



# Ahtisham Khan.

AR Specialist/Sr. Billing Executive/

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Communication strong  
Recommend: 55K to 60K.

## PERSONAL PROFILE

60K Basic  
+ 7% to 10%

- As a seasoned Medical Biller, I bring over 4 years of comprehensive experience in overseeing and optimizing revenue cycle management processes within the healthcare industry. My proficiency lies in navigating the complexities of medical billing regulations, compliance standards, and industry best practices to drive financial success for healthcare facilities. I possess a proven track record of leading high-performing teams to achieve operational excellence and maximize revenue capture. With a keen eye for detail and a strategic mindset, I excel in streamlining billing workflows, implementing efficient coding practices, and leveraging technology to enhance billing accuracy and efficiency. My expertise extends to managing payer relationships, negotiating contracts, and resolving billing disputes to ensure timely and optimal reimbursement for services rendered. I am adept at analyzing financial data, identifying trends, and developing targeted strategies to minimize denials, improve collections, and boost overall revenue performance. Furthermore, I am committed to staying abreast of evolving healthcare regulations and industry trends, continuously refining processes to align with changing requirements and driving organizational compliance. With a strong focus on collaboration, communication, and mentorship, I foster a positive and productive work environment where team members are empowered to excel and contribute to the overarching goals of the organization. Overall, I am a results-driven leader dedicated to maximizing revenue potential. Optimizing operational efficiency, and delivering exceptional financial outcomes in the ever-evolving landscape of medical billing and revenue cycle management.

## WORK Experience

### Nobility RCM

#### AR Executive/AR Specialist

March 2020-Feb, 2024

- Claim Processing:**

- Reviewing and processing insurance claims for accuracy and completeness
- Verifying patient information, insurance coverage, and medical coverage
- Submitting claims electronically or via paper to insurance companies
- Following up on rejected or denied claims, identifying reasons for denial, and taking necessary actions to resolve them.

- Payment Posting:**

- Recording and posting payments received from insurance company's patients.
- Reconciling payments against billed amounts to ensure accuracy.
- Investigating and resolving discrepancies in payments or denials.

- Accounts Receivable Management:**

- Monitoring accounts receivable aging reports to identify overdue payment
- Balances
- Negotiating payment arrangements with patients and insurance company
- Initiating collection procedures for delinquent accounts, including sending collection letters
- Referring accounts to collection agencies if necessary.

- Insurance Verification:**

6th Road  
Joining 4 Feb  
March

- Verifying insurance coverage and eligibility for patients prior to services be rendered.
- Communicating with insurance companies to obtain pre-authorizations or certifications for medical procedures.
- Ensuring accurate documentation of insurance information in the billing system
- **Coding Review:**
  - Reviewing medical documentation to ensure accurate assignment of diagnose and procedure codes.
  - Identifying any discrepancies or errors in coding and working with healthcare providers to res them.
  - Staying up-to-date with coding guidelines and regulations to ensure compliance
- **Appeals and Denials Management**
  - Reviewing denied claims to determine the reason for denial.
  - Appealing denied claims with insurance companies when approve additional documentation
  - Clarification as needed.
  - Tracking and analyzing denial trends to identify root causes and preventive measures.
- **Compliance and Regulatory Adherence:**
  - Ensuring compliance with healthcare regulations such as HIPAA (P Portability and Accountability
  - Act) and CMS (Centers for Medicare Services) guidelines.
  - Adhering to billing and coding standards set forth by organizations American Medical Association
  - (AMA) and the American Health Inform Management Association (AHIMA).
- **Documentation and Reporting:**
  - Maintaining accurate and organized records of billing transactions, payments and
  - Communications
  - Generating reports on accounts receivable metrics, such as aging reports, collection rates, and denial rates.
  - Providing regular updates and analysis to management on the financial
  - Performance of the accounts receivable department.
- **Customer Service:**
  - Providing assistance and support to patients regarding their billing inquiries concerns.
  - Addressing patient complaints or disputes regarding billing issues in a timely professional manner.
  - Collaborating with other departments, such as patient services or finance, to resolve complex billing related issues.
- **Continuous Improvement:**
  - Identifying opportunities for process improvement within the accounts receive workflow.
  - Participating in training programs and staying informed about industry best
  - Practices to enhance skills and knowledge's
- **Continuous Improvement:**
  - Identifying opportunities for process improvement within the accounts receivable- workflow.
  - Participating in training programs and staying informed about industry best practices to enhance
  - Skills and knowledge.
  - Proactively seeking feedback from colleagues and supervisors to improve performance and efficiency.

**AR Specialist| ACE Solutions Healthcare Company**

**January 2019-to-2023**

I am responsible for managing accounts receivable processes, including invoicing, payment posting, and resolving outstanding balances for medical services rendered. AR role requires a keen understanding of medical billing practices, insurance procedures, and effective communication skills to collaborate with patients, insurance companies, and healthcare providers.