

Job Posting – Accounts Receivable Representative

Job Title:	Accounts Receivable Representative	Date to Apply:	
Department:	Patient Accounts	Location:	Bradenton
Days:	Monday – Friday	Hours:	8:00 am – 4:30 pm

Position Summary: Responsible for the expedient collection of payment at the highest level of reimbursement allowed for the medical services provided for assigned physicians.

Responsibilities/Accountabilities:

1. Claims:
 - Works claims denials and rejections received through clearinghouse from various Payors
 - Updates clearinghouse and practice management systems with new claim information
 - Review outstanding claims and follows up with insurances carriers regarding denials for assigned physicians. Claims remained unpaid should be followed up on no later than 60 days past submission
 - Professionally communicates with physicians and their staff regarding reimbursement problems when necessary
 - Audits charges for optimal charge coding when needed

2. Collection Reports:
 - For the providers assigned to the A/R rep the following reports will be worked on a scheduled basis:
 - Claims edits (daily)
 - Outstanding Insurance (monthly)
 - Rejection Reports (weekly)
 - EOB Denials (weekly)
 - Collection Module (weekly)
 - Missing Ticket Report for office procedures (monthly)
 - Missing Ticket Report from surgery schedule (monthly)
 - Surgery Reimbursement Report

3. Denials:
 - Corrects denials and resubmits in a timely manner. Corrects electronic denials within five days of receipt

4. Miscellaneous:
 - Follows department collection guidelines and procedures for outstanding patient and insurance balances related to assigned providers
 - Demonstrates tact and diplomacy in interpersonal communication to defuse negative situations and maintain a professional and pleasant tone during stressful situations

Job Posting – Accounts Receivable Representative

- Cross trained and provides department coverage for other A/R Reps.
- Maintains professional knowledge regarding medical billing and coding procedures, insurance carriers, federal programs, etc
- Answers phones promptly; greets patients and other callers
- Provides accurate information to callers and provides realistic wait times

Education, Experience, and Certification/Licensure Required:

- High School Diploma or equivalent required with a minimum of two years of medical billing experience or an Associate's Degree in Medical Billing and Coding or Health Information Management without prior experience.
- Certified Professional Coder (through AAPC) preferred.
- Candidates must be able to work with high volume of work while maintaining attention to detail and accuracy and demonstrate excellent oral and written communication skills.
- Computer skills required to operate practice management system (i.e., use Window operating system, conduct Internet searches, communicate by email, etc.)

To apply for this position, please submit a resume to humanresources@orthopedicone.com or fax to 614-827-1035.

An Equal Opportunity Employer