Alliant FIRSTASSIST Human Resources For Healthcare

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Medical Assistant/Medical Receptionist/Insurance Biller/Office Manager

Name: ____________ Date: ____________ Experience Since: ____________

Are you certified? ☐ Yes ☐ No Certified by: ____________

	Comfortable With	Done Occasionally	No Experience
Administrative Duties			
Phones/Messages	☐	☐	☐
Data Entry	☐	☐	☐
Word Processing	☐	☐	☐
Insurance Coding	☐	☐	☐
Dictaphone	☐	☐	☐
Pegboard	☐	☐	☐
Collections	☐	☐	☐
Billing	☐	☐	☐
PPO's	☐	☐	☐
HMO's	☐	☐	☐
Medicare	☐	☐	☐
Worker's Compensation	☐	☐	☐
Other: ____________	☐	☐	☐

Software:

☐ CPT ☐ Med. Manager
☐ ICD9 ☐ WordPerfect
☐ CBSI ☐ Windows

Typing (WPM) ____________

Other(s) ____________

Clinical Duties	Comfortable With	Done Occasionally	No Experience
Patient Prep	☐	☐	☐
Vital Signs	☐	☐	☐
Physical Assessment	☐	☐	☐
Adult Injections	☐	☐	☐
Pediatric Injections	☐	☐	☐
Phlebotomy	☐	☐	☐
EKG's	☐	☐	☐
Flex Sigmoidoscopy	☐	☐	☐
Pulmonary Functions Tests	☐	☐	☐
Lab Tests	☐	☐	☐
Urinalysis	☐	☐	☐
Pregnancy Tests	☐	☐	☐
Instrument Familiarity	☐	☐	☐
Sterile Technique	☐	☐	☐
Assist Minor Surgery	☐	☐	☐

Name: ______ Date: ______

What types of office(s) have you worked in before?

1. ______
2. ______
3. ______
4. ______
5. ______
6. ______

______
Signature

______
Date

______
Agency Representative Signature

______
Date