



MOHAMMAD ASHIQ

SENIOR INPATIENT BILLING OFFICER

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Ajman, United Arab Emirates, Ajman,
10000, United Arab Emirates

ABOUT ME

To be part of an esteemed organization and work with creative and dedicated people and contribute to the best of my abilities towards the benefit of the organization and myself.

SKILLS

HOSPITAL ADMINISTRATIONS

COST ESTIMATIONS

RESUBMISSION &
RECONCLIATIONS

LANGUAGES

ENGLISH

ARABIC

HINDI

KANNADA

WORK EXPERIENCE

MEDICAL BILLINGS OFFICER(ADMISSION ,DISCHARGES,INSURANCE APPROVALS AND CASH MANAGEMENT)

THUMBAY UNIVERSITY HOSPITAL | AJMAN | AJMAN
JAN 2019 - APR 2025

- Efficiently provide billing estimates to patients in accordance with hospital protocols.
- Diligently review inpatient insurance bills for accuracy and completeness.
- Thoroughly examine claims to ensure inclusion of necessary documentation such as doctor's diagnoses and medical reports before submission.
- Collaborate with the finance department to resolve pricing issues and cheque clearance matters.
- Proactively follow up on outstanding cheques to ensure timely payment.
- Handle inpatient approval requests, ensuring prompt processing and communication.
- Scrutinize inpatient bills to prevent errors and minimize claim rejections.
- Address and rectify rejected claims by fulfilling insurance company requirements.
- Oversee patient admission and discharge processes, ensuring a smooth experience.
- Proficient in utilizing E-claim, Riyaiti, and other DHA applications for billing purposes.
- Prepare detailed cost estimates for insurance and corporate entities for inpatient procedures.
- Prioritize and expedite pending inpatient approval requests.
- Manage inpatient admissions using HIMS Software, aligning with hospital standards.
- Liaise with insurance companies for timely processing of inpatient procedures based on provisional diagnoses.
- Coordinate with insurance companies to facilitate efficient patient discharges.
- Process inpatient claims for insurance and corporate clients, ensuring accuracy and compliance.
- Excel in patient relationship management by addressing queries, providing information, and scheduling referrals.
- Handle financial transactions including cash, credit, and cheques with precision.
- Secure insurance approvals for inpatients by presenting requisite medical reports and documentation.
- Accurately bill inpatient services in HIMS, reflecting procedures, packages, and hospital services with PVR Form.
- Invoice inpatient services to corporate clients based on contractual pricing agreements.

TAMIL

TELUGU

Malayalam

DRIVING LICENSE

Driving license category

UAE LICENSE

- Act as an accounts receivable credit controller, focusing on efficient claims processing.
- Managed patient admissions, ensuring accurate data entry and timely processing of paperwork.
- Coordinated patient discharges, including follow-up care instructions and financial settlements.
- Verified and obtained insurance approvals for medical procedures, liaising with providers and patients.
- Processed insurance claims, resolving discrepancies and ensuring compliance with healthcare regulations.
- Managed cash transactions, including copayments and deductibles, with precise accounting practices.
- Collaborated with healthcare professionals to ensure seamless coordination of billing and clinical services.

CLAIMS PROCESSING ASSOCIATE-AR

THUMBAY GROUP, AJMAN, UAE | AJMAN

APR 2017 - JAN 2019

- Expertly managed and updated invoices within the Hospital Information Management System (HIMS), guaranteeing precision and prompt data entry.
- Diligently verified supporting documents, including invoices, PVR, claim forms, and medical reports, to ensure accuracy prior to processing.
- Strategically allocated invoices to corresponding client accounts, optimizing batch processing efficiency.
- Processed and dispatched invoices to clients through E-Claim or courier, upholding stringent documentation and record-keeping standards.
- Generated weekly and monthly accounts receivable statements and aging reports to monitor and address outstanding balances.
- Performed meticulous invoice reconciliation, aligning payment receipts with actual amounts received to maintain financial integrity.
- Proactively analyzed and rectified billing discrepancies, enhancing cash flow management and maintaining accurate financial records.
- Managed accounts receivable with precision, verifying company statements and reconciling receipts with data from E-ClaimLink software.
- Ensured strict adherence to company policies and insurance guidelines during invoice reconciliation processes.
- Addressed medical billing rejections with agility, updating denial codes in line with insurance company specifications to reduce payment delays.
- Produced and circulated aging reports, pending invoice summaries, and reconciliation status updates to facilitate timely account follow-ups.
- Maintained detailed records of accounts receivable transactions, significantly improving the efficiency of financial reporting workflows.
- Analyze and adjudicate claims to determine the extent of the insurer's liability.

- Review and process insurance claims in accordance with company policies and procedures.
 - Communicate with healthcare providers to obtain necessary claim documentation and information.
 - Utilize claims processing software to enter, update, and manage claim data efficiently.
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EDUCATION

MASTERS IN BUSINESS ADMINISTRATION

MANGALORE UNIVERSITY

2017

BACHELORS IN COMMERCE

MANGALORE UNIVERSITY

2015