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## Claims Processor Resume

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### Job Objective

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In search of work as a Claims Processor.

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### Highlights of Qualifications:

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- Substantial experience in medical billing, data processing and claims submission
  - Profound knowledge of medical terminology, codes applicable in CPT, ICD-9 and HCPCS systems
  - Deep knowledge of benefit plans and processing of medical claims
  - Familiarity about universal billing forms and billing processes in electronic system
  - Solid understanding of claim processing for healthcare industry
  - Proficient with Health Solutions Plus suite of applications and Microsoft Office products
  - Ability to respond to customers' requirements in adherence with company policies
  - Ability to complete assigned multiple tasks effectually in changing environment
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### Professional Experience:

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#### Claims Processor

Centene Corporation, Kingston, PA

August 2007 – Present

- Investigated, verified and processed billing invoice forms provided by transportation provider on time.
- Interacted with transportation providers effectively and efficiently as needed.
- Identified and solved issues related with billing invoice forms from transportation provider.
- Conversed and performed tasks in collaboration with Abuse and Fraud department.
- Identified protocols of claim processing and provided accurate claim policies.
- Adjudicated claims accurately on basis of insurance, benefits included and provider contracts.
- Interacted with clients over phone, email and in person effectively and efficiently.
- Maintained and preserved confidential aspect of claim information effectually.

#### Claims Processor

Retreat Capital Management, Inc., Kingston, PA

May 2004 – July 2007

- Revised process claims to complete estimates resolution.
  - Ensured to make payments on estimated completed as prompt as possible.
  - Provided assistance to appraisers with details as provided in claims system.
  - Complied with customers' requirement as needed to assure repairs satisfaction.
  - Identified and took decision to accept, return, deny or approve claims as per established rules.
  - Inspected and processed claims made on paper or electronically.
  - Identified steps and stages as required for claim adjudication.
  - Complied with set departmental standards, corporate policies and operating memo to solve claims and related issues.
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### Education:

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Associate Degree in Business

Gateway Community College, New Haven, CT

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