

PRESTON BOUTSIS

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Healthcare RCM & Workflow Automation Consultant

PROFESSIONAL SUMMARY

Healthcare revenue cycle specialist and builder with nine years founding and running a physician RCM firm serving independent multi-specialty practices nationwide. Combines certified billing and coding expertise with hands-on technical delivery — automation architecture, system integration, and client-facing software. Certified Professional Biller (CPB) and Certified Billing and Coding Specialist (CBCS). Leads a distributed delivery organization through function managers and owns executive relationships with practice owners and physician partners.

CORE SKILLS

Revenue Cycle Management · Medical Billing & Coding · Payer Enrollment & Credentialing · Clearinghouse Migration & EDI · Denials & Root-Cause Analysis · Patient Financial Services · Workflow Automation · API Integration · EHR / Practice Management Systems · HIPAA Compliance & Access Governance · Process Improvement · Team Leadership · Demand Generation & Marketing Automation

WORK EXPERIENCE

Founder & Chief Growth Officer

Bonfire Revenue, Inc. — Salt Lake City, UT

November 2016 – Present

- Founded and scaled a physician revenue cycle management firm serving independent multi-specialty practices — behavioral health, internal medicine, dental, nurse-practitioner-owned clinics, and skilled nursing — under contingency agreements billed as a percentage of client collections.
- Architected the firm's automation and integration layer across Boost.space, Pabbly Connect, Make, Twilio, REST APIs, and Google Apps Script, and led its platform migration as versioned blueprints rather than hand-rebuilt workflows.
- Designed and shipped an automated patient financial services platform — statement generation, email and SMS outreach, hosted payment links, and per-client KPI reporting — replacing manual patient billing across the entire client book.
- Own clearinghouse strategy and migrations across Claim.MD, Change Healthcare, Office Ally, Waystar, and Trizetto, including payer enrollment, EDI transaction setup, and cutover without interruption to client cash flow.
- Built client-facing software including a Chrome/Edge extension that validates patient contact data for medical practices, flags unverifiable records before they enter the pipeline, and creates qualified leads directly in the CRM with automatic campaign enrollment.
- Built an end-to-end content automation pipeline that generates SEO-structured articles from a topic queue, renders styled HTML, publishes to the CMS through its API behind a human approval gate, then repurposes each article into an email edition and syndicates it to LinkedIn and Facebook — 79 modules across five linked scenarios, running unattended on a twice-daily schedule.
- Established the firm's denials and root-cause audit function, attributing revenue leakage across coding, claim formatting, credentialing, and eligibility, and routing corrective action to the responsible function.
- Direct payer enrollment and credentialing as an uncapped bundled service line — CAQH maintenance, commercial and government payer applications, revalidations, and new-service enrollment.
- Run client operations inside AdvancedMD, Kareo, ModMed, OpenEMR, and PointClickCare; standardized a repeatable onboarding and implementation path so new practices reach steady-state billing on a predictable timeline.
- Lead a distributed delivery organization through function managers across billing, AR and payment posting, eligibility and benefits, patient financial services, credentialing, and internal audit.
- Own the HIPAA compliance program: role-scoped client system access granted only after a passed background check, same-day deprovisioning on termination, annual workforce training, executed BAAs and sub-BAAs, and enforced MFA.
- Built the go-to-market engine end to end — CRM architecture and integration, automated quote and proposal generation, and multi-channel campaigns across email, SMS, and direct mail under TCPA and A2P 10DLC compliance.
- Grew the client base approximately 220% in 2022 and 310% in 2023, scaling the delivery organization approximately 160% and 380% over the same period. Delivery holds claim acceptance above 95% across every client, with clean-claim rates at or above industry standard.

Claims Adjuster

UIG — Auto Insurance

2016 – 2017

- Adjudicated automobile claims against policy language and coverage terms, determining payable amounts and issuing denials — the payer side of the same claim-review discipline applied daily in medical revenue cycle.

Sales Team Lead

Ingram Medical — South Jordan, UT

2014 - 2016

- Sold diabetic supplies by phone against a daily quota of 22 sales, working warm leads through a high-volume inside sales cycle.
- Ranked consistently in the top 5 for sales conversion across a sales organization of roughly 150 staff.
- Promoted to Sales Team Lead for the final six months of tenure, leading a team of 17 reps.

EDUCATION

Associate of Liberal Arts

CNM Community College — 2016

CERTIFICATIONS

Certified Professional Biller (CPB)

Certified Billing and Coding Specialist (CBCS)

HIPAA Privacy & Security

TECHNICAL SKILLS

EHR / Practice Management: AdvancedMD, Kareo, ModMed, OpenEMR, PointClickCare

Clearinghouse / EDI: Claim.MD, Change Healthcare, Office Ally, Waystar, Trizetto

Automation & Integration: Boost.space, Pabbly Connect, Make, Zapier, REST APIs, webhooks, OAuth, Postman, Google Apps Script

Communications & Payments: Twilio, SendGrid, Mailgun, SMTP relay, Stripe

CRM & Business Systems: Salesforce, HubSpot, Pipedrive, Monday.com, ClickUp, Zoho, Baserow

Development: HTML, CSS, JavaScript, Bubble.io, Docker, Linux/VPS administration, Chrome extension development

LANGUAGES

English — Native

Spanish — Conversational