**RESUME**

**Ishwar** 

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**Career Objective**

I would like to be in an organization which is driven by ethics, positive attitude, seeking challenges, where my educational potential meets the needs of the industry.

**Personal skills**

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| * Comprehensive knowledge of insurance regulations, processes and guidelines
* Sound knowledge of medical terminology.
* Excellent Analytical, data collecting and processing skills.
* Strong understanding of ICD-10-CM and CPT requirements and procedures.
* DRG codes and E-Claim submission into DHPO
* Knowledge of RA’s Reconciliation and Resubmission
* Good communication skills
* Multi task handling with the ability to work under pressure.
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**Educational Qualification**

* Graduated B. Sc.Computer Science in 2012 from Mumbai University, Mumbai, India.
* Pursuing Medical coding training-EdoxiInstitute, Dubai.

**Professional Experience: 05 years**

**in Dubai, UAE** from 2016 March till date as Claims Benefit Specialist.

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| ***Duties & responsibilities******Reimbursement claims*** |  |
| * Medical/technical evaluation of reimbursement claims DHA/HAAD/rest of the world claims
* Processing of reimbursement claims within stipulated turnaround time
* Evaluating and declining services/procedures based on medical necessity
* Coordinating with clients/providers through emails and phone calls
* Diagnosis and procedure coding using ICD 10, CPT, HCPCS, CDT & DRG codes
* Evaluation of both inpatient and outpatient claims
* Audit high cost claims
* Inventory management
* Training new joiners about the reimbursement protocols

***Direct billing**** Processing of E-claims DHA/HAAD
* Diagnosis and procedure coding using ICD 10, CPT, HCPCS, CDT & DRG codes
* Auditing upcoding and unbundling for detecting fraud and abuse
* Evaluating and declining services/procedures based on medically necessity
* Evaluation of both inpatient and outpatient claims
* Audit high cost claims
* Training new joiners about the provider claims work flow

**Hinduja Global solutions**from January 2014 to March 2016 as Claims Consultant |  |
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| ***Duties and responsibilities*** |
| * Responsible for assisting insurance providers for purpose of verifyingeligibility of insurance claims and processing claims
* Processing the claims after proper investigation.
* Delivered timely service to the members, providers about claims.
* Responsible for End to End Process in each claim submitted by the Members / Providers.
* Third Party Administrator knowledge and experience
* Audit of the claims to ensure quality processing.
* Aetna Claims process training to new employees.
* Application (OH+) and Actisure Training to new and existing employees
* Mentored and lead a Team of 10 on Singapore Provider Claims
* Selected for On-site training for InterGlobal Reimbursement/Direct Billing processes and trained and mentored a batch of 40 people about the process end to end
* Selected for On-site client support for Aetna Global Benefits HAAD Claims Reimbursement/Direct Billing
* Awarded the best mentorship

**Strengths*** Innovative, friendly and optimistic.
* Quick learner
* Excellent organizational capacity
* Team worker
* Logical thinking and analytical skills

**Personal profile**Date of Birth : 27.11.1989Sex : MaleMarital Status : SingleLanguages Known : English,Marathi and HindiNationality :Indian **Declaration**I hereby declare that all the above furnished information is true to the best of my knowledgeYours SincerelyPlace: Dubai  **Ishwar**  |
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