

# Robert Smith

## Medical Claims Representative

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### SUMMARY

Strong organizational and communication skills with the ability to concurrently direct multiple business affairs. A multitude of versatile skills transfer unto any administrative setting to create and maintain high levels of efficiency and productivity. Advanced understanding of customer needs with diligent attention to detail resulting in superior customer service and high levels of client satisfaction. Broad understanding of healthcare data. Capable of analyzing problems. Trusted liaison and assistant.

### SKILLS

Customer Service, Data Entry.

### WORK EXPERIENCE

#### Medical Claims Representative

ABC Corporation - July 2015 - 2022

- Independently processed hospital/physician claims to ensure that there is no missing or incomplete information in accordance with company polices, regulation and applicable laws.
- Reviewed and researched assigned claims by navigating multiple computer system and platforms and accurately capture the data necessary for processing.
- verified pricing, prior authorizations etc.) Responsible for maintaining current knowledge of billing and coding, CPT, HCPCS, Revenue Codes and proper use of Modifiers.
- Tracked and reported revenue cycle data for trends and issues.
- Provided customer service by responding to and documenting telephone and or written inquires.
- Provided back-up on other hospital/physician accounts as necessary.
- Consistently met established performance standards including quantity and quality claims processing standards.

#### Medical Claims Representative

Delta Corporation - 2014 - 2015

- Audited and monitored 300 claims weekly to secure payments for outstanding balances.
- Responsible for contacting patients, guarantors for minors or employers for any additional information necessary to process claim for payment.
- Verify patient benefits and eligibility for all services rendered.
- Maintained strict confidentiality in accordance with HIPAA regulations and company policies.
- Worked for tricare in a call center environment speaking with providers and beneficiaries to examine, evaluate and approve medical professional and .
- Implemented the appropriate reprocessing/adjustment procedures for denied claims for resubmission so they would be approved for payment.
- Processing orders/supplies for a major Diabetic supply company, Primarily concentrating on Medicare claims; conduct Medicare reviews/audits; review .

### EDUCATION

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