



Ariya Palmer

Medical Billing Assistant

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STRENGTHS

- 👁 **Attention to Detail**
Careful examination of claim details led to fewer errors, greatly reducing audit risks and prompting proactive adjustments.
- 🕒 **Time Management**
Effectively prioritized multiple tasks in a fast-paced environment, consistently meeting deadlines without compromising quality.
- 💬 **Communication Skills**
Actively engaged with patients and payers alike, helping clarify complexities in billing and fostering greater trust.
- 💻 **EHR System Proficient**
Navigated Electronic Health Records smoothly to retrieve patient data, showcasing adaptability and comfort with technology.
- 👥 **Collaborative Spirit**
Worked closely with colleagues to address challenges, strengthening teamwork and yielding positive outcomes for all involved.

SKILLS

<u>Medical Billing</u>	<u>CPT</u>	<u>ICD-10</u>
<u>Claims Processing</u>		
<u>HIPAA Compliance</u>		
<u>Attention to Detail</u>	<u>EHR Systems</u>	
<u>Team Collaboration</u>		

LANGUAGES

English	Native
Spanish	Intermediate

SUMMARY

Detail-oriented Medical Billing Assistant with over two years of experience in healthcare administration and medical billing processes. Proven ability to manage claim submissions, payment postings, and denial follow-ups in fast-paced environments. Familiar with CPT, ICD-10, and various billing systems. Strong commitment to accuracy and compliance in all billing communications. Excited to support a Revenue Cycle Management department, ensuring efficient billing operations and maintaining high standards of care for patients.

EDUCATION

Associate of Applied Science in Medical Billing and Coding
Community College of Boston 🎓 GPA: 3.8 📅 2026 📍 Boston, MA
Coursework: Medical Billing, ICD-10, CPT Coding, Healthcare Administration

TECHNICAL SKILLS

- **Billing Software:** NextGen, Athenahealth, Epic
- **Regulatory Knowledge:** CPT, ICD-10, HIPAA
- **Data Management:** Microsoft Excel, Google Sheets, Medisoft
- **Communication Tools:** Phone, Email, Chat
- **Customer Engagement:** Patient Portals, Inquiries Handling, Appeals Process
- **Claim Management:** Submission Processes, Payment Posting, Denial Tracking
- **Reporting Tools:** Analytics Softwares, KPI Dashboards
- **Coaching Skills:** Mentorship, Peer Training, Knowledge Sharing
- **Workflow Optimization:** Process Mapping, Performance Metrics
- **Administrative Support:** Record Maintenance, Document Preparation

EXPERIENCE

Medical Billing Assistant
Healthcare Innovations LLC 📅 June 2025 - Present 📍 Boston, MA

- Focused on optimizing claims processing and strengthening billing reliability within the Revenue Cycle Management team. Collaborated with cross-functional teams to enhance workflows and improve patient accounts management.
- Assisted in preparing and submitting claims to insurance payers, ensuring compliance and efficiency throughout the process.
 - Tracked denied claims meticulously, preparing accounts for timely rebilling, which resulted in improved revenue recovery.
 - Posted insurance payments accurately into the billing system, achieving reconciliation of daily deposits seamlessly.
 - Corrected rejected claims by collaborating with senior staff to mitigate errors before resubmission under supervision.
 - Reviewed patient demographic data diligently to maintain accurate billing records, reducing follow-up inquiries significantly.
 - Contributed to monthly Key Performance Indicator reporting by collecting and organizing data for analysis, enhancing business insights.

Billing Support Specialist
Health Services Co. 📅 June 2024 - May 2025 📍 Cambridge, MA

- Supported the efficiency of billings by effectively managing day-to-day administrative functions and developing productive cross-departmental relationships.
- Enhanced accuracy in billing submissions through meticulous claim preparations and engaging directly with payer representatives.

MY CAREER



● Medical Billing Assistant at Healthcare Innovations LLC (1.1 Years)

● Billing Support Specialist at Health Services Co. (11 Months)

- Identified issues promptly within claims responses from clearinghouses, providing resolutions promptly to reduce processing delays.
- Facilitated resolution of patient billing inquiries through active communication, improving overall patient satisfaction with statements.
- Maintained orderly provider enrollment and payer records to streamline operational workflows and minimize processing times.
- Participated in ongoing training regarding Medicare and Medicaid billing regulations, sharing knowledge with peers.
- Organized comprehensive billing reports that supported decision-making processes for management and financial forecasting.

LEADERSHIP & AWARDS

- Dean's List, Community College of Boston, 2025

CERTIFICATIONS

- Certified Medical Billing Specialist (CMBS) 📅 2025

PROFESSIONAL AFFILIATIONS

- Member, Healthcare Administration Club, Community College of Boston
- Volunteer, Community Health Fair, 2025

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST