

# RISHADA PCP

CERTIFIED PROFESSIONAL CODER



## CONTACT

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## CERTIFICATION

### Medical Coding (CPC)

AAPC MEMBER ID - 02019738

## EDUCATION

### BA Psychology

IGNOU 2017-2020

## SKILLS

- Proficient in CPT, ICD-10-CM, HCPCS- level II codes.
- Sound knowledge of Medical Terminology, Anatomy, Diagnosis and Physiology
- MS Office
- Working with insurance agents, and claim adjusters.
- Understanding of healthcare compliance regulations.
- Evaluating insurance policies and identifying coverage gaps
- Ensuring compliance with industry standards
- Assessing risk factors and making informed decisions

## ABOUT ME

Dedicated and detail-oriented professional with over a year of hands-on experience in healthcare coding. Proficient in accurately assigning diagnostic and procedural codes for a variety of medical specialties, ensuring compliance with coding guidelines and regulations. Adept at reviewing medical records, collaborating with healthcare professionals, and resolving coding discrepancies. Possess strong analytical skills and a comprehensive understanding of ICD-10, CPT, and HCPCS Level II coding systems. Committed to staying abreast of industry updates and continuously enhancing coding skills. Seeking to contribute expertise to a dynamic healthcare team in a challenging and rewarding role.

## EXPERIENCE

### Medical Coder

Dhanalakshmi Hospital  
Kerala, India March 2022 - september 2023

- Reviewed and processed insurance claims to verify eligibility and coverage.
- Communicated with healthcare providers to obtain necessary documentation for approvals.
- Maintained our system to ensure all insurance fee schedules are current and up to date.
- Researched and solved claim and billing issues.
- Interfaced with insurance carriers and other healthcare providers.
- Acquired specific CPT and ICD to ensure proper treatment and billing of all detailed procedures.
- Assisted patients with eligibility and benefit coverage questions.
- Collaborated with insurance companies to expedite approvals and resolve issues.
- Maintained accurate records of approvals and denials for reference.
- Contact patient as necessary to obtain information required for accurate claim adjudication.
- Verify and ensure that insurance information and authorization provided are current, accurate and not approaching expiration.
- Contact insurance companies as required to monitor claim status, pursue and dispute claim demands and seek all methods to resolve open claims which positively impact the adjudication process and minimize rejection.
- Collaborate with medical professionals to understand the necessity of certain treatments and advocate for patient care with insurance companies.