



**Job Title: Claims Handler (Health)**

**Department: Technical Claims**

### **Job Summary**

To handle claims efficiently from notification to settlement and effect payments as per terms and conditions.

### **Main Responsibilities**

- Compile and process claims received within KPI.
- Gather all supporting documents and other relevant information for claims settlement.
- Verify claims against coverage given and other terms and conditions.
- Follow up with internal Department in case of queries.
- Follow up on non-valid claims.
- Gather information for Incomplete & Non-Valid claims and request for missing information.
- Check outstanding premiums and ensure follow up with Debtors.
- Verify the printing of cheques and remittances for Direct Credit payment.
- Provide assistance to Customers/Brokers/Agents on 'Terms & Conditions', medical protocol, remaining balances.
- Assist walk in clients for their claims submission for complex cases.
- Interact with the Accounts Department for rejected funds for payment made by Direct Credit.
- Prepare letters (Chronic/Non-Valid/Repetitive/Incomplete/Long Term/Notice).

### **Job Requirements**

- HSC
- A minimum of two year's work experience in a related field
- Work in team
- Ability to work under pressure and tight deadlines
- Knowledge in Medical Terminology, Medical Protocol and 'Scale of Costs'
- Be highly customer centric and have a high sense of accountability.

The company reserves the right to call only the best qualified candidates for the selection exercises.

Applications received after the closing date might not be considered.

The company also reserves the right not to proceed with the vacancies.