



Job Title: Patient Accounting Representative

Department(s): Business Office

Position Summary: Responsible for activities involving billing and collection activities. Duties include working aging reports, posting charges, filing claims, posting payments, performing appeals and other miscellaneous duties.

Supervision Received: Patient Accounting Supervisor

Supervision Exercised: None

Hours/Week 40 Full-Time Part-Time Exempt Non-Exempt

FLSA Definition:

ESSENTIAL FUNCTIONS:

- Verifies insurance eligibility prior to patient appointments, entering updated information into the practice management system as needed
- Answers incoming phone calls to the Business Office. Attempts to assist patients and resolve billing issues. Routes calls to proper person if unable to help. Uses excellent communication skills and gives good customer service to patients, staff and external contacts.
- Works aging reports each month to increase reimbursement. Duties may include calling insurance companies, verifying insurance eligibility, re-filing claims, appealing denied claims and verifying reimbursement, small balances, unbilled, and miscellaneous insurance reports.
- Correctly posts all payments daily, both from patients and insurance. Ensures reimbursement is at the correct levels according to contracted rates.
- Monitors age of accounts. Attempts to obtain payment for all charges by making phone calls and sending letters and statements. Sets up payment plans with patients. Forwards inactive or non-responsive accounts for collections.
- Maximizes reimbursement through the timely filing of claims. Responsible for sending or printing secondary claims as needed, attaching or sending EOB's to the secondary insurance as needed.
- Remains up-to-date and knowledgeable about insurance information and insurance bulletins
- Downloads charges from EMR. Reviews charges for approval on a daily basis
- Researches/works credit balances, writes up refund documentation and completes the refund process by posting and mailing refunds

- Stamps and sends out daily mail, as needed
- Works on obtaining new addresses for any returned mail
- Notifies Patient Accounting Supervisor of billing or system issues
- Processes cash receipts from all clinics on a daily basis
- Checks business office voicemail on assigned days

CORE REQUIREMENTS:

- Works collaboratively and respectfully with staff and others—individually and as part of a team—to achieve optimal efficiency, outcomes and morale
- Interacts in a culturally competent manner with individuals and groups from diverse backgrounds, including but not limited to: socio-economics, race and ethnicity, nationality and religion, both in-clinic and in the community
- Maintains excellent and punctual attendance
- Attends and actively participates in staff and departmental meetings
- Attends agency functions and meetings as relevant or required
- Works at any or all NHS clinics, as needed
- Uses computer daily including e-mail, word documents, spreadsheets, patient management system, electronic health record, and patient portal, as needed to carry out essential job functions
- Maintains any required licensure/certification
- Demonstrates commitment to agency mission and goals
- Abides by corporate compliance program, HIPAA regulations and other agency policies and procedures
- Participates daily in pre-visit planning and huddles (RN, Provider, Medical Assistant, Front Desk)
- Utilizes Patient Portal to access patient information and communicate with patients, as relevant
- Plans, organizes, and multitasks
- Speaks, understands, reads and writes English sufficiently to carry out all essential duties
- Performs other duties as assigned

QUALIFICATIONS:

- High school diploma or GED
- Graduate of a two-year program in a related field preferred or equivalent experience

- Minimum of three years' experience in a medical provider office doing billing/collections related activities, preferred
- Knowledge of Insurance policies, procedures and reimbursement practices; Medical terminology and health insurance; CPT, ICD-9, 10
- Ability to examine documents for accuracy and completeness; prepare records in accordance with detailed instruction; deal diplomatically and calmly under stress
- Proficient in English, oral and written. Spanish fluency a plus
- Strong interpersonal communication and problem-solving skills

Attachments

- Physical and Mental Requirements
- Work Environment

Job Title: Patient Accounting Representative
PHYSICAL AND MENTAL REQUIREMENTS:

Requirement:	Rarely <15% of day	Occasional 15-39% of day	Frequent 40-74% of day	Continuous >75% of day	Requirement:	Rarely <15% of day	Occasional 15-39% of day	Frequent 40-74% of day	Continuous >75% of day
Bend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Close/Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Squat/Crouch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Distance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Depth Perception	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb (stairs, ramps)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Color	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	View computer screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Balance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hear: Using phone	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hear: In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak (English): Using phone	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak (English): In person	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/carry: up to 10 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speak other language:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/carry: 10-25 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read/comprehend (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lift/carry: 25-50 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read/comprehend other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write/type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reach: Overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reach: Forward	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Handle objects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reason and analyze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use fine finger dexterity (type, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have reviewed the required Physical and Mental requirements of my job and herein certify that I am able to perform all the duties described above.

Name (Print)

Signature

Date

OR

I have reviewed the required Physical and Mental requirements of this position and herein certify that I am able to perform all the duties described above with the following accommodation:

Name (Print)

Signature

Date

Job Title: Patient Accounting Representative

WORKING ENVIRONMENT

The OSHA category for this position is:

<input type="checkbox"/>	Category I – High risk for exposure to blood or body fluids.
<input type="checkbox"/>	Category II – Moderate risk for exposure to blood or body fluids.
<input checked="" type="checkbox"/>	Category III – Low risk for exposure to blood or body fluids.

On the job, the employee may encounter:

<input type="checkbox"/>	Chemical/Biological Agent		Noise level:
<input type="checkbox"/>	Contact with water/liquids	<input checked="" type="checkbox"/>	low
<input type="checkbox"/>	Confined spaces	<input type="checkbox"/>	moderate
<input type="checkbox"/>	Temperature variations (outdoors)	<input type="checkbox"/>	loud/noisy
<input type="checkbox"/>		<input type="checkbox"/>	

SPECIAL CONDITIONS OF EMPLOYMENT

Explanation:

<input type="checkbox"/>	Occasional weekday evenings required	
<input type="checkbox"/>	Occasional weekend days required	
<input type="checkbox"/>	Occasional overtime required	
<input type="checkbox"/>	Professional license/certification req'd	
<input type="checkbox"/>	Current CPR certification required	
Minimum level of education:		
<input checked="" type="checkbox"/>	High school diploma/GED	<input type="checkbox"/> Masters Degree: _____
<input type="checkbox"/>	Associates Degree	<input type="checkbox"/> Medical Degree: _____
<input type="checkbox"/>	Bachelors Degree: _____	<input type="checkbox"/> Other: _____
Travel:		
<input checked="" type="checkbox"/>	Occasional travel between clinics	<input type="checkbox"/> Vehicle, drivers license and insurance req'd
<input type="checkbox"/>	Frequent travel between clinics	<input type="checkbox"/> Occasional work outdoors
<input type="checkbox"/>	Occasional or frequent other local travel	<input type="checkbox"/> Frequent work outdoors

I certify that I am aware of the Working Environment for this position and I agree to that I am able to fulfill all Special Conditions of Employment.

Name (Print)

Signature

Date