

PATIENT ACCESS COORDINATOR IN WEXFORD, PA

SEEKING CANDIDATE FOR SCHEDULING, PRE-REGISTRATION, FINANCIAL CLEARANCE, AUTHORIZATION, REFERRAL VALIDATION, PRE-SERVICEABILITY ESTIMATIONS, AND COLLECTIONS WITHIN PATIENT ACCESS. CANDIDATE MUST HAVE EXEMPLARY CUSTOMER SERVICE SKILLS TO ARTICULATE INFORMATION IN A MANNER THAT PATIENTS, GUARANTORS, AND FAMILY MEMBERS UNDERSTAND SO THEY KNOW WHAT TO EXPECT AND UNDERSTAND FINANCIAL RESPONSIBILITIES.

ABOUT OUR COMPANY:

With over 20 years of experience in supporting corporate and federal recruitment, workplace mentoring, and technology accessibility initiatives, Bender Consulting Services, Inc. is the leading national expert in disability employment solutions for private and public sector employers. To learn more about how to start your career with Bender Consulting Services, Inc., please visit our website at www.benderconsult.com.

HOW TO APPLY:

To apply for consideration for the following career opportunity for people with disabilities, please visit www.benderconsult.com/careers/submit-resume and complete the electronic form.

POSITION DESCRIPTION:

- Conducts scheduling, and preregistration functions, validating of patient demographic data, identifies, and verifies medical benefits, accurate plan code and COB order. Obtains limited clinical data on services required. Corrects and updates all necessary data to assure timely and accurate bill submission.
- Verifies insurance information through payor contacts via telephone, online resources, or electronic verification system. Identifies payor authorization/referral requirements. Provides appropriate documentation and follow up to physician offices, case management department, and payors regarding authorization/referral deficiencies.
- Identifies all patient financial responsibilities, calculates estimates, collects liabilities and post payment transactions as appropriate in the system and performs daily reconciliation. Identifies self-pay and complex liability calculations and escalates account to Financial Counselors as appropriate.
- Delivers positive patient experience. Cooperates with and maintains excellent working relationships with patients, facility leadership and staff, physician offices and designated external agencies or vendors.
- Performs any written or verbal communication necessary to exchange information with designated contacts and promote working relationships.
- Maintains focus on attaining productivity standards, recommending innovative approaches for enhancing performance and productivity when appropriate.
- Adheres to facility organizational policies and procedures for relevant location and job scope. Completes and/or attends mandatory training and education sessions within approved organizational guidelines and timeframes.

QUALIFICATIONS:

- One previous year of related experience, preferably within a medical setting, financial services setting, and/or a demanding customer service environment
- Experience operating a PC and using healthcare software applications.
- Medical terminology and obtaining insurance verifications experience, preferred.
- Call center experience, a plus.