LAKSHMAN S

Contact

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Skill Highlights

- Quick Learner.
- Perfect multitasking.
- Interpersonal Skills.
- Insurance and Claims .
- Reconciliation and Appeals
- Payment Follow-up
- Denial Management
- Maintaining Reports
- Team Leadership.
- Data Management.
- Service-focused.

Languages

- English
- Tamil
- Telugu

Professional Summary

Insurance Claim Processor / Account Receivable Caller (Subject Matter Expert) with overall 6 years of experience including 1 year of UAE experience. Excellent training delivery and customer service skills in terms of knowledge, communication experience, accounts etc. A good team player, quick learner, motivated team player with strong organizational and customer service abilities. **A subject matter expert experienced in analysis of health care account receivable, appeals and reconciliation, handling insurance queries and clarifications.**

Work Experience

Insurance Claim Processor (Team Leader) - 07/2019 to **08/2020**
Trident Marketing / Healthcare Core Services – Dubai DIFC, UAE

Subject Matter Expert - 08/2017 to **12/2018**
Access Health care services, India

Process Executive (Claims Handling) - 03/2014 to **07/2017**
Cognizant Solutions Limited, India

Education

B.E Mechanical Engineering, 2009-2013

Sri Venketeswara College of Engineering and Technology (Anna University), India

Achievements

Received Three **WAH Awards**. (Customer Service calls Handling 100 % in Target and Quality.

Received **PHEONIX Award**. (Appreciated by Client for handling Customer service).

Additional Info

Nationality: Indian

DOB: 26-April-1989

Visa Status: Work Visa

Joining Status: Immediate

Profile Highlights

- Submission and Re submission.
- Coding Error Identification on the Claims denial.
- Denial and Payment Follow-up.
- Obtaining Authorization verification with Insurance
- Importing and Validating the claims.
- Preparing and Analysis the Rejection Report.
- Maintaining reports, Downloading Inventory and preparing final summary report.
- Preparing Data for Reconciliation Preparing Rejection Report Weekly Basis.

Work Details

- Handled team, taking reports on rejection claims, aging report, pending amount report and assigning teams to complete the target.
- Reviewing bulk issues on claims rejection report and resubmitting claims within TAT.
- Billing patient for deductible, coinsurance and copay and submitting patient letter asking for various information.
- Handling team production and quality on claims and worked on basic medical coding issues.
- Getting payment follow up on the claim, submitting appeals, calling insurance to get the payment for an appeal status. Worked for insurance, Claim Adjudication, Appeals, Claims submission, Re-submission, Revenue cycle management.