# *Ashley Williams*

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# *Objective*

To begin my career as a Certified Clinical Medical Assistant in a medical setting where my over five years of experience in Customer Service, Medical Collections, Medical Claims/Billing Representative, Insurance Verification, Pre-Authorization Specialist, and Accounts Receivable Representative can be utilized.

# *Education*

## Certified Clinical Medical Assistant | 05/2018 | Remington College, Dallas Campus

# *Certifications*

08/2017 Basic Life Support (BLS) Certified, CPR/First Aid

05/2018 Certified Clinical Medical Assistant, National Healthcareer Association

# *Administrative Skills*

* Extensive Medicare, Medicaid and Commercial insurance knowledge
* Excellent written and oral communication skills
* Authorization and Pre-Authorization for hospital claims
* Thirty-eight-forty Words Per Minute
* Knowledgeable of ICD-9, ICD-10, and CPT codes
* Maintaining records (electronic or paper)

# *Clinical Skills*

* Measuring Vital Signs
* Hemoglobin Analysis
* Drug Administration
* Infection Control
* Patient Charting
* Radiography Physics
* Bandaging
* Urinalysis

# *Professional Experience*

## Patient Intake Specialist | Edge Medical Billing Group/Medicos | Garland, Texas | 09/2018-Present

Verify patient demographic and insurance information and update record changes to warrant patients are registered under their current health plan, Authenticate that all the patient’s information uploaded is correct and accurate, Concisely, precisely, and accurately document all information, Maintain good public relations with hospitals/Provider personnel, physicians, and patients, Receive and process proper paperwork for billing purposes and for new cases, Activate patients within the billing system and Data entry, filing, faxing, and scanning.

## Recare Recall Coordinator | Wheatland Dental care | Dallas, Texas| 05/2016-05/2017

Sustain a production schedule by scheduling patients via telephone for hygiene treatment, Confirm appointments, Send reminder cards via email and united postal mail, Manage recall schedules and reports, Answer phone for incoming calls, Assist in dental office as needed, Process patient payments, and Make financial arrangements for treatment.

## hOSPITAL cLAIMS/aCCOUNTS RECIVEABLE, /MEDICAL BILLER AND COLLECTIONS REPRESENATIVE | Conifer Health Sloutions | Frisco, Texas| 06/2014-03/2016

Review and prepare claims for electronic and hard copy billing submission, Responsible for the follow up and resolution of all outstanding unpaid medical claim balances for the assigned insurance payer(s), Create insurance claims for billing, Guarantee timely and accurate account payment, Mail out timely and accurate medical bills then follow up with patients whose bills are delinquent.

## Insurance verification Specialist | Fresenius Medical Group | Richarson, Texas| 02/2011-09/2013

Verify eligibility of members and participating status of providers, Contact providers with authorization, Process denials, and appeal information, Ensure that patients' health care benefits cover required procedures, Communicate with patients, in and out of network medical facilities, and insurance companies about co-pays, benefits, coverage, and care authorization, and Maintain strict confidentiality of patient and center related business.