**ANGELA INGRAM**

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**OBJECTIVE**

Highly professional and motivated individual seeking an opportunity with a growing healthcare company where can obtain a position that allows me to utilize my skills and strong work ethic to find shared success within the marketplace, meet my professional goals and exceed expectations

**SKILLS**

* 10+ years of healthcare Call Centre experience
* Handling Insurance Verifications
* Eligibility Claims processing
* Comfortable working in a fast pace high volume working environment
* Professional and goal-oriented mindset to be top performer
* High attention to detail with strong communication skills
* Proficient in Microsoft Office Suite
* Working knowledge in Medicare/Medicaid
* Performed Data entry
* Healthcare Administration
* Healthcare Providers
* Claims Appeals
* Worked and supervised in a claim production environment on the carrier/ provider or member side.
* Healthcare Providers

**COMPUTER SKILLS**

* Millbrook
* Centricity
* American Health Tech
* Point Click Care
* Simple LTC, DDE
* Novitas Solutions

**PROFESSIONAL EXPERIENCE**

**United Health Group**

**Irving, Texas**

**January 2019 – March 2019**

**Medicare Collections Representative (Contract)**

* Reviewed Remittance Advice to ensure proper reimbursement
* Prepared required appeals relating to past timely filing and medical necessity
* Submitted claims on electronic billing system
* Documented information regarding account activity
* Collaborated with various hospital departments to resolve claim issues
* Contacted patients regarding COB
* Handled Calls from Healthcare Providers and Members.
* Supervises assigned staff including responsibility for recruiting and performance management
* Provides reports and updates to management as assigned or requested.
* Supports and administers various departmental and corporate policies consistent with the company’s core values and philosophies.

**Northgate Plaza**

**Irving, Texas**

**December 2017 – November 2018**

**Assistant Business Office Manager**

* Scanned insurance, private pay, hospice and miscellaneous payments into online bank account
* Posted credit card and check payments to the appropriate account
* Performed daily bank deposits of checks and cash
* Disbursed resident’s petty cash daily
* Maintained accurate census in accounting software daily
* Verified Medicare, Medicaid and Medicare Advantage plan eligibility and benefits
* Submitted 3618 and 3619 forms for processing
* Interpreted and resolved A/R billing questions
* Performed month end close procedure
* Customer Service
* Researched and reconciled past due balances
* Assisted residents and family members with completing a Medicaid application

**Skyline Nursing Centre**

**Dallas, Texas**

**June 2016 –April 2017**

**Business Office Manager**

* Maintained accurate census manually and in accounting software daily
* Explained insurance benefits, payment policies and procedures with new admissions and their responsible parties
* Scanned insurance, private pay, hospice and miscellaneous payments into online bank account
* Post payments to the appropriate account
* Maintained trust fund account
* Disbursed resident’s petty cash daily
* Verified Medicare, Medicaid and Medicare Advantage plan eligibility and benefits
* Submitted 3618 and 3619 forms for processing
* Assisted residents and family members with completing a Medicaid application

**University of North Texas Health Science Centre**

**Fort Worth, Texas**

**February 2016- May 2016**

**Medical Collector (Contract)**

* Responsible for verifying insurance information via website
* Performed follow up activities on all accounts
* Utilized insurance website portal for claim status
* Rebilled Claims
* Filed appeals for denials, partial paid and unpaid claims
* Documented accounts activity

**Terrell Heath Care**

**Terrell, Texas**

**September 2015 – February 2016**

**Business Office Manager**

* Maintained accurate census manually and in accounting software daily
* Verified insurance benefits and obtain preauthorization if required
* Scanned insurance, private pay, hospice and miscellaneous payments into online bank account
* Posted payments to the appropriate account
* Maintained trust fund account
* Disbursed resident’s petty cash daily
* Performed month end close procedure
* Submitted 3618 and 3619 forms
* Assisted residents and family members with completing a Medicaid application
* Performed all aspects of private pay collections such as mailing statements, collection letters and contacting the responsible party

**Green Valley Health Care and Rehabilitation**

**North Richland Hills, Texas**

**April 2014- September 2015**

**Assistant Business Office Manager**

* Maintained accurate census manually and in accounting software daily
* Verified insurance benefits and obtain preauthorization if required
* Billed Medicaid claims and all secondary claims
* Scanned all insurance, private pay, hospice and miscellaneous payments into the online bank account
* Posted payments to the appropriate accounts
* Performed daily bank deposits of checks and cash
* Assisted with month end close procedure
* Performed all aspects of private pay collections such as mailing statements, collection letters and contacting the responsible party
* Assisted residents and family members with completing a Medicaid application
* Followed up on Medicaid pending applications

**Senior Care Centres**

**Dallas, Texas**

**May 2013- Nov 2013**

**Medicare Billing & Collections Specialist**

* Reviewed Medicare accounts daily for outstanding balances and credits
* Utilized Medicare Direct Data Entry to bill claims and check claims status
* Examined payer and diagnosis codes for accuracy
* Reviewed daily census to ensure accurate billing
* Processed and submitted monthly billing, mid-month billing, and benefit exhaust claims
* Reviewed claims for errors and denials
* Researched and corrected RTP

**Health Tech Solutions**

**Plano, Texas**

**September 2012 - Apr 2013**

**Medical Collector (Contract)**

* Worked Medicare, Managed Care and Commercial aging accounts daily
* Followed up on claim status via phone or website
* Researched denials and zero paid claims
* Appealed claims with the appropriate documentation
* Billed UB04 secondary and tertiary claims
* Documented all account activity daily

**Home Care Physicians**

**Dallas, Texas**

**August 2009 - Mar 2011**

**Home Health Medical Billing Specialist**

* Batched Medicare and Medicaid claims HCFA 1500 for electronic submission
* Corrected file rejections prior to submission
* Processed 485 charges with the appropriate ICD-9 and CPT code
* Posted insurance and patient payments
* Followed up on claim status
* Researched denials and zero paid claims

**Star Cranial Centre**

**Dallas, Texas**

**May 2008 - Sept 2008**

**Medical Billing Specialist (Contract)**

* Worked Medicaid and Managed Care aging reports daily
* Researched all claim denials
* Posted insurance and patient payments
* Verified benefits, eligibility and obtain authorization if required
* Prepared cash receivable reports daily
* Scheduled and confirmed appointments

**Specialty Billing Service**

**Dallas, Texas**

**September 2004 - May 2007**

**Medical Billing Supervisor**

* Batched Medicare and Managed Care HCFA 1500 claims for submission
* Corrected claims prior to submission
* Monitored trends and resolved billing and payer issues
* Directed and managed daily operations to ensure charges are billed and processed accurately

**Digestive Health Associates**

**Dallas, Texas**

**May 2002- March 2004**

**Medical Billing Specialist**

* Worked Managed Care aging reports daily
* Followed up on claim status
* Researched claim denials and zero paid claims
* Appealed claims with the appropriate documentation

**Orthopaedic Associates of Dallas/Practice Performance Inc.**

**Dallas Texas**

**May 1999 - May 2002**

**Medical Billing Specialist**

* Worked Workers Compensation, Managed Care, Medicare and Medicaid aging reports daily
* Billed secondary and tertiary HCFA 1500 claims
* Confirmed patient’s employment for worker’s compensation claims
* Verified compensable injury
* Followed up claim status
* Researched claim denials and zero paid claims
* Appealed claims with the appropriate documentation
* Worked correspondence daily