**Dr. Hina**

🖂 **[hina.362442@2freemail.com](mailto:hina.362442@2FREEMAIL.COM)**

**Health Insurance Professional**

With strong analytical and decision making skills, willing to accept new and challenging responsibilities.

A competent and committed insurance professional with more than 4 years of experience in claims handling, auditing and data analysis with ability to work under pressure whilst maintaining a high standard of insight.

*Areas of Expertise:*

Claims Handling – Fraud Detection– Pre Approvals – Data analysis – Medical Coding (ICD-9) – Auditing – Employee Training – Team Leadership – Complaint/Grievance Handling

**Professional Experience**

**ALLIANZ EFU HEALTH INSURANCE LTD** – Karachi, Pakistan Oct 2011 to Present

**MANAGER – CLAIMS MANAGEMENT (JANUARY, 2016 – To Present)**

In addition to most of my responsibilities as Deputy Manager, the following additional tasks are included;

* To oversee the Claims Department including claims entry and auditing processes to ensure accurate and timely processing of claims.
* Maintain vigilance to prevent fraud.
* Coordination with IT department for claim related systemic changes in ERP/ORS modules
* Arrange quarterly claims committee meetings.
* Coordination with all departments and corporate clients for claim related issues.

**DEPUTY MANAGER – CLAIMS MANAGEMENT (JANUARY, 2014 – December 2015)**

* To monitor team performance and activity to ensure smooth processing of claims.
* Responsible for assessing complicated claims of Corporate/Individual Clients in light of the policy terms and conditions.
* Schedule staff appropriately to meet TAT as determined by the client contracts.
* Conduct internal audit and assist in documentation of claims procedures as per ISO standards.
* Recruitment and training of support staff such as junior doctors and claims officers.
* Appraise the staff with a performance indicator measurement tool.

**ASSISTANT MANAGER CLAIMS MANAGEMENT & MEDICAL SERVICES (October, 2011 – December 2013)**

***Claims Management***

* Evaluate, examine and approve medical claims received from clients.
* Scrutinizing fraudulent reimbursement claims.
* Ensure claims are legitimate and settlements are made in line with company practices and procedures.
* Liaise with doctors and other related individuals for clarity on claims lodged
* Lead and manage a team of nine officers ensuring smooth workflow to meet deadlines
* Handling internal and external queries regarding claims.
* Claims data analysis and generation of reports.

***Medical Services***

* Accurate assessment of Pre- Authorizations keeping in view the medical necessity of the admission in line with policy terms and conditions
* Tactful handling of medical helpline with professional and accurate examination of cases and providing pre-approvals to network hospitals for insured members
* Effectively handling client queries relating to insurance, pre authorizations and claims.
* Examine & negotiate the rates of hospitals for revision.

**NAWAZ SHARIF SOCIAL SECURITY HOSPITAL** – Lahore, Pakistan SEPT 2009 – SEPT 2010

**HOUSE OFFICER**

Actively participated in Medical & Surgical OPDs, Operation Theatres and Indoor Patient Management in:

* General Surgery & Urology
* General Medicine

**Education**

M.B.A. Health & Hospital Management – Institute of Business Management – Karachi, 2014

M.B.B.S. – Shihezi School of Medicine, Shihezi – China, 2008

**Professional Qualification**

Certificate in Insurance (CERT CII) - IF1, IF4 & IF7 – The Chartered Insurance Institute, London - UK, 2015

**PERSONAL DATA**

Date of Birth: 04 December, 1983

Marital Status: Single

Nationality: Pakistan

Languages: English (Fluent), Urdu (Native)

**References**

Will be furnished upon request