Curriculum Vitae

KAMALDEEP KUMAWAT
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Career objective

To Become a flourishing medical billing & Out-Bound Process by working efficiently on various projects, I aim to work on different kind of projects and applications in order to understand various projects of this field and take the company's business to greater heights.

Educational Qualification

- B.Tech. (Information & Technology) from Poornima Institute of Engineering & Technology, Jaipur affiliated to Rajasthan Technical University, Kota (Raj.)-2013.
- Senior Secondary from Board of Secondary Education, Rajasthan, Ajmer in the year 2009.
    - Secondary from Board of Secondary Education, Rajasthan, Ajmer in the year 2007.

Experience:

Expediens Info Pvt. Ltd, Jaipur, Expedien has shown its first glance as an independent company in the year 2015. With the experienced processes and operations, we have achieved flexibility and trust of our clients. The success of expedien in the world of Services was also driven because of the best performance across the technology, design and management.
Role:- Executive –Management= 01/08/2020 to 28/07/2021 Location- Khasa koti, Jaipur

E4E HEATHCARE PVT LTD.,NOIDA, E4E is an IT-enabled Services and Business Process Management (Business Process Outsourcing) company that has deep domain and contextual expertise in the US Healthcare Business Services ecosystem, with an enviable client list of reputed companies.
Role:- Executive –Management= 05/12/2017 to 30/07/ 2020 Location- Noida

E4E has developed a strong heritage and a proven track record of providing end-to-end healthcare services to both US Providers and Payers. We are the only cross-border Healthcare Services Company of our size with proprietary Software Platforms and Technology IP for Revenue Cycle Management, Claims Lifecycle Management, Auditing, and Process Automation. E4E Healthcare Business Services is ISO 9001-2015, SOC 2 Type II, SSAE 16 Type II Certified and HIPAA Compliant.

Assignment includes Claims and work assignment according to revenue cycle management, Procurement, Take claim status through different insurance companies, Take action according to scenario, handling work flow on Advanced MD software, project co-ordination, Billing claims to

insurance companies, Check claim status on different web portals, Make notes according to those scenarios, put notes into system.

Project exp:

1) Need to reviews the work-order given by the Analyst and starts calling the insurance carriers to check on the status of the claims filed with them.

2) If the claim has been processed, AR callers get the payment information.

3) If the claim is denied, AR callers find the reason for denial and see whether they can fix the denial while they are on the call with the Insurance Carrier.

4) If that is not viable option, the caller will note the reason for the denial and pass it on to the AR analyst to fix the Denial.

In short, the caller contacts the insurer, gets the data on all the claims given in the work order, and reports back to the AR Analyst to make sure necessary action is taken on each claim.

Ellite Offshore PVT LTD., Jaipur,

Ellite Offshore a quality leader in back office
Outsourcing, most often referred to as business process outsourcing for the healthcare industry. We are industry experts who focus exclusively on providing services to healthcare management companies and Management Service Organizations (MSO). When you outsource your business processes to Ellite Offshore, your MSO can focus on what it does best - providing practice management and administrative service.

(**Role:- Executive – Management = 03/11/2016 to 01/12/2017 Location- Jaipur**

PROJECT EXPERIENCE:-

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3) If the claim is denied, AR callers find the reason for denial and see whether they can fix the denial while they are on the call with the Insurance Carrier.

4) If that is not viable option, the caller will note the reason for the denial and pass it on to the AR analyst to fix the Denial.

5) Worked on Advanced MD Software, need to work according to client guidelines. Have to prepare notes and put notes in system, take action according to client guidelines.

In short, the caller contacts the insurer, gets the data on all the claims given in the work order, and reports back to the AR Analyst to make sure necessary action is taken on each claim.

Declaration
I hereby declare that all the above mentioned information is true to the best of my knowledge.

Place: JAIPUR　　　(**Kamaldeep Kumawat**)