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JOHN HLOOM

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A thoroughly professional, technically proficient and quality-driven medical billing professional – who has built a career on meeting business challenges, and delivering solutions and results.A record of excellence in medical billing and medical management in high quality environments. Excellent technical background – earned bachelor’s degree and transitioned career to medical billing/health claims. Energetic; sense of urgency; quality-driven; detail-oriented; accountable; collaborative; leader by example; impeccable work ethic. Excellent analytical, organizational, communication, and motivational skills.

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| Core Competencies | | |
| * Medical Coding * HIPAA Compliance * Vendor Management * Medical Terminology * Patient Charting | * ICD-9 * Quality * Process Improvement * Workers Compensation * Insurance Eligibility Verifications | * CPT * Operations * Customer Service * Staff Development * Data Interpretation |

# EXPERIENCE

Billing/Coding Specialist

HEALTH SPECIALISTS 2012 – 2015

Communicated with multiple departments to ensure coding accuracy and verified correct ICD-9 and CPT codes for all providers at this multi-specialty office. Examined diagnosis codes for accuracy, completeness, specificity and appropriateness according to services rendered. Added modifiers, as appropriate.Coded narrative diagnoses and verified diagnoses. Verified details of transactions, including funds received and total account balances. Made copies, sent faxes and handled all incoming and outgoing correspondence while ensuring compliance with HIPAA regulations. Handled and processed confidential patient information. Communicated with patients by phone and in person to obtain payments on outstanding accounts or accounts requiring deductibles or co-pays. Set up new patient accounts and verified insurance, including Out-of-Network benefits.

* Improved Efficiency – Decreased claim denials by utilizing appropriate coding procedures.
* Research & Resolution – Researched and resolved billing and invoice problems, such as incorrect payments, EOB rejections and other issues with outstanding accounts.

Billing Specialist

BILLING ASSOCIATES 2010 – 2012

Audited delinquent and aging insurance claims. Reviewed billing edits and provided insurance companies with corrected information. Submitted health insurance claim forms. Submitted refund requests for claims paid in error. Posted charges, payments and adjustments.

* Skill Development – Developed valuable knowledge in medical billing which was valuable in subsequent work.
* Research & Resolution – Thoroughly investigated past due invoices, minimizing the number of unpaid accounts.

Technical Support Specialist

SURVEY CORPORATION 2004 – 2010

Provided world class senior level (II) technical and customer support while implementing external product quality testing for software fixes and enhancements. Coordinated the resources required to manage problem resolution for corporate products and services, managing level II and III workflow for Tapscan and MRP software through various products. Developed best practices, tips, and training scripts for end-users on proper use of program.

Data Entry Specialist

BANK 2000 – 2004

Processed checks using numerical key pad for this high volume bank corporation. Ensured daily tasks were done accurately and on schedule. Adhered to bank’s policies of procedures of Error-Free Performance. Maintained superior relationships with customers, clients, and colleagues.

* Accurate Performance Metrics: Performed at a high energy level to ensure all deadlines were met on time.

# EDUCATION

## CAREER INSTITUTE

## Health Claims Specialist Diploma, 2004

Successfully completed a rigorous fifteen month program to prepare students for an office-based career in the healthcare industry. Areas covered included: Medical Terminology, Insurance Forms, Diagnostic Codes, Procedural Codes and Claims Processing Procedures.

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