



Job Title: Financial Service Representative
Immediate Supervisor: Chief Financial Officer
Department: Finance
FLSA Status: Non-Exempt

Summary

The Financial Service Representative is responsible for collecting, entering and submitting claim information. The Financial Services Representative will also follow up with insurance carriers or other agencies on unpaid or rejected claims. The Financial Services Representative is also responsible for answering patient or staff inquiries on account status and charges.

Essential Functions

Must be able to perform the essential functions of the job as listed below:

- Enters information necessary for insurance claims such as patient, insurance ID, diagnosis and treatment code and modifiers, and provider information. Insures claim information is complete and accurate.
- Submits insurance claims to clearinghouse or individual insurance companies electronically or via paper CMS-1500 form.
- Follows up with insurance company on unpaid or rejected claims. Resolves issue and re-submits claims.
- Prepares appeal letters to insurance carrier when not in agreement with claim denial. Collect necessary information to accompany appeal.
- Understands managed care authorizations and limits to coverage such as the number of visits. This is encountered often when billing for specialties.
- May have to verify patient benefits eligibility and coverage.
- Ability to look up ICD 10 diagnosis and CPT treatment codes from online service or using traditional coding references.
- Answer patient questions on patient responsible portions, copays, deductibles, write-off's, etc. Resolves patient complaints or explains why certain services are not covered.
- Prepares patient statements for charges not covered by insurance. Insures statements are mailed on a regular basis.
- May work with patients to establish payment plan for past due accounts in accordance with provider policies.
- Posts insurance and patient payments using medical claim billing software.
- May perform "soft" collections for patient past due accounts. This may include contacting and notifying patients via phone or mail.
- Follows HIPAA guidelines in handling patient information.

Non-Essential Job Functions

- Attend and participates in staff meetings and in-services as assigned.
- Adhere to and support UHCs policies, practices and procedures.

- Accept assigned duties in a cooperative manner and perform all other related duties as assigned by Supervisor.
- Work scheduled shifts.

Knowledge, Skills and Abilities

- Knowledgeable on insurance and reimbursement process.
- Good math and data entry (typing) skills.
- Exercises good judgment and discretion.
- Familiarity with HIPAA privacy requirements for patient information. Maintains and protects confidential information.
- Proficient in use of computers and common office equipment.
- Good verbal and written communication skills.
- Basic understanding of medical ICD 10 codes and CPT medical billing codes.
- Good telephone and patient relation skills.
- Detail oriented and ability to prioritize work.
- More experienced insurance billing specialists work with minimal direction and oversight.
- Must demonstrate on an ongoing basis the ability to develop and maintain good working relationships with co-workers.

Education: High school diploma or general equivalency diploma (GED)

Experience: Minimum 5 years of recent experience working in a clinical (medical billing and coding) field CPT and ICD-10 Certification.

SIGNATURES:

Print Employee Name: _____

Employee Signature: _____

Date: _____

Print Supervisor/ Manager Name: _____

Supervisor/ Manager Signature: _____

Date: _____