



POSITION REQUIRED: CLAIMS ADJUDICATOR/ANALYST

A claims Adjudicator / Analyst is required as first point of contact to receive, vet & scrutinize all claims as per the set guidelines.

PURPOSE OF THE POSITION

This position exists to analyze and evaluate medical & Life Insurance claims received from members and network providers; implement policies & procedures as per published guidelines as well as fulfill the tasks' requirements according to operational performance indicators.

MAIN TASKS

- Determines diagnostic codes of claims and allocates claims into cases according to diagnostic codes
- Medically evaluates & decides on the coverage of the claims
- Thorough vetting / scrutiny of all incoming claims which will include ascertaining the authenticity of the documents presented
- Initiate claim approval process
- Support Claims Supervisor in preparation of reports
- Implements the Policies & Procedures to suit the demand of the business
- Achieve the proper capturing of data on the system with focus on accuracy, efficiency and speed
- Maintain a high level of accuracy, efficiency and professionalism on all requests.
- Ensures that the medical ethics are respected at all time during the fulfillment of tasks
- Handle load and changes in the unit with a clear focus of the target.

EXPERIENCE	
Education	<ul style="list-style-type: none"> ▪ Diploma in a medical related field
Professional Experience	<ul style="list-style-type: none"> ▪ Minimum 2-3 yrs experience in a busy medical or Life Insurance claims department
Competencies/Skills	<ul style="list-style-type: none"> ▪ Execution skills ▪ Customer Service Oriented ▪ Multi - Tasking ▪ Analytical skills ▪ Excellent interpersonal and communication skills ▪ Ability to operate effectively with people at all levels of the business ▪ Good command of the English language ▪ Technical knowledge in procedures ▪ Problem Solving capabilities ▪ Ability to interpret / understand Medical reports ▪ Familiar with medical terminologies