FARHANA SHERIN

PROFESSIONAL MEDICAL CODER/BILLING SPECIALIST

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📍 Sharja,UAE

EDUCATION

2022 - 2023 | MEDICAL CODING & BILLING
Cardea Health Care Solutions Kerala, India.

2011 - 2015 | B.E IN ECE
Visvesvaraya Technological University,
Belgaum, India.

SKILLS

- Client Relationship Management
- Payment Posting
- AR Denial management
- Team Work
- Leadership Quality
- Time Management

COMPUTER SKILLS

- Availity
- Athena
- Tebra
- Elation
- ECW E Clinical
- Practice fusion
- Office Ally
- Nextgen
- Cure MD
- MS Office

LANGUAGES

- English
- Malayalam
- Hindi
- Arabic

TRAININGS

- Completed 3 months medical coding training -Cardea Health Care Solutions Kerala, India.
- HIPAA Compliance Program Privia University.

PERSONAL DETAILS

Nationality   : Indian
Gender   : Female

PROFILE

Experienced Independent Contractor (RCM) and Team Leader (RCM, RPM) with a strong background in medical billing and coding, specializing in revenue cycle management, claims processing, and denial management. Proven expertise in applying CPT, HCPCS, and ICD-10 coding to ensure accurate and compliant billing for various medical services. Skilled in managing end-to-end billing processes, including eligibility verification, claims submission, payment posting, and resolving billing discrepancies. Adept at using billing software, analyzing medical records, and optimizing revenue cycle performance. Seeking to leverage experience in medical billing and medical coding to contribute to a dynamic healthcare team and improve overall billing efficiency and reimbursement outcomes.

WORK EXPERIENCE

MEDICAL CODER/INDEPENDENT CONTRACTOR (RCM)
Progress Health | CA,USA | Jan 2022-Present

- Verify patient insurance eligibility and coverage details and submitted electronic and paper claims in compliance with insurance guidelines, including PPO, POS, EPO and HMO plans.
- Applied Medicare and Medicaid guidelines across states for accurate medical coding using ICD-10, CPT, and HCPCS.
- Communicated effectively with medical providers, clients, and insurance representatives to resolve billing discrepancies.
- Ensured compliance with all federal and state regulations, including HIPAA and payer-specific guidelines and protect patient confidentiality.
- Ensure timely submission of insurance claims to maximize reimbursement.
- Conduct follow-ups on denied or underpaid claims to resolve discrepancies.
- Maintain up-to-date knowledge of payer policies and billing guidelines.
- Generate detailed reports on billing activities and revenue performance.
- Utilize billing software and tools to streamline claims processing.

TEAM LEADER (RCM, RPM) US
Agimacare | Kochi,INDIA | Apr 2021-Aug 2023

- Reviewed medical records and coding to ensure compliance with ICD-10, CPT, and HCPCS standards, resulting in a 90% reduction in claim rejections due to coding errors.
- Conducted regular training sessions for the team, leading to a 60% increase in overall team accuracy and a 30% reduction in claim processing time.
- Managed multiple accounts, including obstetrics radiology, E&M, general medicine, orthopedics, pulmonology, inpatient, and outpatient departments, improving account resolution times by 42%.

ACHIEVEMENTS

- Participated in the Information Search Analysis and Presentation (ISAP) Seminar-2012.
- Participated in Lexical hardware debugging during national level technical symposium.
- Trained by Infosys campus connects innovation unlimited and Quantech origin.