Patient Service Coordinator

Minimum Qualifications:
Skills: High school (G.E.D.) required. 6 months to 1year experience in healthcare with significant Healthcare Provider interaction.

Knowledge: Requires detailed knowledge of medical/insurance policies and processes in regards to how work is performed, as well as why it is done.

Mental Fortitude: Demonstrates the ability to make decisions in variable situations.

Primary Job Functions:

- Is able to perform customer intake and discharge from the clinic or facility.
    - Is able to collect patient financial obligations such copays, outstanding balances, and verify insurances for all patients, equally.

- Answer telephones in a timely fashion, is able to take complete and accurate messages and relay information to appropriate party.
    - Must be able to answer questions regarding clinic and office operations, policies, and procedures.
- Is capable of reviewing patient and provider schedules, anticipating errors, and taking appropriate action to reconcile.
    - Is able to support office activities to ensure patient and customer issues are addressed timely.
    - Must be able to communicate effectively with providers, patients and staff
- Is responsible for following HIPAA confidentiality guidelines while performing all duties.
- Is responsible for responding to requests within the scope of the job to include mailing or faxing material to appropriate facilities.
- Maintains supplies and equipment for front office.

- Maintains and fosters effective customer relations with patients, providers and the public by listening, responding, and documenting customer phone and walk-in inquiries and complaints.
    - Attempts to resolve complaints in the moment and calls for assistance from Office Manager as needed.

- Schedules patient appointments by providing documentation of scheduled appointments, procedural instructions and location directions.
    - Monitors daily patient schedules and identify 'no shows' for rescheduling. Places reminder calls to patients.
    - Calls patients approximately18-24 hours in advance to confirm their appointments.

- Able to schedule complex appointments and procedures that require advanced technical skills that requires extended visit duration.
    - Performs scheduling to ensure provider, procedure room, and equipment availability.

- Executes the process necessary to support referrals and authorizations for procedures and medications. This requires interaction with insurance companies and communication with the patients.
    - Supports the accurate and timely compilation and maintenance of medical record documentation for other physician inquiries.

- Attend monthly meetings, assist with orientation of new staff and providers, and performs other functions as required.

- Coordinates all aspects of securing accounts to include pre-registration, eligibility and benefits, referral coordination, and expressing financial expectations using on-line systems, telephonic verification, and faxing to update and verify patient demographic and payer information.

- Documents and updates all registration and financial data in the electronic medical record (EMR). Is responsible for the correct identification and selection of appropriate insurance plan codes.

- Obtains complete demographic and billing data collection from non-English speaking patients by arranging for assistance as may be necessary to facilitate the completion of registration and financial clearance process.

- Responds to telephone inquiries related to registration practices, billing and insurance requirements and general services provided in different programs and locations.

- Assumes responsibility for routing calls to appropriate individuals and departments.

- Develops strategies to be effective and remain professional while coping with difficult customers and situations. Maintain awareness of cultural, socio-economic, individual, religious, gender and other diversity uniqueness in patient's communication.

- Establishes communication with patients if necessary to inform them to reschedule appointments. Notifies the appropriate Ambulatory Care practice/physician's office about cancellations and reschedule appointments based on patient's medical needs and physician decision for patients who are not eligible for services or not authorized.

Minimum Skills/Requirements:
Completion of one year relevant work experience in healthcare, such as registrar, business office, medical group office experience, insurance verification, etc.. One to two years of customer service experience in any environment. Must be able to work cooperatively with the public as well as all levels of staff and management within the organization. Requires exceptional organizational and prioritization skills. Typing skills are required.