

SHUBHANGINI PARMAR

CONTACT



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SKILLS

- Project Management
- Strong decision maker
- Complex problem solving
- Creativity
- Innovative
- Service-focused

LANGUAGES

English, HINDI, Gujarati, Telugu: First Language

To enhance my professional skills, capabilities and knowledge in an organization which recognizes the value of hard work and trusts me with responsibilities and challenges. To adapt well to changes and pressures in workplace and Fast learner. Competencies toward work effectively with diverse groups of people with ambitious and committed to excellence. Work with keen, with strong will power, responsible and hardworking and Truthful.

EXPERIENCE

September 2022 to Current

Senior Analyst at MY ONSITE HEALTHCARE PVT LTD,
VADODARA, INDIA

- To ensure that all patient information is accurate and complete and request any missing patient information.
- To obtain and review referrals and authorizations for treatments.
- To confirm patient benefits and insurance eligibility.
- To follow and adhere to all regulations and guidelines set by state programs, and HMO/PPO, etc.
- To transfer insurance claims and billing data to billing software.
- To update billing software with rate changes.
- To work with personal information and maintain patient confidentiality.
- To monitor and resolve financial discrepancies.
- Accept payments and process billing statements.
- Keep track of payment deposits from patients and insurance reconciling details.
- Prepare payment batches.
- Assess explanation of benefits (EOBs) from insurance companies.

April 2022 to September 2022

Senior AR Analyst at R1 RCM PVT LTD, HYDERABAD, INDIA

- Follow the guidelines for credit balance
- Protect your market image through an efficient process
- Improve your relationship with healthcare payers
- Eliminate the risk of litigation and fines.
- Review of the credit balance report
- Identification of both patient and insurance refunds
- Initiation of the refund process and delivery of supporting documentation
- Verification that refund checks are both signed and mailed

April 2018 to March 2022

RCM ASSOCIATE at IHCS TECHNOLOGIES PVT LTD,
VADODARA, INDIA

- Recommends new approaches, policies, and procedures to influence continuous improvements in department's efficiency and services performed
- Ensure notes are entered in the patient account, and copies of EOB's, denials and other correspondence are provided to the Collector
- Payments and adjustments are accurately recorded in the patient

accounting system daily

- Meets or exceeds departmental productivity standards on a consistent basis
- Serves as a member of the Cash Posting
- (Management/Dept/Coding/Data Entry/etc.) Team. Performs duties necessary to ensure the team's projects/goals are completed
- Ensures compliance with all regulatory, company and departmental and HR policies and procedures
- Reconciles daily batch posting to actual entry in order to identify and reconcile any discrepancies, ensuring that payment posting functions are accurate and performed on a timely basis.
- 1 on 1 monthly meetings with Payment Posting Supervisor
- Training of new staff

October 2017 to March 2022

Account Executive - Payables and Receivables at CRYSTAL VOXX LLP,
VADODARA, INDIA

- Online Claims Follow-Up – Using various Insurance company websites and internet payer portals we check on the status of outstanding claims.
- Automated Claims Follow-Up (IVR) – By calling Insurance companies directly an interactive Voice response system will give the status of unpaid claims.
- The claims which are corrected, modified, and resubmitted as a corrected claim to Insurance companies. For such claims every effort is made to resolve the denial to avoid billing the Patient.
- An insurance company representative will give us a more detailed reason for claim denials when such information is not available from either websites or Automated phone systems.
- Performing follow-up activity on outstanding physician claims under the direction of my accounts receivable supervisor.
- Working collaboratively with other team members to expedite resolution of outstanding claims.
- Maintaining strict patient confidentiality according to HIPAA regulate

November 2015 to September 2017

RCM ASSOCIATE at HEALTHCARE INFORMATICS PVT LTD,
VADODARA, INDIA

- Improper eligibility checking is the number one cause for claim rejections. Therefore, Eligibility checking is the single most effective way of preventing insurance claim denials.
- Obtain Pre-Authorization Number, Referrals from PCP, and inform clients if there is any issue with coverage or Authorization.
- Once the verification is done the coverage details are put directly into the appointment scheduler for the office staff's notification.
- The verification team ensures that every new or continuing patient's verification is completed before his arrival at the healthcare facility.
- This proactive approach helps in following the rules required by the payer, for the patient to understand his financial obligations and validating the payment to be received from the patient and/or payer

March 2014 to November 2015

Financial Analyst at AMERICAN INFOSOURCES INDIA PVT LTD,
VADODARA, INDIA

- Delivered of critical bankruptcy information in an actionable manner.
- Includes full social security numbers when available. • Contains

dismissal suppression for duplicative/irrelevant notices.

- Tailors out, input file to meet specific need.
- Return file includes a full case record(both debtor, attorney, trustee, court, info etc).

EDUCATION

2012

BACHELOR OF COMMERCE ACCOUNTING

ADITYA DEGREE COLLEGE, , KAKINADA, INDIA