

Submission Date 09-20-2019 11:24:51

First Name

SAMELA

Last Name

RUCKER

E-mail Address

fabdiva101@gmail.com

Phone

9258785334

Address

6606 SURFSIDE WAY

Unit or Number

A

City, State

SACRAMENTO

Zip Code

95831

What region(s) are you applying to work within?

- Sacramento

Which position(s) are you applying for?

- Server
- Bartender
- Housekeeper
- Barista

Are you applying for:

- Part-Time

When can you start?

 Friday, September 27, 2019

Can you work overtime?

Yes

How did you hear about us?

- Referral

If you were referred, please tell us by whom:

KINDRA ENRIQUEZ

What days/times can you work? Select all that apply:

- Monday PM

- Tuesday PM
- Wednesday PM
- Thursday PM
- Friday PM
- Saturday AM
- Saturday PM
- Sunday AM
- Sunday PM

Have you ever applied to or worked for The Service Companies (TSC) before?

No

If hired, would you have reliable means of transportation to and from work?

Yes

If hired, can you present evidence of your legal right to live and work in this country?

Yes

State age if under 18. If you are under 18, hire is subject to verification that you are of minimum age to work.

CALIFORNIA

Are you able to perform the essential functions of the job for which you are applying?

Yes

Name of School

Heald College of Concord, CA

City & State

Concord, CA

Grade/Degree

AAS

Graduated?

Yes

Do you have any special licenses? (If so, label under "Special")

No

Are you computer literate? (If so, label which programs under "Special")

Yes

Are you proficient with Point of Sale systems? (If so, label which under "Special")

No

Do you have any experience, training, qualifications or special skills? (If so, label under "Special")

No

Are you currently employed?

Yes

Can we contact your current employer?

Yes

Name and Address of Employer

River City Medical Group/Vivant Health
7311 Greenhaven Drive, Suite 100
Sacramento, CA 95831

Type of Business

Healthcare IPA

Phone Number

(916) 228-4300 ext. 2367 or 2381

Your Position & Duties

Claims Adjudicator 1

- Reviewing and analyzing claims inquiries, claims tracers, pending claims, explanation of benefits and reports to resolve claims issues
- Applying correct procedural codes, modifiers, manual pricing, coordination of benefits and billing limits with appropriate payment status and override notation, as instructed and per established procedures
- Modifying suspended claims; adjusting paid/denied claims, as necessary

Date of Employment (from/to):

04/2018 - current

Reason for Leaving

CURRENT

Still Employed:

Yes

Name and Address of Employer

Health Net
Rancho Cordova, CA

Type of Business

HEALTHCARE

Your Position & Duties

Claims Examiner 1

- Determines level of reimbursement based on established criteria, provider contract, plan and employer group provisions.
- Performs limited duties, subject to review and approval, for the processing of such claims assigned, consistent with applicable policies, procedures and department guidelines.
- Processes routine claims within a single product line to determine type and amount of benefit payable.

Date of Employment (from/to):

11/2017-04/2018

Reason for Leaving

BETTER OPPORTUNITY FOR PERMANENT WORK

Still Employed:

No

Name and Address of Employer

Blue Shield of California
Rancho Cordova, CA

Type of Business

HEALTHCARE

Your Position & Duties

Group Level Processor

- Researched and resolved inquiries received via telephone or written correspondence.
- Effectively navigated through multiple platforms and research database applications to efficiently locate information to complete processing tasks.
- Consistently performed established performance metrics for high level data entry.
- Educated internal and external customers regarding contractual responsibilities, and updates to policies and procedures, improving overall customer satisfaction in the process.
- Maintained Provider contract files both electronically and manually

Date of Employment (from/to):

11/2015 – 07/2017

Reason for Leaving

Contract Expired

Still Employed:

No

Have you ever been fired from a previous place of employment? If yes, please explain:

No

First Name

Kindra

Last Name

Enriquez

E-mail Address

kenriquez@vivanthealth.com

Phone

916-676-6376

Relationship:

coworker

Years Acquainted:

1

First Name

Danita

Last Name

Seaton

Phone

510-999-0409

Relationship:

friend

Years Acquainted:

14

First Name

Yolanda

Last Name

Sentman

Phone

979-383-3277

Relationship:

Sister

Years Acquainted:

42

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

- (Checked box indicates acknowledgement)

I hereby authorize The Service Companies (TSC) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

- (Checked box indicates acknowledgement)

I hereby authorize The Service Companies (TSC) and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

- (Checked box indicates acknowledgement)

I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

- (Checked box indicates acknowledgement)

The Service Companies (TSC) is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

- (Checked box indicates acknowledgement)

I hereby acknowledge that I have read and understand the above statements.

- (Checked box indicates acknowledgement)

Applicant Digital Signature (Type Name):

Samela Rucker

Date:



Friday, September 20, 2019

Please Attach Resume Below

[SamelaRuckerResume.docx](#)