

EMMA JOHNSON

Billing Specialist

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PROFESSIONAL SUMMARY

Detail-oriented Billing Specialist with 10 years of experience in medical billing and coding. Proficient in ICD-10 and HIPAA compliance, with a strong focus on accuracy and customer service. Seeking to leverage expertise in a dynamic healthcare environment.

WORK EXPERIENCE

Medical Billing Supervisor / Billing Specialist

📅 Dec / 2017-Ongoing

WidgetWorks Inc.

📍 Denver, CO

1. Posted payments from patients and payors, ensuring accurate month-end processes and reporting.
2. Negotiated non-par agreements and collaborated with collection agencies on overdue accounts.
3. Managed aged accounts for Medicare and Anthem Blue Cross, supporting the team with other commercial accounts.
4. Executed electronic fund transfers for Medicare, Anthem, Aetna, and Medicaid, ensuring timely processing.
5. Collaborated with billing supervisors to verify claims for prompt payment and accuracy.
6. Maintained monthly performance goals based on charge percentages and historical data.
7. Educated patients on their insurance policies to enhance understanding and resolve unpaid claims.

Patient Account/Insurance Dept. Supervisor

📅 Dec / 2014-Dec / 2017

Cactus Creek Solutions

📍 Phoenix, AZ

1. Oversaw team scheduling, including time off and vacation tracking for optimal staffing.
2. Submitted paper and electronic claims, managed secondary billing, and handled aging accounts.
3. Maintained an average billing volume of \$500k monthly, ensuring compliance with administrative mandates.
4. Generated monthly reports for department heads and administration to track performance metrics.
5. Participated in the hiring process and conducted performance evaluations for team members.

EDUCATION

Associate of Applied Science in Medical Billing

📅 Dec / 2011-Dec / 2014

Southern New Hampshire University

📍 Santa Monica, CA

Focused on medical billing practices, coding standards, and healthcare regulations.

SKILLS

Team Collaboration

Customer Service Excellence

HIPAA Compliance

ICD-10 Coding

ACHIEVEMENTS

- ★ Reduced claim denials by 30% through improved billing processes.
- ★ Achieved 95% accuracy in billing submissions over 12 months.