Title of Position: **Dental Billing Specialist**

Nature of Position: The billing specialist will be responsible for working with the team to assure that claims are processed in a timely and efficient manner.

I. Qualifications

A. High school diploma or GED
B. Two years of medical office experience, billing experience a plus.
C. Electronic Health Records and Practice Management Systems experience preferred.
D. Competent with computers including experience in Microsoft Windows/Office programs, specifically Microsoft Word and Excel.
E. Excellent customer service to both internal and external customers
F. Willingness to work cooperatively in a team setting
G. Ability to demonstrate accuracy and thoroughness ensuring the highest possible quality.
H. Ability to maintain a strong work ethic without direct supervision at all times
I. Effective oral and written communication
J. Ability to make timely, informed decisions that take into account the facts, goals, constraints, and risks related to all aspects of the organization

II. Responsible to: Dental Practice Manager

III. Responsibilities:

- Prepare and transmit claims.
- Research, correct and re-bill outstanding claims.
- Responsible for collections
- Work closely with Dental Practice Manager and office personnel to maintain the facility's accounts receivable.
- Follow all company policies and procedures, state and federal laws and regulations and report violations to the appropriate supervisor.
- File and organize all appropriate paperwork related to job duties.
- Demonstrated ability to analyze and evaluate medical information necessary to evaluate and collect specific health care information for quality improvement.
- Responsible for verification of daily charge entry, planning, organizing and controlling all functions of the coding process.
- Responsible for meeting monthly targets as assigned.
- Maintains patient privacy per HIPAA regulations.
- Posting all insurance payments received, as assigned.
- Work with sites to assure that payments are posted daily and information is accurate.
- Daily posting and balancing, as assigned
- Manage Patient Accounts
- Claim Denial Management –works claims to ensure payments are received.
- Other duties as assigned

Insurance Credentialing:

- Gathering necessary information and assisting providers to assure application process is completed in a reasonable time frame.
- Submitting applications as instructed
- Maintaining necessary files and documentation
- Maintaining and updating current provider information
- Assist with other projects as directed.

Training Requirements:
Patient Centered Medical Home Orientation
HIPAA Compliance
OSHA
New Employee Orientation
Annual training reviews
Cultural Sensitivity
Customer Service Excellence
Quality Improvement
Other trainings as needed to meet the needs of the organization

*HCCH provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, HCCH complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

HCCH conducts background checks on all final candidates. Employment is contingent upon a clear background check or approval of the CEO.

I have read and understand this job description and certify that I can perform all the essential functions of this job. I have received a copy of the job description.

Signature: _____Date: _____

Manager: _____Date:_____