

Authorizations Representative

Candidates should have experience working in a high-volume medical environment and extensive customer service experience is a must!

Summary: Participate in the development of revenue and volumes by securing payment for services through verification of authorizations, eligibility, benefits and identifying the patient's financial risk in advance of patient's appointment consistent with established protocols.

Essential Responsibilities include the following. Other duties may be assigned.

- Hands-on engagement in understanding and applying Lean.
- Maintains an unrelenting focus on improvement and providing customer value.
- Makes learning and practicing of Lean principals a daily priority.
- Receive request for prior authorizations and ensure that they are properly and closely monitored.
- Initiate prior Authorization request to carriers and/or primary care physicians.
- Follow-up on authorization requests in a timely fashion.
- Must calculate patient coverage prior to patient appointments according to department guidelines.
- Maintain proper notation in practice management system such as patient coverage, benefits, and eligibility results.
- Ability to meet minimum daily and monthly productivity and performance metrics
- Analyze patients' abilities to pay to determine charges on a sliding scale.
- Drive volume by securing reimbursement for pre and post services rendered through various insurance verification processes.
- Communicates effectively to internal and external inquiries relating to insurance, benefits, or authorizations.
- Other duties as assigned

Qualifications:

- Proficient in MS Office and EHR
- Capable of working nights and weekends
- 1-3 years of insurance experience.