

JOB DESCRIPTION

Position Title:Claims Processor IDepartment:ClaimsFLSA:Non-ExemptReports to:Claims Department SupervisorSalary:\$19.00/hour

Description

Responsible for the processing of all medical, hospital, vision, chiropractor and ancillary claims, which includes coordination of benefit and third-party liability claims in accordance with department policies and procedures.

Skills / Knowledge Requirements

- Type 45 WPM
- 10 Key by Touch
- Computer literate in Word and Excel and other Microsoft applications
- Good organization skills and able to handle multi tasks
- Good analytical skills
- Self-starter and quick learner
- Knowledge of ICD-9, ICD-10, CPT, HCPCS, FORM 1500, and UB04 forms, Medical and Revenue Coding, and Medical Terminology a plus
- Minimum of (2) year work experience or equivalent (combination of education and work)

<u>Duties</u>

- Process Medical claims
- Process Hospital and Ancillary Claims
- Process Vision and Chiropractic Claims
- Send referrals to Managed Care Department
- Send claims to contract negotiator for individual negotiations
- Correct and submit error tickets
- Process Claim Adjustments
- Assist Customer Service Department with customer inquiries
- Assist Department Lead and/or Supervisor with other departmental or Health and Welfare duties
- Be able to maintain error rate and production quotas

Other Duties

• As needed by the department supervisor

Physical Demands

• Lifting and carrying file boxes within the office

Working Conditions

Indoors, air-conditioned office

Work Shift

- Monday to Friday, 8:00 AM 4:30 PM 1-hour unpaid lunch
- The duties assigned may involve situations that will require over time.

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