

EMMA JOHNSON

Medical Claims Specialist

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PROFESSIONAL SUMMARY

Detail-oriented Medical Claims Specialist with over 10 years of experience in processing, reviewing, and resolving claims. Proven track record in optimizing claims submissions and enhancing reimbursement processes.

WORK EXPERIENCE

Medical Claims Specialist - Part Time

📅 Jan / 2018-Ongoing

Blue Sky Innovations

📍 Chicago, IL

1. Prepared and submitted accurate claims to various payors, including Medicare and Medicaid, ensuring compliance with regulations.
2. Utilized electronic systems for claims submissions, including 837 electronic and CMS-1500 forms, enhancing efficiency.
3. Managed and resolved claim rejections, collaborating with internal teams to rectify issues promptly.
4. Gathered necessary information from patients and providers to address denied claims due to incorrect data.
5. Established strong relationships with healthcare providers to ensure timely billing and collections.
6. Investigated and resolved zero payment explanations, initiating adjustments to secure payments.
7. Generated and analyzed collections reports, coordinating with collection agencies for outstanding accounts.

Medical Claims Specialist

📅 Jan / 2015-Jan / 2018

Lakeside Apparel Co

📍 Chicago, IL

1. Medical Claims Specialist, Virtual Business Office, Columbia, SC 04/09 - 06/13: Successfully appealed denied claims with Medicare and primary insurers.
2. Conducted thorough research on denied claims, developing effective solutions to facilitate payment.
3. Requested re-bills from insurance companies, ensuring accurate and timely collection of payments.
4. Responded promptly to correspondence from payors and patients, maintaining high customer service standards.
5. Adjusted financial classifications to align with correct payer groups, optimizing reimbursement.
6. Consistently filed 100-150 claims daily, ranking among the top agents in productivity.
7. Utilized mainframe applications to navigate extensive data screens for efficient claims processing.

EDUCATION

Associate of Applied Science in Health Information Technology

📅 Jan / 2012-Jan / 2015

Southern Technical College

📍 Phoenix, AZ

Focused on medical coding, billing, and health information management.

SKILLS

Claims Processing

Claims Review

Insurance Verification

Denial Management

ACHIEVEMENTS

- ★ Achieved a 95% claims approval rate through meticulous documentation and follow-up.
- ★ Reduced claim denial rates by 30% by implementing a new verification process.
- ★ Streamlined claims processing time by 20% through effective workflow management.