



**Kaukauna Clinic, SC**  
"Your partners in Family Health Care"

## JOB DESCRIPTION

### Business Office Specialist

*Kaukauna Clinic provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.*

Reports to: Business Office Manager  
Department: Business Office  
Job classification: Full Time, Non-Exempt, Hourly

**Position Summary:** the business office specialist is responsible for medical account receivable and finding solutions to reconcile unpaid claim issues. This person will serve as a liaison between patient services and insurance companies.

#### **Essential Job Responsibilities:**

- Prepare account receivables for bank deposit, and follow up with reception staff for accuracy of payments as needed.
- Maintain void reports by investigating all voided transactions.
- Post professional bill remittance electrically and manually (i.e. TransAct, Stripe).
- Print 100% allowable reimbursements to direct supervisor as needed.
- Maintain accuracy of all professional billing balances.
- Maintain the "follow up" insurance work queue.
- Maintain the "90 day" insurance work queue.
- Make sure generated claims in WayStar and EPIC match. If claims do not match, place a help desk ticket for correction. Print claims as needed.
- Correspond with insurance companies to resolve claim issues.
- Document all communication regarding claim issues in account notes.
- Maintain patient confidentiality.

***The essential job responsibilities are not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee. Duties, responsibilities, and activities may change or new ones may be assigned at any time with or without notice.***

#### **Core Competencies:**

##### *Knowledge:*

1. Knowledge of medical billing/collection practices.
2. Knowledge of basic medical coding and third-party operating procedures and practices.
3. Knowledge of legal and regulatory government provisions.
4. Knowledge of medical terminology.
5. Knowledge of clinic policies and procedures.
6. Knowledge of computer systems, programs, and spreadsheet applications.
7. Knowledge of health care insurance claim practices and compliance.

##### *Skills:*

1. Skilled in verbal and written communication.
2. Skilled in time management and organization.
3. Skilled in gathering and reporting claim information.
4. Skilled in critical thinking to solve problems as they arise.
5. Skilled in attention to detail.

*Abilities:*

1. Ability to accurately enter data and examine insurance documents.
2. Ability to identify and analyze claim problems.
3. Ability to deal courteously with patients, staff, and others.
4. Ability to communicate effectively and clearly.
5. Ability to work effectively with physicians, other medical staff, and external agencies.
6. Ability to be punctual and attend scheduled work hours regularly.

**Supervisory Responsibilities:** no supervision responsibility (no direct reports).

**Work Environment:** Inside a clinical setting.

**Physical Demands:** Includes typing, standing, bending, sitting, lifting (up to 50 pounds).

**Equipment Operation:** Standard office equipment including multi-line switchboard, computers, fax machines, copiers, printers, etc.

**Travel:** This position does not travel for work.

**Required Education & Experience:** High school diploma or equivalent.