MEDICAL BILLING SPECIALIST JOB DESCRIPTION

Growing Northwest Indiana Federally Qualified Health Center seeks Medical Billing Specialist with a minimum of two years billing experience to become an integral part of our Billing/Collections team.

This person will be a full-time, goal-oriented, revenue-driven, highly accurate and motivated Biller. Primary duties include, but are not limited to: consistently follow up on unpaid claims utilizing monthly aging reports and filing appeals when appropriate to obtain maximum reimbursement. Secondary duties include but are not limited to: data entry of all patient demographic, guarantor and insurance information, posting procedures and insurance/patient payments, balance to daily deposits

REQUIRED SKILLS

- Computer experience is essential, including, but not limited to: practice management software, word processing and spreadsheet applications.
- Experience in CPT and ICD-9 coding; familiarity with medical terminology.
- Excellent customer service skills.
- Strong written and verbal communication skills.
- Ability to manage relationships with various Insurance payers.
- Experience in filing claim appeals with insurance companies to ensure maximum entitled reimbursement.
- Responsible use of confidential information.
- Perform to company standards of compliance with policies and procedures.
- Ability to multi-task and work courteously and respectfully with fellow employees, clients and patients.

DETAILED WORK ACTIVITIES

- Ensure all claims are submitted with a goal of zero errors.
- Verifies completeness and accuracy of all claims prior to submission.
- Accurately Post all insurance payments by line item.
- Timely follow up on insurance claim denials, exceptions or exclusions.
- Meet deadlines.
- Reading and interpreting insurance explanation of benefits.
- Utilize monthly aging accounts receivable reports to follow up on unpaid claims aged over 30 days.
- Make necessary arrangements for medical records requests, completion of additional information requests, etc. as requested by insurance companies.
- Respond to inquiries from insurance companies, patients and providers.
- Regularly meet with Account Manager to discuss and resolve reimbursement issues or billing obstacles.
- Regularly attend monthly staff meetings and continuing educational sessions as requested.
- Perform additional duties as requested by Supervisory or Management team.

We offer a good salary and comprehensive benefits package for full time employment. Qualified candidates should submit a resume and cover letter, including salary history by applying to jobs@northshorehealth.org with the position title in the subject line.

We are an equal opportunity employer