

## **Billing Representative**

### **Job Description**

- Performs insurance/billing clerical duties, including review and verification of patient account information against insurance program specifications.
- Resolve routine patient billing inquiries and problems, follow-up on balance due from insurance companies and type appeal letters to insurance companies.
- Enter data electronically to process charges, payments, denials, and adjustments.
- Analyze and code procedures and diagnosis using ICD-9 & CPT codes.
- Verify insurance benefits prior to patient visit and communicate these benefits to patient.
- We pay very competitive compensation for the community.
- Excellent benefit package including health insurance and retirement benefits. (Please email the office for more detailed information: [career@bazallergy.com](mailto:career@bazallergy.com))

### **Knowledge, Skills, Abilities:**

- The credentials normally associated with competence in this position including a high school diploma with 2-3 years of relevant work experience or equivalent combination of training and relevant work experience.
- Knowledge of medical billing and insurance claim filing for PPO, EPO, HMO, Medi-cal, Medicare, and Private insurance companies.
- Must be able to key 90 kspm and do 10 key by touch.

If you would like to submit your information, please fill out the application below and fax it with a current resume to (559) 261-1526 attention Office Administrator.

*All employment decisions at Baz Allergy, Asthma & Sinus Center will comply with all applicable laws prohibiting discrimination in employment including but not limited to title VII of the Rights Act of 1964, the Age Discrimination Employment Act of 1967, and the California Employment and Housing Act. Baz Allergy, Asthma & Sinus Center is proud to be an equal Opportunity Employer.*

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

PERMANENT ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? **Yes No** \_\_\_\_\_

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? **Yes No** \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? **Yes No** \_\_\_\_\_ Please give details about date and nature of conviction. \_\_\_\_\_

**(NOTE: a conviction will not necessarily disqualify applicant from the desired position.)**

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_ If no, describe the functions that cannot be performed.

(Note: The Company will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Employment may be subject to passing a medical examination.)

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THAT JOB? \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS AND TELEPHONE	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY NOTIFY  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, ANY FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I DECLINE THE RIGHT TO RECEIVE COPIES OF ANY PUBLIC RECORDS REVIEWED BY THE PROSPECTIVE EMPLOYER AS PART OF THE PRE-EMPLOYMENT PROCESS. **YES** \_\_\_\_ **NO** \_\_\_\_

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS "AT-WILL" AND AS SUCH IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE. THIS "AT-WILL" EMPLOYMENT RELATIONSHIP CAN ONLY BE CHANGED IN WRITING SIGNED BY \_\_\_\_\_.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_