

MEERA. S

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CAREER OBJECTIVE:

To be involved in work, where I could operate my experience and skills in support of managing the demanding profession. I would like to place my entire attempt in conveying undertaken work, moreover improving the efficiency to sharpen up in achieving the targets of the Company.

Professional Experience:

December, 2017 to November, 2020, worked as 'Claims Assistant - Medical' - Dar Al Takaful PJSC, Dubai, United Arab Emirates:

- Uploading claims correspondence and claim forms received onto the claims system, responding to customers' written requests for claim forms or enquiries into the progress of their claims, and their general enquiries.
- Thoroughly reviewing all the Claims to ensure that there is no missing or incomplete information.
- Entering web claims into the tracker and assigning Reference number for future tracking.
- Reject or accept documentation, determine benefit due, and start the denial or payment process to resolve medical claims.
- Having good knowledge of medical terminology and ability to correctly read and assess medical documents.
- Keeping the customer informed of progress at all times both verbally and in writing.
- Taking inbound calls from customers.
- Assisting with general queries.
- Taking new claim request calls and registering claims.
- Analyzing a claim made by a policymaker to establish whether it satisfies the policy conditions
- Intimating denials to the broker/client and entering into the tracker
- Effectively communicate with claimants, clients, and providers.
- Printing cheques after approval.
- Occasionally dispatching cheques
- Retrieving claim documents/originals according to the requirement
- Submission of Additional documents to NAS- when required.
- Ensure all claims information remains confidential.
- Engage in continuing education and training opportunities as and when possible.

CORE COMPETENCIES:

- Profound knowledge of Healthcare Insurance, Medical Coding Process Management and Risk Management.
- In deep awareness of Coding Practices and Strategies of Medical Coding.
- Attention to detail and ability to manage and prioritize workload whilst sticking to the given deadlines.
- Highly skilled in abstracting information and assigning codes to describe each documented analysis.
- Extremely sound understanding of medical terms, Pharmacology and Physiology.
- Ability to deal with multiple issues simultaneously (multitask) and move them all towards resolution.
- Thorough understanding of Anatomy, Physiology, Pharmacology and Pathology related diseases.
- Conversant with Coding related to Medicines, Surgery, Radiology and Pathology.
- Acquainted with CPT, Medical Terminology code assignment as per ICD coding guide lines.
- Conversant with Health Information Management and HCPC level II Codes.
- Understand the importance of co-ordination between clinical departments to ensure best care is provided to the patient.
- Well maintained and proficient with the financial records.

SKILLS:

- Able to work in a pressurized environment with continuous deadline and capable of making quick decision in time constrained situations (TPA Claim)
- Energetic personality and positive attitude
- Skilled in computer such as MS Word, MS Excel, MS PowerPoint.
- Outstanding communication, organizational and interpersonal skills.
- Ability to Absorb technology faster, Strong determination, Interpersonal learning and team skills.

ACADEMIC QUALIFICATION:

- B.Sc. Nursing from Rajiv Gandhi Univ. of Health Sciences, India.
- Diploma in Critical Care Nursing from Amrita Institute of Medical Science, Cochin, India.
- Certified Advanced Medical Coder
- AAPC ICD 10 CM Proficiency Assessment Test.

PERSONAL DETAILS:

Marital Status: Married.
Nationality: Indian.
Languages known: English, Hindi, Malayalam.
VISA: Husband Visa