



Paramount TPA Portal

In-patient Department (IPD) or Hospitalization claims and / Day
Care claim submission guide

IPD/Day Care Claim Submission Process

Log into [Paramount tool](#) via SSO

Paramount Health Services & Insurance TPA Pvt. Ltd.
IRDA License No: 006 (Valid upto 20.03.2023)

Hi, TEST EMPLOYEE [LogOut](#)

Online Enrollment

Beneficiary Details & E-card

Claim Submission

Track Claim Details

Hospital Network

Claim Procedure

Policy Benefits & FAQ

Wellness

Contact Us

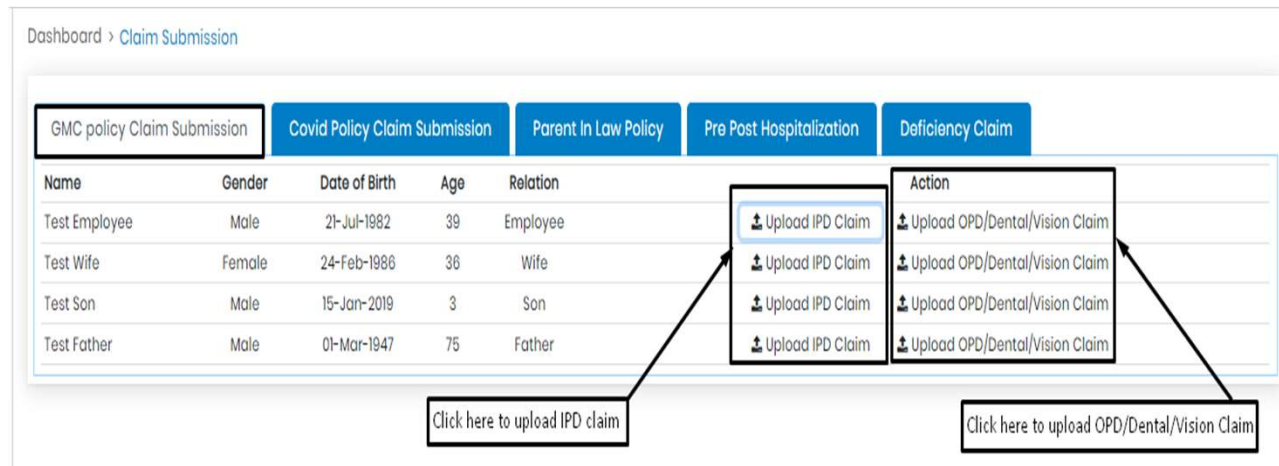
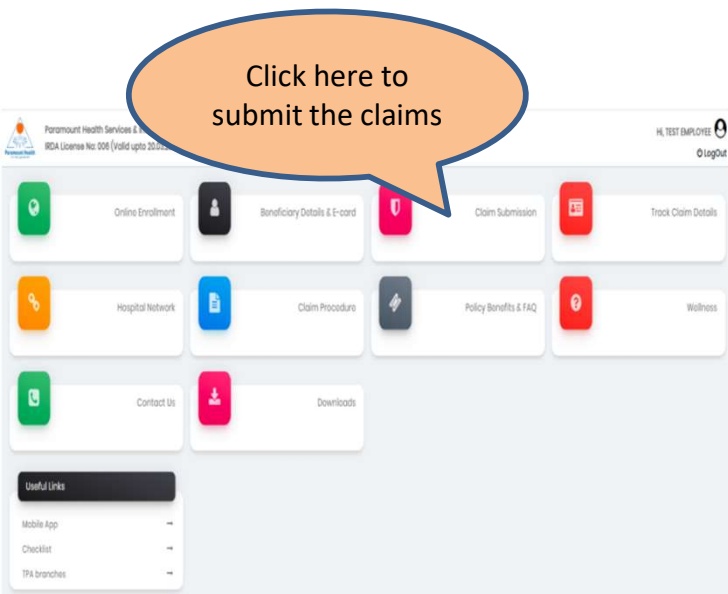
Downloads

Useful Links

- Mobile App →
- Checklist →
- TPA branches →

Click here to submit GMC Policy, Covid Policy, Parent in-law Policy, Pre-post hospitalization claims & Deficiency documents.

Upload IPD/ Day Care claims



- For [Group Medical Cover\(GMC\)](#) claims, click on GMC policy Claim Submission tab
- For [Short Term Covid-19 insurance](#) claims, click on Covid policy Claim Submission tab
- For [Voluntary Parent in-law](#) claims, click on Parent in-law policy Claim Submission tab

Step 1: Patient Details

Dashboard > Claim Submission

GMC policy Claim Submission Covid Policy Claim Submission Parent In Law Policy Pre Post Hospitalization Deficiency Claim

Name	Gender	Date of Birth	Age	Relation	Action
Test Employee	Male	21-Jul-1982	39	Employee	Upload IPD Claim Upload OPD/Dental/Vision Claim
Test Wife	Female	24-Feb-1988	36	Wife	Upload IPD Claim Upload OPD/Dental/Vision Claim
Test Son	Male	15-Jan-2019	3	Son	Upload IPD Claim Upload OPD/Dental/Vision Claim
Test Father	Male	01-Mar-1947	75	Father	Upload IPD Claim Upload OPD/Dental/Vision Claim

Click here to Upload IPD claim

Step 1:

Patient Details Disclaimer Claim Form Bank Details Upload Document

Patient Details

All fields marked * are mandatory.

Patient Name : TEST EMPLOYEE Date of Birth : 21/07/1982 Age : 39 Gender : MALE

PHS ID : 3963262 TPA Claim No. : 0 TPA Claim Ext. : Relation With Insured : EMPLOYEE

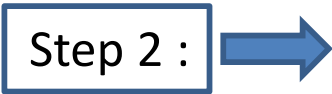
Date Of Admission : Date of Discharge : Please select the Date of Discharge

Please select the Date of Admission

 Click "Next"

- To submit In-patient Department or hospitalization claims in GMC Policy, click Upload IPD claim tab.
- Select Date of Admission and Date of Discharge.
- Click “ Next”

Step 2: Self Declaration



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

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

Self-declaration

I do hereby solemnly affirm and declare as under that:

1. **TEST EMPLOYEE** , hereby undertake that I am a Policyholder of **NATIONAL INSURANCE COMPANY LTD.** Insurance company, bearing Insurance Policy vide No. **002200/00/22/10000730** .
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.

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.

Click here, to download self declaration form

Click here, to previous page Previous Download Agree & Next Click here, to move to next step

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

Patient Details Disclaimer Claim Form Bank Details Upload Document

Claim Form

Paramount Health Services & Insurance TPA Pvt. Ltd.
IRDA License No: 006

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

Reimbursement (To be filled in block letters)

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

DETAILS OF PRIMARY INSURED:

a) Policy No: 802200/50/22/0000730
b) Sl. No/ Certificate No: _____ c) Pts No/ TPA ID No: 3983262

Name TEST EMPLOYEE
a) Address: _____
City: _____ State: _____
Pin Code: _____ **Phone No** 9930368983
Email ID SHRADDHA.SHARMA@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/YYYY
c) If yes, company name: _____ Policy No: 802200/50/22/0000730 Sum Insured (Rs.) _____
d) Have you been hospitalized in the last four years since inception of the contract? Yes No
Date: / / Diagnosis: _____
e) Previously covered by any other Mediclaim / Health insurance: Yes No
f) If yes, Company Name: _____

DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: TEST EMPLOYEE
b) Gender: Male Female c) Age: years 39 months _____ d) Date of Birth 27/07/1982
e) Relationship to Primary insured: Self spouse Child other Mother Other
(Please Specify) _____
f) Occupation: Service Self Employed Homemaker Student Retired Other
(Please Specify) _____
g) Address (if different from above): _____
Pin Code: _____ Phone No: 9930368983
Email ID SHRADDHA.SHARMA@PARAMOUNTTPA.COM

DETAILS OF HOSPITALIZATION:

Name of Hospital where Admitted: _____ Search Hospital
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
e) Date of Admission: 27/09/2022 f) Time: hrs : Min g) Date of Discharge: 30/09/2022 h) Time: hrs : Min
i) If injury give cause: Self inflicted Road Traffic Accident Substance Abuse | Alcohol Consumption
ii. Reported to police: Yes No iii. MLC Report & Police FIR attached: Yes No
j) System of Medicine: _____

Please fill the Mandatory fields

Fill the Mandatory Fields

6

Step 3: Claim Form-Part- A

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 <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide details in annexure)					
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 Theatro Notes
- ECG
- Doctor's request for investigation
- Investigation Reports (Including CT I MRI I USG I PHISE)
- Doctor's Prescriptions
- Others

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 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: 01/10/2022 Place: Signature of the Insured:

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.

Click here, to previous step → Previous Download Save & Next ← Click here, to move next step

Click here, to Download claim form

JRANGE TPA Pvt. Ltd

- 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 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

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

Account No.	<input type="text"/>	Re-enter Account No.	<input type="text"/>	Name as per the Bank Account	<input type="text"/>
IFSC Code	<input type="text"/>	Bank Name & Branch	<input type="text"/>	PAN No.	<input type="text" value="0"/>

Upload Cancelled cheque [Click here to upload cancelled cheque](#) No file chosen [View Document](#)

[To go to perivous page, Click here](#) [Click here, to Move next page](#)

- 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 : →

Upload Document

• The PDF file should not exceed more than 12 Mb.

- Upload pdf/jpg format documents only.
- The PDF file should not exceed more than 12 Mb.

Sr. No.	Document Name	View	Delete
1	claim Form Name 99023291_CLAIMFORM.pdf	View	Delete
2	KYC DOCUMENTS		
3	NEFT DOCUMENTS Name 99023291_NEFT.JPEG	View	Delete
4	DISCHARGE CARD /DEATH SUMMARY /TRANSFER SUMMARY		
5	FINAL HOSPITAL BILL		
6	INVESTIGATION REPORT		
7	MEDICINE PRSCRIPTION		
8	Other		

Click here to View Claim form

Click here to View Neft details

Click here to Delete

Click here to Submit

Click here to move to previous page

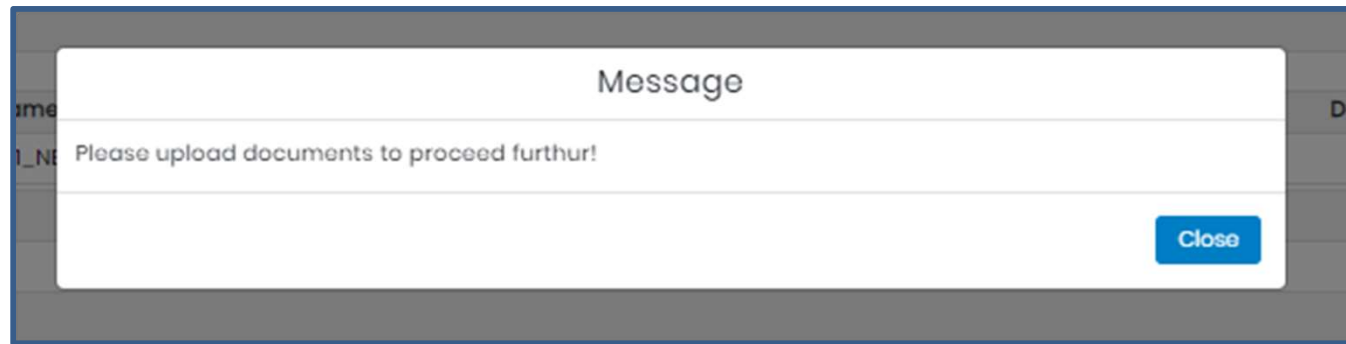
Previous Submit Claim

Click Arrow button to Upload documents

Click here to delete the documents

- 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 section click “Submit claim”

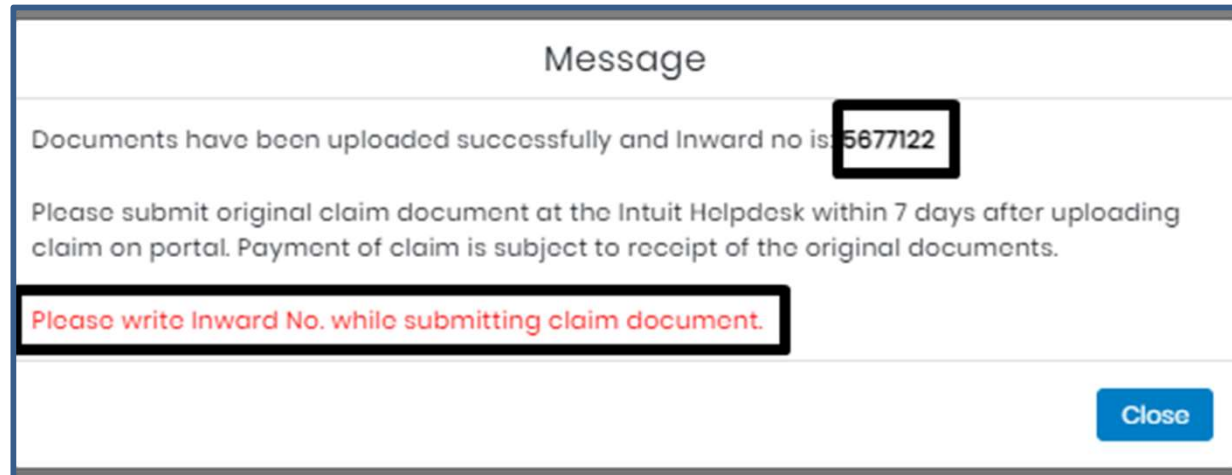
Upload Document

• Upload pdf/jpg format documents only. **The PDF file should not exceed more than 12 Mb.** **Important**

Sr. No.	Document Name	View	Delete
1	claim Form Name 99022201_CLAIMFORM.pdf		
2	KYC DOCUMENTS		
3	NEFT DOCUMENTS Name 99022201_NEFT.PDF		
4	DISCHARGE CARD / DEATH SUMMARY / TRANSFER SUMMARY		
5	FINAL HOSPITAL BILL		
6	INVESTIGATION REPORT		
7	MEDICINE PRESCRIPTION		
8	Other		

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

Click here to upload the documents in respective buckets



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

Track your claim:



Dashboard > Track Claim Details

Track Claim Details

GMC Claim Details Covid Claim Details Parent in Law Claim Details

IPD Claim Details ← IPD Claims Listed here

Click here to Track your Claim for IPD claims

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	5715157	18-Oct-2022	5730484	20-Oct-2022		Track Your Claim
Test Employee	Male	21-Jul-1982	39	Employee	5568912	20-Aug-2022	5694652	29-Sep-2022		Track Your Claim
Test Employee	Male	21-Jul-1982	39	Employee	5566129	19-Aug-2022	5694675	29-Sep-2022		Track Your Claim
Test Employee	Male	21-Jul-1982	39	Employee	0				Add/Edit View	Track Your Claim
Test Employee	Male	21-Jul-1982	39	Employee	0				Add/Edit View	Track Your Claim

Click here to Add/ Edit Submitted documents

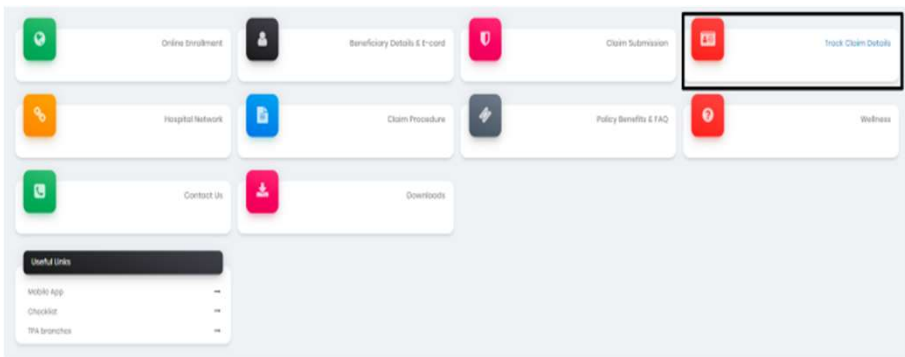
OPD/Dental/Vision Claim Details ← OPD Claims Listed here

Name	Relation	Intimation No./Date	Inward No./Date	Claim No.	Claim Date	Claim Type	Claim Sub-Type	Claim Status	Documents	Action
TEST WIFE	Wife	/	5716475/ 18-Oct-2022	2748843	18-Oct-2022	Reimbursement	Main	Outstanding		Track Your Claim
Test Employee	Employee	/	5577942/ 24-Aug-2022						Add/Edit View	Track Your Claim
Test Employee	Employee	/	5572579/ 22-Aug-2022						Add/Edit View	Track Your Claim
Test Employee	Employee	/	5572421/ 22-Aug-2022						Add/Edit View	Track Your Claim

Click here to Track your Claim for OPD claims

Downloading filled in Claim Forms

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



Claim Details							
Inward No.:	5730484	Inward Date:	18-oct-2022	Claim No.:	5730484	Claim Date:	20-oct-2022
Patient Name:	Test Employee	Age:	39	Gender:	Male	Relation:	Employee
Hospital Name:	Tata Memorial Hospital	State:	Maharashtra	City:	Mumbai		
Pin Code:	400012	Insurance Co.:	National Insurance Company Ltd.				
Sum Insured:	₹700000	Admission Date:	14-oct-2022	Discharge Date:	18-oct-2022	Hospitalization Days:	5
Diagnosis:		Claim Type:	Reimbursement	Claim Status:	Claim File Received		
Bill Amount:	₹8000	Settled Amount:	₹				

Bill Details	+
NEFT Details	+
SMS Communication Details	+
Email Communication Details	+
View Documents	+

Claim Status will be seen here

Click here to View submitted Documents



View Documents											
Sr. No.	Document Name										
1	CCN COPY claim Form										
2	<table border="1"> <thead> <tr> <th>Document Name</th> <th>View</th> </tr> </thead> <tbody> <tr> <td>5730484_1.pdf</td> <td></td> </tr> <tr> <td>5730484_2.pdf</td> <td></td> </tr> <tr> <td>5730484_3.pdf</td> <td></td> </tr> <tr> <td>5730484_4.pdf</td> <td></td> </tr> </tbody> </table>	Document Name	View	5730484_1.pdf		5730484_2.pdf		5730484_3.pdf		5730484_4.pdf	
Document Name	View										
5730484_1.pdf											
5730484_2.pdf											
5730484_3.pdf											
5730484_4.pdf											
3	AL Document										
4	KYC DOCUMENTS										
5	NEFT DOCUMENTS										
6	DELAY INTIMATION / SUBMISSION DOCUMENTS										
7	DISCHARGE CARD /DEATH SUMMARY /TRANSFER SUMMARY										

Click here to Download filled in Claim forms



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 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