
MEDICARE FRAUD INVESTIGATOR RESUME

Career Objective:

To work hand in hand with established firm in which to put my investigative skills to good use while enhancing my skills and knowledge in this field.

Summary of Qualifications:

- Remarkable experience in Medicare medical/utilization review and investigation
- In-depth knowledge of Medicare and Medicaid data
- Wide knowledge of medical terminology
- Ability to perform research and draw conclusions
- Ability to develop a case file, accurately and correctly document all steps taken
- Ability to prepare correspondence, reports and referral summary letters
- Excellent ability to communicate effectively, internally and externally
- Ability to interpret laws and regulations

Work Experience:

Medicare Fraud Investigator, August 2005 – Present
Medical Related Company, Okemos, MI

- Contributed to the development of new ideas and methods.
- Supervised and provided the experience to functional project teams and took part in cross-functional initiatives.
- Mentored and guided lower level employees.
- Served as an expert providing direction and guidance to process enhancements and establishing policies.
- Presented the organization to outside customers and clients.

Medicare Fraud Investigator, May 2000 – July 2005
Forensic Medical, Okemos, MI

- Detected the Medicare claims fraud by implementing a wide variety of proactive strategies.
- Planned, designed and executed the investigations of Medicare fraud by focusing on identifying deviant claims patterns and fraud indicators.
- Developed fraud case referrals for referral to law enforcement.
- Supported subsequent law enforcement actions by aiding law enforcement agents and prosecutors in further case development and testified in court.
- Recognized national fraud trends and prepared fraud alerts and vulnerability reports.

Education:

Bachelor's Degree in Business Administration, William Carey University, Hattiesburg, MS

[Build your Resume Now](#)