

## **Patient Services Coordinator**

Title: Patient Services Coordinator

Reports to: Front Office Supervisor

### **Summary Job Description:**

Essential Responsibilities:

- **Patient Registration:** At registration, enters complete accurate patient demographic and insurance information in system. Greet patient, verify and correct any demographics and insurance information, copy insurance card and ensure copy is added to patient medical record. Communicate any changes in demographic and insurance information to the appropriate areas. Obtain updated patient registrations signature with date and ensure that the form is added to patient record. Collects and enters co-pay.
- **Patient Check Out:** At check out, verify patient charges in electronic system, recheck insurance information, schedule return appointments if appropriate and collect balance due. Run appropriate daily close reports, reconciling all cash, checks and credit card charges received for each business day. Verify charges in charge audit work queue and correct errors before releasing charges. Complete individual and/or practice reconciliation report including bank deposit slip.
- **Scheduling:** When scheduling appointment, enter necessary patient demographics if new patient; verifies information if established patient. Chooses appointment time based on patient request, physician/provider availability and urgency of appointment.
- **General Clerical Duties:** File. Make Copies. Fax. Answer the phone, provide accurate follow up, take and communicate messages.
- **EPIC and Charge Entry Audit:** Responsible for resolving Work Queues in Epic including, but not limited to: Follow Up; Claim Edit; Charge Review (Audit and Review); Missing Guarantor. Research and analyze denials, correct errors to ensure charges captured and processed and goal for site errors is met or exceeded. Respond to patients and staff for billing and insurance questions. Resolve work queue errors & denials through research and analysis by reviewing chart and office notes, pre-authorizations, hospital documents, etc. Ensure charges drop for claims processing. Work closely with practice coder in resolution process. Respond to requests for practice Revenue Cycle Advocate. Serve as resource for front desk registration to ensure accuracy on insurance information. Resolve patient billing concerns. Assist providers in charge capture when necessary.

- Teamwork and Communication: Work within a team to achieve patient and team goals. Share and initiate regular and professional communication with co-workers. Participate in regular staff meetings. Works with team to identify opportunities of improvement and actively participates in the improvement process.

**Qualifications:**

- High school diploma;
- One year of clerical experience in medical office setting;
- Bi-lingual in English and Spanish;
- Other related experience may be considered in lieu of medical office experience

Signature: \_\_\_\_\_ Date: \_\_\_\_\_