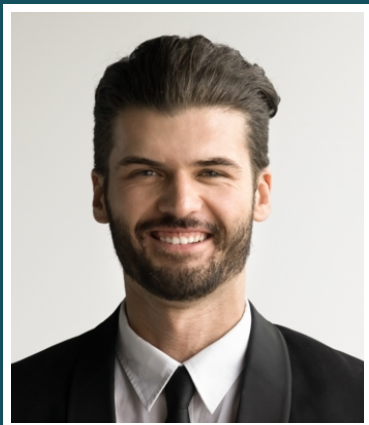




Gavin Vaughn

Revenue Cycle Supervisor

Certified Professional Biller with 12 years of experience in revenue cycle management, claims processing, and payer appeals across commercial, Medicaid, and self-pay accounts. Recovered \$67,450 through payer appeals by documenting clinical rationale and resubmitting with corrected CPT modifiers, and generated an annual revenue uplift of \$52,370 by restructuring claim prioritization queues and shortening average days in accounts receivable from 41 to 29 days.

CONTACT INFORMATION

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 gavin.vaughn@example.com

 Aiken, SC 12345

EDUCATION

- BS Business Administration
2010 - 2014
Lander University, Greenwood, SC

KEY SKILLS

- Epic
- Greenway/Integrity
- UB-04 Claim Submission
- CPT and HCPCS Coding
- ICD Classification
- HIPAA Compliance
- Revenue Cycle Management
- Payer Appeals
- Medicaid Billing
- Microsoft Word

PROFESSIONAL EXPERIENCE

Revenue Cycle Supervisor I 2020 - Present Savannah Bluff Health Group, Aiken, SC

- Process an average of 263 claims per week across commercial, Medicaid, and self-pay accounts using Epic for charge capture and submission.
- Recovered \$67,450 through payer appeals in the 2025 fiscal year by documenting clinical rationale and resubmitting with corrected CPT modifiers.
- Generated an annual revenue uplift of \$52,370 by restructuring claim prioritization queues and shortening average days in accounts receivable from 41 to 29 days.
- Release protected health information to authorized persons and agencies within 3 business days, maintaining full compliance with HIPAA and state disclosure regulations.
- Consult ICD and CPT classification manuals to resolve 18 conflicting or unclear diagnosis codes per week in collaboration with attending physicians.

Revenue Cycle Analyst I 2017 - 2020 Hollow Creek Medical Center, North Augusta, SC

- Processed 214 claims per week for inpatient and outpatient services, preparing UB-04 forms and verifying HCPCS codes before payer submission.
- Recovered \$43,180 in underpaid claims through a structured appeals process targeting orthopedic and surgical procedure denials over 9 months.
- Participated in weekly coding team meetings to clarify ambiguous diagnoses, saving an average of 7 hours per month in rework time on returned claims.

Medical Billing Specialist I 2014 - 2017 Edgefield County Family Practice, Edgefield, SC

- Processed an average of 187 claims per week, entering charges and posting payments in Greenway/Integrity for 9 providers.
- Contributed to an annual revenue uplift of \$38,940 by identifying and correcting undercoded evaluation-and-management encounters before filing.
- Retrieved and released medical records to insurance carriers and legal representatives within 48 hours, logging each disclosure for HIPAA audit readiness.

CERTIFICATIONS

- Certified Professional Biller, AAPC, 2016