1. Modeled exceptional customer service skills and appropriate diagnostic sales techniques to team members.
2. Evaluated accuracy and quality of data entered into agency management system.
3. Sought out new clients and developed client relationships through networking, direct referrals, lead databases and cold calling.
4. Proposed settlements for uncomplicated issues to resolve claims.
5. Oversaw claim recoveries, including subrogation and salvage.
6. Examined reports, accounts and evidence to determine integrity and accuracy of information.
7. Interviewed policyholders to verify information and obtain additional details.
8. Worked effectively in fast-moving work environment to process large volumes of [Type] claims.
9. Checked level and type of coverage and evaluated contracts.
10. Followed up with customers on unresolved issues.
11. Communicated effectively with staff, including members of operations, finance and clinical departments.
12. Processed [Number] invoices each [Timeframe] and mailed documentation to clients.
13. Communicated verification and authorization status updates with [Type] department to facilitate decision-making for patient admissions and insurance coverage.
14. Presented insurance options to customers in order to close sales on new policies.
15. Acted as [Type] subject matter expert, answering internal and external questions and inquiries.
16. Used Microsoft Word and other software tools to create documents and other communications.
17. Coordinated with contracting department to resolve payer issues.
18. Maintained confidentiality of patient finances, records and health statuses.
19. Reviewed outstanding requests and redirected workloads to complete projects on time.
20. Tracked all pending authorizations to resolve discrepancies and avoid revenue loss.