

Teneshia Jennings

Verification Specialist Prior Authorization

Orlando, FL 32805

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Authorized to work in the US for any employer

WORK EXPERIENCE

Verification Specialist

Express Scripts/Accredo Specialty Pharmacy - Lake Mary, FL -

2014-11 - Present

- Verify patient eligibility and benefits (insurance verification) as well as providing preauthorization services. Confirm eligibility with the Patient's Insurance plan. Verifying insurance benefits for commercial and governmental payers
- Determining the predetermination, authorization, and referral requirements of each health plan and meeting the requirements prior to the delivery of services
- Procure medical records and additional data from patients and customers
- Maintaining accurate and complete documentation of all inquiries for continuous improvement
- Provide information to Dr. Offices as well as obtain information from them and the Pharmacy.
- Strong attention to detail and time management and organizational skills.
- Strong problem-solving skills in resolving authorization issues both through verbal and written communication.

Insurance Verification Representative

Catamaran Rx -

2013-01 - 2014-10

Obtain authorizations or referrals required by payers prior to service for delivery.

- Obtain benefit information and request authorizations from all healthcare insurance, such as payors including PPOs, Medical Group, out of Network HMOs and Medicare.
- Verify insurance benefits for both new and current patients

Ensure we are in network with patients' insurer while providing exceptional customer service to both the Patient and Dr. Offices.

Fraud Investigator

SunTrust Bank -

2011-02 - 2013-01

- Responsible for complex duties and decisions relating to fraudulent applications, transactions and customer fraud claims. Identifies control failures and recommends solutions. Monitor resolution of issues not clearly defined by policies and procedures.
- Set up investigations reported from customers of any fraudulent activity from there account. Freeze accounts while investigation is complete that may have any fraudulent activity coming from the account.

- Responsible for complex duties and decisions relating to fraudulent applications, transactions, and customer fraud claims.

EDUCATION

Medical Assistant

Concorde College

2010

Continental Academy

Bachelor's in Current

Florida Hospital College

CERTIFICATIONS/LICENSES

Medical Assistant

2000-02 - Present