

<b>Jitender Singh</b>	<div>Career Objective</div> <div>To be at the position where I can utilize my professional &amp; personal skills to provide the best in me to the organization for the benefit of the organization and self-improvement.</div>
<b>Contact</b>	
<div>Address</div> <div>621-B, Nyay Khand – 1 Indirapuram Ghaziabad UP 201014</div> <div>Phone 987-300-6284</div> <div>E-mail</div> <div>Jitendersinghnegi2796@gmail.com</div>	<div>Education</div> <div> <ul style="list-style-type: none"> <li>Graduate from Delhi university in 2018.</li> <li>12th from CBSE Board in 2014.</li> <li>10th from CBSE Board in 2012.</li> </ul> </div> <div>Work History</div> <div> <ul style="list-style-type: none"> <li>Currently working as an Sr. Credentialing specialist with Advantum Health (Dec 2019 to till present)</li> <li>Worked as Sr. Analyst - in NTT Data (on behalf of Ienergizer) from 2018 to 2019.</li> <li>Worked as Analyst - in Pacific (Access Healthcare) from 2017 to 2018.</li> </ul> <div>➤ Office Assistant:</div> <div>➤ Create &amp; maintain provider (CAQH) Profile.</div> <div>➤ Called to CAQH for duplicate provider account.</div> <div>➤ Worked On Commercial, Medicare &amp; Medicaid enrollment application &amp; also contact the insurance credentialing department Via email &amp; calls.</div> <div>➤ Worked on priority cases through email also provide team assistance.</div> <div>➤ Worked on the incomplete documentation of providers (Mailing address, Service location, DEA license, education &amp; employment history, credentialing contact information, professional information, personal information, professional liability insurance information &amp; etc.)</div> <div>➤ Responsible for processing provider applications and re-applications including initial mailing, review, and loading into the database tracking system ensuring compliance with required standards. Ensures the files for clinicians due for credentialing/re-credentialing are available for review by the Credentialing Committee each month and resolves outstanding issues prior to committee review.</div> <div>➤ Ensures timely processing of all credentialing requests.</div> <div>➤ Performs the appropriate (applicable) credentialing processes in a timely and complete manner.</div> <div>➤ Contact with Network Contracting and Provider Relations departments when application is completed.</div> </div>
<b>Skills</b>	
<div>MS Office</div> <div>Power BI</div> <div>Basic knowledge of SQL</div> <div>US Healthcare Software</div> <div>MD4</div> <div>ACE</div> <div>MAC</div> <div>Medicred</div>	
<b>Additional Information</b>	
<div>Date of Birth – 01/04/1996</div> <div>Father’s Name – Mahender Singh</div>	

## Strengths

- Strong logical and analytical skills.
- Ready to accept new challenges and responsibilities.
- Quick learning ability.
- Ability to communicate.
- Opens for new ideas and flexibly to changes.

- **Work Experience**
- Worked on Denied & paid claims.
- Worked on US commercial insurances, Medicaid & Medicare.
- Excellent knowledge of legality and ethics of medical claim.
- Claim submission and claim Scrubbing.
- Worked on the behalf of Hospital/Physician office.
- Worked on provider Credentialing.
- Handled a denied insurance claims in U.S. Identifies root causes of insurance denials, sends appeals to payers, and strives to minimize lost revenue. (Denial Resolution.
- Specialists, Claim Submission Resolution Specialist).
- Insurance eligibility Verification. Have exposure to all aspects of the billing industry, including charges, payments, insurance follow up, aged reports.

I hereby declare that the information stated above is true to the best of my knowledge.

Place:

Date:

**Jitender Singh**