

# AMAAN SHAIKH

## Transaction Processing Representative

☎ +91 7738689807 (Dubai- +971554990704)    ✉ amaansk909@gmail.com  
📍 Al Jafiliya - 323, Bur Dubai, City Dubai-500001



### SUMMARY

Motivated insurance professional with 1 year of experience in the insurance industry, specializing in evaluating claims, conducting policy analysis, and supporting client advisory services. Skilled in analyzing insurance claims and providing detailed reports to support decision-making. Committed to delivering accurate, data-driven insights to ensure efficient claim processing and client satisfaction.

### EDUCATION

#### Bachelor in Management studies (BMS)

University of Mumbai    📅 07/2020 - 05/2023

#### Higher Secondary Certificate

Maharashtra State Board Of Secondary Education And higher Secondary

📅 07/2018 - 02/2020

### SKILLS

Microsoft Office Expertise(Word,Excel,Power Point,Tally ERP9& Advanced Excel)

Claims Processing Knowledge    Regulatory Compliance

Analytical and Decision-Making Skills

Communication and Interpersonal Skills

Relationship Management    Attention to Detail

Problem-Solving Abilities    Data Analysis and Validation

Documentation Skills    Team Collaboration

### LANGUAGES

English    Proficient    ●●●●●    Hindi    Proficient    ●●●●●

### TRAINING / COURSES

Ms Office (Word, Excel, Powerpoint and Tally ERP 9)    Advance Excel

### EXPERIENCE

#### Transaction Processing Representative

##### Accenture

📅 12/2023 - Present

📍 Mumbai,Maharashtra,India

As a Transaction Processing Representative,I am responsible for verifying and processing medical insurance claims submitted by healthcare providers.I carefully assess each claim to determine whether to approve pay, deny, route for further review, or withdraw based on detailed client-specific guidelines and state regulations. I currently manage claims for four U.S.

states: Illinois, Montana, Oklahoma, and New Mexico, each with unique healthcare policies and regulatory requirements. Claims Verification:

I thoroughly review medical insurance claims for accuracy, ensuring all required information,coding(CPT,ICD, HCPCS),and supporting documentation are provided. I work to identify any discrepancies or missing details that may require further investigation or provider follow-up.

I assess each claim carefully to determine the appropriate action, which can include:

Pay: Claims that meet the necessary requirements and comply with client policies.

Deny: Claims that are incomplete, inaccurate, or non-compliant with insurance guidelines.

Route: Claims requiring further review by specialists, such as complex medical cases or those needing higher-level approval.

Withdraw: Invalid claims, including duplicates or those with invalid details,are flagged and withdrawn from processing.

State-Specific Expertise:

Managing claims for four different states means a comprehensive understanding of state-specific regulations is crucial. For example:

Illinois: Navigating Medicaid expansion policies and ensuring compliance with state healthcare requirements.

Montana: Addressing the unique needs of rural healthcare providers and Medicaid claims.

Oklahoma: Handling claims related to tribal healthcare, Medicaid, and statespecific insurance programs.

New Mexico: Processing managed care claims and following regulations particular to New Mexico's healthcare system.