

## CLAIMS SERVICE SPECIALIST

### Professional Summary

Medical Billing Specialist with 3 years experience in a fast-paced, multiple client medical billing company. Researched and denied claims and submitted appeals. Familiar with health billing and collections.

Advanced knowledge of claims processing and pre-authorizations.

### Skills

- Medical terminology expert
- ICD-10 (International Classification of Disease Systems)
- Billing and collection procedures expert
- Hospital inpatient and outpatient records
- Inpatient records coding proficiency
- Outpatient surgery coding specialist
- HCPCS Coding Guidelines
- Familiar with commercial and private insurance carriers
- Insurance and collections procedures
- DRG and PC grouping
- Understands insurance benefits
- Research and data analysis
- Close attention to detail
- Adept multi-tasker
- Office support (phones, faxing, filing)
- Excellent verbal communication
- MS Windows proficient
- Customer service award
- Skilled trainer
- Excellent time management skills
- Microsoft Outlook, Word and Excel
- MS Office expert
- Supervisory training
- Accomplished leader
- Resource management expertise
- Knowledge of Medicare statutes and regulations

### Work History

Claims Service Specialist , 10/2013 to 06/2014

Company Name " City , State

- Filed claims per NextGen system Discussing coverage's and liability with insured, claimant, and body shops.
- Also spoke with lienholders and medical providers.
- Typing and data entry Obtaining police reports to determine liability for claims Reviewing estimates and correspondence faxed, mailed, and emailed in.
- Issuing payments and scheduling rental reservations for insured and claimants.
- Precisely completed appropriate claims paperwork, documentation and system entry.
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- Correctly coded and billed medical claims for various hospital and nursing facilities.
- Verified patients' eligibility and claims status with insurance agencies.
- Performed qualitative analysis of records to ensure accuracy, internal consistency and correlation of recorded data.
- Interacted with providers and other medical professionals regarding billing and documentation policies, procedures and regulations.
- Accurately posted and sent out all medical claims.
- Submitted electronic/paper claims documentation for timely filing.

Claims Specialist , 10/2011 to 07/2012

Company Name " City , State

- Correctly coded and billed medical claims for various hospital and nursing facilities.
- Meticulously identified and rectified inconsistencies, deficiencies and discrepancies in medical documentation.
- Diligently filed and followed up on third party claims.
- Determined prior authorizations for medication and outpatient procedures.
- Pre-certified medical and radiology procedures, surgeries and echocardiograms.
- Researched questions and concerns from providers and provided detailed responses.
- Reviewed, analyzed and managed coding of diagnostic and treatment procedures contained in outpatient medical records.
- Researched CPT and ICD-9 coding discrepancies for compliance and reimbursement accuracy.
- Actively maintained current working knowledge of CPT and ICD-9 coding principles, government regulation, protocols and third party requirements regarding billing.
- Managed collections claims for unpaid bills against the estates of debtors.
- Accurately posted and sent out all medical claims.
- Submitted electronic/paper claims documentation for timely filing.
- Performed billing and coding procedures for ambulance, emergency room, inpatient and outpatient services.
- Precisely evaluated and verified benefits and eligibility.
- Responded to correspondence from insurance companies.
- Identified and resolved patient billing and payment issues.
- Confidently and adeptly handled claim denials and/or appeals.
- Evaluated patients' financial status and established appropriate payment plans.
- Reviewed and resolved claim issues captured in TES/CLAIMS edits and the clearing house.
- Examined patients' insurance coverage, deductibles, possible insurance carrier payments and remaining balances not covered under their

policies when applicable.

- Updated patient financial information to guarantee accuracy.

Subject Matter Expert , 07/2012 to 10/2013

Company Name " City , State

- Initiated audit process to evaluate thoroughness of documentation and maintenance of facility standards.
- Created and maintained computerized record management systems to record and process data and generate reports.
- Supervised 15+ claims specialist and answered work-related questions via chat instant messaging system
- Took escalated calls from providers providing excellent customer service and solving all claim related problems.
- Manually reprocessed claims for accuracy after being sent back by facilities with questions about denials and non-payment.
- Cross-trained and backed up other customer service managers.
- Solved unresolved customer issues.
- Assumed ownership over team productivity and managed work flow to meet or exceed quality service goals.
- Identified individual development needs with appropriate training.
- Effective liaison between customers and internal departments.
- Defused volatile customer situations calmly and courteously.

Healthcare Agent ,

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Education

Associate of Science : Medical Billing and Coding , Current

Central Piedmont Community College - City , State

- Coursework in Business, Accounting and Healthcare Administration
- Coursework in Healthcare Management
- Coursework in Healthcare Administration
- Coursework in Medical Front Office Assisting

High School Diploma : 10 2007

Skills

accounting, benefits, billing, communication skills, customer satisfaction, customer service, customer service training, data entry, focus, insurance, listening, Medical Billing, police, problem resolution, Coding, Read, scheduling, supervisor, Typing, type