# YOGESH D MOHAPE

AR Analyst – Insurance follow up

**Address** : Flat No – 108 Buildings No – H6 Kashi Lok Nagari MIDC.        **LinkedIn** : https://www.linkedin.com/in/yogesh-mohape-687617193
Road Near Sai baba mandir Ambernath (E) 421501
**Phone no** : 918830361548
**E-mail** : yogeshmohape491@gmail.com

## Career Objectives :

To acquire substantial professional skills, to achieve responsibility and implement ideas, to achieve
Knowledge for the benefit of corporate, to build my career & organization skillfully.

## Personal details :

**Date of Birth**    :    12/10/2000
**Nationality**       :    Indian
**Languages**       :    Marathi, Hindi, English
**Marital status**  :    Unmarried

## Education :

- ✧ Passed S.S.C from Maharashtra board in year 2017
- ✧ Passed H.S.C from Maharashtra board in year 2019
- ✧ Passed TY.BMS(Marketing) from Mumbai University in year 2022

## Software :

- ✧ MS Excel
- ✧ Virtual Manager (Billing software)
- ✧ MS Word
- ✧ Foxit

## Skills :

- ✧ Good Communication
- ✧ Problem solving
- ✧ Creativity
- ✧ Time management
- ✧ Teamwork
- ✧ Data analysis
- ✧ Technical knowledge
- ✧ Multitasking Abilities

# Work History :

AR Analyst, ADVANTEDGE HEALTHCARE SOLUTIONS
Airoli, India | Aug 2022 – Till Date.

1. Review and process medical claims accurately, ensuring they comply with coding and billing standards, and submit claims to insurance .

2. Verify patient insurance coverage and eligibility to determine the appropriate billing and reimbursement procedures.

3. Analyze and resolve claim denials, identifying the root causes and taking appropriate actions to resubmit claims or appeal denials to maximize reimbursement.

4. Conduct follow-up with insurance companies and patients to track the status of outstanding claims and unpaid balances, facilitating prompt resolution.

5. Monitor and analyze accounts receivable aging reports, identifying delinquent accounts and developing strategies to reduce aging balances.

6. Ensure adherence to medical billing regulations, including HIPAA guidelines, and maintain patient confidentiality throughout the billing process.

# Declaration :
I hereby declare that the above information is true & best up to my knowledge.

**Place:**
**Date:**