



Patient Accounts Representative

POSITION SUMMARY

Responsible for reviewing insurance claims for accuracy and timely filing on behalf of the organization, to procure the monetary collection process of insurances, vendors and third party payments along with timely patient portion billings to meet the organizations policy and procedure requirements for receipt and collection processes.

PRIMARY TASKS AND DUTIES

- Submit claims to the appropriate health plans on a daily basis, review all denials for complexity, make corrections and resubmit claims within 30 days of the denial received date.
- Complete claim forms, submit bills and claims, perform quality control procedures on all claim forms and detail bills to ensure accurate billing.
- Contact patients regarding denials that require patient follow up and/or assistance.
- Verify insurance benefits and notify patient of benefit coverage conflicts prior to scheduled appointment.
- Responsible for running all billing aging reports and maintaining documentation supporting follow up decision processes.
- Complete patient and insurance refunds in a timely accurate manner.

ESSENTIAL FUNCTIONS/KEY COMPETENCIES

- Demonstrate a strong business acumen as well as substantial knowledge and expertise in medical claims and billing. Analyze, synthesize and communicate complex data, clinical information, business needs and related issues in an accurate, objective and straightforward manner.
- Demonstrate a high level of problem solving skill. Demonstrate the ability to make critical medical billing decisions supported by substantial financial analysis and critical data-based decision making.
- Demonstrate interpersonal savvy and influence skills in all dealings with regulatory agencies, government entities, network providers, and related concerns.
- Demonstrate and engage in the use and development of technology to provide information and analysis of departmental outcomes and process improvement
- Participate in ongoing quality assurance measure, meeting or other activities as assigned.

POSITION REQUIREMENTS

Education

- High School diploma or equivalent. Must be able to speak read, write and understand English.

Professional

- Demonstrated "skilled" business office experience.
- Demonstrated success in communication, customer service or working with the general public, preferably in a medical care facility.
- Demonstrated success in managing difficult customer situations.
- Demonstrated success in general computer competence including basic Word and potential to be trained on specific software for patient information, billing and communication.
- Knowledge of medical terminology preferred.

- Knowledge of collection processes preferred.

Physical/Environmental

- Ability to interact with computer screen for up to six hours at a time (visual acuity required).
 - Must have manual dexterity for use of keyboard. Ability to remain stationary for periods of up to four hours. Ability to communicate via phone, mail and in person to resolve disputes, solve problems, etc.
 - Capacity to function in a sometimes stressful, multi-tasking environment
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- This is a full-time position.
 - Compensation is dependent upon qualifications and experience.
 - We offer benefits including: 401(k) employer contributions; Life, Medical, Dental and Vision Insurance; HRA, FSA, DCAP; Educational Assistance; Short and Long Term Disability Insurance; paid holidays and earned Paid Time Off.
 - To apply, send cover letter and resume to resumes@nohn-pa.org