Isobel Holowka

Claims Examiner

<u>isobel.holowka@gmail.com</u>



• 1234 Maple St, Baltimore, MD 21201

Education

Bachelor of Arts in Business Administration with a concentration in Insurance and Risk Management at University of Maryland, College Park, MD

Sep 2018 - May 2022

Relevant Coursework: Risk
Management and Insurance,
Business Finance, Corporate
Risk Management, Legal
Environment of Business,
Principles of Microeconomics,
Principles of Macroeconomics,
Business Statistics, and Actuarial
Science.

Links

linkedin.com/in/isobelholowka

Skills

Investigative

Analytical

Negotiation

Time-management

Decision-making

Communication

Organization

Languages

English

Profile

Diligent Claims Examiner with 1 year of experience in efficiently managing insurance claims and settlements. Skilled in investigating and evaluating claims, interpreting policy provisions, and ensuring accurate and timely resolution. Demonstrates exceptional analytical, communication, and negotiation skills, with a strong focus on ensuring customer satisfaction and maintaining strong relationships with policyholders and claimants.

Employment History

Claims Examiner at Aetna, MD

May 2023 - Present

- Successfully reduced claim processing time by 25% through the implementation of new software tools and streamlined procedures, resulting in a more efficient workflow and improved customer satisfaction.
- Recovered over \$1 million in overpaid claims within one year by conducting thorough investigations and collaborating with providers to rectify billing errors, substantially improving the company's financial health.
- Maintained a 99% accuracy rate in claim adjudication while handling an average of 200 claims per day, consistently exceeding departmental targets and ensuring timely and accurate benefit payments for policyholders.

Claims Examiner I at CareFirst BlueCross BlueShield, MD

Aug 2022 - Apr 2023

- Successfully processed an average of 120 claims daily, exceeding the company's target of 100 claims per day, which contributed to a 20% increase in overall team productivity.
- Identified and resolved over 50 cases of potential insurance fraud within a year, saving the company approximately \$500,000 in potential losses and strengthening the integrity of the claims process.
- Implemented a new claims tracking system that reduced processing time by 15%, resulting in faster claim resolutions and improved customer satisfaction rates.

Certificates

Certified Professional Claims Examiner (CPCE)

Jan 2022

Senior Disability Claims Analyst (SDCA)

Dec 2020

Memberships

International Claim Association (ICA)