



**Non-Exempt
January 22, 2016**

JOB ANNOUNCEMENT

- Position:** Medical Biller
- Reports to:** Billing Supervisor
- Salary Range:** Starting salary based on experience, qualification, and budget.
(100% time – 40 hours per week)

Position Purpose:

Review patients' encounters for all payers' sources and maintain no more than 1% error rate. Initiate encounter review and make proper corrections for all discrepancies found. Maximize the revenue following the individual payer guide lines. Initiate and investigate cover and non cover services from all payer types. Provide weekly and monthly updates and reports to billing supervisor. Review all patients' accounts for potential re-bills, adjustments and write offs. Maintain encounters' review, out of network CMS 1500 claim submission and payment posting up to date.

Principal Responsibilities:

1. Review and complete patients' screen, demographics and insured for accurate billing.
2. Review all encounters and patients' eligibility on a timely manner to avoid submitting encounters with error to the various insurances.
3. Process and mail out patients' statements for co-pays, deductibles or any other patient's responsibility.
4. Generate encounters verification forms for each date of service and submit weekly.
5. Enter and retrieve patients' Medical data in the patient management system, update information as necessary.
6. Consult with administrators and Providers, as necessary to resolve eligibility, documentation, coding, procedures and diagnoses issues.
7. Post payments for the various payers, run the payments entered report to support the payments posted. Post Remittances Advices/EOB upon receipt. Reconcile payments posted to the ledger.
8. Review and track payments of all submitted charges/claims, reconcile visits and apply appropriate contractual adjustments and write offs.
9. Weekly and monthly encounters error report. Quarterly claim transaction report.
10. Other duties as assign.

Requirements:

1. Ability to understand insurance EOBs, research accounts, identify issues, possible solutions and strong communication skills
2. Billing Certificate, High school graduate or equivalent, must have at least 2 year of Medical billing and collection experience on a Medical office setting.
3. Experience with PPP (County Program) Medicare, Medi-cal, Cross over insurances, Medi-Cal HMO, out of network HMO, and Sliding Fee Discount billing and collection.
4. Typing and computer proficiency skills. MS Excel, Microsoft office experience preferable.
5. Ability to communicate effectively verbal and written; work with out close supervision. Detail oriented and well organized. Work in a team oriented environment and work well under dead lines.
6. Bi-lingual English and Spanish.
7. Flexible with schedule, willing to travel to multiple sites as needed.

To apply, please fax or email resume or list of qualifications including the job code number to:

JWCH Institute, Inc.
5650 Jillson St.
Commerce, CA 90040
Attn: Human Resources Department
Job Code: 454
Fax Number (323) 215-0170
E-Mail: cespinoza@jwchinstitute.org

**Closing date: Open Until Filled
JWCH Institute, Inc. is an Equal Opportunity Employer (EOE).**