

James Christopher

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A Solution Centric & Quality focused professional with **4+ years** of experience in patient administration and insurance claims. Currently associated with **Ayu Health Hospitals Plus Health Tech ventures Pvt Ltd**, (Bangalore) as an **Executive Claims Specialist**.

Personal Particulars

Date of Birth : 25th November 1999
Fathers Name : Christopher
Marital Status : Single.
Nationality : Indian
Religion : Christian
Other Activities : Cricket, carom, and athletics.

Educational Qualifications

Course Certifications	University	Passed
Diploma in Computer Science Engineering BTL College	Bangalore	2021
Higher Secondary Certification Examination MKM HSS Piravom, Ernakulam	Kerala	2018
Secondary Certification Examination Asram H S S Ernakulam	Kerala	2015

Career Chronology

Core Responsibilities at Ayu Health Hospitals Plus Health Tech Ventures Pvt Ltd, (Bangalore) Exec Claims Specialist.

Hospital Empanelment:

- Collect information on insurer's criteria for empanelment, including documentation, compliance standards, and agreements.
- Ensure the hospital's policies and procedures meet the insurers' criteria.
- Complete and submit necessary applications and documentation to insurers.
- Identify and reach out to potential TPAs and insurers, presenting the hospital's credentials and benefits of partnership.
- Engage with insurance companies and TPAs to negotiate terms, including reimbursement rates, claim submission procedures, and payment timelines.
- Formalize agreements through contracts or Memorandums of Understanding (MOUs).
- Ensure all necessary documents, such as hospital accreditation and legal certificates, are completed and submitted in compliance with regulatory guidelines.
- Maintain ongoing communication with insurers and TPAs to address issues, stay updated on policy changes, and ensure alignment with terms.
- Work closely with the hospital's administrative, billing, and claims departments to integrate cashless tie-ups smoothly into the operational workflow.

Claims Management:

- Manage cashless insurance/TPA claims, ensuring efficient pre-authorization, submission, and follow-up for approvals to avoid delays in patient treatment or insurance reimbursement.
- Monitor TPA and insurance provider performance and resolve disputes or delays in claim processing.
- Manage customer complaints related to cashless insurance processing to ensure a smooth patient experience.
- Collect and analyze patient feedback to continuously improve cashless insurance services.
- Manage and resolve issues related to IP, Pharmacy, and laboratory billing and software systems.
- Manage credit billing, reconciliation, and follow-up of insurance claims. Handle bank reconciliation of health insurance claims and address patient inquiries regarding cashless insurance processing.

Daily Billing Collections:

- Collect, verify, and report daily In-Patient (IP) billing collections, including payment such as cash, credit card, and UPI.

- Cross-check each transaction against receipts and system records to ensure accuracy.
- Create a summary report detailing the total amount collected via each payment method.
- Ensure that the total collections match the amounts deposited in the respective accounts.
- Compile the verified data into a daily report for review and record-keeping.

Coordination and Training:

- Coordinate with specialist surgeons regarding surgery packages and explain them to patients.
- Handle queries and coordinate for approvals.
- Provide training to staff on new tie-ups and update hospital systems accordingly.

Core Responsibilities at E-City Hospital, Bangalore Patient Administrator Jan 1, 2020, to Jun 25, 2023.

Patient Registration and Coordination:

- Register patient visits in the hospital system for both new and returning patients.
- Coordinate appointments, surgeries, and procedures.
- Maintain accurate patient records, including medical histories, treatments, and insurance information.
- Ensure confidentiality of patient files and related information at all times.

Insurance and Billing:

- Advise patients on their medical insurance coverage by verifying online eligibility.
- Verify the validity, coverage, and approval status of insurance cards before doctor visits.
- Assist with insurance pre-approvals, claim submissions, and handling patient billing and payments.
- Provide necessary documents, such as claim forms and eligibility details, to the doctor's clinic.
- Ensure claim forms are signed by both the doctor and patient prior to submission.
- Verify services rendered to patients post doctors' consultation for accurate billing.
- Bill services rendered, payments collection, issuing receipts and detailed summaries of bills, providing clear explanations to patients.
- Maintain transparency in cash collection with regards to payment slips; accurately allocate receipts of payments (cash, credit card, cheque, vouchers) in the Hospital Management System (HMS).

Patient Liaison and Compliance:

- Act as a liaison between patients, their families, and healthcare providers to ensure effective communication.
- Address and resolve patient concerns and complaints to facilitate patient-centered care.
- Ensure strict adherence to healthcare regulations and safety standards.

Administrative Duties:

- Order and manage office and medical supplies.

Skills Set

- Diploma in Computer Application (GET-A)
- Proficient in MS Word and MS Excel, skilled in MS PowerPoint presentations.
- Excellent communication and interpersonal skills.
- Strong organizational and time management abilities
- Proficiency with healthcare management software and EHR systems.
- Attention to detail and accuracy in record-keeping.
- Knowledge of healthcare regulations and compliance.
- Problem-solving and critical thinking skills.

References

- Thirumalesh (MD) thirumaleshbk05@gmail.com
- Dr. Krishna (Medical officer) krishna@ayu.health