

Jessica Claire

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Summary

Dedicated and focused Office Manager/Supervisor who excels at prioritizing, completing multiple tasks simultaneously and following through to achieve project goals. Seeking a role of increased responsibility and authority. Energetic Revenue Cycle Advocate with 20+ years experience in high-level executive support roles. Organized and professional.

Highlights

- Microsoft Office proficiency
- Excel spreadsheets
- Self-directed
- Results-oriented
- Meticulous attention to detail
- Time management
- Professional and mature
- Strong problem solver
- Advanced MS Office Suite knowledge
- Resourceful
- Strong interpersonal skills
- Medical terminology
- Meeting planning
- Report development
- Report writing
- Billing and coding
- Workers' compensation knowledge
- Claims appeal procedures
- Insurance eligibility verifications

Accomplishments

Coordinated all department functions for team of 10+ employees. Received a merit raise for strong attention to detail, exemplary customer service and team-player attitude. Successfully planned and executed corporate meetings, lunches and special events for groups of 10+ employees.

Planned and executed all aspects of a major office headquarter move. Increased office organization by developing more efficient filing system and customer database protocols. Promoted to Revenue Cycle Advocate. Successfully planned and executed corporate meetings, lunches and special events for groups of 10+ employees.

Experience

Revenue Cycle Advocate, 05/2011 to Current

Pacific Medical Centers – Los Angeles, CA, United States

- Planned travel arrangements for 2 executives and 10+ staff. Educate and train clinics and hospital departments on Epic, Signature, MS Word, Excel, Emdeon and Payment Manager system. Assist clinical staff and office staff their assigned Work Queue. Monitor trends on staff and provide training & updates to company data base systems. Assist with patient account merge on Duplicate Guarantor Acct, Provide assistance to patients such as Medicaid, Physician Reach Out & Financial Assistance. Planned meetings and prepared conference rooms. Wrote reports and correspondence from dictation and handwritten notes and send Weekly Status reports to all clinical managers on trends, audits from the clinic WQ's errors from office staff and patient complaints Work Contested Work charges received from customer service.
- Collecting self pay payments from patients and post in the Epic System Set payment plans in Epic Financial Assistance using Search of America and On Point system.

Payment Reconciliation Rep, 08/2009 to 05/2011

Novant Medical Group – City, STATE

- Research unidentified payments on Epic System, Signature, Emdeon System Payment manager system, and commercial insurance websites.
- Created PDF files on Epic system Create naming conventions for electronic files in Epic Electronic payment postings on Epic System Wachovia Lock Box Denials and electronic lockbox receipts in Epic Resolve unidentified payments follow up with Independent Clinics and Insurance Companies for missing payment or unidentified electronic remits and paper remit.
- Drafted meeting agendas, supplied advance materials and executed follow-up for meetings and team conferences. Managed the receptionist area, including greeting visitors and responding to telephone and in-person requests for information. Designed electronic file systems and maintained electronic and paper files. Served as central point of contact for all outside vendors needing to gain access to the building. Maintained an up-to-Made copies, sent faxes and handled all incoming and outgoing correspondence. department organizational chart.

Patient Accounts Rep III, 05/2007 to 08/2009

Novant Health Central Business Office – City, STATE

- Insurance follow up for Denied Claims and Self Pay after Created and maintained spreadsheets using advanced Excel functions and calculations to develop reports and lists. Managed daily office operations and maintenance of equipment. Insurance Balances Work ATB report for insurance follow-up Work Dun level report for Guarantor/patient follow-up Work Bill-hold Report for Guarantor follow-up Appeals for Medical Necessity to insurance companies.

Medical Insurance Specialist III, 09/2002 to 05/2007

Mid Carolina Cardiology/Presbyterian Medial Group – City, STATE, United States

- Insurance follow-up, customer service, served as central point of contact for all outside vendors needing to gain access to the building. Made copies, sent faxes and handled all incoming and outgoing correspondence. Organized files, developed spreadsheets, faxed reports and scanned documents.

Medical Billing /Recovery Specialist, 2000 to 05/2002

The EmoryClinic – City, STATE, United States

- Billing and collections Insurance follow up for Denied Claims and Self Pay after Insurance Balances Credit balances - Refunds Verify demographic information Verification List from SSI for Billing Errors Set budget plans Answer in/out bound calls Use automated dialer system Medical Terminology Insurance verification Follow up with doctor office for accurate CPT and ICD-9 codes obtained for maximum reimbursement. Customer service and clerical duties.

Health Unit Coordinator, 08/1990 to 08/1997

Duke University Medical CENTER – City, STATE

- Duties involve standard administrative responsibilities, answering multi-line phones, making copies, scheduling appointments and maintaining supplies. Cooperated with Medicare, Medicaid and private insurance providers to resolve billing issues. Managed daily office operations and maintenance of equipment. Created and maintained spreadsheets using advanced Excel functions and calculations to develop reports and lists. Received and distributed faxes and mail in a timely manner. Properly routed agreements, contracts and invoices through the signature process. Made copies, sent faxes and handled all incoming and outgoing correspondence. Dispersed incoming mail to correct recipients throughout the office. Maintained an up-to-date department organizational chart. Drafted meeting agendas, supplied advance materials and executed follow-up for meetings and team conferences.
- Admit patients, administer and maintain patient records, break down medical charts for record keeping and coordinate billing.
- Communicate with the clinical staff to ensure all appropriate patient information gathered Responsible for typing up discharge instructions for a patient.

Education

High School Diploma: Business, 6 1990

Northern High School Durham NC UNITED States - Durham, NC

Top 10% of class Emphasis in BusinessOffice Administration courseworkCoursework in Administrative Technology and Coursework in Human Resource Management and Business Administration

Business Diploma: Medical Billing & Coding, 2002

Georgia Medical (EverestUniversity) ATLANTA GA United States - Atlanta, GA

Top 10% of class, Emphasis in Medical Billing and Coding, medical terminology,Coursework in Human Resource Management and Business Administration

Bachelor of Science: Business Administration Management

Walden University - Maryland, DC

Top 10% of class,Emphasis in management and team building, Coursework in Administrative Technology, Coursework in Human Resource Management and Business Administration

Skills

Experience with Epic System, Epicare, Emdeon, Training and educating staff on Epic WQ's, Creating Workers Comp cases in Epic, Signature, IDX, Medical Manager, MS Word, Excel, NC Tracks, Customer Service skills, Collect payment over the phone and posting payments in Epic