VISHAL

HEALTH CLAIM ADJUSTER - EMR Systems, Claims Adjudication & Investigation

vishu.20feb@gmail.com (+1) 437-799-9215 Ontario LinkedIn

SKILLS

- **Medical Records Management**:Retrieving, organizing, and validating the records for claim processing.
- **Claims Management Systems**: Health insurance software for intake, review, and the case documentation.
- **Accident & Disability Claims**: Policy guidelines and workflows for the accident and disability adjudication.
- **Report Preparation & QC**: Generate clear reports to checks the meet audit, and compliance standards.
- **Multi-System Data Integration**: Claim platforms to aggregate and validate data from internal systems.

WORK EXPERIENCE

Medical Administrator Assistant **May 2024 - Present**
Square Medical Clinic *Canada*

- Addressed over 150 patient inquiries weekly by triaging EMR queues, resolving requests, updating case logs, data capture accuracy, and led improving continuity of care and initiated interdepartmental coordination.
- Orchestrated handling of 200+ incoming calls and 120+ fax transmissions using VoIP and E- Fax platforms guided with the patient management tools, prioritizing critical items and optimizing document flow efficiency.
- Formulated protocols to monitor 100+ emails daily via secure mail systems, fostered tagging PHIPA-sensitive content and directing data to appropriate practitioners, compliance and safeguarding patient confidentiality.
- Maintained over 3,000 patient records in strict adherence to PHIPA guidelines. Used encrypted databases, advanced file versioning protocols, and data validation techniques to ensure accuracy and compliance standards.
- Coordinated physician-patient schedules using calendar synchronization tools, optimizing patient flow by aligning appointments, reducing wait times by 18%, and improving overall operational efficiency across the clinic.
- Verified 75+ patient entries daily for audit readiness, documenting activities using E-Health access logs and CRM tagging to ensure data integrity. Utilized audit trail features to track changes and compliance for accuracy.

Medical Administrative Assistant **January 2024 – March 2024**
Queen Hanson Medical Clinic *Ontario*

- Reconciled 2,500+ paper-based medical charts into Accuro EMR by implementing structured indexing and metadata tagging protocols, collaborating with a team of 5+ administrative staff, and faster information retrieval.
- Migrated over 400 diagnostic lab reports weekly using HL7 interface configurations, collaborating with the IT and clinical teams to validate data accuracy, ensuring seamless integration into electronic health records.
- Evaluated more than 85 automated appointment confirmations daily using scheduling scripts, working closely with a team of 4 receptionists to minimize no-show rates by 30%, enhancing patient communication workflows.
- Validated insurance coverage for around 250+ patients weekly with OHIP and third-party platforms, collaborating with a team of 3 billing specialists to identify eligibility discrepancies and prevent the billing errors.
- Investigated detailed integrity checks on 120+ health records per week by leveraging built-in audit functions within Accuro, detecting documentation anomalies, ensuring regulatory accuracy, and preparing flagged data.
- Persuaded interdepartmental task transitions across four clinical units using digital assignment logs, enabling uninterrupted patient handoffs and aligning clinical documentation processes with workflow continuity standards.

Claim Facilitator Representative **July 2018 – March 2023**
Nivabupa Health Insurance *India*

- Investigated 1,200+ health claims involving prior and post hospitalization by validating ICD, CPT, and HCPCS codes in the claims portal, ensuring accurate procedure classification and calculation per regulatory standards.
- Processed over 600 accident and reimbursement claims in CMS, underwriting criteria and applying policy terms to validate coverage, identify limitations, and maintain adjudication of submitted medical documentation.
- Generated 300+ structured claim analysis reports using XML export tools and internal dashboards, data-driven reviews, highlighting inconsistencies, and facilitating escalations for complex cases requiring manual oversight.
- Spearheaded the detection of 200+ high-risk claims over five years using anomaly recognition algorithms, triggering anti-fraud reviews, audit trails, and collaborating with compliance teams to implement corrective actions.
- Led monthly quality audits of 100+ closed case files using claim traceability logs and workflow validation tools, ensuring final decisions to internal policy controls and met regulatory standards, driving compliance process.
- Conducted in-depth analysis of over 1,000 enlisted claim documents to TTD and PTD categories, extracting key policy-driven metadata and inputting decision-support fields into the adjudication system, streamlining tracking.

EDUCATION

Health Care Leadership – Canadian Context **May 2023 – December 2024**
Sault College, Canada

Bachelor of Homoeopathy in Medicine and Surgery **May 2011 – November 2016**
Lord Mahavira Homoeopathic College, India