



## **Patient Service Specialist**

### **Job Summary**

Receives and interviews patients to collect and verify pertinent demographic and financial data. Verifies insurance and initiates pre-authorization process when required. Collects required payments or makes necessary financial arrangements. Performs all assigned duties in a courteous and professional manner. May perform business office functions.

### **Accountabilities**

- Interviews patient or other source (in accordance with HIPAA Guidelines) to secure information relative to financial status, demographic data and employment information. Enters accurate information into computer database, accesses Sovera to ensure the most recent insurance card is on file, and scans documents according to departmental guidelines. Follows up for incomplete and missing information. - 40%
- Verifies insurance coverage/benefits utilizing online eligibility or by telephone inquiry to the employer and/or third party payor. Information obtained through insurance verification must always be documented in the system. Assigns appropriate insurance plan from the third party database; ensures insurance priorities are correct based on third-party requirements/ COB. Initiates pre-certification process as required according to Departmental Guidelines; obtains signed waiver for cases where pre-certification is required but not yet obtained. - 20%
- Obtains necessary signatures and other information on appropriate forms and documents as required including, but not limited to, Consent Form, Liability Assignment, and Waiver Letter.- 10%
- Receives payments and issues receipts, actively working toward collection goals. Maintains cash funds/verification logs and makes daily deposits according to departmental policies and procedures. - 10%
- Prepares and distributes appropriate reports, documents, and patient identification items as required. This includes, but is not limited to, Privacy Notice, Patient Rights and Responsibilities, Patient Rights in Healthcare Decisions Brochure, Medicare Booklet, schedules, productivity logs, monthly collection reports, patient armbands, patient valuables, etc. - 10%
- Communicates to patients their estimated financial responsibility. Requests payment prior to or at the time of service. Refers patients who may need extended terms to the Medical Services Payment Program and patients needing financial assistance to appropriate program. - 10%

### **Supervisory/Management Responsibilities**

This is a non-management job that will report to a supervisor, manager, director, or executive.

### **Minimum Requirements**

High School Diploma or equivalent or post high school education

2 years-Admissions, Billing, Collections, Insurance and/or Customer Service

### **Other Required Skills and Experience**

Basic computer skills

Knowledge of office equipment (fax/copier)

Word Processing

Spreadsheets

Database

Data Entry

Mathematical Skills

Registration and scheduling experience- Preferred

Familiarity with medical terminology- Preferred

### **Work Shift**

Evening (United States of America)

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