

## **JOB DESCRIPTION**

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**Job description for:** Insurance/Billing Specialist

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**Reports to:** Director of Billing and Reception

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**Responsibilities:** Manage the claims and financial processes to insure the collection of the maximum reimbursement in a minimal amount of time from the appropriate payer.

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### **RESPONSIBILITIES INCLUDE BUT NOT LIMITED TO:**

- ... Manage the claims submission process for all assigned payers and ensures all claims go out with minimal error rate.
- ... Manage electronic claims submission and keeps records of transmission confirmation reports if assigned.
- ... Follow up on unpaid insurance claims; beginning at 45 days (30 days for Medicare) and facilitate the steps necessary to ensure these claims are then paid. Work and complete aging reports and turn into management monthly.
- ... Call or verify online the insurance benefits on patients to determine eligibility and coverage for professional as well as the facility.
- ... Keep abreast of any changes in policy that affect the filing of claims and timeliness of payment.
- ... Attend in-service given by plan representatives to gain a better understanding of billing procedures.
- ... Establish and maintain written guidelines about the billing requirements of all insurance companies.
- ... Post mailed-in insurance payments for all assigned payers on a daily basis.
- ... Monitor insurance payments to ensure the practice is paid accurately, according to payment schedules and contracted rates. Monitor the financial process for all patient accounts by running reports to keep these accounts collected in a timely basis.

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- ... Assist patients with the explanations of payer reimbursements and account status.
- ... Set up payment plans for patients and run open credit report to prepare refunds weekly.
- ... Inform Billing Lead when the inventory of HCFA 1500,UB92 forms and other products need ordered.
- ... Attend required staff meetings and continuing education courses as requested.
- ... Perform all other tasks requested by Director.

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**Educational requirements:**

1. High school diploma or equivalent required.
2. College strongly preferred.

**Experience requirements:**

1. Minimum 12 months experience in a medical background preferred.
2. Proven understanding of explanation of benefits form, claim forms, and the insurance billing process.
3. Working knowledge of managed care, commercial insurance companies, Medicare, Medicaid and Workers Compensation.
4. Experience summarizing account status for management.

**Skills requirements:**

1. Good communication and verbal skills.
2. Good filing skills.
3. Knowledge of grammar and spelling.
4. Medical terminology a plus.
5. General computer knowledge and typing skills.

**Behavioral requirements:**

1. Positive attitude
2. Ability to function in a teamwork environment with management and subordinates.

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**Essential functions of the job:**

1. Daily work may involve substantial movements (motions) of the wrist, hands, and/or fingers, keyboarding. Able to lift up to 50 pounds. Includes stooping, reaching, standing, walking, pushing, pulling, grasping, feeling, talking, hearing, repetitive motion, sitting for long periods of time.
2. Subject to inside environmental conditions.

**Hours:**

Determined by department Director based on department needs.

**Job relationships:**

Supported with guidance by Billing/~~Reception~~ Lead for daily job duties.

Does not supervise any employees.

Supervised by Director of Billing and Reception.

**Job boundaries:**

Reports to department Director in all matters.

Reports to Billing Lead in absence of department Director.

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**EMPLOYEE ACKNOWLEDGMENT**

BY MY SIGNATURE BELOW, I ATTEST that I have read and understood the job description for the position of Insurance/Billing Specialist.

Based on that information, I believe (check appropriate box):

- I can perform the essential functions and duties of this position with or without a reasonable accommodation.
- I am not able to perform this job with or without a reasonable accommodation.

BASED ON THE ABOVE INFORMATION and box checked, I hereby certify that all my statements and information related to the employment process are true and complete, and the failure to answer any questions or failure to answer truthfully and completely may result in my termination or not being hired.

APPLICANT/EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF HIRING AUTHORITY: \_\_\_\_\_ DATE: \_\_\_\_\_