Gail Tolentino

Claims Analyst / AR Follow-Up

Specialized in account receivable, denial management and appeals

Email: Ghailtolentino25@gmail.com | Trece Martires, Cavite, Philippines
Availability: Remote | Night shift, open to any time zone



SUMMARY

Actively seeking an AR follow-up role where I can use my years of experience in US healthcare revenue cycle and billing management.

RESULTS

- **42–80** claims worked per day, depending on complexity
- **200+** denied claims overturned
- AR days reduced from up to a year to **45–60**
- Supported high-dollar projects of **$50,000–$2,000,000**

SKILLS

Hard skills

- Revenue cycle management
- Account receivable management
- Denials management
- Payer portals
- Appeals and state complaints
- Medicare, Medicaid and commercial payers
- CMS 1500 and UB04

Systems and tools

- Meditech Live/Expanse
- EPIC
- Webex
- Google Workspace
- Cirius Clearing House
- Finthrive

WORK EXPERIENCE

Claims Analyst / AR Follow-Up

Feb 2023 – Current

Med-Metrix Manila, Ortigas | Practice type: General practice

- Work 42–80 payer claims per day, depending on complexity, following up by phone, email, fax or payer websites until each claim is resolved.
- Overturned 200+ denied claims by filing appeals and state complaints with accurate billing information and supporting documentation.
- Reduced AR days from up to a year to 45–60 by analyzing and resolving the issues behind payer payment delays.
- Supported special high-dollar projects ($50,000–$2,000,000) sent directly by the onshore client.
- Track timely filing deadlines and payer-specific billing guidelines for each designated payer, researching as needed.
- Identify and correct billing errors, and process adjustments, refunds, under- and overpayments and credit balances according to the facility’s contract.

Healthcare Executive

Sept 2021 – Feb 2023

Omega Healthcare, Ortigas | Practice type: Family medicine

- Validate patients’ outstanding balances for services performed at the facility.
- Handle payment processing.
- Talk with patients and understand the cause behind their outstanding balance.

Customer Service Representative

Sept 2018 – Sept 2021

Agents.ph, San Juan City | Practice type: General practice

Authorization

- Give patients, providers and health insurance the status of an authorization, including any modifications made.
- Request modifications from Utilization Management: redirect the facility or provider, update demographic information, or change the CPT or diagnostic code.

Eligibility

- Assist patients and providers in updating the patient's coverage.
- Make sure the patient's coverage is updated in the system.
- Update demographics.

Claims

- Help healthcare providers check the status of claims for hospital and professional billing.
- Understand the reasons behind a claim's denial.

EDUCATION AND CERTIFICATION

Education

Entrepreneurial Management
EARIST Manila, 2014–2018

Certification

HIPAA trained