MEDICAL INSURANCE FOLLOW UP SPECIALIST

Full-time

Employment offered by *Signature Performance*

Posting Number:	**HR074120**	**Posting Date:**	**October 30, 2026**	**Date Available:**	**Immediately**
Position Summary:	The Medical Insurance Follow-Up Specialist is responsible for the timely and effective follow-up on outstanding insurance claims to ensure accurate and prompt reimbursement. This role involves analyzing account activity, investigating denied or unpaid claims, and working with insurance payers and internal departments to resolve issues and expedite payment. The ideal candidate is detail-oriented, organized, and experienced in medical billing and insurance claim processing.				
Essential Job Duties:	**Essential Job Functions** include the following: Other duties may be assigned. Core responsibilities are consistent across tiers, with expectations for increased independence, complexity, and specialization at higher levels. Tier is determined based on experience, skills and performance within the role. Follow up on assigned insurance claims to ensure timely and accurate payment. Review Explanation of Benefits (EOBs) and remittance advice for payment accuracy and claim status. Contact insurance companies via phone, web portals, or written communication to resolve claim issues. Identify and appeal denied or underpaid claims based on payer guidelines and documentation. Monitor aging reports and prioritize work based on payer deadlines and account balance. Ensure compliance with federal, state, and payer-specific regulations and policies. Meet individual and team performance goals, including productivity and quality standards. Participate in departmental meetings, training sessions, and quality improvement initiatives as required.				
Qualifications:	U.S. Citizenship or naturalized citizenship is required for this position. High school diploma or equivalent required; Associate's degree in healthcare or business preferred. Minimum of 2 years of experience in medical billing, insurance follow-up, or revenue cycle operations. Knowledge of insurance payer requirements, CPT/ICD coding, and medical terminology. Strong understanding of healthcare claim submission and adjudication processes. Experience working with electronic health records (EHRs) and billing systems (e.g., Epic, Meditech, Artiva, etc.). Excellent verbal and written communication skills. Ability to work independently, manage time effectively, and handle multiple priorities. Strong analytical and problem-solving skills. Spanish bilingual preferred.				
Position Wage Range:	MIN:	$19.93	MAX:	$27.48	Status: Hourly/Non-Exempt
Schedule:	Days:	Monday - Friday	Hours:	8:00 am – 4:30 pm	Low Census: $4.00/hour
Onsite/Remote work:	This position is primarily an on-site position at Three Rivers Hospital; however, occasional remote work may be possible.				
Department/FTE:	Revenue Cycle - Billing	FTE:	1.00 FTE; 40 hours per week	Benefit eligible?	Yes
Position Attire:	Business Casual/Office – Professional				
Benefit Status:	*Eligible for all full-time employee benefits provided by Signature Performance.*				
Physical Requirements:	Please see full Job Description				

INTERESTED CANDIDATES – PLEASE APPLY	
POSITION PROVIDED BY:	Signature Performance
PHYSICAL ADDRESS & LOCATION OF POSITION:	Three Rivers Hospital 507 Hospital Way Brewster, WA 98812
INTERVIEW REQUIREMENTS:	**Virtual and/or on-site interviews. Signature Performance requires candidates to participate in interviews with their camera enabled. Interviews may be recorded for evaluation, training, quality assurance, and hiring purposes. Candidates will be provided the opportunity to consent during the application process and notified before recording begins.**
APPLY ONLINE:	www.threeriversshospital.net - Opportunity page on behalf of Signature Performance
CONTACT NAME & EMAIL:	Neala McGuire, Revenue Cycle Manager; nmcguire@signatureperformance.com
Signature Performance is an equal opportunity employer.	