

ANTRICE BURKS

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MEDICAL OFFICE MANAGER

PROFESSIONAL SUMMARY

Competent and **experienced medical professional**. Twenty plus years of solid knowledge and experience providing office **leadership** and oversight for doctor(s) and clinical and administrative staff. **Single-handedly launched new doctor's office** by establishing operational processes. Involved in the selection **medical software**. **Interview, hire and train** office staff on the use of Eclinical software and day to day office operations. **Oversaw fast paced and complex office operation**. Directed, supervised, and coordinated work among office staff. **Extremely organized** resulting in a **high level of productivity**. Works well alone and/or as part of a team. **Solid and well-rounded experience** in all aspects of office operations.

QUALIFYING SKILLS SUMMARY

- Maintain annual physician credentialing and license renewals (Expert)
- ICD-10, CPT, HCPCS AR billing and collections (Expert)
- Initiate, negotiate & maintain insurance contracts (Expert)
- Maintain 2,000+ patients' medical records
- Pre-certify patients for medical necessity and/or referrals (Expert)
- Design & implement office policies & procedures
- Expert knowledgeable in HIPPA compliance, OSHA, human resources benefits and laws, and other federal, state, and local regulations (Expert)
- Performed triage to assess situations to determine urgency of care (Expert)
- Verify patients' insurance and collect co-pays
- Strong analytical, decision making, follow through and multi-tasking skills

PROFESSIONAL EXPERIENCE

Intown Family Practice and Sports Medicine PC

Atlanta, Georgia

Business Office Manager

November 2001 – Present

- **Initial credentialing and recertification of physicians** in compliance with Joint Committee and National Commission of Quality Assurance standards
- **Interview, hire, and train** a productive medical office team. Evaluate staff performance to provide constructive feedback or address disciplinary problems and recommend actions for improvement.

- **Maintain up to 2,000+ Electronic Medical Records (EMR)** to ensure compliance with HIPAA laws.
- **Ensures patient satisfaction** by troubleshooting when there is a complaint and develop process improvements to prevent recurrence.
- **Maintain proficient and high quality care** for patients by performing accurate triage
- **Attend multiple outside trainings** to stay abreast of changes/revisions in healthcare insurance coverage thereby virtually eliminating processing errors in claims.
- **Collaborate with external business partners** (E.g. clearing houses, software vendors, support staff) so system is accurately set up to produce high quality claims thereby minimizing delays in account adjudication.
- **Coordinate logistics** for internal/external administrative and clinical meetings and conferences.