



Gicelle G. Souribio

Highly dynamic and detail-oriented professional with extensive experience providing exceptional customer service in supporting US-Based healthcare Companies for more than 3 years. Strong multitasker committed to streamline processes and optimize time management. Skilled individual committed to provide exceptional customer service and accuracy in data entry and database management.

Contact Information:

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Address: Block 13, Lot 3, Tamarind Street, Acacia Park Homes, Brgy. Saimsim, Calamba City, Laguna, 4027

Education:

Bachelor of Science in Tourism Management: STI College Calamba (2020)

Skills:

- Insurance Verification
- Appointment Scheduling
- Email Management
- Time Management
- Ability to work under pressure
- Ability to multitask
- Computer Literacy
- Detail-oriented and organized
- Data Entry and Administrative Task

Tools:

- Microsoft Office (Word, PowerPoint, Excel)
- Canva
- Google Suites
- Practice Fusion (EHR System)

Certifications:

- HIPAA Certified: Hipaa Compliance Training
- Lean Data Training: Internal Domain

Professional Experience:

Healthcare Insurance Specialist

January 2022-June 2024

Genpact-Genworth Financial-Life Insurance Company

- Answering inquiries via phone call, email, and chat from Healthcare Providers, Policyholders, Agencies/Agents, Facilities and perform inbound calls for follow up, updates and appointment scheduling.
- Provide policy and contract information, updates patient's records and information policyholder's eligibility, benefits, covered services, exclusions and limitations of the plan, state variations and requirements, partnership matrix, amount covered by the policy and amount covered by expense by the Insured, remaining lifetime maximum available to the Insured in the event Insured wants to file a claim.
- Processing payment and billings, provide payment options, generate payment confirmation and receipts as well as modal options, grace period, premiums history of payments due date, and lapse date of the policy.
- Process requests via system portals including name change, address change, policy change, refunds, mode change. Perform administrative task such as data entry and administrative tasks such as sending policy document, forms and documents via mail, fax or email.
- Provide claims status, review scheduled intakes and provide assistance for evaluation and assessment, process and reimbursement payment details, follow up on denials and appeals and track claims paperwork and forms submitted.

Insurance Customer Lead Representative December 2021

November 2020-

Alorica-Anthem Blue Cross Blue Shield

- Responds to inquiries from Healthcare Providers, Doctors, Patients, Facilities Agencies and Agents via phone call and chat regarding to the policy.
- Provide patient's eligibility and verifying members insurance benefits, covered services, exclusion and limitations of the plan, covered expenses, deductible, copay, co-insurance.
- Review and evaluate medical services and referral request if prior authorization is required. Gather all relevant medical documentation, such as medical records, test results and clinical notes to support authorization request.
- Comply with all legal and regulatory requirements by adhering to HIPAA Guidelines and patients' privacy and confidentiality of record and information.
- Provide claims status, review and provide claims status (active, denied and appeal) within the standard billing cycle timeframe verify reimbursement payments if accurate or if there's discrepancies and evaluate time and payment schedules.
- Perform administrative tasks such as managing email correspondence and faxing documents and update and maintain patient records accurately.