



Job specification

Credit Controller

HB Bureau Operations

Employment status: Permanent

Reporting to: Bureau Operations and Retention Manager

Location: Durban

About Healthbridge

As Healthbridge we exist to liberate life through transforming healthcare. We creatively look for ways to make healthcare more affordable, accessible and effective for everyone. Our innovative HealthTech solutions ensure that patients, healthcare providers and other role players in the healthcare ecosystem benefit by collaborating together.

We seek high performers with a positive, growth mindset who will thrive in a culture based on strong values, accountability, openness, collaboration and no politics.

About the team

HB Bureau is putting together an exciting, new, young and dynamic team that will play in the medical debt management arena (medical bureau). Our mandate is to launch a service based solution which is driven on the back of cutting edge healthtech, artificial intelligence, and debt management processes. Our services are primarily focused on the private medical specialists market. The team will focus strongly on client delivery and at the same time make a difference in the lives of Doctors and patients alike.

About growth

Growth opportunities at Healthbridge are wide and varied, with excellent growth opportunities within the role itself to become a specialist. We are a dynamic and growing company that rewards great performance with not only the standard progression (take-my-boss'-job) path, but also offers exciting opportunities to those wishing to expand their horizons.



About the job

Role purpose

The Credit Controller is responsible for assessing, reconciling and recovering as much as possible from our clients' outstanding past accounts prior to joining the HB Bureau. This will ensure that all outstanding accounts are reflected correctly and the correct claim statuses are applied in order for the client to make informed decisions to write off or hand over.

Description

- Assess and reconcile all outstanding claims to ensure the balances are accurately represented on the system.
- Attend to claim rejections to resolve and attempt to maximise payment received from medical schemes.
- Retrieve, reconcile and monitor all remittance advices
- Follow-up on all outstanding claims.
- Identify any incorrect billing to fix and resubmit claims accordingly.
- Reduce the total outstanding balance in the age analysis by focusing on collections and reconciliation.
- Follow up on short payments.
- Follow up on claims regularly with valid updates at each point of query.
- Keep constant communication open with the practice and the client.
- Monitor and maintain doctors databases with the assistance of BI reporting.

Job requirements

Qualifications and experience

- Matric
- Relevant administrative qualification is advantageous
- 2 - 3 years industry experience is essential

Knowledge and skills

- Google Workspace experience is advantageous
- Medical Coding knowledge (ICD10 codes, tariff codes, billing rules set out by SAMA)
- Understanding of billing rules and interpretation of coding set out by SAMA
- Knowledge on PMB's is essential

Behavioural Competencies

- High attention to detail
- Analytical



- Able to deliver accurate and high quality work under pressure
- Excellent communication skills
- Strong presentation skills
- Customer-centric
- Able to work independently and as part of a team
- Adaptable
- Continuous learning mind-set

