

CORE Chiropractic Brief Job Description

Chiropractic Assistant (CA): Insurance/Receptionist

Job Summary: The Chiropractic Assistant's primary job is to bill and collect on patient accounts. Overseer and processor of all non-cash accounts such as major medical insurance, personal injury cases, and Medicare. Verifying, billing and entering insurance payments.

Duties also include greeting patients, answering the phone, scheduling patient appointments, obtaining necessary patient information, verifying insurance benefits, billing insurance, entering Explanation of Benefits (EOBs), balancing accounts, sending bills to patients and managing collections. Office and doctor stats are updated and reviewed weekly.

Qualifications: Necessary office skills (Intermediate level of Excel, and Word) plus a pleasant personality, good clear speaking voice, ability to relate well to people, confidence, ability to work well under pressure and to feel comfortable handling financial matters. We will train on billing and insurance duties.

Key elements of the job:

1. Friendliness-to patients and staff
2. Accuracy- getting the job done thoroughly and correctly
3. Efficiency- doing the job quickly
4. Persistence-following up all accounts and communicating with the doctor, patient and 3rd party as to what still needs to be paid and when

40 hrs/ week paid at an hourly rate (\$15 to \$18 based on experience), 90 day trial period, then official start date begins.

CORE Chiropractic Interview Questions

HANDWRITE ALL ANSWERS-TYPED RESPONSES CANNOT BE ACCEPTED!

1. Please tell us what Chiropractic is all about in your own words.

2. Please tell us why you would be a good fit for our office.

Application for Employment

CORE Chiropractic is an Equal Opportunity Educational Institution committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

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|---|--|---|
| Position Applying For: Chiropractic Assistant | Name (Last, First, Middle): | Other names under which you have attended school or been employed: |
| Street Address: | City, State & Zip: | |
| Social Security Number: | Home Phone: | Work Phone: |
| Are you eligible to work in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you 18 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If NO, what is your current age? |

EDUCATION

| Name of School | City/State | Did you graduate? | If No, # of years left to graduate | If Yes, date of Graduation | Degree received | Major |
|--|------------|--|--|----------------------------------|--------------------|-------|
| High School: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| GED: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Other School: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| College: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| College: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| College: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying. | | | | | | |

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

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WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.” **PLEASE NOTE CORE CHIROPRACTIC** reserves the right to contact all current and former employers for reference information.

| | | | |
|---|--|--|--------|
| Dates Employed (most recent position) From: To | | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/> | Title: |
| Starting Salary: | | Organization Name and Address: | |
| Final Salary: | | | |
| Supervisor's Name, Title and Phone #: | Other Reference Name, Title and Phone #: | Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate | |
| Primary duties: | | Reason for Leaving: | |
| Dates Employed (most recent position) From: To | | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/> | Title: |
| Starting Salary: | | Organization Name and Address: | |
| Final Salary: | | | |
| Supervisor's Name, Title and Phone #: | Other Reference Name, Title and Phone #: | Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate | |
| Primary duties: | | Reason for Leaving: | |

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize CORE Chiropractic to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of CORE Chiropractic serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that the first NINTY DAYS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____

Once complete, please fax tall 3 pages to 281-476-6134 or e-mail to job@corechiropractic.net We are not able to contact all people who submit resumes, but we will contact all the resumes we like!

Thank you for applying!
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