

# Sharmaine Reynolds

SAVANNAH, GA 31407

Phone: 469-900-9350

[Sreynolds2020@icloud.com](mailto:Sreynolds2020@icloud.com)

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## Career Objective

- Highly dedicated and reliable Insurance Verification Specialist with excellent insurance document organization and interpretation skills. Wide experience with all public and private health insurance practices and policies. Adept at coordinating with insurance company staff at all levels as well as working independently.

## Highlight of Qualifications

- Outstanding ability to work in a professional team.
- Extensive Medicare and commercial insurance experience.
- Superior abilities with MS Office applications including Excel Access and Word.
- Knowledge of CPT, ICD-9 and ICD-10 Codes.
- High skills in drafting and submitting complex insurance correspondence.
- Ability to multi task and utilize multiple applications at once.

## Work Experience

Geico, Richardson, TX

Remote Sales Associate, June 2020- Present

- Developing and suggesting new auto insurance policies to meet the changing and varying needs of prospective clients.
- Taking part in the process of entering into auto insurance contracts.
- Be responsible for the profitable growth of the company and for contributing in achieving sales goals.
- Analyze potential client requirements and prepare comprehensive plans that meet individual insurance needs and financial goals.

StateFarm Richardson, TX

Claims Associate, Aug 2016- Sep 2018

- Handling inbound calls and exercising good decision making skills to review information, issue payments, and resolve claims.
- Investigate claim and interview insured and claimant.
- Determine basic coverage and establish liability.
- Make referrals to direct repair facilities. Also review estimates and issue payments.
- Heavy phone customer service activity.
- Help insured set up tow and rentals if needed.

## Aerotek, Frisco, TX

### Reimbursement Counselor (BVS), Nov 2015- May 2016

- Collects and reviews all patient insurance benefit information, to the degree authorized by the SOP of the program. Completes and submits all necessary insurance forms and electronic claims to process the claims in a timely manner as required by all third party payers.
- Researches and resolves any electronic claim denials. Coordinates with inter-departmental associates to obtain appropriate medical records as they relate to the reimbursement process. Processes any necessary insurance/patient correspondence. Maintains frequent phone contact with provider representatives, third party customer service representatives, pharmacy staff, and case managers.
- Reports any reimbursement trends/delays to supervisor (e.g. billing denials, claim denials, pricing errors, payments, etc.).

## HILTON WORLDWIDE, CARROLLTON, TX

### Guest Assistance, Nov 2014 – Sep 2015

- This position is responsible for acting as the last point of recovery for guests who have had an unpleasant experience at one of the hotels within the Hilton Family of brands.
- Specialists are responsible for working with unsatisfied guests, creating a caring image of Hilton Hotels Corporation that will potentially restore guests' faith in our brands.
- Specialists are also responsible for working with hotel managers/owners in a partnership to increase overall guest loyalty to the Hilton Family of brands in the US and Internationally.

## AEGIS COMMUNICATIONS, IRVING, TX

### Insurance Verification Specialist, Dec 2011 – Oct 2014

- Performs accurate and timely insurance verification, both major medical and pharmacy benefits.
- Coordinates the patient's care with physician offices, nurses pharmacists and patients.
- Initiated the pre-authorizations/pre-determinations for insurance to get verified and processed correctly.
- Ensuring that all insurance information needed for billing and collection processes are appropriately obtained and recorded in the computer system.
- Online and phone representative insurance verification and COB billing, as well as manufacturer, grant or other secondary funding.

## Education

SOUTHEASTERN COMMUNITY COLLEGE, IOWA, IA

SOUTH SHORE H.S., CHICAGO, IL