



**Paramount Health**  
*Your link to good health*

**Paramount Health Services & Insurance TPA Pvt. Ltd.**

**25 YEARS OF EXEMPLARY SERVICE !!!**


**Intuit**


**Portal User Guide**


**Reimbursement Claim Submission**





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**10** Important Points

- Timelines for IPD claim submission within 30 days from the **date of discharge**. Any hospitalization on or before 31<sup>st</sup> July 2024 will fall under the policy year FY 2023-24.
- Timelines for OPD claim submission within 60 days from the date of Invoice/ receipt. Any bill generated on or before 31<sup>st</sup> July 2024 will fall under OPD policy FY 2023-24.
- **\*NEW CHANGE\*** Connect & Heal is the new OPD service provider and claims administrator for the FY 2024-25 policy year. For OPD policy, expenses incurred on or after 01<sup>st</sup> August 2024 will be processed in the policy year FY 2024-25. Request you to kindly get in touch with Connect & Heal team for OPD claims on 24/7 helpline - 91118 91118 or [intuit.support@connectandheal.com](mailto:intuit.support@connectandheal.com)
- Claim Form Part B - : As per Insurer's Guidelines, It is mandatory to Submit Claim Form part-B while for processing of Reimbursement claims. Download the form and get it stamped and signed by Hospital during hospitalization.



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# BENEFICIARY DETAILS & E-CARD

GMC Policy Beneficiary Details & E-card    Parent In Law Policy

Employee No.: 12345    Name: Test Employee    Date of Birth: 21-Jul-1982    Age: 40    Gender: Male    Sum Insured: 700000    PHS ID: 3963262

Email ID: caroline.g@paramounttpa.com    Mobile No.: 9611932032    Employee E-card:    Family E-card:    Plan Type: PLAN D

**Family Enrollment Details**

Name	Gender	Date of Birth	Age	Relation	E-card
Test Wife	Female	24-Feb-1986	37	Wife	
Test Son	Male	15-Jan-2019	4	Son	
Test Father	Male	01-Mar-1947	76	Father	

- The details of your beneficiaries will be reflected in this tab
- The E-cards can be also downloaded from here



## IPD Claim Submission

Dashboard > Claim Submission FY 2024 - 25

GMC policy Claim Submission   Pre Post Hospitalization   Deficiency Claim

Name	Gender	Date of Birth	Age	Relation	Action
Test Employee	Male	21-Jul-1982	40	Employee	Upload IPD Claim
Test Wife	Female	24-Feb-1986	37	Wife	Upload IPD Claim
Test Son	Male	15-Jan-2019	4	Son	Upload IPD Claim
Test Father	Male	01-Mar-1947	76	Father	Upload IPD Claim

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Detailed IPD claim submission procedure is given in the subsequent slides



IPD Claim Submission

OPD Claim Submission

GMC policy Claim Submission		Parent In Law Policy				
Name	Gender	Date of Birth	Age	Relation		Action
Test Employee	Male	21-Jul-1982	40	Employee	Upload IPD Claim	Upload OPD/Dental/Vision Claim
Test Wife	Female	24-Feb-1986	37	Wife	Upload IPD Claim	Upload OPD/Dental/Vision Claim
Test Son	Male	15-Jan-2019	4	Son	Upload IPD Claim	Upload OPD/Dental/Vision Claim
Test Father	Male	01-Mar-1947	76	Father	Upload IPD Claim	Upload OPD/Dental/Vision Claim



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# TRACK CLAIM DETAILS

Track Claim Details

GMC Claim Details | **Parent in Law Claim Details**

IPD Claim Details

Name	Gender	Date of Birth	Age	Relation	Inward No	Inward Date	Claim No	Claim Date	Documents	Action
Test Employee	Male	21-Jul-1982	39	Employee	5568912	20-Aug-2022	5694652	29-Sep-2022		
Test Employee	Male	21-Jul-1982	39	Employee	5715157	18-Oct-2022	5730484	20-Oct-2022		
Test Employee	Male	21-Jul-1982	39	Employee	5566129	19-Aug-2022	5694675	29-Sep-2022		

Click on this icon to view details



**Claim Details**

<b>Inward No. :</b>	5568912	<b>Inward Date :</b>	20-aug-2022	<b>Claim No. :</b>	5694652	<b>Claim Date :</b>	29-sep-2022
<b>Patient Name :</b>	Test Employee	<b>Age :</b>	39	<b>Gender :</b>	Male	<b>Relation :</b>	Employee
<b>Hospital Name :</b>	Bombay Hospital And Medical Research Centre		<b>State :</b>	Maharashtra		<b>City :</b>	Mumbai
<b>Pin Code :</b>	400020	<b>Insurance Co. :</b>	National Insurance Company Ltd.				
<b>Sum Insured :</b>	₹700000	<b>Admission Date :</b>	05-aug-2022	<b>Discharge Date :</b>	10-aug-2022	<b>Hospitalization Days :</b>	6
<b>Diagnosis :</b>		<b>Claim Type :</b>	Reimbursement		<b>Claim Status :</b>	Claim Closed	
<b>Bill Amount :</b>	₹10000	<b>Settled Amount :</b>	₹0				

**Bill Details** +

**NEFT Details** +

**SMS Communication Details** +

**Email Communication Details** +

**View Documents** +



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# HOSPITAL NETWORK

GMC policy Hospital Network

State  City  Healthcare provider

- **Cashless facility is available only in selected hospitals on PHS network**
- **The list of Hospitals where cashless facility can be availed can be accessed under this tab**
- **In case desired hospital is not available, you will need to file a reimbursement claim. Collect all the documents from the hospital including claim form part-B and contact your SPOC for assistance**



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## CLAIM PROCEDURE

There are short flowcharts available which explains the cashless claim procedure & the reimbursement claim procedure for the employee's perusal

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## POLICY BENEFITS & FAQs

The Policy benefits & few FAQs are available for the employee's perusal

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## CONTACT US

The contact matrix is provided here, with the phone numbers & the email ID's of the dedicated SPOCs for Intuit. Employees can reach out to them for any queries.





# USEFUL LINKS

**Useful Links**

- Checklist for IPD Claim Submission →
- Portal User Guide - Reimbursement Claim Submission →
- Portal User Guide - Pre Post Hospitalization Claim Submission →
- Portal User Guide - Additional documents (deficiency documents) Submission →
- Claim form part A →
- Claim form part B →
- NIC listed day care procedures →
- Cashless vs Reimbursement process →
- Inclusions & Exclusions →
- Mobile App →

**Additional Information can be viewed under the Useful Links tab**



# CLAIM SUBMISSION FY 2024 - 25



# CLAIM SUBMISSION FY 2024 - 25

Click on the Claim submission Tab



Beneficiary Details & E-card

**Claim Submission FY 2024 - 25**

Claim Submission FY 2023 - 24

Track Claim Details

Hospital Network

Claim Procedure

Policy Benefits & FAQ

Contact Us

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- ...
- Cashless vs Reimbursement process →
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### Important Points

- Timelines for IPD claim submission within 30 days from the **date of discharge**. Any hospitalization on or before 31<sup>st</sup> July 2024 will fall under the policy year FY 2023-24.
- Timelines for OPD claim submission within 60 days from the date of Invoice/ receipt. Any bill generated on or before 31<sup>st</sup> July 2024 will fall under OPD policy FY 2023-24.
- **\*NEW CHANGE\*** Connect & Heal is the new OPD service provider and claims administrator for the FY 2024-25 policy year. For OPD policy, expenses incurred on or after 01<sup>st</sup> August 2024 will be processed in the policy year FY 2024-25. Request you to kindly get in touch with Connect & Heal team for OPD claims on 24/7 helpline - 91118 91118 or [intuit.support@connectandheal.com](mailto:intuit.support@connectandheal.com)
- Claim Form Part B - : As per Insurer's Guidelines, It is mandatory to Submit Claim Form part-B while for processing of Reimbursement claims. Download the form and get it stamped and signed by Hospital during hospitalization.



# CLAIM SUBMISSION FY 2024 - 25

## UPLOAD IPD CLAIM

### Claim Submission FY 2024 - 25

IPD Claims - Any hospitalization on or after 1<sup>st</sup> August 2024.  
OPD Claims - **\*NEW CHANGE\*** Request you to kindly get in touch with Connect & Heal team for OPD claims on 24/7 helpline - 91118 91118 or [intuit.support@connectandheal.com](mailto:intuit.support@connectandheal.com).

OK

Click OK on this pop-up to proceed

GMC policy Claim Submission

Pre Post Hospitalization

Deficiency Claim

Name	Gender	Date of Birth	Age	Relation	Action
Test Employee	Male	21-Jul-1982	40	Employee	Upload IPD Claim
Test Wife	Female	24-Feb-1986	37	Wife	Upload IPD Claim
Test Son	Male	15-Jan-2019	4	Son	Upload IPD Claim
Test Father	Male	01-Mar-1947	76	Father	Upload IPD Claim

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Request you to kindly get in touch with Connect & Heal team for OPD claims on 24/7 helpline - 91118 91118 or [intuit.support@connectandheal.com](mailto:intuit.support@connectandheal.com)

Click on this tab to begin the IPD claim submission process



# Upload IPD Claim

## Step 1: Patient Details

GMC policy Claim Submission | Pre Post Hospitalization | Deficiency Claim

Name	Gender	Date of Birth	Age	Relation	Action
Test Employee	Male	21-Jul-1982	40	Employee	Upload IPD Claim
Test Wife	Female	24-Feb-1986	37	Wife	Upload IPD Claim
Test Son	Male	15-Jan-2019	4	Son	Upload IPD Claim
Test Father	Male	01-Mar-1947	76	Father	Upload IPD Claim

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**Patient Details**

All fields marked \* are mandatory.

Patient Name :	TEST EMPLOYEE	Date of Birth :	21/07/1982	Age :	40	Gender :	MALE
PHS ID :	3983262	TPA Claim No. :	0	TPA Claim Ext. :		Relation With Insured :	EMPLOYEE
Date Of Admission	<input type="text" value="02/08/2024"/>	Date of Discharge	<input type="text" value="03/08/2024"/>				

Select date of admission

Select date of discharge



# Upload IPD Claim

## Step 2: Self Declaration

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

Self-declaration

I do hereby solemnly affirm and declare as under that:

1. I, **TEST EMPLOYEE**, hereby undertake that I am a Policyholder of **NATIONAL INSURANCE COMPANY LTD.** Insurance company, bearing Insurance Policy vide No. **602200/50/23/10001343**.
2. 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 the case where Sum Insured available (incl. bonus) in the present insurance policy is not sufficient to cover claim amount fully and I have other Insurance policies to cover balance claim amount from either same or different Insurer wherein the certified copy of same claim documents will be produced without any mala fide intent to claim the amount twice.
3. I shall ensure that a hard copy of claimed hospitalization documents shall be submitted to the Intuit helpdesk within 30 days from the date of uploading the claim file on the portal.
4. I further assure that I shall reimburse or indemnify the Insurance Company for the claim amount in case of a fraudulent, duplicate, forged, and manipulated claim submission or if this self-declaration is found untrue and dishonest.

Sincerely,

Name & Signature of the Claimant

Place -

Date -

Note -

1. This declaration for scanned claim documents submission is Valid till the lock down is lifted.
2. All claim documents shall be self attested and to be submitted along with the signed declaration and self attested Identity Proof.

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Insurer Guidelines  
NATIONAL INSURANCE COMPANY LTD.

- The Claim will be processed based on the complete set of scanned documents uploaded by the Insured through the portal. In case of any deficient document/requirement, we may raise the query & process further on receipt of these documents.
- In the meantime, Insured has to submit the Original Claim documents at the nearest Paramount branch
- Insured will not be claiming for the same hospitalization with any other Insurance Company/TPA or anywhere else for whatsoever reason except in the case where Sum Insured available (incl. bonus) in the present insurance policy is not sufficient to cover the claim amount fully and I have other Insurance policies to cover balance claim amount from either same or different Insurer wherein the certified copy of same claim documents will be produced without any mala fide intent to claim the amount twice.
- Intimation of claim should be made to TPA through Email, Call, portal, or mobile app as per the defined timeline.
- All Documents submitted as scanned copies should be self-attested by Insured.

Previous Download Agree & Next

- Self declaration form has to be read & agreed to.
- Click on “agree & next” to go to the next step
- Click on “print” in case you want to download the form



# Upload IPD Claim

## Step 3: Claim Form – Part A

**Claim Form**

Paramount Health Services & Insurance TPA Pvt. Ltd. CLAIM FORM – PART A  Reimbursement (To be filled in block letters)  
 IRDA License No: 008 TO BE FILLED IN BY THE INSURED  
 The issue of this Form is not to be taken as an admission of liability

**DETAILS OF PRIMARY INSURED:**

a) Policy No: 602200/50/23/10001343  
 b) Sl. No/ Certificate No: \_\_\_\_\_ c) Phs No/ TPA ID No: 3963202  
 d) Name: TEST EMPLOYEE  
 e) Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Pin Code: \_\_\_\_\_ \* Phone No: 961932032  
 \* Email ID: CAROLINE.G@PARAMOUNTTPA.COM

g) Address (if different from above): \_\_\_\_\_  
 Pin Code: \_\_\_\_\_ Phone No: 961932032  
 \* Email ID: CAROLINE.G@PARAMOUNTTPA.COM

**DETAILS OF HOSPITALIZATION:**

\* a) Name of Hospital where Admitted: \_\_\_\_\_  
 b) Room Category occupied:  Day care  Single occupancy  Twin sharing  3 or more beds per room  
 c) Hospitalization due to:  Injury  Illness  Maternity d) Date of Injury | Date Disease first detected | Date of Delivery: DD/MM/YYYY

8		D	D	M	M	Y	Y		
9		D	D	M	M	Y	Y		
10		D	D	M	M	Y	Y		

\* 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 concealment 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: 05/05/2024 Place: \_\_\_\_\_ Signature of the Insured: \_\_\_\_\_

**All fields highlighted in red are mandatory**

**Click on “save & next” to move to the next step**



## Upload IPD Claim

### Step 3: Claim Form – Part B

#### CLAIM FORM PART B

As per guidelines, it is mandatory to submit Claim Form Part B for smooth processing of claims. [Download](#) Claim Form Part B ,get it stamped and signed by hospital and upload it with claim documents.

Previous

Print

Save & Next

- To download the claim form part B, click on the “download” button highlighted in the above table
- To download & print the claim form part A, click on “print”
- Click on “save & next” to proceed to the next step

**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**





## Upload IPD Claim

### Step 4: Bank Details

**Bank Details**

Please enter the employee's PAN details if the claim amount is greater than 1Lac.

Account No.	<input type="text" value="ABCA234210"/>	Re-enter Account No.	<input type="text" value="ABCA234210"/>	Name as per the Bank Account	<input type="text" value="TEST OF BANK ACCOUNT"/>
IFSC Code	<input type="text" value="BARBORINRAJ"/>	Bank Name & Branch	<input type="text" value="BANK OF BARODA"/>	PAN No.	<input type="text" value="0"/>

Upload Cancelled cheque  No file chosen [View Document](#)

- Bank details need to be filled only once i.E. While filing the first claim, after which the bank details shall be auto-populated.
- Providing employee pan no. Is mandatory if the claim amount is greater than 1 lakh
- In case you wish to change account details for the subsequent claims, you can do so by clicking on the “EDIT” option.
- You can either upload a cancelled cheque or your bank statement
- Click on “save & next” to go the final step



# Upload IPD Claim

## Step 5: Upload Documents

**Upload Document**

- Upload pdf/jpg format documents only.
- The PDF file should not exceed more than 12 Mb.
- \* are mandatory Documents

Sr. No.	Document Name	Upload	Delete			
1	claim Form					
	<table border="1"><thead><tr><th>Name</th><th>View</th><th>Delete</th></tr></thead><tbody><tr><td>111478683_CLAIMFORM.pdf</td><td></td><td></td></tr></tbody></table>			Name	View	Delete
Name	View	Delete				
111478683_CLAIMFORM.pdf						
2	NEFT DOCUMENTS					
	<table border="1"><thead><tr><th>Name</th><th>View</th><th>Delete</th></tr></thead><tbody><tr><td>111478683_NEFT..PDF</td><td></td><td></td></tr></tbody></table>			Name	View	Delete
Name	View	Delete				
111478683_NEFT..PDF						
3	KYC DOCUMENTS					
4	DISCHARGE CARD /DEATH SUMMARY /TRANSFER SUMMARY					
* 5	FINAL HOSPITAL BILL					
6	INVESTIGATION REPORT					
7	MEDICINE PRSCRIPTION					
8	Other					

[Previous](#) [Submit Claim](#)

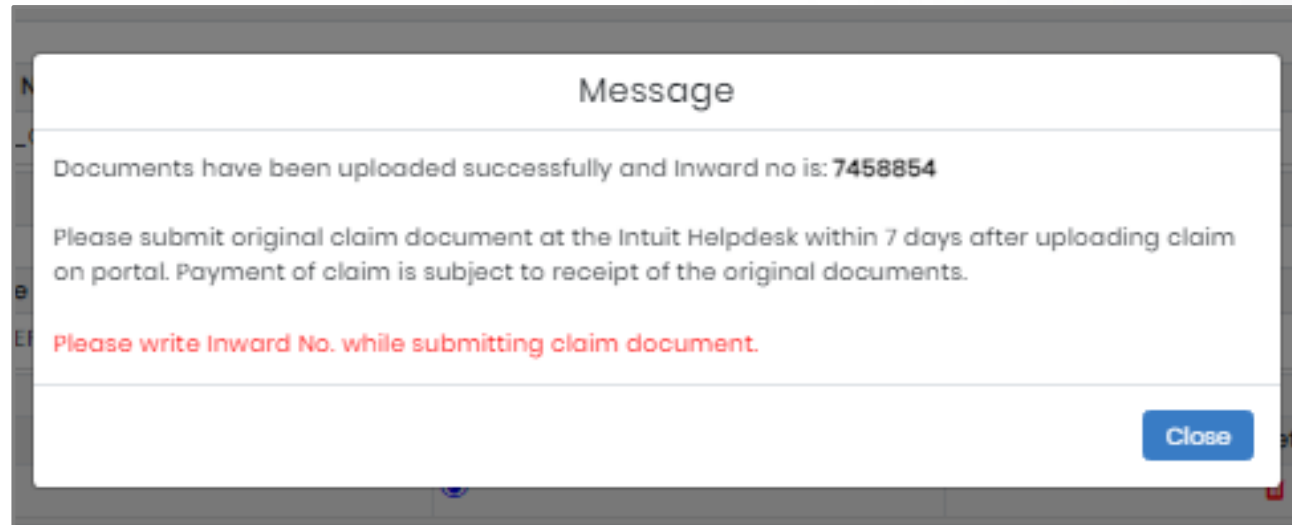
- Click on the upload option to upload the required documents.
- There are buckets provided which acts as a reminder to the insurer to upload the necessary & required documents.
- It is mandatory to upload the required document in the final hospital bill bucket.
- Once done, click on “submit claim” to finish the process of ipd claim submission



## Upload IPD Claim

### Step 5: Upload Documents

Once you click on “submit claim” to finish the process of IPD claim submission, the following message is displayed on the screen.





# CLAIM SUBMISSION FY 2024 - 25

## PRE POST HOSPITALIZATION

GMC policy Claim Submission   **Pre Post Hospitalization**   Deficiency Claim

IPD Claim Details

Name	Relation	Intimation No/Date	Inward No/Date	Claim No	Claim Date	Date Of Admission	Claim Type	Claim Sub-Type	Claim Status	Action
------	----------	--------------------	----------------	----------	------------	-------------------	------------	----------------	--------------	--------

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Request you to kindly get in touch with Connect & Heal team for OPD claims on 24/7 helpline - 91118 91118 or [intuit.support@connectandheal.com](mailto:intuit.support@connectandheal.com)

- Any expenses borne by the employee either before or after the hospitalization is referred to as pre post hospitalization
- Any cashless and reimbursement claims submitted by the employees will be displayed here on this table



# CLAIM SUBMISSION FY 2024 - 25

## DEFICIENCY CLAIM

GMC policy Claim Submission   Pre Post Hospitalization   **Deficiency Claim**

IPD Details

Name	Relation	Intimation No./Date	Inward No./Date	Claim No.	Claim Date	Claim Type	Claim Sub-Type	Claim Status	Action
------	----------	---------------------	-----------------	-----------	------------	------------	----------------	--------------	--------

- Once the claim documents are submitted and the claim is generated, the processing team scrutinizes the claim documents
- In case the submitted documents are insufficient or any additional documents are required, a deficiency is raised and the same is notified via email as well.
- These deficiency documents can be submitted under this tab.



# CLAIM SUBMISSION & 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 dropbox 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**





**Paramount Health**  
*Your link to good health*

**THANK YOU**