**[Clinical Care Claims Adjuster](https://www.postjobfree.com/resume/ad0ajt/clinical-care-claims-adjuster-hampton-va)**

**Location:**Hampton, VA

**Posted:**October 10, 2023

**Contact Info:**

sabrinaward058@gmail.com

405-239-9374

[pdf](https://www.postjobfree.com/resume-download/ad0ajt?output=pdf) [docx](https://www.postjobfree.com/resume-download/ad0ajt?output=docx) [txt](https://www.postjobfree.com/resume-download/ad0ajt?output=txt" \o "Download Text File)[**Email to me**](https://www.postjobfree.com/contact-candidate/ad0ajt/clinical-care-claims-adjuster-hampton-va?etr=)

Top of Form

Your Email: cs@advanceqt.com [change email](https://www.postjobfree.com/change-email)

**Subject:**Response to your resume Clinical Care Claims Adjuster

Message 

Job Description (optional) 



Bottom of Form

**Resume:**

Sabrina F Ward

526 Jonquil Lane

Hampton, VA 23669

Phone: (405)239-9374

Alt. Phone: (405)314-6485

E-mail: sabrina\_ward46@yahoo.com

OBJECTIVE

A challenging position in the medical field to assert vast knowledge of skills learned through specialized training for Insurance Billing and Coding Specialist. I have 30 years of experience that includes the work experience of a Claims Resolution Clerk III, Unit Secretary, Medical Insurance Healthcare Claims Adjuster, Medical Records Technician, Verification Precertification Clerk, and Health Insurance Payment Poster in the healthcare industries, as well as Furnishings & Equipment Stores not to exclude Health Services.

Most recently, I have been working as a Medical Insurance Referral & Authorization Coordinator with Martin Bionics Clinical Care Innovations from 08/23/2021 to Present. I will complete my bachelor’s degree (BBA) degree in Business Administration Specializing in Healthcare from American Intercontinental University in 2027.

SUMMARY OF QUALIFICATIONS

●ICD9 &10, CPT4, & HCPCS Insurance Billing Coding

●Alpha and Numeric Filing

●Accounts Receivable & Payable

●Ten key by Touch 30-35 wpm

●Pharmacology & HIPPA Regulations

●Medical Manager &Office Practice Lab

●Medical Terminology & Abbreviations

●Business Communications

●Microsoft Word, Excel, Power Point

●Extensive Knowledge of the following Insurance

●Medicaid

●Medicare Part A-D

●Aetna

●Blue Cross and Blue Shield (PPO and HMO)

●United Healthcare

●Humana Healthcare

●Tricare

●Worker’s Compensation

WORK EXPERIENCE

Medical Insurance Authorization, Referral & Appeals Specialist (08/2021 09/30/23)

Martin Bionics Clinical Care, Oklahoma City, OK

Collaborates with referring physician offices to ensure referrals are completed appropriately

Ensures that referrals are addressed in a timely manner

Communicates effectively about the EMR system

Reviews details and expectations about the referral with patients’ Needs basic knowledge of insurance information (i.e. HMO vs. PPO), classes of insurance and can instruct and explain to the patient

Makes outgoing calls to patients to inform them of the preferred in network provider that they are being referred to

Verifies if patient would like assistance in coordinating the appointment Verifies with patient that all information is attached to request

Coordinates scheduling of appointments when appropriate on behalf of patients with specialist offices

Communicates effectively and professionally with specialist offices

Assists in sending Athena fax request to specialist office 2 Human Resources

Ensures complete and accurate registration, including patient demographic and current insurance information

Assembles information concerning patient's clinical background and referral needs.

Per referral guidelines, provide appropriate clinical information to specialist

Demonstrates the skills of effective communication, decision-making and organization to ensure efficient job performance and job success

Daily work is accomplished with minimal direct supervision

Work priorities are set in order to accomplish task/goals

Confidential matters are handled appropriately

Provides high-level customer service to both referring physicians as well as referred Works patients

Confidentiality of patient data is always maintained

Works with physicians and third-party payors to obtain appropriate authorizations in a timely manner.

Communicates patient’s financial obligations if applicable.

Verifies insurance for all scheduled appointments/patients.

Correctly identifies insurance benefits/co pays and deductibles and documents accurately on verification form.

Updates demographic information as necessary.

Makes appointment for specialist / Facilities as needed.

Informs appropriate staff/patient of authorization/referral requirements.

Maintain compliance with all regulatory and accrediting institutions.

Monitor staff credentials and licenses.

Advise staff on renewal procedures.

Participate in the development of internal credentialing processes.

Keep records on licenses, credentials and insurance contracts.

Release information to agencies and members of the public as required by law.

Data entry responsibilities for credentialing are as follows:

Identify discrepancies in information and conduct follow-ups.

Present applications to the facility’s Credentialing Committee

Assist customers with credentialing inquiries.

Respond to health plan provider inquiries.

Capture primary source documentation in computer databases.

Records Management Specialist II (07/2019) -(07/2021)

Iron Mountain, Oklahoma City, OK

Ensuring compliance with recordkeeping requirements for investment records. Conducts audits of records created and maintained by lines of business. Independently develops and utilizes records management metrics, dashboards, audits, surveys and other RIM reports to identify potential issues related to the investment industry records management program. Tracks the Record Life-Cycle of all records within T. Rowe Price as well as off-site storage locations; Develops policies and procedures related to remediation of damaged records and investigates any unauthorized destruction, alienation and damage to records; Collaborates with Offices of Legal and Compliances to establish, coordinate, and maintain governance and compliance.

Coordinates pick-up and delivery of archived information from various users and keeps them abreast of expected service turnaround. Works in conjunction with archiving vendor Iron Mountain, to obtain and send archived information. Works with associates to negotiate return dates and schedule document pick-up. Processes approximately 100-200 boxes monthly. Acts as back-up for Pratt Street services.

Primary for all billing and budget functions. Processes the Iron Mountain monthly invoices by Accounts Payable’s Month End key dates. Distinguishes charges for Mutual Fund Service Agreement centers and non-mutual fund service agreement centers. Analyzes charges for each order to ensure correct charges were applied for proper services utilized, notifies supervisor and Iron Mountain of errors then follows-up for adjustments. Updates billing and storage data in tracking spreadsheet to ensure accurate capture of data to utilize in the formulation of the annual budget. On alternating months will upload reconciled charges to Accounts Payable via DataServ.

Proficient on Records Management program record keeping system (Accutrac/Iron Mountain Connect)to ensure accurate tracking of records; Generates and distributes Destruction Eligibility list to business unit representatives with instructional memo, sends approved destruction list to Iron Mountain and reviews data from Iron Mountain Preliminary Destruction List to ensure accuracy. Follows process of destruction to ensure timely completion and verification. Performs follow-up for credit of stored boxes on billing.

Responds to requests for obtaining and shipping archived information to and from Iron Mountain from business units. Provides guidance on records management process, giving details of process and walking end user through process.

Provides ad hoc and one on one training to the internal business community advising them on the proper process to follow for submittal of records. Develops annual training material and presents to Business Unit Reps to educate on the changes and updates to the record retention policies.

Software expert on Accutrac and Iron Mountain Connect. Generates monthly supplemental listings on ad-hoc basis, generate annual holdings list, generates follow-up reports for boxes signed out (monthly) and forward lists to BU reps with instructional memos and updates database for content descriptions. Generates and develops ad hoc report.

Customer Service Representative-(03/2019) - 07/2019)

Oklahoma Gas & Electric, Oklahoma City, OK

Credit negotiations (payment extensions, arrangements, turn-ons and turn-offs).

Respond to billing inquiries and handle customers’ high bill complaints.

Provide information about company programs, products and services.

Report electric and gas emergencies and outages.

Provide data to customers requesting new services and/or construction.

Seek resolution of customer complaints.

Open and close accounts at request of customer.

Refer customers to network of agencies able to provide financial assistance.

Respond to utility commission and agency inquiries.

Medical Office Scheduler-(10/2018) - 03/2019)

Mercy Hospital, Oklahoma City, OK

Schedules surgery procedures using ORSOS and/or Microsoft Word

Answers the phones in a professional and courteous manner

Completes post-op data entry in a timely and accurate manner

Completes bi-monthly statistical reports per established timeline and format

Posts surgical charges on a daily basis per established guidelines

Completes daily surgical schedule and distributes as appropriate

Produces and distributes daily surgical log

Completes departmental filing

Sorts and distributes incoming and outgoing mail

Orders office supplies

Posts the daily surgery schedule on the staff’s assignment board

Assures appropriate coordination with other hospital departments when special surgical needs occur

Publishes an accurate daily call list and forwards to staffing department

Medical Health Insurance Claims Adjuster – (09/2013) - 10/2018)

Hewlett Packard Enterprise, Oklahoma City, OK

●Check new claims for various items such as including whether the procedure is medically necessary or not or whether the insurance policy will cover such procedure.

●Make sure that the person has properly filled out the insurance claim correctly and most importantly completely.

●If there are any missing blanks then it is their responsibility to contact the doctor's office, hospital, or even the patient to gain that missing information.

●Verify that the procedure did in fact take place. Process the knowledge of medical terminology, CPT4 codes, and ICD 9& 10 codes to properly review the claim accurately.

●After a thorough review of the claims is done then they often determine the amount to pay.

●Will notify all of the involved parties that are involved of their decisions and the reasons why.

● Maintained clean working environment on daily basis.

Interpretation Specialist (4/2012 - 8/2013)

Gray mark Healthcare, Oklahoma City, OK

●Follow ethical codes that protect the confidentiality of information.

●Translate messages simultaneously or consecutively into specified languages, or orally often maintaining message content, context, and style as much as possible.

●Listen to speakers' statements to determine meanings and to prepare translations, using electronic listening systems as necessary.

●Compile terminology and information to be used in translations, including technical terms such as those for legal or medical material.

●Read written materials, such as legal documents, scientific works, or news reports, and rewrite material into specified languages.

●Identify and resolve conflicts related to the meanings of words, concepts, practices, or behaviors.

●Check translations of technical terms and terminology to ensure that they are accurate and remain consistent throughout translation revisions.

●Refer to reference materials, such as, lexicons, encyclopedias, and computerized terminology banks, as needed to ensure translation accuracy.

●Train and supervise other translators or interpreters.

●Educate patients, parents, and staff about the roles and functions of educational interpreters that help determine sleep studies for patients who have tested positive for sleep apnea.

●Maintained a clean working environment on a daily basis.

Claim Resolution Clerk (4/2009 - 03/2012)

Hewett Packard, Oklahoma City, OK

●Processed Medical Insurance Claims for the state of Oklahoma that was contracted with Sooner Care.

●Resolve complex, severe exposure claims, using high service oriented file handling.

●Pay and process claims within designated authority level.

Examine claims investigated by insurance companies that have further investigating to be done on any questionable claims to help determine whether to authorize payments.

●Verify and analyze data used in settling claims to ensure that claims are valid and that settlements are made according to company practices and procedures.

●Enter claim payments, reserves and new claims on computer system, inputting concise yet sufficient file documentation.

●Contact or interview claimants, doctors, medical specialists, or employers to get additional information.

●ICD-9 Coding

●CPT-4 Coding

●Maintained a clean working environment on a daily basis.

Unit Secretary (3/2003 - 4/2009)

St. Anthony Hospital, Oklahoma City, OK

●Answer telephones and direct calls to appropriate staff.

●Schedule and confirm patient diagnostic appointments, surgeries, or medical consultations.

●Operate office equipment, such as voice mail messaging systems, and use word processing, spreadsheet, or other software applications to prepare reports, invoices, financial statements, letters, case histories, or medical records.

●Maintain medical records, technical library, or correspondence files.

●Greet visitors, ascertain purpose of visit, and direct them to appropriate staff.

●Compile and record medical charts, reports, or correspondence, using typewriter or personal computer.

●Receive and route messages or documents, such as laboratory results, to appropriate staff.

●Transmit correspondence or medical records by mail, e-mail, or fax.

●Perform various clerical or administrative functions, such as ordering and maintaining an inventory of supplies.

●Interview patients to complete documents, case histories, or forms, such as intake or insurance forms.

●Admitted &discharged Patients

●Updated floor census

●Transcribed doctors’ orders

●Dictated doctors’ orders

●Insurance Billing and Coding as well as other related tasks.

●ICD-9 Coding

●CPT-4 Coding

●Maintained a clean working environment on a daily basis.

Unit Clerk (5/2001 - 3/2003)

Midwest Regional Medical Center, Midwest City, OK

●Transcribed Doctors orders

●Operate telephone switchboard to answer, screen, or forward calls, providing information, taking messages, or scheduling appointments.

●Greet persons entering establishment, determine nature and purpose of visit, and direct or escort them to specific destinations.

●Transmit information or documents to customers, using computer, mail, or facsimile machine.

●Hear and resolve complaints from customers or the public.

●Perform administrative support tasks, such as proofreading, transcribing handwritten information, or operating calculators or computers to work with pay records, invoices, balance sheets, or other documents.

●File and maintain records.

●Provide information about establishment, such as location of departments or offices, employees within the organization, or services provided.

●Collect, sort, distribute, or prepare mail, messages, or courier deliveries.

●Process and prepare memos, correspondence, travel vouchers, or other documents.

●Receive payment and record receipts for services.

●ICD-9 Coding

●CPT-4 Coding

●Maintained a clean working environment on a daily basis.

Loan Officer (11/1998 - 4/2001)

Mid First Bank, Oklahoma City, OK

●Analyze applicants' financial status, credit, and property evaluations to determine feasibility of granting loans.

●Obtain and compile copies of loan applicants' credit histories, corporate financial statements, and other financial information.

●Meet with applicants to obtain information for loan applications and to answer questions about the process.

●Explain to customers the different types of loans and credit options that are available, as well as the terms of those services.

●Review loan agreements to ensure that they are complete and accurate according to policy.

●Approve loans within specified limits, and refer loan applications outside those limits to management for approval.

●Handle customer complaints and take appropriate action to resolve them.

●Stay abreast of new types of loans and other financial services and products to better meet customers' needs.

●Review and update credit and loan files.

●Submit applications to credit analysts for verification and recommendation.

●Maintained a clean working environment on a daily basis.

EDUCATION

College

Wright Career College

Oklahoma City, OK

College

Colorado Technical University

Colorado Springs, CO