

**FLORIDA HEART ASSOCIATES, PL**  
**BUSINESS SERVICES**  
**AUTHORIZATIONS/REFERRALS and INSURANCE VERIFICATION**

**JOB TITLE:** Authorizations/Referrals and Insurance Verification Clerk

**REPORTS TO:** Manager of Business Services

**JOB CLASSIFICATION:** Non-Exempt

**GENERAL DUTIES:** Request insurance authorizations/referrals and verify patient benefits.

**TYPICAL PHYSICAL DEMANDS:** Requires prolonged sitting, some bending, stooping and stretching. Requires eye-hand coordination and manual dexterity sufficient to operate a keyboard, photocopier, telephone, calculator and other office equipment. Requires normal range of hearing and eyesight to perform general office duties.

**ESSENTIAL DUTIES:** Critical features of this job are described under the headings below. They may be subject to change at any time due to reasonable accommodation or other reasons.

1. Continual review of physician & clinical department appointment books for services that may require authorization/referral.
2. Identify payor specific requirements for services provided by FHA providers.
3. Verify scheduled patient benefits.
4. Obtain authorizations/referrals as necessary for payment.
5. Enter all authorizations/referrals received into practice management system.
6. Contact patient to advise them of patient liability due at time of service or arrange payment plan per collection guidelines.
7. Communicate issues related to authorizations/referrals to clinical departments as necessary.
8. Management may add or reassign additional duties and responsibilities to this position as needed.

**MENTAL REQUIREMENTS:**

- Knowledge of business office procedures
- Comprehension of individual payor reimbursement requirements
- Effective communication skills

**EDUCATION:** High school diploma or equivalent.

**EXPERIENCE:** Two years experience – medical coding, billing &/or authorizations/referrals.