

12801 Fair Oaks Blvd #539  
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## Alisha Wetherford

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**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: Alisha Wetherford  
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Phone number: 916-996-1860

## 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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Company Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job Responsibility:

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## Skills

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