# SYED JUNAID

# Clinic Manager | Healthcare Administration | Insurance Coordination | **Budget Management**

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## **EXPERIENCE**

## Clinic manager

#### La rosa medical center

- Develop, implement, and monitor the clinic's budget
- · New Insurances empanelment
- · Insurance pricing process
- · Take inventory, and order necessary supplies and equipment
- Create new policies and procedures and ensure they make staff aware of new changes
- Supervise staff and complete routine performance reviews
- · Ensure the healthcare facility is following provincial/territorial and federal healthcare regulations
- · Update patient medical records
- Keeping medical professionals informed about healthcare administered at the clinic
- Managing the clinic's budget, billing system, and inventory
- · Ordering stock and supplies for the clinic
- Overseeing the purchasing, maintenance, and repair of clinic
- Performing the hiring, training, and performance evaluation of staff
- · Managing internal and external communications, and answering queries about the clinic

# Staff in-charge & insurance co-ordinator

### Dr. joseph polyclinic qusais (ghi)

- Detected and apprehended any unauthorized personnel
- · Noted and followed up on any unusual behavior
- Responded to calls in both routine and emergency situations
- Maintained accurate and detailed logs of all events that occurred during each shift
- Processed and logged accurate and detailed incident reports
- · Operated computers programmed with accounting software to record, store, and analyze information
- · Checked figures, postings, and documents for correct entry, mathematical accuracy, and proper codes
- · Received, recorded, and bank banked, checked, and vouchers
- · Complied with federal, state, and company policies, procedures, and
- · Performed general office duties such as filing, answering telephones, and handling routine correspondence
- Maintains records and reports statistics required
- · Managed filing and tracking insurance claims and explain insurance
- Informed patients of the status of their claim on approvals
- Processed insurance and disability claims in a timely manner
- Handled patients' queries regarding their doubts
- Verified and ensured that insurance information and authorizations provided are current and accurate
- Answering calls by addressing customer inquiries, and solving problems
- · Provided customer-related claims and billing assistance

# SUMMARY

CALL CENTER SUPERVISOR & INSURANCE CORDINATOR More than 10+ years of experience in logistics and hospital administration, dealing with the fundamental skills of clinical management and insurance coordination in a way that is both. functional and meets patient demands. Excellent communication skills, both written and verbal, are possessed by the person while interacting with clients and insurance consultants.

# **KEY ACHIEVEMENTS**



#### **Improved Patient Efficiency**

Reduced patient wait times by 30% through streamlined appointment processes.



#### **Cost Reduction Initiative**

Successfully negotiated contracts saving 15% annually on medical supplies.



#### **Revenue Growth Achievement**

Increased clinic revenue by 25% through new insurance empanelment.



#### **Inventory Management Success**

Implemented inventory system reducing shortages by 40%.

# LANGUAGES

<b>English</b> Native	••••
<b>Hindi</b> Native	••••
<b>Urdu</b> Native	••••
Kannada Native	••••

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# **EXPERIENCE**

# Staff in-charge billing supervisor

#### Dr. joseph polyclinic

**m** 07/2016 - 12/2021

- Karama (ghi) dubai
- Supervising and appraising promote the daily schedule of employees
- · Responsible for assisting the staff members in maintaining a positive environment
- · Providing friendly service ensuring a Total service for both our customers and team members
- · Coordinate and discipline employees
- Greeted patients and visitors and provided them with necessary service and procedural information
- · Assisted patients in filling out registration and admission forms and obtained necessary information such as medical histories
- Recorded and verified insurance information by contacting insurance companies over the telephone or through email
- Created and maintained effective liaison with vendors and suppliers to ensure timely delivery of medical equipment and supplies
- Verified appointments and assured that emergent cases were handled in a prompt manner
- · Review patients' medical information such as prescriptions for verification and updating purposes
- · Receiving calls, transferring to the Concern person
- · Taking online sick leaves
- · Sending reports through mail
- · Assist patients in understanding how their insurance plans work and provide necessary feedback regarding coverage and copays
- Tallying cash with the day-end report
- Implemented a preliminary healthcare education program which proved to be highly successful in providing patients and families with procedural information
- Reduced patient inflow by 50% by introducing an online appointment scheduling system which also resulted in high patient satisfaction
- Follow up with doctors and other medical professionals to obtain necessary information in order to complete records
- · Provided support to patients by educating them on registration and admission procedures
- Collaborated with delivery, sales, and billing teams to ensure appropriate coordination between departments

# **EDUCATION**

### Bachelor of commerce

#### **University of mysore**

# **SKILLS**

Routing	Statistics	Billing
Customer	service	Problem solving
Account h	andling	Training
Team man	agement	