



313 Jefferson Ave
Toledo, OH 43604
419.720.7883 ext. 212

FULL TIME BILLING SPECIALIST

Reports to Revenue Cycle Manager

General Function:

Responsible for collecting, posting and managing account payments. Responsible for inputting all charges incurred during on-site office visits and entering all payments received on-site. This requires that the incumbent remains current with specifics of all payer types. Will work with medical staff to assure that all necessary information is provided on the encounter form and must reconcile all printed forms. Will be responsible for entering all new private insurance data that is collected. On assigned days will assist the Scheduling Coordinator acting as the "Out-take Clerk".

Duties and Responsibilities:

- Prepares and submits clean claims to various insurance companies either electronically or by paper
- Answer questions from patients, clerical staff and insurance companies
- Identifies and resolves patient billing complaints
- Prepares, reviews and send patient statements
- Evaluates patient's financial status and establishes budget payment plans. Follows and reports status of delinquent accounts
- Reviews accounts for possible assignment and recommendations to the Billing Supervisor, also prepares information for the collection agency
- Performs various collection actions including contacting patients by phone, correcting and resubmitting claims to third party payers
- Processes payments from insurance companies
- Participates in educational activities and attends monthly staff meetings
- Conducts del fin accordance with NHA's employee manual
- Maintains strictest confidentiality; adheres to all HIPAA guidelines/regulations
- Be sure that all encounter forms that were generated are accounted for.
- Review each forms to assure that were generated are accounted for.
- Follow-up with medical staff and front desk when necessary to assure proper claim submission.

- Once satisfied that the encounter form is completed appropriately and that the account contains current data will input charges and payments.
- Must use current CPT Coding and ICD-9 coding to generate good claims.
- All payments received will be applied to designated services.
- The day's entries must be balanced to the cashier log.
- Will be responsible for updating all private insurance data within accounts.
- Will assist with patient inquires

Attendance:

Regular, punctual, physical attendance at the worksite(s) is an essential function of this position as staff supervision cannot be performed remotely.

QUALIFICATIONS:

- High School Diploma or GED
- Knowledge of medical billing/collection practices
- Knowledge of computer programs
- Knowledge of business office procedures
- Knowledge of basic medical coding and third party operating procedures and practices
- Ability to operate a computer and basic office equipment
- Ability to operate a multi-line telephone system
- Skill in answering a telephone in a pleasant and helpful manner
- Ability to read, understand and follow oral and written instructions
- Ability to establish and maintain effective working relationships with patients, employees, and the public
- Must be well organized and detail-orientated
- Familiar with computer generated billing.
- Highly motivated and a self-starter.
- Ability to work well under pressure and to work independently.