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## Remote Biller – Part-time, Non-Exempt

### Description

***Applicants must reside in the US.***

The Biller is responsible for submitting clean claims to the insurance company and generating maximum reimbursement for providers while maintaining a high level of customer service.

### Schedule / Availability

- 25 hours/week
- Approximately 75% of hours should be completed during normal business hours

### Responsibilities

- Claim submission and tracking
  - Review superbills and/or review claims created in EMR/EHR for proper completion
  - Create claims in medical billing software
  - Submit either electronically or by paper, depending on the payer and circumstances
  - Communicate with provider if clarification is needed to submit billing and document any changes
  - Uphold optimal accuracy in all billing efforts
- Communicating with insurance companies, clients and patients
  - Adhere to company communication standards in a professional and compliant manner
  - Provide guidance to clients and their patients as needed to navigate the billing process
  - Help educate clients about compliance to HIPAA and Fraud, Waste and Abuse laws as needed
  - Facilitate ongoing satisfaction and understanding between client and the company, while setting appropriate boundaries and expectations with client
  - Represent the Company to the client within the context of the existing service agreement/contract
  - Document patient communication
- Posting payments and account reconciliation
  - Post EOB/ERA payments in medical billing software
  - Identify claims that need further follow-up or appeal
  - Post patient payments
  - Reconcile patient accounts as necessary
- Communicating effectively with ager (claims denial specialist)
  - Review ager's claims status reports on time
  - Answer questions, work with ager to properly fight denials
  - Meet with ager about assigned accounts to discuss account issues and coordinate efforts
- Running Reports

### Hiring organization

Larsen Billing

### Job Location

United States

Remote work from: United States Only

### Employment Type

Part-time

### Date posted

February 4, 2023

- Run reports as necessary based on account need and company protocols
- Aid providers in determining appropriate reports needed for their account
- Upload all documents received to provider SharePoint site
- Enter patient demographic information when needed
- Attend mandatory Claims Department meetings (or watch recording for any missed meetings)

## **Knowledge and Skills**

- 2+ years medical billing and/or coding experience
- CPC/CPB Certification preferred, experience required
- High level of professional communication; written and verbal
- Familiarity and adherence to HIPAA laws and privacy practices
- Able to prioritize work and meet deadlines
- Able to function with multi-levels of staff appropriately
- Flexibility to work in an extremely fast-paced and dynamic environment
- Ability to work independently and within a team
- Prior experience working with insurance companies
- Proven experience in Microsoft Office products