



<https://phoenixvirtualstaff.com.ph/job/medical-administrative-specialist-for-pooling/>

Medical Administrative Specialist (For Pooling)

Description

This position is responsible for the timely patient flow of the clinic in a pleasant, professional manner. This individual is responsible for sign-in of patient, accurate registration, and appropriate wait time before patient receives services. Requires awareness of customer service expectations, desire to deal with the public and good communication skills.

Responsibilities

- Completes sign-in of patients documenting arrival time, updating patient demographics and insurance carrier, printing encounter and racking chart.
- Gathers data for patient registration, obtains consent for treatment, insurance and identification cards and files all documentation in medical record.
- Verifies coverage and eligibility on new patients by calling third party payors.
- Communicates with patient about correct co-pays and deductibles with expectation of payment at the time of service.
- Verifies enrollment eligibility and obtains PCP /specialty authorization as needed.
- Updates sliding fee scale applications and/or assists patient in completion of new application and documents in off-bill comments.
- Processes cancellation and no-show charts according to protocols.
- Answers incoming calls for adding or canceling appointments to provider schedules.
- Verifies phone number, date of birth and insurance information.
- Verifies and reviews next day provider schedules for errors in scheduling.
- Prepares and and notifies patients of schedule changes according to protocols.
- Updates and distributes provider schedules daily.
- Prepares provider monthly manual productivity reports indicating encounters, cancellations and no-shows.
- Outreach to patients for weekly patient register.
- Outreach to providers on their schedules and follow ups for patient

Hiring organization

Phoenix Virtual Solutions

Employment Type

Full-time

Date posted

September 3, 2024

scheduling

- Assists patients with requests for their medical records following release of medical record policy and procedure.
- Follow up on provider credentialing
- Performs other duties as assigned.
- Patient Redesign
- Responds to Care Team needs; process authorization and referrals.
- Update demographics, register patients, and schedule follow-up appointments
- Communicates with team members and follows directions of Greeter and Facilitator specific to patient process.

Qualifications

- Strong verbal and written communication skills in English.
- With Active PHRN or USRN License.
- Experience working with US Healthcare Accounts.
- Experience with Insurance Verification, Benefits and Eligibility and Prior Authorization.
- Experience in scheduling of appointments
- Ability to work in a fast-paced environment, completing multiple tasks.
- Experience working with EHR/EMR Tools.
- Excellent critical and analytical thinking skills.
- Excellent listening and presentation abilities.
- Strong facilitation/clinical education skills.
- Familiarity with medical terminology and clinical decision support.
- Can start ASAP