



# Muhammad Ayaz Fiaz

## PROFILE

Detail-oriented Medical Billing Specialist with 2+ years of experience managing medical insurance claims. Investigates and resolve insurance company disputes and communicate with patients regarding account balances and claim statuses.

## CONTACT

Address:

Behria Town Phase 1 QJ Heights  
Rawalpindi

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## KEY POINTS

- ✚ Communication
- ✚ Decision Making
- ✚ Self-motivation
- ✚ Time Management
- ✚ Customer Support

## COMPUTER SKILLS

- ✚ MS Office
- ✚ MS Excels
- ✚ MS PowerPoint
- ✚ MS Outlook
- ✚ MS Word

## LANGUAGES

- ✚ English
- ✚ Urdu
- ✚ Punjabi

## WHY SHOULD YOU HIRE ME?

I intend to put to practice whatever I have learned to good use. Also, I will keep upgrading myself and will try. Besides that, I ensure you that you will find me a quick learner, honest, loyal, and smart working person.

## MEDICAL BILLING SPECIALIST

### WORK HISTORY

- Account Manager Ops at Stars Pro Medical Billing Company.

### EXPERIENCE

2021- Present

- Demographic and Charge Entry, Checking Eligibility verification, following up on unpaid claims with standard billing Cycle Timeframes, negotiating payment agreements, and Maintaining Billing Accounts and records. Identify medical procedure or fee errors and omissions, making necessary adjustments to patient accounts.
- Ran weekly A/R aging report; decreased accounts in A/R of 120+ days.
- Excellent communication (verbal & written) skills and ability to function effectively, independently, and as part of a team
- Working experience includes different medical Specialists in Internal Medicine, Lab, Physical Therapy, Pediatrics, and Mental Health.
- Worked on different practice management platforms like Eclinical work, Kareo, and CentralReach.

### EDUCATION

Allama Iqbal Open University  
2021  
BA (continue)

### SKILLS

- Oversee daily Billing Department functions, including medical Billing, charge entry, claims, payment posting, and Clearing House Rejections.
- Processed refund requests.
- Verified insurance eligibility including contacting the insurance by phone on a daily basis as needed to ensure verification.
- Audited all Medicaid claims.
- Research and resolve incorrect payments, EOB rejections, and other issues with outstanding accounts.