

Patricia Pizano

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Bi-lingual Fluent Spanish/English

Professional Experience

FieldPros Direct

Administration/Claims/ Reporting Reviewer/CSR

April 2019 to Present

Las Vegas, Nevada

Review and adjust routine claims filed for liability damages; provide clerical support to Risk Analyst in claims processing; and perform related work as required. Assist with customer care; inbound and out bound calls; emails, etc.

Focus Companies & GTI Landscaping Self-Administered/Self Insured

Workers Compensation Claims Adjuster/Risk Manager/ WC Medical Review and Biller

Las Vegas, NV December 2015 to February 2019

- Reported findings on risk exposures to senior executives and the organization's board of directors, and implement strategies to manage insurable and/or hazard risks. Operationally report to the Chief Financial Officer, Chief Risk Officer, or other corporate level officer designee.
- Managed over 200 active workers' compensation and liability claims by ensuring reporting procedures were adequate.
- Managed workers compensations claims for 12 employers in house Self-administered / self-insured.
- Conducted claims investigation utilizing 3-point contact interviewing system with clients, injured employees, and medical providers.
- Self-Administered/ Self Insured In-House Adjuster
- Produced formal and internal reports, providing clients and claimants with claim information and status on files.
- Analyzed and processed claims documentation including medical evidence for settlement.
- Provided Spanish translation services to staff members and management, including recorded statements.
- Processed and coordinated lost time claims and TTD payments.
- Investigated and process personal - workers compensation injury claims
- Determined liability, utilizing tort law during decision process for claim settlement.
- Interviewed and corresponded with clients, claimants, and witnesses to determine extent of claim value and seek settlement during negotiations.
- Coordinate cases with defense counsel.
- Participated in quarterly financial meetings with CEO, COO
- Maintained financial historical records of clients by filing accounting documents.
- Responsible for providing financial, administrative, clerical services, this included processing and monitoring payments and medical billing payments. Provided their services in an effective and efficient manner to ensure finances were accurate, up to date, and vendors / clients paid within established time limits.
- Payment posting, Research and resolve incorrect payments, EOB rejections, EOB denials, outstanding appeals and deposition payments
- Responsible for auditing medical bills to ensure that they are appropriate and adhere to the State Fee Schedules, customer guidelines and PPO discounts.
- Follow aging reports(AR), Knowledgeable of insurance companies timely filing restrictions and Obtain authorizations
- Insure office practices are following HIPPA regulations
- Out of network billing, workers compensation, No Fault and commercial insurances

- Check all claims for completeness
- Add CPT codes
- Contact insurance companies regarding problems/information
- Investigate all denied claims and correct if possible
- Check mail daily; Keep up-to-date on current insurance Nevada fee regulations

AHCS, LLC (Automated Healthcare Solutions)

December 2013 – December 2015

Account Manager

Complete New Installs with new client site and train office staff.

Spend several hours on site after installation to assure knowledge transfer, monitor while medications are being dispense

Provide Customer Support to assure that the practice lifts off with the Dispensing Program and office integrates dispensing into their daily workflow – make suggestions as necessary.

Monitor claims from new accounts as they are exported for processing at company: management of hardware, software, compliance, workflow, and claim's processing.

If new account is local, return for follow up within a day or two of the clinic's go-live date in order to provide additional support.

Review Federal and State Regulations to keep account in compliance: once a quarter – meet with clinic and staff to show AHCS presence.

Establish relationship in the clinic with ezDispense and users, Practice Administrators, Physician Teams, and Workers Compensation Coordinator.

In addition to running monthly – include Monthly report

Add number of WC Patients seen for that month; how many of those patients were dispensed to; calculate the capture rate; if more than one Dr., find out how many workers comp patients each Dr. seen and calculate % capture per physicians.

Calculate average script per patient per doctor

Calculate average profit per script per doctor

Craig P. Kenny & Associates

December 2012 – October 2013

Workers Compensation Legal Assistant

New client telephone screening participated in initial client interview, obtained claim information and medical authorizations from client. Ascertained issues in dispute under direction of attorney.

Determined claim status and/or assisted in filling claims with the Nevada's Division of Workers Compensation. Assisted attorney in employer and/or insurance carrier liability. Obtained medical and employment records, causation reports and claim file.

Evaluated prior workers compensation claim history from Nevada's Division of Workers Compensation.

Interviewed claimants regarding interrogatory responses, on behalf of the attorney. Prepared responses for attorney and court submission.

Submitted claimant reimbursement requests, including medical billing to carriers.

Scheduled pre-hearing and settlement conferences.
Conducted periodic review and evaluation of claim status. Maintained contact with claimant to ascertain medical and employment status, and wage information.
Contacted carriers regarding payment of lost wages, authorization for medical care, and liability determinations.
Contacted treating physicians to coordinate medical care and determine status of claimant treatment. Obtain physician's report of MMI/Impairment Rating for attorney review.
Prepared request for Lump Sum documentation.
Requested and scheduled hearings with Nevada's Division of Administration Hearings Department.
Prepares medical records, employment documentation, and vocational reports for exchange with opposing counsel.
Prepare exhibits for use by attorney at hearings.

Crawford & Company/ Broadspire Insurance

March 2006 – April 2012

Workers Compensation Adjuster/Liability/Casualty/Accounts Receivable Assistant

Conducted claims investigation utilizing Crawford's 3-point contact interviewing system with clients, injured employees, and medical providers.
Produced formal and internal reports, providing clients and claimants with claim information and status on files.
Analyzed and processed claims documentation including medical evidence for settlement.
Provided Spanish translation services to staff members and management, including recorded statements.
Processed and coordinated lost time claims and TTD payments.
Investigated and process personal injury claims
Determined liability, utilizing tort law during decision process for claim settlement.
Interviewed and corresponded with clients, claimants, and witnesses to determine extent of claim value and seek settlement during negotiations.
Coordinate cases with defense counsel.
Participated in weekly financial meetings with the Western Regional Vice President.
Maintained financial historical records of clients by filing accounting documents.
Responsible for providing financial, administrative, clerical services, this included processing and monitoring payments for the Western Division. Provided there services in an effective and efficient manner to ensure finances were accurate, up to date, and vendors / clients paid within established time limits.
Performed daily financial transactions on behalf of the Division.