



Title: Ager

Reporting to: Claims Department Manager

Job Type: Part-time, Non-Exempt

Description: The Ager is responsible for following up on submitted claims to ensure proper processing and assisting with generating maximum reimbursement for providers while maintaining a high level of customer service.

Essential Functions:

- Claim resubmission and tracking
 - Resubmit claims electronically or by paper depending on payor and circumstances
 - Communicate with biller and/or provider if clarification is needed to resubmit billing and document any changes
 - Uphold optimal accuracy in all billing efforts
- Communicating with insurance companies, clients and patients
 - Adhere to company communication standards
 - Facilitate ongoing satisfaction and understanding between client and the company
 - Represent the company to the client within the context of the existing service agreement/contract
 - Document patient communication
- Claims follow-up
 - Track claim rejections in billing software
 - Check claim status online and via phone
 - Report claim processing details in billing software
 - Identify claims that need to be appealed and submit requests to Appeals Department
 - Write appeals when needed
 - Work very closely with biller on each account to ensure the AR is being worked appropriately; strive for open and effective communication with all billers
- Communicate effectively with biller
 - Meet with biller about assigned accounts to discuss account issues and coordinate efforts
- Running Reports
 - Run all reports to facilitate claims follow-up per company policy
 - Provide reports to provider as needed
- Upload all documents received to provider SharePoint site
- Report to manager when help is needed or deadlines are not being met
- Attend mandatory Claims Department meetings (or watch recording for any missed meetings)

Knowledge and Skills:

- 1+ years of experience in medical billing and/or claims follow-up

- 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

Schedule/Availability:

- 25-30 hours/week
- Approximately 75% of hours are to be completed during normal business hours

Work Environment:

While performing the duties of this job, the employee regularly works in an employee provided in-home office setting. This role routinely uses standard office equipment such as computers, phones, video conferencing, printers, scanners and filing cabinets; all of which are provided by the employee.

Physical Demands:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

While performing the duties of this job, the employee is regularly required to talk on the phone and hear. The employee frequently is required to sit for long periods of time, use hands to finger, handle or feel; and reach with hands and arms.

Other Duties:

This job description is intended to convey information essential to understanding the scope of the job and the general nature and level of work performed by job holders within this position. This job description is not intended to be an exhaustive list of qualifications, skills, efforts, duties, responsibilities, or working conditions associated with the position. All positions at Larsen Billing Service are subject to duties as assigned by upper management, additional work hours as necessary, and subject to change.

Signature:

Employee signature below constitutes employee's understanding of the requirements, essential functions and duties of the position.

Employee_____

Date_____

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