



**Title:** Biller

**Reporting to:** Claims Department Manager

**Job Type:** Full-time, Non-Exempt

**Description:** 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.

**Essential Functions:**

- 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 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
  - 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
  - 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

**Schedule/Availability:**

- 35-40 hours/week
- Approximately 75% of hours should 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 \_\_\_\_\_

***Larsen Billing Service is an Equal Opportunity Employer***

Larsen Billing Service provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Larsen Billing Service complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Larsen Billing Service expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Larsen Billing Service's employees to perform their job duties may result in discipline up to and including discharge.