

CURRICULUM VITAE

NAFEES PATHAN

Accounts Receivable/Medical Claims Billing Specialist

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OBJECTIVE

To obtain a position in the medical field in which using my skills will be used to greatly benefit my employer as well as grant personal satisfaction and growth. Work well independently and with a group. Skills obtained:

SUMMARY

- In-depth knowledge of medical insurance claims procedures and documents.
- Over all experience of more than 6 **years** and knowledge of medical billing procedures insurance claims etc.
- Very good customer service skills and medical terminology. Knowledge of Implementing EMR for medical claims billing duties.
- Process billings to patients and third party reimbursement claims.
- Working denials Follow up on submitted claims status and unpaid claims initiate tracers.
- Submitting corrected claims and appeals if necessary.
- Knowledge of medical terminology ICD-09/CPT codes.
- Follow up on claims greater than 30 days for assigned type. Knowledge of PPO HMO Worker s Compensation Medicare Medicaid and commercial insurance.
- Maintain thorough knowledge of patient information system and its processes as it pertains to Billing/Collections.
- Good Knowledge of Deductible Co-Insurance and Co-Pay.
- Highly skilled in maintaining strong relations with providers, clients and patients
- Demonstrated ability to verify data of individuals on the plan

➤ Software Skill

- worked on AS 400 software and Imagine software
- Worked on Nettarm software which is directly connected to the client server.
- Well known about all keys of software.



PROFESSIONAL EXPERIENCE

Company: Gebbs Healthcare Solutions

Worked as a AR “Accounts Receivable” In Gebbs Healthcare Solutions from "14 Sep 2015" to "19 April 2016".

Currently working with Wipro for “Accounts Receivable, Appeal, Claim Adjudication, Worker Comps, Medicare, Medicaid, UHC, Corrected Claim, CMS 1500, Recently Working on COVID-19 Claim & Vaccine Booster Claim.

Working with WIPRO since 21sep,2016 as Active SME.

Established guidelines for proper coding/billing for providers

- Worked hand in hand with front office staff to ensure that the proper information was received for claims processing.
- Resolved billing issues identified by insurance carriers and patients.
- Maintained the highest levels of accuracy and patient confidentiality
- Researched and resolved denials and EOB rejections
- Responsible for all providers and/or practices that required special accounts receivable clean-up.
- Responsible for all follow up on insurance claims to Medicare, Medicaid and commercial insurance.
- Corrected and resubmitted claims denied by insurance company.
- Worked on denial like duplicate claim, non covered service, medical not necessity etc.
- Keep follow up with insurance on denials, unpaid, overpayment, pending and paid to other provider
- Well known knowledge of RCM
- Good knowledge in CPT as well as modifier
- Good Medical billing knowledge and interest to work in this field
- Working as Subject Matter Expert



PERSONAL DETAILS

- **Date Of Birth :** 13-June-1991
- **Languages Known :** English, & Hindi
- **Address:** D-408, Arfaat Mahal, Opp Tanwar Complex Masjid,Damer Company Road Tanwar Nagar, Kausa, Mumbra. Dist :- Thane-400612.

Education

- BMM Graduated from Mumbai University In 2014
- H.S.C from Maharashtra Board In 2011
- S.S.C from Maharashtra Board In 2009

Computer skill

- Good Knowledge of Excel
- Typing Speed 35wpm