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Alisha Wetherford

Objective To obtain a challenging and rewarding position in a team environment.

Experience

UC Davis Health System – PCN Billing
April 2015 – Current
Patient Biller III
Perform Follow Up and Billing on outstanding professional claims out of an Epic operating system by working with multiple commercial payers, as well as Managed Care, to resolve claim denials and assist in getting claims paid in a timely fashion.
Determine financial responsibility for claim payment. Make corrections to patient accounts by updating insurance information based on eligibility, submit patient medical records as requested by payers, write provider appeal letters, make coding corrections as provided by the clinics, etc. Resolve claim edits and rejected claims by making corrections to patient registration, patient demographics, coding errors, payment posting errors, etc.

Sutter Shared Services
September 2013 – April 2015
Claims Team Member
Performed Follow Up and Billing in the Central Billing Office on unpaid facility claims out of an Epic operating system by working with multiple commercial payers to obtain claim payment, checked

claim status on payer websites, and documented any necessary notes on the account regarding claim status. Made corrections to patient registration by updating insurance information based on eligibility and other patient demographics. Resolved claim denials, such as pulling and submitting patient medical records, writing provider appeal letters, escalating specific claim issues to a supervisor or other areas of billing for further processing, etc. Worked high dollar claims of \$50,000.00 and higher. Worked 50+ accounts per day. Completed requests through Salesforce by submitting claim information requested by customer service.

Sutter Physician Services

February 2012 – August 2013

Account Representative II

Performed Follow Up and Billing in the Referred HMO department out of an Epic operating system, as well as IDX, by working with multiple commercial payers to obtain claim payment and resolve claim denials, noting accounts regarding claim status and pertinent claim information, submitting patient medical records, writing provider appeal letters, reviewing payer contracts to determine financial responsibility of services performed, and make corrections to patient registration based on eligibility review. Worked Capario reports including reviewing, correcting, and rebilling rejected claims that were billed electronically. Completed a five-day payment posting course with Sutter Physician Services.

Sutter Physician Services

November 2010 – February 2012

Account Representative I

Prepared, reviewed and “scrubbed” new day HMO claims to ensure

Blue Shield of California

November 2003 – November 2006

Installation and Membership Representative

Processed and data-entered applications for new and current subscribers applying for individual health insurance plans. "Scrubbed" incomplete applications and requested missing information using Microsoft Word and Microsoft Access that was needed from the subscriber for further processing. Entered subscriber demographic information into a mainframe system. Researched any prior or current coverage with Blue Shield of California, and determined the amount of coverage the subscriber was eligible for based on any coverage found. Assisted in other areas when needed, such as reviewing new applications for completion and determined if the application could be automatically approved for coverage by the processor without underwriter review.

Alternative Technology Resources

November 2001 – March 2003

Claims Support Clerk

Performed all clerical duties in the claims department. Received, documented, and distributed incoming mail, including medical claims and explanation of benefits. Scanned and logged all claims received, including HCFA and UB92 forms. Manually entered claims not suitable for scanning. Batched explanation of benefits for processing.

Education

Allied Business Schools, Inc.

June 2016 – May 2017

Medical Coding program

American River College

2007– 2009

Studied general education

Cosumnes River College

2000 - 2003

Studied general education

Elk Grove High School

1996 – 2000

Received diploma

Qualifications

- Coursework completed in Medical Coding, including ICD-10, CPT, HCPC's, Medical Terminology and Human Anatomy / Physiology
- Seven years' experience in Medical Billing and Claim Follow Up, including 5 ½ years' professional billing and 1 ½ years' hospital billing
- Two years' experience in Managed Care Follow Up and Tapestry
- Strong working knowledge of EPIC; Seven years' experience
- Working knowledge of the Division of Financial Responsibility
- Working knowledge of Medical Terminology
- Working knowledge of Microsoft Excel and Word
- Payment posting course completed in 2012
- Thirteen years' experience in the healthcare industry
- Works well with high volumes and deadlines
- Typing speed of 70+ WPM
- 10-key by touch

Acrobat

outsourcing

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First and Last Name: Aisha Wetherford
Email: alikat525@gmail.com
Phone number: 910-996-1860

Working Experience:

Company Name: Wedding
Dates of Employment: 2016 - June
Job Responsibility:

- Pouring beer + wine
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Company Name: Wedding
Dates of Employment: 2017 - July
Job Responsibility:

- Pouring beer + wine
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-
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Company Name: _____
Dates of Employment: _____
Job Responsibility:

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Skills

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