

SAHIL ANCHAN

8928458979 | sahilanchan1@gmail.com

Dombiwali Maharashtra.

PROFILE

Experienced US Medical Billing professional with around 3 years of expertise in end to-end claims resolution, appeals, EVBV, and patient AR. adept at managing provider portals and multi-specialties, and skilled in optimizing reimbursement rates. Proven success as a Team Player, fostering a productive and data-driven work environment. A valuable asset for any organization seeking to excel in the medical billing industry.

KEY COMPETENCIES

- Process improvement
 - Data-driven strategic planning
 - Report writing and presenting
 - Critical thinking skills
 - Strong interpersonal skills
 - Proactive and self-motivated
 - Exceptional organisational skills
 - Excellent communication skills
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EDUCATION & CERTIFICATIONS

- M.Com (Adv Acc) | Mumbai University 2023
 - B.Com (B&I) | Mumbai University 2020
 - H.S.C | Maharashtra State Board 2017
 - S.S.C | Maharashtra State Board 2015
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PERSONAL DETAILS

- Father Name
- DOB
- Gender
- Nationality
- Marital Status
- Languages Known
- Niraj Anchan
- 06-04-2000
- Male
- Indian
- Single
- English, Hindi, Marathi & Tulu

PROFESSIONAL EXPERIENCE

ACCESS HEALTHCARE PVT LTD

April 2023 - Present

RCM Client Specialist (NDQA)

- Strategize and allocate inventory, oversee team allocations.
- Monitor team's production and SLA compliance.
- Conduct daily team meetings for updates.
- Provide monthly individual feedback to team.
- Maintain various trackers and client KPIs.
- Manage multiple client relationships and tailor strategies.
- Prepare bi-weekly/monthly business reviews.
- Review and address client escalations.
- Offer expertise on accounts receivable.
- Mentor, train, and coach team members.
- Collaborate on process improvements with quality team.
- Conduct Rewards and Recognition for team motivation.

IKS PVT LTD

March 2021 - March 2023

RCM Operation | RCR

- Prioritize outstanding claims based on their length of time overdue.
- Call insurance companies to inquire about the status of unpaid claims.
- Verify the accuracy of insurance information provided by patients.
- Evaluate unpaid insurance claims for discrepancies or errors.
- Convince insurance companies to settle outstanding claims during direct calls.
- Transfer unpaid balances to patients lacking adequate insurance coverage.
- Request explanations of benefits from insurance companies for claims.
- Make necessary corrections to claims based on feedback from insurance.

Declaration:

I here declare that the above mentioned information is correct to the best of my knowledge.

Place :

Date :

Sahil Anchan