

JOB DESCRIPTION: BILLING SPECIALIST

Classification:	Non-Exempt (Hourly)
Reports To:	Billing Manager
Date:	August, 2018

Summary / Objective

The Billing Specialist assist in the day to day billing submission and processing of claims to ensure timely payment. Posts payments in a timely manner. Files appeals on denied claims.

MAIN FUNCTION	Ensure claims are processed in a correct and timely manner.
Duties and	1. Philosophy
responsibilities	- Supports the practice's ideology, mission, goals and objectives
	- Performs in accordance with the practice's policies and procedures
	- Follows the practice's standards for ethical business contact
	- Recognizes patients' rights and responsibilities
	- Participates in meetings, in-services and activities
	- Seeks out additional assignments and duties
	2. Work Quality
	- Performs duties in an accurate and organized manner
	- Adheres to policies and procedures in performance of duties
	- Ensures knowledge of job and asks questions when unsure
	- Completes duties within appropriate timeframes
	3. Personal Attributes
	- Shows initiative and dependability including punctuality and attendance
	- Displays good judgement
	- Cooperates and is flexible
	- Follows appropriate dress code presenting a professional image
	4. Customer Service
	- Fosters a culture of outstanding patient service showing courtesy in interactions
	with patients, physicians and co-workers
	- Presents good telephone skills
	- Responds promptly to patient needs and co-workers requests
	5. Communication and Teamwork

 6. Professional competence Participates in continuing education and other learning experiences Welcomes suggestions and recommendations
 7. Billing Specialist Duties Review the claim prior to submission for accuracy ensuring proper insurance information, modifiers and other required information is included on the claim. On a daily basis post insurance and patient payments. Balance remittances for
 accuracy. Call or verify online claim status to ensure claims are received by the carrier and are being processed. Follow up on any claims not received and resubmit. Appropriately code office visit billings ensuring appropriate modifiers are included.
- Consistently review denied claims filing necessary documentation to appeal the denial.
 Provide phone support to patients and co-workers regarding billing questions, billing status, balances due, authorizations and other information as requested. Other duties as assigned
 Education HS/GED Minimum of 3 years' prior medical billing experience Knowledge of neurosurgery coding Knowledge of appeals Medical Billing and Coding Certification preferred
 While performing the duties of this job, the employee routinely is required to sit; walk; talk and hear; use hands to keyboard, finger, handle and feel; stoop, kneel, crouch, twist, reach, and stretch. The employee is required to move around the office. Specific vision abilities required by this job includes close vision, color vision, peripheral vision, depth perception, and ability to focus. May require travel dependent on company needs. May occasionally lift and/or move up to 20 lbs.

Employee Signature

Date

Supervisor Signature