



BRIX NEGRO

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📍 CEBU, PHILIPPINES

SUMMARY

Detail-oriented Accountancy graduate with strong experience in financial reconciliation, billing support, and U.S. healthcare operations. Skilled in maintaining high data accuracy, tracking complex operational lifecycles, and managing client communications. Recognized for analytical problem-solving, meticulous record-keeping, and driving dependable administrative execution in remote setups.

SKILLS

- CRM & Contact Center
- EHR / EMR Systems
- Accounting & Billing
- Google Workspace
- Appointment Setting
- Problem-Solving
- Data Analytics Software
- Communication

EDUCATION

Accountancy, Business and Management

University of Cebu
2019 - 2021

Bachelor of Science in Accountancy

University of Cebu
2021 - 2025

LANGUAGE

- English
- Filipino

EXPERIENCE

Customer Service Representative

2023-2024

Foundever

- Managed billing operations and Accounts Receivable function, processing timely client payments and reconciliations.
- Processed insurance enrollment applications, policy transfers, migrations, and premium refunds.
- Resolved billing discrepancies, past-due premiums, and non-sufficient funds notices to mitigate policy lapse risks and maintain high client retention.
- Communicated directly with policyholders via phone and email to set up flexible payment arrangements, resolve billing disputes, and assist with reinstatement requests for lapse-pending policies.
- Served as a life insurance sales agent and consultant, recommending optimal coverage options to clients.
- Update, audit, and maintain accurate client system records to ensure seamless account management.
- Handled beneficiary modifications and demographic updates with high data accuracy and attention to detail.
- Coordinate with clients and doctors for verification and processing claims.

Patient Care Coordinator

My Business Care Team

2024 - 2026

- Executed Accounts Receivable and billing functions, managing patient accounts and reconciling outstanding balances.
- Handled high-volume inbound and outbound call queues (40-50 calls daily), assisting patients with intake coordination while maintaining high Quality Scores.
- Scheduled and managed patient appointments, optimizing clinic calendars to ensure efficient patient flow.
- Coordinated directly with healthcare providers and clients to communicate clinic schedule updates and administrative affairs.
- Conducted insurance verification to confirm patient eligibility, coverage details, and pre-authorizations.
- Trained and mentored onboarding staff on clinic protocols, EMR system navigation, and operational workflows.
- Performed initial patient triage assessments to prioritize care needs and streamline clinical intake procedures.
- Maintained accurate, HIPAA-compliant patient documentation and CRM record management across all patient interactions.