

Mariel Quibal

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Objectives

To secure a position where by hard work and dedication and the ability to apply my acquired skills that will advantage any company I work for.

Summary of Qualifications

- Data analysis
- Experienced in processing health and car claims
- Displays positive attitude under pressure and interpersonal skills.
- Strong commitment to provide quality processed claims.
- Adept of working large volume of workload and meet its specific deadline.
- Strong ability to effectively multi-task in a fast-paced office environment.
- Professional and energetic work attitude.

Educational Background

Pamantasan ng Lungsod ng Pasig
Bachelor's Degree in Computer Science

Graduated April 2010

**Rizal Experimental Station and Pilot School of
Cottage Industries (RESPSCI)**
High School Diploma

Graduated March 2006

Work Experiences

Microsourcing Ortigas
Claims Assessor

*Pasig, Metro Manila
July 2018 - Present*

Responsibilities:

- providing advice on making a claim and the processes involved
- processing new insurance claims notifications
- collecting accurate information and documents to proceed with a claim
- guiding policyholders on how to proceed with the claim
- monitoring the progress of a claim
- investigating potentially fraudulent claims

Imagenet Philippines Incorporated
Medical Claims Examiner

*Makati, Metro Manila
April 2015 - June 2018*

Responsibilities:

- Entered claims into computer utilizing knowledge of CPT, ICD-9 and ICD-10 codes and medical terminology
- Authenticated the information on all medical claims.
- Answered inquiries from providers on the subject of claim, eligibility, covered benefits and approval status issues
- Coordinates with offshore team for additional process and information of claims thru Outlook.
- Process change in payments or rates as requested by the provider.
- Manages refunds, adjustments and billing for overpaid and underpaid claims.
- Reads and analyze contracts to price services.
- Manages email request to prevent escalation.

Accenture
Claims Examiner

*Quezon City, Metro Manila
May 2010 - February 2015*

Responsibilities:

- Perform data entry and research in various systems and tracking tools.
- Creates macros on system emulators to fasten and simplify process.
- Performs data entry and research in various systems and tracking tools.
- Handles refunds for underpaid and overpaid claims.
- Handles and Analyses invoices from member submitted claims in order to price services accurately.
- Performs billing, reimbursements and adjustments of payments and services based on provider request and/or researches done.
- Analyze and read medical records and invoices to assure correct payment on each service.
- Handles invoice processing – matching the amounts on invoice vs. member paid amounts.
- Checks inventory and updated files, essential for pricing services and disseminate information to the whole team.
- Creates letters to providers and insurance holders regarding all issues on unprocessed claims.
- Processes change in payments as requested by the providers.

Training Attended

INTENSIVE WEB DEVELOPMENT COURSE – TUITT Coding Bootcamp

Quezon, Metro Manila Philippines

August 2018 – Present

Professional Skills

HTML	Intermediate
Data Analyzing	Intermediate
Bootstrap	Competent
Basic knowledge in Javascript, JQuery, PHP	Beginner
Basic knowledge in MySQL	Competent
Laravel Framework	Beginner
Terminal and Command Line Interface	Competent
Software Development Life Cycle	Beginner
Wireframing and Prototyping	Beginner
Computer Data Entry	Intermediate
Customer Service	Beginner

Languages

English	Proficient
Filipino	Native

References

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Team Lead

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Supervisor

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