



Position Description

Position:	Insurance Specialist – Medical Biller (AR Account Representative)
Experience Level:	5 to 10 years
Hours:	38- 40 hours weekly (hours are flexible) 4 day work week (Tuesday through Friday)
Reports to:	Director
Pay Rate:	Base pay based upon experience, plus monthly commission, based upon assigned accounts monthly insurance income

Description:
<p>The main role of the AR – insurance representative (medical billing) in the capacity of a medical billing company, is to ensure the assigned health care providers are paid for the services they render to their patients. You are assigned specific provider accounts to maintain on a daily basis. You are responsible for the accurate flow of medical information and patient data between physicians, patient's and third-party payers. In this position, the billing specialist has direct contact with their assigned provider and the insurance payers. Provider's (AR) accounts receivables should be "worked" on a regular basis, to ensure that no claims are left unpaid.</p>

Requirements:	
1	Education: Required: High School Diploma or equivalent Preferred: Secondary schooling with courses in Medical Billing
2	Experience: Required: 5 to 7 years of entry level medical office billing experience Preferred: 8 to 10 years of medical billing office experience, in a billing company environment
3	License/Registration/Certification Required: None Preferred: Ability to obtain certification
4	Skills, Knowledge and Abilities <ul style="list-style-type: none">• Ability to multi-task• Ability to prioritize and problem solve• Excellent documentation skills• Attention to detail• Excellent communication skills• Understanding and knowledge of HIPAA rules and regulations• Excellent customer service skills• Ability to work and utilize multiple practice management (EHR) systems• Knowledge of medical terminology and insurance codes, (diagnosis and procedure)• Knowledge and understanding of modifiers• Knowledge and understanding of copay's, deductibles, out of pockets, allowable amount and authorizations• Excellent follow through skills• Must be a team player, but also have the capabilities to be an independent thinker

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Duties and Tasks: <i>on assigned accounts</i>	
1	Check new patient documentation for data entry accuracy
2	Submit clean claims (<i>daily, weekly</i>)
3	Post insurance payment, either through auto-post or manually
4	Review clearinghouse reports for errors
5	Unpaid insurance claim research
6	File appeals in a timely manner, when necessary
7	Correct and resubmit claims, via electronically or paper
8	Call insurance companies regarding any discrepancies in payments when necessary
9	Submit secondary billing in a timely manner when appropriate
10	Communicate with patients, whenever required or necessary
Judgement and Decision Making	
11	Demonstrates good judgment and reasoning with investigation and solving problems
12	Demonstrates good judgement while respecting the confidentiality of patient information
13	Seeks guidance and direction, if needed in the performance of responsibilities and duties
Planning and Time Utilization	
14	Shows ability to recognize and deal with priorities while performing duties during working hours/time
Initiative	
14	Performs all duties in an independent manner with minimal direction and supervision
15	Recognizes and performs duties which need to be performed although not directly assigned
Attendance and Reliability	
16	Does not abuse or take advantage of “flexible” time schedule
17	Provides adequate notification of time/days off, to allow a back up for your job responsibilities
18	Does not abuse “working” hours or use computers for personal business
19	Performs other duties as may be assigned, even though it may not be in this job description

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