
CURRICULUM VITAE

MR. RAJENDRA KUMAR LAKSHMAN DEVENDRA

**ROOM NO. 424, MARKADESWAR NAGAR NEAR, ATRIA MALL DR. ANNIE BESANT
ROAD WORLI MUMBAI-400018 (09819139292) -022-24928517**

Email Id: rajand.devendra25@gmail.com/ rajandevendra@yahoo.com

WORK EXPERIENCE

ORGANIZATION ; THYMUS SOLUATION PVT .LIMITED

Designation; (Front Office Executive)

Duration: 11- Month (December -2002 to October-2003)

- 1) Handling, Updating Employees Contact details, Maintaining complete Employee data.
- 2) Maintaining official forms Checking daily Courier dispatched. & received, Handling the Office boys team
- 3) coordinating between them & employees Assist Managers H.R Department.
- 4) Formatting Handling Processing Department.
- 5) Data entry work also entering in systems.

ORGANIZATION ; ASHWIN CRANE &EQUIPMENT (P) LTD

Designation; (Account Assistant Executive)

Duration: 1years 6 months (March-20003 to August-20005)

- 1) Prepare Payment Voucher, J.V. 2)
- 2) Petty Cash Expenses Voucher, Etc.
- 3) Petty Cash Expenses Voucher.
- 4) Prepare Cheques, Collection Cheques from Party Cash Deposited & Withdraw in Bank.
- 5) Maintain Cash Book & Bank.

ORGANIZATION ; E-MEDITEK INSURANCE TPA PVT LIMITED

Designation; (Back office claims Executive)

Duration: 3 years 9 Months (January -2006 to October-2009)

1 } Prepare ID Cards, Scanning Photos. 2} Handling Visitors Queries & Attend Phone Calls. 3} E-mail & Attend Phone Calls. 3} E-mail to H.O. & Solving Querys. 4} Data Entry Bill Entry Work Like Cheques, Voucher Entry Made in Net through JavaScript Software Programmer. 5} Outlook Express, Internet Browsing, Photoshop, Scanning data uploads customer care call attend. 6) Collection of proper documents . Required for the claim processing. 7) Solving the queries of the customers in the Claim settlement Issues.

8) Handling all incoming & outgoing Emails Re-confirming & assuring smooth flow of documents for all transactions processed and registered

ORGANIZATION: ALANKIT INSURANCE TPA PVT LTD.

Designation; (Back office claims Executive)

Duration: 1years (October -2009 to September -2010)

1) Collection of proper documents required for the claim processing
2) Analyzing the claim cases for the detection of fraud claimants
3) Processing the claims reimbursement and cashless for prepared scrutiny
4) Prioritizing the claims on the basis of the clientele requirements.
5) -Settlement of the claims in accordance with the norms of the Insurance policies.
6) Solving the queries of the customers in the Claim settlement issues.
7) -Conducting Auditor the claim settlements for quality processing
8) Visiting Insurance Company Divisional Offices for Insurance Review claims, delay condon waiver claims. Etc
9) Following up with Claims Team for Cashless Claims & Reimbursement claims, giving status to insurance brokers also handling corporate clients
10) Giving software training to new jonnies.
11) Trouble Shooting errors related to cashless and reimbursement claims (Re-Open of claims & Add doc closure re-open.
12) use outlook Express, Internet Browsing, Scanning data uploads.
13) Handling all incoming & outgoing calls and Emails Re-confirming & assuring smooth flow of documents for all transactions processed and registere

OVERSEAS MEDICLAIM POLICY

Designation; (Sr. Claims processing Executive)

Duration: 5 years 6 Months (December -2010 to May -2016)

- 1) Process all insurance claims by reviewing the customers policy in relation to the claim being made.
- 2) Determine coverage if any and the impact on the future coverage of the client.
- 3) Investigate the claim to ensure it is accurate and true . Communicate often with customers to give and receive updates for the claim
- 4) Work with insurance brokers when a customer needs to make a change because of a claim
- 5) Enter all data into computer system for future reference
- 6) Investigated verified recorded and covered all insurance claims made by customers
- 7) Released payment checks or rejection notices
- 8) Cross referenced insurance claim with insurance policy coverage and benefits to determine validity of the claim
- 9) Train new Medical Claims Processors in all aspects of the job
- 10) We also processing the claims reimbursement and cashless non-medical delay baggage loss baggage loss of passport etc
- 11) Handling all incoming & outgoing calls and Emails.
- 12) Evaluated benefit insurance claims and processed payments for applicable claims.
- 13) Responded and analyzed queries related to claim applications, payment procedure, denial reason and deductible amounts.
- 14) Performed clerical duties such as copy fax email etc

Designation; (Sr. Claims processing Executive)

Duration: 8 Months (December -2016 to July-2017)

1. Enter all data into computer system for future reference.
2. Determine the amount of coverage a customer should receive according the procedure done and the coverage on the account.
3. Stay in constant contact with medical facilities providing service to determine accuracy of claims being made.
4. Meet with customers to discuss results of claims explaining the process and outcome
5. Research current and new medical processing laws and regulations at both the state and federal level.
6. Train new Medical Claims Processors in all aspects of the job.
7. Filed medical claims made by customers by entering and organizing data and inputting all information into the computer system.
8. Determined the amount of coverage and sent payments to medical facilities or reimbursements to customers.
9. Made phone calls to confirm the accuracy of medical claims.
10. Handling all incoming & outgoing calls and Emails.
11. Work with insurance brokers when a customer needs to make a change because of a claim.

ORGANIZATION ; WAI INSURANCE BROKING SERVICES PVT . LTD

Designation; (Assistant manager)

Presently working Aug- 2017

1. Collect information from clients and assess their insurance needs
2. Plan and attend meetings to solve insurance-related problems
3. Research on the various insurance companies and insurance policies offered by them to help clients in choosing most suitable ones
4. Prepare reports for insurance underwriters and negotiate with the clients
5. Renew or modify existing policies
6. Assist clients in claim process
7. Develop and maintain relationships with clients, surveyors, structural engineers, underwriters, photographers, and other professionals.
8. Collect insurance premiums and processing accounts
9. Keep detailed records of each and every policy
10. Advised clients on their insurance needs
11. Researched and studied life insurance policies offered by different companies
12. Matched policies with clients' needs
13. Assisted in the document process required for buying policies
14. Managed claims for clients from beginning to end
15. Studied and offered flexible payment terms to clients
16. Analyzed and communicated risk factors associated with certain coverage
17. Helped in renewing lapsed policies by negotiating on fine and interest on late payment.

EDUCATION

S.S.C.Passed From Maharashtra Board In March II Class.

H.S.C. Passed from Maharashtra Board in March II Class

T.Y BCOM. COM. Passed from yeshwantro chavan Maharashtra Open University

M. COM Appear first year from yeshwantro chavan Maharashtra Open University

LANGUAGES PROFICIENCY

English, Hindi Marathi, Tamil

ADDITIONAL QUALIFICATION:

TYPINGSPEED :- 40 WPM English T/W from GCC Exams Mumbai ‘B ‘Grade

DIPLOMA IN COMPUTER MANAGEMENT:-

Completed "Diploma in Computer Management" from ARCHI GRAPHICS INSTITUTE {‘B ‘Grade

MS WORD, ADVANCEEXCEL, 2007 DOS from Kirti Computer Institute.

MS POWERPOINT, INTERNET BROWSING. MICROSOFT WINDOWS ADOPT PHOTO SHOP

PERSONAL DETAILS:

Date of Birth: 13/05/1981

Sex/ Marital Status: Male/ Married

Hobbies and Interests: Licensing music, Traveling, Reading the books.

I here by declare that all the information furnished above is correct to the best of my knowledge and belief best of my knowledge and belief.

Date:-

Place: - Mumbai {Worli }

Signature

(Mr. Rajendra Kumar D)