**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. |

**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 |  |
| |  | | --- | | ***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 : 27.11.1989  Sex : Male  Marital Status : Single  Languages Known : English,Marathi and Hindi  Nationality :Indian  **Declaration**  I hereby declare that all the above furnished information is true to the best of my knowledge  Yours Sincerely  Place: Dubai  **Ishwar** | |  | |  | |  | |  | | |