Job Description

Position: Office Manager

The Office Manager plays a vital role within the Angel Dental Care team. The Office Manager works closely with the patients, Doctors and staff to ensure a positive experience while delivering on Angel Dental Care's commitment to exceptional customer service. The Office Manager is responsible for the financial success of the practice. The Office Manager should possess a friendly, outgoing demeanor and excellent organizational skills.

Job Duties and Responsibilities:

- Coordinate patient scheduling and flow throughout the day by providing accurate scheduling based on provider
- Understand the doctor's flow and when to schedule follow up appointments
- Maintain HIPPA/OHSA safety compliance within the office
- Coordinate daily staffing per schedules
- Schedule office training – CPR, lunch & learns, etc.
- Meet/exceed provider performance and office performance goals set by Regional/Doctors
- Exhibit excellent customer service
- Support the Regional manager and Doctor decisions in a positive way.
- Hiring and maintaining appropriate office staff both clinical and non-clinical
- Understand the business responsibilities and goals and are responsible for the financial success of the practice.
- Be proactive in handling patient complaints and issues in a professional manner
- Hold staff accountable by staff agreements and job description's
- Conduct daily morning huddles and monthly staff meetings
- Help with the claim processing and pre-authorization with a manageable system in place
- Maintain accurate and up to date employee files
- Maintain a high degree of professionalism and a professional image at all times
- Ability to work flexible shifts potentially 40+ hours a week based on the needs of the practice

The above statements are describing the intended work for the Office Manager position. This is NOT an exhaustive list of all job duties and responsibilities.

Acknowledgement: By signing below, I acknowledge that I have received a copy of this job description.

Employee Signature_____ Date _____

Employee Name Printed_____ Date _____