

FIONA ZEERAK

Medical Billing Executive

CONTACT

- ☎ (346) 214-9100
- ✉ fionazeerak89@gmail.com
- 📍 Brooklyn, NY
- 🌐 <https://fionazeerak.netlify.app/>

EDUCATION & CERTIFICATIONS

- Bachelor's Degree in Health Information Management (HIM)- University of Wisconsin
- Certified Professional Biller (CPB) – AAPC
- Medical Coding Certification (CPC, CIC, CCS)

KEY SKILLS & EXPERTISE

- Revenue Cycle Management (RCM)
- Claims Processing & Appeals
- CPT, ICD-10, HCPCS Coding
- Insurance Verification & Pre-Authorization
- Accounts Receivable (A/R) Management
- Denial Management & Resolution
- HIPAA & Compliance Regulations
- Patient Billing & Collections
- Team Leadership & Training
- EMR & Billing Software (Epic, Cerner, Medisoft, NextGen)

PROFILE SUMMARY

Detail-oriented and results-driven Medical Billing Executive with 10 years of experience in revenue cycle management, claims processing, and insurance verification. Proven track record of improving collections, reducing denials, and optimizing billing operations for healthcare providers. Adept at handling complex medical coding, compliance regulations, and patient billing inquiries with accuracy and efficiency. Strong leadership skills in training and mentoring teams to enhance productivity and streamline processes.

WORK EXPERIENCE

Cerner Corporation

2021 - PRESENT

Senior Medical Billing Executive

- Led the medical billing department, ensuring smooth and efficient claim submission processes for hospitals, clinics, and private practices.
- Managed end-to-end revenue cycle operations, including coding, charge entry, claims submission, payment posting, and collections.
- Monitored and analyzed key performance indicators (KPIs) related to claim denials, outstanding A/R, and reimbursement trends.
- Negotiated with insurance companies and payers to resolve claim disputes and recover underpaid claims, increasing revenue by 30%.
- Ensured compliance with HIPAA, Medicare, Medicaid, and private insurance regulations, mitigating risks and maintaining audit readiness.
- Implemented automated billing systems and EHR integration, leading to a 40% improvement in operational efficiency.
- Trained and mentored a team of 15+ billing professionals, fostering a high-performance work culture.
- Conducted internal audits to identify and correct billing errors, significantly reducing claim rejections and denials.
- Managed patient billing inquiries and established payment plans to enhance patient satisfaction and reduce bad debt.

TECHNICAL PROFICIENCY

- EMR & Billing Software: Epic, Cerner, Medisoft, NextGen, eClinicalWorks
- Microsoft Office Suite (Excel, Word, Outlook)
- Clearinghouse Portals (Availity, Change Healthcare, RelayHealth)

PROFESSIONAL ACHIEVEMENTS

- Successfully increased revenue collection by 20% by optimizing billing workflows and denial management.
- Trained and mentored a team of 10+ billing specialists, enhancing department efficiency.
- Implemented new billing software, reducing processing time by 40%.
- Developed new claim reconciliation processes that improved cash flow and decreased outstanding A/R.
- Spearheaded a project to reduce claim denial rates by 35%, enhancing overall billing accuracy.

TECHNICAL PROFICIENCY

- EMR & Billing Software: Epic, Cerner, Medisoft, NextGen, eClinicalWorks
- Microsoft Office Suite (Excel, Word, Outlook)
- Clearinghouse Portals (Availity, Change Healthcare, RelayHealth)

TruBridge

2017 - 2020

Medical Billing & Coding Specialist

- Processed medical claims for private insurance, Medicare, and Medicaid, ensuring accuracy in coding (CPT, ICD-10, HCPCS).
- Reviewed and verified medical documentation to ensure proper coding and reimbursement.
- Investigated and resolved billing discrepancies, reducing outstanding A/R by 25%.
- Conducted pre-authorization and eligibility verification to prevent claim denials.
- Assisted patients with billing inquiries, providing clear and professional explanations of charges and payment options.
- Performed regular follow-ups on unpaid claims and managed appeals for denied claims, recovering significant lost revenue.
- Maintained up-to-date knowledge of insurance policies, billing regulations, and payer requirements to optimize billing efficiency.

UnitedHealthcare

2014 - 2016

Medical Billing Associate

- Entered and submitted high-volume claims daily, maintaining a 98%+ accuracy rate.
- Worked closely with insurance providers to verify benefits and resolve claim disputes.
- Assisted in generating patient statements and coordinating payment plans for overdue accounts.
- Supported the transition from manual to electronic billing systems, improving overall efficiency.
- Reviewed and processed patient payment postings, ensuring accuracy and proper allocation.
- Coordinated with healthcare providers to clarify coding and documentation, reducing claim errors and denials.