



<https://phoenixvirtualstaff.com.ph/job/medical-billing-and-collection-specialist/>

Medical Billing and Collection Specialist

Description

The Medical Billing and Collection Specialist is responsible for a broad range of billing functions by providing operational support through the full billing cycle: duties include collections, payment posting, billing, claim submissions, medical insurance communications, and other billing matters. In this role, the Specialist is responsible to work, research, and resolve front end errors. The mission of the Specialist is to provide excellent customer service and perform a wide variety of complex billing and collection duties.

Responsibilities

- Preparing, reviewing, and transmitting claims using billing software, including electronic and paper claim processing.
- Obtain referrals and pre-authorizations as required for procedures.
- Checking eligibility and benefits verification for treatments, hospitalizations, and procedures.
- Confirming provider credentials with insurance companies and hospitals.
- Reviewing patient bills for accuracy and completeness and obtaining any missing information.
- Following up on unpaid claims within the standard billing cycle timeframe.
- Checking each insurance payment for accuracy and compliance with contract discount.
- Calling insurance companies regarding any discrepancy in payments if necessary.
- Identifying and billing secondary or tertiary insurances.
- Researching and appealing denied claims.
- Setting up patient payment plans and work collection accounts.
- Preparing forms, forms letters, reports, and correspondence for collection purposes.
- Acquiring knowledge of medical terminology likely to be encountered in medical claims.
- Maintaining patient confidentiality as per the Health Insurance Portability and Accountability Act of 1996 (HIPPA).
- Performing other related duties or special projects as assigned.

Qualifications

Hiring organization

Phoenix Virtual Solutions

Employment Type

Full-time

Job Location

Remote work possible

Date posted

March 25, 2026

- Minimum of 2 years' experience in Claims, Denials, Appeals, Billing and Collection with a strong healthcare background
- Experience in Denial Management
- Experience in Charge Entry and Payment Posting
- Excellent communication, time management and computer skills
- Customer Service Skills for interacting with medical billing clients and office patients regarding medical claims and payments
- Problem-solving skills to research and resolve discrepancies, denials, appeals, collections. A calm manner and patience working with either patients, insurers, or co-workers during this process.
- Proficiency with Microsoft Applications
- Highly organized with a strong attention to detail
- Comfortable in a fast-paced environment
- Approachable, professional, discrete, and personable
- Ability to provide high-quality customer service and follow through on all assignments.
- Can work under pressure and with minimal supervision.
- Has initiative and can meet deadlines.