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**OBJECTIVE**

To obtain a position within an organization providing opportunity for personal professional growth and advancement while utilizing my skills and past experience for the betterment of the company.

**EMPLOYMENT**

Baylor Scott and White- CCT- HTPN 2014-Present

Medical Records Coder II

Dallas, TX

* Verifies that the E/M codes are correct in accordance to payers policy.
* Accurately identifies most appropriate Reason for Visit, First Primary diagnosis, Procedure, Modifiers and all secondary diagnoses to support medical necessity.
* Post manual charges and reconcile charges to documentation.
* Effectively communicate coding, discrepancies and best practice utilization with physicians and administrative personnel.

U.S. Renal Care 2009 - 2014

Home Therapies Billing Specialist

Plano, TX

* Responsible for entering and maintaining billing charges for multiple dialysis facilities; modalities ranging from In-center to Peritoneal, CA/CCPD and Staff Assisted.
* Generated weekly and monthly claims for both government and commercial payers.
* Submit initial and re-billed claims billed both electronically and manually.
* In addition to dialysis treatments, responsible for accurate billing entries of Durable Medical Equipment, Labs and Mediations
* Enter and maintain accurate billing charges for Acute hospitals.
* Review charges and apply the correct ICD codes when needed for excessive dialysis treatments.
* Performed audit controls.
* Responsible for maintaining patient absence logs
* Communication with facility and hospital personnel in order to maintain accurate billing charges according to company guidelines.
* Identify any issues/problems and escalate to appropriate management for resolution.

Caremark Specialty Pharmacy 2006 - 2007

Specialty Admissions Coordinator

Des Plaines, IL

* Responsible for validating the demographic and reimbursement information on all Synagis customers in the database prior to the initiation of therapy.
* Adjudicate POS/Retail billings, relate financial obligations to the customer, identify to the organization when a new customer is brought to service.
* Communication with the sales department regarding contract and physician issues.
* Identify issues/problems and escalate for resolution.
* Communicate every 48hrs to MD and patient.

Wolcott, Wood & Taylor 2004 - 2006

Cash Poster/Charge Entry

Chicago, IL

* Post payments in Epic systems received by insurance companies & patients.
* Enter charges in system that was created when patients was seen by UIC physicians.
* Research EOB’s and patients accounts when refunds are needed.
* Review charges and apply the correct ICD 9 codes when needed.

Bryam Healthcare 2003 - 2004

Medicare A/R Rep

Downers Grove, IL

* Efficiently handled voluminous call from patients regarding their medical supply orders.
* Insurance verification.
* Completed denial appeals within the 120-day limit.
* Completed A/R reports from 30-60, 90-120 and over 365 days.

Litholink Corporation 2000 - 2003

Senior Biller

Chicago, IL

* Supervise the billing department with all daily operations.
* Obtain appropriate reimbursements levels for professional services by reviewing and coding medical procedures & diagnoses.
* Analyze denial rejection reports and appeals.
* Submit charges to clearing house in a timely manner.
* Prepare and process all types third party billing.

**EDUCATION**

Medical Billing Certificate

Chicago IL- Jan. 2000

Certified Medical Coder- CMC 2014

ICD-10 Certified

Vision & Centricity experienced

Epic SuperUser

EHR- Electronic Health Record

BLS CPR Certified