1. Followed up with customers on unresolved issues.
2. Modeled exceptional customer service skills and appropriate diagnostic sales techniques to team members.
3. Collaborated with claims department and industry anti-fraud organizations to resolve claims.
4. Established positive and trusting relationships with injured clients, administering efficient customer service and processing claims quickly.
5. Reported policy changes and company conditions affecting customer satisfaction.
6. Communicated verification and authorization status updates with [Type] department to facilitate decision-making for patient admissions and insurance coverage.
7. Followed up on potentially fraudulent claims initiated by claims representatives.
8. Evaluated accuracy and quality of data entered into agency management system.
9. Coordinated with contracting department to resolve payer issues.
10. Investigated properties to determine extent of damage and estimate repair costs.
11. Presented insurance options to customers in order to close sales on new policies.
12. Communicated effectively with staff, including members of operations, finance and clinical departments.
13. Reviewed outstanding requests and redirected workloads to complete projects on time.
14. Maintained confidentiality of patient finances, records and health statuses.
15. Processed [Number] invoices each [Timeframe] and mailed documentation to clients.
16. Improved [type] through consistent hard work and dedication to [project or department or task or customer].
17. Demonstrated respect, friendliness and willingness to help wherever needed.
18. Tracked all pending authorizations to resolve discrepancies and avoid revenue loss.
19. Worked closely with [job title] to maintain optimum levels of communication to effectively and efficiently complete projects.
20. Acted as [Type] subject matter expert, answering internal and external questions and inquiries.