
Medical Claims Processor Resume

Job Objective

To obtain the Medical Claims Processor position within your company and provide excellent service.

Highlights of Qualifications:

- Wide experience in data entry and medical claim processing
 - Profound knowledge of codes applicable in CPT, HCPC, Revenue and ICD-9 systems.
 - Deep knowledge of Red Book, ASC Groupings, DRGs, Health Maintenance Organization (HMO) and IPA claim payments adjudication.
 - Familiarity about rules and regulations at DMHC and CMS.
 - Proficient in submission and editing claims electronically and other on-line systems for claim processing and problem registration
 - Skilled at decision-making, effective communication, analytical and research oriented tasks.
 - Ability to process claims for surgery, radiology, lab and medicine for CMS 1500 and CMS 1450 claim forms
 - Ability to comprehend DFRs and related benefits
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Professional Experience:

Medical Claims Processor

Southwest Service Administrators Inc., Atlanta, GA

August 2007 – Present

- Engaged to input data into processing system after interpreting medical coding and knowing terminology used in medicine professions in respect to procedures and diagnoses.
- Ensured to process assigned claim forms and inspect apt allocation of co-pays, deductibles, reimbursements and co-insurance.
- Complied with all judgmental policies and processes to assure appropriate claim payments.
- Provided excellent customer service to all providers, members, insurance companies and billing department.
- Maintained written record of phone calls in system and adhered with issues as required.
- Solved all issues related to claim adjudication and customer complaints and queries as received over telephone.
- Researched and analyzed claim overpayments and funds requirements.

Medical Claims Processor

Benefits Administration Corp., Inc., Atlanta, GA

May 2004 – July 2007

- Ensured to take minimum assistance for processing complex claims.
 - Researched and processed different sets of medical plans as well as benefits.
 - Replied to inquiries received in written format from participants and providers in relation to medical benefits.
 - Entered medical claim related information into PCM application.
 - Evaluated claim database which had been rejected earlier.
 - Calculated apposite amount to be paid to recipient and processed crucial payment transactions accordingly.
 - Performed and managed routine follow up activities.
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Education:

Bachelor's Degree in Health Care Management

Woodbury Institute of Champlain College, Montpelier, VT

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