

AVINASH PRABHAKAR SHARMA



SUMMARY

Process Associate for
HEALTHCARE

Close to 5 years of
experience
In Medical billing industry.

Searching for a full-time job in
healthcare management

ABOUT ME



+91 7305402225



NPK
Enclave, Krishnarajapura
m bangalore -562098

LANGUAGES

Telugu, Kannada,
Tamil, hindi

ENGLISH

Full professional proficiency

SKILLS

JAVA

NEUMD S/W HANDLING

SPREADSHEET

INBOUND

OUTBOUND

TECH CALLS

MS WORD

Swift

Connect

Outlook

Office Windows

WORK EXPERIENCE



AR Trainee at ACP Medical billing pvt ltd(2016-2019)
Senior Medical Biller-Associate at Guidehouse India Pvt
Ltd (2019-2021) Subject Associate Reventics Pvt Ltd

Roles and Responsibilities

The role involving Ensuring all the medical claims and recovering money dues to our Clients, (healthcare providers) without fail

Working on a Hospital billing, cms1500-physicians, credentials specifically on caqh form

Ensuring responsible for providing exceptional customer service, to serve as the Primary point of contact for clients, insurance and policy members and resolving Issues regarding their claims.

I interpret and effectively apply scientific knowledge

To determine eligibility of Benefits during the claim adjudication process.

I communicate with both clients and insurance companies through electronic mails and phone calls.

Prompt release of corporate and high value client payments which has over draft limits

Organized quality service delivery sessions on quarterly basis

Insurance calling in the category of state, federal and non-federal electronic banking process which deals with outward payments

Making patient calling regarding about outstanding payment.

Checking clearinghouse and scrubbing report for the claim to check errors and verify that is compatible with the payer software

Regularly monitoring the check list

Making appeals to reprocess the claim if the issue can be resolved

Need to check Timely filing update of claims.

Effective communication with the representative on call for the checking on status of claims and assisting them by professional and friendly manner.

Handling physicians and Generic laboratory claims projects on the term of experience

Ensure claim processing of the transactions and need to write off

Ensure that provider is in n/w or out of n/w

CURRENT CTC: 38000P/M, **TAKE HOME:** 36,500P/M, **EXPECTED CTC:** AS PER MANAGEMENT STANDARDS

SPECIALTY : Working on multi speciality .

PROCESS: Dme process, cms 1500-physician, Appeals-specialist

SOFTWARES HANDLED : NEUMD, METRIX , ATHENA, CODEX FOR CHECKING CLEARING HOUSE, CERNER FOR UPDATING PATIENT AND INSURANCE DETAILS LIVELY AND IT REFLECTS IN METRIX WITHIN 24 HRS OF PERIOD.

EDUCATION



✓ **SCHOOLING** -SSLC MATRIC (2008-2009) **VELAMMAL MATRIC HIGHER SECONDARY SCHOOL CHENNAI**

-HSC (2009-2011) **VELAMMAL MATRIC. HIGHER SECONDARY SCHOOL CHENNAI**

✓ **U.G-BACHELOR'S IN INFORMATION TECHNOLOGY(2011-2015)**

SA ENGINEERING COLLEGE ANNA UNIVERSITY AFFILIATED CHENNAI

✓ **OTHERS-ASSOCIATE ONLINE DIPLOMA COURSE IN F&B certified**

Extracurricular

Sport & hobbies

Travelling – Travelled across India in 9 days

Been part of multiple trekking expeditions

Cricket – played for College department, Cricket team for 3 years

