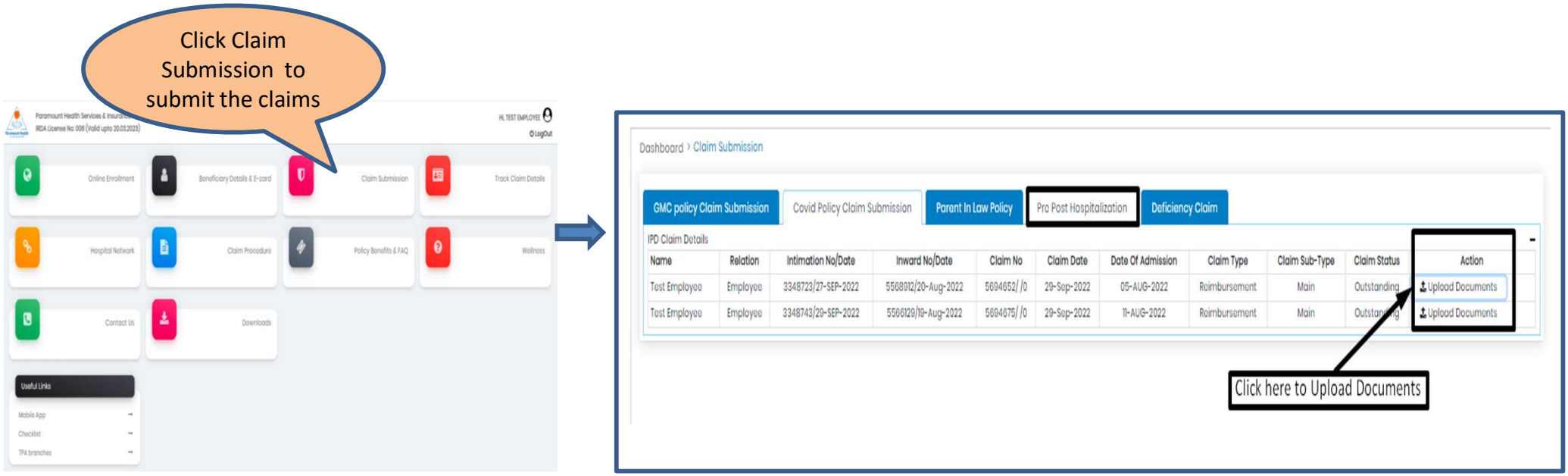
Paramount TPA Portal

Pre / Post Hospitalization / Day care procedure - Claims Submission process guide

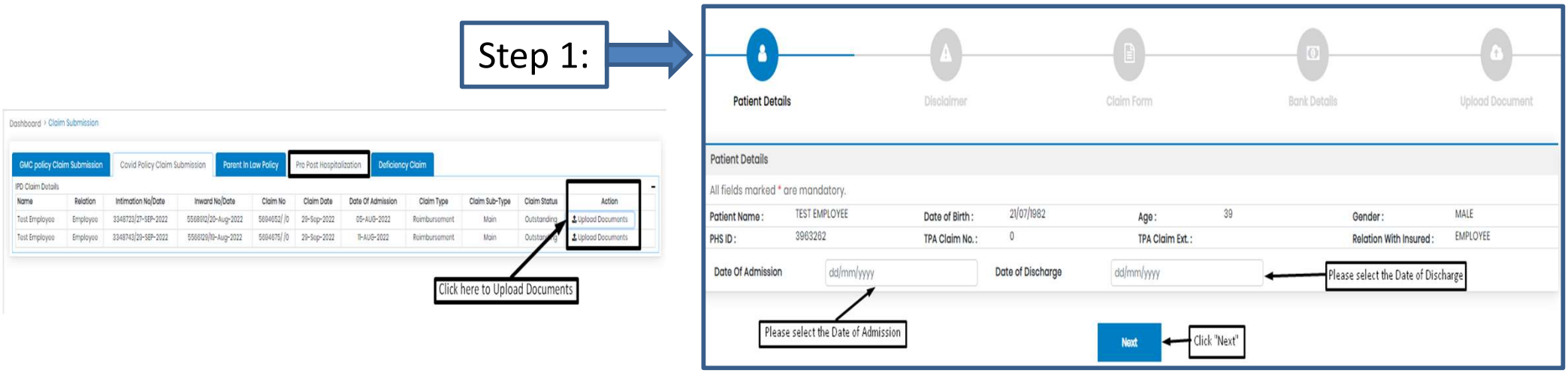
Pre / Post Claim Submission

Log into Paramount tool via SSO

Pre / Post Hospitalization claim



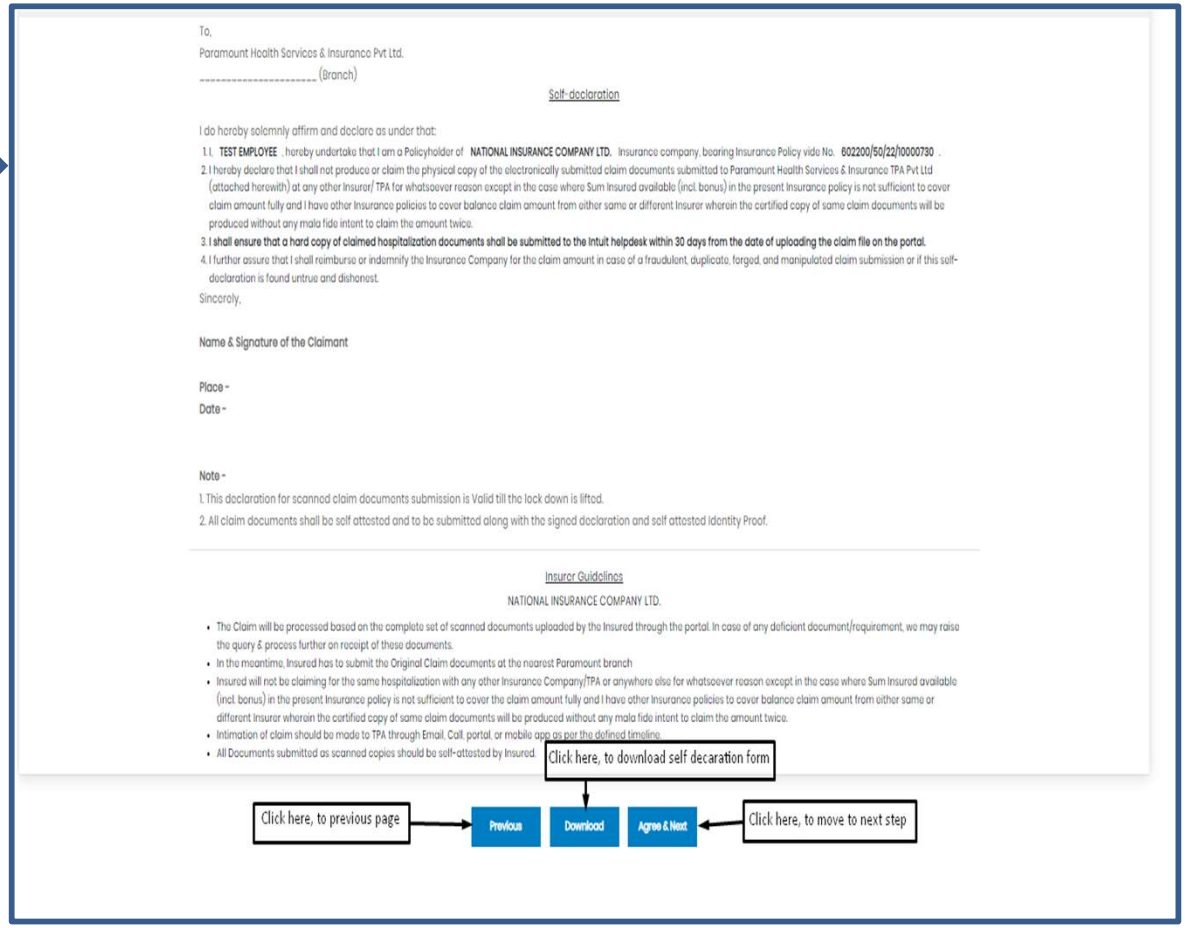
Step 1: Patient Details



- Click “Upload documents” tab.
- Please Add Date of Admission and Date of Discharge.
- Click “ Next”.

Step 2: Self Declaration

Step 2 :



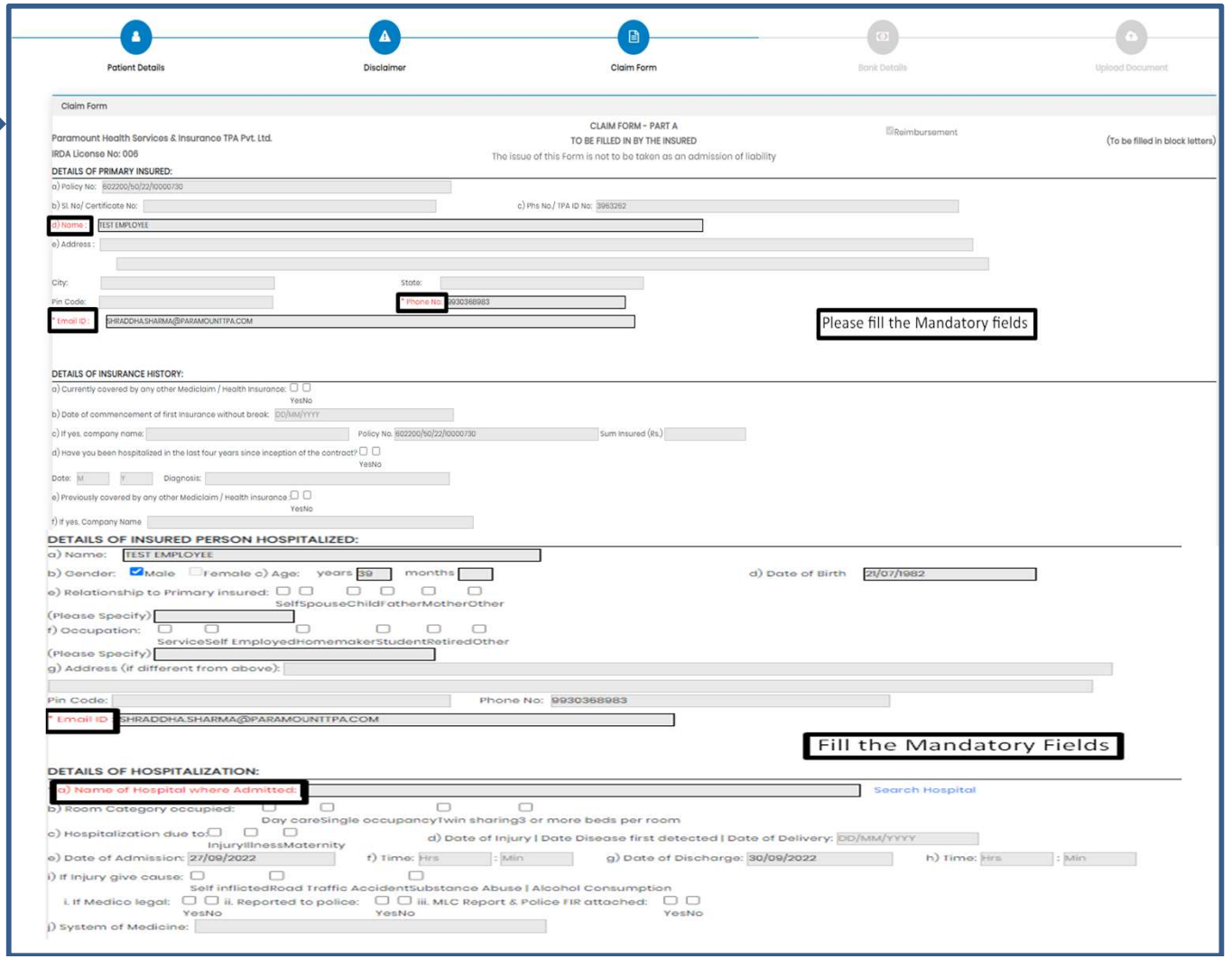
- Click Agree& Next, To go for next step.
- Click Download, to download Self declaration document

Step 3: Claim Form – Part A

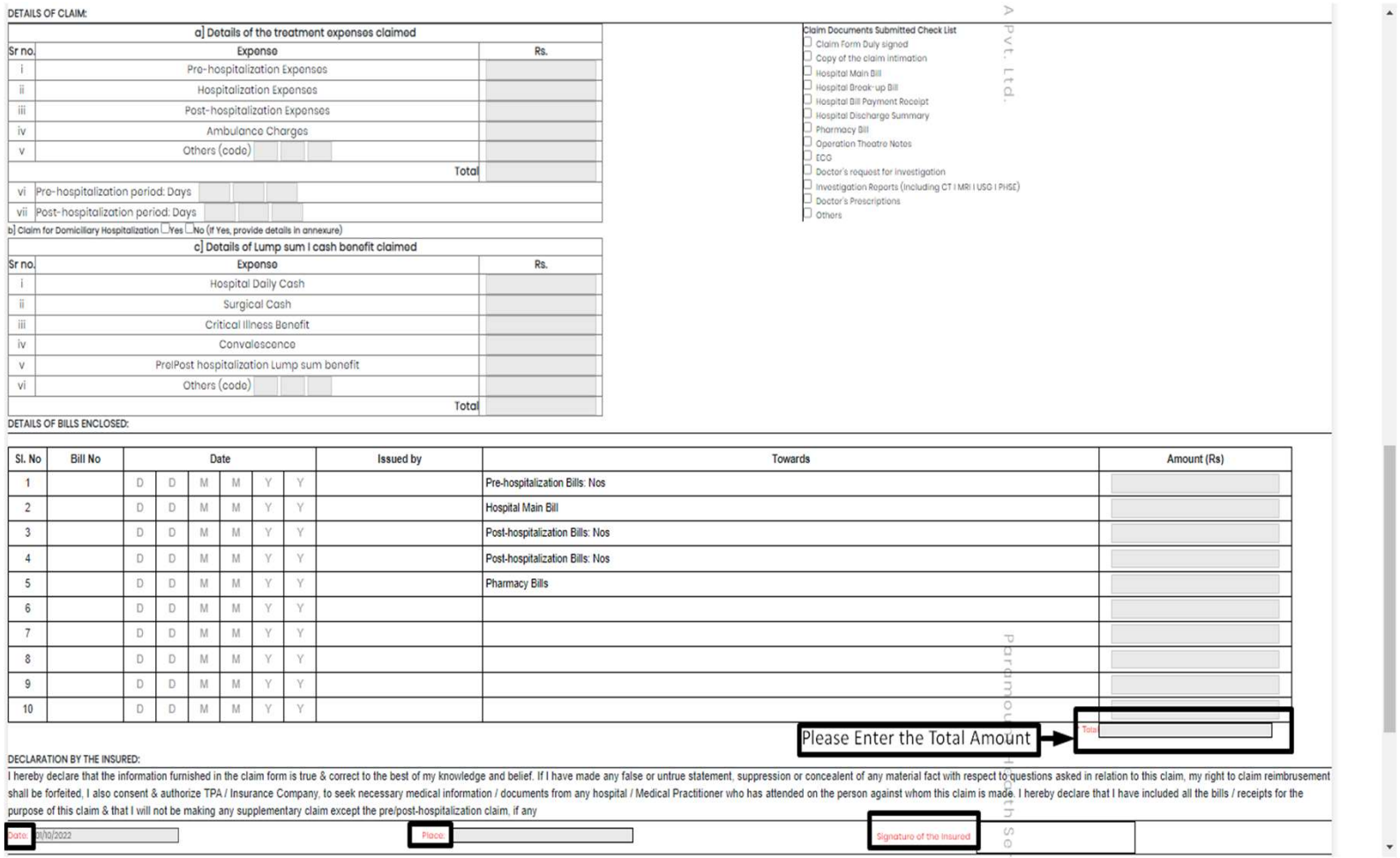
Step 3 :

Please Enter the mandatory fields highlighted in red:

1.Employee Name
2.Phone no.
3.Name of Hospital
4. Total amount to be claimed
5. Place & Signature



Step 3: Claim Form – Part A



DETAILS OF CLAIM:

a] Details of the treatment expenses claimed		
Sr no.	Expense	Rs.
i	Pre-hospitalization Expenses	
ii	Hospitalization Expenses	
iii	Post-hospitalization Expenses	
iv	Ambulance Charges	
v	Others (code)	
	Total	
vi	Pre-hospitalization period: Days	
vii	Post-hospitalization period: Days	

b] Claim for Domiciliary Hospitalization ☐Yes ☐No (If Yes, provide details in annexure)

c] Details of Lump sum / cash benefit claimed		
Sr no.	Expense	Rs.
i	Hospital Daily Cash	
ii	Surgical Cash	
iii	Critical Illness Benefit	
iv	Convalescence	
v	Pre/Post hospitalization Lump sum benefit	
vi	Others (code)	
	Total	

Claim Documents Submitted Check List

- ☐ Claim Form Duly signed
- ☐ Copy of the claim intimation
- ☐ Hospital Main Bill
- ☐ Hospital Break-up Bill
- ☐ Hospital Bill Payment Receipt
- ☐ Hospital Discharge Summary
- ☐ Pharmacy Bill
- ☐ Operation Theatre Notes
- ☐ ECG
- ☐ Doctor's request for investigation
- ☐ Investigation Reports (Including CT / MRI / USG / PHSE)
- ☐ Doctor's Prescriptions
- ☐ Others

DETAILS OF BILLS ENCLOSED:

Sl. No	Bill No	Date	Issued by	Towards	Amount (Rs)
1		D D M M Y Y		Pre-hospitalization Bills: Nos	
2		D D M M Y Y		Hospital Main Bill	
3		D D M M Y Y		Post-hospitalization Bills: Nos	
4		D D M M Y Y		Post-hospitalization Bills: Nos	
5		D D M M Y Y		Pharmacy Bills	
6		D D M M Y Y			
7		D D M M Y Y			
8		D D M M Y Y			
9		D D M M Y Y			
10		D D M M Y Y			

Please Enter the Total Amount → Total

DECLARATION BY THE INSURED:

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealent of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited, I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any

Date: 21/10/2022 Place: Signature of the Insured

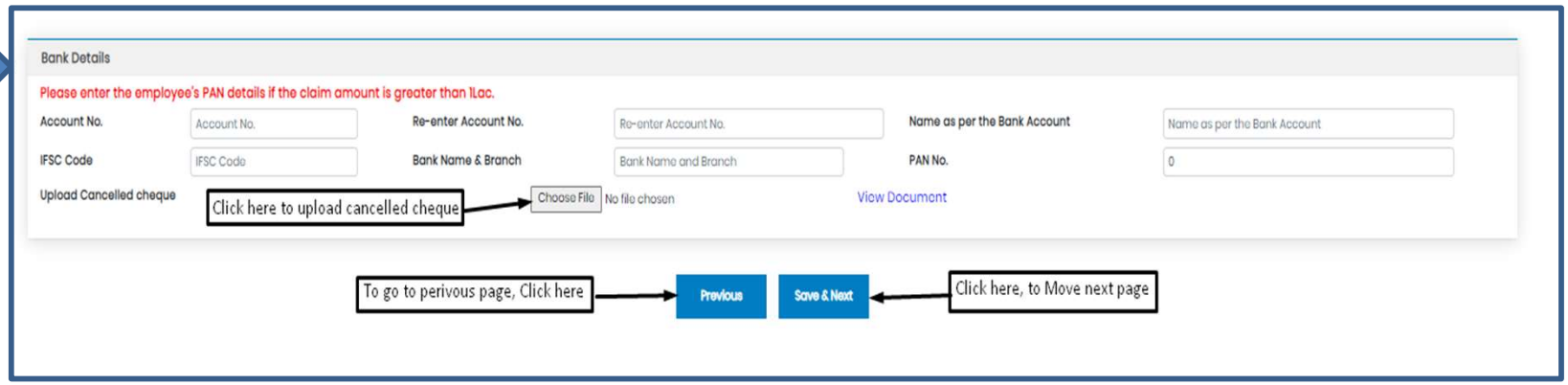
Step 3: Claim Form – Part B

- Download the Claim Form B by clicking “Download” button
- Please take a printout of the Claim Form B and fill in the details yourself and by the hospital where you have your IPD / pre/ post hospitalization claims and get the form stamped and signed by the hospital.
- To go for the next step click Save & Next button

Note: As per guidelines, it is mandatory to submit Claim Form part-B for smooth processing. Download the form and get it stamped and signed by Hospital and upload it with claim documents

Step 4: Bank Details

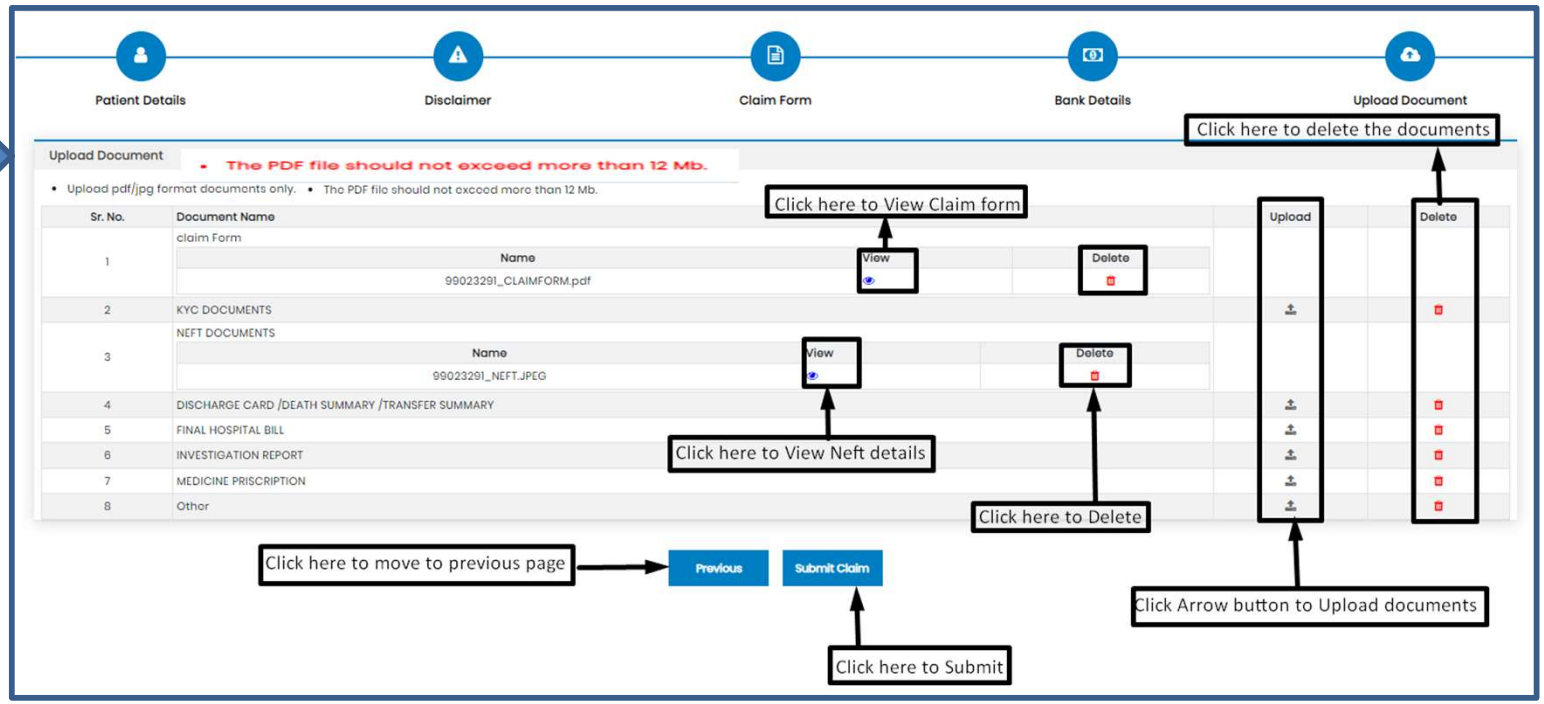
Step 4 :



- Bank details to be filled only once or while filling the first claim.
- For Subsequent claims, the fields will be auto populated.
- Please upload personalized cancelled cheque with name mentioned on cheque leaf
- Please enter employee's PAN details if the claim is greater than INR 1 lakh

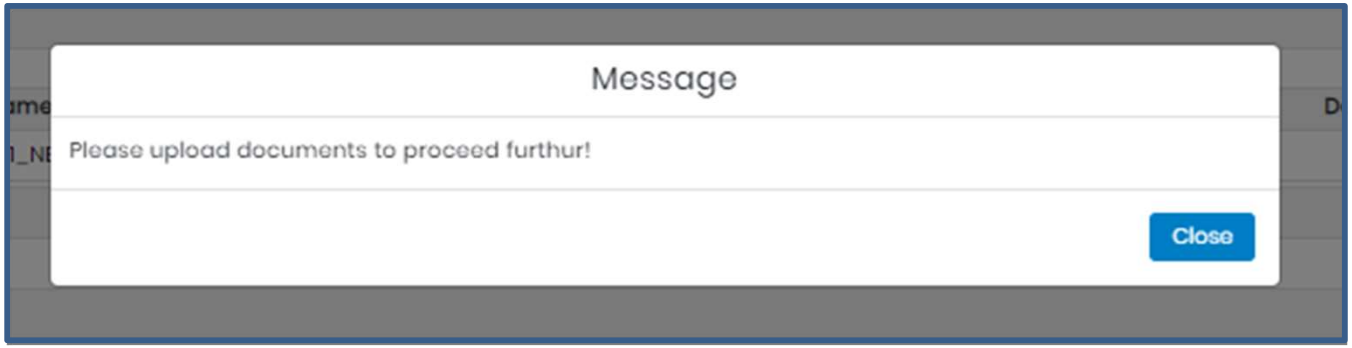
Step 5: Upload Document

Step 5 :

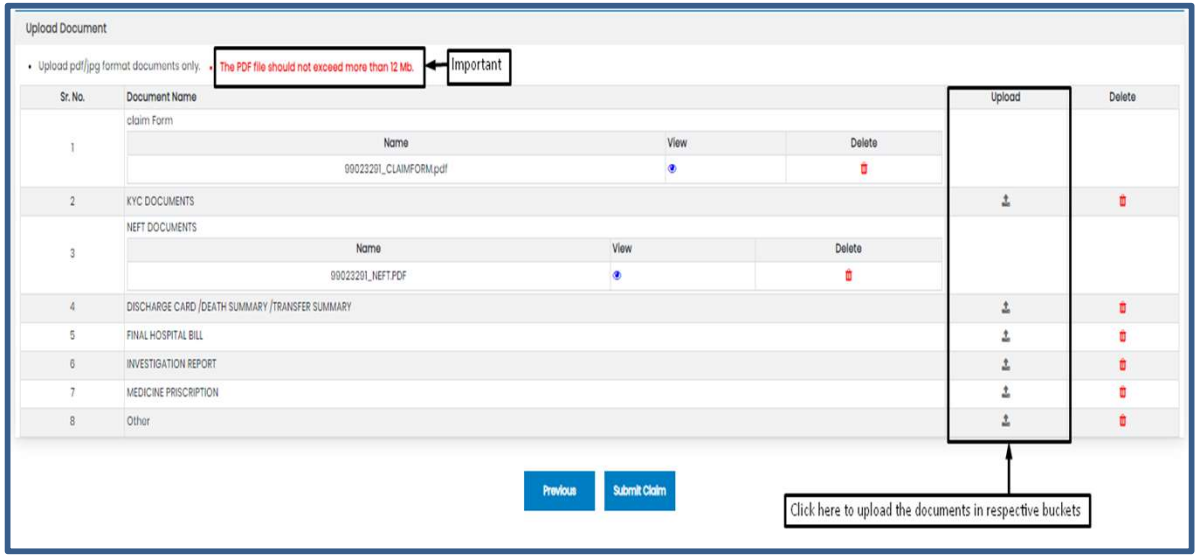


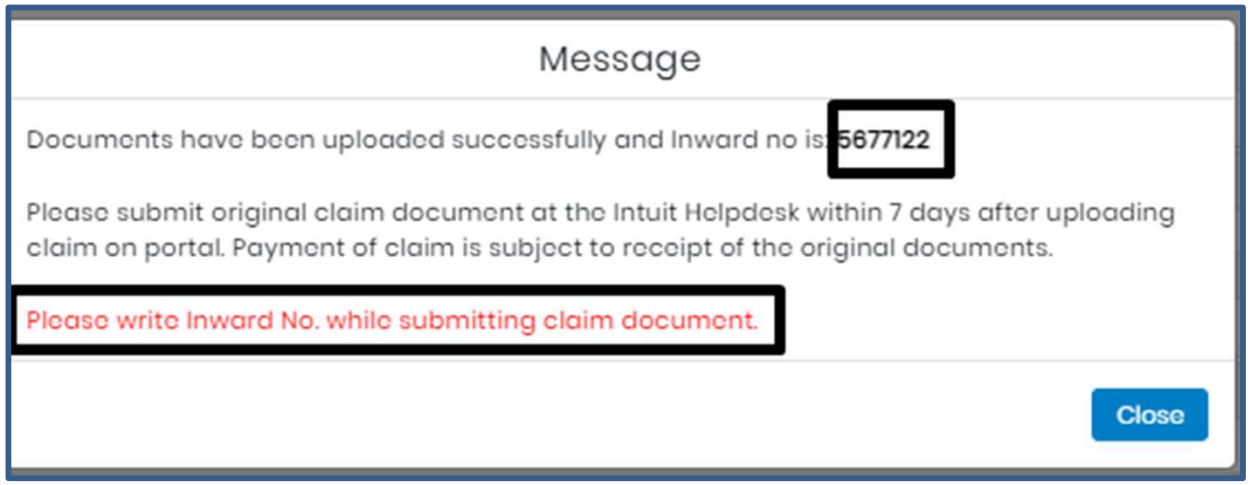
- Each PDF file Should not exceed more than 12Mb.

- In case you miss uploading any mandatory fields / documents under **Step 5** (Upload documents), a pop-up message will appear indicating you to upload documents.



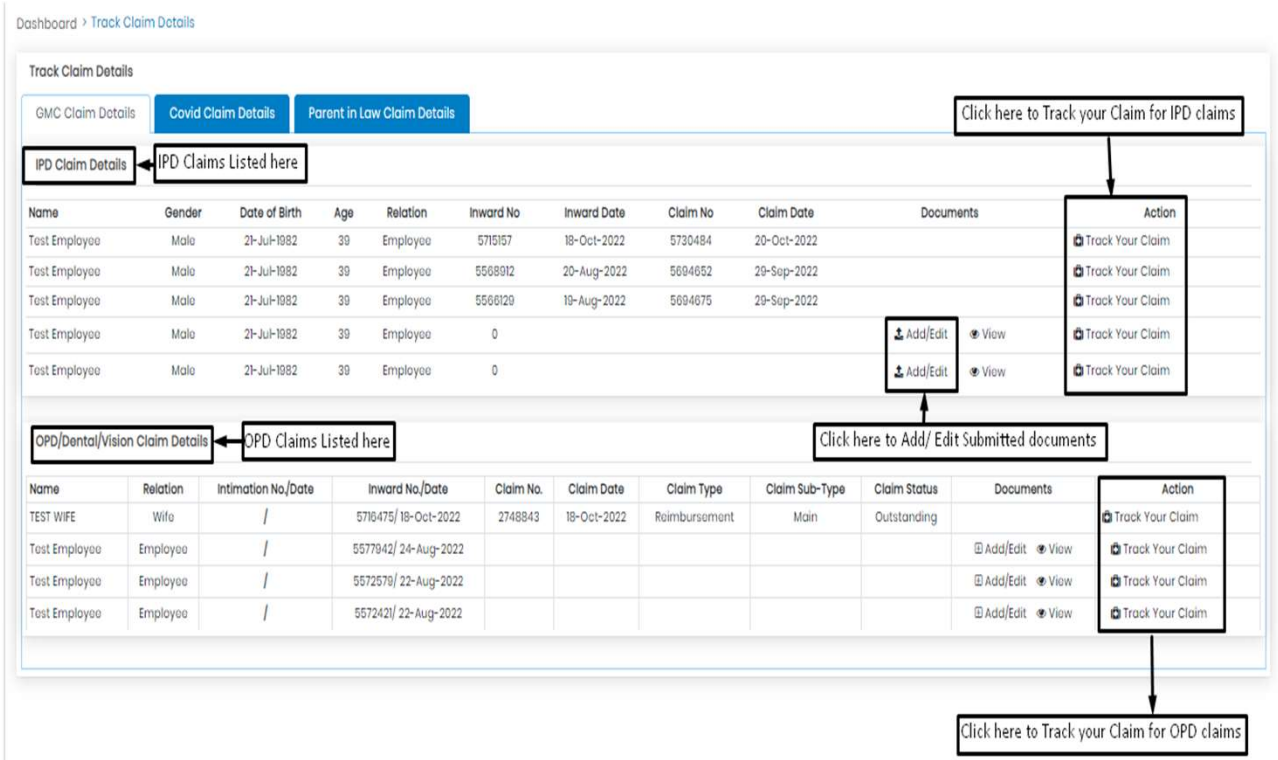
- After uploading documents in respective sections click “Submit claim”





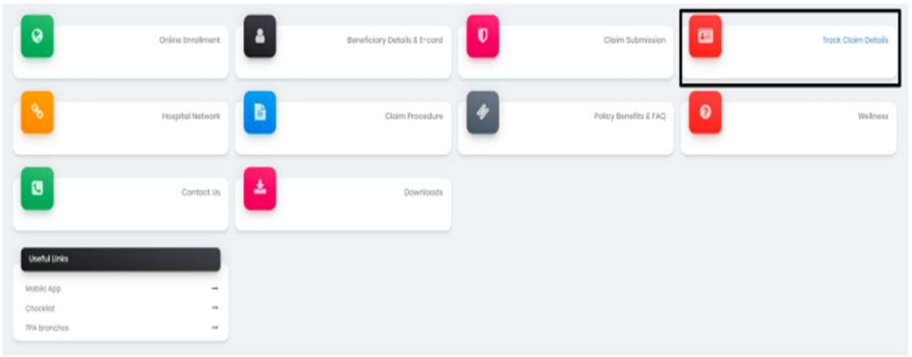
- Please use this Inward No. for further correspondence and to track your claim till a claim No. is generated.
- It takes 24-48 Hours for Paramount to generate Claim No.
- You can view your Claims No. under Track your Claims section
- In case Claim No. is not generated within 48 hrs please write a mail to- helpdesk.intuit@paramounttpa.com

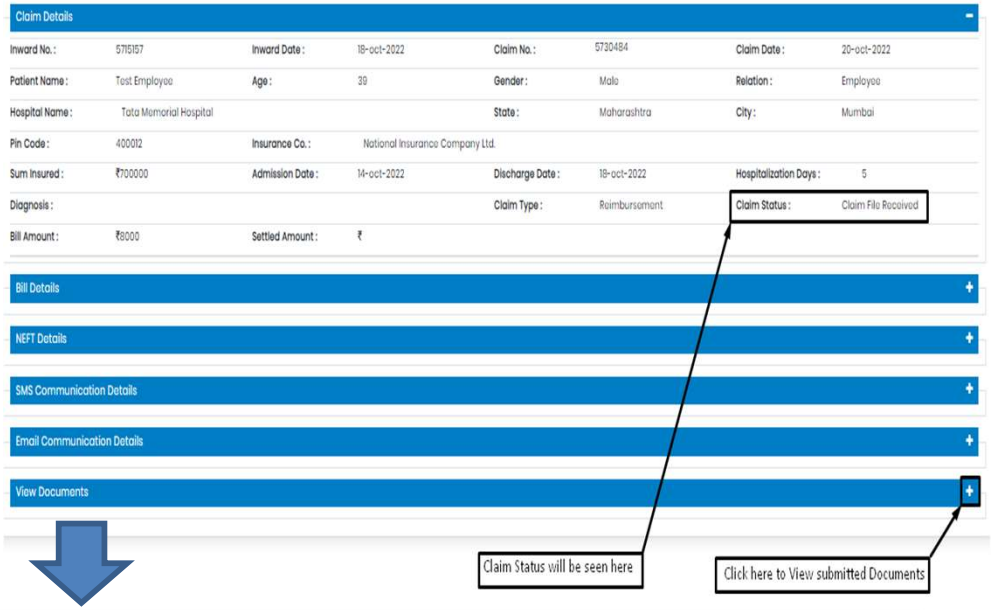
Track your claim:

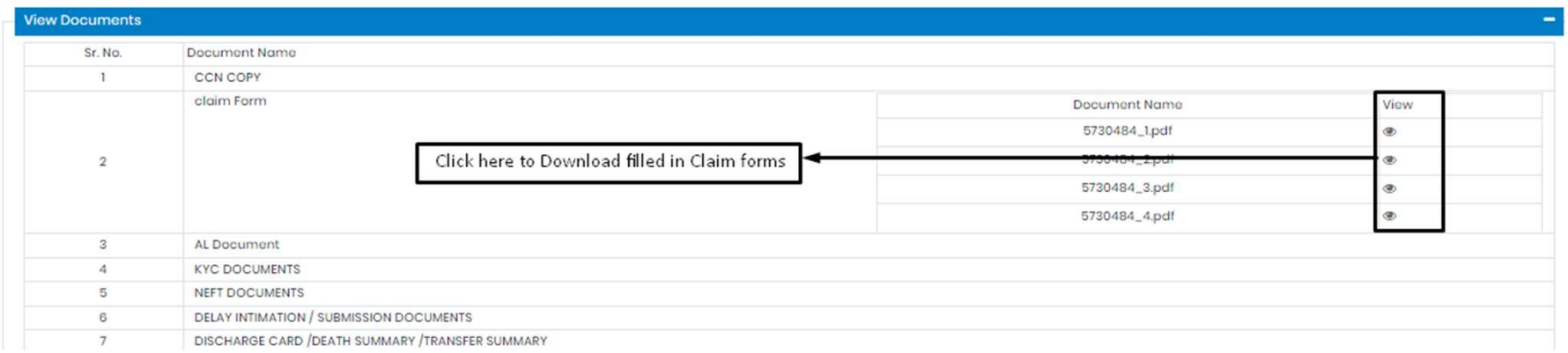


Downloading filled in Claim Forms

- Claim Form will be available to download under Track Your Claims tab once the claim no. is generated







Claims submission and settlement process

1. Claim Number Generation:

Employee submits a claim on Paramount portal, Inward No. is generated followed by a Claim No. (3 to 5 working days)

2. Claims review of soft copy documents by Paramount:

Paramount will review the claims on the portal within 5 to 7 working days of claim no. generation

a. Documents and receipts submitted are as per policy terms, claims are approved and pending for submission of hard copies

b. In case shortfall / deficiency documents, Paramount will raise the deficiency request for submission of additional / missing documents (can be submitted via portal)

3. Hard copy document submission:

Employee to submit hard copy of the documents within 1 week of submitting claims on the portal including deficiency documents.

Submit the following in an envelope with your name, mobile#, Inward No. written on the envelope at the Intuit paramount helpdesk or drop box at building 8, ground floor reception OR
Courier the documents to Paramount office directly to the below address:
Paramount Health Services & Insurance TPA Pvt. Ltd
Janardhan Towers, No.133/23rd Floor,
Residency Road, BANGALORE-560025
Note: *Please ensure INWARD no. is mentioned on the folder/courier cover*

- Original receipts of the consultation, prescription, test reports and any other medical expenses

4. Claims approval:
Paramount approves the claims within 7 to 10 working days from the date of hard copy documents submission and sent to insurer for claims settlement
5. Claims Settlement:
Insurer settles the claims by processing the payment directly to employee's bank account within 7 to 10 working days

*Please note that the timelines indicated above might take longer incase of holidays / increase in volume of claims