**Sangram Singh Verma**

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**Summary**:

* I am a dynamic professional with 7.3 Years in US Healthcare insurance (operational) and 1 years of experience in Customer Services.
* In-depth understanding of US Health insurance policies laws and regulations.
* Proficient in Excel, MS Word and medical precertification and AR follow up.
* Excellent customer service skills and personable demeanor.
* Capable of performing work independently and efficiently.
* Proficient in many computer programs related to insurance claims.
* Claim Adjudication and denial management.
* Revenue cycle management, AR follow up.
* Work ethic and focus necessary to work in a busy office setting.

**Education**:

Bachelor of Arts, CSJM University, Kanpur, UP **2012**

**Professional Experience**:

**Optum Global advantage Dec’21 to Sep'22**

Optum has been operating in India since 2002 and has teams supporting digital health care, product development, automation, analytics, data solutions and health care operations.

With access to scalable.

**Job Profile:**

**Claim adjuster/Appeals representative**

**Skills:**

###### Claim adjudication & Denial management

* Coordinate the benefits as per the requirement
* Review the primary insurance EOB
* Request the Itemized bill in case R&B denied for no Authorization

**Professional Experience**:

**WNS Global Service PVT Ltd, Gurugram, Haryana Nov’14 to Oct’21**

WNS Global is a global business process management company headquartered in Mumbai, India. WNS offers customer care outsourcing, finance and accounting, human resource outsourcing, legal services, procurement, risk management, transformation solutions and research and analytics to ten industries.

**Job Profile:**

**AR Follow up & Pre-certification specialist**

**Skills**:

* Microsoft Office
* AR Follow up
* Pre-certification specialist
* Eligibility & Benefits verification
* Training and development
* Denial management
* Customer Relationship

Responsibilities:

* Handles day-to-day billings, maintains and grows payor relationships, and ensures optimal billing processes. Depending on the volume of billings, this may also involve specialists in Medicare and Medicaid Follow-up as well as Commercial Payor Follow-up.
* Identifies root causes of insurance denials, sends appeals to payors, and strives to minimize lost revenue.
* Collaborates with insurance representative to resolve outstanding obligations in a fair and timely manner.
* Request claims to be reprocessed where necessary or prepare and submit corrected claims to the insurance companies for payment
* Calling to the insurance company and obtaining the pre authorization for Radiology services & Surgical procedures on behalf of the hospital.
* Follow up on the pending authorization with insurance and provide the additional clinical information if required to approved the case
* Notifying to the insurance company for the inpatient emergency admission on timely manner
* Obtaining the authorization for Chemotherapy drugs and Chemotherapy supportive drugs (J-codes)
* Verifying eligibility & benefits for scheduled surgical procedures
* Maintains quality service by establishing and enforcing organization standards
* Document process Dashboards and variation statistics (as per report structure).
* Analysis support on staff performance based on data with areas of improvement.
* Provide consultancy for process queries and conduct refreshers.
* Give feedback and coaching to the team.
* Work closely with the client over regular process updates.
* Supporting continuous process improvement initiative to ensure high level of customer satisfaction.
* Handle client’s quality issues independently, keeping key stakeholders informed of the developments at all times.
* Client interaction and co-ordination with various stakeholder’s continuous process improvement.
* Responsible for Client relationship building between client and team members. Proactively communicating with the Client and meet or exceed client's expectation by making the team understand their roles and responsibilities and should align their goals per the clients' expectations/SLA
* Track / monitor and improve all CTQ's.

**Achievements:**

Achiever award for quarter-3 2015.

Go Getter award for quarter 1 & 3 2016.

Achiever award for quarter 2&4 2017.

Star performer award for quarter-3 2018

Front runner award for quarter-3 2019.

**Genpact, Gurugram, Haryana Dec’12-Sept’13**

Genpact is a global business process management and services and IT corporation with key offices in New York City, United States. Genpact has a few hundred clients, including approximately one-fifth of the Fortune Global 500. It was founded in 1997 as a business unit within General Electric. In 2015, Business Today ranked Genpact second in its BPO, KPO, and ITES category and 21st in its overall category for “Top 25 Best Companies to Work For” in India.

**Job Profile:**

**Max Life Insurance**

**Customer Service Representative:**

Responsibilities:

* Provide support in inbound process.
* Verified, updated and corrected patient-related information including insurance information, and address on a daily basis.
* Ability to effectively communicate and resolve insurance and billing issues by utilizing all resources for account resolution.
* Assist customers in their queries and raise ticket regarding the same issues.

**Personal Details**:

**Father’s Name** : Mr. Ram Naresh

**Date of Birth** : 30-Jun-1989

**Nationality**  : Indian

**Sex** : Male

**Languages Known** : Hindi and English

I hereby declare that the above-mentioned information are true and correct to the best of my knowledge and belief.

**Place**: (Sangram Singh Verma)