



Paisley Herrera

Patient Financial Advocate I, Single Billing Office

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STRENGTHS

- ♥ **Patient Advocacy**
Patients received clear next steps during difficult billing conversations, and many returned to the same resource for guidance.
- 📞 **Payer Communication**
A careful call with an insurer clarified coverage details, giving patients and clinical teams a more certain path forward.
- ♥ **Epic Documentation**
Complete notes helped colleagues continue conversations without asking patients to repeat important account details.
- 📅 **Authorization Coordination**
Early follow up exposed missing approvals before scheduled care, giving departments time to resolve barriers.
- 🔗 **Financial Assistance**
Thoughtful screening connected patients with practical resources, turning a stressful question into a manageable next step.

SKILLS

Customer service Health insurance

Patient access

Financial counseling

Financial assistance

Insurance verification

Payment options

Collections procedures

Authorization follow up

Revenue cycle Epic

Payer communication

Eligibility review

SUMMARY

Patient financial services professional with 3 years of experience supporting **healthcare customer service, patient access, insurance verification, financial counseling**, and revenue cycle workflows. Explains account balances, insurance benefits, payment options, collection procedures, and financial assistance resources in clear, compassionate language for patients and families. Experienced with Epic account documentation, eligibility review, payer communication, authorization follow up, payment arrangements, and coordination among registration, billing, clinical offices, and servicing departments. Identifies practical next steps when coverage or affordability concerns may affect scheduled care. Maintains accurate records, protects patient dignity during sensitive conversations, and builds continuity across teams. Holds a high school diploma and current Florida driver's license, with a service focused approach that supports consistent financial guidance and smoother patient access.

EXPERIENCE

Patient Financial Services Representative

SunCoast Medical Partners 📅 January 2025 - Present 📍 Tampa, FL

Supports **patient financial services** across billing and access workflows, using Epic, **payer communication**, financial assistance screening, and authorization follow up to help patients receive clear information and practical account resolution. Partners with billing, clinical offices, scheduling teams, and servicing departments while preserving accurate documentation and a respectful patient experience.

- Reviewed Epic accounts and explained balances, benefits, **payment options**, collections, and assistance resources clearly.
- Screened **financial assistance** needs and documented household details for local, state, federal, and organizational review.
- Contacted commercial and government payers about benefits, claim status, coverage questions, and authorization requirements.
- Coordinated with physician offices when missing authorization threatened upcoming visits, imaging, or procedures.
- Supported **payment arrangements** and collection conversations with empathy, accuracy, and policy awareness.
- Maintained Epic notes and follow up queues for billing, access, and **financial counseling** teams.

Patient Access and Insurance Representative

Gulf Harbor Specialty Clinics 📅 October 2023 - December 2024 📍 St. Petersburg, FL

Managed patient access activities for multispecialty outpatient services, combining registration accuracy, insurance verification, **eligibility review**, payer communication, and financial guidance. Coordinated with clinical offices and revenue cycle contacts so patients received consistent information before scheduled services and through follow up.

- Registered patients and verified demographic, insurance, and guarantor information for accurate billing.
- Reviewed eligibility and benefits before care, then escalated authorization gaps to **clinical offices**.
- Explained copayments, patient responsibility, payment methods, and **billing** processes during calls and check in.
- Contacted payer representatives to resolve eligibility discrepancies and document verified plan details.
- Routed affordability concerns toward **financial counseling** resources and preserved complete account notes.
- Used **Epic** scheduling and registration workflows to organize tasks and coordinate **patient access** needs.

Account documentation

Cross functional coordination

LANGUAGES

English Native

Spanish Intermediate

MY CAREER



● Patient Financial Services Representative at SunCoast Medical Partners (1.8 Years)

● Patient Access and Insurance Representative at Gulf Harbor Specialty Clinics (1.2 Years)

PROJECTS

Patient Assistance Referral Workflow 📅 2025

Created a practical referral workflow for financial assistance screening, documentation, payer follow up, and clear handoffs across patient access and billing teams.

Authorization Readiness Review 📅 2024

Supported an account review approach that surfaced missing authorization before scheduled outpatient services, giving clinical and scheduling teams clearer next steps.

LEADERSHIP & AWARDS

- Recognized by patient access peers for clear explanations during sensitive billing conversations.
- Selected by team members as a dependable resource for Epic account notes and follow up status.
- Commended for coordinating payer questions with clinical and servicing departments.

EDUCATION

High School Diploma

Hillsborough High School 🎓 GPA: 4.0 📅 2023 📍 Tampa, FL

Coursework: Customer service, communication, health insurance, healthcare administration

CERTIFICATIONS

- Florida Driver's License 📅 2026
- Epic Workflow Training 📅 2025

TECHNICAL SKILLS

- **Electronic Health Records:** Epic, patient accounts, scheduling workflows
- **Insurance Operations:** Eligibility review, benefits verification, coverage review
- **Patient Financial Services:** Balance review, payment options, collection procedures
- **Financial Assistance:** Household screening, local programs, state programs
- **Payer Communication:** Commercial payers, government payers, claim status
- **Authorization Workflows:** Authorization follow up, approval review, service readiness
- **Revenue Cycle:** Registration, billing, patient responsibility
- **Patient Access:** Check in, scheduling, guarantor records
- **Account Documentation:** Epic notes, follow up queues, status tracking
- **Healthcare Coordination:** Physician offices, clinical teams, servicing departments

PROFESSIONAL AFFILIATIONS

- Healthcare revenue cycle and patient access professional community participant.
- Florida healthcare customer service and insurance support network participant.

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST