

Paris Davenport

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SUMMARY

Eligibility and Cost Estimate Specialist with three years of healthcare revenue cycle experience supporting **insurance verification**, patient registration, benefit interpretation, medical cost estimates, and **patient financial communication**. Confirms coverage through payer portals and carrier tools, reviews deductibles, co pays, co insurance, network status, and contract information, then documents findings in Practice Management systems. Explains in network and **out of network** benefits clearly to patients and families, answers questions, secures collection deposits, and establishes payment plans for larger balances. Maintains accurate account comments, protects sensitive patient information, and coordinates reliable pre service follow through with registration and clinical teams. Proficient with **Microsoft Office Suite** and remote workflows, bringing calm, respectful communication and careful documentation that supports informed patient decisions and smoother healthcare access.

EXPERIENCE

Eligibility and Cost Estimate Specialist

May 2025 to Present

Lakeside Behavioral Revenue Services

Cincinnati, Ohio

Supports pre service eligibility, cost estimate, registration, and payment workflows for outpatient behavioral health appointments. Connects payer research with clear patient conversations, accurate Practice Management documentation, and dependable financial follow through for registration and clinical partners.

- Managed pre service eligibility workflows for behavioral health appointments, connecting verified coverage with patient financial conversations.
- Confirmed active coverage, deductibles, co pays, **co insurance**, and network status through payer portals before scheduled visits.
- Documented verification findings and **account comments** in Practice Management systems, giving teams dependable pre service information.
- Reviewed payer contract details and carrier tools to estimate **patient responsibility** before communicating expected amounts.
- Explained **in network** and **out of network** benefits to patients and families using clear, respectful language.
- Established deposits and **payment plans** for larger balances, following approved procedures and preserving patient trust.

Insurance Verification Specialist

October 2023 to April 2025

Pioneer Health Access Solutions

Dayton, Ohio

Supported insurance verification and patient access operations for scheduled healthcare services. Built practical expertise in eligibility, benefit sharing, registration accuracy, preliminary estimates, payer follow up, and respectful communication while strengthening documentation habits and remote work discipline.

- Supported **insurance verification** and patient access for scheduled services, building reliable benefit research habits.
- Used **payer portals** and telephone channels to confirm coverage, recording source details for downstream processing.
- Updated **registration** and insurance records in Practice Management systems, correcting discrepancies before appointments.
- Prepared preliminary out of pocket estimates using **deductible**, **co pay**, co insurance, and network information.
- Explained verified benefits and expected pre service amounts to patients with clear, respectful communication.
- Organized verification worklists in **Microsoft Office Suite**, tracking payer responses and supporting documentation.

PROJECTS

Behavioral Health Pre Service Estimate Workflow 📅 May 2025

Mapped eligibility, benefit review, patient communication, and account documentation steps for behavioral health appointments. The workflow connected payer findings with clear estimates, deposits, payment plans, and timely team follow through.

Payer Verification Documentation Guide 📅 April 2025

Created a practical reference for recording coverage findings, network status, deductibles, co pays, co insurance, and account comments consistently across patient access work.

LEADERSHIP & AWARDS

- Recognized by access colleagues for dependable payer follow up and clear patient benefit explanations.
- Selected as a trusted resource for resolving registration discrepancies before scheduled healthcare services.
- Received positive team feedback for organized remote worklists and accurate account documentation.

EDUCATION

Associate of Applied Science in Health Information Management

2023

Sinclair Community College GPA: 3.5

Dayton, Ohio

Coursework: Medical Terminology, Healthcare Reimbursement, Records Management, Health Information Systems

CERTIFICATIONS

- Microsoft Office Specialist: Associate 📅 2023
- Healthcare Revenue Cycle Certificate 📅 2024

TECHNICAL SKILLS

- **Insurance Verification:** Eligibility checks, benefit verification, payer portals
- **Benefit Analysis:** Deductibles, co pays, co insurance
- **Network Benefits:** In network, out of network, network status
- **Patient Estimates:** Medical cost estimates, patient responsibility, out of pocket costs
- **Practice Management:** Account comments, registration records, patient accounts
- **Payment Arrangements:** Collection deposits, payment plans, balance discussions
- **Payer Resources:** Insurance carrier tools, contract information, telephone verification
- **Microsoft Office:** Microsoft Excel, Microsoft Word, Microsoft Outlook
- **Patient Access:** Patient registration, scheduled services, pre service workflows
- **Revenue Cycle:** Healthcare revenue cycle, claims context, patient liability
- **Documentation:** Verification findings, supporting records, follow up queues
- **Remote Operations:** Remote work practices, digital worklists, team coordination

SKILLS

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|----------------------------|---------------------------|-----------------------|--------------------------|
| • Eligibility verification | • Financial communication | • Network benefits | • Carrier tools |
| • Benefits verification | • Deductibles | • Patient liability | • Practice Management |
| • Medical cost estimates | • Co pays | • Payment plans | • Microsoft Office Suite |
| • Patient registration | • Co insurance | • Collection deposits | |

PROFESSIONAL AFFILIATIONS

- Healthcare Financial Management Association, revenue cycle learning community participant.
- American Health Information Management Association, health information management professional community member.

LANGUAGES

- English (Native)
- Spanish (Beginner)

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST