



## POSITION DESCRIPTION

<b>Experience Level:</b>	2 to 4 Years
<b>Location:</b>	In Office
<b>Hours:</b>	35 hours per week Flexible Hours: 8.5 hours, Tuesday through Friday Office Hours 7:00am – 7:00pm
<b>Reports to:</b>	Assigned AR Representative (Tabitha Contee)
<b>Pay Rate:</b>	Based Upon Experience – between \$15 and \$18 per hour
<p>This position is a biller assistant position. Within this position, the billing assistant will know the fundamentals of billing, including insurance verifications, coding and claims submission. This position is the direct correlation between providers and the insurance companies, it sets the beginning of a claim progression. You will have direct communications with providers as it pertains to patient's insurance coverage, to start the claim cycle. These duties will allow the billing assistant to gain experience to advance into an Insurance Accounts Receivable Billing Specialist position.</p>	
<b>1</b>	<b>Education:</b> Required: High School Diploma Preferred: Secondary Schooling with courses in Medical Billing
<b>2</b>	<b>Experience:</b> Required: At least 2 years medical office experience Preferred: 4 years of medical billing experience in a medical office environment
<b>3</b>	<b>License/Registration/Certification:</b> Required: None Preferred: Ability to obtain certification, if necessary
<b>4</b>	<b>Skills Knowledge and Abilities</b> <ul style="list-style-type: none"> <li>• Ability to multi-task</li> <li>• Ability to prioritize and problem solve</li> <li>• Excellent documentation skills</li> <li>• Attention to details</li> <li>• Excellent communication skills</li> <li>• Understanding and knowledge of HIPPA rules and regulations</li> <li>• Excellent customer services skills</li> <li>• Ability to work and utilize multiple practice management software programs</li> <li>• Familiar with medical terminology and insurance codes, (diagnosis and procedure)</li> <li>• Knowledge of insurance copay's, deductibles, out-of-pockets, allowable amounts and authorizations</li> <li>• Excellent follow through skills</li> </ul>
<b>1</b>	Enter new patients for assigned providers

<b>Position:</b>	<b>Billing Assistant</b>
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<b>2</b>	Confirm and correct if necessary, data entered from providers, which enter their own patient demographic and insurance information
<b>3</b>	Verify Insurance coverage/benefits (eligibility) for assigned providers, when required
<b>4</b>	Submit via paper and/or fax EAP or WC claims
<b>5</b>	Check clearinghouse reports for rejected claims/encounters
<b>6</b>	Enter claims/encounters for assigned providers, if and when applicable
<b>7</b>	Run authorization report and obtain authorizations, when necessary and if required
<b>8</b>	Submission of patient statements for all providers account (monthly)
<b>9</b>	Submit report to providers of delinquent patients, when necessary
<b>10</b>	Contacting delinquent patients (per assigned provider) to collect outstanding balance
<b>11</b>	Submission of delinquent patients to third party collection agency, when necessary
<b>12</b>	Demonstrates good judgement and reasoning with investigation and solving problems.
<b>13</b>	Demonstrates good judgement while respecting the confidentiality of patient information.
<b>14</b>	Seeks guidance and direction in the performance of responsibilities and duties
<b>15</b>	Shows ability to recognize and deal with priorities while performing duties during required hours
<b>16</b>	Performs all duties in an independent manner with minimal direction and supervision
<b>17</b>	Recognizes and performs duties which need to be performed although not directly assigned.
<b>18</b>	Does not abuse or take advantage of "flexible" time schedule
<b>19</b>	Provides adequate notification of time/days off
<b>20</b>	Does not abuse "working" hours or use computers for personal business
<b>21</b>	Performs other duties as may be assigned

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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