

# Medicare Specialist

## ROBERT SMITH

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### Objective

Motivated leader with strong organizational and prioritization abilities. Accomplished, energetic team player that is dependable, a self-starter with a concrete history of achievement in membership services.

### Skills

Coding, Billing, Answering phones, Registering patients, Verifying insurance.

### Work Experience

#### Medicare Specialist

**ABC Corporation** - 1998 - 2000

- Audited Medicare UB92 and processed spreadsheets for eight nursing home Checked and coded invoices for payment.
- Analyzes and processed rejected claims by investigating and gathering information to determine the error on the claims.
- Assesses & resolves claims within evaluation Negotiates settlement of claims up to designated authority level and makes claim paid.
- Calculates and assigns timely & appropriate reserves to claims and continues and continues to monitor reserve adequacy throughout the life of the claim.
- Handled all Medicare billing and collections transactions and communicated with personnel at various local offices Provided exceptional customer service by answering questions, explaining services, and ensuring total satisfaction with the handling of each transaction.
- Handle appeals for claims reprocessing using several online resources and systems, maintain government compliance, manage and screen cases, coordinate with other departments, and contact customers for necessary expedited document processing.
- Worked in the Medicare department and responsible for reviewing and evaluating required documentation sent by doctors to submit an accurate, legal and ethical claim to Medicare and secondary insurers.

#### Medicare Specialist

**ABC Corporation** - 1997 - 1998

- Addressed all issues and concerns of the members in a professional manner.
- Provided guidance during open enrollment while providing solutions to inquiries regarding benefit options.
- Assisted associates in negotiating the waters of the health care system including but not limited to providing assistance in resolving complex claims issues as well as providing guidance to members that appear to be symptomatic so that they can obtain the medical attention that is required.
- Answered questions as they related to their Benefit Plans while explaining to the individual processes instituted by their employers.
- Assisted associates that have become Medicare eligible with the appropriate next steps to be taken in their enrollment while detailing their options for Medicare and supplemental products.

- Placed outbound calls to providers, insurance carriers and billing agencies to intercede on the members behalf for issues that could not be resolved during the initial call.
- Was utilized in a lead capacity to assist in the mentorship of new hires once they have completed initial training..

## Education

Certificate in Medical Assistant - (Brymann School - Chicago, IL)