



# RESUME

## AAKASH YADAV

303, SHREE KRISHNA APT., MOHAN PATIL NAGAR,  
ACHOLE ROAD, NALLASOPARA EAST, PALGHAR - 401209.

**MOBILE NO :-** 7507038885

**EMAIL ID:** ay570153@gmail.com

### **CAREER OBJECTIVE :**

To secure a challenging position in a reputable organization to expand my learning, knowledge & skills.

### **PERSONAL DETAILS :**

- |                   |   |                          |
|-------------------|---|--------------------------|
| ➤ FATHER NAME     | : | Mr. Prakash Yadav        |
| ➤ DATE OF BIRTH   | : | 03/06/2000               |
| ➤ GENDER          | : | Male                     |
| ➤ NATIONALITY     | : | Indian                   |
| ➤ RELIGION        | : | Hindu                    |
| ➤ LANGUAGES KNOWN | : | Marathi, Hindi & English |
| ➤ HOBBIES         | : | Reading & Helping        |

### **EDUCATIONAL QUALIFICATION :**

- S.S.C. Passed From Maharashtra Board(St. John High School) in March-2017 with 60.20%.
- H.S.C. Passed From Maharashtra Board(Dalmia Lions College) in February 2019 with 55.23%.
- T.Y.B.F.M. Passed from Mumbai University (Dalmia Lions College) in 2022

### **COMPUTER KNOWLEDGE:**

- Tally + G.S.T.

### **WORK EXPERIENCE :**

**Organization:** Datamatics Business Solutions

**May2019 to June 2022**

**Position:** Associate

**Organization:** Gebbs Healthcare solutions

**June2022 to September 2023**

**Position:** Sr Ar

**Organization :** Access Healthcare Chennai

**October 2023 to March 2024**

**Position** Sr Client Partner

#### **Following were my responsibilities as an Senior A.R**

- Working on Denials and taking appropriate action on the account.
  - Getting claim status from insurances.
  - Resolving refund requests made by insurances.
  - Following up on claims that have passed age of 30 days.
  - Working on claims correction.
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- Following up on urgent request on claims made by the U.S office.
  - Sending appeal and medical records via fax to insurance.
  - Attending patient calls and answering their queries.

#### **Following were my responsibilities as A.R**

- Following up on payment status with insurance which has passed 30 days.
- Assigning claims to appropriate bucket for next action.
- Follow up on denials
- Ensuring productivity and Quality targets are met as an individual.
- Following up on claims with insurance that were unacknowledged by clearing house to identify if the claim is on file or not with the insurance.
- Following up on urgent request on claims made by the U.S office.
- Sending appeal and medical records via fax to insurance.

Attending patient calls and answering their queries

#### **DECLARATION :**

I hereby confirm that the information in this document is accurate and true to the best of my knowledge.

**DATE :**

**PLACE : NALLASOPARA**

**(AAKASH YADAV)**