



Michael ANDERSON

HEALTH CLAIMS ADJUSTER

Dynamic and detail-oriented claims adjuster with a strong foundation in health insurance claims management. Proven ability to analyze medical claims, coordinate benefits, and ensure compliance with healthcare regulations. Expertise in collaborating with medical professionals and clients to facilitate timely resolution of claims. Recognized for exceptional organizational skills and the ability to manage multiple priorities in a fast-paced environment.

CONTACT

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- 📍 San Francisco, CA

SKILLS

- health claims
- compliance
- client advocacy
- data management
- claims processing
- training

LANGUAGES

- English
- Spanish
- French

EDUCATION

**BACHELOR OF SCIENCE IN HEALTH
ADMINISTRATION, UNIVERSITY OF
FLORIDA**

ACHIEVEMENTS

- Received 'Employee of the Year' award for exceptional performance in claims management.
- Reduced claim processing errors by 20% through enhanced training programs.
- Successfully managed a volume of over 300 claims per month, maintaining high accuracy rates.

WORK EXPERIENCE

HEALTH CLAIMS ADJUSTER

HealthPlus Insurance

2020 - 2025

- Reviewed and processed health insurance claims for accuracy and compliance.
- Investigated discrepancies in claims by collaborating with healthcare providers.
- Utilized claims software to manage and track the status of claims effectively.
- Communicated with clients to explain coverage and benefits related to their claims.
- Trained junior staff on claims processing procedures and compliance regulations.
- Enhanced claims processing efficiency by 25% through streamlined workflows.

CLAIMS PROCESSING COORDINATOR

CareFirst Insurance

2015 - 2020

- Supported the claims department by coordinating documentation and claims submissions.
- Maintained accurate records of claim activities and communications with clients.
- Assisted in the development of training materials for new hires.
- Monitored claims for compliance with healthcare regulations and policies.
- Facilitated communication between clients and medical providers to expedite claims.
- Achieved a 99% accuracy rate in claims documentation and processing.