



NOORA M NIZAR

Medical Coder

Profile

Experienced, hardworking and dedicated Insurance Coordinator and Document Controller with 2 year of experience in a fast-paced hospital environment. Skilled in ICD-10 CM,CPT and HCPCS coding processes, medical documents controlling, insurance, multi- tasking and administrative support. Expert in accurately coding and abstracting patient information. Always willing to learn new things from my coworkers, and leaders.

Experience

December 2023 – March 2024 (Internship)

Amina Hospital, Ajman, United Arab Emirates

MEDICAL INSURANCE COORDINATOR

- Managing works in the department by planning, organizing and directing the hospital insurance programs
- Preparing and submitting documentation in support of property and liability claims involving the facility.
- Reviewing and analyzing insurance premiums and recommends appropriate internal distribution among funding sources And
- Monitoring all other claims status with the state and user departments until settlement is complete.
- Maintaining relations with insurance providers and provide customer service and liaison between the patients, physicians, nurses, medical coders and Insurance company.
- Managing the front desk staffs and ensuring team development and complaint resolution, setting key performance indicators for direct reports and Collaborating with other members of the team to carry out work smoothly.
- Maintaining confidentiality with regards to any information exchanged or received in accordance with facility policy.
- Clarifies discrepancies in documentation and coding.
- Verifies health care charges against established rates for diagnosis, treatment, services and supplies. Maintain patient accounts via automated billing system, using codes to facilitate reimbursement from insurance companies; and establishes pro-rata responsibility to permit prompt collection of patients share.
- Assisting with the overall patient finance operations of the acute care facility including patient accounts and other financial planning activities within the hospital organization.
- Adhering to requirements of the occupational health and safety guidelines and infection control guidelines.

September 2022 – November 2023

Dr.Dhirar Memorial Hospital, Kerala, India

MEDICAL CODER

- Handling medical insurance claims, charge entry, eligibility verification, denial management and billing process of ambulance service under(AMR) ambulance service in the United States.
- Check- in and Check-out of medical record charts through computer system.
- Making sure all chart is filled out completely, signed by physicians.
- Maintained updated knowledge of coding requirements.
- Assigned (ICD 10 CM),(HCPCS) codes into patients medical record.
- E- Claim submission with using of(EHR)software system.
- Verified coverage and eligibility for medical services.
- Scheduled customer appointments and managed customer databases. Answered, screened and routed incoming calls in a professional and timely manner.
- Assited with basic office tasks such as photocopying, filing and data entry.

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Dar Al Barakkah–Al Nahda
2 - Dubai

EDUCATION

Bachelor of Arts

Marthoma College of
Science and Technology

2018–2021

Certified Medical Coder (AAPC)

Cigma Medical Coding Academy
2022

EXPERTISE

Maintaining Medical records
Organizational Skills
Problem Solving
Scheduling Skills
Interpersonal Skills
Computer Skills
Fast Learner
Medical Terminologies
Anatomy and Physiology
Good in ICD, CPT, HCPCS
Regulatory compliance
understanding
CMS guidelines
Revenue cycle management
Insurance Billing
Insurance Forms Processing
Insurance Authorizations
EMR Systems
Records Management
Records Review
Compliance Verification
Microsoft Office

CERTIFICATES

CPC-Certified Professional Coder
(AAPC)

LANGUAGE

English

Hindi

Malayalam

- Respond to client inquiries, address concerns, and provide timely updates on policy status and coverage details
- Risk Assessment : Participate in the assessment of insurance risks for potential clients.
- Collaborate with underwriters to analyze risk factors and determine appropriate coverage options and premiums.
- Claims Support : Aid in the claims handling process by documenting relevant information, communicating with clients, and facilitating the claims submission to the insurance carriers.
- Compliance and Regulations : Stay updated with industry regulations, policies, and procedures to ensure all insurance activities align with legal and ethical standards.
- Administrative Tasks : Perform various administrative duties, such as maintaining records, preparing documents, and coordinating meetings and events within the insurance team.
- Relationship Building : Cultivate positive relationships with clients, insurance carriers, and other stakeholders to enhance customer satisfaction and foster long-term partnerships.
- Policy Administration : Assist in the preparation and processing of insurance policies.
- This involves gathering necessary client information, verifying data accuracy, and entering information into the company's systems.
- Client Servicing: Support insurance agents and brokers in managing client relationships.

September 2021 - October 2022

Dr.Dhirar Memorial Hospital, Kerala, India

DOCUMENT CONTROLLER

- Copied, scanned and stored documents.
- Checked for accuracy and edit files, like contracts.
- Reviewed and updated technical documents (e.g. manuals and workflows).
- Distributed project-related copies to internal teams.
- Filed documents in physical and digital medical records.
- Created templates for future use.
- Retrieved files as requested by employees and clients.
- Managed the flow of documentation within the organization.
- Maintained confidentiality around sensitive information and terms of agreement.
- Ensuring that all documentation is complete and accurate, and managing the release of information requests from patients or authorized personnel.

Reference

Dr.Arun Kumar Ag
RMO, Dhirar Memorial Hospital

Dr. Shameen Dhirar
MD, Dhirar Memorial Hospital

Hasan Sayed
PRO, Amina Hospital