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| **Job Title:** | Accounts Receivable Representative | **Date to Apply:** |  |
| **Department:** | Patient Accounts | **Location:** | Dublin |
| **Days:** | Monday – Friday | **Hours:** | Flex – 40 hours |

**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
1. 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
1. Post Zero Pay and Denials:
* Posts insurance denials into practice management system within 10 days of receipt
* Corrects denials and resubmits in a timely manner. Corrects electronic denials within five
days of receipt
1. 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
* Cross trained and provides department coverage for other A/R Reps and assists with “courier” of work between locations
* 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 posting, please submit a resume to humanresources@orthopedicone.com or fax to 614-827-1035.

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