

# Medical Biller Refunds Representative

## Team Health

Job Location: Louisville, TN

Full Time/Days

### JOB SUMMARY:

This position is responsible for processing credit balances, recoups, adjustments and unidentified payments for Hospitalist and Clinic groups. Maintains accuracy and production as required by policy.

### RESPONSIBILITIES:

- Processes guarantor, Medicare, Medicaid, Champus, Federal, and specific other situations for all groups to determine who is to be refunded.
- Assembles appropriate documentation to validate refunds and forward to senior for approval.
- Handles telephone inquiries regarding overprovisions.
- Handles correspondence related to credit balances according to written procedures.
- Processes transfers of payments and payment corrections.
- Contacts insurance carriers/guarantors as necessary on credit balances, offsets and unidentified payments.
- Reports any consistent errors identified that affect accounts from being processed correctly.
- Research unidentified payments via reports to determine the appropriate application of payments identified.
- Turns to Supervisor for unusual circumstances that may include refunds, offsets, unidentified, etc.
- Performs all duties as directed by management.

### QUALIFICATIONS/EXPERIENCE:

- High School diploma or equivalent
- Exceptional organizational skills and a high accuracy performance
- Must be able to work independently and in a close team environment
- Minimum one year of experience in medical billing, excellent communication skills, and ability to meet deadlines and production goals and good computer skills are required.

### FOR MORE INFORMATION/TO APPLY:

<https://www.teamhealthcareers.com/en-US/job/medical-biller-refunds-representative/J3V08Q6DJ8M8BHVLV4L>