

Medical Billing and Back Office Operations Specialist

(Flexible hours; work from home)

We are looking to hire an experienced **Medical Billing and Back Office Specialist** for our team. You can work from home with moderately flexible hours. Local candidates (or those from Central Florida) preferred due to ease of conducting meetings.

Company Name: Rimage Solutions. www.RimageSolutions.net Established 2010 in the City of Lakeland, FL.

About Us: Rimage Solutions is a leading provider of **Back Office Services** (healthcare data analytics, medical billing, referrals management, etc.) and **Custom Web/Mobile Applications** in Central Florida, USA, (specializing in web applications, software architecture, database development, SaaS products, mobile apps, content management systems, cloud hosting and healthcare business process outsourcing).

Our focus is on enabling our clients with powerful, flexible, secure, and scalable software solutions that increase their operational efficiency, strengthen their customer relationships, and improve their productivity. Our mission is to challenge ourselves, as well as our clients, to explore new growth opportunities in the internet arena, leading towards successful and creative online experiences.

Minimum Experience: 2 years' experience in medical billing, specifically charge entry and payment posting.

Position Purpose: To process medical billing claims, collect patient or provider payments, resolve questions and problems with a customer's account, process patient refunds, appeals to include re-determinations and resubmissions of billing to patient payers.

Experience Plus: Knowledge of electronic medical records systems like eClinicalWorks and experience in processing medical referrals is a plus.

Primary Responsibilities:

- Process medical data relevant to medical billing, charge entries, payment posting and update the electronic medical records system.
- Review clinical documentation to ensure support for codes billed
- Edit appropriate modifier usage & diagnosis codes for accurate claims submission
- Reviews all rejected claims for corrections
- Applying patient payments to claims created
- Review rejected Claims and taking necessary steps to finalize claim, to include reverification of insurance, obtaining prior authorizations, contacting Payor, physician offices & patients
- Ensure copay's are collected or billed to appropriate Payor
- Answer inbound billing phone calls as needed
- Maintains confidentiality of all patient and financial information.
- Prepare various reports in Excel as instructed by Supervisors
- Verify entered data by reviewing, correcting, deleting, or reentering data; combining data from multiple systems when information is incomplete; purging files to eliminate duplication of data.
- The ability to effectively multi-task is a must.
- Fulfill targets with diligence and responsibility
- Manage Email and phone communication with clients and team members.
- Maintains operations by following compliance policies and procedures; reporting needed changes.
- Maintains customer confidence and protects operations by keeping information confidential.
- Contributes to team effort by accomplishing related results as needed
- Knowledge of medical referrals, medical eligibility checks and document management

Ancillary Duties and Responsibilities

- Exhibit professional excellence, teamwork and integrity
- Maintain a positive work atmosphere
- Maintain production levels ensuring quality of work is above average.
- Maintain a better than average attendance score
- Performs other duties and tasks as assigned, depending on work schedules and priorities

Required Skills and Qualifications

- Knowledge of reimbursement guidelines, CPT and ICD-10codes, payor contracts and plans
- Must have good computer/typing skills
- Need good documentation skills
- Should have a strong understanding of Microsoft Excel, Word and Email systems
- Should have good command over spoken and written English
- Attention to details and research expertise.
- A good team member with highly effective communication skills.
- Must have research skills on Internet.

Education: High School graduation is required and Medical Billing certification preferred – we care more about your experience, skills, proficiency in English and sincerity at work.

If this opportunity excites you then feel free to apply at jobs@rimagesolutions.net and indicate your salary expectations.

Rimage Solutions provides equal employment opportunity to all qualified applicants regardless of race, color, religion, national origin, sex, sexual orientation, gender identity, age, disability, genetic information, or veteran status, or other legally protected classification in the state in which a person is seeking employment. Applicants encouraged to confidentially self-identify when applying. Local applicants are encouraged to apply. Drug-free work environment. Must be eligible to work in USA.