Professional Summary

Patient Finance Counselor with over 15 years of expertise in healthcare administration, specializing in claims analysis and customer service. Proven track record of improving claim settlement accuracy by 30% and reducing processing errors by 25%, utilizing strong skills in data analysis and client support. Committed to leveraging detail-oriented practices in insurance claims and benefits to enhance patient financial counseling and satisfaction.

Professional Experience

Manhattan Life – Houston, TX   **Nov. 2015 – Apr. 2016**

Manhattan Life is one of the oldest life and health insurance companies in the country. They have assembled a full range of insurance and annuity products to support every phase of life.

Claims Analyst - Cancer policies.

- Enhanced claim settlement accuracy by 30% through complex claim analysis
- Effectively interpreted MRI, CT, and Pet scan reports to verify claims.
- Ensured accurate entry of initial claims in the system.
- Evaluated complex insurance claims, boosting settlement accuracy by 30%.
- Enhanced claim processing efficiency, ensuring timely reimbursements.
- Managed detailed reviews of medical scans to validate insurance claims.
- Provided client support, clarifying reimbursements and resolving queries.
- Streamlined claims entry and verification processes for improved service delivery.
- Implemented new claims review strategy, reducing errors by 25%.

Coventry Healthcare – Houston, TX   **Sep. 2007 – Nov. 2009**

Coventry Health Care, Inc. is a managed healthcare company based in Bethesda, Maryland. The company operates in 14 midwestern, mid-Atlantic, and southeastern states, serving more than 2.1 million members enrolled in health plans.

Customer Service and Claims Analyst

- Handled incoming calls from policy holders and medical providers Discussed medical coverage and benefits.
- Verified benefits with providers Processed and reprocessed claims.
- Managed 4 company accounts, enhancing claim processing speed by 20%.
- Verified and reprocessed claims, ensuring accuracy in policyholder benefits.
- Assisted policy holders and providers with insurance benefits, improving service quality. Analyzed customer insurance plans to provide clear, accurate coverage information.
- Conducted thorough analysis of customer insurance plans to ensure accurate information delivery.
- Enhanced service quality by providing detailed assistance on insurance benefits to both holders and providers.

Healthcare Administration Services – Houston, TX   **Feb. 2004 – June 2014**

A Third-party policy administrator. They handled claims and customer service for different companies.

Customer Service Representative

- Managed inbound customer calls regarding medical benefits Verified eligibility and benefits for providers.

- Reprocessed and corrected claims as required.
- Ensured customer satisfaction through detailed service.
- Streamlined claim correction processes, enhancing provider satisfaction. Boosted claim processing accuracy by meticulous verification of eligibility. Provided empathetic customer support, ensuring clarity and satisfaction. Eagerly handled complex inquiries, improving team's response rate.
- Enhanced provider relations by optimizing claim correction processes. Ensured precise eligibility verification, boosting claim accuracy.

Memorial Hermann Hospital System – Sugarland   **Jan. 2001 – Aug. 2002**
Memorial Hermann is advancing health and personalizing care with hospitals, specialty programs and services located throughout the Greater Houston area.
Claims Processor - Workman's compensation Department
- Processed workman's compensation claims at Memorial Hermann Hospital System Entered and managed all incident reports for job-related injuries.
- Verified coverage for employees and providers, ensuring accurate and timely benefits Eager to master new technologies and boost team efficiency.
- Maintained 100% accuracy in processing workers' comp claims.
- Expedited claim handling, reducing resolution time by 20%. Assessed complex cases to verify employee coverage effectively. Provided essential support to ensure staff received timely benefits. Implemented a digital tracking system for injury reports.

Education

Area of Expertise

Customer Service | Problem Solving | Teamwork | Time Management | Data Analysis | Insurance Benefits | Insurance Claims | Service Quality | Client Support | Detail-Oriented |Process Improvement | Analytical Thinking | Communication Skills | Critical Thinking | Conflict Resolution | Insurance Verification | Claims Analysis | Organizational Skills | Data Entry | Attention to Detail