



Accounts Receivable Representative

Position Overview

Works directly with the insurance company, healthcare provider, and possibly the patient to get a claim processed and paid. Required to review and appeal all unpaid and denied claims. We use Advanced MD, Clinix and MOD MED/EMA PM systems.

Essential Functions

- Review, revise, and re-process every outstanding claim on aging report
- Monthly quota of 1,200 claims
- All reports must be worked by months' end
- All correspondence must be worked daily
- Interface with providers, insurance companies and patients as needed.
- Knowledge of Medicare, managed care and commercial insurances.
- Maintain assigned AR over 90 day percentage as defined by the AR Supervisor
- Track and identify major trends with various insurance Carriers
- Report recurrent problems to A/R supervisor
- Collaborate with doctor's office staff for required information to process or appeal claims
- Document account ledgers to include calls made, faxes completed, corrected claims sent, and accounts turned to patient responsibility
- Reduce claims in the over 90-day categories
- Regular reliable attendance

Competencies

- Able to act independently in productivity-based environment
- Strong interpersonal and communications skills to work successfully in a team-oriented environment.
- Give focused attention to detail
- Able to prioritize workload and move readily from task to task.

Required experience:

- Medical Accounts Receivable - must have at least 2 years' experience to be considered for this position.
- Knowledge of CPT and ICD-10 coding