



Position: Medical Biller
Department: Health Services
Reports To: Director of Administration & Clinic Operations
Status: Non-Exempt / Full-Time
PayScale: \$22 - 30 per hour, based on experience
Probation: 90 days

JOB SUMMARY:

The Medical Biller is a full-time, non-exempt position responsible for managing and supporting the medical billing and revenue cycle functions of the Health Services Department at The LGBTQ Center Long Beach. This role ensures timely, accurate billing and collections, supports compliance with healthcare regulations, and contributes to the financial sustainability of the clinic while maintaining a patient-centered, culturally affirming approach.

The ideal candidate is detail-oriented, experienced in healthcare billing, and comfortable working in a fast-paced clinical environment.

Primary Duties and Responsibilities:

Medical Billing & Revenue Cycle

- Submit insurance claims accurately and in a timely manner.
- Review, correct, and resubmit denied or rejected claims.
- Monitor accounts receivable and follow up on unpaid or underpaid claims.
- Post payments, adjustments, and denials accurately.
- Coordinate with providers and clinical staff to ensure proper documentation and coding.
- Ensure compliance with billing regulations, payer requirements, and internal policies.
- Generate billing, aging, and revenue reports as requested.
- Support audits, desk reviews, and compliance reporting related to billing.

Coding & Documentation Support

- Review documentation for completeness and accuracy.
- Ensure appropriate CPT, ICD-10, and modifier usage.
- Identify billing trends, errors, or process gaps and recommend improvements.
- Maintain accurate billing records and supporting documentation.

Systems & Workflow Support

- Utilize practice management and billing systems effectively.
- Maintain patient billing records with confidentiality and HIPAA compliance.
- Support workflow improvements to increase billing efficiency and accuracy.
- Communicate with insurance carriers, clearinghouses, and internal teams as needed.

General Responsibilities

- Participate in staff meetings, trainings, and required compliance education.
- Maintain confidentiality and professionalism at all times.
- Perform additional duties as assigned to support clinic operations.

Desired Qualifications, Experience and Skills

- **Minimum 2 – 5 years of experience in medical billing required** (clinic or healthcare setting).
- Strong knowledge of CPT, ICD-10 coding and insurance billing procedures.
- Experience with practice management or billing systems required.
- **Experience with Athena EHR preferred.**
- Strong attention to detail and organizational skills.
- Excellent written and verbal communication skills.
- Ability to manage multiple priorities independently.
- Experience working in community health or nonprofit settings preferred.
- Background check required.

The LGBTQ Center Long Beach is an equal opportunity employer. We celebrate diversity and are committed to creating an inclusive environment for all employees. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected status.

This job description is intended to provide a general overview of the position and is not an exhaustive list of all duties and responsibilities. Employment is at-will, and either the employer or employee may terminate the employment relationship at any time, with or without cause or notice.

We are committed to providing reasonable accommodations for individuals with disabilities. If you require an accommodation during the application process, please let us know.

ONE IN LONG BEACH, INC
dba THE LGBTQ CENTER LONG BEACH
EMPLOYMENT APPLICATION



The LGBTQ Center Long Beach (The Center) is an Equal Opportunity Employer and does not discriminate, exclude, or otherwise deny employment and/or advancement opportunities to any qualified candidate based on age, ancestry, color, disability/handicap, gender, gender identity/expression, national origin, place of birth, race, religion, sex, sexual orientation, and/or any other characteristic(s) protected under local, state, or federal laws in any of its employment practices and activities. All employment decisions shall be made without regard to any of these characteristics.

INSTRUCTIONS:

Please complete all fields. Incomplete information could disqualify you from consideration. Please submit a cover letter, resume, and this application and email to **Melina Yepiz, Director of Administration & Clinic Operations, at myepiz@centerlb.org**

PART I: CANDIDATE'S INFORMATION

Name:		Date:	
		Pronouns (Optional):	
Address:			
City:	State:	Zip code:	
Phone:		Email:	

PART II: PREVIOUS EMPLOYMENT WITH THE CENTER

Have you ever been employed by The Center?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE(S):	FROM:	TO:		
WHAT WAS YOUR ROLE?				
WHO WAS YOUR STAFF SUPERVISOR?				

PART III: PREVIOUS VOLUNTEER EXPERIENCE WITH THE CENTER

Have you ever volunteered at The Center?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE(S):	<input type="checkbox"/> One time	FROM:	TO:	
WHAT WAS YOUR ROLE?				
WHO WAS YOUR STAFF SUPERVISOR?				

PART IV: SERVICES FROM THE CENTER			
Have you ever received any services at/from The Center?			<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE(S):	<input type="checkbox"/> One time	FROM:	TO:

PART V: AVAILABILITY						
For which position are you applying?						
What type of work are you seeking?		<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
On what date can you start?						
Please use the spaces below to write which days and hours you are available for work.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
If needed, can you work overtime?						<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VI: EDUCATION				
Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16+				
Institution's Name	City/State	Years Completed	Graduation Date	Diploma/Degree

PART VII: JOB RELATED SKILLS			
Language skills: Are you fluent (speak, write, read) in any other language other than English? <i>If so, please describe below.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any other skills, licenses, or certificates that may be job related or that you feel would be of value to this job and The Center.			
Have you read the job description?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand the requirements of the job?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART VIII: EMPLOYMENT HISTORY			
<input type="checkbox"/> I am still working for this employer		May we contact employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name			
City/State		Phone	
Position/Job Title		Supervisor's Name	
Dates of Employment	From:	To:	
Duties/Responsibilities			
Reason for leaving			

Employer's Name				
City/State			Phone	
Position/Job Title		Supervisor's Name		
Dates of Employment	From:		To:	
Duties/Responsibilities				
Reason for leaving				

Employer's Name				
City/State			Phone	
Position/Job Title		Supervisor's Name		
Dates of Employment	From:		To:	
Duties/Responsibilities				
Reason for leaving				

PART IX: PROFESSIONAL REFERENCES	
Name	Relationship
Email	Phone
Name	Relationship
Email	Phone
Name	Relationship
Email	Phone

ACKNOWLEDGMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Center to hire me. If I am hired, I understand that either The Center or I can terminate my employment at any time and for any reason, with or without prior notice. I understand that no representative of The Center has the authority to make any assurance to the contrary.

I attest with my signature below that I have given The Center true and complete information on this application. No requested information has been concealed. I authorize The Center to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

Signature _____

Date _____