JULIAN MERCER

MEDICAL OFFICE MANAGER

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PROFESSIONAL SUMMARY

Medical Office Manager with 13+ years running multi-provider practices, now overseeing a 9-provider group with 22 staff and $6.5M in annual revenue. Improves collections, staffing, and compliance, and keeps patient access high. Certified Medical Manager with hands-on strength in billing, HIPAA, and payer contracting.

PROFESSIONAL EXPERIENCE

Practice Administrator Jan 2022 - Present
Summit Health, Berkeley Heights, NJ

- Oversee daily operations of a 9-provider primary care and specialty office with 22 staff, $6.5M in annual revenue, and 38,000 annual visits.
- Raised net collection rate from 93% to 97% by auditing denials weekly and retraining front desk staff on copay collection.
- Cut days in accounts receivable from 42 to 33 by working the aged claims report with two billers every Monday.
- Renegotiated two payer fee schedules with the group's contracting team, adding roughly $140,000 in annual revenue.
- Created a provider schedule template that opened 15% more new patient slots without extending clinic hours.
- Led HIPAA and OSHA annual training and kept the practice free of compliance findings in two audits.
- Reduced staff turnover by introducing 30/60/90-day check-ins and cross-training across front desk and billing.

Office Manager Apr 2017 - Dec 2021
Atlantic Health System, Morristown, NJ

- Managed a 5-provider orthopedic office with 12 staff, including scheduling, prior authorizations, and supply ordering.
- Converted paper charts to the EHR over 4 months, training providers and staff with no loss of clinic days.
- Trimmed supply spend by 11% by consolidating vendors and counting inventory monthly.
- Handled patient complaints with a documented service recovery process, with satisfaction scores rising from 4.3 to 4.7.
- Hired and onboarded 8 staff members and cut time to fill open front desk roles to three weeks.

Billing Supervisor Jun 2013 - Mar 2017
Overlook Medical Center, Atlantic Health System, Summit, NJ

- Supervised 4 billers in physician billing for a hospital-owned practice group, reviewing charge entry and claim edits.
- Reduced first-pass claim denials from 12% to 7% by building a pre-bill checklist for common coding errors.
- Reconciled daily deposits and posted payments, keeping month-end close on schedule.
- Trained new billers on payer-specific claim rules and the appeals process, and cut average training time to ramp-up from eight weeks to five.

CORE SKILLS

Practice operations | Revenue cycle management | Payer contracting | Denial management | Staff scheduling and hiring | HIPAA and OSHA compliance | Budgeting | EHR (athenahealth, Epic) | Patient experience | Vendor negotiation | KPI reporting | Credentialing | Process improvement

EDUCATION

Bachelor of Science in Business Administration, Montclair State University, Montclair, NJ

CERTIFICATIONS

Certified Medical Manager (CMM), PAHCOM | Certified Professional Coder (CPC), AAPC