**RESUME**

Manoj

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**OBJECTIVE:**

A seasoned, highly resourceful, and results-oriented Financial Services Professional with proven success and 7+ years’ experience in all facets of insurance, financial management, payment reconciliation, submission, resubmission, and office administration within fast-paced organizations. Skilled in collaborating with all members of the organization to achieve financial objectives. Adept at fostering sound relationships with clients whilst exceeding targets, driving revenue and forging team synergy. Strong ability to priorities and multi-task with a proven track-record of productivity, quality and integrity. Instrumental in streamlining and improving processes, enhancing productivity, and implementing solutions. Aspiring to gain experience and transfer skills from insurance to financial department utilizing exceptional communication, analytical, and problem-solving abilities. ***Areas of Expertise include:***

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| --- | --- | --- |
| * Reconciliation
 | * Accounts Receivable
 | * Revenue & Profit Growth
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| * Resubmission
 | * Policies & Procedures Compliance
 | * Strategic Planning & Analysis
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| * Administration
 | * Staff Training & Leadership
 | * Relationship Management
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**ORGANIZATIONAL EXPERIENCE:**

 Worked as a Senior Accounts Receivable Executive Dec 2018 to till May 2019.

**Duties & Responsibility:**

* Prepare Monthly Insurance vice statements, bills and invoices.
* Handling AR team and Provide the necessary guidance and on-job coaching and in-service training for the staff under my direct supervision
* Follow up for payment sending out standing report to Insurance Company.
* Payment Allocation in the system
* Meeting with Insurance Company regarding unpaid claims.
* Preparing the Outstanding and reconciliation report.
* Payment follows up with insurance through Mail or phone.
* Arranging the courier to collect the cheque from insurance.
* Generate Monthly ageing Report. Revenue Report, Denial Report.
* Matching the payment with RA details.
* prepare accurate monthly billing adjustments
* investigate and resolve billing and account discrepancies
* manage and resolve customer inquiries
* Compile data and prepare monthly reports and statements.
* MIS report preparation
* Proactively reports critical issues to Management and submits monthly aging and other reports to line manager and Accounts
* Preparing rejection ratio for sign off with insurance company’s year wise.

 Insurance Accounts Executive as Oct 2015 to till Aug 2018.

**Duties & Responsibility:**

* Liaises with insurance companies regarding eligibility, payments, reconciliation and other requirements.
* Organize training session for concerned employees to develop their understanding of insurance policies and condition.
* Reviews insurance claims to ensure accuracy as per agreement, prior to dispatch to respective insurance companies.
* Proactively reports critical issues to Management and submits monthly aging and other reports to line manager and Accounts.
* Designs, updates and implements policies, procedures and protocols to ensure efficiency and accuracy in insurance operations.
* Monitors insurance discounts and rejections and prepares & submits periodic reports to the Finance Manager for review.
* Prepare rejection ratio report for sign off with insurance.
* Ensures that the insurance schemes are up to date on the system.
* Attending and organizing the insurance presentation internally and externally.
* Provide the necessary guidance and on-job coaching and in-service training for the staff under my direct supervision,
* Preparing Patient cost estimation.

**Insurance Coordinator and Resubmission Executive in Belhoul Specialty hospital under finance: from 2010 to till July 2015:**

* Handling the resubmission team and divide work amongst them
* Downloading the remittance advice through e claim link.
* Segregating the remittance advise according to the insurance and TPA.
* Segregating the remittance advice according to the payments made and the denied payments.
* Segregating the remittance according to the denial reason.
* Maintaining the proper account records of payment and denials
* Short out the issue regarding submission, resubmission, and payment issue with insurance.
* Reviewing the denials, and if required rectifying the error (cpt, hcpcs, pricing or in discounts) and also justifying the medical denials after consulting with the treating Doctor.
* Resubmitting the claims within the allotted time.
* Coordinating with the finance team to verify the payment details.
* Follow-up with the claims team for the resubmitted amount
* Follow up with insurance regarding payment.
* Any corrective issue regarding our system inform to our HOD.

**PROFESSIONAL QUALIFICATION:**

Master of Business administration (MBA) with specialization in the field of Finance & Marketing from Uttarakhand technical university 2008.

**ACADEMIC QUALIFICATION**:

* Bachelor of commerce (B.Com) from Kumaun University, 2006.
* Intermediate with PCM group from Uttaranchal board 2003.
* High school with science group from Uttar Pradesh board 2000

**COMPUER SKILLS:**

Operating system : Window XP/ 2000

Package : MS-OFFICE 2000

Hospital ERP System : Sage appacerp(s)&Appex ERP (S)

**PERSONAL DETAILS:**

Date of Birth : 18th July 1986

Place of Birth : Haldwani

Marital Status : Married

Visa status : Visit Visa

Languages Know : Hindi, English

DECLARATION:

I hereby declare that the above information given by me is true in my knowledge.

 Date –

Place- DUBAI Manoj