



# HENRY WALKER

## Medical Insurance Biller

✉ support@qwikresume.com ☎ (123) 456 7899 📍 Los Angeles

🌐 www.qwikresume.com

### 💡 SKILLS

Medical Coding



Insurance Verification



Claims Processing



Patient Billing



Payment Posting



### 📌 INTERESTS

- 🧘 Meditation
- 🥋 Martial Arts
- ★ Theatre
- 🎨 Art

### 👊 STRENGTHS

- ✅ Integrity
- 🤝 Negotiation
- 👍 Confidence
- 📌 Accountability

### 🗣️ LANGUAGES



### 🏆 ACHIEVEMENTS

- 📈 Improved claim approval rates by 30% through meticulous coding and follow-up.
- 📉 Reduced billing discrepancies by 25% by implementing standardized procedures.
- 📊 Achieved 95% accuracy in claims submissions, significantly decreasing denial rates.

### 👤 PROFESSIONAL SUMMARY

Seasoned Medical Insurance Biller with 5 years of specialized experience in claims processing and revenue cycle management. Adept at minimizing claim denials and optimizing reimbursement through precise coding and effective communication with payers. Committed to upholding compliance standards while enhancing patient satisfaction and operational efficiency.

### 💼 WORK EXPERIENCE

#### Medical Insurance Biller

📅 Apr / 2021-Ongoing

Seaside Innovations

📍 Santa Monica, CA

1. Processed and coded medical claims for various insurance providers, ensuring compliance with regulations.
2. Tracked and resolved missed appointments, improving office efficiency.
3. Collected patient payments both in-office and via phone, enhancing cash flow.
4. Maintained meticulous records of deceased charts for compliance and auditing.
5. Managed accounts receivable, following up with patients and insurers for timely payments.
6. Organized and safeguarded confidential patient documentation in line with HIPAA standards.
7. Collaborated with medical and administrative staff to enhance billing processes and patient interactions.

#### Medical Insurance Biller

📅 Apr / 2020-Apr / 2021

Summit Peak Industries

📍 Denver, CO

1. Executed comprehensive medical billing for Medicare, Medicaid, and private insurance plans.
2. Conducted follow-ups on outstanding claims, resolving patient billing issues efficiently.
3. Posted electronic and manual payments, ensuring accurate account updates.
4. Verified insurance eligibility and benefits, enrolling patients in healthcare programs.
5. Managed electronic submissions of claims, ensuring accuracy and compliance.
6. Reviewed all claims (HCFA1500) for errors before submission, ensuring high approval rates.

### 🎓 EDUCATION

#### Associate of Applied Science in Medical Billing

📅 Apr / 2019 - Apr / 2020

Community College of Denver

📍 Phoenix, AZ

Focused on medical coding, billing procedures, and healthcare regulations.