

DAN OLIVER F. PUZON

CUSTOMER SERVICE REP/ MEDICAL VA

CONTACT



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HARD AND SOFT SKILLS

- Skilled at actively listening to customers to understand their needs and concerns, providing the best resolution, and ensuring customers have a positive experience.
- Strong verbal and written communication skills
- Keen to Details
- Knowledge of Microsoft Office (Word, Excel, Powerpoint, etc)
- Knowledge in GoogleWorkspace.
- CRM tools Like Athena, E- Clinical Works, Next Gen.
- Knowledge and experience in using Dialler like Ring Central, 3xc , and soft Avaya.

EDUCATION

- Associate in Computer Technology
2009 - 2011 (Graduate)
Batangas State University

WORK EXPERIENCE

Health Insurance Verification Specialist (Remote) (Virtual Assistant)

DocGo LLC

Oct 2022 - Sept 2023

- Responsibility is to verify the patient's declared health insurance status. Make sure primary insurance and secondary insurance are properly billed.
- Manage the Ambulance Trips Dashboard and check every patient's demographics if accurate.
- Obtained Authorization if needed based on patient health insurance. We do call the Auth department, and website utilization like PEARS to obtain Authorization.
- Input the productivity on our main channel Microsoft TEAMS hourly for tracking purposes.
- HIPPA Training completed.

Account Recieveable Specialist Eligibility and Benefits Verifier (Remote) (Virtual Assistant)

GoHealthcare LLC

July 2022 - Oct 2022

- Responsibility is to post the Claim payment coming from health insurance via Mail check, EFT, or CC on ECW, for Healthcare providers to get Paid.
- Verify Patient Insurance Eligibility and Benefits via web portal or phone call.
- Call Health Insurance to obtain information needed such as the procedure code that needs to be used to correct the denied claim.
- Access patient demographics and medical documents if needed via ECW (E- Clinical works).
- Process medical bill for office visit setup via ECW.
- HIPPA Training completed.

Member Services Tier 1 & Tier 2 (Inbound call and Chat)

Legato (Anthem Blue Cross Blue Shield)

Feb 2020 - July 2022

- Primary roles are answering phone calls from members and providing answers to their inquiries like health Insurance Eligibility and Benefits, Plan Coverage, Participating providers, or finding a participating provider or facility.
- Processing Monthly Insurance payments, and locating missing payments.
- Do outbound calls to the provider with a member on the line to assist them if they have an issue that needs to be resolved with the provider, like benefits covered and noncovered.
- Assist multiple members with chat windows, ensuring accurate information is provided to members and answering their inquiries promptly.
- Helping members to file an appeal on their behalf and check medical records.
- HIPPA Training completed.

Claims Processesor

Dec 2018 - Feb 2020

AthenaHealth

- Processing Medical and behavioral claims from different providers. To Ensure it got paid, check denials and make a follow-up on health insurance and see how it gets paid.
- Make a note on Athena to continue the flow of claims processing until it gets paid.
- Processing hundreds of claims daily.