

Patient Financial Clearance Specialist Revenue Cycle Management (RCM)

Since 2001, Regent Surgical Health has been a leader in developing and managing successful surgery center partnerships between hospitals and physicians. We continually improve and evolve the ASC model based on changing market conditions to stay ahead of emerging trends. From this vantage point, our team has developed proprietary ASC ownership models that give both physicians and hospitals what they need to ensure long-term clinical and financial success.

Regent offers a comprehensive and competitive benefits package as one way to recognize our employee's contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain a work/life balance.

Pursuant to the ADA, Regent will provide reasonable accommodation(s) to all qualified employees with known disabilities, where their disability affects the performance of their essential job functions, except where doing so would be unduly disruptive or would result in undue hardship.

We do not discriminate in practices or employment opportunities on the basis of an individual's race, color, national or ethnic origin, religion, age, sex, gender, sexual orientation, marital status, veteran status, disability, or any other prohibited category set forth in federal or state regulations.

We are an equal opportunity employer.

POSITION SUMMARY:

The Specialist, Patient Financial Clearance is responsible for account resolution via communications with employers, insurance companies, Third Party Administrators (TPA) and labs. The specialist ensures the company receives payments for services provided, resolving discrepancies, and records these transactions accordingly. The Specialist, Patient Financial Clearance is a full-cycle Revenue Cycle Management position.

DUTIES/RESPONSIBILITIES:

- Responsible for calling patients to review insurance coverage and financial options available
- Maintain patient accounts by obtaining, recording, and updating demographic, financial and insurance information
- Responsible for obtaining and entering referrals and authorizations on behalf of the patient into the system

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- Verify/obtain accurate coverage/benefits/eligibility information for the patient
- Responsible for reviewing and interpreting patient accounts
- Determine and obtain payments for procedures
- Review financial history prior to cycle start and collects outstanding balances
- Inform Specialist, Revenue Cycle when account has outstanding insurance balances
- Listen and respond to patient inquiries
- Maintain daily communications with business office staff at facility
- Perform other duties as assigned

KNOWLEDGE AND SKILLS:

To perform this job successfully, an individual must be able to perform each essential responsibility satisfactorily. The requirements listed below are representative of the knowledge, skills and abilities required.

Education/Experience:

- High school diploma or general equivalency degree (GED)
- Two (2) years' experience billing/collecting in a healthcare setting
- Excel and technology knowledge is a plus
- Knowledge of health care operations
- Proficient computer skills

Preferred:

- ASC experience
- Full-cycle experience
- Microsoft Office Specialist certifications