ARIYA PALMER

MEDICAL BILLING ASSISTANT

(617) 555-1234 ariya.palmer@example.com
linkedin.com/in/ariyapalmer 123 Main Street, Boston, MA 02110

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

Medical Billing | CPT | ICD-10
Claims Processing
HIPAA Compliance
Attention to Detail | EHR Systems
Team Collaboration

LANGUAGES

English — Native

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

Spanish Intermediate

MY CAREER

- Medical Billing Assistant at Healthcare Innovations LLC (1.1 Years)
- Billing Support Specialist at Health Services Co. (11 Months)

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.
- 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