

# Fraud Analyst Job Description Template

Our company is looking for a Fraud Analyst to join our team.

## Responsibilities:

- Maintain or exceed established standards for customer service, and resolves complex issues with little or no supervision or direction;
- Analyze data from multiple sources to identify discrepancies and what, if any, remedies can eliminate suspicion and maintain compliance;
- Work with peers and Managed Services leadership to communicate fraud trends and share best practices, ideas and information;
- Assist in maintaining basic ecommerce duties including chargeback handling and review;
- Review queued transactions and independently determine if the reviewed transactions are fraudulent or legitimate;
- Monitor our automated fraud screening application;
- Communicate effectively with the team by;
- Investigate anomalies in underwriting that could potentially include fraud;
- Write reports and document evidence, findings, and recommendations;
- Perform manual fraud review in order to detect fraudulent transactions;
- Independently resolve problems that require in depth investigation and/or research;
- Conduct follow-up research on fraudulent transactions;
- Conduct extensive research to validate purchases;
- Educate staff and contractors on fraud and associated behaviors.

## Requirements:

- Previous e-commerce fraud prevention, investigation or retail fraud prevention experience is a plus;
- Demonstrated experience and/or strong working knowledge of Microsoft Word, Excel, and Outlook;
- Strong desire to build a career in the fraud industry;
- Must be able to work four, 10 hour afternoon/evening shifts, beginning between 12PM – 2PM, including weekends, and holidays;
- Excellent organizational, analytical, and critical thinking skills;
- Ability to meet deadlines and prioritize deliverables;
- Strong customer service skills and a demonstrated ability to take initiative, conduct thorough research, and be professionally persistent;
- Strong innovative problem-solving capabilities;
- Must have understanding of technical and financial aspects of the health insurance industry;
- Strong oral and written communication skills;
- Must possess excellent communication skills and be detailed oriented;
- Must have knowledge of provider facility payment methodology, claims processing systems and coding and billing proficiency;

- Strong personal computer skills, along with the ability to use fraud/abuse data mining tools are required;
- Self-starter with the ability to work under pressure independently and as part of a team;
- Ability to think strategically and act proactively to create strong trust and confidence with business units.