



Quick Questionnaire

FROF Checklist

Please answer the questions below, and when complete, return to KMC University via fax at 855-832-6968 or via email at homework@kmcuniversity.com

Name of Office: _____ Name of Provider: _____

Name of person(s) doing research: _____

| STEP | NAME OF THE ROF/FROF STEP | PROCEDURE THAT SHOULD BE FOLLOWED | YES | NO | IF NO, HOW DOES YOUR PROCEDURE DIFFER |
|------|--|--|--------------------------|--------------------------|---------------------------------------|
| 1 | Instill Confidence | 1) Instill confidence with the presentation of your findings 2) Hold eye contact 3) Speak with confidence 4) Watch and listen closely to the patient | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Pass the Baton | Take your private conversation/ agreement that you have held with the patient and make it a public agreement by including your teammate. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Begin with the Good News | <i>Congratulations, you have some third party support for your healthcare. That is rare, you are lucky. Also we focus on making sure your financial responsibility will fit into your family budget.</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Give them a Number and Options | Use the KMCU Financial Plan Calculator. Include all your charges, including all ancillary items the patient is fully financially responsible for, such as pillows, nutrition and orthotics. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Fourth "Yes" | Have the patient affirm that they know they are financially responsible and will pay 'X' over 'Y' period of time | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Confirm the Payment Information in Writing | All agreements are in writing. The KMCU Financial Plan Calculator will ensure clarity of responsibilities, timelines and commitments. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Follow up with a Financial Consultation | Reconfirm the financial commitments, expectations and lines of communication with the patient when they are feeling better (between visits 4-10 typically). | <input type="checkbox"/> | <input type="checkbox"/> | |