

Your Name

Street Address
City, State Zip

Cell/Mobile/Home
Emailaddress@provider.com

Summary of Qualifications

My background encompasses eight years of successful experience with proficient analytical skills and significant accomplishments in the areas of *medical claims, business operations, customer service and network services*. Knowledgeable in *all aspects of medical insurance*, including managed care and traditional plans such as HMO, PPO and POS, I am also well versed in medical terminology, Medicare guidelines, provider credentialing, CPT-4 and ICD-9 coding. Possessing *excellent PC skills* in Windows NT, Excel, Powerpoint, Microsoft Word and accounting applications, I have excelled in the areas of *problem solving, communication, decision-making and leadership*. I am flexible, able to multi-task, adaptable to new environments and perform exceedingly well under pressure, being innovative, conscientious and detail oriented.

Professional Experience

Company, Dallas, TX

September 1999- Present

Provider Services Manager/ Network Specialist/Senior Claims Associate

- Able to target and resolve complex contract issues due to operational deficiencies.
- Creates and update manuals to accommodate the needs of the client and the network specifications.
- Solely responsible for mediating between the Administrative Services Only (ASO) client, the PPO network, providers and members to ensure quality service and accuracy.
- Handles provider grievances and service issues in a timely manner.
- Responsible for training new employees, conducting refresher courses.
- Reviews and conducts periodic analysis of network databases to ensure proficiency and accuracy.
- Process medical claims for major corporate accounts.
- Handles escalated or irate supervisor calls for customer service.

Company, Austin, TX

March 1998-August 1999

Customer Service Representative

- Exemplified professionalism and courtesy in high-end call center assisting with problem resolution.
- Probed medical claims over database to detect processing complications.
- Brought quick and accurate resolution to medical issues to the satisfaction of the customer.

Company, Plano, TX

March 1997-March 1998

Computerized Medical Office Administrator

- Responsible for medical billing/ specializing in Medicare.
- Handled processing of all medical accounts including no-fault and personal injury claims.
- Verification and confirmation of patient insurance claims.

Education

- **Brooks College**, – Applied Sciences
- **My Technical Institute** – Certified Medical Administrator
- **HIAA** – Medicare Guidelines

Graduated, March 1995
August 1997
May 2003