

WORK VAPOR

Job Link: <https://workvapor.in/jobs/work-from-home-claims-adjudication-associate-368590/>

HIRING ORGANIZATION

NTT DATA

EMPLOYMENT TYPE

Full-time

JOB LOCATION

? Remote work from: India

DATE POSTED

? June 28, 2026

WORK FROM HOME CLAIMS ADJUDICATION ASSOCIATE

BASE SALARY

INR 50000 - INR 275000

DESCRIPTION

Claims Adjudication Associate

Company Name: NTT DATA, Inc.

Location: Chennai, Tamil Nadu / Coimbatore, Tamil Nadu

Salary: ₹50,000 – ₹2.75 LPA

Job Type: Full-time, Permanent

Work Mode: Work From Home

NTT DATA is hiring Claims Adjudication Associates for its US Healthcare process. This is a work from home opportunity. The company is looking for candidates with claims adjudication experience and good communication skills.

Contact Details

Email: pushpa.shanmugam@gmail.com

This role is focused on insurance claims processing. You will review claims and ensure accurate adjudication. The position requires strong attention to detail and the ability to work with healthcare-related documents.

Candidates should be comfortable working in a professional environment. You should be confident and result-oriented. The role also requires flexibility to support the team during business needs.

Key Responsibilities

- Process and review insurance claims
- Perform claims adjudication activities
- Interpret medical and insurance documents
- Ensure accuracy and quality in claim processing
- Follow company guidelines and compliance standards
- Communicate with internal teams when required
- Maintain productivity and quality targets
- Handle healthcare-related claim information
- Use computer applications and internal systems efficiently

This role requires accuracy and accountability. You will work with healthcare claim records and supporting documents. Strong analytical skills will be helpful in daily work.

Required Skills

- Claims Adjudication
- US Healthcare knowledge
- Good communication skills
- Attention to detail
- Quality-focused approach
- Computer and keyboard skills
- Ability to learn new software tools
- Document interpretation skills
- Time management skills

Eligibility Criteria

- Any Graduate
- 1 to 3 years of claims adjudication experience preferred
- Experience in health insurance claims preferred
- Knowledge of CPT, HCPCS, ICD-9, ICD-10, or CDT is an advantage
- Experience reviewing medical records preferred
- Experience handling complex documents preferred

Work Details

- Work From Home
- Night Shift
- Full-time Position
- Permanent Employment
- Hiring Locations: Chennai and Coimbatore
- Broadband internet connection required

Why Join

- Remote work opportunity
- Career growth in US Healthcare
- Opportunity to work with a global company
- Professional work environment
- Exposure to healthcare claims processing

This opportunity is suitable for candidates with healthcare claims experience. The role offers remote work flexibility and exposure to international healthcare processes.

How To Apply

Interested candidates can send their updated resume to:

Email: pushpa.shanmugam@gmail.com

RESPONSIBILITIES

- Process and review insurance claims
- Perform claims adjudication activities
- Interpret medical and insurance documents
- Ensure accuracy and quality in claim processing
- Follow company guidelines and compliance standards
- Communicate with internal teams when required
- Maintain productivity and quality targets
- Handle healthcare-related claim information
- Use computer applications and internal systems efficiently

This role requires accuracy and accountability. You will work with healthcare claim records and supporting documents. Strong analytical skills will be helpful in daily work.

SKILLS

- Claims Adjudication
- US Healthcare knowledge
- Good communication skills
- Attention to detail
- Quality-focused approach
- Computer and keyboard skills

- Ability to learn new software tools
- Document interpretation skills
- Time management skills

QUALIFICATIONS

- Any Graduate
- 1 to 3 years of claims adjudication experience preferred
- Experience in health insurance claims preferred
- Knowledge of CPT, HCPCS, ICD-9, ICD-10, or CDT is an advantage
- Experience reviewing medical records preferred
- Experience handling complex documents preferred