as subcontractors for the same medical transcription service.

Like myself, MaryAnn soon got her own accounts. She has built a significant business, which grew quite quickly. Due to her many accounts, probably twenty or more, she has always needed subcontractors. MaryAnn enjoys her work more than anyone I know.

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She absolutely loves it, and for her, there is nothing else she would rather be doing than medical transcription for a living.

After her own work is done for the day, she proofreads the work from her hired help and gets everything ready for delivery the next morning. She is very disciplined and organized.

I don't think MaryAnn can ever see herself doing anything else; she loves the medical language and the challenges she encounters. She also loves being her own boss.

There are many, many more stories like these. As you can see, different people love this business for a variety of reasons. The one thing they all have in common is they like being home, and they like being independent. You can be too!

Some people combine or supplement this job with other things. I have decided to sell my book on the internet. I love the computer and website design. I won't give up transcription, but this gives me some diversity and I get to help others.

There are many benefits to working from home. You are your own boss, you decide your schedule, you can work around your life at home, be with your children and/or family, and you have the benefit of business tax deductions.



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MY STORY

I began my medical transcription business in 1994. I enjoy working from home mainly for the flexibility. I like working my own hours vs. someone else's! I have helped so many people get into this business over the years, - friends and strangers, and I have even found accounts for some of them.

I find myself explaining this business to at least 2-3 people a month, mainly because so many people want to work from home and have questions about it.

It takes a long time to explain and help someone get started, and that is what prompted me to write this book. A lot of people tell me they wish they could work from home so they could be with their children.

Some are looking for the freedom of working from home so they can be in control of how much they earn, and ultimately their financial destiny. Nowadays, people demand more freedom and choice.

I started going to the local Community College in 1993, and was taking classes to become a medical secretary. I had taken a couple of classes when I found out I would probably get paid about \$7.50 an hour once I had the degree and found a job. I couldn't believe how low the pay was going to be after I had completed a two year degree.

By today's standards, the hourly rate for a medical secretary in my area is now \$10.00 per hour, still quite low in my opinion. Anyway, I decided to ask other people in my classes what careers they were seeking and how they felt about the incomes they might earn.

A girl in my medical records class told me she was going to be a medical transcriptionist, and that her friend worked for doctors from home and was quite successful. I was surprised that there were jobs from home to begin with, let alone ones that had the potential for a good income. So I decided to take a look at medical transcription. It was the best thing I ever did.

I don't have a degree in medical transcription, and never have found the need to go back and get one. I was going to complete the "technical certificate", which is a one year course, and was two classes away from finishing when I started to get work. Even when I thought about going back and finishing, I never seemed to have the time - I was constantly building my business.

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I now know that it is NOT necessary to have a degree, so long as you take ALL the classes that pertain to medical transcription, and I will tell you what they are, in my opinion. If you decide to go to your local Community College and take the classes I suggest, you could be ready to start YOUR OWN BUSINESS in nine months or less. The same applies with a Home Study course. Of course you can take longer if you wish.

I still keep in touch with one of my college instructors, and she sends people to me to take their internship course through my company. (The degree seeking students.)

It is VITAL to your success that you have a thorough knowledge and understanding of medical terminology, anatomy and physiology, and the different acceptable styles of medical transcription. I cannot stress this paragraph enough! Your future depends on this. If you don't take these essential classes, you will not be a first rate medical transcriptionist. There are plenty of transcriptionists around that do a second class job, I myself have encountered them. However, with the right education, you will not be one of them!



I hope this book can pass on all the information I have learned to help you succeed as well. I have worked for many different specialists over the years. I first took a job working for Hospice, part time in the beginning. One of my instructors mentioned that Hospice needed a transcriptionist, in-office. The pay was quite low at \$6.00 per hour. Nobody else in my class was interested. Several friends said I was nuts to even apply for it. I thought differently.

I wasn't even finished with the Medical Transcription II class, and at that point, I would have worked for free just for the experience. I took the job, even though it wasn't working from home. They understood that I was still going to school, so if I couldn't understand anything on the tapes they were quite helpful. I enjoyed the transcription, but I still wanted to work from home.

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Within the first week, three of the social workers asked if I would type their notes, because they hated hand writing it all. It was approved and I said I would. Then, shortly after that, the Chaplain asked if I would type his notes. So I did. After two weeks I was typing for five people, usually about 4 hours per day.

I had been there three weeks, when I convinced them I could do this from home and pick up and deliver their work in a timely manner, and they agreed. So I began working at home. I worked for Hospice for about two years.

They were paying me very well within the year, and I decided it had been a wise move. You never know where one opportunity will lead.

I also found a lady that worked from home, who had years of medical transcription experience, and she hired me as a subcontractor. I would recommend working for a transcription service like that before you go out and get your own accounts. The reason is this: You can call for help when you can't understand something. You can play a tape over the phone and get an answer to a question.

Over a period of weeks, you become familiar with the "real world" tapes and learn even more terminology than school or home study taught you. You can find such people by looking in the Yellow Pages under "Transcription Services" or "Medical Transcription".

There are not usually many transcription services listed, so you will have to be prepared before you call. You will want to give yourself the best chance of being hired to work from home.

The lady I initially worked for charged the doctors at that time 9 cents per line, and she paid me 5 cents per line. So she kept 4 cents per line, and I kept the other 5 cents per line. (Lower than today's going rate!)

I found the work quite challenging at first, (this is when most people give up,) but with her help and guidance and my medical transcription education background, I soon found my feet.

After three months of working for peanuts, (yet again) I really felt good about the experience I had gained. Of course I typed slowly, and needed her to help me during this time, because sometimes I couldn't understand what the doctors were saying, mainly because of my inexperience. This is when perseverance comes in! You have to suffer a little in the beginning, but the pay-off is worth it within a short period of time! A very short period of time. So believe in yourself!

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I felt confident enough to get my own accounts after three months of subcontracting. Through this lady and her husband, I also learned how to run my own business. (I will give you all this information as well, because school does not teach you this!) School is great for the basics, but after that you will still need help for a little while. The “real world” of transcription is different to school. In the real world you do need to edit what you type so that it all makes sense. That does not mean changing the medical context of course. After all, what doctor can dictate and make every report grammatically perfect? Even the doctors need some help in that way, and I have found all appreciate my efforts to make them sound better.

So I began my journey. I sent out letters seeking accounts, (a sample letter of which you receive with this book,) and slowly but surely got my own accounts. In fact, every time I sent out ten letters, I got an account. It doesn't always work that way, because it is a matter of timing.

Your letter has to reach the doctor at the time he needs a transcriptionist for him/her to respond. Some offices called me two years later saying they had kept my letter on file.

Of course, there are many ways to find work, including classified ads, networking with people, calling offices and sending out letters.

I'm telling you my story so you can be encouraged when an opportunity presents itself, even if it is not the opportunity you were hoping for. For instance, many different arrangements can be made once people have got to know you. If I had turned down the work at Hospice because they didn't want me working at home, I would have missed an opportunity. And that opportunity did let me work at home, in the end.

Perhaps you will find an office that is further away than you want to drive. This happened to a friend of mine, but she took the account anyway. It turned out that one of the girls in the office lived quite close to her, and she would bring the work home every day for her, to be collected at her house. Be open minded about opportunity...what more can I say? You never know where the road will lead...



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GIVING TRANSCRIPTION A TRIAL RUN

Although you don't need a degree to be a Medical Transcriptionist, a good hold of the English language is essential to success.

If your grammar is not up to par, if you have trouble with punctuation, think about taking a course to improve that. It can only help you in the end. Some of you may find these skills are a little rusty, and just need to be polished up a bit. A good practical English handbook is a useful item to possess, whatever your skill level.

When I was at school, I had classes with people who were studying for different avenues of the medical field. Some of them had to take some of the transcription classes to be a coder for instance, or a medical secretary. I found that some of them hated medical transcription and were grateful they did not have to take more than one class in transcription. I never found anyone that said it was just "okay."

People seemed to either love it or hate it. Bearing this in mind, I think it would be good for anyone to give transcription a practice run before investing in any courses. Now, of course it will not be the same as the "real thing" but why not find a way to try it out in a small way?

This is what I would suggest.

Buy a transcriber from an internet auction, (which is much less expensive than an office supply store).

Then find a small hand held recorder/dictation machine and a micro-cassette. (You may even have one around the house or have a friend that will let you borrow one.) Record your own voice onto the tape or someone else's. Perhaps you could record a Church sermon, or offer to type the minutes from a meeting, or read a chapter from a book into the tape recorder.

You get the idea. Then try to type the tape and see if you even *like* the idea of transcribing.

Of course it is not the same, as it is not medical transcription. It also takes a little practice to learn the foot pedal and the recall on the tapes. (You can set the machine so that it repeats the last word or two each time you put down the foot pedal.) It takes a bit of practice, even with regular English on the tapes. Try this out when it is quiet at home and imagine you are home working for someone.

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Does it feel like you might like doing this? Then try it out with the TV on, the kids screaming, or the spouse asking for dinner, and see what you think!

I stop to cook dinner, or put on a load of laundry, or answer the phone, but I like it! While my “office friends” have to wait to get home to put on the laundry or go to the grocery store, or pick up the kids from school, I do it all in between. When I feel like a break I run to the bank or do some household chores, or go to the gym or take a walk.

This is a small investment for you to give it a try. You do have to have some imagination here however, because you won't yet have tried your hand at the medical language required. I have included several samples of dictated reports with this book so you can see the kind of typing you would be doing as a medical transcriptionist.

If you decide to try medical transcription and need any help or have any questions, give me a call or email me. I will try and help you. If demand becomes too much for me, I will have to limit how many times or minutes a week I can help everyone, but as of the writing of this book, we shall see what happens.



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HOW MUCH CAN I EXPECT TO EARN?



How much you can expect to earn really depends on what the “going rate per line” is in your area and how many lines per hour you can type. (If you take advantage of the auto text/shorthand programs available to you, such as the auto correct and auto text in Word®, or the PRD+, you can increase your output by at least 100 to 200 lines per hour, sometimes more.)

However, a very rough idea would be \$20,000 part-time and \$40,000 full time. If you decide to subcontract and expand your business, you can make upwards of \$50,000+ per year. The company I first worked for was making \$70,000 per year in 1994, and at that time they were charging the doctors nine cents per line. They hired four girls to work for them, subcontracting, and the owner herself typed about 1000 lines per day. There is no hard and fast figure, as you are the one who decides how much you want to work.

You can adjust to however much you want to take on. You can therefore earn as much or as little as you want! The great thing about this business is that you can start with just one small account and build up your speed slowly. If you take on a group of doctors straight away, that could be quite overwhelming.

For instance, a small account, that is perhaps 400 lines per day, would take an average of two hours, if typing a moderate speed, probably around 60 wpm. At 12 cents per line, you just earned \$48.00. At 10 cents per line, you just earned \$40.00. Some transcriptionists charge by the page or by the character, but it is important to remember that by charging by the character you will earn less money. It is better to charge by the line.

Of course, as with any new account, the first few times you type a tape it will take longer, while you get used to the terminology and the format, as well as the physician’s voice and habits. But before you know it, you just fly through the tapes.

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Surveys have been performed to determine how much transcriptionists are charging. Some people charge by the character, others by the page, but this book will only be discussing rates per line. I believe this is the easiest way to charge.

From the surveys I have seen, the Northwest, the East, and the South of the USA charge between 10 and 16 cents per line. The West and the Midwest seem to be on the lower side at 8 to 16 cents per line.

In my area, which is South Florida, the going rate is between 12 and 15 cents per line. I currently charge 13 cents per line. The best thing to do is to find out what the going rate is in your area, if possible by contacting other medical transcriptionists, or perhaps perform your own survey and call some offices. You won't want to price yourself out of the market, nor would you want to under price your services.

I use a program with Word® that counts my lines, and therefore I charge the same for every typed line, whether it has one word on it or twelve. Most line counting programs will count gross lines, selected text, or characters per line. They also keep a log for you.

You will also need to set prices for special services such as faxes, addressing envelopes, stat work, copies, special delivery, or any other requests. I personally charge half the line rate again for stat work. For instance, if your usual rate is 10 cents per line and you offer 24-hour turnaround, you would charge 15 cents a line for stat rate, which could be immediate turnaround or whatever you have agreed upon with the physician. Some transcriptionists charge the usual amount per line plus a per page fee for stat reports.

The fees for faxes vary as well. It is not uncommon for transcriptionists to charge \$1.00 to \$2.00 per page. However, I personally think this is a bit high unless it is a long distance call. I think 50 cents per page is more reasonable.

When pricing for copies, make sure to cover the cost of the toner, paper, and your time. Ten cents per copy should be reasonable, but yet again, this is up to you.

For special deliveries, it is normal to charge for your time. If you consistently make \$30.00 an hour, and it takes you thirty minutes to deliver and get back home, you would charge \$15.00. Don't undercut yourself here. It takes time out of your day and you should be compensated for it.

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When you raise your rates, which for me has been only three times in nine years, as I have kept within the range for my area, make sure you give a written notification and at least 30 days notice. I have found it best to send the letter in December notifying the client of a raise in January. It is best to include the costs of your special services in this letter, not just the line rate. Be sure to tell the client in the letter how much you enjoy working with them and their staff, and that you look forward to continuing to do so. Give them the opportunity to ask any questions. Hopefully by this time you will have built a solid reliable business relationship with your client and the raising of rates should not be an issue.

This is a flexible and profitable business, and by taking the essential courses for Medical Transcription, like the ones I recommend, you can have a successful business in a matter of months vs. the two years, which it would take to get the degree!

Medical transcription is a great home business because you can even do this part-time in the evenings if you wish. It can fit in around a full-time work schedule if you start with a small account. Many people start this way and many people stay this way. For those who don't want to give up a job because of the benefits, or whatever the reason, medical transcription is perfect for bringing in some extra money. Others find that they enjoy the working at home aspect of the business so much that they can't wait to quit the day job. Obviously everybody's circumstances are different. The potential to earn a lot of money is available with medical transcription. Some companies grow so big they hire more than 50 employees and rent office space to accommodate them. The sky is the limit. Really!



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BILLING THE CLIENT

Depending on how many clients you have you may want to bill one or two ways.

If you only have a few clients you may want to bill on a day that suits them. For instance, I work with an office that likes to pay their bills on a Tuesday, so I submit my invoice every other Monday. I could submit one every Monday, but I prefer to be paid every two weeks. I used to bill on the 1st and 15th of the month for everybody when I had lots of accounts. It was easier for me. You have to decide what is easier and more convenient for you.

If you have an office that only gives you one tape a week, you may want to only bill once a month. Of course most physicians dictate about four days a week, and the fifth day is usually their surgery day, and that generally gets dictated at the hospital. You can generally expect eight days of dictation from one account every two weeks. This is not always the case however.

When you speak to the office manager after you have got the account, take the time to go over with her how you will be billing them and what their preferences are.

You can use an invoice program or make up your own template which you fill in each time. I use a simple program called MyInvoices® which I bought at my local office supply store. Whatever you decide to use, make sure you call it an INVOICE not a statement. You want to get PAID....and the word "invoice" reflects the fact that it is a bill.

Be regular with your method of submitting invoices. It is not professional to forget to invoice your client, and then turn around and say they owe you for two invoices because you forgot to bill them. You would be surprised that this happens, but it does.

Don't be shy to ask for your check if you have a slow payer. I don't know why but in the beginning I was embarrassed to say "Can I have my check?" I now let clients know that I expect to be paid promptly. Once they see you expect this, you usually don't have any trouble getting paid.

When billing the doctor, you will need to simply include each date of service, number of lines typed, and the charge for each day. See example below.

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Your Medical Transcription Service

123 Your Road

Florida, xxxxx

(xxx) phone number

(xxx) fax number

INVOICE #XXXXX

Date: 1-14-02

Client: Dr. Brown

<u>Date of Service</u>	<u>Lines</u>	<u>Amount</u>
1-4-02	483 @ 12 cents	57.96
1-5-02	768 @ 12 cents	92.16
1-6-02	655 @ 12 cents	78.60
1-7-02	746 @ 12 cents	89.52
1-10-02	457 @ 12 cents	54.84
1-11-02	565 @ 12 cents	67.80
1-12-02	496 @ 12 cents	59.52
1-13-02	654 @ 12 cents	78.48
		<u>\$578.88</u>

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HIPAA – Health Insurance Portability And Accountability Act

In 1996 a law called HIPAA was passed, which stands for Health Insurance Portability and Accountability Act. Due to the increasing demand by other individuals, including health insurance companies to have access to private medical information, stronger laws needed to be passed to protect patient privacy.

This law does affect medical transcriptionists, as well as other health care providers. The privacy rule requires that covered entities enter into a written agreement with each business associate. This contract is known as the "Business Associate Agreement". Each physician is required to include the independent medical transcriptionist, who provides a service to him/her and to present the above form to the transcriptionist and thus enter into this agreement. If your physician/account has not asked you to sign this contractual agreement, it would be a good idea to remind him/her of this. They should provide the necessary forms for you to fill out.

It is also important to remember, that faxed documents need to be protected as much as possible. It is a good idea to pre-program into your fax machine the various fax numbers that are used on a regular basis, as this will reduce the chances of misdialing, and faxing information to the wrong number.

Be sure to include the following type of statement on your cover sheet when sending a fax:

The information contained in this transmission accompanying this notice is confidential and protected by the physician-patient privilege. It is intended only for the use of the individual or entity mentioned above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination or distribution of the accompanying communication is prohibited. If you have received this facsimile in error, please notify us immediately by telephone, collect, and return the original message to us at the above address. We appreciate your assistance in this matter.

You can make up your own fax cover sheet, and include a disclaimer such as this one at the bottom. Remember to put how many pages, including the cover sheet that are being sent at the time of transmission. Also, stamp the word COPY on each sheet, so it is not mistaken as the original note.

ABOUT DIGITAL DICTATION AND THE LATEST TECHNOLOGY

Digital dictation allows you to transcribe straight from the unit without having to handle tapes and can eliminate pick-up and delivery of work. This system allows you to type for clients nationwide. The work is then sent back via modem or printed out by the transcriptionist. Digital dictation is the conversion of voice into numbers, binary, which are understood by computers. The computer makes the digital to analog change and then you have the voice replicated. So much technology is available for the transcriptionist today. Systems are now available that allow the transcriptionist to transcribe work that has been dictated into a dictation machine or a variety of computerized patient record systems. Software is available that enables FTP (file transfer protocol) to and from FTP sites. WAV formatted files are then transcribed directly from the computer. The transcriptionist uses the foot pedal, which is plugged into a serial port, and the headphones which are plugged into the sound card or the speaker jacks.

It is a constantly changing world of technology for the medical transcription industry. Voice recognition software has for many years had transcriptionists worried that they would be out of a job sometime soon. I don't believe this to be the case however. It's not just a case of "as long as people have accents, voice recognition won't work." There are several other reasons. The first reason is it is generally more time consuming for the doctor to use this type of system.

Some doctors have integrated voice recognition as part of their office structure. The doctors that I know have tried it have encountered nothing but problems with the system. They have struggled with it and cursed it. It is far more time consuming than dictating into a phone line or hand-held dictation machine.

With health insurance companies requesting such detailed information and codes, it is unlikely to be efficient enough without months of specialized programming per client. It then takes time to edit and print. It's not just the push of a button, unless you have a VERY basic patient note to make. I think the software may help the transcriptionists more than the doctors. There are several systems available which are useful for the disabled, people with carpal tunnel, and those who don't like typing.

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EDUCATION & BOOKS

This book is written solely of my opinions to help you start your business in a short period of time. Of course, if you decide you would like to get a degree in Medical Transcription that's up to you. There is nothing wrong with that! Below are the two choices I would recommend; either one will give you the education you need.

YOUR LOCAL COMMUNITY COLLEGE

If you do not decide to choose Home Study, your local Community College is a great place to learn what you will need to start you own Medical Transcription Business! Of course they offer the two year degree program, but they also offer a one year "technical certificate" program. But to make it shorter than that, keep reading...

I believe that if you take all the classes that pertain to medical transcription as I will explain them in this chapter, you will have all the advantages that anyone taking the degree would have! So, here it is:

1. Medical Terminology I
2. Medical Transcription I
3. Fundamentals of Medical Science
4. Medical Terminology II
5. Medical Transcription II
6. Medical Transcription III

You can complete these courses in three semesters! To be a great medical transcriptionist, I would recommend you take all six classes. Other optional classes, which do not pertain to the medical transcription world in particular, but which may interest you at a later time are:

1. Medical Office Practice
2. Medical Records I
3. Business Communications

Hint: Don't underestimate the need of Fundamentals of Medical Science. This class is crucial and will help you more than words can express! ☺

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I would recommend purchasing the following books:

1. Stedman's or Dorland's Medical Dictionary
2. The Medical Word Book by Sheila Sloane
3. The Surgical Word Book by Claudia Tessier
4. American Drug Index (for the current year.)
5. A specialty book by Stedman's for whatever specialty you are working with.

For instance, if you are typing for an orthopedist, I would suggest the Orthopedic and Rehab Word Book. Stedman's make books for every specialty. I have purchased books from <http://www.LWW.com> and highly recommend this company for its great customer service and prompt delivery. Remember, all purchases are tax deductible from your business. You can also find these books very reasonably on Internet auction sites such as Ebay®.

HOME STUDY COURSES

I highly recommend Thomson Education Direct for your home study choice. They are a very well known company who have mastered the art of training people for success. They have been in business since 1890.

I personally have a friend who finished the home study course for transcription in nine months, studying in her spare time. The course materials are outstanding and comprehensive. You are provided with all the books, lessons, and even the program. At this time, you may choose Microsoft® Office XP or Corel® WordPerfect® Office 2000 Software. They have a toll free support line available for you if you need to speak to their staff, who will provide you with personal attention. A transcriber is also included with the course. You can take as little as nine months to one year to complete the course or as long as two years. It's up to you.

Click here to learn more: <http://www.educationdirect.com/medtransbook>

I also know people who loved the course they took from this company: <http://www.medical-transcription-at-home.com/medcourse/medcourse.html>
You might want to compare the two and see what you think.



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PROGRAMS AND OTHER VERY HELPFUL SOFTWARE

You will choose which software program you want to use to type your medical transcription notes, and you probably already have a favorite. I use Word® 2000.

A lot of other transcriptionists I know refuse to change from WordPerfect® 5.1. These are tried and tested bug free efficient programs. However, if you are just starting out and don't have a favorite program yet, I would recommend a Windows® program. DOS is becoming extinct. For those of us that like to use our function keys vs. the mouse, it's not a problem. You can study the function keys for Word® and use them. I find this keeps my speed up and I don't have to stop typing to find the mouse.

Microsoft® Office 2000 (Includes Word®), Office XP which is the 2002 edition, and Corel® WordPerfect® are the most popular programs at this time, and I expect that would be the choice of many.

Next, you will be needing programs to make your medical transcription life easier.

A great program is the Stedman's Electronic Medical Dictionary. It's just like a regular Stedman's dictionary, but it runs on the computer. To learn more about this program and others click on the link below:

<http://www.LWW.com>

If you can't afford the electronic version when you start out, purchase the book itself or the Dorland's Medical Dictionary. Don't forget to look on Ebay® for inexpensive books!

Spellex® is one of my favorite programs. It is a medical dictionary and drug guide all in one. It is fantastic! It will find a medication or medical word for you phonetically. If you think the medication begins "ind" it will find it, even though it really began "end". If you asked for Enderal, up pops the correct answer, Inderal. This saves you many minutes searching through the "E's" in a drug guide book and not being able to find it!

You can learn more about this program at: <http://www.spellex.com>

<http://www.medical-transcription-at-home.com>

A drug guide book is a great asset and necessity because you can look and see what the medication is used for, and whether or not it is generic or brand. It will also give you the dosages. I have always used the American Drug Index published by Facts and Comparisons. <http://www.drugfacts.com>

Tip: Generic medications are spelt with the first letter being lower case, and brand medications have a capitalized first letter. (This should all be taught in school or via home study.)

If you decide to use Word®, I also recommend purchasing a program to count your lines, so you don't have to do it manually. I highly recommend the inexpensive Abacus program, which I bought at:

<http://www.sorcerersoftware.com>

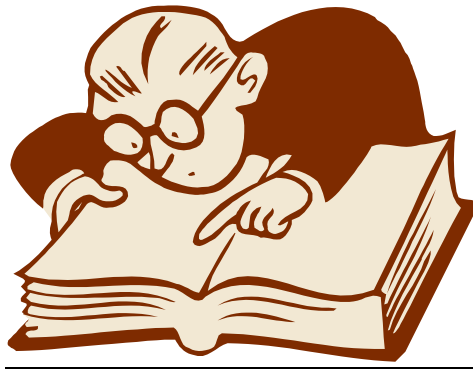
You can download this program and try it out for free, at the time of writing this book.

It counts my lines quickly and easily. Since we charge by the line, this is a Godsend!

Another program for counting lines is Sylcount®. This is available at

<http://www.sylvansoftware.com>

They also have medical dictionaries and spell checking software. Well worth looking at.



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MACROS AND BOILER PLATE FILES – THE BIG SAVING!

Well, here is some exciting stuff...exciting to me because it earns me an extra \$25.00 per hour, and exciting for you, because this can do the same for you! All for the push of a couple of buttons. Are you ready? Here goes:

The “shell” of most “templates”, (see dictated examples of notes toward the end of this book and imagine them without the text that has been filled in) are almost always the same or similar. A doctor usually keeps to his/her own format.

After a while, you will see that history and physicals, follow up visits, radiology reports etc, follow the same format per facility or doctor. The “shell” of each report is basically a form. These can be saved as macros or separate files and brought into the current document.

You can make it easy on yourself if you make up some templates.

For a very basic example and a visual understanding, if the “shell” of your “return patient note” (a follow up visit), looks like this, because the doctor uses the SOAP format, you should save it as such and bring it in each time you need it. Why type more than you have to? Call it “return-patient” for example. When the doctor says, “Mary Claire Brown is here today for a follow up visit”, you would insert the following:

Date:

Patient name:

SUBJECTIVE:

OBJECTIVE:

ASSESSMENT:

PLAN:

Doctor's initials/your initials

I personally have many files like this which I have saved as macros. The reason I save *this* type of file as a macro and not as an auto-text file is because the cursor will be positioned where I want it, at the top of the note, and I am ready to begin typing.

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Otherwise, the cursor comes up at the end if you save it in the auto text. I just don't want to waste time scrolling up to the top of the note, especially if I am bringing in a note that is several pages long, like a consultation note.

So as you can see, once you have brought this in, by way of macro, you can begin to fill in the blanks. However, I have **many more** files which are brought into the "shell" document. For example, if the doctor is going to use the same physical exam, (an example below) and only the numbers/vital signs, or odd words are going to be changed, I use an auto-text file (available in the Word® program), and bring it into the note. For example:

VITAL SIGNS: Stable.

**HEENT: Unremarkable. NECK EXAM: Was supple. No carotid
bruits were auscultated. CARDIOVASCULAR EXAM: Revealed
regular rate and rhythm. LUNGS: Were clear to auscultation
bilaterally. ABDOMEN: Was benign with bowel sounds present
throughout. EXTREMITIES: Were without clubbing, cyanosis,
or edema.**

You could save this as "exam" in the auto-text option, and once you type the word "exam" and hit enter or F3, (using Word®) the exam appears!!! By using the abbreviation/shorthand program for all its worth, be it auto text, auto correct, other macros, or other programs, you won't have to type too much after all! And the beauty of it is, you charge for every line whether you physically typed it or not. Yes, that's right. Every line.

I believe if you invested in the technology and invested your time in getting the programming all set up, why shouldn't you charge for it? It's not your fault if someone else is too lazy to do that and has to type each and every line. All my boiler plate files and macros over the years have taken hundreds of hours of my time to set up, but they make my life easier, and I couldn't be without them! This example was a simple one of a return patient note. Another common format is HPIP:

Date:

Patient Name:

History:

Physical Exam:

Impression:

Plan:

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Sometimes doctors combine the SOAP and the HPIP format to suit their preferences.

New patient visits, consultations discharge summaries, etc can be several pages long. As mentioned, I save these files as macros in the Word® program. For example, when I press Alt-N, which is what I decided to save my new patient template as, I get the page ready to be filled in.

It varies for each doctor, as no new patient form is the same. If you are typing for more than one doctor, and you like using Alt-N for a new patient shell/template, set up different directories/folders for each doctor. This way you can keep some of your favorite macro keys the same, but the “shell” for *that* particular doctor will appear.

It's not as complicated as it might sound. Of course you will tailor your program to suit your needs, remembering to set it up so that it is easy for you to use. Alt-N is just an example of making it is easy to remember *new patient template* and Alt-R for a *return patient template*. Anyway, you get the idea.

If you are not familiar with Word® 2000/2002, you will find this abbreviation tool under the format tab, which includes auto correct, auto text, and auto format. I would suggest a class in the Word® program if you are not familiar with it. At the very least, a book to teach yourself how to use it.

If you do not use Word® and want to use another word processing program, you can purchase various abbreviation/auto-text programs that work in the same way.

I used PRD+ before. This program is made by Productivity Software International. It is quite expensive however, and there are many less expensive options available. Using an abbreviation program increases production enormously. There are other programs available that provide this for you, such as Smartype®. If you are using Word® however, you will *not* need to invest in anything extra.

You can build your own abbreviations for expansion with the space bar and punctuation. You can build small phrases or blocks of text.

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I am sure that between boiler plate files, (pre-saved files of dictation that are repeated on a regular basis), and abbreviation programs, I type at least 200-300 lines per hour more than I could without them! That is another \$25+ per hour on average!

I prefer Word® simply because that's what I'm used to, and you will choose your favorite program.

By using word abbreviation software, the word "discomfort" for example, can be abbreviated as "dis" (or whatever you want to call it) and then the word types out before your eyes! When I type "djd" I get the words "degenerative joint disease." You choose abbreviations that you will remember.

When you first begin you will have to write them all down, until you have learned them. I used to have pieces of paper stuck on the wall in front of my computer until I had learned everything. I am so used to using the abbreviation abilities in Word®, that I would honestly hate to have to type out all those words and paragraphs in full again.

When you are typing words without formatting, such as bold, or underlining, use the auto correct tab. When you need to type paragraphs, or need to use some formatting such as the bold option, you will need to use the auto text option. With the auto text option, you type your paragraph, highlight it, and click on auto text. You give it a name, and it has recorded that information for you.



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EQUIPMENT

You will need a computer, but it doesn't have to be anything fancy. If you are trying to cut costs and are just starting out, why not buy one used. Nowadays there is usually nothing wrong with them, people just like to upgrade more often. Ask at your local computer store if they have any second hand, or try the local newspaper.

If you are using the Internet, which nowadays a lot of people are, remember to keep an updated virus protection program such as McAfee on your computer. It would be awful to lose important files due to a virus. It is still recommended however that you keep back up files on disk or CD in a safe place. I can highly recommend a free anti-virus software, which you can use with peace of mind. It is available at <http://www.grisoft.com> It is called AVG. Also, in addition to anti-virus software, I don't believe I could be without pest patrol, which will find and delete trojan viruses and other pests in a jiffy. This is not a free program, but is very reasonable. It is available at <http://www.pestpatrol.com>

For those of you that are tired of receiving junk mail or viruses in your email, please take a look at Mail Washer. This fantastic program is available at <http://www.mailwasher.net>

A printer is next on the list. This is quite important in my opinion. This is how you will be presenting your work, and it should look like you take some pride in it. If you cannot afford a laser printer, get the next best thing. Inkjet printers do a very good job and are quicker than laser printers. I have always used Hewlett Packard laser printers, which are a little more on the expensive side, but produce excellent quality printing. When choosing a printer, it is important to find out how much the toner costs *and* how many pages one toner cartridge will print. The difference could be 2000 pages.

You will need a transcriber. There are many different makes and models available from your local office supply store. I prefer the Olympus Pearlcorde, because it has clarity, and less of a "stereo" sound. I find the quality "stereo" sound can take away from the clarity. However, Sony and Panasonic also make great transcribers. These at the present time are in the \$200.00+ range. Lanier, in my opinion has simply the best sound quality, but they are quite expensive. You can also purchase a transcriber for much less money on internet auctions.

Nowadays most physicians use micro-cassettes, not the regular size cassettes.

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Tip: Don't forget to erase the tapes, which also rewinds the tapes, **after** your work is printed, if this agreed with the doctor. A doctor doesn't want to waste time rewinding his/her own tapes. 😊 However, depending on your relationship with the physician, if he/she should forget to dictate a patient's note, you may want to save the tape without erasing it.

You don't want to be accused of losing the dictation. Of course, you would always make a note of any missed patients and let the office know. I usually ask for a copy of the sign in sheet and cross off the names with a highlighter as I go. Then I can see who is left. Do NOT erase the tapes until all work has been printed!

A fax machine is optional to start with, but should be on the list to be bought as soon as possible.

A good office chair is essential! Don't end up with a bad back. You will probably be sitting for many hours at a computer. Always remember to get up and walk around to keep your circulation going!

Another thing to remember is to make sure your chair is set at a suitable height for your desk. If the desk is too high, your wrists are bound to hurt.

There are more ergonomic keyboards on the market than ever before, which are designed to let your hands type in a more comfortable and natural position. I have found that the keys on some are harder to press than on standard keyboards, and I therefore reverted back to the standard keyboard albeit after several years. You will have to try each kind and decide which is best for you.

A wall calendar can be purchased at an office supply store. You won't regret having that in front of you on the wall...it's essential.

Of course you will need paper, paper clips, pens, post-it notes etc. You will need folders to transport the work back and forth and keep it dry. Some transcriptionists modem their work to the doctor's office, others deliver it. You may also need a calculator, adding machine, and message pads.



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FINDING WORK

I personally have always sent out a letter. I don't believe in sending a resume, unless it is requested. I am *not* applying for a job, I am providing a service. It is important to look successful and established, whether you are or not, yet! Go through your local phone book and send out a letter to as many doctors as you can. You don't have to wait until you hear about a doctor who needs a transcriptionist. By then, someone else has usually landed the account. I got most of my work this way.

Be sure to follow up with a phone call a few days later and introduce yourself to the office manager. Ask her to keep your letter on file and your business card. This way, you will be the first person they call, (hopefully) if their transcriptionist leaves or gets sick. It is important to remember that it is still a "matter of good timing" and to not take it personally if you don't get any responses at first. Make sure you send your letter out every couple of months until you have built the business you want.

From my experience, you don't often see work for transcriptionists advertised very much in the classifieds. However, it still pays to look in the classifieds in your local newspaper to see if any offices are looking for a transcriptionist. Some have never even thought about an outside service, and it's up to you to introduce them to the idea.

At the end of this chapter is the letter I have always sent out, and I have always had success with it. Make sure you have some nice business cards made to send with your letter. If you are able to do so you can make your own on your computer, or you can go to an office supply store and have some made up.

You could also have some pens personalized with your business name and telephone number. If you decide to hand deliver your introductory letter to the offices you could hand them a gift at the same time, your pen! If you know someone who works at the hospital perhaps they could distribute some of your pens for you. Doctors at the hospital usually have their own offices...

Often doctors I haven't sent a letter to call me to offer me work. This often happens because another doctor has recommended me. If I do not want to take on more work, I give them a friend's number who may want the account. Friends also do the same for me. It will help you to network with other transcriptionists.

In the last eight years I have worked for many different kinds of doctors, and have given away many different accounts that have come my way by word of mouth.

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I don't know a whole lot of people, it's just different people I have met over time. You may say, "Well I don't know any medical transcriptionists to network with! But, you will meet other transcriptionists if you go to school. Other students will become transcriptionists just like you, and you will have become friends with some of them. Or you will network with other people taking online courses. Make sure you do what you can to find a mentor or a buddy. When you are studying at home or working from home, it's good to know other people in your type of business.



You should also try marketing through the Chamber of Commerce. Here you will be able to network with people in a variety of different businesses.

Other than just sending your letter to the doctors' offices you find in your phone book, the list below should help you think of other clients to contact.

Walk-In-Clinics	Workers' Compensation Clinics
Extended care facilities	Surgical Centers
Ambulatory Care Centers	Veterinary clinics
Physical therapy clinics	Private detective agencies
Clinical labs and pathology	Oral surgeons
Acute care hospital units	Social workers
Dentists	Legal offices
Court house	Rehab Centers

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THE ACCOUNT SEEKING LETTER

Your business name
Your address
Your telephone number

Doctors Name
Address
xxx
xxx

Date

Dear Dr. _____:

Thank you for accepting this letter of introduction.

“Your business name” offers a reliable medical transcription service with prompt 24 hour turn-around time. All work is treated with utmost confidentiality, and we are HIPAA compliant.

Our service will also save you money by eliminating the cost of in-office transcription, such as medical and retirement benefits, equipment and supplies.

Also, our rates includes the cost of pick up and delivery of work, paper and printing. The only supplies you would need to provide is personal stationery for correspondence. We make back-up copies of the medical records should you at any time require a copy of a note. A fax machine enabling immediate response to any request for notes is available.

If you would be interested in this excellent service for your medical transcription, or have any further questions, please do not hesitate to contact us.

Sincerely,

Your name

(Attach a business card with a paper clip.)

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INTERVIEW WITH THE DOCTOR

This is an exciting and sometimes nerve racking experience for most people. The doctor or his office manager has responded to your letter and wants to meet you. Do you freak out, leave town, or try to remain calm? I recommend the latter!

Please remember that nobody is any better than you and you can handle this. I promise.

First of all, dress for success. You will feel more confident. It goes without saying that you will not be wearing jeans and a T-shirt. You only get one chance to make a good impression. I don't recommend over-dressing though. Remember you will be seeing these people on a daily basis probably, and it would be too hard to keep that kind of attire up. You will be able to dress more casual after you have secured the account, but always look clean and presentable.

Be prepared for the interview, after all, you are a professional. Remember to smile when you greet the doctor and the staff and introduce yourself. Have some questions ready for the doctor. I take a notebook and pen with me. Here is a sampling of questions you may ask:

1. How often does the doctor produce a tape? Does he/she dictate on a daily basis? This will help you decide how to phrase the next question.
2. How often does he/she need you to pick up tapes. (If this is the system used.) It is best to deliver work when the next tape is ready, even if the dictation is only once a week. (You don't want to waste a trip if you can help it.) Not every doctor cares about 24-hour turn-around time. I have had several accounts which were only once or twice weekly pick-up and delivery.
3. Ask for a copy/sample of his notes. You will need an example of a new patient and return patient visit, and any special procedures he/she performs, such as an endoscopy note. This is so you can set up a similar format for the doctor.
4. Also, by having some examples in front of you, it will make it easier for you to find certain words until you get used to his/her voice on tape. Most doctors tend to "rush over" the run of the mill stuff. Anything they repeat all the time is often said quite quickly. In this instance, these "examples" will help you.

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5. Ask if the doctor would like the tapes erased and rewound. Most do.
6. Ask about pick up/delivery times, office hours etc.
7. Ask how the doctor or office manager how they would like to be billed. Some offices like to pay you when they pay their staff and like to have your invoice submitted accordingly.
8. Ask if they have any questions for you.
9. This is a good time to present your business card again so they have access to your phone number.
10. Ask if they can give you a physicians roster, which is available to them from the local hospital. It will give you the correct spelling and addresses of the doctors' offices in that area in alphabetical order. You will need these addresses, especially for letters. If they don't have one, ask them to call the local hospital for you. You can try yourself, but usually they will only give them to doctors' offices due to the confidentiality of home addresses and phone numbers. This will save you from going back and forth in the telephone book.

I have never been asked to sign a contract or to give one. However, I would recommend a contract, especially if you are dealing with a large group or hospital.

It is always advisable to produce a list of your rates for various things such as Stat work, fax charges, or photocopying, outside of your line charge. I always give one to the office manager to keep on hand. The interview should go smoothly if you can remain calm and answer questions in a friendly, but businesslike manner. Good Luck!



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GETTING A BUSINESS LICENSE AND BUSINESS CHECKING ACCOUNT

If you are serious about your business, you will need to be legal. This means opening a business checking account and getting a business license. It is not difficult to accomplish. Having a business name gives a better image of yourself to your clients. It shows you have a serious business. Before you can get a business checking account you will need to have a business license.

Have fun picking out a business name, if you decide to go the fictitious name route. The best kind of name is one that is easy to remember, easy to pronounce, and one that sounds professional.

You will have to check with your local city hall and county administration office for instructions on how to obtain your license. There are different zoning restrictions and regulations. One question you will be asked, if you are operating from your home, is whether there will be additional traffic from people coming to your home. The concern here is that they don't want residential neighborhoods to have increased traffic of the commercial variety. This is therefore an example of a zoning restriction. So long as you explain that there will NOT be any increased traffic, you should be approved.

A simple business license in your own name is the quickest to process. If you want a different name/fictitious, you will get a package from the county/city office to fill out. This is called a "fictitious business license package".

It takes a few more weeks to process, and costs a little more, but is still easy to do. You send in the paperwork, and your chosen business name is checked to make sure nobody else is already doing business with that name. You can even apply online if you wish to.

Once you have your business license, whether it's a fictitious name or a DBA, (doing business as) your name, you are ready to get a bank account. Most banks have a charge for a business checking account, a monthly fee. Some however do not. So it's best to call around.

You then take your business license to the bank and open up your business bank account. It doesn't take long to do. And, now you are in business, you are able to claim tax deductions for your business – so start saving your receipts!

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BOOKKEEPING

You will also need some type of bookkeeping software such as Quicken®, Excel etc. I use a program called MyInvoices® to bill the doctors. It is very inexpensive and available at office supply stores. There are several easy invoice programs available however. It is good to find a program that keeps a register for you, and logs your expenditures.

You will also need a bookkeeper/accountant to do your taxes every year. With the tax laws changing all the time, I prefer to put this task in the hands of professionals. It is not expensive, and I know my business taxes have been correctly submitted.

If you subcontract, you will need to give the subcontractor a 1099 form each year. It is simple to fill out and send in. This must also be presented to your bookkeeper, along with all your other records. You should also receive for yourself, a 1099 from each physician, which will show your earnings throughout the year.

It really is quite easy to keep records for this type of business. Save all receipts for office supplies, books, and equipment. You must also keep a mileage log. It is usually better to take the mileage tax deduction, which at this time, is 31.5 cents per mile, than the depreciation of the vehicle and other expenses. However, your bookkeeper will have to decide which is best for you.

Here are some more tax deductions to remember:

Gifts to doctors and staff, such as Christmas or other Holiday gifts.

Health insurance. Incorporated businesses may also deduct a percentage of disability and life insurance premiums

Education/tuition

Cleaning person for the office

The office area in your home

A portion of the electric and phone bill

Business license

Equipment: computer, printer, fax machine, transcriber, desk, chair, shelves for the office, filing cabinets etc.

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Books

Postage

Business cards and brochures

Business travel, plane and hotel, parking, laundry, etc.

Any repairs to your office equipment

Costs of software and upgrades

You will probably have more expenses than this. Never claim expenses you don't have. Always keep receipts to prove your expenses.

Ask your bookkeeper to advise you what else you need to keep track of. It's a good idea to have plastic folders labelled so you can easily organize your paperwork. It's also a good idea to print yourself a copy of each invoice you give out, *just* in case your computer crashes...

Above all, don't fret about the bookkeeping side of things. Don't let this overwhelm you. It's a simple business to keep track of, and you CAN do it!



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TIME MANAGEMENT

It's easy to procrastinate. We all do that from time to time. But, putting off work inevitably ends up causing problems. It's best to have some type of routine, and to treat your business as though you were going to an office/place of work.

A good tip for those working at home is to let family and friends know that you are serious about your business, and you can't just stop for an hour to chit chat. It's amazing how many friends will not think of you as having a business and decide to drop in regardless. It's best to be firm from the beginning about this. I wasn't, and then I found it was six o'clock in the afternoon, and I still had work to do. They say things like, "I won't stop long, just for a few minutes....." and before you know it they've been chatting for an hour.

Also, if you are bothered by people via the telephone, let the answering machine screen your calls. You can also let people know that you return calls after 4 o'clock, or whatever suits you. Because they also ring for a chat too! Try to make a schedule for yourself and stick to it.

I look at my tapes every day, and you will too. You will be able to decide roughly how much time a tape will take you by looking at it. Now, some doctors can put 800 lines on half a side of a 60 minute tape, while others barely get 800 lines on one side, (the slow talkers). So, it does depend whose voice is on that tape! A half a side doesn't mean anything unless you know whose voice it is. This will help you to decide what time you need to be up by, and how you will fit in the other parts of your day.

For instance, you might decide to get up at 8:00 a.m. and take a shower and eat breakfast. By 9:00 a.m. you are thinking about starting your work, but decide to put in a load of laundry and straighten up the house. So it's 10:00 a.m. and you know you've got four hours before you pick the kids up from school. You have decided the tape will take about three hours, maybe a bit more. That doesn't leave time for chats with friends or many breaks, so you know nothing else will get done round the house until later, but that's okay. It helps to plan!

It's better to plan your day, even if it's only on a day to day basis. It's no good waking up at eleven when you've got a three hour tape to do before getting the kids from school. (Believe me, I've tried it!) Start planning your day the night before, if you can! One other tip, if you don't have caller ID and are letting the machine screen your calls, don't let the phone ring eight times before the machine picks up, - the doctors are not too crazy about that. Their time is precious too. Set the answering machine to pick up after 2-3 rings. I recommend getting caller ID...

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CERTIFICATION

It's up to you to decide whether you want to be a Certified Medical Transcriptionist. It is certainly something to be proud of and is evidence of the fact that you have met the industry's standards and have demonstrated your expertise in the medical transcription arena.

I don't however feel that without this you will notice any less opportunity to get work. This is really for personal achievement reasons in my opinion.

If you are interested in becoming certified, you should contact MTCP. Their phone number is (209) 551-1722. This stands for The Medical Transcription Certification Program. Or, you can contact the AAMA (American Association of Medical Assistants, Inc.) who also provide certification examinations for medical transcriptionists.

The certification exam is made up of two parts. The written exam: This consists of 120 multiple choice questions about:

English language and usage

Anatomy and physiology

Health care records

Professional Development

Medical Terminology

Disease processes.

The second part is the practical exam. To be eligible for this, you must pass the written exam first. The practical exam is medical transcription of several different specialties and types of reports.

To maintain certification, you must have continuing education credits as in any other credentialed profession. At this time, the fee is \$20.00 per year, and you must be recertified every three years. To be recertified you will need to have 30 CEC credits.

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SUBCONTRACTING

Once your business is keeping you busy, and you have enough work for yourself, you may feel like expanding your business and taking on subcontractors/employees.

This is a good time to start sending your “account seeking letter” to groups of physicians. They may as a group, provide more work than you yourself can handle, and it’s nice if you can find several accounts within one practice. It’s not always that simple however, and you may find you need to just send out a bulk mailing of letters to find some more accounts.

The easiest way to hire people is to subcontract. This means that the person who types for you is self-employed, just like you. All you have to do is submit a 1099 form to them each year, before January 31st, for each non-corporate subcontractor if you have paid them more than \$600.00 the previous year, and send a copy in to the IRS. This eliminates the headache of figuring out taxes etc. for the “employee”. You will leave this all up to them, as they have their “own business” too.

You will most probably want them to work out of their own home and to visit you once or twice daily to pick up and deliver work, unless you use a digital system and have them send you the work electronically.

I have **always** found that it takes some time to train even a qualified medical transcriptionist, especially new transcriptionists. Therefore, I would recommend proofreading your sub’s work yourself and then printing it out. This way you can show your subcontractor how you like the work to be done and she/he can make note of any mistakes so as not to repeat them in the future.

I have found a good way of weeding out people that have no future in medical transcription, in my opinion, and that is to give out a practice tape. A tape that has already been typed. It certainly lessens the headaches, believe me! There have been many times I have *not* done that and suffered the consequences of having to re-type the whole tape myself.

Once you find yourself someone who you think is qualified and able to work for you, make sure you take down all the necessary details: Name, address, phone number, and social security number. It is important that the person agrees to your turn-around-time standards and is reliable.

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You don't want to let down your doctors due to irresponsible hired help. You should also have them sign a confidentiality contract, due to the new HIPPA laws.

Now, how much are you going to pay your help? That is a personal decision. I believe in paying two thirds to my subs and one third to me. Unfortunately there are some greedy companies out there which pay their help as little as 30% of the gross line. Each situation is different, but I usually start people out a penny less per line for the first month, because it is during this time that I spend a lot of hours training. Once the work is up to par, I raise the pay rate so the sub gets the full two thirds of my line rate.

If you have accounts that do not pay on a regular basis, it is wise to keep a good cash reserve so that you can pay your help on a regular basis. Make sure you agree upon this ahead of time with your subcontractor.

Unethical subcontractors do exist unfortunately, and some may go after your accounts once they are familiar with the work. I have never had this happen, but I have heard that it can. This is as bad as stealing in my opinion. Usually the subcontractor under bids your rate in the hopes of landing the account. However, this is very unprofessional and usually word will get around quite quickly, and among other things, the unethical sub will lose friends in the transcription community, including the benefits of networking with others. It is wise not to discuss with your subcontractors what you are charging the doctors.

The disadvantages to subcontracting in my opinion are the following scenarios:

The subcontractor goes on vacation or gets sick and you have to do their work too.....what will you do?

The solution to this is to have either another subcontractor to help take part of this workload, or find an independent transcriptionist who is willing to take work on a prn basis that you can contact during these times. You have to be prepared for these situations.

As your income and business grows, you will spend more time proofreading, delivering work, paying bills, and dealing with day to day problems and questions. It becomes even more necessary to have a set routine each day. However, I would encourage you to try expanding your business if you feel you'd like to try it. The income potential is huge.

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KEEPING EVERYTHING ORGANIZED

You will need to keep each client's information separate. I recommend a simple folder for each account. Label the front with the client's/physician's name.

*****IMPORTANT***** Keep track of your lines. Always count your lines immediately after finishing a tape. Save your work as the date of service, - that's the date the physician saw the patient. Just keep making a page break after each note, so you have one long continuous document. You DON'T want to save each patient separately, like you may be taught in school. Talk about time consuming...

This way, it makes it easy when the office staff call requesting a copy of a note. They will have a date of service for the patient, so it is easier if you do too. You will be able to pull up the document for that date of service and use the "find" command with the patient's name, and hey presto, you will have your note in front of you ready to print and fax or print and deliver.

When you are ready to invoice the client/physician, you will take the piece of paper out of the folder where you have written down the daily lines, (don't just rely on the computer, in case it gets lost), and prepare an invoice with your chosen invoice/accounting program. You will also print yourself out a copy of the invoice and put it in a folder.

Keep stationery and envelopes for the client close at hand, preferably next to the folder. I use one desk shelf for each client.

You will also need a directory of physician's names, addresses, and phone numbers. The office staff can request these from the local hospitals for you. This will save you looking in the phone book and will keep you organized.

Arrange your office so the books you use frequently are within reach. You don't need to walk across the room every time you want to look something up. It wastes time.

Keep a big wall calendar close by. You'll never regret it.

Don't forget to make back-up copies of your work.

Depending what you use, keep the CD's or floppy disks in a box, labelled correctly, and in date order.

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DIFFERENT FORMATS AND SAMPLE REPORTS

Fictitious Sample #1 - Nephrology

PATIENT: XXX
DATE: 5/6/99

The patient came to the office today for re-evaluation of his kidney disease. He denies having any uremic symptoms. However, he has lost 8 lbs in weight since his last office visit. His appetite is decreased. I am sure his energy level is not as good as it had been.

RECENT LABS: Reveal his BUN and creatinine to be 52 and 6.0 mg/dl respectively. Hemoglobin and hematocrit 12.0 and 37.2 respectively. Creatinine clearance 16 ml/min.

At the time of this examination, the patient denies chest pain or significant shortness of breath. However, he does complain of lack of energy and decreased appetite.

VITAL SIGNS: Blood pressure is slightly elevated at 162/92. Temp: 97.6. Pulse 76. Weight 210 lbs.

CURRENT MEDICATIONS: Atenolol 50 mg bid. Isosorbide 60 mg qd. Actos 45 mg qd. Accupril 20 mg qd. Procardia XL 60 mg qd. Lasix 80 mg bid. Glucotrol XL 5 mg qd.

PHYSICAL EXAM:

HEENT: Normocephalic, atraumatic. Eyes anicteric. PERRLA. Mouth and throat WNL.
NECK: Supple. Full ROM present. No evidence of tracheal deviation or jugular venous distention. Carotid pulses are 2+ and equal bilaterally. No lymphadenopathy or thyromegaly.
HEART: Regular rate and rhythm. Normal S1-S2.
LUNGS: Clear to auscultation. No wheezes, crackles, or rhonchi.
ABDOMEN: Soft, nontender. Positive bowel sounds. No gross organomegaly.
RECTAL: Deferred.
EXT: 1+ bilateral pitting edema.
NEURO: Grossly intact.

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Fictitious Sample #1 - Nephrology - Continued

ASSESSMENT:

1. CHRONIC RENAL FAILURE WITH WORSENING AZOTEMIA, REACHING ENDSTAGE.
2. HYPERTENSION, BLOOD PRESSURE SOMEWHAT ELEVATED TODAY.
3. ANEMIA, ON EPOGEN THERAPY.

PLAN:

1. Continued current medications.
2. I discussed at length with the patient the need to start dialytic intervention in the near future. I will obtain a 24 hour urine collection in one month. If creatinine clearance is less than 15, we will definitely start treatment.
3. I explained to the patient that his symptomatology is most likely secondary to his end-stage renal disease.
4. His AV fistula is maturing very well. I encouraged him to exercise his left arm so we can use the AV fistula when treatment is initiated. He is not thrilled with the idea, but he realizes that we cannot continue postponing his dialysis treatment, and that he will feel better after initiating dialysis.

Christine Louise, Bloom, M.D.
CLB/jdf

Fictitious Sample #2 - Orthopedic

PATIENT: XXX

DATE: 8/26/01

SUBJECTIVE: The patient comes in for evaluation of her right elbow. This is a 14-year-old female, right hand dominant. While playing basketball she had her arm in a hyperextended position, and was accidentally struck posteriorly by another player. She felt a pain on palpation in her elbow at the time and instantly had pain. She was unable to continue playing. This happened two days ago. The patient did go to the ER and x-rays were taken. She was placed in a posterior splint and sling. There is no previous history of injury to the elbow.

PAST MEDICAL HISTORY: Negative.

MEDICATIONS: Occasional Motrin since the injury.

ALLERGIES: No known medication allergies.

SOCIAL HISTORY: The patient is a student and lives at home with her parents.

PHYSICAL EXAM: The patient is able to go from 10 degrees short of full extension to 135 degrees flexion. She has pain with any attempt to increase her extension passively. There is tenderness to palpation over the medial epicondyle region of the right elbow. She has grade I-II medial opening, with valgus directed stress across the elbow. Neurovascular status is intact. Ulnar nerve appears to be working normally. There are no motor or sensory deficits in the ulnar, median, and radial nerve distributions. Pulses palpable in the hand.

X-RAYS: The patient brings in radiographs of her right elbow. Comparison left elbow radiographs were obtained today. Left elbow radiographs are unremarkable for any injury. The right elbow radiographs show evidence of a sublime tubercle avulsion fracture on AP view. Otherwise, the alignment of the joint is WNL. No other apparent fractures are present.

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Fictitious Sample #2 - Orthopedic - Continued

ASSESSMENT: Right elbow ulnar collateral ligament injury, with an avulsion fracture of the sublime tubercle of the ulna.

RECOMMENDATIONS: The patient will DC use of the splint and continue using the sling for the next seven days, then DC. She will start ranging her elbow actively. We will obtain an MRI scan to further evaluate the status of the ulnar collateral ligament. The patient will be placed on nonsteroidal anti-inflammatory medication and samples were dispensed.

Jason P. Albright, M.D.
JPA/kl

Fictitious Sample #3

FUNDUS PHOTOGRAPHY REPORT

XXX

2/6/98

DIAGNOSIS:

1. History of ocular migraines x 4 years.
2. S/P laser of superior peripheral retinal tear by outside ophthalmologist.
3. ARMD OU.

INTERPRETATION: Fundus photographs show AV crossing changes, drusen and RPE mottling OU. The retina is flat in all views seen OU. There are no significant retinal hemorrhages OU.

ASSESSMENT:

1. ARMD with increased RPE mottling OU, dry changes only OU.
2. History of ocular migraines, with no significant retinal vasculitis OU.
3. Hypertensive retinopathy OU.
4. No significant classic well defined choroidal neovascularization, or SRF or SRHB OU.

David D. Pierce, M.D.

DDP/jh

Fictitious Sample #4 - Pre-op Evaluation

Patient: XXX
Date: 9/15/01

REFERRING PHYSICIAN: Randolph Greeneland, M.D.

CHIEF COMPLAINT: The patient is scheduled to undergo skin flap procedures, one under the left eye and one on his chest. He had malignant lesions removed from these areas in the recent past. He will now have the cosmetic surgery done on September 19th, 2001. The patient states he feels well. He does have some discomfort at the excision sites.

PAST MEDICAL HISTORY: Cataract surgery by Dr. Brown on March 19, 2001 with good results. Coronary artery bypass graft over ten years ago. Cerebrovascular accident in 1994, with dense left hemiplegia due to complete blockage of the right internal carotid artery and a parietal infarct. Previously documented stable 60% stenosis of the left internal carotid artery. His last angiogram was done several years ago.

MEDICATIONS: Isordil 10 mg bid. Aspirin 1 qd, which he has stopped postoperatively. Persantine 50 mg bid, which he has stopped postoperatively. Pravachol 20 mg qd.

ALLERGIES: No medication allergies.

REVIEW OF SYSTEMS:

HEENT: See above.

CR: No exertional chest pain, dyspnea or cough.

GI: Appetite is good. Bowel sounds normal.

GU: No frequency, discharge or bleeding. Last prostate exam was done over two years ago. We will not repeat this today because of his discomfort with the lesions at present.

BMJE: He has had some pain in his right arm for approximately one year. This has been attributed to excessive use of the arm in view of his paralysis of the left arm.

NEURO: See above.

ENDOCRINE/METABOLIC: No polyuria or polydipsia.

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Fictitious Sample #4 - Pre-op Evaluation - Continued

SOCIAL HISTORY: Retired by physical disability. He lives with his wife. He was a chef.

FAMILY HISTORY: Not taken.

PHYSICAL EXAM:

VS: P 134/84. Pulse 84. Weight 233 lbs.
GEN: Alert. No acute distress. Very pleasant.
HEENT: **EARS:** Tympanic membranes normal right and left.
EYES: .PERRLA. Left intraocular lens. **MOUTH AND THROAT:** Normal.
NECK: Supple. Trachea and thyroid normal. Very soft audible bruits at the base of the right and left neck, left louder than right.
CHEST: Clear to percussion and auscultation. No paraspinous tenderness. Axillae normal.
HEART: Left border cardiac dullness inside left mid clavicular line. S1-S2 normal. No murmur, rub or gallop. No jugular venous distention.
ABD: Soft, nontender. No organomegaly or masses. Bowel sounds normal.
GU: Deferred.
RECTAL: Deferred.
EXT: Pulses normal in both feet. No deformities or edema.
NEURO: Complete paralysis of the left upper extremity and hand. Cranial nerves III-XII normal. 80%-90% power of the left leg.
SKIN: Bandage covering the left infraorbital region and upper right paraspinal chest.

IMPRESSION:

1. STATUS POST SKIN CANCER REMOVAL.
2. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, STATUS POST CEREBROVASCULAR ACCIDENT.
3. STATUS POST CORONARY ARTERY BYPASS GRAFT.
4. HYPERCHOLESTEROLEMIA, IMPROVED ON PRAVACHOL.
5. STATUS POST APPENDECTOMY.

Fictitious Sample #4 - Pre-op Evaluation - Continued

PLAN:

1. Surgery as proposed by Dr. Greeneland with a copy of this evaluation faxed to him along with interpreted EKG, which shows first degree AV block, nonspecific ST-T changes.
2. The patient will take his Isordil morning dose with a small amount of water upon arising the morning of surgery.
3. We will obtain laboratory studies, including CBC, chemistry 12, liver profile, lipid profile, CRP, LDL, TSH, PSA. The results will be forwarded to Dr. Greeneland.
4. Return in three months, or before as needed.
5. Defer prostate examination until his next visit, or subsequent to that.

Clifford R. Jones, M.D.
CRJ/jm

Fictitious Sample #5 - New Consult - Podiatry

Date: 10-4-92

Patient: XXX

PHYSICIAN'S HISTORY/CHIEF COMPLAINT

Patient presents with two verrucoid lesions plantar left foot. Onset: Insidious. Duration: Several months. Trauma/Modifying Factors: None. Type of pain: Ache.

GENERAL

Age: 24-year-old white female.

Weight: 132 lbs. Height: 5'1"

Social History: Denies tobacco indiscretion or alcohol consumption.

Family History: Unremarkable.

Present Medications: None.

MEDICAL HISTORY

Allergies: Penicillin.

Present medical history and evaluation: Good condition for age, sex, and race.

Past Surgical History: None.

REVIEW OF SYSTEMS

The patient denies any history associated with thyroid condition, seizure disorders, hepatic or renal dysfunction, GI ulceration, breathing disorders, lower extremity injuries, or prior podiatric medical care for this condition.

PHYSICAL EXAMINATION

SKIN: Color: Normal. Temperature: Warm/cool. Texture: Normal. NAILS: Hallux: Normal. Lesser digits: Normal. Keratosis: None. Ulcers: None. Warts: Pos. Abscesses: None. General appearance: Reveals a well developed, well nourished individual.

VASCULAR STATUS

DP: RT & LT +2/4. PT: RT & LT +2/4. CFT: RT & LT <3 seconds. Varicosities: RT & LT none. Edema: None. Hair growth: Normal.

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Fictitious Sample #5 - New Consult - Podiatry - Continued

NEUROLOGIC EXAMINATION

Sensory: Symmetrical and intact bilaterally.

Reflexes: Patellar and Achilles RT & LT +2/4.

Clonus and Babinski not elicited. Neuroma symptoms: None.

MUSCULOSKELETAL Within normal limits.

SUBJECTIVE: Patient presents with two verrucoid lesions plantar left foot. OBJECTIVE: Each lesion measures 1.5 cm to 2 cm in diameter. One lesion is beneath the 4th interspace and one is beneath the 1st MTPJ left foot. There is interruption of skin tension lines with pinpoint bleeding upon debridement and pain on lateral pressure. ASSESSMENT: Verrucae. PLAN: After sterile prep and infiltration of 2 cc of 1% Xylocaine with epinephrine, 1:100,000 excision and hyfrecation of lesions has been performed and sent in for pathologic examination. Gentamicin and sterile wrap applied. Patient was given home care instructions. We will follow up with the patient next week.

Fictitious Sample #6 - Internal Medicine

Patient: XXX
10/29/01

CC: Here today for follow up of his Type I DM. Patient's sugars have been running in the 180s to 190s, however, he has had an occasional low sugar reaction. He occasionally has to skip his insulin because the sugars are borderline low to begin with. Sometimes he can relate the low sugar reactions to a time when he went out and exercised or did heavy physical labor and did not eat something before he went out.

ROS: His right shoulder is much improved after the Kenalog and Voltaren given to him by Dr. Kahn. Patient has no symptoms at this time. He also has intermittent dry skin to the palm of his right hand. This has been going on for some time and he is unclear why.

PE: BP 124/78, P 72, R 18, W 249. GEN: Middle aged AAM. No acute distress. In good physical shape. HEENT: Unremarkable. NECK: Supple. LUNGS/HEART: Not examined today. ABD: Soft, NT, normal BS, (-) hs/megaly.

IMPRESSION:

1. Type I DM - with widely labile sugars, unable to further tightly control because of already existent hypoglycemic reactions.
2. Right rotator cuff strain/tear - improved.
3. Mildly overweight - seems to be leveling off at this point. He went up from 233 to 248 and most recently 249.
4. Anhidrosis - right palm, most likely related to diabetes, consider possible contact dermatitis since he uses his right hand extensively, but we cannot identify a specific issue at this point.

PLAN:

1. Continue currently as doing.
2. We discussed about the anhidrosis of the right hand.
3. RTO in approximately February with a chem 7 and hemoglobin Alc at that time.

LGS/kgH

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Fictitious Sample #7 - Internal Medicine

Patient: XXX
10/29/01

CC: Patient is here today basically to get her prescriptions refilled. She is on Norvasc and Zocor. A review of our records reveals that we have not checked her lab work in sometime, more specifically since 08/00.

ROS: Patient saw Dr. Krishman on 09/10/01 and had a colonoscopy which only revealed extensive diverticulosis, stricture of the sigmoid and internal hemorrhoids. A BE was done at RIA per her history after that which was normal.

PMH: Left kidney cystic mass. Right kidney cyst. Cholelithiasis. Atherosclerotic changes in the vessels of the abdomen are noted on CAT scan, but no aneurysm. D&C. Hypercholesterolemia. Hypertension. Allergic rhinosinusitis. Diverticulosis. Multiple colon polyps in the past, but none at this time. Angiodysplasia. Internal hemorrhoids. Bilateral femoral bruits. Left cataract extraction. Remote tobacco use disorder.

SH: She is under a fair amount of stress at home with personal issues and her husband's health. We discussed these in detail with her today about his cancer, his noncompliance with some medications and his chronic pain problems.

MEDS: Norvasc 5 mg qhs, Zocor 20 mg qhs.

PE: BP 158/84, P 80, R 18, W 128. GEN: Elderly WF. Appearing her stated age. No acute distress. HEENT: Unremarkable. NECK: Supple. There is a questionable I/VI right carotid bruit. CV: RRR. No CRMGE, JVD or PTE. ABD: Soft, NT, normal BS, (-) hs/megaly.

PLAN:

1. New prescriptions written for Zocor 20 mg qhs, #100 prn refills, Norvasc 5 mg qhs, #100 prn refills.
2. We will get a lipid panel, LDL and SGPT today and call her with the results.
3. RTO on 01/17/02 with annual CPE, EKG, usual labs and mammogram at that time.

LGS/kgH

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Fictitious Sample #8 - Internal Medicine

Patient: XXX
Date: 10/29/01

CC: Her primary complaint is back pain, it is improved, not in the back at this point, but just underneath the buttock bilaterally, non radiating. She does continue to feel stiff when she walks. Patient does do somewhat better with the Tylenol 500 mg qid.

ROS: GI: Her appetite is good. No change in bowel habits.
CV: Her edema is improving. History of mild DOE.

PMH: CPE 06/08/00 - unavailable at this time, it has been placed in her old chart. We will have it placed in her new chart.

MEDS: Tylenol 500 mg 1 po qid, Thyroid 1 gr qd, Lasix 40 mg qd, potassium ER 10 mEq qd, Capoten 12.5 mg bid, vitamin A-Z 1 qd, calcium 500 mg tid, vitamin E 400 iu qd, Ocuville 1 qd.

PE: BP 146/84, P 80, R 18, W 106. GEN: No acute distress.
HEENT: AT, NC. EOMI. Norm conj, lids, pupils, irises.
NECK: Supple. Normal thyroid. LUNGS: Clear. Normal effort. CV: RRR. I/VI SEM L 4TH ICS W/O RAD. No CRGE.
Trace to 1+ bilateral pedal edema. She has her TED hose on.
ABD: Soft, NT, normal BS, (-) hs/megaly.

LABS: Pulse oximeters are checked and are equal to 98% on room air.

IMPRESSION:

1. Weight loss - stabilized.
2. DJD - low back is improved, but continues with some discomfort in the buttock bilaterally.
3. Anxiety state.
4. Insomnia - she has lost her prescription for her Xanax.
5. Lymphedema - she is currently back on the program.
6. Hypothyroid - compensated.
7. Mild DOE of unclear significance, stable, probably multifactorial in etiology including DJD and heart disease. We doubt this is related to atypical angina or COPD at this point.

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Fictitious Sample #8 - Internal Medicine - Continued

PLAN:

1. New prescription for Xanax .25 mg 1 po q6h prn sleep and anxiety, #30, 5 refills.
2. Lasix 40 mg 1 qd, #30, 5 refills.
3. Increase her Tylenol 500 mg to 2 po tid for a maximum of 3 grams per day. (Generally considered the maximum safe dose for the geriatric population.)
4. RTO on 11/15/01 to see how she is doing at that time.

LGS/kgh

Fictitious Sample #9 - Internal Medicine

Patient: XXX
Date: 10/12/01

CC: Here today for follow up of her blood pressure. She switched the Altace to b.i.d. and her blood pressure has been much better. She was supposed to have been seen last week, but she was too weak to get out of her bath tub without assistance. She is getting progressively weaker diffusely. It is a combination of her MS, underlying DJD, and elderly status. She is currently 77 years old. Patient also has heart issues.

PE: BP 126/82, P 80, R 18, W 136.5. GEN: Fatigued appearance. No acute distress. HEENT: Unremarkable. NECK: Supple. LUNGS: Clear. HEART: II/VI SEM with radiation from apex to axilla, unchanged. I/VI SEM L 4TH ICS W/O RAD. Trace pedal edema. SKIN: Her skin is fragile, but otherwise unremarkable. MUSCULOSKELETAL: She has roughly 2 to 3+ strength handgrip, elbow flexion/extension. Patient stands very slowly and is very unsteady on her feet.

IMPRESSION:

1. Progressive weakness, multifactorial, including MS, DJD, elderly status, COPD and muscle atrophy.
2. Hypertension - improved.
3. TIA without recurrence, but she does feel that her functional decline worsened abruptly after this. She may very well have had a CVA rather than a TIA.
4. History of mild to moderate bilateral carotid stenosis.
5. Polycythemia secondary to COPD.

PLAN:

1. Continue with current medications as doing including, Plavix, Actonel, calcium carbonate, Celebrex, Altace and Xanax.
2. Reviewed her PMH from preoperative CPE 01/14/99.
3. We will schedule for Physicians Choice for PT/OT evaluations.
4. RTO on 11/29/01 to see how she is doing at that time or sooner prn.

LGS/kgH

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Fictitious Sample #10 - Internal Medicine

Patient: XXX
Date: 10/29/01

CC: Patient was brought in by her daughter today. It is very difficult to get a history from the patient as she has dementia and severe memory problems. The daughter is also a somewhat difficult historian. From the best I can gather, she has been complaining of pain in different areas, but the daughter believes it is primarily abdominal pain, possibly rectal discomfort. She is using a Proctocort Suppository once a week for her to move her bowels, or she will give her MOM, but then complains that she "runs off the next day." Patient denies any history of substantial weight loss. She has a fluctuating appetite.

PMH: Pacemaker. Alzheimer's disease which is progressively getting worse. Agitation and depression.

MEDS: Remeron 30 mg 1 qhs per Dr. Samm, Risperdal .5 mg $\frac{1}{2}$ tab qd, Lasix 20 mg qd.

PE: BP 164/84, P 84, R 18. GEN: Elderly AAF. No acute distress. HEENT: AT, NC. EOMI. Norm conj, lids, pupils, irises. NECK: Supple. Normal thyroid. LUNGS: Clear. Normal effort. CV: RRR. No CRMGE, JVD. No pedal edema noted at this time. She has a right infraclavicular pacemaker. ABD: Soft. She has marked epigastric tenderness. RECTAL: Reveals large hemorrhoids, there is one at approximately 3 o'clock which is mildly inflamed, but basically otherwise unremarkable. The hemorrhoids are rather large.

IMPRESSION:

1. Epigastric discomfort, most likely related to GERD, other possibilities such as, gallbladder and pancreatitis are much less likely, but not ruled out completely.
2. Large hemorrhoids, mild inflammation of one at 3 o'clock.
3. Alzheimer's disease with agitation.
4. Tachybrady Syndrome and PAF requiring pacemaker placement.

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Fictitious Sample #10 - Internal Medicine - Continued

5. DJD.
6. ASHD.
7. Hypertension.
8. Spondylosis.
9. Previous CHF, now well controlled.
10. Multiple perirectal abscess I&Ds in the past.

PLAN:

1. We will discontinue the Lasix.
2. Increase the Proctocort Suppositories to 2 x weekly.
3. Trial of Protonix 40 mg 1 po qd, #30 samples given.
4. RTO roughly in 3 to 4 weeks or sooner prn.

LGS/mjk

Fictitious Sample #11 - Internal Medicine

Patient: XXX
Date: 10/29/01

CC: Patient has moved to an ALF and is actually doing reasonably well there. Her family would actually like to try and stop as many medications as possible.

ROS: They thought she probably had thrush at the ALF because her tongue was white. The patient herself though denies any symptoms of the tongue bothering her at all.

PMH: Chronic pain syndrome. Dementia, most likely Alzheimer's disease. History of alcoholism remotely. History of Graves disease. Status post thyroidectomy. Subsequent hypothyroidism, now on replacement. History of vertebral fractures in the past involving T11 and also a T11 rib fracture.

MEDS: Mycelex Troches 5 x per day, folic acid 1 mg qd, aspirin 81 mg qd, Levothyroid 88 mcg qd, TUMS 1 tab tid, Zantac 150 mg bid, Hemosite 1 tab bid, Therapeutic-M 1 qd, Remeron 45 mg qhs, Spectazole cream 1% to the foot bilaterally, ProMod Powder 1 scoop with 240 cc of Ensure (Boost) tid, stool softener 1 cap qd, MOM 30 cc qd, Darvocet-N 100 1 tab q6h prn.

PE: Weights recorded at the ALF record her to be 105 pounds on 10/01/01, 108 pounds on 10/15/01 and 108 pounds on 10/26/01. BP 138/66, P 76, R 18. GEN: No acute distress. HEENT: AT, NC. EOMI. Norm conj, lids, pupils, irises. Whitish coat on middle of tongue, but no other plaques seen anywhere else. NECK: Supple. Normal thyroid. LUNGS: Clear. Normal effort. CV: RRR. I/VI MR murmur noted at the apex with radiation to the axilla. ABD: Soft, NT, normal BS, (-) hs/megaly.

IMPRESSION:

1. She is status post resection of a transverse mildly differentiated adenocarcinoma with direct extension of the paracolic fat with involvement of 2 of 4 regional paracolic lymph nodes consistent with a Dukes C classification, but no evidence of widespread METS. This was done on 06/26/01.

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Fictitious Sample #11 - Internal Medicine - Continued

2. Alzheimer's disease.
3. Previous anemia.
4. Hypothyroidism - compensated.
5. Remote alcohol abuse.
6. Microcytic anemia secondary to blood loss related to colon tumors and also some gastritis, duodenal ulcers and esophageal stricture which are not noted above.
7. Mild malnutrition.
8. Osteoporosis.
9. Depression.
10. Whitish plaque on the tongue, probably a normal variant, doubt thrush at this time.

PLAN:

1. Discontinue the Mycelelex, folate, aspirin and Zantac.
2. Change the TUMS to tid prn.
3. Change the Ensure to Carnation Instant Breakfast as per the request of the facility.
4. I also wrote a prescription for Darvocet-N 100 for low back pain.
5. RTO on 11/29/01, we will check a CBC prior to her visit to see how she is doing. We will check a folate level in several months to see if she needs to be continued on folate or not. They are to call us if there are any problems.

LGS/mjk

Fictitious Sample #12 - Neurology

PATIENT: XXX
DATE: 4-18-02

FOLLOW-UP EVALUATION

The patient returns today for follow up neurologic evaluation. The patient is seen for management of Parkinson's disease. He has been having more trouble ambulating and has had several falls since his last visit. He has been on amantadine since he was diagnosed, but we did discuss the possible addition of Sinemet at his last visit. He has fallen approximately four times since his last visit and one particular fall resulted in multiple rib fractures. He is having significant pain when he breathes and when he elevates his left arm, which has been attributed to the rib fractures.

NEUROLOGIC EXAMINATION

MOTOR EXAM: Revealed no focal motor weakness in the upper or lower extremities. Tone was normal. No tremor was evident.

GAIT AND STATION: Slow. His posture was significantly stooped. There was significant retropulsion and anteropulsion noted.

IMPRESSION

Parkinson's disease.

RECOMMENDATIONS

The patient will continue on amantadine. He was started on Sinemet and will begin with one tablet po tid. He will take the amantadine dose in between the three does of Sinemet. He will be referred to the Outreach Program for physical therapy evaluation for gait instability. He will be seen in follow up in one month.

Christine J. Dunstat, M.D.

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Fictitious Sample #13 - Neurology

PATIENT: XXX
DATE: 4-18-02

HISTORY OF PRESENT ILLNESS

This is a 75-year-old, right-handed female who is kindly referred by Dr. Rodgers for evaluation of chronic low back pain and a one year history of bilateral leg numbness. The patient has a previous history of chronic low back pain and did undergo a lumbar laminectomy in 1989. At that point in time, she was having significant difficulty with low back pain and radicular symptoms into both lower extremities associated with weakness involving plantar flexion on the left side. Subsequent to the surgery, the weakness and radicular pain did improve, but she was left with chronic low back pain. Approximately one year ago, she began complaining of recurrent numbness involving both lower extremities beginning in the knees and terminating in the ankles. On occasion, she also complains of numbness involving the dorsum of the feet as well. She does not complain of any worsening weakness in either lower extremity. There has been no recent difficulty with bowel or bladder incontinence or gait unsteadiness. She has not had any difficulty with recent falls or upper extremity weakness or numbness.

The patient was referred by Dr. Luchie, her family physician, for an MRI of the lumbar spine. This did reveal evidence of multilevel spinal stenosis beginning at L2-3 down to the level of L5-S1. There was associated bilateral severe foraminal stenosis beginning again at L2-3 down to the level of L4-5. As mentioned, the patient is status post left-sided L5-S1 lumbar laminectomy. At that level, postoperative changes were noted with persistent bilateral foraminal stenosis, left worse than right.

PAST MEDICAL HISTORY

As per history of present illness. She also has a history of hypertension, hyperlipidemia, osteoporosis, and right-sided trigeminal neuralgia.

Fictitious Sample #13 - Neurology - Continued

CURRENT MEDICATIONS

Avapro, Lotensin, atenolol, Zocor, Tenex, Hytrin, fosamax, Tegretol, aspirin, and various eyedrops.

ALLERGIES

No known drug allergies.

SOCIAL HISTORY

The patient is retired. She is a nonsmoker. She does not abuse alcohol.

FAMILY HISTORY

Significant for coronary artery disease and cancer.

GENERAL EXAMINATION

Reveals a well developed, well nourished, pleasant female in no acute distress.

VITAL SIGNS: Stable, with the exception of her blood pressure which was slightly elevated at 155/75. Her pulse was regular. She was afebrile.

HEENT: Unremarkable. NECK EXAM: Was supple. No carotid bruits were auscultated. BACK EXAM: Lumbar spine examination revealed a moderate degree of discomfort with palpation of the paraspinal muscles bilaterally. A mild degree of spasm was noted. No sacroiliac or sciatic notch tenderness was noted. Seated straight leg raising was negative. CARDIOVASCULAR EXAM: Revealed regular rate and rhythm. LUNGS: Were clear to auscultation bilaterally. ABDOMEN: Was benign with bowel sounds present throughout. EXTREMITIES: Were without clubbing, cyanosis, or edema.

NEUROLOGIC EXAMINATION

CRANIAL NERVE EXAM: Was intact.

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Fictitious Sample #13 - Neurology - Continued

MOTOR EXAM: Did reveal weakness involving the left gastrocnemius muscle at 4+-5/5 compared to 5/5 on the right side. There was also mild weakness involving the evertors on the left side at 4+/5 compared to intact strength on the right side. The foot invertors were intact. Mild weakness was noted involving the left iliopsoas muscle at 4+-5/5 compared to 5/5 on the right side. Significant weakness was noted involving the left hamstring muscle at 4/5 compared to 5/5 on the right side.

Remainder of manual motor testing, including the extensor hallucis longus, extensor digitorum brevis, tibialis anterior, and quadriceps muscles, was 5/5 bilaterally. Tone was normal. No atrophy or fasciculations were seen.

SENSORY EXAM: Did reveal decreased appreciation to both light touch and pinprick involving the left L5 and S1 dermatomes as compared to the right.

MUSCLE STRETCH REFLEXES: Were trace at the knee and absent at the ankle bilaterally. Toes were downgoing bilaterally.

COORDINATION AND GAIT: Normal. However, the patient was unable to toe walk on the left. She was able to walk on her heel bilaterally without difficulty.

IMPRESSION

1. Chronic low back pain.
2. Recent history of bilateral lower extremity numbness and left leg weakness. The latter has not progressed since the numbness recurred approximately one year ago.

RECOMMENDATIONS

The patient will return in a few days for further testing in the form of nerve conduction studies and EMG of both lower extremities to confirm the possibility of an acute bilateral left greater than right L5-S1 radiculopathy.

Christine J. Dunstat, M.D.

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Fictitious Sample #14 - Neurology

PATIENT: XXX
DATE: 4-1-02

FOLLOW-UP EVALUATION

The patient returns today for follow up neurologic evaluation. The patient is seen for management of headaches, neck pain, and pain involving the right upper extremity associated with numbness. The latter upper extremity symptoms have not significantly worsened since her last visit. Her headaches have significantly improved. She is on combinations of Elavil and Inderal for prophylaxis of headaches. Her primary concern is some weight gain that she has noticed since beginning the Elavil. She is also on combinations of Darvocet and Soma for relief of her neck pain. The Soma does help. However, on occasion when the pain is severe, even the Darvocet does not seem to work as well as it was working in the past. She has been on various triptans in the past and the only one she has found to be consistently effective is the Imitrex. She has remained on this medication. She is only having approximately one to two headaches at most monthly.

NEUROLOGIC EXAMINATION

Revealed no interval change in her motor, sensory, or reflex examination.

IMPRESSION

1. Post-traumatic headaches, improved.
2. Post-traumatic exacerbation of previous history of migraine headaches, improved.
3. Post-traumatic cervical strain/sprain.
4. Right upper extremity paresthesias, stable.

RECOMMENDATIONS

The patient will continue on the same dose of Inderal. Due to the recent reports of weight gain, the patient will be switched from Elavil to Zonegran. She will start with one capsule of Zonegran nightly and at the same time decrease her current dose of Elavil from 60 mg to 50 mg nightly.

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Fictitious Sample #14 - Neurology - Continued

Every two weeks, she will decrease the dose of Elavil by 10 mg and increase the dose of Zonegran by one capsule nightly. She was told about potential sedation with the Zonegran, but this is much less so than is the case with Elavil.

She was told that the primary side effects of Zonegran will consist of anorexia and possible moderate degree of weight loss. She was happy with the latter. She was given samples of and a prescription for the Zonegran. She will continue on Soma. However, she was instead started on Tylenol #3 to use in lieu of the Darvocet. Due to complaints of persistent neck pain, the patient will be referred to Dr. Summers for further management in the form of trigger point injections or epidural nerve blocks and possible Botox for management of her headaches. She will be seen in neurologic follow up in approximately one month.

Christine J. Dunstat, M.D.

Fictitious Sample #15 - Neurology

PATIENT: XXX
DATE: 1-2-00

HISTORY OF PRESENT ILLNESS

This is a 70-year-old, very pleasant, right-handed gentleman who is kindly referred by Dr. Britton for initial neurologic consultation regarding complaints of intermittent gait unsteadiness. The patient first noted these difficulties approximately six years ago and describes this as an inability to walk a straight line with ease. This seems to occur more frequently or is more pronounced when he is tired. He does complain of intermittent cramping involving the muscles of the lower extremities, but no associated paresthesias. He does not have any difficulty with significant low back pain or radicular symptoms into either lower extremity. There is no associated bowel or bladder dysfunction. He does not complain of any pain or numbness involving the upper extremities.

NEUROLOGIC REVIEW OF SYMPTOMS is negative for any associated complaints of blurred or double vision, speech or swallowing disturbances, nausea, vertigo, vomiting, or weight loss. He has noticed mild difficulty with short-term recall over the last few years.

PAST MEDICAL HISTORY

Significant for a chronic history of motion sickness and hypotension. He has a chronic history of sinus disease and is treated with regular allergy injections. In addition, he has benign prostatic hypertrophy and colonic polyps.

CURRENT MEDICATIONS

Proscar one tablet daily, one baby aspirin daily, and amitriptyline. The latter medication is used for treatment of urinary frequency.

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Fictitious Sample #15 - Neurology - Continued

ALLERGIES

The patient is allergic to codeine.

SOCIAL HISTORY

The patient is a retired priest. He is a nonsmoker. He does not abuse alcohol.

FAMILY HISTORY

Is as delineated in the chart and is not significant for a history of peripheral polyneuropathy.

GENERAL EXAMINATION

Reveals a well developed, well nourished, very pleasant gentleman in no acute distress.

VITAL SIGNS: Stable.

HEENT: Unremarkable. NECK EXAM: Was supple. No carotid bruits were auscultated. CARDIOVASCULAR EXAM: Revealed regular rate and rhythm. LUNGS: Were clear to auscultation bilaterally. ABDOMEN: Was benign with bowel sounds present throughout. EXTREMITIES: Were without clubbing, cyanosis, or edema.

NEUROLOGIC EXAMINATION

MENTAL STATUS EXAM: Revealed the patient to be alert and oriented to all spheres. His speech was clear. He was able to follow commands well.

CRANIAL NERVE EXAM: Revealed the pupils to be equally round and reactive to light and accommodation. Extraocular motility was intact. Visual fields were tested to confrontation and were found to be intact bilaterally. Facial strength and sensation was intact. Tongue was midline on protrusion. Gag reflex was intact.

Fictitious Sample #15 - Neurology - Continued

MOTOR EXAM: Revealed no focal motor weakness involving the upper or lower extremities. Specifically, there was no weakness involving the extensor hallucis longus, extensor digitorum brevis, tibialis anterior, tibialis posterior, peroneus brevis, iliopsoas, quadriceps, hamstring, and gastrocnemius muscles.

No significant muscle atrophy was noted. No fasciculations were noted.

SENSORY EXAM: Did reveal a mild deficit to light touch involving the right lower extremity in a peripheral distribution. There was definite decreased appreciation to pinprick in both lower extremities to the level of the ankle bilaterally. Vibratory sensation was diminished. His proprioception was intact.

MUSCLE STRETCH REFLEXES: Revealed the biceps, triceps, and brachioradialis to be 2/4 bilaterally. Lower extremity reflexes revealed the knee jerks and ankle jerks to be 2/4 bilaterally. Plantar responses were flexor bilaterally.

COORDINATION TESTING: Testing to finger-to-nose, heel-to-shin, and rapid alternating movements was found to be intact throughout.

GAIT AND STATION: Steady. Romberg's sign was absent, although the patient did have initial difficulty maintaining his balance when he closed his eyes.

LABORATORY:

The patient has had a set of blood work drawn recently and this was requested by Dr. Britton. This did include a CBC and a chem profile. His fasting serum glucose, ferritin level, TSH, and CBC was within normal limits. He does have an elevation of his triglyceride level and this is being currently managed with dietary measures.

IMPRESSION

Probable mild peripheral polyneuropathy with secondary sensory ataxia.

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Fictitious Sample #15 - Neurology - Continued

RECOMMENDATIONS

I did explain to the patient about the possibility of his peripheral neuropathy contributing to his ataxia. He does seem to think that it has not been as bad over the last few months as it had been in the past.

At this point in time, due to the mild nature of his deficits and his general perceived overall improvement, no further testing will be performed with the exception of a test to look for possible B12 deficiency and a two hour oral glucose tolerance test to definitely rule out the possibility of diabetes mellitus. Therefore, he will return for neurologic follow up on an as needed basis and we will call him with these results and any further recommendations at that point.

Christine J. Dunstat, M.D.

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Recommended websites:

<http://www.mtdesk.com> This site is a fantastic resource and also offers a classified section for finding work.

The American Association for Medical Transcription
http://www.aamt.org/agate/aamt_oms/content/index.asp This link also provides a career center and lists companies looking for transcriptionists. Some allow you to work from home. However, in my experience, you may be paid as little as half of what you would earn by finding your own accounts.

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