

MASON CITY CLINIC
Job Description

Job Title: Business Office Clerk

FLSA Status: Nonexempt

Job Code:

Employee Group: Non-Management

Department: Business Office

General Summary:

Under general supervision and following prescribed procedures, sorts and distributes various insurance-related patient information. Check newspaper obituaries against patient database and updates computer information. Updates change of addresses from returned mail, researches incorrect addresses, calls patients with no insurance to get insurance information, and set up patient accounts when necessary. Prepares bills for physician letters, depositions, and medical/legal conferences. Verifies correct reimbursement of paid claims from insurance companies. Preparation of certain patient forms. Gathers appropriate insurance information for secondary insurance claims. Prepares daily patient payments for entry. Receives payments from patients, prepares receipts, transmits credit card payments, and properly stores daily funds. Balances cash box to established fund level for the next day and assures proper overnight storage. Balances daily patient receipts with funds, prepares funds for deposit and delivers to appropriate personnel. Performs a variety of clerical duties including answering telephone and ordering office supplies.

Principal Duties and Responsibilities:

1. Sorts insurance forms, statements, letters, and payment information according to established procedures. Divides and distributes insurance material to Patient Account Representatives based on the prescribed alphabetic system.
2. Verifies newspaper obituaries against patient database and enters date of death in computer system to update patient record. Notifies appropriate Clinic personnel of death to update patient's account information.
3. Receives returned mail, makes noted address changes in the computer system, and thoroughly researches incorrect addresses using an established checklist. Prints and mails corrected envelope.
4. Calls patients that have no insurance listed on their account to get correct information when available. Notifies the Patient Account Representative of new information to file the claim correctly with the patient's insurance company. Notifies Collector when it is verified that the patient has no insurance.
5. Sets up patient accounts from outreach clinics and does corrections to the information when necessary.

6. Prepares and submits bills to attorneys and insurance companies for letters written by Clinic physicians, depositions, and medical/legal conferences. Forwards payments to Data Entry.
7. Receives requests regarding patient disability and vocational rehabilitation, prepares forms and retrieves medical records in a timely manner, and forwards information to physician for immediate review.
8. Receives direct payments from patients, writes up a receipt for patient indicating amount of cash or check, and files appropriate copy with money.
9. Compares reimbursement of paid claims with insurance company reimbursement schedules. Notifies appropriate Patient Account Representative of claims that are not reimbursed according to the schedule.
10. Prepares patient forms for disabilities, cancer policies, and death certificates.
11. Gathers appropriate insurance information from primary insurance companies to file secondary insurance claims.
12. Prepares daily patient payments for entry by opening mail and looking up patient account numbers and balances according to established procedures.
13. Balances the cash box for the next day ensuring an adequate variety of bills and coins. Prepares funds for deposit by separating money from receipts and balances totals by calculating actual funds and comparing to receipt totals. Stamps checks for deposit and delivers funds, receipts and deposit slip to appropriate personnel. Returns cash box to proper location for overnight storage according to established procedures.
14. Transmits credit card payments on a timely basis and forwards appropriate payment information to Data Entry.
15. Answers telephone for Business Office in order to take requests, records messages, and responds to routine patient questions regarding their account by explaining balance and appropriate insurance reimbursement. Forwards documentation to appropriate Patient Account Representative, makes insurance changes, and set up patient accounts when appropriate.
16. Monitors office supplies for department, orders additional supplies by completing requisition forms, and stores delivered supplies in designated area.
17. Works cooperatively with other departments and Clinic staff to improve processes, systems and communications. Provides on-going support to the Business Office team.
18. Prepares charity applications for manager review by completing form with information regarding the application and the patient's financial status. After review by the manager, prepares and mails letters to the applicants with a decision made in review for possible financial assistance.

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19. Assists Precertification Clerk with phone and Internet insurance verification within the precertification process
20. Prepares appeals to insurance companies on denied claims as determined by the Patient Account Representative for review for additional payment.
21. According to procedures, prices lab fee tickets and deletes fee tickets from the system.
22. Boxes fee tickets according to storage schedule. These boxes are then put into storage. Helps maintain the storage area.
23. Prepares charge and payment adjustment sheets as assigned.
24. Performs miscellaneous office duties such as filing, faxing and copying as requested by manager.
25. Performs other department duties as assigned.

Knowledge, Skills and Abilities Required:

1. Ability to read and write in order to research and correct patient addresses, update patient information in the computer system, prepare patient forms, verify correct reimbursement on paid claims, gather correct insurance information for secondary claims, and to perform simple arithmetic calculations in order to monitor patient account activity and balance daily receipts at a level normally acquired through completion of high school.
2. Approximately three to six months related work experience necessary in order to become familiar with medical terminology and Clinic policies and procedures and to be able to research patient account information and balances to answer basic patient account inquiries.
3. Interpersonal skills necessary in order to effectively interact with Clinic personnel when exchanging patient-related information, to interact with insurance and legal offices, and effectively interact with patients when receiving payments or answering account questions.
4. Analytical skills necessary when sorting and distributing information to appropriate personnel or insurance companies and researching incorrect patient or insurance company information.
5. Analytical skills necessary in order to balance daily receipts, to identify and resolve discrepancies with receipts, and research patient account information.

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- 6. Ability to lift and move boxes of statements, envelopes, and so forth up to 25 pounds for less than ten percent of work time when putting away supplies.
- 7. Ability to concentrate and pay close attention to detail for approximately ninety percent of work time when preparing and submitting bills to attorneys and insurance companies for letters written by Clinic physicians, verifying correct reimbursement from insurance company payments, preparing patient payments for entry and gathering appropriate insurance information.
- 8. Ability to concentrate and pay close attention to detail approximately ten percent of the time when sorting and distributing information to appropriate personnel.
- 9. Good organizational skills.

Working Conditions:

- 1. Works in a normal office environment where there are few, if any, physical discomforts due to dust, dirt, noise and the like.

Reporting Relationships:

Reports to the Business Office Manager.

Approvals:

Department Manager

Date

Administrator

Date

President/Chair of the Board

Date

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The above is intended to describe the general content of and the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

Revised 11/03

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