**Contessa Hillary**

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**Objective**

Utilize my clerical experience and skills in a challenging administrative position. I am vocationally experienced in general office skills, customer service techniques, compiling, typing, PC Skills, Multi-tasking, medical records experience, excellent written and verbal communication skills, filing information. Long range goal is for an opportunity for career growth and advancement with your company.

# Work Experience

## UT Southwestern Medical Center, Dallas, TX

## *MSRDP Medical Claims Analyst* Aug 2012 – present

* Answer telephones and direct calls to appropriate staff.
* Perform general office duties such as typing, operating office machines, sorting, distribute, and prepare mail.
* Complete insurance or other claim forms.
* Posting denial payments in Epic Claims Management Workqueue
* Inbound/Outbound Calls to Patients, Insurance Carriers and Third Party’s
* EPIC Resolute Experience
* Researching/Navigating different Payorv website for additional information
* Contacting insurance companies for additional information in order to post payments or gather information to send to correct department for process.
* Transmit correspondence or medical records by mail, e-mail, or fax. File records and maintain completion of Medical Records request for patients. Scan or read incoming materials to determine how and where they should be classified or filed.
* Function as resource person for departmental personnel to answer questions and assists with problem resolution for live checks.
* Receive payment and record receipts for hospital services at different facilities. Perform processing of "live" checks from Insurance Carrier, Attorney and/or Patients to be posted/deposited to their account in Epic.
* Completed Refund Batches to distribute to the appropriate staff for completion; Identifying and clearing credit work queues in Epic, Addressing corrections and resubmittance of refund checks and updating patient information in Epic. Overviewing patients accounts for outstanding credit balances. Completed Epic credit (void/reverse) for adjustment work queue.
* Responsible for contacting patients, and/or third party payers to verify live check information for deposit, Process Credit balances in Epic to be resolved.
* Reviews and processes insurance claims through the billing system (EPIC).
* Completes special projects as requested and performs other duties as assigned.

## Review Med, LP, Dallas, TX

## *Disability Management Coordinator* March 2009 – Aug 2012

* Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Answer telephones, direct calls, and take messages.
* Maintain and update filing, mailing and prioritize of medical records. Mail all records out to specified location.
* Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail.
* Compile, copy, sort, and file records of office activities and other activities pertaining to the patient. Review files, records, and other documents to obtain information to respond to requests. Manage all incoming faxes,
* Retrieve patient medical records for physicians, technicians, or other medical personnel. Release information to persons or agencies according to regulations.
* Responsible for contacting patients, adjuster and/or third party payers to resolve paperwork submitted for Workers Compensation account.
* Assisting the with over 250 case managers as resource person for departmental personnel to answer questions and assists with problem resolution and travel expense and distribution of checks when my supervisor is not available.
* Managed and Processed RME, DDE and Post DD RME Coordination for the patients along with contacting TDI for further instruction or assistants. Set up Doctor Appointments for the patients.
* Achieved a promotion from Disability Management Clerk to Disability Management Coordinator within a year.

## UniMed Direct, LLC, Plano, TX

## *Bill Review/Claims Intake Specialist* Jun 2006 – March 2009

* Intern from April 2006 to May 2006, became fulltime starting June 2006.
* Prepare insurance claim forms or related documents and review them for completeness. Contact insured or other involved persons to obtain missing information.
* Logging referrals and direct referrals received from account manager. Evaluating/Adjusting client and claimant account information in the system. Provide customer service, such as limited instructions on proceeding with claims or referrals.
* Managed assigned caseload of workers compensation claims for work related injuries. Assist with authorization forms and match/attach EOBs with claim form for the insurance carrier.
* Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Answer telephones, direct calls, and take messages.
* Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail.

# Education

## Southeastern Career Institute, Dallas TX

## *July 2005- Mar 2006*

* Medical Office Specialist (Certificate)

## Skyline High School, Dallas TX

## *High School Diploma, May 2002*

* Diploma

# Additional Skills

* Customer Service and Relations.
* Strong sense of Responsibility
* Detailed Oriented and Organized
* Self-Motivated
* Strong Verbal Communication Skills
* Strong Work Ethic
* Flexibility and Adaptability
* Team Player