**PROFESSIONAL SUMMARY**

Highly professional and talented self-starter who shows initiative and dedicated to the profession of being a Licensed Medical Billing and Coding Specialist. Can conduct business in a professional manner; highly proficient at building sound relationships, and determining customer needs. Possess good customer relation skills, presenting a positive company image.

**SKILLS**

* Windows XP, Office XP, Data Entry-35 wpm
* ICD 10, CPT, HCPCS
* Medical Terminology
* Ten key 10,000 key strokes

**PROFESSIONAL EXPERIENCE**

**Children’s medical Center, Claims Management Analyst**

Oct. 2016 to Present

* Process refunds
* Verified insurance benefits and update provider credentials
* Create bill using CMS 1500 and UB04 and send out electronically.
* Provide adjustment to claims whether for over payment or short pay.
* Follow up with insurance companies for payment status on filed claims
* Research Texas medicaid fee schedule for proper contract rates.
* Review & research appeal correspondence sent in electronically or paper form from provider offices.
* Correct claim edits and or denials to apply proper payment for services.
* Review appeals and or reconsiderations while properly documenting the final decision.

**UT Southwestern Medical Center, MSRDP Claims Analyst**

Dec. 2014 to Oct. 2016

*UT Southwestern is an academic medical center, world-renowned for its research, widely respected for its teaching and training, and highly regarded for the quality of clinical care its faculty provides to patients at UT Southwestern University Hospitals & Clinics and its affiliated hospitals.*

* Reviews and processes insurance claims through the billing system, including Medicaid, Medicare, third party payers.
* Manages, investigates, and resolves claims. Investigates and evaluates coverage, liability, damages, and settles claims within prescribed authority levels
* Read dictation to ensure coding was done correctly on the claim, bundled and unbundled codes
* Responsible for contacting patients, and/or third party payers to resolve outstanding insurance balances or inappropriately paid claims.
* Communicates with policyholders, witnesses, and claimants in order to gather information regarding claims, refers tasks to auxiliary resources as necessary, and advise as to proper course of action. Responds to various written and telephone inquiries including status reports.
* Identifies problems and inconsistencies by using management reports; summarizes findings and makes recommendations to resolve billing issues.
* Reviews and resolves correspondence from all organizations.
* Functions as resource person for departmental personnel to answer questions and assists with problem resolution.
* Updated provider credentials for all insurance carriers
* Duties performed may include one or more of the following core functions:  a) Directly interacting with or caring for patients; b) Directly interacting with or caring for human-subjects research
* Collect demographic information from patients being seen in ER
* Verify insurance and collect payments from patients complete admit paper work for patient being keep in the hospital
* Experienced in general office business practices, answering patient inquiries, addressing problems, and maintaining confidentiality. Receptive to and supportive of team efforts to ensure patient satisfaction.

**Medco Health Solutions, Customer service representative**

Aug. 2009 to April 2011

* Front desk in outpatient clinic
* Answered and directed incoming calls
* Check patients in and out of clinic
* Registered new patients
* Files charts and took payments
* Responded to customer inquiries, managed customer and files, maintained high level of customer care.

**Children’s Medical Center Dallas, Patient Access Representative**

June 2008 to April 2009

*Children’s Health System of Texas is the leading pediatric health care system in North Texas, the seventh largest pediatric health care provider\* in the nation, and the second busiest in terms of admissions and pediatric Emergency Department visits.*

* Front Desk in the Referral Care Center
* Answer all calls coming in the clinic
* Register patients in as the arrive to the clinic
* Collect and verify insurance and co pays from patients
* Charge, discharge and admit patient when needed
* Fax all information needed to go back to the referring doctor
* Help out in registration in the Emergency Department when needed

**EDUCATION**

University of Phoenix May 2011- Jan. 2012

Franklin D. Roosevelt- High School Diploma

**CERTIFICATE PROGRAMS**

**Mountain View Community College, Billing & Coding** -currently enrolled