CONTACT

- GeeteshValecha@gm
 ail.com
- 9910577204
- Gwalior, MP

TRANING & CERTIFICATION

Certification in HIPPA

SKILLS

- Project management
- Team management
- Client relationship
- Communication skills

GEETESH VALECHA

AR ANALYST - US HEALTHCARE

PROFILE • ABOUT ME & WORK

- Performed and got first prize in paintings, dance competition in school & college.
- Durable experience in Backend operations, HIPPA, Healthcare, Client servicing.
- Handling end-to-end recruitment.
- Responsible for sourcing the applicants database from jib Bords like LinkedIn, Company database.
- To track, monitor and support employees who are in PIP
- Solid experience in Account receivables, Credit balance, Payment posting, Charge entry, Claim submission, Enrollments, Cobra, Commercial and Federal insurance, State cobra and Federal Cobra.
- Immense involvement in multiple US healthcare related websites and tools and software.
- Prepared account adjustments and submitted requests for credits to customer accounts.
- Background in maintaining, reviewing and reconciling financial records to ensure compliance under TAT.
- Superlative problem-solving, analytical, presentation, communication skills and fine experience in handling multiple projects in a fast-paced environment while delivering on time.
- Passionate team player, quick learner, self-motivated, dedicated, open to learn and love to share knowledge among my team.
- Attention to detail and organizational skills evident in the preparation of accurate weekly and monthly reports within tight deadlines.
- Good understanding of general accounting procedures.
- Strong knowledge of Empower HR process, policy renewable, claim Adjudication, brokers, Employers, Carriers and enrollment process for benefits.
- Renewable & verifications.
- TFL projects, Write off projects

AWARDS & HONORS

- Won first rank in Dance competition.
- Participated in multiple atheletics, sports in school-college cultural competition and got aaward.
- Represented school and college in extracurricular activities.
- A highly motivated and result oriented senior Analyst / Business Analyst with three and half years of proven experience in US healthcare product, provider, insurance, domain, Client/Server and web based application.
- In depth knowledge of Blling, E Premise, sales force, Gateway, Manhatton, RND, E clinical words, MD Synery.
- Competent
 experience in analysis
 of the requirement,
 documents like
 patients all types of
 medical record, lab
 reports, progress
 reports, operative
 reports, healthcare
 related forms,
 reconsideration letter
 & all level of appeal.

EDUCATION

MASTER IN BUSINESS MANAGEMENT (IMT)

(Graduated, June 2018) Master in Business Management – Marks 60% GAZAIBAD, UTTAR PRADESH

B.COM

(Completed, April 2014)
Jiwaji University – Marks 61%, Division I Gwalior, MADHYA
PRADESH.

HIGH SCHOOL (XII)

(Completed, April 2011)
Central Academy School CBSE – Marks 60%, Gwalior,
MADHYA PRADESH

SCHOOL (X)

(Completed, July 2009) St' Teresa School CBSE – Marks 60%, Gwalior, MADHYA PRADESH

WORK EXPERIENCE

SENIOR ANALYST - US

PHOENICIAN PRIMARY CARE – GURGOAN HARYANA (Feb 2020 – till date)

- Fetching inventory from MIS and allocating claims to my team member.
- Compile data and prepare monthly reports and statements.
- Writing appeal letter/ reconsideration form, calling to Medicare and speaking with IVR for claim status.
- Worked on claim denials, credentialing and credit balance.
- Worked for multiple specialty doctors claim, high dollar value claims, always tried to get resolve claims and appeals with in TAT.

PROFESSIONAL AFFILIATIONS

- Advanced Excel
- MS access
- Powerpoint
- VBA
- Client Requirement draft.
- SOW (Scope of Work)

LANGUAGE

- English
- Hindi

PERSONAL INTEREST

- Education & Development
- New technologies
- Public relaion
- Research & Development

- Writing appeal for hospital billing/ physician billing, HCFA 1500 & UB04 letter/ reconsideration form, calling to Medicare and speaking with IVR for claim status, making aging report, AR aging.
- Calling insurance company to get claim status, follow up on claims denied by insurance.
- Fetching patients' medical records, merging multiple documents into a packet and sending via Fax.

SENIOR ANALYST (SME)

MEDCLOUD SOFTWARE – GURGOAN HARYANA (April 2019 – Feb2020)

- Research and analyze accounts. Investigate and resolve billing and account discrepancies.
- Compile data and prepare monthly reports and statements.
- Follow-up with insurance representative for claim status till that claim get zero balance.
- Using multiple US healthcare insurance websites to get claim status.
- Fetching inventory from MIS and allocating claims to my team member.
- Worked on claim denials, credentialing and credit balance. Testing on software, employee retention and recruitment.

SENIOR ACCOUNT RECEIVABLE EXECUTIVE

R1 RCM

(April 2018 – April 2019)

- Writing appeal letter/ reconsideration form, calling to Medicare and speaking with IVER for claim status.
- Calling insurance company to get claim status, followup on claims denied by insurance.
- Worked for hospital billing/ physician billing, HCFA 1500 & UB04.

CAREER HIGHLIGHTS

- Excellent communication skills
- Problem solving
- Team player
- Self-motivated

PERSONAL INFORMATION

- Birthday 6th August 1993.
- Gender Male
- Marital Status Single

SENIOR ANALYST

ARVATO BERTLESSMANA – NOIDA, UTTAR PRADESH (April 2016 – April 2017)

- Worked for various types of insurance like Workers compensations, No fault, Auto insurance.
- Worked for multiple specialty doctors claim, high dollar value claims, always tried to get resolve claims and appeals with in TAT.

IBM CONCENTRIX DAKSH

AR FOLLOW-UP ANALYST – GURGOAN HARYANA (April 2015 – April 2016)

- Follow up on the patient accounts and finding out the errors instead of waiting to receive the errors in the mail, saving time and to work on it why the payment is got stuck
- Follow up on the pending payments for the information from the member like accidental details, new born baby details, Cob etc.
- Working on Accounts receivable of the US hospitals.
- Handling the Particular patient Accounts for the payment, calculating the Co pay, co-insurance, deductibles, reviewing the accounts of the patient and coding, medical transcription.
- Calculating the AR payments that have not received
- Updating patient's general & medical information in R1D (Hospital End Tool)
- Making Training modules for Fresher's based on the insurance categories (Categories cover fresher's & analyst level users.
- Training of fresher's on hospital tools (R1D, Cerner, ePremise, Docuware, Availity, Pittsburg, Manhattan, Wamego)
- Making Daily Production reports, Daily Absenteeism report, Downtime Report, Leave Planner, reposts of the particular payment of the patients,
- Registering websites for all the insurance company's basis on the process requirement
- Providing floor support to users.
- Working on credit balance for refund which includes correspondence from hospital/physician
- Preparing Functional Review report, Present data to the manager
- Finding trend to reduce AR

EXTRA-CURRICULAR ACTIVITIES

- Literature
- Sport, Outdoor
- Education & Development
- New Technologies
- Music
- Singing
- Playing musical instruments
- Public relation
- Adventure
- Research & Development
- Writing

FOLLOW- UP

- Analyzed accounts and checked claim status through websites.
- Worked on medicare & Medicaid (Federal insurance)
- Worked on commercial insurance.
- Managed denials and process claims.
- Prepared all level of appeals and medical documents to send insurance via fax and mail.
- Prepared spreadsheets and shared with higher managements.

DECLARATION

I Geetesh Valecha, hereby declare that the information contained herein is true and correct to the best of my knowledge and belief.

Geetesh Valecha