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| **TANVEER**  **Email :** [**tanveer.380428@2freemail.com**](tanveer.380428@2freemail.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.png  Working 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. | | | | |
| **ACADEMIC QUALIFICATION:** | | | | |
| 2017 – Present **CPC** – American Academy Of Professional Coders (AAPC)  Al Talouk Medical Coding Training Center - Dubai UAE  2006 - 2008 Master of Business Administration **(MBA)**  Preston University, Pakistan.  2003 -2006: Bachelor Of Commerce **(B.COM )**  Karachi University, Pakistan  2001 – 2003: Intermediate in Science  Government City College, Pakistan  1999 - 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 | | |
| **PROFESSIONAL SKILLS:** | | |
| * Strong analytical and numerical skills and problem solving skills. * Highly organized with the ability to prioritize. | | |
| **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 | |