## **ABOUT ME**

At an early age I recognized the complexities of health insurance. Growing up, my parents had me practice checking into doctor's appointments by myself and taught me to clarify between my primary and secondary insurance. I noticed sometimes I had to pay a copay up front, and other times my parents got a bill in the mail weeks later. By the time I was 18 yrs old, I was submitting my own out-of-network claims to insurance on the old school CMS 1500 forms.

I soon found myself working in healthcare and was drawn to all things insurance- this is where I gained insight from the provider perspective. I learned about deductibles and copays, how to call insurance companies, and that "superbill" is actually a real term. I was thrown into the claims process and fell in love/hate with medical billing. Before I knew it, I was attending webinars and doing research in my free time to learn more about the health insurance industry. At first, this was mostly to get better at my job. Then I realized friends, family members, and neighbors could benefit from my extensive understanding of this complicated system.

I consult on everything from reviewing medical bills to submitting claims to appealing denied authorizations. Get in touch to learn more about my vision and consulting approach.

## **EXPERIENCE**

I have 7 years professional experience ranging from patient advocacy for individuals, working for small businesses in the healthcare industry, and healthcare industry research. I've gained first hand training and knowledge on a variety of aspects of health insurance and the healthcare system:

- medical billing and coding
- out-of-network claims submission
- appeals (claims & authorizations)
- prior-authorizations
- policy review; insurance verification and eligibility;
- care coordination
- medical bill negotiations

## **EDUCATION**

• Master of Social Work, Leadership & Social Change

University of Illinois Champaign-Urbana

• Bachelor of Arts Dance and Psychology

Columbia College Chicago