



Physician Services

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Application Form

FIRST NAME

LAST NAME

EMAIL

PHONE

FULL ADDRESS

CITY

STATE

ZIP CODE

LINKEDIN PROFILE:

INSTAGRAM PROFILE

DO YOU HAVE BILLING EXPERIENCE YES NO

HOW MANY YEARS

TELL US ABOUT YOURSELF

WHAT IS YOUR BILLING EXPERIENCE BACKGROUND?

WHAT ABOUT BILLING DO YOU LIKE AND WHAT ABOUT IT DO YOU NOT FIND SATISFYING?

HAVE YOU EVER BEEN SELF-EMPLOYED? YES NO
IF SO, WHAT HAVE YOU BEEN DOING AND FOR HOW LONG?

I PREFER WORKING INDEPENDENTLY OR ON A TEAM.