

Survey A: Office Salary Survey

2023

Total # of employees: _____ Full time: _____ Part time: _____

Is your office a ☐ Specialty (SCP) or ☐ Primary care (PCP)?

Position	Years of Experience	Full Time		Part Time	
		Hourly	Monthly Salary	Hourly	or Monthly Salary
Office Manager		\$	\$	\$	\$
Nurse - RN #1		\$	\$	\$	\$
Nurse - RN #2		\$	\$	\$	\$
Nurse - LVN #1		\$	\$	\$	\$
Nurse - LVN #2		\$	\$	\$	\$
Certified Medical Assistant #1		\$	\$	\$	\$
Certified Medical Assistant #2		\$	\$	\$	\$
Medical Assistant #1 (not certified)		\$	\$	\$	\$
Medical Assistant #2 (not certified)		\$	\$	\$	\$
Front Desk/ Check in/ Checkout #1		\$	\$	\$	\$
Front Desk/ Check in/ Checkout #2		\$	\$	\$	\$
Front Desk/ Check in/ Checkout #3		\$	\$	\$	\$
Front Desk/ Check in/ Checkout #4		\$	\$	\$	\$
Receptionist #1		\$	\$	\$	\$
Receptionist #2		\$	\$	\$	\$
Scheduler/Referrals #1		\$	\$	\$	\$
Scheduler/Referrals #2		\$	\$	\$	\$
Insurance Verification #1		\$	\$	\$	\$
Insurance Verification #2		\$	\$	\$	\$
Certified Biller #1		\$	\$	\$	\$
Biller #1 (not certified)		\$	\$	\$	\$
Biller #2 (not certified)		\$	\$	\$	\$
Certified Technicians (i.e., x-ray tech) #1		\$	\$	\$	\$
Technicians (i.e., x-ray tech) #1 (not certified)		\$	\$	\$	\$
Technicians (i.e., x-ray tech) #2 (not certified)		\$	\$	\$	\$
Non-Physician Practitioner (Please Specify: PA, NP, OD, CNM, Etc.)					
#1		\$	\$	\$	\$
#2		\$	\$	\$	\$
#3		\$	\$	\$	\$
#4		\$	\$	\$	\$

Compensation:

Pay increase based on:	☐ Cost of Living	☐ Merit	☐ Both	☐ Other
Frequency of Compensation reviews:	☐ Annually	☐ Other	☐ None	
Bonus:	Based on: _____		How often: _____	

Insurance:

Medical Insurance:	☐ Yes	☐ No
Premium:	☐ Paid 100% by Employer	☐ Partial Payment ☐ 100% Employee
Health Savings Account (HSA)	☐ Yes	☐ No
Funded by Employer:	☐ Yes	☐ No
	☐ Full	☐ Partial
Flexible Spending Account (FSA)	☐ Yes	☐ No
Funded by Employer:	☐ Yes	☐ No
	☐ Full	☐ Partial
Dental Insurance	☐ Yes	☐ No
Premium	☐ Paid 100% by Employer	☐ Partial Payment ☐ 100% Employee
Other insurance:	☐ Disability	☐ 125 Plan or similar cafeteria plan

Other:

Retirement Plan:	TYPE: ☐ 401K	☐ Profit Sharing	☐ None Offered	☐ Other:
	Matching Funds from employer?	☐ Yes	☐ No	
		% of Matching: _____ %		

# of Paid Days Off:	Vacation: _____	PTO (Personal Time Off): _____	Sick: _____
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Holidays: Please indicate if any are less than 8 HRS paid.

W/Pay	W/O Pay		W/Pay	W/O Pay	
☐	☐	New Year's Eve	☐	☐	Birthday
☐	☐	New Year's Day	☐	☐	Labor Day
☐	☐	Good Friday	☐	☐	Thanksgiving Day
☐	☐	Memorial Day	☐	☐	Friday after Thanksgiving
☐	☐	July 4 th	☐	☐	Christmas Eve
☐	☐	Other _____	☐	☐	Christmas Day

What makes your office unique? _____

Other Benefits: _____

Are there other things you do to make your office a special place to work? _____

Feel free to attach an extra sheet if necessary.
 After completion please fax, email, or mail the survey to POET.
 Fax (936) 637-7638
 Staffadvocate@poetllc.org