AMBULANCE BILLING SPECIALIST SUPPLEMENTAL QUESTIONNAIRE

Redmond Fire & Rescue
341 NW Dogwood Ave
Redmond, OR 97756
(541) 504-5000

This supplemental questionnaire is required as part of the application process for the Ambulance Billing Specialist position. The information provided will be used to assess your relevant work experience, technical skills, and demonstrated ability to perform healthcare billing and revenue cycle functions.

Please answer each question completely and accurately based on duties you have personally performed. When describing your experience, identify your employer and position where applicable. Experience referenced in this questionnaire should also be reflected in your application or resume.

Responses such as “see resume” will not be considered a complete response.

1) Healthcare Billing and Revenue Cycle Experience

How many years of professional experience do you have performing healthcare billing or revenue cycle functions?

☐ 1 year or less ☐ 2 years ☐ 3 years ☐ 4 years or more

Identify the employer(s), position(s), and type of healthcare billing associated with this experience:

2) Ambulance/EMS Billing Experience

How many years of professional experience do you have performing ambulance or EMS billing and revenue cycle functions?

☐ None ☐ 1 year or less ☐ 2 years ☐ 3 years or more

If applicable: identify the employer(s) and position(s) associated with this experience:

3) Professional Certifications

Do you hold a current, valid Certified Ambulance Coder (CAC) certification? ☐ Yes ☐ No

Do you hold any other current, valid professional certifications related to medical coding, ambulance billing, or healthcare revenue cycle management? ☐ Yes ☐ No

If yes, please list the certification(s) held:

4) Revenue Cycle Functions

For each function below, indicate whether you have **personally performed the functions as part of your regular job responsibilities.** Do not select a function based solely on training, observation, or general familiarity.

- ☐ Review of clinical or patient care documentation for billing completeness
- ☐ Medical or ambulance coding
- ☐ Insurance eligibility or coverage verification
- ☐ Determination of primary, secondary, or other payer responsibility
- ☐ Claim preparation and submission
- ☐ Resolution of rejected claims
- ☐ Research and resolution of denied claims
- ☐ Reconciliation of payments or deposits
- ☐ Preparation or submission of claim appeals
- ☐ Accounts receivable follow-up
- ☐ Payment posting
- ☐ Patient billing and account follow-up
- ☐ Establishment or administration of patient payment plans
- ☐ Delinquent account or collection processing
- ☐ Processing of refunds or write-offs

Briefly describe your level of responsibility for the functions selected above. Identify which functions you performed independently:

5) Medicare, Medicaid, and Commercial Insurance

Indicate the payer types for which you have personally prepared, submitted, researched, or resolved healthcare claims:

- ☐ Medicare
- ☐ Medicaid
- ☐ Commercial insurance
- ☐ Other: _____
- ☐ Auto
- ☐ Worker's Compensation
- ☐ Self-pay/patient accounts

Briefly describe your experience applying payer-specific billing requirements and resolving payer-related billing issues:

6) Comprehensive Revenue Cycle Experience

Describe your experience managing healthcare accounts through multiple phases of the revenue cycle. Include the portions of the process for which you were personally responsible, from initial documentation or claim preparation through payment or final account resolution.

7) Claim Rejections and Denials

Describe your experience researching and resolving rejected or denied healthcare claims. Include examples of the types of issues you have been responsible for resolving and the actions you typically took to obtain payment or otherwise resolve the account.

8) Payment Processing and Reconciliation

Describe your experience with payment posting and financial reconciliation. Include any responsibility you have had for reconciling billing system activity to deposits, preparing payment or deposit documentation, processing refunds or write-offs, or submitting financial information to an accounting or finance department.

9) Additional Relevant Experience

Describe any additional education, training, certification, or professional experience that you believe is directly relevant to your ability to perform the duties of the Ambulance Billing Specialist position.

Applicant Certification

I certify that the information provided in this supplemental questionnaire is true and accurately represents my education, training, and professional experience. I understand that my responses may be compared with the employment history and other information provided in my application and resume.

Applicant Name: _____

Signature: _____

Date: _____