



JAFFAR ALI S  
CERTIFIED MEDICAL CODER

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Al Zahiya

Abu Dhabi, United Arab Emirates

SUMMARY

Detail-oriented and Certified Medical Coder with 2+ years of comprehensive experience in medical coding with a focus on accuracy and regulatory compliance. Proficient in managing medical billing operations, ensuring accuracy and compliance with regulations. Skilled in processing insurance claims, resolving billing discrepancies, and optimizing revenue cycle efficiency. Proven ability to communicate effectively with healthcare providers, insurance companies, and patients to facilitate smooth billing processes. Seeking to leverage expertise in a dynamic healthcare organization to drive operational excellence and financial performance.

CERTIFICATIONS

AAPC - CERTIFIED PROFESSIONAL CODER (CPC®) - 81%

MEMBER ID : 02268202

EDUCATION

MBA - HEALTH CARE MANAGEMENT  
ALAGAPPA UNIVERSITY  
2019 - 2021

BE - COMPUTER SCIENCE  
ANNA UNIVERSITY  
2011 - 2015

HANDLED SOFTWARES

- CERNER - MILLENNIUM
- 3M ENCODER
- MICROSOFT OFFICE SUITE
- CITRIX
- SAP
- POWERCHART

LANGUAGES

ENGLISH	★ ★ ★ ★ ★
TAMIL	★ ★ ★ ★ ★
HINDI	★ ★ ★
MALAYALAM	★ ★ ★

PROFESSIONAL EXPERIENCE

MEDICAL SECRETARY  
BURJEEL HOSPITAL  
2024 - PRESENT

- Provided administrative support to medical staff, including scheduling appointments, handling phone calls, surgeries, and procedures, ensuring optimal use of physician's time.
- Manage patient intake process, including registration, insurance verification, and medical history documentation
- Verifying insurance coverage and processing billing and insurance claims, resolving any discrepancies or issues in a timely manner.
- Reviewed and analyzed medical records, including physician notes, lab results, and diagnostic imaging reports, to ensure complete and accurate coding.
- Collaborated with physicians, nurses, and other healthcare professionals to clarify diagnoses or gather additional patient information to address missing details in the documentation.
- Developed and maintained coding guidelines and documentation standards to ensure compliance with regulatory requirements in accordance with HIPAA regulations.
- Assigned diagnostic and procedural codes to a high volume of patient records using ICD-10-CM, CPT, and HCPCS coding systems.
- Making sure that codes ICD and CPT are assigned correctly and sequenced appropriately.
- Prepared and submitted medical insurance claims to relevant insurance companies, ensuring all required documentation is included

## EXPERTISE

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- Medical Terminology
- Anatomy and Physiology
- HCPCS
- ICD 10 - CM
- CPT
- Billing Support
- UAE Insurance portals
- Microsoft Office Suite (Word, Excel)
- Medical records
- HIPAA Compliance
- Time Management
- Team work and Collaboration
- EMR (Electronic Medical Records)
- Problem solving skills

## PERSONAL DETAILS

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**DATE OF BIRTH** : 13-05-1995

**PASSPORT NUMBER** : Y7179535

**VISA** : EMPLOYMENT VISA

**NATIONALITY** : INDIAN

## MEDICAL CODER

OPTUM - EPISOURCE INDIA PRIVATE LIMITED  
2022- 2024

- Assigned diagnostic and procedural codes to a high volume of patient records using ICD-10-CM, CPT, and HCPCS coding systems.
- Conducted thorough reviews and analysis of medical records to ensure accuracy and completeness of coding, resulting in a reduction of coding errors.
- Developed and maintained coding guidelines and documentation standards to ensure compliance with regulatory requirements in accordance with HIPAA regulations.
- Utilized coding software and electronic health records (EHR) systems proficiently to streamline coding processes and maximize productivity.
- Collaborated with healthcare providers and clinical staff to obtain missing documentation and clarify diagnoses and procedures, improving coding accuracy and reimbursement rates.

## INSURANCE COORDINATOR

PANDIAN MULTISPECIALTY HOSPITAL  
2016- 2019

- Assisted patients in understanding their medical insurance coverage, benefits, and claim processes in compliance with regulations.
- Collected and verified patient information and insurance details to initiate insurance claims including eligibility and pre-authorization accurately and efficiently.
- Prepared and submitted medical insurance claims to relevant insurance companies, ensuring all required documentation is included.
- Developed claim reports for analysis and performance measurement and coordinated with the finance department to ensure accurate billing of services provided to patients
- Communicated with patients to explain insurance coverage, co-pays, deductibles, and out-of-pocket expenses
- Corresponded with insurance companies to resolve payment delays, requests for additional information, or to discuss denied treatment coverage.

## DECLARATION

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I hereby declare that the information given above is true with the best of my knowledge and belief.

**DATE**

**JAFFAR ALI S**