

Supplemental Questionnaire  
for  
**Medical Billing Specialist - Health Dept. / Nursing**

Posting # 996611-1218ksa

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 Human Resources 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.

**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 Human Resource Office, 100 East Center, Suite 3800, Provo, Utah, 84606.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

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. In this position attention to detail and accuracy is critical. Please give a detailed, work related example of a job assignment or project you worked on that required this attention to detail and accuracy.

\*Number of months in this function: \_\_\_\_\_ full time part time

2. Please describe any experience you have had in the following areas:

\*Number of months in this function: \_\_\_\_\_ full time part time

- a. balancing cash against receipts

- b. preparing and balancing deposits

- c. running tapes on checks and cash

d. balancing daily to reports

e. posting receipts as appropriate

f. generating billing for services rendered

3. What is your experience in receiving and accurately entering checks received from insurance companies, private agencies, Medicaid, Medicare, vouchers and individuals on a daily basis?

**\*Number of months in this function:\_\_\_\_\_ full time part time**

4. Describe your experience in responding to financial and accounting questions from vendors, customers and co-workers.  
\*Number of months in this function: \_\_\_\_\_ full time part time

5. Please detail your experience in generating monthly, quarterly, or annual reports for management review and submitting them to the appropriate agency.  
\*Number of months in this function: \_\_\_\_\_ full time part time

6. Please list any experience you have had with a 10-key calculator.  
\*Number of months in this function: \_\_\_\_\_ full time part time

7. Outline the software and computer programs you are proficient with and those you are familiar with.  
\*Number of months in this function: \_\_\_\_\_ full time part time