

**HUMAN RESOURCES DEPARTMENT
EMPLOYEE BENEFITS DIVISION**

239, Vidhan Bhavan Marg, Nariman Point, Mumbai 400 021

STAFF CIRCULAR NO. 7211

June 15, 2020

To: All Branches/Offices,

Subject- Medical Insurance Scheme: Submission of documents on online portal of TPA



1. As per guidelines mentioned in Staff Circular 6263 dated 29.10.2015, the existing and retired employees of the Bank submit their medical claim documents in originals to the respective branches/ Offices respectively for onward submission to concerned RO from where the same are collected by Paramount TPA representative. Also, the original documents are couriered to Paramount TPA's Head Office at Thane.
2. The documents thus collected/received are scanned at Paramount office and uploaded on their portals for further scrutiny and processing.
3. Since the inception of lockdown, Paramount TPA implemented "Work from Home" policy for all their representatives and the Thane Office was temporarily closed. As such there was no document collection carried out by them either by way of physical visit to ROs or by way of post/mails.
4. As this was increasing the pendency of claim, Bank asked them to work out an alternative to ensure that Bank employees and retired staff members can continue to claim for reimbursement of medical bills without delay.
5. Paramount TPA has now shared a new portal with us which will allow all employees/retired staff members to upload their documents directly into the portal, in pdf format.
6. After the documents are uploaded on the portal, Paramount TPA starts with the processing of claim. In case of any deficiency, the same is shared with the concerned. The processed claims are sent to Insurance Company for payment on the basis of uploaded documents.



7. The complete procedure is attached in Annexure I.
8. However, as informed by UIIC, the original hard copies are to be submitted to Paramount TPA/UIIC, at a later date, but within this policy period. The courier services has resumed in few parts of the country. The original documents are to be sent through courier to Paramount TPA's Thane Office in the following address:

Paramount Health Services & Insurance TPA Pvt. Ltd
Plot No.A-442, Road No-28,Wagle Estate,Ram Nagar,
Thane West - 400604, Maharashtra

9. Before submission of original hard copies, the same should be numbered and stapled properly. Employees/Retirees to ensure that a copy of claim documents is maintained with them for record and future reference.
10. Deficiency with regards to **delay submission**, as and when raised by the TPA, will be condoned as per present practice.


CHIEF GENERAL MANAGER (HR)




Uploading Documents using Member Login

Member login/Registration URL: <https://member.paramounttpa.com/Login.aspx>

If user has already registered in **Member login** then that user can directly login by using his/her login credentials. If the user is **New to member login** page then user has to first register himself/herself.

For registration, user has to select **Register here** option from Member Login page highlighted below.

A screenshot of the "Member Login" web page. The page has a dark header with the Paramount Health logo. The main content area is white and contains the title "Member Login" in a large, bold font. Below the title are three input fields: "USER NAME", "PASSWORD", and "GROUP CODE". Each field has a small icon to its right. Below the input fields is a large, rounded "LOG IN" button. Underneath the button is a link that says "Forgot Password?". On the right side of the page, there is a dark sidebar with a light-colored box containing the text "New here?" and "New user has to complete one time registration process". Below this text is a "REGISTER HERE" button. At the bottom of the page, there is a copyright notice: "© Copyright 2020 Paramount Health Group All Rights Reserved" and a note: "Best viewed in Mozilla Firefox & Google Chrome @ resolution 1366 X 768".



Upon clicking on **Register here** option user will be directed to Member Registration page. Where user will find two options - **Group Login** and **Individual Login**. The user has to invariably & exclusively opt for **Group Login** option and provide the required details like Employee no, Group code and Date of Birth. Once the user fills the required detail then he/she has to click on **Register** button.

Get back to Log in

LOG IN HERE

Member Registration

GROUP LOGIN **Individual**

EMPLOYEE NO.

GROUP CODE

DATE OF BIRTH
DD/MM/YYYY

REGISTER

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Once the user clicks on **Register** button then the user will get the credential details on his/ her registered Mobile no. and email id. The user has to save the credential for further reference. The Registration process is now completed.


The credential's that have been received on registered Mobile no. or email ID can be used at the time of **Member Login**.

Note: The registration and login details will be accepted only of Insured and not his/her dependents. Hence provide only Main Insured details for Login /registration.



For Login:

1. Log in by entering username, password and group code.

 **Member Login**

USER NAME

PASSWORD

GROUP CODE

LOGIN

[Forgot Password ?](#)

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New here?
New user has to complete one time registration process

REGISTER HERE



1. Once you have logged in, you will see multiple options like Dashboard, Policy Enrollment, Policy-wise claims, today's health tips, Downloadable, Hospital Network and Mobile App.

Select Policy-wise Enrollment option



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Head Office
Thane West, Mumbai

Test Employee ▾

Dashboard

Policywise Enrollment

Policywise Claims ▾

Today's Health Tips

Downloadables ▾

Hospital Network

Mobile App

Patent Claims

0 Active Policy IPD Claims

0 Active Policy OPD Claims

Ecards

Cashless Issued Letters ▾

Queries raised during hospitalisation ▾

Deficiency / Reminder Letter ▾

OPD Deficiency / Reminder Letter ▾


Payment Advices ▾

Claim Documents (Only categorised) ▾


DATA NOT AVAILABLE





2. Once you have selected the Policy wise Enrollment option then " Select Policy No " page will appear as shown below, where Policy no. is already filled you simply need to click the submit button.





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 Test Employee ▾


 Dashboard


 Policywise Enrollment

 Policywise Claims ▾

 Today's Health Tips

 Downloadables ▾

 Hospital Network

 Mobile App

Select Policy No

Select Policy No:-

POLICY AWAITED (From 27/03/2020 To 26/03/2021)

Submit


Reset

Upload Main Claim Documents (Expired Policy)

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3. Post clicking on the submit button, Enrollment Information Page will appear with options like **Upload main claim document (IPD) / Upload main claim document (OPD)** and **Reimbursement claim form** highlighted below.



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XXXXX

Dashboard

Policywise Enrollment

Policywise Claims

Today's Health Tips

Downloadables

Hospital Network

Mobile App

Select Policy No

Select Policy No.:

171409241004103074511 (From 04/09/2019 To 03/09/2020)



Submit

Reset

Upload Main Claim Documents (Expired Policy)

Enrollment Information

Total No Of Records Found: 4

Employee Name	XXXXX	Employee No.	XXXXX	PHS ID	XXXXX
Beneficiary Name	XXXXX	Relation	Employee	Gender	Male
Age	34	Date of Birth	06/10/1984		
Policy Number	XXXXXXXXXXXXXXXXXXXX	Policy Period	04/09/2019 To 03/09/2020	Ecard	
<div>Inmate Claim</div>	<div>Upload Main Claim Document (IPD)</div>	<div>Upload Main Claim Document (OPD)</div>	<div>Policy Details</div>	<div>Reimbursement Claim Form</div>	
Employee Name	XXXXX	Employee No.	XXXXX	PHS ID	XXXXX
Beneficiary Name	XXXXX	Relation	Daughter	Gender	Female
Age	4	Date of Birth	13/06/2015		
Policy Number	XXXXXXXXXXXXXXXXXXXX	Policy Period	04/09/2019 To 03/09/2020	Ecard	
<div>Inmate Claim</div>	<div>Upload Main Claim Document (IPD)</div>	<div>Upload Main Claim Document (OPD)</div>	<div>Reimbursement Claim Form</div>		



To download pre filled claim form

1. From enrollment information page you have to select option **Reimbursement claim form**.



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 Dashboard

 Policywise Enrollment

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Select Policy No.

Select Policy No. :- 1214003419104100000011 [From 04/09/2019 To 03/09/2020]

Submit

Reset

Upload Main Claim Documents (Expired Policy)

Enrollment Information

Total No Of Records Found: 4

Employee Name : XXXXX

Employee No. : XXXXX

PHS ID : XXXXX

Beneficiary Name : XXXXX

Relation : Employee

Gender : Male

Age : 34

Date of Birth : 06/10/1984

Policy Number : 1214003419104100000011

Policy Period : 04/09/2019 To 03/09/2020

Ec card 

Initiate Claim

Upload Main Claim Document (PDF)

Upload Main Claim Document (PDF)

Policy Details

Reimbursement Claim Form

Employee Name : XXXXX

Employee No. : XXXXX

PHS ID : XXXXX

Beneficiary Name : XXXXX

Relation : Daughter

Gender : Female

Age : 4

Date of Birth : 13/06/2015

Policy Number : 1214003419104100000011

Policy Period : 04/09/2019 To 03/09/2020

Ec card 

Initiate Claim

Upload Main Claim Document (PDF)

Upload Main Claim Document (PDF)

Reimbursement Claim Form



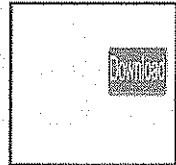
2. Upon clicking **Reimbursement claim form** then claim form page will appear. Please note that the Claim Form Part A is partially filled. You have to check and fill the blank field details and select the download option on the upper right hand side of the form highlighted below.



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CLAIM FORM - PART A
TO BE FILLED IN BY THE INSURED

The issue of this Form is not to be taken as an admission of liability.
The issue of this Form is not to be taken as an admission of liability.



(To be filled in block letters)

DETAILS OF PRIMARY INSURED:

a) Policy No: POLICYAWAITEED
b) Sl. No/ Certificate No: c) Phs No/ TPA ID No: 34081150
d) Name: TESTEMPLOYEE
e) Address: TESTADDRESS
City: State:
Pin Code: Phone No: 9987889811
Email ID: RUSHIKESH.PAWAR@PARAMOUNTTPA.COM

DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Mediclaim / Health Insurance: ☐ Yes ☒ No
b) Date of commencement of first Insurance without break: DD MM YY (Copies of Policies to be attached)
c) If yes, company name: Policy No: POLICYAWAITEED
Sum Insured (Rs.): d) Have you been hospitalized in the last 4 years? ☐ Yes ☒ No
Date: MM YY Diagnosis:
e) Previously covered by any other Mediclaim / Health insurance: ☐ Yes ☒ No
f) If yes, Company Name



3. Once you have downloaded the form, it will appear as a PDF file, you will find save and print option on the upper right hand corner of the pdf File. Save the file for further reference.

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CLAIM FORM - PART A
TO BE FILLED IN BY THE INSURED.
The issue of this Form is not to be taken as an
admission of liability

(To be filled in block letters)

DETAILS OF PRIMARY INSURED:

a) Policy No: POLICY AWA1TLD

b) SI No/ Certificate No: c) PHS No/ TPA ID No: 34081130

d) Name: TEST EMPLOYEE

e) Address: TEST ADDRESS

City: State:

Pin Code: Phone No: 998788981

Email ID: RUSHIKESH.PAWAR@PARAMOUNTTPA.COM

DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Mediclaim / Health Insurance: ☐ Yes ☐ No

b) Date of commencement of first Insurance without break: (Copies of Policies to be attached)

c) If yes, company name: Policy No:

Sum Insured (Rs.): d) Have you been hospitalized in the last 4 years? ☐ Yes ☐ No

Date: Diagnostic:

e) Previously covered by any other Mediclaim / Health insurance: ☐ Yes ☐ No



TO UPLOAD MAIN CLAIM DOCUMENT (IPD/OPD)

1. From enrollment information page if you select option **Upload main claim document (IPD) / Upload main claim document (OPD)**

Note: OPD Claim document upload button visible when OPD coverage is available.

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XXXXX

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Select Policy No

Select Policy No : 121400034/19/0400000011 (From 04/09/2019 To 03/09/2020)

Enrollment Information Total No Of Records Found: 4

Employee Name : XXXXX	Employee No. : XXXXX	PHS ID : XXXXX
Beneficiary Name : XXXXX	Relation : Employee	Gender : Male
Age : 34	Date of Birth : 06/10/1984	
Policy Number : 121400034/19/0400000011	Policy Period : 04/09/2019 To 03/09/2020	EC card
<input type="button" value="Initiate Claim"/>	<input type="button" value="Upload Main Claim Document (IPD)"/> <input type="button" value="Upload Main Claim Document (OPD)"/>	<input type="button" value="Policy Details"/> <input type="button" value="Reimbursement Claim Form"/>
Employee Name : XXXXX	Employee No. : XXXXX	PHS ID : XXXXX
Beneficiary Name : XXXXX	Relation : Daughter	Gender : Female
Age : 4	Date of Birth : 13/06/2015	
Policy Number : 121400034/19/0400000011	Policy Period : 04/09/2019 To 03/09/2020	EC card
<input type="button" value="Initiate Claim"/>	<input type="button" value="Upload Main Claim Document (IPD)"/> <input type="button" value="Upload Main Claim Document (OPD)"/>	<input type="button" value="Policy Details"/> <input type="button" value="Reimbursement Claim Form"/>

2. Once you click on **"Upload main claim document (IPD/OPD)"**, User will be redirected to DMS document upload page.



TO UPLOAD DEFICIENCY CLAIM DOCUMENT (IPD/OPD)

1. Post Member login you have to select second option **Policy-wise claims** to upload deficiency claim documents (IPD/OPD) highlighted below.

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Test Employee

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Policy Claims

Active Policy IPD Claims | Active Policy OPD Claims

Deficiency / Reminder Letter
OPD Deficiency / Reminder Letter
Payment Advice
Claim Documents (Only categorised)

DATA NOT AVAILABLE

2. Once you have selected the Policy-wise Claim option then you will find three option **Active Policy IPD Claims**, **Old Policy IPD Claims** and **Active Policy OPD Claims**. If you want to upload documents against any of the option highlighted below then select that option.

E:g – Suppose you want to upload documents against **Active Policy IPD claims** then select **Active Policy IPD claims** option or if you want to upload documents against **Old Policy IPD Claims** then select **Old Policy IPD Claims** option.

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Select Policy No.:-

Active Policy IPD Claims
Old Policy IPD Claims
Active Policy OPD Claims

Submit | Reset



3. Upon clicking on any of these options **Active Policy IPD Claims**, **Old Policy IPD Claims** or **Active Policy OPD Claims** then "Select Policy No" page will appear as shown below, where Policy no. is already filled you simply need to click the submit button.





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Test Employee


Dashboard


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Policywise Claims

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Select Policy No.

Select Policy No.:-

POLICY AWAITED (From 27/03/2020 To 28/03/2021)

Submit

Reset

Upload Main Claim Documents (Expired Policy)



4. Post clicking on the submit button, **IPD/OPD Claim Details** Page will appear where you will find options **Upload Deficiency Claim Document (IPD)** / **Upload Deficiency Claim Document (OPD)** highlighted below. Once you click on **"Upload Deficiency Claim Document (IPD/OPD)"**, User will be redirected to DMS document upload page (For DMS refer page no 10)

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XXXX

Dashboard

Policywise Enrollment

Policywise Claims

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Select Policy No.

Select Policy No. :- (21400134/13104/00000011) [From 04/09/2019 To 03/09/2020]

Submit

Reset

OPD Claim Details

Total No. of Records Found: 3

Employee Name : XXXX

Employee No. : XXXX

PHS ID : 21384615

Beneficiary Name : XXXX

Relation : Daughter

Gender : Female

Age : 4

Date of Birth : 13/06/2015

Policy Number : 04/09/2019 To 03/09/2020

CCN : 2507686

CCN Date : 24/02/2020

CCN EXT :

Claim Status : Payment Details Received with UTR No

Claim Details

Claim Documents

New Claimant Login

Upload Deficiency Claim Document (IPD)

Employee Name : XXXX

Employee No. : XXXX

PHS ID : 21384615

Beneficiary Name : XXXX

Relation : Mother

Gender : Female

Age : 64

Date of Birth : 09/10/1955

Policy Number : 04/09/2019 To 03/09/2020

CCN : 2507683

CCN Date : 24/02/2020

CCN EXT :

Claim Status :

Claim Details

Claim Documents

New Claimant Login

Upload Deficiency Claim Document (IPD)



DMS

1. Once user clicks on **"Upload main claim document (IPD/OPD) and Upload Deficiency claim document (IPD/OPD)"**, he/she will be redirected to DMS document upload page where user will see self declaration page. User needs to read the self declaration in detail and click on **"Agree"** button for uploading documents.

- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- [Click Here](#) to see how to browse and upload scanned documents.

File Type : ☒ Main ☐ Deficiency

☒ PHM ID ☐ Employee No

PHS ID

Physical file submission Branch

Date of admission

Date of Discharge

To,
Paramount Health Services & Insurance Pvt Ltd.
(Branch)

Declaration

I do hereby solemnly affirm and declare as under that:

- I, RISITA DAS hereby undertake that I am a Policyholder of United India Insurance Company Ltd. Insurance company, bearing Insurance Policy vide No. 500100/28/19/P/1/11090512.
- I hereby declare that I shall not produce or claim the physical copy of the electronically submitted claim documents submitted to Paramount Health Services & Insurance TPA Pvt Ltd (attached herewith) at any other Insurer/ TPA for whatsoever reason except in case where Sum Insured available (incl. bonus) in present Insurance policy is not sufficient to cover claim amount fully and I have other Insurance policy /ies to cover balance claim amount from either same or different Insurer wherein certified copy of same claim documents will be produced without any malafide intent to claim the amount twice.
- I shall ensure that the hard copy of claimed hospitalization documents shall be retained for the period of one year from the date of the Claim submitted in the secured and intact manner.
- I undertake that I shall produce/submit these retained claim files to Paramount Health Services & Insurance TPA Pvt Ltd as and when asked for.
- I further assure that I shall reimburse or indemnify Insurance Company for the claim amount in case of fraudulent, duplicate, forged and manipulated claim submission or if this self declaration found untrue and dishonest.

Sincerely,

Name & Signature of the Claimant

Place :-

Date :-

Note :-

- 1 This declaration for scanned claim documents submission is Valid till 3rd May,2020 or till the lock down is lifted, whichever is later.
2. All claim documents shall be self attested and to be submitted along with the signed declaration and self attested Identity Proof.

Note: If you have clicked on **Upload Main Claim Document (IPD/OPD)**, File Type will be auto-selected as **'Main'**.

If you have clicked on **Upload Deficiency Claim Document (IPD/OPD)**, File type will be auto-selected as **'Deficiency'**.



2. **Upload Main Claim Document (IPD/OPD).** User can upload documents by either entering PHS ID or Employee number. Enter the appropriate PHS ID or employee id along with other details like **Physical file submission branch, Date of admission and Date of discharge** and then click on Proceed button.

- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- [Click Here](#) to see how to browse and upload scanned documents.

File Type : ☒ Main ☐ Deficiency

☒ PHM ID ☐ Employee No

PHS ID

Physical file submission Branch

Date of admission

Date of Discharge

To,
Paramount Health Services & Insurance Pvt Ltd.
(Branch)

Declaration

I do hereby solemnly affirm and declare as under that:

- I, RISITA DAS hereby undertake that I am a Policyholder of United India Insurance Company Ltd. Insurance company, bearing Insurance Policy vide No. 500100/28/19/P/1/11030512.
- I hereby declare that I shall not produce or claim the physical copy of the electronically submitted claim documents submitted to Paramount Health Services & Insurance TPA Pvt Ltd (attached herewith) at any other Insurer/ TPA for whatsoever reason except in case where Sum Insured available (incl. bonus) in present Insurance policy is not sufficient to cover claim amount fully and I have other Insurance policy lies to cover balance claim amount from either same or different insurer wherein certified copy of same claim documents will be produced without any malafide intent to claim the amount twice.
- I shall ensure that the hard copy of claimed hospitalization documents shall be retained for the period of one year from the date of the Claim submitted in the secured and intact manner.
- I undertake that I shall produce/submit these retained claim files to Paramount Health Services & Insurance TPA Pvt Ltd as and when asked for.
- I further assure that I shall reimburse or indemnify Insurance Company for the claim amount in case of fraudulent, duplicate, forged and manipulated claim submission or if this self declaration found untrue and dishonest.

Sincerely,

Name & Signature of the Claimant

Place :-

Date :-

Note :-

- 1 This declaration for scanned claim documents submission is Valid till 3rd May, 2020 or till the lock down is lifted, whichever is later.
2. All claim documents shall be self attested and to be submitted along with the signed declaration and self attested Identity Proof.



3. **Upload Deficiency Claim Document (IPD/OPD).** TPA Claim No. or TPA Claim EXT will be pre filled. User need to fill the require details like **Physical file submission branch, Date of admission and Date of discharge** and click on Proceed button.

- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- [Click Here](#) to see how to browse and upload scanned documents.

File Type : ☐ Main ☒ Deficiency

TPA Claim No.

TPA Claim EXT :

Physical file submission Branch

Date of admission

Date of Discharge

To,
Paramount Health Services & Insurance Pvt Ltd.
(Branch)

Declaration

I do hereby solemnly affirm and declare as under that:

- I, **M SUGUNA KUMARI** hereby undertake that I am a Policyholder of **United India Insurance Company Ltd.** Insurance company, bearing Insurance Policy vide No. **121200/48/13/41/00002449**.
- I hereby declare that I shall not produce or claim the physical copy of the electronically submitted claim documents submitted to Paramount Health Services & Insurance TPA Pvt Ltd (attached herewith) at any other Insured/TPA for whatsoever reason except in case where Sum Insured available (incl. bonus) in present insurance policy is not sufficient to cover claim amount fully and I have other insurance policy /ies to cover balance claim amount from either same or different Insurer wherein certified copy of some claim documents will be produced without any malafide intent to claim the amount twice.
- I shall ensure that the hard copy of claimed hospitalization documents shall be retained for the period of one year from the date of the Claim submitted in the secured and intact manner.
- I undertake that I shall produce/submit these retained claim files to Paramount Health Services & Insurance TPA Pvt Ltd as and when asked for.
- I further assure that I shall reimburse or indemnify Insurance Company for the claim amount in case of fraudulent, duplicate, forged and manipulated claim submission or if this self declaration found untrue and dishonest.

Sincerely,

Name & Signature of the Claimant

Place :-

Date :-

Note :-

- 1 This declaration for scanned claim documents submission is Valid till 31st May, 2020 or till the lock down is lifted, whichever is later.
2. All claim documents shall be self attested and to be submitted along with the signed declaration and self attested Identity Proof.



4. After clicking on the Proceed button, user will be able to see information of the Insured and Policy. Click on the radio button now.

- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- [Click Here](#) to see how to browse and upload scanned documents.

File Type : ☒ Main ☐ Deficiency

☒ PHM ID ☐ Employee No

PHS ID

Physical file submission Branch

Date of admission

Date of Discharge

Select	Information of Insured	Policy Information
<input checked="" type="radio"/>	Name : Kishu Gad Age : 27 yrs. PHS ID : UI CHE 23967988 UBANK W	Upload Partial Deficiency Documents Policy Period : 01/10/2019 to 30/09/2020
	Gender : ♂ Relation : Wife	



5. Upon clicking on the Radio button, you will get the pop up window where user need to select document type and exact number of documents (PDF files) to be uploaded

A screenshot of a web application pop-up window for document upload. The window has a white background and a thin border. It contains two main sections. The first section is labeled "Select Document Type:" and features a dropdown menu with the text "All documents are original" and a downward arrow. The second section is labeled "How many documents(PDF Files) you want to upload ?" and includes a text input field containing the number "10". At the bottom right of the window are two buttons: "Submit" and "Cancel".

Select Document Type: All documents are original

How many documents(PDF Files) you want to upload ? 10

Submit Cancel



6. Once user enter the number of documents to be uploaded, then user will get the option to **Browse** files. Browse exact number of PDF documents.

Note: The system will only accept more than 5 (PDF) document.

- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- [Click Here](#) to see how to browse and upload scanned documents.

File Type : ☒ Main ☐ Deficiency

☒ PHM ID ☐ Employee No

PHS ID

720R7088

Physical file
submission
Branch

Ahmedabad

Date of
admission

21/04/2020

Date of
Discharge

22/04/2020

Upload pdf format documents only

Select File

Choose Files No file chosen

Select	Information of Insured	Policy Information
<input checked="" type="radio"/>	Name : Richa Das Age : 27 yrs. PHS ID : UT CHE 23967988 URANK W	Upload Partial Deficiency Documents Policy Period : 01/10/2019 to 30/09/2020
	Gender : Relation : Wife	



7. Once user upload the document then click on save Documents button as highlighted below.

- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- [Click Here](#) to see how to browse and upload scanned documents.

File Type : ☒ Main ☐ Deficiency

☒ PHM ID ☐ Employee No

PHS ID

Physical file submission Branch

Date of admission

Date of Discharge

Upload pdf format documents only

Select File 6 files

Select	Information of Insured	Policy Information
<input checked="" type="radio"/>	Name : Risita Das Age : 27 yrs. PHS ID : (IT CHE 73067000 HIRANK W)	<u>Upload Partial Deficiency Documents</u> Policy Period : 01/10/2019 to 30/09/2020
	Gender : Relation : Wife	



8. Upon clicking on Save document button, Inward number will be generated which will appear on your screen that can be used for further processes.

You are uploading Main documents against Admission date: 21/04/2020 and Discharge Date: 22/04/2020

- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- [Click Here](#) to see how to browse and upload scanned documents.

File Type : ☒ Main ☐ Deficiency

☒ PHM ID ☐ Employee No

PHS ID

Physical file submission Branch

Date of admission

Date of Discharge

Documents has been uploaded successfully ! and Inward no is **3901635**

This completes our process of uploading documents using Member Login.