Sridevi N

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PROFILE SUMMARY

- 8 years of total work experience
- 4 years of experience in payment posting, Refund and credit Card processing and credit card posting
- 4 Years of experience in Denial and appeal process
- Core competency in AR Analyst in appeals and underpayment appeals
- Gained expertise in all aspects of medical billing including filing claims, refund request, re-filling rejected claims, completing appeals and adjusting underpayments
- Extensively worked on Athena Software
- Distribution of appeal claims to the payers for prompt, efficient reimbursement
- Knowledge of current medical insurance ICD–9 and ICD-10 CPT coding
- Medical billing and collection
- Reviewed appeals and Grievances
- Articulate communicator with strong analytical and interpersonal skills, skilled at collaborating with teams.

AREA OF INTEREST

- Continuous Development in knowledge with new updates in medical Billing
- Process improvement experience in critical situations
- Good Interpersonal skills and good team player.
- Fast learner well- organized highly focused and extremely committed and an energetic team player with high integrity and good communication skills.

TECHNICAL SKILLS

- **Operating System**: Windows
- CPT and HCPCS coding
- Medical Terminology and Anatomy
- Verbal and written communication
- **Other Tools**: MS – Office (Word, Excel, Power point)

WORK EXPERIENCE

AGS Health., Chennai, India | Senior AR Analyst **October 2021 - Present**

Responsibilities

- Analyzing the denials and Prepared insurance claim form and related documents, medical records and reviewed for completeness.
- Performed in depth analysis, Investigate and provide a clear and concise explanation of why the claim has been paid of denials and compose appeal Letters for payers.
- Review all related relevant documentation medical records and assemble the appeal file to send both manually and electronically in specific payer website
- Research and resolve all appeals and any correspondence concise written form to follow up the appeals
- Track appeals in the access data base to ensure specific Turnaround time for response and provide data for requested reports.
- Gather files on the grievance and appeal process for number of denials upheld and adjusted

- Obtained Medical Records and send to requested in addition to adjusted claims
- Researched and resolved payment related issues and properly identify root cause of appeal.

- Analyzed complex Explanation of Benefit forms to verify correct billing of insurance carriers.
- Performed all functions required to ensure accurate and timely submission of medical claims from providers to various health plans for expeditious reimbursement.
- Delivered timely and forms submission utilizing Athena software

Miramed Ajuba Solutions, Chennai, India | Senior process Executive _ Oct 2012 – Dec 2019

Responsibilities

- Planning and assigning files to the team members on daily basis according to the requirement.
- Working for credit card processing and credit card posting.
- Payment posting for all insurance carrier corrected claims, working denials and download daily remittances
- Determine the credit balance are a true credit and initiate the refund process to determine if refund was due to the patient or the insurance company
- Solving on patient inquiries and mail, AR accounts.
- Reporting to client mails and Internal mails.
- Instructing and handling team at team lead absence.
- Updating Bank reconciliation statement for all practices job.
- File updation in all practices job for posting.
- Instructing and handling team at team lead absence.

Major Achievements:

- Certified as a Revenue Cycle Specialist(CRCS) by clearing the examination with 92% which was conducted by **AAHAM.**
- Got "**SUPER STAR"** award in Annual Day for the best performance.
- Got many appreciation mails from Manager for Production & Quality.

EDUCATION

- **Master of Science in Information Technology** from Madras University (Distance Education) ,Chennai, India 2016
- **Bachelor of Computer Science**, from S.D.N.B.Vaishnav College, Chennai, India -2012