

Supplemental Questionnaire
for

MEDICAL BILLING COORDINATOR - Health Dept / Nursing

Please read through the instructions and the questionnaire carefully before you fill it out. It is very important that you answer the questions as completely and accurately as possible.

INSTRUCTIONS

The Utah County Personnel Office appreciates your interest in this position. Since this questionnaire is an important part of the selection process for this position, **it must be fully completed.** It has been prepared to give applicants the same opportunity to fully explain their background as it relates to this position. In this questionnaire you will be asked to describe your past experience in performing certain duties. **Do not substitute your resume or any other material for a response to the questions contained in this questionnaire.** *Any work experience listed on this supplemental questionnaire must be indicated on your application.* We are only interested in your past experience, not in titles of positions you have held, or in your belief that you could do the job if given the chance. Please follow the instructions carefully for each question. Please write clearly.

The information you provide will be evaluated to determine your eligibility for further consideration.

Please type or use black ink (for reproduction purposes). Please attach additional pages using the same format when more space is needed. Please submit all application materials to Utah County Personnel Office, 100 East Center, Suite 3800, Provo, Utah, 84606.

Name (please print)

Date

Job Announcement Posting # _____

Last four numbers of Social Security #: X X X - X X - ____ ____ ____ ____

PLEASE READ CAREFULLY BEFORE SIGNING: The answers to the following questions are true and complete to the best of my knowledge. I understand that falsification of information may result in my disqualification or removal from a County position.

Signature: _____

Date: _____

Please answer the questions as completely as you can. Remember, we are interested in a description of your past experience and not in the titles of positions you have held. Identify your employer(s) for all the experience you describe.

Please describe in detail the length and scope of your experience in the following areas:

1. Please give a detailed, work related example of how you prioritize tasks during a typical work day.
Number of months in this function: _____ full time part time

2. Please describe your experience working with an electronic health record and billing through the software. Do you have experience building spreadsheets? Please detail specific examples.
Number of months in this function: _____ full time part time

3. Please give an overview of your skill in collecting overdue payments. How do you use an aging report to direct collection efforts?
Number of months in this function: _____ full time part time

4. Please detail your experience in the following:
- a. receiving and reconciling payments from insurance companies, private agencies, Medicaid, Medicare, vouchers and individuals against billing reports.
- Number of months in this function:** _____ full time part time

- b. following up on past due accounts, making special billing and payment arrangements with clients and companies.
- Number of months in this function:** _____ full time part time

- c. identifying accounts and preparing files to turn over to collection.
- Number of months in this function:** _____ full time part time