

MEDICAL/DENTAL BILLING SPECIALIST

JOB DESCRIPTION

We are looking for a team member with a minimum of two years of Medical and Dental billing experience to join our 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, filing appeals when appropriate to obtain maximum reimbursement and establish and maintain strong relationships with providers, clients, patients and fellow staff. 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, with a minimum of 40 wpm typing speed and 10-key by touch.
- Experience in CPT and ICD-10 coding; familiarity with medical and dental 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.
- Neat appearance; pleasant speaking voice and demeanor; positive attitude.
- Responsible use of confidential information and HIPPA privacy knowledge.
- 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.
- 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 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.

REQUIRED EDUCATION.

High School diploma or equivalent. Prefer Associates degree in Medical Billing and Coding or Accounting; however, two years of experience in lieu of education may also be considered.

Familiarity and experience with Federally Qualified Health Centers strongly encouraged.

JOB DETAILS & BENEFITS

Job Location: East Los Angeles, 90022

Hours/Week: Full-Time 40 Hrs per Week

Benefits Include: Medical, Dental & Vision Insurance, Holidays, Paid Time Off & 403B.