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| **TANVEER** **Email :** [**tanveer.380428@2freemail.com**](tanveer.380428%402freemail.com)**Mobile:** **Whatsapp +971504753686 / +919979971283** | **C:\Users\Shakir\Desktop\0559296679 copy (2).JPG** |
| **OBEJECTIVE:** |
| Excellent knowledge in Medical Coding and Dubai Health Authority (**DHA**) and Insurance Payers. Knowledge in **ICD-10-CM, CPT and HCPCS**. Ability to analyze and interpret complex medical records and identify billable services, ability to maintain quality and accuracy up to 99%. **08 years working experience in Medical & Life Insurance claims processing** and exposed to provider network administration such as price negotiation, tariff review and revision, bench marking and communications. |
| **WORK EXPERIENCE: 8-Years** |
| **Nov 2015 – Present : Axon MEDICA - Healthcare Group** C:\Users\Tanveer Jaleel\AppData\Local\Microsoft\Windows\INetCache\Content.Word\axonlogo1.pngWorking as a **Medical Coder/Claims Processor/ Insurance Coordinator** (Reported to Head of Medical Claims)* Identify Abstract and Code patient data, using ICD-10 AM and CPT and other standard classification coding systems.
* Assures codes are supported by provider documentation and initiates appropriate queries based upon other clinical documentation for accurate and reliable data collection and reimbursement
* Prepare e-claims, standardization of diagnosis and procedure codes (ICD10 and CPT4 standards)
* Dealing with well-known insurance company like NEURON, BUPA, ALMADALLAH HEALTHCARE, NAS, MEDNET, METLIFE ALICO, NEXT CARE & AXA.
* Works cooperatively with revenue cycle departments, coding reconciliation specialists and compliance officer to resolve coding/billing issues.
* Protect the security of medical records to ensure that confidentiality is maintained.
* Claim submission in E-claim express and Resubmitting rejected claims to Insurance Companies.
* Coding Outpatient Medical records according to DHA guidelines.
* Covering all aspects of coding Outpatient Physiotherapy, Dental, Radiology, Laboratory codes.
* Effectively communicating with department with respect to the Approvals, Denials and Resubmission.
* Expertise in Facility and Physician coding.
* Coordinating with the information coding consulting services for the completion of clinical documentation plans related to accounts.
* Performing Quality Analysis for Trainee Coders.
* Responsible for client compliance and Standards issues
* Direct interaction with the client on weekly basis to discuss/resolve production errors (Calls).
* Maintaining the Complete Track of Client Information as knowledge documents
* Keeping knowledge about various medical coding processes that include ER.
* Sustaining effective communication with the superiors with a view to get acquainted with the modern coding updates and forthcoming guiding principles.
* Observing the quality parameters regularly and ensuring that the quality of coding work is maintained at a higher rate.
* Maintaining information about the important terminologies pertinent to medical terminology, physiology and anatomy subjects.

**Feb 2010 – Oct 2015 : AL BORJ MEDICAL CENTRE - DUBAI** Worked as a **Medical Claims Supervisor** (Reported to Head of Insurance Manager)**Responsibilities:** * Dealing Medical Insurance claims with local & International insurance companies.
* Follow up the Insurance payments according to the contract or agreed tariff.
* Prepare e-claims, standardization of diagnosis and procedure codes (ICD10 and CPT4 standards).
* Managing the medical helpline and per-authorization functions.
* Dealing with well-known insurance company like NEURON, ALMADALLAH HEALTHCARE, NAS, MEDNET, METLIFE ALICO, NEXT CARE & AXA.
* Supervise the coordination with international assistance companies/ insurance brokers to facilitate.
* Providing necessary information to patient about health insurance policies.
* Maintaining proper documentation for taking approvals from health insurance companies.
* Checking and maintaining expiry dates of medical insurance policies for patients.
* Maintaining proper documentation with medical health insurance companies.
* Making credit invoices with required documents and sending to billing department.
* Prepare Quotation for Companies and Providers(Clinic, Pharmacies, Hospital)
* Handling claims – Re-reimbursement.
* Managing client /provider concerns within the network.
* Receiving, handling and recording of fund for daily expenses.
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|  **ACADEMIC QUALIFICATION:** |
| 2017 – Present **CPC** – American Academy Of Professional Coders (AAPC)  Al Talouk Medical Coding Training Center - Dubai UAE2006 - 2008 Master of Business Administration **(MBA)** Preston University, Pakistan.2003 -2006: Bachelor Of Commerce **(B.COM )** Karachi University, Pakistan2001 – 2003: Intermediate in Science Government City College, Pakistan1999 - 2000 : Matriculation in Science Meadow Secondary School Pakistan. |
| **C O M P U T E R S K I L L S:** |
| * + Well trained **E claim link medical coding** software from DHA- **Dubai Health Authority**
* Successfully complete Manual & Practical Accounting courses from ZABEEL INSITUTE. **Attested by Ministry Of Education U.A.E**
	+ Microsoft Office Vista, XP and 2000.
	+ Office Automation & Internet and data Communication
	+ Mail Server – Microsoft Outlook
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| **PROFESSIONAL SKILLS:** |
| * Strong analytical and numerical skills and problem solving skills.
* Highly organized with the ability to prioritize.
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| **PERSONEL:** |
| Date of Birth  |  4th Feb 1985 |
| Nationality  |  Pakistani |
| Marital Status  |  Single |
| Visa Status  |  Transferable (N.O.C will be Provide) |
| Language Driving  |  English, Hindi, Urdu Valid UAE license |