PRINCY ANGELINE J

Claims ManagementSpecialist|HealthcareInsuranceProfessional

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PROFESSIONAL SUMMARY

Detail-oriented Claims Management Professional with 2+ years of progressive experience in healthcare insurance,claims processing, and policy verification. Proven track record of managing 500 + insurance claims with 98% accuracy while maintaining strict compliance with regulatory requirements. Expertise in end-to-end claims verification, reimbursement processing, US healthcare insurance data validation, and customer service excellence. Strong analytical skills combined with technical proficiency in claims management systems, database management, data processing, and documentation management. Supplementary experience in AI-driven data annotation and quality assurance processes.

PROFESSIONAL EXPERIENCE

Claims Management Executive

OhmMaruthiInsuranceBrokingPvtLtd | March 2024 - February 2025

–Managed comprehensive end-to-end claim verification and reimbursement processing for 500+ insurance claims monthly, maintaining 98% accuracy rate in documentation review, medical claims processing, and claims settlement
–Verified policy eligibility, coverage determination, and documentation compliance for 100% of submitted claims, ensuring strict adherence to regulatory requirements, insurance regulations, and company policies, reducing claim rejection rate by 15%

–Processed reimbursement approvals, claim payments, and claim settlements within 24-48 hour turnaround time, exceeding department SLA targets by 25% and ensuring timely payment to policyholders

–Maintained detailed claim files, claims documentation, and records management in compliance with audit requirements, supporting successful completion of quarterly internal audits with zero non-conformances

–Collaborated with underwriting teams, policy administration, and claims adjusters to clarify coverage issues and expedite complex claim resolution, reducing average claim processing time by 18%
–Coordinated with customers, policyholders, and healthcare providers to resolve claim discrepancies, documentation gaps, and claims disputes

Healthcare Insurance Senior Representative

NTTData | September2022 - February2024

– Processed and validated 1,000+ US healthcare insurance data records monthly with 99% accuracy, specializing in medical claims, provider information verification, and benefits coordination
– Reviewed and verified medical claims documentation along with insurance policy terms, and federal healthcare regulations including HIPAA requirements
– Ensured data accuracy and documentation compliance through systematic quality checks, maintaining productivity benchmarks of 95%+ and quality scores consistently above 97%
– Utilized insurance database systems ,update member information, and generate reports for management review and decision-making
– Trained 3 new team members on claims processing workflows, quality standards, and compliance requirements, contributing to 30% reduction in new hire ramp-up time

AI Engineering Intern

Techjays | April2025 - February 2026

- Developed AI chatbot system using Python and Django, processing 100+ user queries with focus on accuracy and quality assurance
- Maintained high attention to detail in system testing and validation, ensuring data accuracy and error-free performance

ML Data Annotation Analyst

VesuviusProject | April2025 - February 2026

- Annotated and validated 3,000+ data samples with 85%+ accuracy through structured quality control   processes
- Participated in quality review cycles and maintained meticulous documentation of annotation decisions and corrections

EDUCATION

Bachelor of Science in Computer Technology

Sri Krishna Adithya College of Arts and Science | June 2019 - July 2022 | CGPA: 8.5/10

KEY SKILLS & COMPETENCIES

Insurance Operations: Medical Claims Processing, Health Insurance, Policy Analysis, Coverage Determination
Quality & Compliance: Quality Assurance, Compliance Monitoring, Documentation Standards,
Technical Proficiency: Microsoft Excel (Advanced), Data Entry, Database Management, Insurance Software, Claims Management Systems, Report Generation Analytical
Skills: Data Analysis, Pattern Recognition, Fraud Detection, Root Cause Analysis, Process Improvement, Problem Solving
Soft Skills : Attention to Detail, Time Management, Multi-tasking, Customer Service, Communication, Team Collaboration, Adaptability, Work Ethics

CERTIFICATIONS

Python Programming| Acadamic| October 2019

UI/UX Designer course | Udemy| March 2025