

## MEDICAL BILLING CLERK

DISTINGUISHING FEATURES OF THE CLASS: This is specialized clerical work in a medical/health care facility involving billing Medicare, Medicaid and third party health insurance carriers. Dependent on staffing and work requirements, incumbents may specialize in billing in one or more areas, such as Medicare. The work is performed under general supervision following a prescribed routine with leeway allowed for use of independent judgement in carrying out the details of the work. Supervision of others is not a responsibility of this position. Performs routine clerical duties and other related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative Only) Prepares billing claims ensuring completeness and accuracy; Enters claims into a computer and where possible, submits claims electronically; Reviews claim payments and compares to claims submitted; Follows up on claims that are denied; Notifies clients/patients and/or family members if the client/patient or a particular bill is not covered by Medicare, Medicaid or health insurance; Answers telephone inquiries regarding Medicare, Medicaid or health insurance coverage; Prepares a variety of reports and records related to billing activities; Performs a variety of clerical duties related to maintaining other facility/client/patient records, general data entry, filing, etc.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Good knowledge of medical billing requirements and procedures; Good knowledge of office terminology, procedures and equipment; Working knowledge of Medicare, Medicaid and health insurance coverage; Working knowledge of medical terminology; Ability to understand and carry out moderately complex oral and written directions; Ability to deal effectively with the public; Patience and understanding of the public involved; Awareness of the confidentiality of medical records; Clerical aptitude; Accuracy; Tact and courtesy; Good judgement; Physical condition commensurate with the demands of the position.

### MINIMUM QUALIFICATIONS:

- A. Graduation from high school or possession of a New York State equivalency diploma and one year of experience in maintaining financial accounts and records or in processing health insurance claims, billing or related work; OR
- B. Three years experience as described above.

NOTE: Post high school educational training in a regionally or New York State registered college or university or business school in business or office technology or related field may be substituted for experience on a year for year basis.

Adopted 4/7/97

Reviewed 7/14/98; 9/2/04; 2/17/16

Revised 10/5/01; 5/11/10