



## Job Description

POSITION TITLE:	Billing Clerk
FLSA STATUS:	Non-Exempt
DEPARTMENT:	Business Office
LOCATION:	Hope Creek Care Center
REPORTS TO:	Business Office Manager
REPRESENTED:	No

### ESSENTIAL JOB FUNCTIONS:

- Make new resident files.
- Pull files as residents discharge.
- Filing.
- Call POA's for paperwork when requested from DHS.
- Scan documents for Business Office Manager and Accounts Receivable.
- Update and organize contract books.
- Help gather information for audits.
- Assist with inputting information into the Illinois Department of Human Services billing system.
- Send updated demographic information to the lab and pharmacy.
- Back up for Medical Records Clerk.
- Communicate effectively with people.

Position will be 19 hours per week. Hours must be worked between 10am – 2 pm Monday through Friday.

CLASSIFICATION REQUIREMENTS:

A. PHYSICAL:

- Must be free from communicable diseases as required by State Laws.

B. ACCEPTABLE EXPERIENCE AND TRAINING:

- Experience in Medical type setting preferred.
- High School Graduate (G.E.D.)
- Experience with medical billing helpful but not necessary.
- Must have be able to type 40 wpm, and be knowledgeable of office machines.

The statements contained herein reflect the principal function and most significant dues of the job, but should not be considered to be an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other areas to cover absences or relief to equalize peak work periods or otherwise balance the workload.



## Billing Clerk JOB DESCRIPTION ACKNOWLEDGEMENT

I, \_\_\_\_\_, acknowledge that I have received and reviewed the job description for Accounts Payable. I also have had the opportunity to review this description with a representative of Hope Creek Care Center. I understand the nature of the job, its primary duties and responsibilities, and its mental and physical requirements. I can perform these primary duties and responsibilities under the conditions stated in this document. If I am unable to perform any of these physical requirements now or at any time during my employment, I will notify Human Resources. I understand that Hope Creek Care Center will make reasonable accommodations for physical and mental disabilities as required by law.

I understand that this job description does not alter in any way the employment-at-will nature of the employment relationship, nor does it constitute a contract of employment between the job incumbent and the organization. If I am an applicant for employment, I understand that the above does not constitute an offer of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Business Office Manager

\_\_\_\_\_  
Date:

### Verbal Review

I certify that this Job Description of Billing Clerk was verbally reviewed with me by

\_\_\_\_\_  
(Print name)

Signature\_\_\_\_\_

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