

Juliet Alvarado

Medical Billing Coding Analyst

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STRENGTHS

- Attention to Detail**
Carefully review all claims and coding submissions, allowing colleagues to rely on clear and accurate documentation.
- Problem Solver**
Identify and correct discrepancies in billing processes, gaining trust from clinical peers and leadership alike.
- Team Collaboration**
Build strong relationships with coworkers to foster an efficient workflow, notably improving our coding turnaround times.
- Effective Communicator**
Discuss complex coding topics with staff and stakeholders in a straightforward manner, bridging gaps in understanding.
- Adaptability**
Thrive in fast-paced coding environments, ready to adjust to shifts in guidelines and practices to stay compliant.

SKILLS

Medical Coding (ICD, CPT)

Billing Software Proficiency

Microsoft Office Suite

Data AnalysisTeam Collaboration

Compliance Knowledge

LANGUAGES

EnglishNative

SpanishProficient

SUMMARY

Dedicated Medical Billing Coding Analyst with over three years of expertise in oncology coding and billing. Skilled at assigning precise ICD and CPT codes that comply with reimbursement standards, thereby enhancing claims accuracy. Efficiently manages billing functions while ensuring patient confidentiality and ethical practices. Proven ability to analyze reports and collaborate with team members for optimal performance. Committed to continuous learning and improvement within dynamic healthcare settings. Eager to contribute skills in a supportive environment like The Coding Solutions Group, fostering patient care through effective billing processes.

EXPERIENCE

Medical Billing Coding Analyst
Health Billing Solutions June 2023 - Present Dallas, TX
Leading billing processes and coding operations with minimal supervision in a fast-paced environment. Ensures timely claim submissions and accurate classifications for patient accounts.

- Execute independent coding duties, optimizing claim submission timelines without sacrificing accuracy.
- Assign appropriate billing codes resulting in higher claim acceptance and improved revenue flow.
- Collaborate effectively with quality assurance teams to verify charge amounts and address discrepancies.
- Analyze daily reports for departmental efficiency improvements, leading to smoother inter-departmental workflows.
- Monitor Missing Ticket Reports weekly, contributing to a significant reduction in claim rejections.
- Act as communication bridge between clinical staff and billing departments to resolve issues promptly.

Junior Coding Specialist
Oncology Coding Associates March 2020 - May 2023 Fort Worth, TX
Supported the oncology coding team by reviewing, recording, and correcting various coding entries to maintain compliance standards. Enhanced coding accuracy and operational efficiency.

- Reviewed and documented ICD and CPT codes thoroughly to uphold quality in oncology services.
- Assisted in coding hospital-related tickets, achieving an impressive accuracy rate throughout tenure.
- Engaged with quality assurance processes by auditing coding files and identifying areas for improvement.
- Trained peers on coding software and practices, uplifting overall departmental knowledge.
- Participated in crucial monthly audits, ensuring adherence to all relevant federal regulations.
- Maintained open lines of communication with physicians to clarify documentation needs.

LEADERSHIP & AWARDS

- Excellence in Medical Billing Award from Health Billing Solutions in 2025.
- Top Coder Recognition at Oncology Coding Associates for maintaining high accuracy rates year-over-year.

EDUCATION

Associate of Applied Science in Health Information Management
Dallas College GPA: 3.8 2026 Dallas, TX
Coursework: Health Informatics, Coding Standards, Ethics in Healthcare, Patient Privacy

CERTIFICATIONS

- AAPC Certified Professional Coder (CPC) 2026
- Certified Medical Biller (CMB) 2026

MY CAREER



- Medical Billing Coding Analyst at Health Billing Solutions (3.1 Years)
- Junior Coding Specialist at Oncology Coding Associates (3.2 Years)

TECHNICAL SKILLS

- **Coding Software:** TruCode, Optum360, Supercoder
- **Reporting Tools:** Microsoft Excel, Power BI, Customized Dashboards
- **Compliance Standards:** HIPAA, CMS Guidelines, AMA Protocols
- **Electronic Health Records:** Epic, Cerner, Meditech
- **Communication Platforms:** Slack, Zoom, Microsoft Teams
- **Claim Submission Methods:** Direct Billing, Electronic Claims, Paper Claims
- **Quality Assurance Tools:** Audit Scripts, Verification Checklists, Reconciliation Processes
- **Office Applications:** MS Word, MS Access, Google Workspace
- **Data Analysis Techniques:** Statistical Reporting, Trend Analysis, Performance Metrics
- **Patient Management Systems:** Kareo, Allscripts, PDF Electronic Documentation

PROFESSIONAL AFFILIATIONS

- Active member of AAPC since 2021.
- Volunteer coder for local health clinic, providing support in electronic records management.

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST