ACCOUNTANT

Professional Summary

Inpatient and outpatient records coding specialist with ICD-9, ICD-10 and ASC coding expertise. Familiar with commercial and private insurance carriers. Seeks a position of increased responsibility and authority. Administrative Assistant experienced at registering patients, scheduling appointments and recording and filing patient medical records. Enters orders and information quickly and accurately. Administrative Assistant experienced at registering patients, scheduling appointments and recording and filing patient medical records. Enters orders and information quickly and accurately. Enthusiastic Administrative Assistant with excellent people skills and dedicated work ethic. Strong attention to detail and extensive knowledge of medical terminology. Medical Coder with [number] years experience in hospital inpatient/outpatient surgery coding. Certified in ICD-9 and ICD-10. Familiar with commercial and private insurance carriers. Desire a position in inpatient records coding.

Skill Highlights

- Knowledge of HMOs, Medicare and Medi-Cal
- Online Claim Submission & Electronic Medical Record (EMR) software
- Â HIPAA compliance
- Claim entry & payment posting
- ICD-10, CPT/HCPCSÂ coding, & medical terminology

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Professional Experience

Company Name August 2012 to December 2014 **Accountant**
City , State

Assisted the senior accountant in the performance of all financial activities to include financial statements and management reports.Â Gathered and analyzed information received from inter-departmental systems to the G/L to test for inconsistencies/errors and reasonableness.Â Researched accounting transactions to identify and resolve discrepancies.) Reconciled bank and various G/L accounts; created invoices and collected on overdue accounts.

- Prepared P & L's in addition to various financial and statistical reports for management.
- Performed accounts receivable and accounts payable functions, balanced cash, and accurately posted transactions.
- Identified various errors and inconsistences between reports being used to book figures in the G/L; worked with IT to resolve the discrepancy and new reports were created.
- Improved reconciling variances significantly by closely monitoring cash control of all office locations as well as worked with office practice managers to make the reconciliation process more efficient and accurate.

Company Name January 2010 to January 2012 **Medicare Compliane Coder**
City , State

Successfully conducted a pilot project -"Medicare compliance coder" that increased the number of payments received while reducing denials and write-offs.Â Â Â
Demonstrated analytical & problem solving abilityÂ toÂ addressÂ the Â barriers that existÂ in receiving payment for certain services rendered

- Acted as a liaison between the business department, billers and third party payers in resolving billing and reimbursement accuracy.
- R earched and solved claim and billing issues in prompt manner to reduce the number of claims being denied, rejected, or sent to collections.

ℜ• Demonstrated knowledge of HIPAA Privacy and Security Regulations by appropriately handling patient information. Retrieved patient medical records from physicians, technicians, or other medical personnel to assess the probability of insurance coverage
ℜ•Acquired specific CPT and ICD-9 codes to ensure proper treatment and billing of all detailed procedures
ℜ•Reviewed and processed visits from system-generated work lists, reports, and remittances to insurance companies
ℜ•Reviewed records for completeness, accuracy, and compliance with regulations.

Company Name January 2010 to January 2012 **Hospital Access Representative**
City , State

- Completed registration quickly and cordially for all new patients
- Confirmed patient information, collected copays and verified insurance.
- Consistently informed patients of their financial responsibilities prior to services being rendered.
- Efficiently performed insurance verification and pre-certification and pre-authorization functions
- Demonstrated knowledge of HIPAA Privacy and Security Regulations by appropriately handling patient information.
- Received, organized and maintained all coding and reimbursement periodicals and updates. . Quickly responded to staff and client inquiries regarding CPT codes.Â . Quickly responded to staff and client inquiries regarding CPT codes
- Performed quality control of the data entry system to verify that claims and payments were posted correctly.

Company Name June 2006 to June 2016 **Patient Financial Representative**
City , State Recorded and filed patient data and medical records. Carefully reviewed medical records for accuracy and completion as required by insurance companies. Acquired insurance authorizations for procedures and tests ordered by the attending physician. Accurately entered procedure codes, diagnosis codes and patient information into billing software. Consistently ensured proper coding, sequencing of diagnoses and

procedures. Appropriately and correctly identified errors and re-filed denied/rejected claims as they were received from the Patient Account Representative. Thoroughly reviewed remittance codes from EOBS/AR's. Completed appeals and filed and submitted claims. Posted charges, payments and adjustments. Carefully prepared, reviewed and submitted patient statements. Ensured timely and accurate charge submission through electronic charge capture, including the billing and account receivables (BAR) system and clearing house. Thoroughly investigated past due invoices and minimized number of unpaid accounts.

Education

UNIVERSITY OF HARTFORD 2016 Accounting City , State 3.8 GPA

Central Connecticut 2010 Bachelor of Arts : Accounting City , State Graduated Summa Cum Laude Member of [Club Name] Club

Skills

accounting, accountant, accounts payable, accounts receivable, billing, book, CPT, finance, financial, financial/ accounting, financial statements, ICD-9, insurance, leadership skills, Access, Excel, MS Office, office, Outlook, PowerPoint, Word, personnel, processes, reconciling