

Heaven Heath

Claims Resolution Specialist I, Hospital Billing Office

📞 (407) 555-6148

✉️ heaven.heath@example.com

🌐 linkedin.com/example/heavenheath

📍 Orlando, FL 32801

STRENGTHS

- 🔍 **Claim Investigation**
Followed difficult accounts through payer research, billing review, and documented next steps. Teams relied on clear findings.
- ♥️ **Denial Pattern Review**
Tracked recurring denial causes and shared useful trends with leadership. That practice helped teams focus correction work.
- 👤 **Payer Communication**
Asked focused questions during insurer calls and captured commitments clearly. Colleagues could continue follow up without guesswork.
- ☰ **Account Prioritization**
Sorted worklists by balance, age, and actionable status. High value accounts received attention at the right time.
- 👥 **Cross Team Coordination**
Connected coding, registration, billing, and payment posting partners around account issues. Shared ownership kept resolution moving.

SKILLS

Revenue Cycle Operations

Accounts Receivable

Medical Billing Medical Insurance

Reimbursement Claims Resolution

EOB Analysis Denial Follow Up

Corrected Claims Adjustments

Overpayments

Commercial Insurance

Government Payers

Hospital Billing Physician Billing

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

Suncrest Regional Medical Center 📅 January 2024 - Present 📍 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

Lakeside Physician Partners 📅 May 2022 - December 2023 📍 Kissimmee, Florida

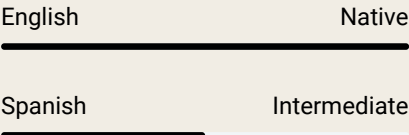
Managed Physician Billing accounts from **payer follow up** through resolution, using aging worklists and claim status information to focus effort on recoverable balances. Coordinated with insurers, third party administrators, and internal billing staff while building broader competency across hospital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

Gulfview Community Hospital 📅 October 2020 - April 2022 📍 Tampa, Florida

LANGUAGES



MY CAREER



- Claims Resolution Specialist at Suncrest Regional Medical Center (2.8 Years)
- Revenue Cycle Accounts Receivable Specialist at Lakeside Physician Partners (1.6 Years)
- Patient Financial Services Representative at Gulfview Community Hospital (1.5 Years)

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

Lake Nona High School 🎓 GPA: 4.0 📅 2020 📍 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

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.

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST