

PORIKA PRAVEEN KUMAR

H.No :- 12/582 Akulavari Ghanpur, Eturnagaram, Mulugu, TS 506165.
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OBJECTIVE

To seek and maintain full-time position that offers professional challenges utilizing interpersonal skills, excellent time management and problem-solving skills.

EXPERIENCE

JSD Medical Business Management PVT.Ltd II Process Associate II

03/12/2018 - To Present

Worked as Eligibility Rep for 1 Years and Authorization Rep for 2 year and A.R Rep till Present (Based on Company Requirements, Moved to Different Tasks).

Job Profile Role:

Revenue cycle management process begins with checking eligibility of insurances received from patient and after worked on Obtaining Authorizations for Service's for the services, after submitting the claims to insurance's, when we receive totaling unpaid, Issue invoices, we responsible for calling insurance companies in USA and follow up on outstanding account receivable and basic knowledge of revenue cycle management and HIPAA working in denials management and highly trained experienced in eligibility & denial management, to undertake this very important work for well managed and timely follow-up on all unpaid claims.

Responsibilities as Eligibility: -

- * Responsible for adding, terming, and reinstate members to health insurance policies.
- * Processed and maintained eligibility information for routine individual and or employer groups Under direct supervision.
- * Processes all enrollments, plan changes, and disenrollment transactions.
- * Interacts with staff in other departments to clarify and resolve eligibility problems presented by members.
- * Interacted with patients to address questions regarding their Eligibility questions.

Responsibilities as Authorization: -

- * Obtain authorization via payer website or by phone and follow up regularly on Pending Cases & prioritize incoming authorization requests according to urgency.
- * Maintain individual payer files to include up to date requirements needed to successfully obtain authorizations & Initiate appeals for denied authorizations.
- * Performed investigations into payment denials as well as initiated and followed up written appeals.
- * Confirm accuracy of CPT and ICD-10 diagnoses in the procedure order.
- * Interacted with patients to address questions regarding their authorization or billing questions.
- * Managed invoices for contract collection agencies.
- * Maintained quality and production standards as outlined by the each worked department.

Responsibilities as Accounts Receivable Specialist:

- * Proactively following-up on outstanding physician claims in accordance with the medical system current standards (between 65 to 100 accounts daily).
- * Identifying issues and trends that result in non-payment of claim due to internal/external review, elevating significant issues to the Supervisor.
- * Maintaining strict patient confidentiality according to HIPAA regulations. Running AR reports determining outstanding balances, cash collections, inventory, product usage and doctor referrals.
- * Working for patients including posting payments, adjusting accounts and working denials.

EDUCATION**APTWR.SCHOOL**

2013
SSC
8.2 %.

Government Polytechnic College.

2016
Diploma In Computers
73.5%

Dr BR Ambedkar Open University

2022
Graduation in BA - English
Pursuing

SKILLS

Windows Environment, Mac

DECLARATION

I affirm that the above information is true to the best of my knowledge and I bear the responsibility if any incorrectness of the above-mentioned particulars.

Date :

Place:

P.Praveen Kumar