JOB TITLE: Patient Accounts Representative III – Insurance Billing
REPORTS TO: Business Office Manager
FLSA STATUS: Non-exempt
JOB OVERVIEW: Ensure a high level of customer service is maintained in the area of patient accounts including billing, collections and billing adjustments.

ESSENTIAL FUNCTIONS INCLUDE BUT ARE NOT LIMITED TO:

1. Ensure that billing is occurring in accordance with all applicable clinic procedures and standards.
2. Identify and correct missing data elements prior to claims submission. Audit claims prior to submission on electronic system.
3. Maintain working knowledge of the health plans with which the clinic contracts. Identify internal and external sources to answer complex questions and resolve detailed problems.
4. Follow up with insurance companies ensuring that claims are paid.
   - Monitor reimbursements received for accuracy of contracted payment rates and regulations.
   - File appeals on denied claims, insufficient payments and/or overstated disallowed amounts in a timely manner.
   - Re-file claims with additional supporting documentation to obtain higher reimbursement as necessary.
   - Respond to carrier inquiries for additional information including contacting practices to obtain additional documentation to support resubmission of claims.
5. Review audit reports to ensure that payments are posted accurately.
6. Investigate billing problems and formulate solutions for review and implementation.
7. Initiate refund requests for incorrect insurance payments.
8. Monitor payer reimbursement turnaround time of 30 - 45 days. Use information gathered in the monitoring process to notify insurance company and manager of inconsistencies.
9. Identify claims payment slowdown notifying manager. Assist in action to remedy.
10. Maintain appropriate, levels of aging on assigned insurance types to insure no claims become untimely. When problems arise, immediately take corrective action as prescribed by supervisory personnel to remedy.
11. Work closely with Patient Accounts Rep IV’s and/or Coding and Compliance Department to identify and correct causes for denied claims, payment delays and downcoding.
12. Must have an understanding and/or basic knowledge of all the duties of the Patient Accounts I and II positions including the ability to perform the jobs if needed. May cross-train on the Patient Accounts III-Customer Service position.

ADDITIONAL RESPONSIBILITIES:

1. Prioritize work received and complete in a timely manner.
2. Assist other office personnel in the performance of their duties as assigned and as workload permits.
4. Work as a team member within the business office and all other departments in a collaborative, constructive manner.
5. Document work processes as required.
6. Perform other duties as assigned.

QUALIFICATIONS:

Education: High school diploma or equivalent.

Certification/Licensure: CPC preferred.

Experience:
1. Minimum 3 years experience in customer service.
2. Minimum 2 years experience in medical billing practices.

Skills:
1. Ability to communicate in the English language in person, by phone and in writing in a clear, concise and professional manner.
2. Ability to resolve problems with minimal assistance.
3. Ability to utilize sound judgment in making and implementing corrective action.
4. Medical terminology required.
5. Basic computer and keyboarding skills.
6. Strong organizational and interpersonal skills.
7. Experience with conflict management.
8. Excellent verbal communication skills. Ability to independently write correspondence appropriate for mailing to patients and insurance companies or other third parties.
9. Ability to professionally represent the clinic’s interests and patient concerns with parties outside of the clinic setting.
10. Ability to provide leadership to groups.

Other Requirements:
1. Ability to multi-task efficiently and effectively.
2. Must possess knowledge of coding and clinical operating policies and procedures.
3. Must be able to prepare and examine documents for accuracy and completeness, correcting errors.
4. Must be able to act calmly and effectively in a busy or stressful situation.
5. Requires adherence to all policies and procedures, including standards for safety, attendance, punctuality and personal appearance.
6. Must be able to establish and maintain effective working relationships with managers and peers.

Physical Requirements:
Hearing: Adequate to perform job duties in person and over the telephone.
Speaking: Must be able to communicate clearly in person and over the telephone.
Vision: Visual acuity adequate to perform job duties, including reading information from printed sources and computer screens for long periods of time without eye strain or stress.
Other: Requires sitting for extended periods of time. Requires manual dexterity to operate office equipment. Requires frequent bending, reaching, repetitive hand movements, standing, walking and squatting, with some lifting, pushing and pulling exerted regularly throughout a regular work shift.
The above is intended to describe the general content and requirements for the performance for this position. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

I have read the Patient Accounts Representative III – Insurance Billing job description and understand the functions and objectives of the position.

Employee Signature: ___________________________   Date: _________________________

THE DOCTORS CLINIC IS AN EQUAL OPPORTUNITY EMPLOYER

Last update: 10/2008