## **Candidate Evaluation Form**

| Candidate Name       |                                  | Interviewer          |  |
|----------------------|----------------------------------|----------------------|--|
| Position Title       | Patient Access<br>Representative | Interview Date       |  |
| Desired Salary       |                                  | Interview Start Time |  |
| Available Start Date |                                  | Interview End Time   |  |

| Rating Scale Responses   | Interviewer Recommendation   |
|--|--|
| <ol> <li>No answer</li> <li>Does not meet expectations</li> <li>Meets expectations</li> <li>Exceeds expectations</li> <li>Outstanding</li> </ol> | <ul> <li>☐ Hire</li> <li>☐ Needs additional interview</li> <li>☐ Possible fit for different position</li> <li>☐ Do not hire but keep on file</li> <li>☐ Do not hire</li> </ul> |
| Total Score:   | Comments:  |

| Questions  | Rating | Notes |
|--|--------|-------|
| What strengths or experience do you bring to this role that set you apart? |        |       |
| Can you describe a typical shift that you might expect to work?            |        |       |
| How do you ensure HIPAA compliance as a patient access representative?     |        |       |

| Can you walk me through your process for verifying that your data entries are complete and correct?                  |  |
|--|--|
| How does teamwork help you to provide the patients with a better experience?   |  |
| If multiple patients arrived at the same time, how would you prioritize within that high volume situation?           |  |
| How would you approach a patient who was hesitant or unwilling to provide necessary registration or billing details? |  |
| Additional Questions:  |  |
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