Health Insurance Management and Patient Billing Training Course.



15 - 19 Nov 2026

Doha

5500 € (Per Person)

Ref: #HOS7628_216578

Course Introduction / Overview:

The financial health of a healthcare organization depends on accurate and efficient billing and health insurance management. This training course is designed to provide professionals with a comprehensive understanding of the complex world of healthcare finance, from patient intake to claims processing and revenue cycle management. It goes beyond simple billing codes to address the strategic importance of this function, focusing on compliance, ethical billing practices, and maximizing reimbursement. We will delve into the intricacies of different insurance models, the regulatory landscape, and the role of technology in automating processes. Drawing on the foundational work of experts like Michael J. Mullin, this program provides a clear blueprint for ensuring financial stability while maintaining a focus on patient satisfaction. This course highlights how a well-managed billing system can reduce errors, minimize claim denials, and improve the overall patient experience. BIG BEN Training Center is committed to empowering financial and administrative professionals to navigate the complexities of healthcare revenue, ensuring their organizations can continue to provide high-quality, sustainable care.

Target Audience / This training course is suitable for:

- Patient billing and coding specialists.
- Health information management professionals.
- Revenue cycle managers.
- Hospital administrators and clinic managers.
- Healthcare finance and accounting professionals.
- Medical office staff and receptionists.
- Compliance officers.

Target Sectors and Industries:

- Hospitals and hospital systems.
- Private medical clinics and group practices.
- Health insurance companies.
- Government health agencies.
- Third-party billing and coding companies.
- Diagnostic and imaging centers.
- Long-term care facilities.

Target Organizations Departments:

- Patient billing and accounts receivable.
- Revenue cycle management.
- Health information management (HIM).
- Finance and accounting.
- Patient access and registration.
- Compliance and audit.
- Administrative and operations.

Course Offerings:

By the end of this course, the participants will have able to:

- Master the full healthcare revenue cycle, from patient registration to final payment.
- Apply medical coding standards and billing procedures accurately.
- Understand the intricacies of different health insurance plans.
- Navigate the complexities of claims submission and denial management.
- Ensure compliance with regulations like HIPAA and other billing standards.
- Use technology and software to automate billing and claims processing.
- Resolve billing disputes and manage patient accounts with professionalism.
- Implement strategies to maximize reimbursement and improve cash flow.

Course Methodology:

This training course uses a highly practical and case-based methodology to ensure participants gain real-world skills in healthcare billing and insurance management. The program incorporates case studies of common billing errors and claims denials, allowing participants to analyze what went wrong and how to fix it. We will use interactive workshops to practice key skills like claims auditing, coding exercises, and dispute resolution. The course includes group projects where participants will work together to audit a fictional patient's account, identifying errors and creating a plan to correct them. BIG BEN Training Center believes that hands-on training is essential for mastering healthcare finance. Our expert facilitators will guide discussions and provide personalized feedback, ensuring that participants leave with the confidence and practical experience needed to improve their organization's financial health and compliance.

Course Agenda (Course Units):

Unit One: The Foundations of Revenue Cycle Management

- Understanding the healthcare revenue cycle.
- Patient registration and financial clearance.
- The role of health insurance in the process.
- Key performance indicators for revenue cycle.
- Ethical considerations in billing.

Unit Two: Medical Coding and Documentation

- Introduction to medical coding systems (ICD-10, CPT, HCPCS).
- The importance of accurate medical documentation.
- Common coding errors and how to avoid them.
- Auditing documentation for compliance.
- Linking diagnosis codes to services.

Unit Three: Claims Submission and Reimbursement

- Preparing and submitting clean claims.
- Understanding payer contracts and fee schedules.
- Strategies for managing denied claims.
- Appeals and reconsideration processes.
- Navigating different insurance models (PPO, HMO, etc.).

Unit Four: Patient Billing and Collections

- Best practices for patient billing.
- Communicating with patients about financial responsibility.
- Payment plans and financial assistance programs.
- Collections strategies and compliance.
- Customer service in the billing department.

Unit Five: Compliance and Technology

- Ensuring HIPAA compliance and data security.
- Fraud, waste, and abuse prevention.
- The role of health IT in revenue cycle management.
- Automated billing and claims processing.
- Future trends in healthcare finance.

FAQ:

Qualifications required for registering to this course?

There are no requirements.

How long is each daily session, and what is the total number of training hours for the course?

This training course spans five days, with daily sessions ranging between 4 to 5 hours, including breaks and interactive activities, bringing the total duration to 20 - 25 training hours.

Something to think about:

How can healthcare organizations streamline their patient billing and insurance management processes to improve financial performance without compromising patient trust and satisfaction?

What unique qualities does this course offer compared to other courses?

This training course is a highly specialized program that focuses on the unique and complex intersection of health insurance, patient billing, and compliance, which sets it apart from generic business finance courses. Our curriculum is tailored to address the specific challenges of the healthcare industry, where a small billing error can lead to significant financial and legal consequences. We go beyond theoretical overviews to provide a practical, hands-on learning experience through realistic case studies and interactive exercises. The course distinguishes itself by emphasizing not only the technical skills needed for billing and coding, but also the ethical and customer service skills required to manage patient accounts. By focusing on both the financial and human aspects of the revenue cycle, this program provides an invaluable skill set that is essential for any professional committed to a financially sound and patient-friendly healthcare organization.