



CEDDRIC PANSACALA

Medical Billing Specialist

CONTACT

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- 📍 #5 6th Avenue, Murphy, Cubao, Quezon City

EDUCATION

- Camp General Emilio Aguinaldo High School**
High School
2006 - 2012
- Doña Josefa E. Marcos Elementary School**
Elementary
2000-2006

SKILLS

- Time Management
- Team Player
- Customer Service
- Organized
- Communication Skills
- Adaptability

TOOLS

- CBH, Waystar, EPIC, AllScripts, STAR, AthenaHealth, Cerner
- Availity, Navinet, Health insurance portals
- Google Suite
- Microsoft 365
- Slack
- Canva

WORK EXPERIENCE

DME SOLUTIONS INC. MEDICAL BILLING SPECIALIST

July 19, 2024 - Apr. 30, 2026

- Reviews claim forms for the accuracy of procedures, diagnoses, demographic and insurance information, as well as all other fields on the CMS-1500 and UB-04.
- Understands and resolves client work queues which include but are not limited to: claim denials/rejections for authorization, medical necessity, duplicate, timely filing, COB.
- Creating and sending Technical Appeals.
- Submitting corrected claims to payer portal/third party clearing house.

KMC MAG SOLUTIONS INC. MEDICAL CLAIMS SPECIALIST

May 30, 2023-June 23, 2024

- Reviews claim forms for the accuracy of procedures, diagnoses, demographic and insurance information, as well as all other fields on the CMS-1500 and UB-04.
- Understands and resolves client work queues which include but are not limited to: claim denials/rejections for authorization, medical necessity, duplicate, timely filing, COB.
- Creating and sending Technical Appeals.
- Responds to incoming calls and successfully prepares and conducts outgoing, insurance calls with professionalism and helps to resolve payment issues, retrieving critical information that impacts the resolution of current or potential future claim recovery.

MED-METRIX MANILA MEDICAL CLAIMS ANALYST

Sept. 19, 2021-May 15, 2023

- Reviews claim forms for the accuracy of procedures, diagnoses, demographic and insurance information, as well as all other fields on the CMS-1500 and UB-04.
- Understands and resolves client work queues which include but are not limited to: claim denials/rejections for authorization, medical necessity, duplicate, timely filing, COB.
- Responds to incoming calls and successfully prepares and conducts outgoing, insurance calls with professionalism and helps to resolve payment issues, retrieving critical information that impacts the resolution of current or potential future claim recovery.

TELEPERFORMANCE PHILIPPINES CUSTOMER SERVICE REPRESENTATIVE, PROVIDER SERVICES

Aug. 31, 2020-Sept. 05, 2021

- Initiating and maintaining effective channels of communication with service providers and clients.
- Gathering, reviewing, and verifying all pertinent information relating to participating healthcare providers.
- Gathering, reviewing, and submitting relevant documentation needed for claims processing.
- Establishing and maintaining relationships with assigned healthcare providers through office visits, telephone calls, prompt resolution of issues, and excellent customer service.
- Managing healthcare provider accounts to achieve company strategies and goals.