



## MAHALAKSHMY NANDAGOBALAN

Currently in Dubai, United Arab Emirates, Nationality: Indian

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### OBJECTIVE

Hardworking professional with over 5+ years of successful track record in the US healthcare sector revenue cycle management (RCM) is seeking a transformative career transition to the United Arab Emirates healthcare sector. I am well versed in collection techniques, claims processing, denial management, claim appeals, collecting past overdue balances. I always like to learn new things and excel in whatever I do.

### EXPERIENCE

- ✓ **Ntt data pvt Ltd, India** Dec 2017 - Dec 2018  
Insurance coordinator, denial management  
US healthcare
- ✓ **Miramed Ajuba Global Solutions, India** Feb 2019 - Feb 2021  
Revenue cycle billing, Authorizations, Rejections & Referrals  
US healthcare
- ✓ **Business Integrity Solutions, India** Feb 2021 - Feb 2022  
Patient Coordinator, Appeals and Eligibility verification  
US healthcare
- ✓ **AGS Health pvt Ltd, India** Feb 2022 - Dec 2023  
Quality auditor, Team training & feedback  
US healthcare

### EDUCATION

- ✓ **PONDICHERRY UNIVERSITY, INDIA** 2017  
Bachelor of Engineering and technology (Computer science and engineering)
- ✓ **ANNAI TERESA GIRLS HR SEC SCHOOL, INDIA** 2013  
Higher school certification

### MICROSOFT OFFICE SKILLS

MS excel:

- \*Proficient in Microsoft Excel, mastering advanced functions, formulas, and data analytics.
- \*Skilled in visually presenting data through charts, graphs, and pivot tables.
- \*Hands-on experience with intricate data manipulation, including VLOOKUP, HLOOKUP, and IF functions.

PowerPoint Presentations:

- \*Content organization: Structuring the presentation with a clear start, outlining main points, and concluding effectively.
- \*Visual design: Designing visually attractive slides using fitting fonts, colors, and images for an engaging presentation.
- \*Slide layouts: Applying different slide layouts for titles, content, images, and more.
- \*Data Visualization: Skill in creating charts, graphs, and diagrams to convey data effectively.
- \*Multimedia Integration: Incorporating videos, audio, and hyperlinks to enhance content.
- \*Public Speaking: Developing public speaking skills for a confident presentation.
- \*Slide Notes: Creating helpful speaker notes for own reference during the presentation.
- \*Interactivity: Incorporating interactive elements like polls or quizzes to engage the team members.

## REVENUE CYCLE MANAGEMENT SKILLS

\*Team quality improvement and training: Conducted daily audits, collaborated on quality assurance, addressed errors and reported issues. Engaged in team feedback sessions, client calls and rebuttal discussions. Provided personalized training, assessed weekly for improvement. Evaluated call quality, created reports, driving continuous team quality enhancement.

\*Patient Coordination: I excel in patient care and office management. Skilled in scheduling, correspondence and referrals in a busy healthcare setting. Proficient in electronic health records. Strong communicator, dedicated to top-notch care and smooth healthcare services.

\*Customer service: I assist patients and providers in navigating medical billing and insurance. I handle inquiries, resolve disputes and ensure transparent billing explanations. Verify insurance, process payments and collaborate with insurers for accurate claims. Through effective communication and problem-solving, I aim to ease financial stress, contributing to a positive patient experience.

\*Authorizations: I successfully manage obtaining pre-approvals for medical procedures, verifying insurance, and ensuring billing compliance. With attention to detail and communication, I streamline authorizations, reduce denials, and optimize revenue. Crucial for patient care and revenue maximization.

\*Eligibility verification: I verify patient insurance, ensuring accurate claims processing. Meticulously reviewing policies, I communicate with insurers and update records. My role streamlines billing, reduces denials, and maximizes healthcare facility revenue. Crucial for financial health and ensuring patients receive entitled benefits.

\*Medical records management: I oversee organization and maintenance of patient records, ensuring accuracy for proper billing. Supervising coders and billers, I implement efficient record-keeping practices, adhering to compliance. High data integrity and streamlined retrieval contribute to financial success while upholding confidentiality and regulatory requirements.

\*Charge entry: Focused on accurate and timely entry of patient and service data into the billing system. With attention to detail and compliance, I recorded demographics, verified charges and stayed updated on coding regulations. Collaborating across departments, ensured a seamless billing process, contributing to efficient revenue cycle management and rightful reimbursement for healthcare facilities.

\*Patient communication and collections: Bridged communication between providers and patients, clarifying billing inquiries and explaining insurance claims. Through empathetic communication, I resolved disputes, educated on financial responsibilities and arranged payment plans. My efforts improved patient satisfaction and streamlined the billing process, enhancing the overall healthcare experience.

\*Payment posting: I accurately record and reconcile financial transactions for medical services, matching payments and EOBs to claims. I address discrepancies, follow up with payers, and maximize revenue.

\*Accounts receivable: I managed outstanding payments, creating/tracking invoices, managing claims and following up on unpaid bills. Efficient accounts receivables management ensured timely reimbursements, crucial for financial stability and quality patient care. Involves coding, billing, claims processing, communication for optimized revenue collection and minimized cash flow delays.

\*Denial management: I systematically identify, analyze and resolve claims denials to maximize revenue. Reviewing denied claims, implementing corrective measures and ensuring effective communication with payers. My role is crucial in streamlining the revenue cycle, recovering lost revenue, preventing recurring issues and enhancing overall financial health. Dedication to resolving claim denials ensures quality patient care and financial stability.

\*Claim status through payer portal: I verify claim statuses through payer portals, navigating insurance websites with attention to detail. I track claim progress and reimbursement status by utilizing online tools. My familiarity with medical codes ensures accurate billing, maximizing revenue for healthcare providers while maintaining compliance with regulations.

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## LANGUAGES

English - Proficient

Tamil - Native

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## HOBBIES

Music

Chess

Playing with pets