AMELIA MOORE
Healthcare Revenue Cycle Analyst

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

SKILLS

Time Management
■ ■ ■ ■ ■ ■ ■ ■ ■ □
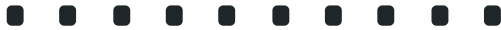
Data Entry Accuracy
■ ■ ■ ■ ■ ■ ■ ■ ■ □

Healthcare Software Proficiency
■ ■ ■ ■ ■ ■ ■ ■ ■ □

Excel Proficiency
■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Sql Knowledge
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Healthcare Regulations
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INTERESTS

🔧 DIY Projects
✂ Crafting
⭕ Meditation
🏛 History

STRENGTHS

🌿 Humility
💡 Innovation
👁 Insightfulness
☑ Integrity

LANGUAGES

English
Dutch
Italian

ACHIEVEMENTS

★ Increased clean claim ratios by 15% through targeted process improvements.

★ Reduced claims denial rates by 20% by implementing effective coding reviews.

PROFESSIONAL SUMMARY

Results-oriented Healthcare Revenue Cycle Analyst with 5 years of experience in optimizing financial performance through detailed data analysis and process enhancement. Expert in managing claims, improving billing procedures, and collaborating with healthcare teams to drive efficiency. Passionate about leveraging analytical skills to enhance revenue integrity and support organizational goals.

WORK EXPERIENCE

Healthcare Revenue Cycle Analyst
Pineapple Enterprises

📅 Apr / 2022-Ongoing
📍 Santa Monica, CA

1. Conducted comprehensive analysis of revenue streams, optimizing workflows and datasets from legacy systems.
2. Led the Research Transplant billing team, overseeing data migration processes and clinical procedures.
3. Facilitated the transition from legacy systems for charge capture, claims processing, and reporting.
4. Documented specifications for migration paths from outdated revenue systems to enhance operational efficiency.
5. Directed claims processing initiatives, delivering detailed analyses on in-hospital billing, including mobile charge capture.
6. Managed integration efforts for clinical procedures and resources, ensuring alignment with revenue goals.
7. Identified and analyzed revenue cycle trends impacting reimbursement, driving strategic adjustments.

Revenue Cycle Analyst/Supervisor
Crescent Moon Design

📅 Apr / 2020-Apr / 2022
📍 Portland, OR

1. Collaborated with healthcare practices to implement best practices in revenue cycle management and training.
2. Managed special projects including coding reviews and denial management to improve claim accuracy.
3. Conducted detailed reviews of coding protocols and error trends, providing actionable feedback for improvement.
4. Worked closely with Practice Managers to implement changes in procedures and coding protocols.
5. Engaged with insurance companies to resolve payment issues and denials, ensuring timely reimbursements.
6. Communicated with patients regarding account balances and billing inquiries, enhancing customer satisfaction.

EDUCATION

Bachelor of Science in Health Administration
University of Health Sciences

📅 Apr / 2018-Apr / 2020
📍 Toronto, ON

Focused on healthcare management and financial practices within healthcare settings.