

Heaven Heath

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SUMMARY

Revenue cycle specialist with five years of experience resolving hospital and physician billing accounts across **commercial insurance, government payers**, and third party reimbursement workflows. Skilled in **accounts receivable, medical billing**, EOB analysis, denial follow up, corrected claims, adjustments, overpayments, and payer communication. Applies working knowledge of CPT, ICD 10, HCPCS, and modifiers while investigating claim outcomes and supporting accurate reimbursement. Prioritizes account worklists by balance, age, and actionable payer status, then documents activity clearly for continued resolution. Identifies recurring denial patterns and coordinates with coding, registration, clinical, billing, and payment posting teams. Experience across Hospital Billing and Physician Billing supports dependable account follow up, compliant documentation, and timely financial outcomes.

EXPERIENCE

Claims Resolution Specialist

January 2024 - Present

Suncrest Regional Medical Center

Orlando, Florida

Supports hospital billing **revenue cycle operations** across commercial and government payer accounts. Owns daily follow up, payment review, denial resolution, overpayment investigation, and account documentation. Partners with coding, registration, clinical, billing, and payment posting teams to advance reimbursement and address recurring claim issues.

- Prioritized **hospital billing** accounts by balance, age, exposure, and payer status for focused reimbursement follow up.
- Compared EOBs with billed services, payments, adjustments, and **patient responsibility** to identify processing discrepancies.
- Resolved rejected and **denied claims** through payer research, billing validation, corrections, resubmissions, and documented appeals.
- Investigated overpayments with billing and **payment posting** teams before correcting balances or coordinating refunds.
- Reported recurring coding, eligibility, authorization, and claim data denials to leadership and operational partners.
- Applied CPT, **ICD 10**, HCPCS, and modifier knowledge while routing coding questions to specialists.

Revenue Cycle Accounts Receivable Specialist

May 2022 - December 2023

Lakeside Physician Partners

Kissimmee, Florida

Managed Physician Billing accounts from **payer follow up** through resolution, using aging worklists and claim status information to focus effort on recoverable balances. Coordinated with insurers, third party administrators, and internal billing staff while building broader competency across hospital and physician billing workflows.

- Managed **Physician Billing** accounts through aging worklists, payer status review, and recoverable balance follow up.
- Contacted commercial insurers and third party administrators for processing requirements, commitments, and documented next actions.
- Analyzed denials and **EOB** details to separate registration, coverage, coding, modifier, filing, and payer issues.
- Prepared corrected claim information and supporting documentation for accurate resubmission within payer requirements.
- Reconciled payments and **adjustments** to identify unresolved balances, duplicate processing, and potential **overpayments** for review.
- Compared HB and PB payer rules, claim formats, **reimbursement** behavior, and follow up practices across service lines.

Patient Financial Services Representative

October 2020 - April 2022

Gulfview Community Hospital

Tampa, Florida

Supported hospital **accounts receivable** follow up while developing practical knowledge of billing, reimbursement, payer correspondence, and account documentation. Worked with senior specialists and internal departments to identify data issues, maintain complete processing histories, and move unresolved accounts toward appropriate action.

- Reviewed claim status, payer correspondence, and account notes for unresolved balances requiring additional hospital follow up.
- Verified insurance and billing information before escalating rejected claims with complete supporting **account documentation**.
- Recorded payer contacts and follow up dates so staff could continue resolution from a clear processing history.
- Reviewed common EOB messages with senior specialists to recognize payment, denial, adjustment, and **patient responsibility** outcomes.
- Coordinated claim questions with registration, billing, and insurance verification teams for timely ownership and correction.
- Developed supervised familiarity with **CPT**, ICD 10, HCPCS, **modifiers**, hospital billing, and reimbursement workflows.

PROJECTS

Denial Trend Review 📅 2024

Created a recurring review of coding, eligibility, authorization, and claim data denials. Organized findings for leadership and operational partners, supporting clearer escalation and focused account follow up.

Payer Reconciliation Workflow 📅 2023

Structured a payer account review process covering EOB details, payment activity, adjustments, corrected claims, and overpayments. Improved documentation continuity across Physician Billing follow up.

LEADERSHIP & AWARDS

- Recognized by revenue cycle leadership for dependable follow up on complex hospital billing accounts.
- Selected by peers as a trusted resource for EOB review, denial research, and account documentation.
- Received positive team feedback for clear coordination across coding, registration, billing, and payment posting.

EDUCATION

High School Diploma

2020

Lake Nona High School GPA: 4.0

Orlando, Florida

Coursework: Medical billing, health information systems, business communication, accounting

CERTIFICATIONS

- Florida Driver's License 📅 2026
- Revenue Cycle Billing Knowledge 📅 2026

TECHNICAL SKILLS

- **Revenue Cycle Systems:** Hospital Billing, Physician Billing, Revenue Cycle Operations
- **Claims Processing:** Rejected Billings, Corrected Claims, Claim Adjustments
- **Payer Analysis:** EOB Analysis, Payer Responses, Remittance Review
- **Medical Coding:** CPT, ICD 10, HCPCS
- **Coding Modifiers:** Modifier Review, Coding Questions, Billing Codes
- **Account Resolution:** Denial Follow Up, Account Aging, Balance Review
- **Payment Management:** Overpayments, Payment Posting, Patient Responsibility
- **Insurance Operations:** Commercial Insurance, Government Payers, Third Party Organizations
- **Documentation Systems:** Account Notes, Payer Contacts, Follow Up Dates
- **Denial Management:** Denial Trend Analysis, Eligibility Review, Authorization Review

SKILLS

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|----------------------------|---------------------|------------------------|---------------------|
| • Revenue Cycle Operations | • Reimbursement | • Corrected Claims | • Government Payers |
| • Accounts Receivable | • Claims Resolution | • Adjustments | • Hospital Billing |
| • Medical Billing | • EOB Analysis | • Overpayments | • Physician Billing |
| • Medical Insurance | • Denial Follow Up | • Commercial Insurance | |

PROFESSIONAL AFFILIATIONS

- Revenue cycle operations team contributor supporting shared account resolution and practical knowledge exchange.
- Hospital and Physician Billing workgroup participant focused on consistent payer follow up and documentation.

LANGUAGES

- English (Native)
- Spanish (Intermediate)

ADDITIONAL INFORMATION

Work Status : Authorized to work in United States. No sponsorship required.

REFERENCES

AVAILABLE ON REQUEST