**Michelle Siems**

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**ATTRIBUTES**

Extremely hardworking individual with several years experience in the medical billing, collections, and customer service fields. Strong attributes in both computer and personal skills. Ability to mediate between parties in order to resolve a conflict to achieve a win-win resolution. A leader who knows how to delegate and share responsibility. Focuses on remaining open-minded at all times, considering others’ input before making decisions. Well rounded in both, ICD-9 and CPT-4 coding as well as understanding worker’s compensation, insurance, and private pay claims. Vast computer work with HTML, RAINTREE, IDX, SMS, GPMS, TOWER, Medisoft, Adobe programs, and Microsoft Office programs.

**EDUCATION & MEMBERSHIP**

Certification, Health Claims Specialist, Branford Hall Career Institute, Windsor, CT June 2011

Obtained Presidents List or Directors List every module

CPC test scheduled for June 25, 2011

CPR and First Aid Certification

AAPC Membership

BS, Communications with a minor in Graphic Arts and Design, ECSU, Willimantic, CT August 2002

**WORK HISTORY**

2011-Current Student Externship at Asylum Hill Family Medical Billing Department

* Utilizing previous and newly learned experience and knowledge to be able to assist as a another

biller while gaining useful on the job experience

2009-Current Student at Branford Hall Carrier Institute within the Health Claims Specialist Program

* Focusing on learning the CPT-4 and ICD-9 Coding books from cover to cover with the ability for

practical application use

* Preparation for scheduled June 25, 2011 CPC exam through the AAPC
* Bringing my vast computer expertise in Microsoft and Medisoft Software up to expert level
* Course work including Medical Law and Ethics, CPT-4 and ICD-9 coding, Insurance Billing,

Hospital Claims, Medical Terminology, etc.

* Maintaining an advanced GPA each 10 week course semester which is reflected on obtaining

Presidential List or Directors List honors each module

2010-2010 Billing Maintance Representative at Cap Pharmacy

* Working pending Medicaid reports to assist patients within our facilities to cover their medications
* Sending claims through Medicaid
* Following up on claim rejections
* Handling all incoming calls from facilities, patients families and patients themselves
* Following up with Medicaid on any overrides that needed to be processed
* Updating, correcting and reprocessing patients accounts if prescription insurance has changed
* Following up and correcting any correspondence that was retuned

2009-2010 Billing Representative and Front Desk Attendant at Emily Chiropractic

* Entering new patients and updating current patient data including newly verified insurance coverage
* Taking patient appointments, reschedules and cancelations
* Inputting patient charges, taking copays and account payments
* Supplying patients with nutritional and medical herbal supplements upon doctor’s recommendation
* Posting patient and insurance payments then filing paperwork upon completion
* Fill out and file treatment plans for Oxford, United Healthcare, Health New England and Healthnet
* Follow up on accounts for patients with billing and claim questions
* Communication between insurance companies, our office and patients to resolve outstanding claims
* Batching and correcting electronic claim errors through Apex Clearing House
* Printing and mailing monthly patient account statements

2008-2009 Collections Representative at USA Hauling and Recycling

* Self reliant report printing and working of 60 day to 120 day accounts
* Inbound and outbound calling on 60 day to 120 day accounts
* Submission of reapplication of payments
* Follow up of promised payments
* Follow up on customer to sales rep relations

2007-2008 Reimbursement Coordinator at ATG Rehab

* Self reliant report printing and working
* Working any managerial printed reports
* Management of Sales Associate specific accounts receivable
* Claim specific contact and follow-up with multi insurance claims
* Submission and follow-up of appeals and redeterminations
* Submission and follow-up of self pay delinquent invoices

2007-2007 Customer Service Support at Apria Healthcare – Relocated out of State

* Responsible for order intake and distribution
* Order and Patient maintenance
* Liaison between sales and customer service
* Liaison between referral and internal staff
* Keeping up-to-date documentation of day to day intakes

2006-2006 Accounts Receivable Representative at ProHealth Physicians

* Liaison between office billing and internal departments
* Working with incoming and outgoing insurance calls
* Working with incoming and outgoing office calls
* Correcting billing errors upon denial from insurance
* Management of Doctor specific patient claims

2004-2006 Medicare/Railroad Medicare Account Follow-Up Representative

at Connecticut Multispecialty Group

* Liaison between internal departments and approximately 50 external Doctors
* Insurance specific management of all patient claims
* Work with incoming and outgoing patient calls on daily rotations of the main incoming phone lines
* Working with insurance company calls regarding eligibility, benefit information, updates on pending claims, outstanding claim as well as following up on appeals processes
* Creation and monitoring of all insurance specific appeals
* Monitoring insurance specific regulations updates and alerting systems management as to insurance specific coding changes as they occurred
* Monitoring and working new and current outstanding insurance specific collections accounts
* Working outstanding insurance specific collections accounts
* Setting up budgets and payment plans with patients and physicians