

TOOLS

- EMR/EHR (Epic, eClinicalWorks, Abbadox, Fusion, SimplePractice and Theranest)
- Canva
- · Google Suite
- · Microsoft Office
- Webex

MVA SKILLS

- · Familiar with EHR/EMR systems
- · Prior Authorization
- · Insurance Verification
- · Account Receivable Follow-up
- Email Management
- Payment Posting

SOFT SKILLS

- Adaptable
- · Time Management
- Ability to multitask
- Tech savvy
- Ability to handle questions and problems in an efficient manner

CERTIFICATIONS

- · HIPAA Certified
- · Dental Certification
- · Medical Billing Certification

EDUCATION

University of Rizal System Bachelor of Science in Tourism Management 2015-2019

KATLYN JOY V. ARLEGUI

Medical Virtual Assistant

ABOUT MF

I support clients, doctors, and other healthcare professionals in the USA by handling their administrative and back-office duties to improve workflow and save time. Skilled in managing billing processes, coding compliance, improve cash flow and enhance revenue outcomes that exceeds client expectations.

EXPERIENCE

Medical Biller

MedVA

July 2023 - March 2025

- Submitted electronic claims and managed claim rejections from the clearinghouse using EMR/EHR systems.
- · Posted payments.
- · Managed patient liabilities or charges.
- · Handled claim adjustments and write-offs.
- Updated patient demographics and reviewed files to ensure completeness.
- Sent documents such as appeals, EOBs/ERAs, and supporting documents via email and fax.

Medical Claims Analyst Med-metrix Inc. January 2022 - June 2023

- Follow up on unpaid or denied insurance claims.
- Extracting medical records using eClinicalWorks
- · Identify coding errors or discrepancies in claims.
- Maintain accurate records of transactions and communications.
- · Ensure compliance with insurance policies and regulations.
- · Process claim approvals, denials, and adjustments.

Customer Service Representative Hinduja Global Solutions May 2019 - September 2021

- Making inbound calls to the provider side to provide eligibility and benefit information
- Providing details of a claim to providers, whether it was paid, denied, or partially paid
- · Checked participating and non-participating providers
- Processed providers' requests such as letters of appeal determination and explanation of benefits or remittance advice