



# NEETHU RINU

Highly skilled and versatile Claim Submission Officer with over Four years of expertise in processing claims in accordance with insurance policy terms and conditions. Proficient in verifying member eligibility and approvals through various insurance portals. Skilled in documentation, claim data entry, and claim adjudication. Strong follow-up and reconciliation abilities to ensure accurate and timely claim submission. Knowledgeable of compliance with regulations and dedicated to providing excellent customer service.

## CONTACT DETAILS

+971 54 596 4184

nithupresi@gmail.com

UAE

## CERTIFICATION

**Advanced Medical Billing and Coding | 2023**

**CPC – Certified Professional Coder NO: - 02118694**  
Transorze Medical Coding Academy

## ACADEMIC CREDENTIALS

**Bsc Biotechnology | 2016**  
Mahatma Gandhi University

**HIGHER SECONDARY | 2013**  
Board of Higher Secondary Examination, Kerala, India

**SSLC | 2011**  
Board of Public Examination, Kerala, India

## COMPUTER PROFICIENCY

MS Office

SAP (RCM Module) ★ ★ ★ ★ ★

Basic Operation ★ ★ ★ ★ ★

Internet & Email ★ ★ ★ ★ ★

## KEY SKILLS

- Teamwork
- Work Ethic
- Negotiation
- Verification
- Claim Reconciliation
- Technology
- Customer service.
- Problem Solving Ability
- Processing
- Positive Attitude
- Honesty

## EMPLOYMENT CHRONICLE

### CLAIM SUBMISSION OFFICER |

March 2018 – Feb 2023

**DYNAMED HEALTH CARE SOLUTION (VPS) PVT LTD INFO PARK, KOCHI, KERALA, INDIA**

### KEY RESPONSIBILITIES

- Review and process insurance claims in accordance with policy terms and conditions. Ensure accuracy and adherence to established guidelines and procedures.
- Verify member eligibility and approvals by accessing various insurance portals, such as the claim link or other relevant systems. Confirm the coverage and benefits available to the members.
- Collect and organize all required documentation for claim submission, including medical records, invoices, receipts, and other supporting documents. Ensure completeness and accuracy of information.
- Communicate with insurance providers, healthcare professionals, and other relevant parties to obtain any additional information or documentation required for claim processing. Follow up on outstanding claims and resolve any issues or discrepancies.
- Assist in the adjudication process by reviewing claims for completeness, accuracy, and compliance with policy guidelines. Identify any potential issues or discrepancies that require further investigation or clarification.
- Enter claim details into the system accurately and efficiently. Update and maintain claim records with relevant information and updates throughout the process.
- Prepare and submit claims to insurance companies or third-party administrators within specified timelines.

## LANGUAGES KNOWN

English	<div style="width: 100%;"></div>	100 %
Malayalam	<div style="width: 100%;"></div>	100 %
Hindi	<div style="width: 85%;"></div>	85 %

## INTERESTS



Songs



Travelling



Reading

## PERSONAL STRENGTHS

- **COMMUNICATION** - Interpersonal skills – verbal, problem solving and listening skills in any administrative role.
- **SERVICE** - Having a client focused approach Skills include Patience, Attentiveness and positive language.
- **ORGANIZATION** - Helping others, organizing a to-do list. Prioritizing tasks by the deadline for improving time -management.
- **MANAGEMENT**- Management skills to direct others and review others performance.

## PERSONAL DOSSIER

Gender	: Female
Date of Birth	: 27.03.1996
Nationality	: Indian
Marital Status	: Married
Passport Number	: T6696873
Passport Expiry Date	: 28.04.2026
Visa Status	: Spouse Visa

## DECLARATION

I hereby declare that the above-mentioned information is true, and I bear the responsibility for the correctness of the above-mentioned particulars.

**NEETHU RINU**