Luis Herrera

Claims Processor

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SUMMARY

Claims processor with 2 years of medical claims processing for a Tampa health plan, handling 120+ professional and facility claims a day at 99% accuracy. Checks CPT codes, ICD-10 codes and eligibility in Facets before payment and flags duplicate or non-covered services. Fast, careful data entry backed by medical terminology from a billing and coding program.

EDUCATION

Certificate 04/2023

Hillsborough Community College Tampa, FL

Medical Billing and Coding

EXPERIENCE

Claims Processor 08/2024 - Present

Suncoast Health Plan Tampa, FL

Regional health plan with 350,000 commercial and Medicare members.

- Process **120+** professional and facility claims a day in Facets with a 99.2% financial accuracy rate.
- Verify member eligibility, benefits and authorizations before payment, pending about 8% of claims for review.
- Match CPT codes and ICD-10 codes against medical policy, catching $46,000 in duplicate billing in 2025.
- Key paper and corrected claims from scanned images, clearing a 3,000-claim backlog in 5 weeks.

Medical Billing Clerk 05/2023 - 07/2024

Bayshore Orthopedic Associates Tampa, FL

Orthopedic practice with 11 physicians and 2 surgery centers.

- Coded charges for 80 patient visits a day with correct medical terminology and modifiers.
- Recovered $18,000 a month by correcting and resubmitting denied claims from 6 payers.
- Reconciled daily deposits in Excel after posting payments and adjustments.
- Wrote patient balance letters in Word and answered 25 billing calls a day.

SKILLS

Claims Processing • Data Entry • CPT Codes • ICD-10 Codes • Medical Terminology • Facets • Excel • Word

Attention to Detail • Written and Verbal Communication Skills

CERTIFICATES

Certified Billing and Coding Specialist (CBCS)

National Healthcareer Association

06/2023