

Process associate Shiva Palabatla

Sr. Process associate



Date of birth: 27.05.1996

Nationality: Indian

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PROFILE

Driven Sr. Process Associate with a proven track record of improving operational efficiencies and driving business growth. Seeking a challenging role where I can utilize my strong analytical skills and process improvement expertise to contribute to a company's success. Ready to take on new challenges and exceed performance expectations.

WORK EXPERIENCE

08/2020 – 12/2022

Hyderabad, India

Associate

AGS health

- Verifying the validity of claims.
- Investigating suspected fraudulent claims.
- Negotiating settlements and reimbursements with claimants.
- Preparing and submitting claims documents for payment.
- Ensuring accuracy of all accounts receivable.
- Ensuring compliance with all applicable laws and regulations.
- Maintaining accurate records of all claims.
- Communicating with other departments to ensure timely resolution of claims.
- Developing strategies for efficiently handling high volumes of claims.
- Achieved consistent adherence to established productivity, schedule adherence, and quality standards.
- Collaborated with cross-functional teams to develop and implement streamlined processes, leading to a significant reduction in claims processing time and improved customer satisfaction ratings.
- Demonstrated expertise in reviewing, researching, investigating, negotiating, processing, and adjusting claims, providing exceptional support in general claims operations.
- Played a key role in conducting thorough investigations and audits of complex medical claims, resulting in the identification and prevention of fraudulent activities, saving the company thousands of dollars.
- Successfully managed a high-volume caseload of medical claims, consistently meeting tight deadlines and ensuring accurate processing and reimbursement for healthcare providers.

02/2023 – present

Hyderabad, India

AR Specialist 2

WebPT

- *Authored professional correspondence to effectively communicate with customers and vendors.*
- *Ensured adherence to company policies, procedures, guidelines, and state and federal insurance regulations to maintain legal compliance.*
- *Processed and adjudicated a high volume of medical claims accurately and efficiently, resulting in improved turnaround times and increased customer satisfaction.*
- *Resolved medical claims by meticulously reviewing documentations, determining benefits owed, initiating payments, or composing denial letters.*
- *Utilized simplified language to convey medical concepts to patients, enhancing their comprehension.*
- *Achieved consistent adherence to established productivity, schedule*

WORK EXPERIENCE

adherence, and quality standards.

- Collaborated with cross-functional teams to develop and implement streamlined processes, leading to a significant reduction in claims processing time and improved customer satisfaction ratings.*
- Demonstrated expertise in reviewing, researching, investigating, negotiating, processing, and adjusting claims, providing exceptional support in general claims operations.*
- Played a key role in conducting thorough investigations and audits of complex medical claims, resulting in the identification and prevention of fraudulent activities, saving the company thousands of dollars.*
- Successfully managed a high-volume caseload of medical claims, consistently meeting tight deadlines and ensuring accurate processing and reimbursement for healthcare providers.*

SKILLS

Process Improvement
Professional

Data Analysis
Professional