**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 Terminology  Pharmacology Knowledge  Prescription Knowledge  Filing/ Records Management | Patient Billing  Medical Manager  CMS-1500  Insurance Theory  Medical Charts | Basic ICD-9/CPT-4 Coding  CPR/ First-Aid Certified  HIPAA Certified  Medical Law and Ethics  Charting Patient Records |

**Clerical Skills**

|  |  |  |
| --- | --- | --- |
| Keyboarding  10-Key  Microsoft Word  Microsoft Excel | Correspondence  Grammar/Punctuation  Proper Phone Etiquette | Data Entry  Appointment Scheduling  Distribute/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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