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| --- | --- |
| YourNameMedical 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 lineBusiness Name / Job TitleMonth 20XX - Present, LocationBusiness Name / Job TitleMonth 20XX - Month 20XX, Location |
| Education | horizontal lineSchool or Institution Name / QualificationMonth 20XX - Month 20XX, Location |
| Certificates | *horizontal line*[List any professional certificates.] |
| Achievements | horizontal line[Briefly describe notable career achievements.] |

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