



**Position:** Claims Representative

**Location:** Bartlesville, OK, hybrid, remote

**Job Description:**

Concierge Third Party Administrator is looking for a dedicated and detail-oriented Claims Analyst to join our team. As a Claims Representative, you will be responsible for reviewing, analyzing, and processing medical claims to ensure accuracy, efficiency, and timely payment. This role is essential in maintaining high standards of customer service and operational excellence within the claims department.

**Responsibilities:**

1. Review and assess claims to determine coverage, eligibility, and validity.
2. Analyze claim documentation, policy information, and supporting evidence to make informed decisions.
3. Process claims accurately and efficiently within established timelines and guidelines.
4. Investigate and resolve discrepancies, inquiries, and issues related to claims processing.
5. Communicate with policyholders, providers, and internal stakeholders to gather necessary information and provide claim status updates.
6. Collaborate with the claims team to identify trends, patterns, and areas for process improvement.
7. Ensure compliance with regulations and industry standards in claims handling.
8. Document all claim activities, decisions, and outcomes accurately in the claims management system.
9. Participate in training sessions and professional development opportunities to enhance claims processing skills and knowledge.
10. Provide exceptional customer service by addressing inquiries, concerns, and escalations related to claims.

**Qualifications:**

- Bachelor's degree preferred but not required.
- Preferred experience in claims analysis, processing, or a similar role within the insurance industry.
- Strong analytical and problem-solving skills.
- Excellent attention to detail and accuracy in claim evaluation.
- Effective communication and interpersonal abilities.
- Proficiency in claims management software and Microsoft Office applications.
- Preferred knowledge of insurance policies, coverage types, and claims processing procedures is a plus.
- Ability to work independently and collaboratively in a team environment.

**Benefits:**

- Competitive salary and benefits package.
- Remote work options available.
- Opportunities for career advancement and professional growth.
- Supportive and inclusive work culture focused on employee development.

If you are passionate about claims processing, have a knack for detail, and excel in providing top-notch customer service, we encourage you to apply for the Claims Rep position at Concierge Third Party Administrator. Join us in delivering exceptional claims management services and ensuring client satisfaction in the insurance industry. Email your resume to [careers@ctpa.com](mailto:careers@ctpa.com).

# Employment Application



## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Degree: \_\_\_\_\_

Other \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Degree: \_\_\_\_\_

## References *Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

# Employment Application



Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

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## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

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## Emergency Contact Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*At Will. You acknowledge that the employment relationship between Concierge Benefit Services, LLC and all employees is at-will, meaning that the employment relationship may be terminated, at any time, by Concierge Benefit Services, LLC. or an employee for any reason or for no reason, with or without notice. Concierge Benefit Services, LLC. requests that employees agree to make reasonable efforts to provide at least a two-week written notice prior to termination of the employment relationship.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_