**Your Name, Title**

Phone., Email Street Address City, ST Zip

**objective**

To strengthen my existing skills as an Administrative Medical Assistant and promote teamwork while growing with Company Name

**Professional Abilities and Attributes**

|  |  |  |
| --- | --- | --- |
| Medical TerminologyPharmacology KnowledgePrescription KnowledgeFiling/ Records Management | Patient BillingMedical ManagerCMS-1500Insurance TheoryMedical Charts | Basic ICD-9/CPT-4 CodingCPR/ First-Aid CertifiedHIPAA CertifiedMedical Law and EthicsCharting Patient Records  |

**Clerical Skills**

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

**Education**

Milan Institute Sparks, NV Graduated mm/yyyy

* + Administrative Medical Assisting
	+ GPA

Name of High School City, ST Graduated yyyy

**Work Experience**

**Company Name,** Position TitleStart/End

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

**Company Name,** Position TitleStart/ End

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

**Company Name,** Position TitleStart/End

* Responsibilities and Duties
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