

- KIM COOPER

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(480) 720-5675

Medical Administrative/Billing/Coding Professional

QUALIFICATIONS SKILLS:

- 1500 Health Insurance Claim form, UB04, AR Collections
- Medical Terminology Advance Anatomy
- 23 years extensive knowledge Customer Service
- 5 years training/ Onboarding
- 15 years extensive knowledge in Coding, Hippa, AR Revenue
- System Knowledge: MediTech, NextGen, Relay Assurance, MS Office, Application Xtender, Adventex.
- Experience in Medicaid ,Commercial , MediCare and TriCare Insurances

PROFESSIONAL EXPERIENCE

Team Select HomeCare- Revenue Cycle Specialist II, RCM October 2023- current

- Timely follow up and resolution on all outstanding A/R including unpaid/under paid/denied

claims for all payers including self-pay to obtain maximum reimbursement.

- Manage daily work queue to prioritize high dollar claim balances.
- Send appeals when appropriate or provide the requested medical documentation.
- Review insurance payments and determine accuracy of reimbursement based on contracts,

fee schedules or summary plan documents.

- Leverage knowledge of Medicare, state Medicaid and local coverage determinations for claim

resolution.

- Recommend an adjustment when applicable or recommend a refund for overpayments to insurance carriers providing the appropriate documentation.

Fitzmaurice Hand Institute- Medical Revenue Specialist October 2022- October 2023

- Managed a portfolio of delinquent accounts and ensure timely collection of payments
- Prepared regular aging accounts for follow up and collections
- Successfully negotiated high value delinquent accounts resulting in over \$100,000 in recovered revenue.
- Maintain billing software to ensure accurate and timely invoicing
- Managed communication with clients and the insurance companies to resolve billing discrepancies.

Heart and Vascular Center of Arizona- Medical Collector September 2021 - October 2022

- Patient Registrations
- File Rejections
- AR denials and Reassignments
- Analyzations of accounts
- Medical Coding
- Follow up with insurance carriers to coordinate collection activities
- Customer Service

USPI SURGICAL CENTER, Phoenix, AZ June 2019 – April 2020

Medical Collector / Medical Biller

- Review denied or unpaid claims

- Followed up on 4 accounts an hour
- Verify payment adjustments with supervisor
- Follow up with insurance carriers to coordinate collection activities
- Insurance corrections and review unbilled claims
- Update billing trackers
- Submit invoices, payor changes and medical records as needed
- Used Waystar system for uploading electronic claims

ST MARY'S REGIONAL MEDICAL CENTER, Reno, NV Feb. 2018 to Mar. 2019

Medical Collector

- Developed a new training process for pilot business offices concerning insurance collections.
- Collaborated with Senior management pertaining to process improvement in denials management, onboarding, training and collection efficiency.
- Proficient in the collection processes, contract reading systems and data analysis, appeals, rebills, insurance corrections, and contractual adjustment posting.
- Increase hospital revenue and determine validity of claims.
- Research and investigate unbilled claims, update insurance information and request retro-authorizations if needed.
- Communication with Primary, Secondary and Medicare Billers regarding billing and posting issues

EPIC MEDICAL SOLUTIONS, Chandler, AZ Oct. 2017 to Aug. 2018

Medical Collector Representative

- Research any overdue account balances.
- Follow up with insurance carriers and patients on delinquent payments
- Review claims denied for payment and underpaid claims.
- Verify payment adjustments with supervisor
- Coordinate collection activities for delinquent accounts by preparing information for external collection agencies or attorneys
- Resolve discrepancies and prepare adjustments or refunds as necessary
- Request and resubmit bills as necessary for reprocessing for payment.
 - Ensure all collection activity information is entered accurately into the system.

NEXTCARE URGENT CARE, Mesa, AZ Jul. 2014 to Aug. 2017

Medical Collector Representative

- Working with Commercial, Government and Medicaid Payers.
- Collaborated Appeals, Follow ups, Denials and AR reviews.
- Entering information into a medical computer system, by using the NextGen Billing system.
- Customer support, answering phones, collecting payments current and past due.
- Verifying Insurances by calling or using Web Base services for Providers.
- AR posting and adjustments on accounts.
- Experience with all office software and equipment.
- Extensive knowledge in HIPAA regulations and compliance.
- Ensure all collection activity information is entered accurately into system; bring recurring issues to Supervisor's attention
- Performs other related duties as directed by supervisor

PREFERRED HOMECARE, Phoenix, AZ Feb. 2009 to June. 2014

Medical Collections Specialist

- IV Collections -Research any overdue account balances; follow up with insurance carriers and patients on delinquent payments.
- Review denied and underpaid claims.
- Write appeal letters.
- Coordinate collection activities for delinquent accounts.
- Resolve discrepancies, contractual adjustments and refunds as necessary.
- Oxygen Revenue reviews patient sales history of recurring cylinders and supplies to determine proper utilization.
- Review co-pay and collections status.

EDUCATION

PIMA MEDICAL INSTITUTE, Phoenix, AZ

Certification in Medical Billing & Coding

KELSEY JENNY COLLEGE, San Diego, CA

Associate of Science in Paralegal Services in Paralegal Services