

Ankit Kumar Gupta

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Present Address : Flat#1506 B1 divyansh flora, sector 16 c greater noida west 201301

Career Objective :-

To work with dedication and determination to achieve the company objective towards continual improvements by identifying & reducing non-value added activities in the supply chain with the aid of teamwork & management support.

Academic Qualification:-

- Complete **Secondary** Examination from cbse Board Agra in 2006.
- Complete **Sr. Secondary** Examination from cbse Board Agra in 2009
- Complete Graduation in (**B.Tech**) from HITM agra (Sharda group of institution) in 2013.

Technical Skills:-

- Good Knowledge of MS Office: - **Word, Excel, Access, PowerPoint, Internet & Email**
- Good knowledge of Operating Systems: - **Operating System – XP, Vista**
- Good Typing Speed: - **35 wpm with 98% accuracy.**
- Can Work fluently in Internet

Work experience:-

- Working with **PACIFIC AN ACCESS HEALTHCARE COMPANY (Medical billing)** as **quality auditor since 10-feb-2022 and still working.**

Job responsibility:

- Daily team briefing about the recent updates and audit errors.
- Co-ordinate with the team for to meet Quality parameter expectation.
- Providing training for the low performance associates.
- Maintaining the audit tracker for weekly, daily and monthly basis inventory.
- Conducting training /feedback session.
- Maintaining weekly/monthly MIS reports, Error analysis reports.
- Enabling quality improvement plans for the team.

- Worked with **Optum Global Solution** as **Sr. claim Analyst operations in** Leading Health Care Industries in India of (Revenue Cycle Management), working since **20-apr-2020 to6-feb-2022**

Job responsibility:

- Responsible for calling Insurance companies (in US) on behalf of doctors/physicians and follow up on outstanding Accounts Receivable.
- Take appropriate action on claims to guarantee resolution. This will be determined by the information received during above steps.
- Consistently maintained receivables aging to less than 60 days.

- Completed all project on time given by client ex. Adjustment project, rebilling project, appeal project.
- Trained new hired employees to apply process correctly.
- Also bit knowledge of coding so checked from my side whether claim denied correctly or not.(coding denial)

➤ Worked with **PACIFIC AN ACCESS HEALTHCARE COMPANY (Medical billing)** as **Sr.Analyst operations** since **02-march-2017 to 01-apr-2020.**

Job responsibility:

- Responsible for calling Insurance companies (in US) on behalf of doctors/physicians and follow up on outstanding Accounts Receivable.
- Take appropriate action on claims to guarantee resolution. This will be determined by the information received during above steps.
- Give training to new employees how we are billing physician claims.
- Handled all kind of denials over the call, via mail, via portal and previous claim history and previous transactions.
- Identify trends and notify team and lead and worked accordingly.
- Appealed insurance denied claims and patient disputes.

➤ Worked with **E4E healthcare PVT LTD (Medical billing)** as **Analyst operations** Worked since **28-apr-2016 to 22-feb-2017.**

Job responsibility:

- Responsible for calling Insurance companies (in US) on behalf of doctors/physicians and follow up on outstanding Accounts Receivable.
- Worked on No fault and worker's compensation claims.
- Identify trends for nonpayment and notify team lead immediately.
- Ensure to met daily target.

Software:-

➤ Below are the software which I worked :-

- MD4
- Carecloud
- Nextgen
- All script
- IDX
- Waystar
- Cerner

Personal Details:-

Father's name- Rajeev Gupta

Date of Birth- 20-01-1992

Marital Status- Married

Nationality- Indian

Hobbies- Singing

Declarations:-

- I am Comfortable to working in Shifts
- I am confident of my ability to work in a team.
 - I hereby declare that the information furnished above is true to the best of my knowledge.
- Ready to relocate

Date: -

Place: - Noida.

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