

Position: Patient Account Representative
Manager

Department: Billing

FLSA Status: Nonexempt

EEO Code: 05

Workers' Comp Code: 8810

Reports to: Patient Accounts

Supervises: N/A

Date: July 1, 2020

Revision Dates:

Job Summary

Monitors assigned patient accounts for accurate and timely payment of claims by managing work queue, aging lists, and claims correspondence; reviews claims denials for problem areas; resubmits claims and files appeals as necessary.

Essential Functions

Manages work queue, aging lists, and claims correspondence to assure accurate and timely payment of accounts.

Verifies completeness and accuracy of billing data and revises any errors.

Reads and interprets denied claims in order to resolve discrepancies; resubmits or files appeal for reconsideration.

Reviews aging accounts in order to collect amounts due or initiates escalation procedures for collections, according to established guidelines.

Notes follow-up on billing records and maintains supporting documents and notes in established files; verifies that remittances meet contractual obligations.

Audits and resolves discrepancies on patient accounts; reviews accounts for non-covered or out of network procedures and refers adjustments according to established guidelines.

Receives telephone calls; answers inquiries and resolves patient account questions; contacts patients to obtain or relay account information.

Requires regular and prompt attendance.

Maintains and protects confidentiality in all aspects of patient health information, proprietary information, and employee information.

Manages customer/client interactions in a professional manner; responds promptly to requests for service and assistance, and meets those commitments.

Demonstrates the spirit of the philosophy, mission, and values of Harris through words and actions, and implements them into department processes, programs, and the working environment.

Performs other duties as assigned.

Reasonable Accommodations

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.

Minimum Qualifications

Work Experience: Six (6) months experience processing or filing medical insurance claims, medical terminology and/or coding

Education: High school diploma or equivalent in experience

License/Certification: N/A

Knowledge, Skills, and Abilities

Proficient in Microsoft Office, Internet, and medical billing systems.

Ability to work effectively and relate well to patients, clients, colleagues, and individuals inside and outside the company.

Ability to communicate both verbally and in writing to individuals inside and outside the company.

Ability to work in a fast-paced environment with demonstrated ability to prioritize multiple, competing tasks and demands, and to seek supervisory assistance as appropriate.

Physical Requirements

Must be able to see, hear, write, and speak sufficient to perform essential job functions. Requires sitting for up to 8 hours per day. Must have the manual dexterity to perform keyboarding functions required of the essential job functions. Requires frequent standing and walking. Occasionally requires crouching, stooping, bending, kneeling, and lifting/pushing up to 25 pounds.

Work Environment

Works in an office setting in a controlled atmosphere building. Noise level in the work environment is usually quiet to moderate. Working extended hours may occasionally be required.

THE JOB DESCRIPTION IS NOT INTENDED TO BE AN EMPLOYMENT CONTRACT, NOR DOES IT DISSOLVE THE "AT WILL" EMPLOYMENT RELATIONSHIP.

Employee Signature:

Print Name:

Date:
