



## Job specification

### **Medical Bureau Claims Administrator**

#### **HB Bureau Claims Admin Team**

**Employment status: Permanent**

**Reporting to: Bureau Supervisor**

**Location: KZN**

### **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 a dynamic team that plays in the medical debt management arena. We provide 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. We strive to focus strongly on client delivery and at the same time make a difference in the lives of Drs 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

The Purpose of this role is to deliver an efficient , consistent and accurate administrative medical debt service to our clients. You will also provide the Doctors with monitoring and bureau reports that will allow him/ her to have real time data on the financial status of his/her practice. You will become his/ her trusted business partner ensuring that his cash flow is timeous and that his/ her aged debt is at a minimum.

## Role purpose

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## Description

Key responsibilities include:

- Capture patient demographics and claims accurately.
- Ensure that all claims are accurate before they are submitted to the medical Schemes
- Clear claim rejections as soon as you are notified.
- Reconcile and monitor all remittances.
- Follow-up on all outstanding claims.
- Correct/resubmit claim rejections.
- Maintain a low age analysis.
- 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.
- Build and maintain relationships with clients.
- Monitor and maintain doctors' databases.



## Job requirements

### Qualifications and experience

- Matric
- A relevant administrative qualification is advantageous
- 2 to 3 years industry experience is essential
- Must have knowledge on PMBs

### Knowledge and skills

- Must have knowledge on PMBs
- High level of computer literacy
- High level of numeracy
- Google Workspace experience is advantageous

### Behavioural Competencies

- High attention to detail
- Analytical
- Client-centric focus
- Excellent communication and interpersonal skills
- Resilient
- Able to work effectively within a team
- Adaptable
- Commitment to service excellence
- Continuous learning mind-set

