

HAREESH S.

MEDICAL INSURANCE PROFESSIONAL | MEDICAL CODER

Dubai, UAE | +971 509611516 | 98470hareeshs@gmail.com | Visa Status: Visit Visa

PROFESSIONAL PROFILE

CPC Certified Medical Insurance Professional with 4 years of experience in insurance claims processing, RCM and medical coding across leading hospitals and healthcare service providers. Adept at managing end-to-end insurance cycles, coding with 98% accuracy, and resolving complex claims through effective stakeholder coordination. Seeking to contribute my expertise in patient coordination, policy interpretation, and hospital administration to a fast-paced healthcare organization committed to operational excellence and patient satisfaction.

EDUCATION

Master of Business Administration (MBA) in Human Resources
Bharathidasan University – Kerala, India

Bachelor of Science in Mathematics
Mahatma Gandhi University – Kerala, India

Licenses and Certifications

Certified Professional Coder (AAPC)
Diploma in Computer Application

AREAS OF EXPERTISE

Insurance & Revenue Cycle Management: Insurance Claims Processing | Pre-authorization & Re-authorization | Eligibility Verification | Claim Submission & Resubmission | Claim Settlement & Follow-up | Denial Management | Insurance Policy Interpretation | Reimbursement Handling | Network Hospital Verification

Medical Coding & Documentation: ICD Coding | CPT Coding | HCPCS Level II coding | Inpatient & Outpatient Coding | Medical Record Analysis | Insurance Documentation Compliance | Coding Accuracy Audits

Others: TPA & Insurer Liaison | Patient Relations | Escalation Handling | Insurance Advisory to Patients | Stakeholder Communication | Audit Preparation & Participation | Admission & Discharge Coordination

WORK EXPERIENCE

Senior Insurance Executive | March 2025 – August 2025

Medidesk Healthcare Services – Kochi, Kerala, India

- Handled complete insurance cycle including patient registration, pre-authorization, claim submission, resubmission and final settlement with TPAs and insurance companies.
- Served as the key liaison between hospitals, TPAs, and insurance companies for timely claim approvals, negotiate disputed claims and early settlements and support revenue cycle processes.
- Improved claim approval rate to 95% by implementing pre-check systems for documents and eligibility.
- Tracked claim statuses and resubmitted rejected or pending claims with appropriate justifications.
- Accelerated claim settlement time, resulting in reduced receivables for partnered hospitals.
- Resolved claim denials by coordinating with insurers, patients and clinical staff to support appeals.
- Provided expert-level support for escalated claim issues, policy clarifications and high-value treatment approvals, ensuring minimal disruption to hospital revenue.

Medical Insurance Coordinator | July 2023 – October 2024

Mount Zion Medical College Hospital, Adoor – Kerala, India

- Coordinated pre-authorizations, patient eligibility verification, claim submissions and settlements.

- Served as the main point of contact between patients and insurance companies for timely claim resolution.
- Verified patient insurance coverage and policy details during admission, ensuring accurate classification of cashless, reimbursement and co-pay cases.
- Educated patients on insurance procedures, entitlements, exclusions and documentation requirements.
- Supported the pre-authorization and re-authorization process for ongoing inpatient cases.
- Managed daily follow-ups on pending and denied claims through insurance portals, calls and emails.
- Participated in internal audits, providing data insights and contributing to strategy development.

Medical Insurance Executive | February 2021 – June 2022

Mount Zion Medical College Hospital, Adoor – Kerala, India

- Processed both inpatient and outpatient insurance claims, ensuring timely submission and follow-up.
- Verified insurance during patient admission, checking policy validity, coverage limits and network hospitals.
- Reviewed medical records and clinical summaries to support claim documentation and reduce denials.
- Facilitated discharge procedures for insured patients, ensuring pre-authorization updates, final approval from insurers and timely claim submission.

KEY SKILLS

Core Skills: Effective Communication | Interpersonal Skills | Analytical Thinking | Organizational Skills | Decision Making | Deadline Oriented | Attention to Detail | Conflict Resolution | Team Coordination | Time Management

Languages: English – Proficient | Hindi – Proficient | Tamil – Proficient | Malayalam – Native

Digital Skills: MS Office Suite | Hospital Information System

PERSONAL INFO

Nationality: Indian