



JOB ADVERT

CLAIMS VETTER

Applications are invited from suitably qualified candidates for the position of **Claims Vetter** (*Ref No 016*) in the **Claims & Care Department**. The position is on a **three (3) month fixed-term contract** and is open to both internal and external candidates.

DEPARTMENT: Claims & Care

REPORTS TO: Claims & Care Manager

CONTRACT PERIOD: 3 Months

SALARY: KES 35,000 Gross per Month

JOB PURPOSE

To support the claims function by accurately vetting medical claims, verifying benefit eligibility, ensuring compliance with policy provisions and company guidelines, and facilitating timely processing of claims while maintaining high standards of service delivery.

KEY RESPONSIBILITIES

Claims Vetting and Processing

- Vet and assess medical claims in accordance with policy terms, conditions, and company procedures.
- Verify member eligibility, benefit limits, and supporting documentation before claim approval.
- Identify inconsistencies, omissions, or potential fraudulent claims and escalate appropriately.
- Ensure accurate entry and updating of claims data in the claims management system.
- Process claims within agreed service turnaround times.
- Maintain proper records and documentation of all vetted claims.
- Liaise with healthcare providers and internal teams to obtain missing claim information when required.
- Support reconciliation and reporting activities related to claims processing.

Compliance and Reporting

- Ensure all claims are processed in compliance with company policies and regulatory requirements.
- Prepare periodic claims reports as assigned by the Claims & Care Manager.
- Adhere to confidentiality and data protection requirements when handling member information.

**Knowledge and Skills**

- Good understanding of medical claims processing.
- Knowledge of insurance policy terms and benefits administration.
- Strong data entry and record management skills.
- Proficiency in Microsoft Office applications.
- Good analytical and numerical skills.
- Ability to detect discrepancies and potential fraud indicators.
- Strong organizational and time management skills.
- Ability to work with minimal supervision.

Academic Background & Relevant Qualifications

- Diploma or Bachelor's Degree in Insurance, Health Records Management, Nursing, Business Administration, or a related field.
- Experience in claims vetting, claims processing, medical administration, or a related role.

Application process

All interested candidates should send their curriculum vitae and copies of their academic and professional certificates to ke-vacancies@mua.co.ke quoting the Job Reference Number and Position by **6th October 2026**.