

Health Insurance Specialist Job Interview Questions And Answers



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Health Insurance Specialist Interview Questions And Answers Guide.

Question - 1:

Explain me what is your understanding of medical terminology?

Ans:

Having a basic understanding of medical billing terms is important not only for medical coding but also for medical billing specialists. Make sure you have a familiarity with the more basic medical terms related to billing and coding as it relates to the billing process.

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Question - 2:

Explain me how do you keep current with insurance and healthcare coverage changes?

Ans:

We are trained on a regular basis at work. Additionally, certification upgrades help and so does maintaining liaison with insurance companies and other healthcare agencies help as well.

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Question - 3:

Explain me what procedure codes are you most familiar with?

Ans:

This is pretty self explanatory and more likely one of the top interview questions to be asked of coders. Before interviewing, its a good idea to review some of the more common codes used in their particular specialty.

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Question - 4:

Explain me what's your understanding of medical terminology?

Ans:

I am comfortable with medical terminology as a whole and have extensive knowledge of terminology associated with both dermatological and ophthalmological procedures.

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Question - 5:

Explain me have you billed for Medicare and Medicaid?

Ans:

This would be one of the top interview questions for providers who have a lot of Medicare or Medicaid patients. Government payers can be difficult and challenging to bill for. CMS has more paperwork, usually takes longer to pay, and can be frustrating to deal with. Providers who have a lot of Medicare patients will want to know your knowledge and experience of Medicare and the ability to get problems resolved quickly.

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Question - 6:

Tell us what's your strategy and process for appealing a denied claim?

Ans:

The first thing I do is find out just why a claim has been denied. If I feel that the denial is unfair, I consult with the doctor in question and re-file the claim providing information and proof of why it should not have been denied.

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**Question - 7:**

Explain what type of certifications do you have?

Ans:

I would expect this question to be asked more for medical coding jobs. Certification in medical billing is a definite plus, but I haven't seen that requirement for strictly medical billing jobs. Certification does show you are committed to your profession and meet certain minimum standards. If you are not certified, a good response would be that you are working towards certification - assuming you are. But don't dwell on what credentials you don't have - emphasize the experience and skills you do have.

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Question - 8:

Explain me what's your experience in patient collections?

Ans:

Medical billing and coding specialists don't usually get involved with "hard" or intense collection efforts - this is usually left to the collection agency. But they usually are involved with "soft" type collections which may be a courtesy phone call or letter reminding the patient their insurance company has paid, they have a past due balance, and offer to make payment arrangements. For the more delinquent accounts it may be a notification that their account will be turned over to collections if arrangements are not made soon.

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Question - 9:

Tell me how important is customer service to you?

Ans:

In the end, I think customer service is what can make or break a company. Running a successful business is all about maintaining a good image with clients and customers, and you can't do that if you're treating them poorly. That's why I always remember to put my best foot forward when interacting with anyone whenever I'm given a case to evaluate, regardless of how difficult the situation or the individual in question might be. It's my priority to provide good customer service and prove myself an asset to my company while I'm there.

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Question - 10:

Explain me are you familiar with HIPAA privacy and security rules?

Ans:

Questions on HIPAA laws are increasingly becoming one of the top interview questions. Because medical billers and coders have access to sensitive patient data, it's important to have a good understanding of HIPAA privacy requirements. You also may have responsibilities for the security of patient information and computer systems. Make sure you are up to date on HIPAA standards and can give a basic explanation of what they are and what the providers (and their staff) are responsible for.

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Question - 11:

Explain me why Are Good Communication Skills Essential in This Field?

Ans:

Interviewers want to know whether, in addition to dealing with clinical records and submitting medical claims, you can also deal with patient calls and work with other medical billing personnel to resolve disputes. This role typically requires strong verbal and written skills to effectively interact with others, so describe situations that required you to communicate effectively under pressure with co-workers and medical office personnel.

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Question - 12:

Tell us which forms have you most often used in your current and former positions?

Ans:

I have had considerable experience with CPT, HCPCS and ICD-9 Vol 3.

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Question - 13:

Are you comfortable working with computers? What types of software do you have experience with?

Ans:

I am computer savvy. Apart from being able to work with most common software, I am familiar with Intellect and ECLIPSE

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Question - 14:

Tell us which type of software have you used: Epic, Medisoft or other programs?

Ans:

I have had extensive experience using Epic.

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Question - 15:

Tell us the difference between co-pays, deductibles, and co-insurance?

**Ans:**

The medical insurance specialist should have a good understanding of how deductibles and co-insurance are calculated, how to apply write-offs, and how to apply co-pays. Many times these are determined on the EOB by the insurance company but it's important to understand how they are calculated. Some providers require the patient to pay their co-insurance and apply deductibles up front before claims are filed to make sure they get paid.

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Question - 16:

Explain do You Like to Take on New Responsibilities?

Ans:

The medical billing industry changes rapidly. Employers want employees who demonstrate resiliency and adaptability. Describe past experiences in utilizing patient financial information systems; adjudicating claims; processing and tracking submissions, remittances and rejections; and how you are willing to take the extra steps necessary to ensure proper cashing, credit and collections to ensure that all patient accounts get paid in a timely fashion.

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Question - 17:

Tell us does your current employer use EMR or EHR?

Ans:

Yes. They use both.

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Question - 18:

Do you know how to submit claims to a clearinghouse? Have you ever set up a provider with a clearinghouse or resolved claim submittal issues with them?

Ans:

Yes, I am familiar with claims submission procedures to clearing houses and I have resolved several claim submittal problems.

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Question - 19:

Basic Health Insurance Specialist Job Interview Questions:

Ans:

- * Why do you want to work here?
- * How do you feel about your progress to date?
- * What are your biggest accomplishments?
- * Tell me about yourself
- * How well do you feel other people rate your job performance?
- * What is your greatest strength?
- * What is your greatest weakness?
- * What are you looking for in your next job?
- * What kind of salary are you worth?
- * Any Questions?

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Question - 20:

Difficult Health Insurance Specialist interview questions:

Ans:

- * What type of people do you like to work with?
- * What days and hours are you available to work? Please be as specific as possible.
- * What qualities would you look for if hiring someone?
- * When would you be available to start?
- * What clubs do you belong to?
- * Which areas of your work are most often criticized?
- * What motivates you?

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Question - 21:

Behavioral Health Insurance Specialist interview questions:

Ans:

- * Can you meet deadlines? If so, give me an example.
- * What research have you done on our firm and our industry?
- * What new skills have you learned or developed recently?
- * In what way did this type of work interest you and how did you get started?
- * What is your greatest strength?
- * Have you fired people before?
- * What is the most difficult adjustment you have ever had to make?

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Question - 22:

Phone based Health Insurance Specialist interview questions:



Ans:

- * Tell me about the funniest role you have had on a job/project.
- * How would you tackle the first 90 days at this job?
- * Do you participate in many social activities with your co-workers?
- * What college subjects did you like best? Why?
- * When would you be available to start?
- * What makes you feel proud about your job?
- * What are two or three things you would still like to learn in this field?

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Question - 23:

General Health Insurance Specialist interview questions:

Ans:

- * What do (did) you not like?
- * Wouldn't you be better off in a bigger (smaller) organization?
- * Do you have a geographic preference?
- * How much money do you need to make?
- * Which is more important to you, the money or type of job?
- * Which areas of your work are most often praised?
- * Do you check your messages while on vacation?

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Question - 24:

Group based Health Insurance Specialist interview questions:

Ans:

- * What questions do you have for me?
- * What do you find are the most difficult decisions to make?
- * How do you define your key team members?
- * What was your best learning experience?
- * What are your salary increases?
- * What personal weakness has caused you the greatest difficulty in school or at work?
- * Does your Health Insurance Specialist work relate to any experiences or studies you had in college?

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Question - 25:

Panel based Health Insurance Specialist interview questions:

Ans:

- * Give me examples of projects/tasks you started on your own.
- * If you were interviewing someone for Health Insurance Specialist position, what traits would you look for?
- * What's the most important thing you learned in school?
- * What are the key values of a Health Insurance Specialist? How do you demonstrate these values?
- * Have you ever had to introduce a policy change to your work group?
- * How did you handle meeting a tight deadline?
- * What performance standards do you have for your unit?

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Question - 26:

Operational and Situational Health Insurance Specialist Interview Questions:

Ans:

- * Describe your typical day at your current/previous job. How do you prioritize your work?
- * How would you rate your proficiency with Microsoft Office programs, especially Excel?
- * Describe your familiarity with billing and invoice software.
- * How many invoices do you handle on a daily basis?
- * Describe a time you had an invoice discrepancy with a client. How did you resolve it?
- * Explain the financial transactions involved in the billing process and your experience with each (i.e. classifying, computing, posting, verifying, recording)
- * How do you keep track of incoming payments and ensure that it is in compliance with financial procedures? How do you ensure that they're properly posted and accounted for?
- * How do you ensure the timely collection of invoices?
- * Describe your most hostile payment collection call. How did you handle it?
- * Describe a time you went the extra mile to deliver excellent customer service.
- * Describe a time you worked with a team to complete a project on a tight deadline.
- * As a billing specialist, have you ever faced an ethical dilemma at work? How did you respond?
- * What skills do you deem necessary for a billing specialist with our firm. Do you think you possess these skills?
- * This job can be repetitive. What motivates you to do well?

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Question - 27:

Explain me how do you deal with difficult or angry patients?

Ans:

If you are a medical billing specialist, you will eventually deal with an angry patient. A lot of times they don't understand their insurance coverage and they take their frustrations out on you - the bearer of the bad news. So when they receive a statement, that's usually when they call the billing department and want to know why they



owe something - or why it's so much. That's when it's important for the biller to patiently explain their insurance coverage and if they desire more info to call their insurance company. Questions about dealing with patients are typically one of the top interview questions for billers.

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Question - 28:

Explain me what specialties have you billed or coded for?

Ans:

Certain specialties have unique coding and billing requirements. For example some mental health specialties have limitations on the number of visits and require pre-authorizations. These have to be monitored so there are no surprises for either the patient or the provider. If you don't have experience in this particular providers specialty, emphasize your experience in billing for other unique specialties and your ability to adapt and understand the unique billing requirements for specialties.

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Question - 29:

Tell us what Would You Change About Existing Record Systems?

Ans:

A medical reimbursement specialist facilitates the claims payment process, spanning from the time a service is rendered right up until the balance is paid. They need to know about coding, medical terminology, insurance claims and billing, appeals and denials, privacy laws and compliance regulations. Record systems in physicians' offices, billing services and health care insurance companies can be very complex. Describe a health record index or storage retrieval system you've worked with and elaborate on procedures you feel could be improved. This shows a potential employer that you take pride in your work and think about ways to make the process more effective for the business and customers alike.

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Question - 30:

Explain me what practice management or medical claims software do you have experience with?

Ans:

Once you've learned on practice management or medical billing software program, it's pretty easy to learn another. Most well written software is fairly intuitive to use. If you've only used on software, you might effectively make this point and emphasize your computer skills.

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Question - 31:

Tell us how long does it take you to process one day's worth of patient visits or claims?

Ans:

It takes about two working days at the very maximum.

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Question - 32:

Tell me have you ever had to negotiate in order to get your way when working in a group?

Ans:

Yes. At my last position when I was working in a group which was focused around one client's auto claim, it seemed initially like no one could come to an agreement on what the accident should be covered under. One group member claimed that it rested under one policy, another employee claimed that the accident was the client's fault and should therefore be handled differently, and I had a third option which involved neither of the first two. We sat down and successfully navigated the situation until we all came to a unanimous understanding of the subject. It's my belief that we got the client the best outcome possible for their troubles.

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Question - 33:

Explain me about your most hostile patient-collection case. What was the problem you encountered? Were you able to negotiate payment?

Ans:

We had this patient whom we knew to be extremely difficult. She had a cosmetic procedure done and billed it to the agency who denied it. It was quite a horror trying to extract payment from her as she used abusive language and threatened to take us to court. We managed to negotiate payment from her by reasoning with her gently initially and then very sweetly telling her that we will take legal action. She paid three days later.

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Question - 34:

Explain have you performed billing activities for Medicaid or Medicare? How was your experience?

Ans:

I have worked with both. It was interesting working with both despite the delays and the paperwork involved. Nonetheless, the experience has taught me much.

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Question - 35:

Please explain do you know how to submit claims to a clearinghouse? Have you ever set up a provider with a clearinghouse or resolved claim submittal problems with them?

Ans:

Sometimes there are format or compatibility problems when sending claims to a clearinghouse - especially when setting them up. There's also a lot of paperwork and forms to fill out when you sign up a provider or practice. Most clearinghouses also provide valuable reporting features to help scrub and catch claim errors so they



can be corrected before being sent to the insurance company. Being able to use these features and tools and understand them is valuable experience.

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Question - 36:

Please explain about a time when you disagreed with a co-worker?

Ans:

This is another classic. It's open-ended-you can likely pick from a wide variety of experiences-but it's important to pick the right experience. In other words, pick the time where you handled the situation like a true pro.

Employers are interested in how you deal with conflict. After all, health care jobs are often high-stress and disagreements among team members are unavoidable.

A new specialist who was brought onto our care team disagreed with the approach we were taking with a cancer patient, wanting to pursue a more aggressive treatment. However, the family and patient had already made it clear that they were ready to look at palliative options. I made a commitment to talk with the specialist briefly when we were both free. We met and I went over some information about ensuring the patient and family have a voice in the care team, and the specialist appreciated the reminder. We ended up pursuing the original plan I'd laid out.

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Question - 37:

Please explain are you familiar with Electronic Medical Records (EMR) systems? Which ones have you used. How did you use it?

Ans:

The use of medical records software - also referred to as EMR or EHR software - is increasingly important to providers. They may want the biller and/or coder to enter and maintain information in the EMR system. Employers value someone who is proficient in electronic medical records software and know how to use it. It can also be a valuable asset to the biller and coder in their job when verifying patient information and treatments for a claim. Many billing and practice management software programs are increasingly integrated or interface with the EMR system.

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Question - 38:

Explain me have you ever appealed a denied claim? What's your process in resolving a denied claim?

Ans:

Knowing how to file an appeal with the insurance carrier is important in resolving denied claims. It takes patience as most all insurance companies have different processes, requirements, and timeframes for the appeal process. It's not always straightforward for a reason.

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Question - 39:

Tell us do you think insurance companies sometimes play games to see if they can avoid paying claims?

Ans:

I think they do. Not all of them and it is up to us to see who may be playing games following reputation and insight.

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Question - 40:

Tell me are you able to use basic software programs like Word and Excel?

Ans:

Yes, I always try to stay up to date with the latest software programs so that I can really be an asset to my company and get my job done efficiently. I also work with PowerPoint and several other programs if they're needed in the office.

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Question - 41:

Do you know how to run reports? Can you customize reports?

Ans:

Since I have worked extensively with most common billing software, I am comfortable with both manual and automated reports generation processes

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Question - 42:

Explain me about the last claim you had denied. What happened, and how did you resolve it?

Ans:

There was a time when the insurance company denied a claim for a patient's underarm surgery saying that the procedure was cosmetic. I had the claim resubmitted with proper information. The claim was paid accordingly.

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Question - 43:

Explain what certifications do you hold?

Ans:

I am CPC, CHRS and CBCS certified.

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**Question - 44:**

Please explain how long does it take you to process a day's charges?

Ans:

Its good practice to process claims within 72 hours (3 days) of the date of service. Providers want to know that the medical biller and coder will promptly submit claims for payment.

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Question - 45:

Tell me have you dealt much with insurance companies to resolve issues with unpaid or rejected (denied) claims?

Ans:

Medical billing specialists have to deal regularly with insurance companies to get an explanation why a claim was rejected and what is necessary to get it paid. Being able to understand the insurance claim process and how to deal with payers are important to getting claims paid. That's why this is one of the top interview questions an employer would likely ask and a weakness of many providers billing efforts.

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Question - 46:

Explain me are you comfortable working with computers? What types of software do you have experience with?

Ans:

The ability to create and share documents, reports, manage and upload files, and perform back-ups are skills that are helpful for medical billing and coding jobs. You would also want to mention any word processing (Microsoft Word) or spreadsheet (Excel) programs you have experience with.

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Question - 47:

Tell me what Is Your Strategy For Ensuring Accuracy?

Ans:

A reimbursement specialist typically uses software to conduct transactions using medical billing codes. Answer this question with details about how you find the right codes quickly, stay organized and focused, and double-check your work with industry-standard tools, such as the American Billing Association's Medical Coding & Billing and Resource Center. Express how your goal is to reduce or prevent errors from happening entirely.

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Question - 48:

Why should we hire you as Health Insurance Specialist?

Ans:

You'll face this tough one no matter the industry. And though your first instinct might be to say, "Because I'm awesome, duh?" there's a much better way to answer this one in an interview setting.

"Most people don't know why they're better or even different from other candidates,"

Candidates often feel like answering this question will come across as boastful, so they shy away from it or otherwise deflect. But this is your time to make your strongest case for yourself.

We recommends the "rule of three." Provide three examples of your strengths or ways you're unique. This makes you sound more confident and authoritative, he says.

I would be a good fit because your mission of putting the patient before anything else is exactly how I think all health care should be provided. In addition, experience in working with underserved populations gives me the advantage of being familiar with a wide variety of perspectives. Finally, my demonstrated work on committees will help strengthen your organization's commitment to active internal leadership.

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Question - 49:

Why did you choose this company as Health Insurance Specialist?

Ans:

It's a two-way street. Yes, you're there to sell yourself, but they're selling the job, too.

The answer will help you define "the organization's strengths and weaknesses with this insider's perspective," says Michael Erwin, a senior career adviser at CareerBuilder.

If this person would be your boss, and you feel at ease, you might ask: What's your management style? What challenges make you excited to come to work each day? What do you like the most about working here? These kinds of questions let somebody see that you're genuinely attracted to the job and can help you determine whether the company is a good fit for you.

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Question - 50:

Explain me a situation in which you've been required to use your communication skills in order to get the job done?

Ans:

In my old job, I was assigned alongside three other group members to the task of getting a rather large claim completed. It involved a great deal of money on the company's part, so we really needed to be thorough about how we approached the situation. I was in charge of contacting the client themselves. Before approaching the client, I sat down and made a list of all the information I needed before returning to the office. I feel like this helped to resolve the case smoothly in the end. There was no conflict, and it seemed like everyone got the ending best suited for their position surrounding the situation.

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Question - 51:



Have you billed for Medicare and Medicaid?

Ans:

Yes I have

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Question - 52:

Tell us do you have medical-billing certification? If not, are you planning to get certified or are you in the process of getting certified?

Ans:

Yes, I am a Certified Billing Specialist from the AAPC

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Question - 53:

Tell me have you billed or coded for any specialties?

Ans:

Yes, I have. Providing coding and billing services to a mental health facility, I had to monitor number of visits and pre-authorizations.

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Question - 54:

Explain me have you worked on insurance or patient accounts receivables?

Ans:

Just about every practice has some outstanding unpaid claims (A/R or Accounts Receivable) or patient balances. May have a significant amount of money "stranded" and waiting for claim issues to be resolved. If you have experience resolving unpaid claims and reducing A/R this is a huge plus. These type of questions are not uncommon as one of the top interview questions because so many practices struggle with unpaid claims.

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Question - 55:

Explain me what's your biggest career mistake or failure?

Ans:

The most dreadful of them all. The one where they ask you to take about your own personal mistakes, mess-ups and overall failures.

This one always feels like a trap-how can they possibly give a job to someone who has failed!!-but it's really not. The truth is you're human and you've made a mistake or two on the job before. So has everyone. So has your interviewer.

No one likes talking about failure, but it can be very helpful to a prospective employer to hear you talk about how you handle it. Avoid placing blame on anyone and focus on what you learned from the experience that you choose to share. Again, like your answers to the prior questions, don't be afraid to talk about your personal experiences.

"Never underestimate the power of the story," Lin says. "It can convince a company that one won't quit at the first sign of a better paycheck."

(Word to the wise: Don't go into "full honesty" mode on this one. Definitely don't lie, but you may want to avoid telling the interviewer about the three hazmat incidents you caused in your last job.)

I learned the hard way about how to manage night shifts about five years ago. I was so used to managing day shifts that I realized there was a whole culture of the night shift that I was unfamiliar with. On top of that, the hours were killing me. But I paid attention to my more seasoned colleagues and did some real soul-searching about how I could better handle managing the job. My first six months were tough, but after I made a few key adjustments, I great to really like that job at that time.

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Question - 56:

Explain me why did you choose [your sector within health care] as a profession?

Ans:

This is a specific one, and the question itself will be tailored toward you and the job at stake. The gist of it is: Employers want to know your motivations.

An anecdote is the strongest way to address this question, Lin says. Sharing a personal story connects your human side with your clinical skills.

My father was terribly sick when I was a teenager, and most of my free time was spent in a caregiving role. I admit I surprised myself by how fulfilling I found it. Even though I missed a lot of social events, it instilled in me a drive to provide that level of care to others, which I've done throughout my career.

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Question - 57:

Tell me how would I exceed your expectations on a short-term basis, say, in the first 30 to 60 days on the job?

Ans:

Such a question lets your interviewer know that you want to be effective from day one, says career coach Julie, founder of Act Three. It suggests initiative and preparation, which are critical in the employer's hiring decision. The answer should give you "more in-depth knowledge about the tasks and challenges you'll be facing in your first couple of months

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Question - 58:

Tell me when you are working on multiple cases at once as a claims specialist, how do you decide which one takes priority over the others?

Ans:

Sometimes managing several different cases at once can be a challenge, certainly, but learning to prioritize can really help to get things under control. I always look for the work that needs to be completed the soonest. While there may be other, larger projects to worry about, I don't like to let upcoming projects or cases slip under the rug in favor of the largest ones. I take pride in my work, and every accomplishment counts, especially in this line of work. If I miss out on a case, then it's the



client who suffers, which is not something any insurance company would want.

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Question - 59:

Explain how do you deal with rejected or unpaid claims?

Ans:

I find out why a claim has either been rejected or left unpaid. If the insurance company has made a mistake in rejecting it, I re-file it after providing further information on why it should have been paid. If the insurance company is right in denying it, I follow up with the client in order to solicit payment.

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Question - 60:

How do you manage rejected or unpaid claims?

Ans:

It is quite a problem when a claim gets rejected or is not paid. I make sure that no delays occur when submitting claims as I appreciate the fact that the longer a claim is unpaid, the less likely it is to be paid and can get rejected too. However, should this situation occur, I make sure that I correct and re-submit the claim as soon as possible.

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Question - 61:

Tell us do you know how to run reports? Can you customize reports?

Ans:

Many practices need to run reports from their practice management software that show their financial status and performance, outstanding claims, patient balances, etc. The ability to create and customize these reports is a definite advantage. Many times when meeting with a provider, they will express a desire to see certain information in a certain format. Of course sometimes the reporting functions of the software can't produce exactly what they want. Buy knowing how to extract information out of the practice management software - or database - is very important for a provider.

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Question - 62:

Tell me what do you see as the future of health care?

Ans:

Ahh, ending on a nice, easy philosophical note. Health care is changing rapidly, and employers want creative, innovative thinkers who have ideas on how to do things better. And no matter where you work in the massive health care industry, you'll very likely have opinions of your own on this topic.

Highlight the work you've in your career that has helped you or your organization to stay in front of trends.

With a wider variety of providers on care teams operating at the top of their licenses, I think it will be vital to pay attention to every perspective. Collaborative and connectivity apps will help providers build a cohesive team in patient care.

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