JOB DESCRIPTION

JOB TITLE: Billing Clerk

DEPARTMENT: Finance

SUPERVISOR: Billing Coordinator

GENERAL OBJECTIVE:
The ideal candidate will be responsible for the Billing services of the Mental Health Clinic. This individual must be able to assist the Billing Coordinator and Clinic Supervisor in overseeing the daily office operations.

DUTIES AND RESPONSIBILITIES:

1. Learn and become familiar with the medical billing software and collection system, able to retrieve patient account information.

2. Become familiar with the patients, learn to identify the patient name, date of service, service rates, amounts billed and related payer documentation.

3. Enter all patient information in the billing software for billing purposes.

4. Use medical billing software to assist with the responsibility of filing medical claims and statements for all third-party payers, including insurance companies, CBH, Medicare and other payers.

5. Prepare and mail appropriate forms to payers and/or patients at the direction of Billing Coordinator.

6. Post refund requests and disputes in account and disburse paperwork to the appropriate staff.

7. Responsible to cover front area in absence of the receptionist.

8. Responsible for maintaining program data and medical assistance forms.

9. Type memos, letters and reports as needed for the Billing Coordinator and Clinic Supervisor.

10. Will perform any other duties as assigned by the Billing Coordinator.
QUALIFICATIONS

- Associate’s degree in accounting (Preferred)
- Secondary training, as in bookkeeper or accounting
- Billing experience with HMO and Medicare
- Strong computer skills
- Able to handle heavy volume client visits and telephone calls
- Bilingual/ Bicultural (English and Spanish)
- Good interpersonal people skills

The duties and responsibilities contained in this job description have been explained to me in detail. I understand them and the responsibilities inherent in this position and will abide by them. I further understand that all documents and information that I come across should not be discussed with co-workers and/or the general public and that I must treat all such information in a strictly confidential manner.

____________________________  __________________
Employee’s Signature  Date

____________________________  __________________
Supervisor’s Signature  Date