



**Universal**  
Healthcare

## **JOB DESCRIPTION**

**POSITION:** **CLAIMS ASSESSOR – MEDICAL AID ADMINISTRATION**

**REPORTS TO:** **TEAM LEADER - ASSESSING**

### **PURPOSE OF THE JOB:**

The role is responsible for assessing and processing of claims submitted for various medical schemes.

### **Duties and Responsibilities**

- Accurate processing and assessing of all paper and EDI claims.
- Quality control claims assessed by other assessors as required
- Process reversals and corrections on claims as required within the payment run dates.
- Assist in general office duties such as customer queries, account reconciliations, claims checking.
- Obtain information on all new processes, products, and industry matters daily.

### **Minimum Qualifications and Experience Required**

- Grade 12 / Matric
- Minimum of 3 or more years' experience in claims processing and assessing
- Experience in the medical scheme and healthcare sector.

### **Technical and Behavioural Competencies**

- Knowledge of claims coding practices
- Telephone etiquette
- Computer skills and ability to navigate through software applications.
- Ability to multitask
- Problem solving skills Language

### **Language Requirements**

- Excellent proficiency in English (Reading, Writing and Speaking).
- Ability to communicate in any other of the 11 South African official languages will be an advantage.

**Computer Literacy**

Proficiency with the following programmes is required:

- MS Word
- MS Excel
- MS Outlook / email
- MS Explorer / Internet

**Remuneration**

- A competitive salary and benefits will be negotiated, consistent with experience and the role and responsibilities of the position.

**The Employment Equity approach of Universal Healthcare broadly aims to:**

- Foster diversity in the workplace.
- Promote equal opportunity and fair treatment in employment through the elimination of all forms of unfair discrimination.

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