

# Jessica Claire

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<b>PROFESSIONAL SUMMARY</b>	<ul style="list-style-type: none"><li>Organized and dependable candidate successful at managing multiple priorities with a positive attitude.</li><li>Willingness to take on added responsibilities to meet team goals.</li></ul>
<b>SKILLS</b>	<ul style="list-style-type: none"><li>Proactive and Self-Motivated</li><li>Financial Recordkeeping</li><li>Account Auditing</li><li>Financial Calculation and Analysis</li><li>Customer Relations</li><li>Precision and Accuracy</li><li>Data Entry and 10-Key</li><li>Data Analysis</li><li>Departmental Collaboration</li><li>Critical Thinking</li><li>Microsoft Office</li></ul>
<b>WORK HISTORY</b>	<p><b>PATIENT THERAPY ACCESS CASE MANAGER</b> 05/2022 to CURRENT</p> <p><b>Carecloud   Seattle, WA</b></p> <ul style="list-style-type: none"><li>Precisely evaluated and verified benefits and eligibility.</li><li>Provided high level, comprehensive education and constructive feedback to physician's offices, strengthening professional relationships which ultimately resulted in higher reimbursement rates and maximum profitability.</li><li>Examined patients' insurance coverage, deductibles, out-of-pocket, and various other billing details not covered under policies when applicable.</li><li>Delivered continual support to my colleagues, the sales teams, and physician's offices directly.</li><li>Took on various roles within the department and utilized knowledge obtained by previous professions to become a subject matter expert for all facets of pre-adjudication for Neuromodulation procedures.</li><li>Responded to requests for information from various payers by providing clinical documents.</li><li>Pre-certified neuromodulation procedures.</li><li>Prepared billing correspondence and maintained database to organize billing information.</li><li>Trained new employees on multiple medical billing programs and data entry software.</li><li>Reviewed patient diagnosis codes to verify accuracy and completeness.</li><li>Adhered to established standards to safeguard patients' health information.</li></ul> <p><b>LABORATORY REVENUE CYCLE ADVOCATE</b> 07/2021 to 04/2022</p> <p><b>Abbott   City, STATE</b></p> <ul style="list-style-type: none"><li>Supported management by processing financial transactions for both Care Centers and Laboratories, with consistent on-time delivery.</li><li>Streamlined daily reporting information entry for efficient record keeping purposes.</li><li>Entered figures using 10-key calculator to compute data quickly.</li><li>Generated reporting for overall Revenue and Net Collections, and upon receipt of credentialing and contracting information tracked collection progress.</li><li>Gathered, evaluated and summarized account data in detailed financial reports.</li><li>Assessed data and information to verify entry, calculation and billing code accuracy.</li><li>Managed and responded to correspondence and inquiries from customers and vendors.</li><li>Input financial data and produced reports using Athena Software.</li><li>Presented audit findings to Laboratory Revenue Cycle Director after reviewing results and paperwork.</li></ul> <p><b>PATIENT THERAPY ACCESS CASE MANAGER</b> 01/2019 to 07/2021</p> <p><b>Inogen   City, STATE</b></p> <ul style="list-style-type: none"><li>Precisely evaluated and verified benefits and eligibility.</li><li>Provided high level, comprehensive education and constructive feedback to physician's offices, strengthening professional relationships which ultimately resulted in higher reimbursement rates and maximum profitability.</li><li>Examined patients' insurance coverage, deductibles, out-of-pocket, and various other billing details not covered under policies when applicable.</li><li>Delivered continual support to my colleagues, the sales teams, and physician's offices directly.</li><li>Took on various roles within the department and utilized knowledge obtained by previous professions to become a subject matter expert for all facets of pre-adjudication for Neuromodulation procedures.</li><li>Responded to requests for information from various payers by providing clinical documents.</li><li>Pre-certified neuromodulation procedures.</li><li>Prepared billing correspondence and maintained database to organize billing information.</li><li>Trained new employees on multiple medical billing programs and data entry software.</li><li>Reviewed patient diagnosis codes to verify accuracy and completeness.</li><li>Adhered to established standards to safeguard patients' health information.</li></ul> <p><b>ORDER ENTRY AND CLAIMS MANAGEMENT TEAM LEAD</b> 06/2011 to 12/2019</p> <p><b>CenCal Health   City, STATE</b></p> <ul style="list-style-type: none"><li>Used various systems including Salesforce, Brightree, and Oracle, to research and solve complex billing issues related to Medicare, Medicaid, and Commercial Insurance policies.</li><li>Trained my teams on billing rules and regulations, and assisted in reviewing medical documentation to ensure it was billable.</li><li>Became a key contributor in various kaizens for inside and outside sales representatives across the U.S.</li><li>Engaged in project management.</li><li>Coordinated and collaborated departmentally and interdepartmentally.</li><li>Reviewed and reported on metrics analyzing data and identifying trends.</li><li>Completed accurate order entry and data verification.</li><li>Communicated with customers to answer questions and perform account maintenance.</li><li>Assisted customers by providing tracking information and resolving shipping or merchandise issues.</li><li>Double-checked customer orders and information before filling out order forms to prevent unnecessary delays and errors.</li><li>Informed customers by mail or telephone of order information such as unit prices, shipping dates and anticipated delays.</li><li>Used Brightree and Salesforce to keep track of client information and orders, update accounts and monitor shipments to obtain and relay real-time information.</li><li>Contacted customers to collect payments and verify or add to existing information, consistently providing timely, accurate and customer-oriented service.</li><li>Processed and handled customer complaints, answering questions and providing alternative solutions.</li></ul> <p><b>BILLING COORDINATOR</b> 02/2009 to 06/2011</p> <p><b>Company Name   City, State</b></p> <ul style="list-style-type: none"><li>Used multiple Medi-Cal Screens to assist members with insurance issues (i.e. Eligibility, Pharmacy, Authorizations, &amp; Claims).</li><li>Completed 70+ billing issues a month by researching, and subsequently maintaining excellent communication with contracted/non contracted providers.</li><li>Worked with various internal departments to assist members with their concerns.</li><li>Processed 'Annual Eligibility Reviews' for our members, specific to the Healthy Kids Program.</li><li>Logged financial and payer information.</li><li>Composed letters to members on various issues regarding insurance.</li></ul> <p><b>EDUCATION</b></p> <p><b>Bachelor of Arts   Art</b> 05/2008</p> <p><b>California State University - Stanislaus, Turlock, CA</b></p>