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| Your Name  Medical Biller | Your Name [Street address]  [City]  [Zip code]  [Contact number]  [Email address] |
| **Summary**  Skills | [Briefly talk about your background, experience, and what you hope to achieve in the role you’re applying for.]  horizontal line   * [ Skill 1 ] * [ Skill 2 ] |
| **Experience** | horizontal line Business Name / Job TitleMonth 20XX - Present, LocationBusiness Name / Job TitleMonth 20XX - Month 20XX, Location |
| Education | horizontal line School or Institution Name / QualificationMonth 20XX - Month 20XX, Location |
| Certificates | *horizontal line*  [List any professional certificates.] |
| Achievements | horizontal line  [Briefly describe notable career achievements.] |

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| Awards | horizontal line  [List any awards of merit or excellence by date.] |