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SMRUTHI.A.R

ADMINISTRATION

Dear Sir / Madam,

I am submitting my CV to express strong desire to be considered for **Administration** position in your esteemed organization.

I have around 4 years of experience in the field of Claim process and administration.

I should be very grateful for this opportunity and able to take on the responsibility of this position immediately with the enthusiasm and determination to ensure that I make a success of it.

Thank you for taking the time to consider this application and I look forward to hearing from you in the near future.

Sincerely,

Smruthi. A. R

SMRUTHI.A.R

<u>ADM</u>INISTRATION

PROFILE

Dedicated, responsible, quick learner and innovative having around 4 years of Insurance resubmission and claim processing experience. Looking for a new challenge in **ADMINISTRATION** to achieve management vision & goals in planned and stipulated time frame by capitalizing on my competencies in best possible way.

EDUCATION

- Master of Business Administration in Finance.
- Bachelor of Arts in Economics.

KEY COMPETENCIES

- Core Strengths in Insurance, Medical claim processing, Accounting and Finance.
- Good knowledge about insurance resubmission and denial management.
- Strong knowledge of Insurance policies and Procedures in UAE.
- Proficient in knowledge of life advisory skills.

WORK EXPERIENCE

RESUBMISSION ANALYST

LIFELINE HOSPITAL, ABU DHABI, UAE DEC 2012 - JULY 2015

- Reviews all medical billings and non-medical billing for reasonable and necessary charges.
- Coordinating with insurance companies for obtaining information on new policies and their coverage.
- Coordinating with team to make sure work to be done on time and daily basis to enhance quality of the work.
- To network with insurance companies to obtain accreditation as a provide.

KEY SKILLS

- Good in communication
- Enthusiastic supporter
- Quick learner
- Self motivated and leadership
- Excellent team player
- Excellent in taking responsibility.

SMRUTHI.A.R

ADMINISTRATION

- To liaise with insurance companies regarding eligibility, payments, approval, reconciliation and other requirements.
- To liaise with patients regarding their eligibility and entitlements. Recommends appropriate payments of dispute of billing, as necessary before resubmission.
- Provides second review of bills on which providers question the appropriateness of payments authorized.
- Respond to questions, telephone calls, letters regarding the decisions, and reductions.
- Establish channels of communication with providers to familiarize them with necessary procedures or guidelines.
- Coordinating with team to solve work related issues and to take necessary actions.
- Working with problem claims & denials.
- To maintain and update records related to re-submission and claim process.

ASSOCIATE - REVENUE CYCLE MANAGEMENT

NEXT SERVICES, MUMBAI, INDIA SEP 2010 - OCT 2011

- Overall responsible for registration, filing and maintenance of medical records and documents.
- Responsible for maintaining financial records and performing accounting tasks.
- Entrusted with initiating and maintaining correspondence with patients and insurance companies.
- Responsible for processing medical insurance claims, medical billing and electronic claims, and incorporating as correct coding procedures.
- Responsible for Translating codes into insurance companies' preferred coding system.
- Effectively managed preparation of the appropriate claims documents required by each insurer.
- Responsible for submit, organize and track all insurance claims filed by the health care provider.
- Ensured effective follow-up until payment is received, and manage collections activities by posting in software provided.

PERSONAL INFORMATION

Date of Birth : 13th August 1987

Nationality : Indian

Languages : English, Hindi, Kannada

Gender : Female

Marital Status : Married

Passport Number: K1719729

(Valid Till 22.11.2021)