

## ARMAR, INC. - WHITE ROSE AMBULANCE

### JOB DESCRIPTION

**Job Title:** EMS Billing Specialist

**Reports to:** Vice President

**FLSA:** Non-Exempt

#### GENERAL DESCRIPTION

This is a position whose function is to provide customer service to members of the general public in matters related to their EMS accounts. This position will respond to billing questions and complaints. Duties involve expert knowledge of the Company's operations to promptly and effectively respond to and resolve concerns of customers.

#### ESSENTIAL JOB FUNCTIONS AND RESPONSIBILITIES

- Answers 12-line telephone system and schedules ambulance/wheelchair van transports. Call intake involves talking to patients or their caregivers and facility staff and obtaining all pertinent patient information. This also involves familiarity with insurance company's requirements and obtaining pre-authorizations as needed.
- Assists with dispatching using our Computer-Aided Dispatch (CAD) system to schedule and dispatch crews in a timely fashion to transport patients. Become familiar with 911 calls and dispatch emergency response crews.
- Assigns appropriate insurance carrier by utilizing the billing address and/or payer prefix.
- Determines the Level of Service to be billed based on supporting documentation on the Patient Care Report.
- Charge and code patient's insurance based on carrier information.
- Prepares paper and electronic claims for submission to the appropriate payer.
- Generates claims, attach required documentation including medical records, logs to patient accounts and issues hard copy billing to primary insurance companies.
- Transmits claims electronically and verifies confirmation of receipt. Produces and processes patient statements.
- Bills for and accepts payment of fees; maintains and processes cash records.
- Mails monthly billing statements to designated facilities including hospitals, or other similar facilities responsible for paying bills. Prepares and mails bills and follow up to expedite payment.
- Prepares, reviews and sends patient statements.
- Assists Billing Specialist with updates to the billing program as needed with regards to pricing and ICD-9 changes.
- Works with hospitals to share patient and insurance information as needed by either party.
- Enters payments from electronic remittance downloads, check copies and EOB's. Identifies and interprets data to be entered.
- Processes payments from insurance companies and prepares a deposit.
- Reviews patient accounts for possible assignment; also prepares information for the collection agency.
- Performs various collection actions including contacting patients by phone, correcting and resubmitting claims to third party payers.
- Evaluates patient's financial status and establishes budget payment plans. Follows and reports status of delinquent accounts.
- Answers incoming patient calls, resolves patient billing questions, disputes or complaints and enters insurance information.
- Investigates claim denials to ensure accuracy by reviewing services patient received, making coding/changing corrections.
- Analyzes and resolves claim rejections and denials related to coding issues.

- Files documentation in designated system. Retrieves documentation to perform research for account follow-up, problem resolution, and other processing purposes. Maintains insurance provider files and research information as required to maintain accurate documentation.
- Answers questions from patients, clerical staff and insurance companies.
- Compiles monthly reports.
- Compiles data for statistical and financial reports; maintains a variety of statistical records; checks and tabulates basic statistical data; prepares statistical reports.
- Executes our Company slogan "Incredible Service 24-hours a day" without exception.
- Participates in education activities, seminars, and conventions as directed.
- Performs other duties as assigned by Management.

**JOB STANDARDS**

**Education** High School diploma or Equivalent.

**Experience** Minimum of two (2) years experience in medical billing or (3) years experience working in a medical office. Proficient in Microsoft Office, 10-key touch, medical terminology, HIPAA compliancy. Basic medical coding and third-party operating procedures and practices. Knowledge of collection practices and medical billing software desirable.

**EQUIPMENT USED**

Personal computer, calculator and other office equipment.

**CRITICAL EXPERTISE TO PERFORM ESSENTIAL FUNCTIONS**

- Knowledge of business English, spelling and punctuation in order to prepare documents and compose letters, etc. Ability to prepare detailed written communication in a timely and effective manner.
- Ability to analyze fact and exercise judgment, arriving at valid conclusions.
- Ability to read and comprehend law, regulations and rules.
- Ability to access input and retrieve information from a computer.
- Ability to coordinate work schedules.
- Ability to communicate with the public, co-workers and professional consultants using speaking, hearing and visual skills.
- Must be able to work well in fast paced environment and under stressful situations.

**ESSENTIAL PHYSICAL SKILLS**

- Acceptable eyesight (with or without correction), acceptable hearing (with or without hearing aid)
- Ability to access, input or retrieve information from a computer
- Ability to access file cabinets for filing and retrieval of data
- Ability to stand, walk, climb or balance; stoop, kneel, and crouch
- Ability to sit at a desk and view a display screen for extended periods of time
- Ability to communicate both orally and in writing

**ENVIRONMENTAL CONDITIONS**

Office Environment

**MARGINAL/SECONDARY JOB FUNCTIONS**

Performs other reasonable related duties as assigned by immediate supervisor or other management.

**CONFIDENTIAL INFORMATION**

This position has a high degree of access to confidential information. Before placing a person in this position, a background check is required.

Reasonable accommodations will be made for otherwise qualified individuals with a disability.

**EMPLOYEE SIGNATURE**

**DATE**

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