



EMPLOYMENT INTEREST FORM

Position(s) in which you would be interested:

Patient Advocate, Medical/Hospital Billing, Insurance Billing and Negotiations

Type of work desired:

Full-Time _____ Part-time _____ Temporary _____

How did you Learn about us?

Advertisement _____ Friend _____ Relative _____ Other _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ Street _____ City _____ State ZIP _____

Telephone Number _____ Cell Number _____

Email Address _____

Please list Academic Credentials (College/Graduate School): _____

Please list Professional Credentials (Associations and Accreditations): _____

Please list past three (3) employers:

What professional and/or general liability insurance, if any, do you have: _____

Please provide your CV along with this form.

By signing this you are stating that all information is true and accurate.

Signature: _____ Date: _____

If Prism Health Advocates decides that your background is relevant to a particular job opening, you might be required to fill out an additional application.

Please send Employment Interest Form to Victoria.colombatto@prismhealthadvocates.com

We are an equal opportunity employer. It is the policy to provide equal opportunity in employment to all members and applicants for employment. Consistent with the rights and obligations under applicable federal and state law, no person is to be discriminated against in employment because of race, marital status, religion, color, sex, age, national origin, disability (except where physical requirements are bona fide occupational qualification, or veteran status).