**Your Name, Title**

Street Address City, ST Zip Code

Phone Number•email address

**Objective**

To employ my Administrative Medical Assisting skills, further my knowledge in the medical profession and be a positive contributing member of the company.

**Areas of Expertise**

|  |  |  |
| --- | --- | --- |
| Medical TerminologyPharmacology KnowledgePrescription KnowledgeMedical ChartsFiling/ Records Management | Patient BillingMedical ManagerCMS-1500Insurance TheoryDocumentation of Health Information | Basic ICD-9/CPT-4CodingBasic EHR KnowledgeCPR/ First-Aid CertifiedHIPAA CertifiedMedical Law and EthicsMedical Office Procedures |

**Clerical Skills**

|  |  |  |
| --- | --- | --- |
| Keyboarding10-KeyMicrosoft Word/Excel | CorrespondenceGrammar/PunctuationProper Phone Etiquette | Data EntryAppointment SchedulingDistribute/Process Mail |

**Work History**

Start/End – Name of Company City, ST

**Position Title**

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

Start/End – Company Name City, ST

**Position Title**

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

Start/End – Company Name City, ST

**Position Title**

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

**Education**

Graduated Milan Institute Sparks, NV

Mm/yyyy Administrative Medical Assisting Program

Graduated Name of High School City, ST

Yyyy Diploma