



AMERICAN MEDICAL RESPONSE

Doctors Ambulance Pre-Billing Specialist Job Announcement

POSITION SUMMARY:

The Pre-Billing Specialist reviews the patient care report (PCR) for clarity of patient demographics, billing information, supporting documentation, and information surrounding the patient encounter prior to transferring the report to the Patient Business Services Department for timely billing.

Essential Duties and Responsibilities:

- Work with Dispatch to provide guidance surrounding non-emergency transports and the paperwork or authorizations needed prior to sending a unit to pick up the patient.
- Manage the Repetitive Patient process as directed by Pre-Billing Supervisor.
- Work with Dispatch to ensure adequate and appropriate levels of service are dispatched for non-emergency ambulance transports and other requests for service.
- Reconcile paperwork between Dispatch and crews to ensure appropriate records are in place for all required encounters including patient transports, refusals of medical care, treatment without transport, standbys, and all other required ambulance or out-of-hospital business requests. Reconciliation will occur through the Crew End of Shift Checkout Process as well as electronic PCR reconciliation programs including WebRecon and MMR.
- Review trailing documents such as the hospital facesheet, EKG strips, PCS form, etc. for appropriate inclusion in the patient care report as well as completeness and accuracy.
- Review patient or representative signatures for completeness and compliance with the AMR Signature Policy.
- Receive real-time notification when certain issues exist (missing patient signatures, missing PCS forms, destination mismatching, etc.) so communication with crews can occur while they are still on shift to prevent a delay in receiving appropriate documentation. Reconcile ambulance trips in Jaguar ensuring every billable ambulance request has a complete and thorough PCR.
- Monitor and actively work the CheckPoint queues of assigned Operations as the trips are captured in CheckPoint.
- Review patient demographic information including name, address, phone number, date of birth, insurance information, etc. to ensure complete and accurate data.
- Search approved systems for additional patient demographics and insurance information to reinforce crew-captured data.
- Search, as applicable to the Pre-Billing Specialist's system, the Jaguar billing system for pre-existing account. Update the account or create a new account as necessary.

**Currently Hiring
Full-Time**

➤ **Laguna Hills, CA**

- Provide timely feedback to crews regarding the adequacy or inadequacy surrounding the documentation of ambulance or out-of-hospital requests for service. Feedback may include specific information relating to an individual PCR or statistics identifying overall performance of crewmembers. Additionally, feedback may be provided to the Pre-Billing Supervisor regarding coding and PBS information received after the trips have been sent to PBS for billing.
- Process customer complaints quickly by receiving, investigating, redirecting or, resolving the issue.
- Convey an attitude of intolerance for unprofessional behavior.
- Develop and sustain excellent working relationships with AMR professionals (e.g., Operations, PBS, Business Development, IT and Finance), as well as with the Company's clients, payors, consultants, banks and financial intermediaries and government agencies.
- Adhere to all company policies and procedures.
- Adhere to and comply with information systems security. Know and follow Information Systems security policies and procedures, attend Information Systems security training, and report information systems security problems if identified.
- Complete other duties as assigned.

Minimum Qualifications:

Education/Licensing/Certification:

- High School diploma or GED required; EMT certification/licensure or medical experience preferred.

Experience:

- Work with computer programs and software preferred; work with general public preferred; experience in medical industry preferred.

Knowledge & Skills:

- General knowledge of medical and insurance industry terminology.
- Knowledge of HIPAA, Sarbanes-Oxley and other critical governmental regulations within one (1) month of hire date.
- Maintain working knowledge of various tools including but not limited to basic Microsoft Office software, QWERTY keyboard use, basic computer function.
- Communicate clearly in English, both verbally and in writing, to convey information distinctly and concisely. Use appropriate grammar and punctuation in written documents.

PLEASE APPLY BY SUBMITTING AN APPLICATION ON OUR COMPANY WEBSITE.

www.amr.net/careers

Questions?

"AMR is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin,