



DAISY MOUNTAIN FIRE DISTRICT
JOB ANNOUNCEMENT

MEDICAL/AMBULANCE BILLING-COST RECOVERY ASSOCIATE

Administrative-Support Services
Salary Range: \$40,000 - \$45,000
Hourly, Non-Exempt

OPENING DATE: NOVEMBER 5, 2018

CLOSING DATE: NOVEMBER 25, 2018, At 12:00 Midnight

AS THE EMPLOYER OF CHOICE, WE OFFER EXCELLENT BENEFITS AND AN OUTSTANDING WORKING ENVIRONMENT, WHICH INCLUDES A FOUR (4) DAY WORK WEEK!

This recruitment will be utilized to fill vacancies occurring within the next six (6) months. You are encouraged to print this bulletin because it contains important dates and information that will not be available online once this position closes.

MAJOR FUNCTIONS:

Under the supervision of the Ambulance Billing Manager, Daisy Mountain Fire District is seeking detail-oriented candidates for Medical /Ambulance Billing - Cost Recovery Associate. The Medical /Ambulance Billing - Cost Recovery Associate performs clerical work by verifying information on ambulance ePCRs (Electronic Patient Care Reports), recording information, entering and reviewing data in the system for accuracy, copying, filing and coding EMS ambulance ePCRs for billing insurance carriers or patients. Work requires demonstrated expertise in all phases of medical billing to include accounts receivable management, ICD coding, HCPCS codes and third party reimbursement. A qualified candidate must have working knowledge of medical and insurance terminology, and must possess interpersonal skills sufficient to interact effectively with patients, families, and payor personnel. The candidate must have the ability to problem solve, prioritize work, and adapt to changing situations in a fast-paced environment.

- Check-in, review, research and update patient demographic information on all ePCRs.
- Research and verify patient insurance information via computer, fax, or phone to confirm eligibility, request authorization, and apply billing codes to documentation to prepare claims for submission to insurance carrier.
- Generate paper and electronic claims, mail claims and send electronic files. Process insurance follow-up and appeal letters.
- Provide customer service to patients, hospitals or insurance companies by answering phone inquiries about transport claims. Set up patient payment schedules, apply notes or post denials to patient accounts, as needed.
- Download payment reports, process electronic EFT transactions, manual paper checks, and credit card payments to post to patients' accounts. Apply contractual allowance and any adjustments to patients' accounts as needed.
- Run credit balance report, process and post refund checks to accounts; provide additional information regarding delinquent accounts, and re-bill claims as requested.

MINIMUM QUALIFICATIONS:

- High school diploma or GED, and six months of related vocational, administrative, or technical training in Medical Coding and Billing.
- One year of relevant level experience involving financial record-keeping and reconciliation directly related to medical billing and coding in a hospital, doctor's office or ambulance provider setting.

An equivalent combination of education, training and experience which provides the required knowledge, skills and abilities to perform the essential functions of this position may be considered.

PREFERRED QUALIFICATIONS:

- Certified Ambulance Coder (CAC) Certificate or Certified Professional Coder (CPC) Certificate
- Knowledge of Medicare / Medicaid regulations for state of Arizona
- Current or previous EMT Certification
- Ability to operate a 10-key calculator by touch.
- Keyboarding skills of at least 35 WPM with a 90% accuracy.
- Bilingual – Spanish

OTHER REQUIREMENTS:

This position requires satisfactory criminal background, finger print and reference checks, and may require a Motor Vehicle History Report and Public Records Check. Employment offers are contingent upon successfully passing any of the above requirements. In addition, the Daisy Mountain Fire District will verify that an applicant's name does not appear on the Office of Inspector General's List of Excluded Individuals/Entities (OIG LEIE). This verification will be performed by the Daisy Mountain Fire District upon hire and monthly thereafter. If an employee's name is found on such a list, the offer of employment will be rescinded.

**ACCEPTING ONLINE APPLICATIONS FROM
NOVEMBER 5 – NOVEMBER 25, 2018
PANEL INTERVIEW SCHEDULED
FOR WEEK OF DECEMBER 3, 2018
TENTATIVE START DATE: JANUARY 7, 2019**

Resumes with copies of all certifications will be accepted the following ways:

- In Person at Daisy Mountain Fire Administration building located at 41018 N. Daisy Mountain Drive, Anthem, AZ 85086
- By Mail at 41018 N. Daisy Mountain Drive, Anthem, AZ 85086, Attn: H.R. Department
- By Email at HR@dmfd.org

All resumes and certifications must be received or postmarked by Sunday, November 25th at Midnight.

Daisy Mountain Fire District is a drug free workplace and an Equal Opportunity Employer committed to a diverse workforce.

MEDICAL/AMBULANCE BILLING-COST RECOVERY ASSOCIATE

SUPPLEMENTAL QUESTIONNAIRE (MUST ACCOMPANY APPLICATION/RESUME TO QUALIFY)

1. Your response to the following supplemental questions must match the information in the appropriate sections on your application/resume. If your responses do not match, your application will be deemed incomplete and will disqualify you from further consideration.

I have read and understood the above statement

2. Do you have a high school diploma or GED?

Yes No

3. Do you have a current certification from an accredited medical or ambulance coding program?

Medical Coding
 Ambulance Coding
 No certification

4. If you do not possess a certification, would you be willing to obtain a certification during your employment?

Yes
 No
 Not applicable

5. Are you currently enrolled in a medical or ambulance coding program? If yes, what is your anticipated date of completion.

Yes Anticipated Completion Date: _____
 No

6. Please indicate if you have medical billing and/or coding experience?

Medical billing
 Medical coding
 No experience

7. If you have medical billing or coding experience, please indicate the number of years, position title and the name of the agency/organization(s). If you have no experience, please indicate N/A.

8. Please indicate if you have ambulance billing or coding experience?

- Ambulance billing
- Ambulance coding
- No experience

9. If you have ambulance billing or coding experience, please indicate the number of years, position title and the name of the agency/organization(s). If you have no experience, please indicate N/A.

10. Are you bilingual?

- No
- Yes: Language(s) Spoken: _____



DAISY MOUNTAIN FIRE DISTRICT EMPLOYMENT APPLICATION

Administrative Office • 41018 N. Daisy Mountain Drive, Phoenix, AZ 85086
Mailing Address • 41018 N. Daisy Mountain Drive, AZ 85086
Phone: (623) 465-7400 • Email: HR@dmfd.org

APPLICATION INSTRUCTIONS:

Read the job description and answer all questions completely, including any supplemental questionnaire forms. Type or print all answers. Sign this application and all other forms. Resumes may not be substituted in lieu of the requested information. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or dismissal from DMFD. Applications must be received by the posted deadline, whether submitted in person, by mail, or email. The DMFD is not responsible for applications that are not received by the posted deadline, are incomplete, or illegible.

GENERAL INFORMATION

Position Applying For: _____

How Did You Hear About The Position: _____

Name (Last, First, MI): _____

Home Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Alt. Telephone: _____ Email: _____

Do you have a legal right to work in the U.S.? Yes No

All new hires will be required to submit verification of the legal right to work in the United States within three (3) business days beginning with their first day of work. In accordance with the Immigration Reform and Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification.

DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License?	Driver's License Number:	State:	CDL?	Classification
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>List any CDL endorsements:</i>				

Do you have a High School Diploma or a G.E.D.? Yes No

EDUCATION INFORMATION

Name of High School / College University	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Registrations, Licenses, and/or Certifications that relate to this position: (use additional pages if necessary)

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date: (if applicable)

Specialized Certifications and additional information required for specific field positions:

	Cert Number	Type		Expiration Date
EMT CERT:		State	National	
MEDIC CERT:		State	National	

List any specialized Training, Certification and Skills:

Are you a Veteran or qualified spouse of a Veteran? Yes No (Please attach DD214) Branch of Service: _____ Date of Discharge: _____

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Include any experience prior to ten years ago that relates to the position. Your qualifications will be evaluated on the information provided on this application form and, if applicable, any supplemental questionnaire forms.

PLEASE NOTE: RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION!

Position Title:	Employment Dates: (Mo/Yr) From:		To:
Employer:	Phone #:		
Address:	City:	State:	
Direct Supervisor:			
Annual Salary:	Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:			
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:			

Position Title:	Employment Dates: (Mo/Yr) From:		To:
Employer:	Phone #:		
Address:	City:	State:	
Direct Supervisor:			
Annual Salary:	Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:			
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:			

Position Title:	Employment Dates: (Mo/Yr) From:		To:
Employer:	Phone #:		
Address:	City:	State:	
Direct Supervisor:			
Annual Salary:	Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:			
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:			

Position Title:	Employment Dates: (Mo/Yr) From:		To:
Employer:	Phone #:		
Address:	City:	State:	
Direct Supervisor:			
Annual Salary:	Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:			
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:			

Have you ever been terminated, discharged, or resigned in lieu of termination, due to misconduct or unsatisfactory service?

Yes No If yes, please name the employer, explain the circumstances, and date (mo/yr).

Have you ever been convicted of a misdemeanor or felony; placed on probation; fined or given a suspended sentence at the federal, state, local, and/or military level?

- Applicants are not required to report convictions that have been expunged by a court of law.
- Note that a conviction does not necessarily bar someone from employment. Each case is considered individually and based on job requirements and employer policies.

Yes No If yes, please explain the nature of the conviction and the date of the conviction (mo/yr):

PLEASE READ THE FOLLOWING STATEMENTS AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.

- By signing this application, I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that, any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from Fire District employment.
- I understand that all documents requested and/or submitted, such as but not limited to, a cover letter, resume, certifications, and reference letters, are a part of the total application packet. Failure to submit all required documents shall cause my application to be eliminated from consideration.
- I also authorize the Daisy Mountain Fire District to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment.
- I understand that any offer of employment will be conditional upon the results of a criminal background investigation and a Driver's License check.
- I understand that any offer of employment will be conditional upon the successful completion of a physical examination and a drug screening test.
- I understand that my employment is at will, that the terms and benefits provided to me do not constitute any contractual relationship between myself and the District, is for no definite period of time and is terminable by myself or the District with or without notice or cause. No oral statements or representations made either before or during employment can change or modify this non-contractual and at-will relationship.
- If employed, I authorize the District to deduct from my earnings, amounts sufficient for my payments to cover any financial liability which I may incur during my employment. This may include, but not limited to, damage to or loss of District property, group insurance premiums, uniform costs, lost tools, equipment, supplies as well as tuition reimbursement.
- I understand that in consideration for my employment, I agree to comply with all federal, state and local laws, as well as District policies, procedures, rules/regulations and guidelines, which may be changed from time to time.
- If employed, I authorize the District to deduct from my earnings, amounts sufficient for my payments to cover any financial liability which I may incur during my employment. This may include, but not limited to, damage to loss of District property, group insurance premiums, uniform costs, lost tools/equipment/supplies, and tuition reimbursement.
- I understand that this application will remain active only for the job opening for which I have applied and will become inactive upon completion of the associated hiring process.
- I understand that it is my responsibility to keep the Fire District advised of any changes of address and/or phone number. I have read the above, understand its content and meaning, and agree to all of its provisions.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

It is the policy of Daisy Mountain Fire District to grant equal employment opportunity to all persons in all terms, conditions, and privileges of employment without regard to race, color, religion, sex, (including pregnancy, gender identity, and sexual orientation) national origin, age, physical/mental disability or veteran status.

DAISY MOUNTAIN FIRE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

Employment Applicant Information Release Waiver

I voluntarily and knowingly authorize, for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Bureau of Criminal Apprehension, personal reference, and/or other persons or organizations, to give record of information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, general reputation, character, and any other information requested to Daisy Mountain Fire District and/or its agents or representatives. I understand that, if hired, my consent will apply throughout my employment with the Daisy Mountain Fire District

Applicant Name: _____

Applicant Signature: _____

Date: _____