**A. Irvin**

**818 Smokey Oak St.**

**Lancaster, Texas**

**(214) 649-7903**

**antinikairvin@yahoo.com**

**CAREER SUMMARY**

I am seeking a secure position with your company where my acquired skills and education will be utilized toward continued growth. I have over fourteen years of experience in medical scheduling, insurance and face to face, inbound, and outbound customer service as well as collections.

**PROFESSIONAL EXPERIENCE**

**State Farm Insurance, Auto Claims Adjuster June-2017-Present**

* Deliver a remarkable customer experience throughout the reporting and handling of lower complexity claims, identifying and ensuring prompt routing of claims to other functional areas
* Receive and process claim information, and communicate with internal and external customers via phone and other communication channels
* Work in a team environment to handle and investigate low complexity/high volume work in a call center environment
* Captures new loss reports using established processes
* Handle claims meeting Express criteria, engage team leads as needed, and route claims to other segments

**UT Southwestern Orthopedic Clinic, Clinic Staff Assistant** **Feb-2015-Nov-2016**

* Contacting patients to schedule appointments and inform them of their future appointments with our Orthopedic Surgery Clinic
* Assistant with internal as well as external referrals
* Conducting research, performing data entry, responding to inquiries from patients regarding medications and appointments
* Document and route patient communications appropriately following EMR and documentation standards

**ADP Total Source/Advanced Imaging, Insurance Specialist Sept-2013-Feb 2015**

• Review & process claims through the billing system, including Medicaid, Medicare and third party payers

• Update patient demographic information in the hospital network system

• Handles calls from Physicians and patients to discuss test and Physician orders, etc.

• Verify appealed claims for overpayment or possibly any under payments

**Baylor Healthcare Systems, Insurance Verification/Claims Rep** **Feb 2010- April 2013**

• Verify insurance benefit coverage and collect co-payments from patients

• Review & process claims through the billing system, including Medicaid, Medicare and third party payers

• Update patient demographic information in the hospital network system

• Handles calls from Physicians and patients to discuss test and Physician orders, etc.

• Verify appealed claims for overpayment or possibly any under payments

• Enter in charges from encounter sheet after patient visits

• Follow up on claims making sure the claim was able to successfully clear the adjudication process

**Children’s Medical Center, Financial Counselor May 2008 – Feb 2010**

• Direct patients on how to receive assistance with paying hospital bills

• Met and exceeded goals on collecting payments from patients

• Maintained a high level of confidentiality with patient information

• Verified insurance coverage

**Unique Financial Lending, Assistant Loan Processor, Admin July 2006 – April 2008**

• Assisted the loan processor with ordering title, payoffs, insurance, etc.

• Updated files to ensure they were in proper order to be submitted to underwriting

• Scheduled closing with title companies and contacted clients of closing dates and times

• Check files after closed for to ensure they are in compliance. Make sure the GFE, TIL, and other documents are in compliance

**EDUCATION**

Ultrasound Diagnostics 2/2001-1/2002

Franklin D. Roosevelt High School 8/1994-5/1998