



NISA K H

MEDICAL CODER

CONTACT

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Al Khalidiyah
AbuDhabi

EDUCATION

CERTIFIED MEDICAL CODER /
CPC

2022

AAPC US

DIPLOMA IN OPERATION
THEATRE & ANAESTHESIA
TECHNICIAN

2019 - 2022

SKILLS

- Insurance claim analysis
- Teamwork and Collaboration
- Problem solving abilities
- Time Management
- Leadership
- Effective Communication
- Critical Thinking

COMPUTER SKILLS

- Coding - OP
- Excel
- Word

PROFILE

Experienced Coding Specialist with a Comprehensive Knowledge of ICD-10,CPT and HCPCS Coding Systems. Proven Track record of Accurate Coding, Complianci with Regulations and Optimizing Revenue Cycles. Strong attention to Detail and Analytical Skills to Ensure Precision and Quality in Coding Practices.

WORK EXPERIENCE

BURJEEL HOSPITAL , ABUDHABI UAE

INSURANCE COORDINATOR JAN-18-25 to Oct-19- 2025

- Verify insurance coverage for patients and explain benefits and coverage details to patients and office staff. Process
- dental insurance claims, including submitting claims electronically, tracking claim status, and following up on unpaid claims. Review and reconcile insurance payments,
- ensuring accuracy and completeness. Investigate and resolve claim discrepancies and denials, including
- resubmitting claims and appealing denied claims as necessary. Maintain accurate records of insurance billing and payments, including updating patient accounts and
- insurance profiles. Verify insurance coverage, patient eligibility, and pre- authorization requirements for dental procedures. Submit dental claims and follow up on
- approvals, rejections, and resubmissions Communicate with insurance companies, patients, and dental providers
- regarding claim status

PERSONAL DETAILS

- Date of Birth : 23/06/2002
- Nationality : Indian
- Marital Status : Single

LANGUAGE KNOWN

- MALAYALAM
- ENGLISH
- TAMIL

SOFTWARE FAMILIARIZE

- SAP
- INSTA

- insurance billing and payments, including updating patient accounts and insurance profiles
- Verify insurance coverage, patient eligibility, and pre-authorization requirements for dental procedures. Submit dental claims and follow up on approvals, rejections, and resubmissions. Communicate with insurance companies, patients, and dental providers regarding claim status. Ensure HIPAA compliance in handling patient insurance data and medical records. Maintain detailed records of claim approvals, denials, and insurance payments. Use insurance portals to verify patient eligibility, submit claims, and request pre-authorizations. Navigate insurance provider websites (MetLife, Daman, thiqa, inayah, Nas, neuron, mednet, Oman, alamadallah, aafi ya) for benefit breakdowns and claim status updates.

CLAIMS CARE REVENUE CYCLE MANAGEMENT

(a burjeel holdings company), UAE

OP MEDICAL CODER

OCT012023 - JAN 17 2025

- Transcribing patient information into appropriate medical codes
- Examining medical documents, records for missing information and conducting chart audits.
- Assigning and sequencing all codes for services rendered to a patient conducting coding reviews and audits to ensure all documentation is precise and accurate.
- Obtaining useful information from the patient's medical records.
- Communication with medical professionals and other interested parties in order to explain information
- Ensuring conformity with the many policies and norms about medical coding
- Ensuring all documents are grammatically correct and complying with medical coding guidelines and policies
- Review medical charts under the diagnosis and procedure to ascribe the related CPT and ICD-10
- Knowledge of medical terminology, anatomy, physiology, pharmacology, diseases, and treatments.
- Proficiency in coding systems, software, rules, and regulations
- Ability to communicate and collaborate with physicians, healthcare billers, auditors, and other professionals.

- Researches, analyzes, recommends, and facilitates plan of action to correct discrepancies and prevent future coding errors. Analyzes medical records and identifies documentation deficiencies.
- Properly code medical services, diagnosis, treatments, and more
- Provide documentation feedback to providers and query physicians when appropriate

DYNAMID HEALTH CARE SOLUTION

RECONCILIATION ANALYST

27 March To 24 June 2023

- Read and interpreted health information documentation to identify all diagnosis and procedures that affect the encounter .
- Investigate rejected and denied claims correcting applicable coding and processed up to 200 claims .

RESUBMISSION

- Resubmitting rejected claims with justification providing feedback to insurance company .
- Processed up to 80 claims with accuracy and achieving company productivity goals .
- Coded in accordance with HAAD guidelines and familiar with SAP, INSTA, LLP, VSP.

Declaration:-

I hereby declare that all the information given above are correct and true to the best of my knowledge and belief.

NISA K H