

### mW!SE - ParamountTPA app

Paramount Health Services & Insurance TPA Pvt. Ltd

#### Main Screen

If you are existing user press this for login



If you are new to app press this to complete registration



#### Employee Login

If already registered then Login using your Employee no. Group code and MPIN

gin	명 🖻 약교 🕼 76	% 🛢 12:44
EMPLOYEE	INDIVI	DUAL
Muse their in	Unt Health	
inter employee no.		
Enter group code		2
Enter 6 digit.mpin		
Show Password		
Forgot mpin?		
LO	GIN	
	Sign Up	•
	у <b>н</b>	

Don't know your group code? Tap on "?" icon

Paramount Health

Else Sign Up

#### Employee Sign Up

- Sign up using Employee No., Group code and DOB
- If mobile number not registered it will ask for mobile number

npic	oyee Sign Up
	Paramount Health
Enter	employee no
	group code
Sélec	t DOB
	SIGN UP
	OR
	Already registered? Login

Don't know yourgroup code?Tap on "?" icon



#### Individual Login

Login with your PHS id or Policy number and MPIN sent to your registered mobile number

Login				
EMPLOYEE		IND	IVIDUAL	
Par		the second second		
Enter PHIS ID				
	0.R			
Enter Publicy Nurr	ober			
Enter 6 digit ropi	n			
Show Passw	bro			
Forgot mpin?				
	Logi	n V		l
-	0R		2	'
New	User?	Sign Up		
315			119425	
lealth Tips	3	alia	¢	
		e	( )	



#### Individual Sign Up

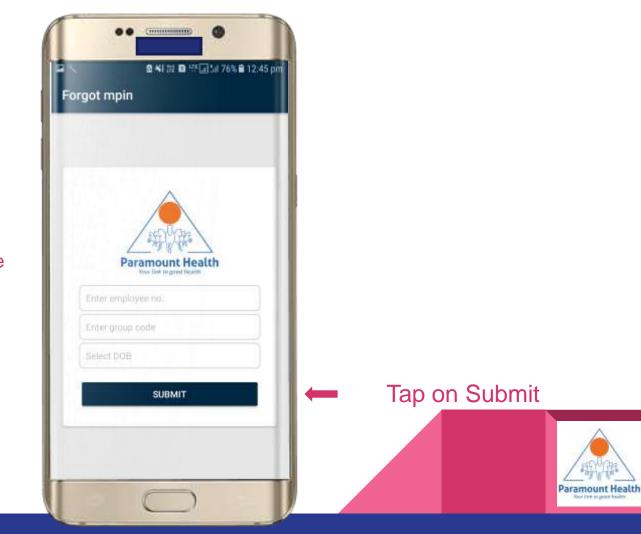
 Sign up using PHS Id or Policy number and DOB

EMPLOYEE	INDIVIDUAL	
Paramou Enter PHS ID	The state	
0	R	
Enter Policy Number		
Select DOB		
Sign	in the second	
Already registe	ered? Login	
iaalih Tana 😵		¢



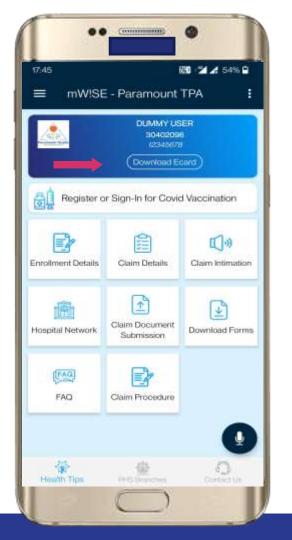
#### Forgot mpin

Enter Employee No., Group Code & DOB you will get mpin on your registered Mobile no.



#### Main Screen

### Tap to Download E-Card of all members





#### Main Screen

#### Tap to view Enrollment Details

7.45 ≡ mW!SE	i E - Paramount	80 21⊿ 54% 9 TPA :
	DUMMY US 30402099 12345678 Download Ed	
Register o	er Sign-In for Covid	Vaccination
inrollment Details	Claim Details	Claim Intimation
tospital Network	Claim Document Submission	Download Forms
FAQ	Claim Procedure	
		•
Health Tips	VHS Branchen	Contract Us

Tap for speech to text shortcut facility eg :-

"hospital near me""IPD claim""BMI Calculator"



#### Policy List

Tap to view Members covered under the policy





#### **Policy Details**



Tap to download Member E-Card



#### Main Screen

Tap to check claim details

	DUMMY US 30402099 12345678 (Download Ec	
Register o	or Sign-In for Covic	Vaccination
Enrollment Details	Claim Details	Claim Intimation
-tospital Network	Claim Document Submission	Download Forms
FAQ	Claim Procedure	



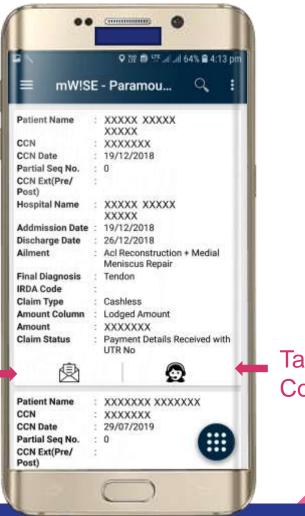
# ..... **Claim Details** 🛯 📲 🖬 🎬 🖬 🕼 80% 🖬 2:02 pr **Claim Details** Choose IPD or OPD IPD -



#### **IPD Claim List**

Tap on any policy to view •Processing sheet summary •Processing Details •Claim Details

Tap to view letters e.g. Additional info letter,Authorization letter

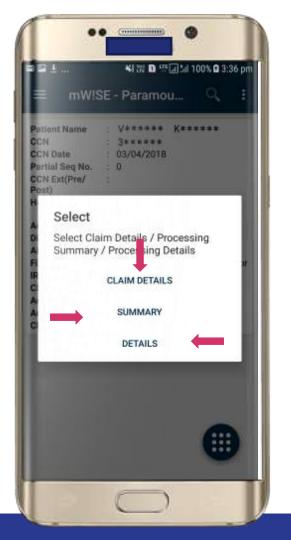


#### Tap to view Communication Logs



#### **IPD Claim List**

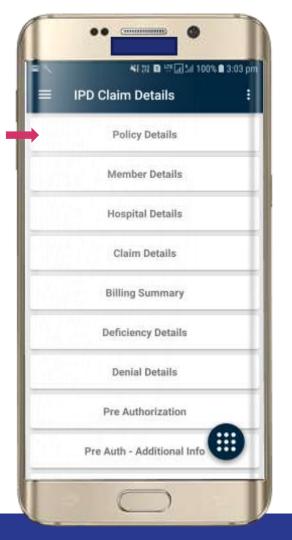
Tap on •Processing sheet summary •Processing Details •Claim Details





#### **Claim Details**

Tap to view Policy Details





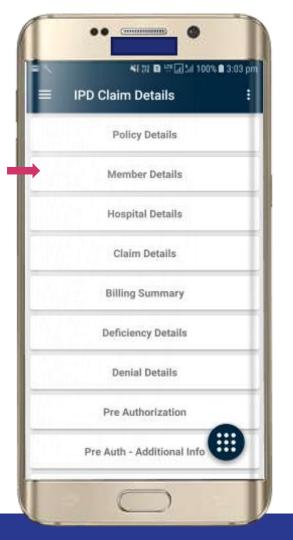
#### Policy Details

N	요 복 3월 🖸 약 교급대 80% 🖬 2:03 pr
≡ Policy D	etails :
Insurance Company	: Txxx
DO Name	3
RO Name	4
Agent Code	1
U/O Code	: DELHI OFFICE
Product Code	: XXX-X
Product Name	GXXX XXXXXXXX XXXXXXXX XXXER
Policy No.	: 02xxxxxxx00
Policy Type	: Corporate
Policy Start Date	: 09/03/2018
Policy End Date	: 08/03/2019
Previous Policy No.	: 04xxxx/xx/xx/ xx/xxxxxxx
Sum Insured Type	: Floater
Corporate Code	: SMGMIND
Corporate Name	



#### **Claim Details**

### Tap to view Member Details





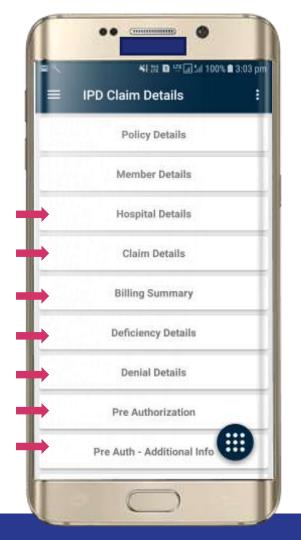
#### **Member Details**

N	🖴 복) 전 💷 🎟 🗐 🕼 80% 🖬 2:03 pr
≡ Membe	er Details 🕴
Member ID	: 22xxxx
Employee Code	: 684
Employee Name	: Vxxxxx Kxxxx
Patient Name	: VXXXXXX KXXXXX
Patient Date Of Birth	: 25/06/1981
Patient Age(Yrs)	: 36
Patient Gender	: Male
Date of Joining	: 09/03/2014
Relation	: Employee
Sum Insured	: 100000.0
NCB %	: 0.0
Domiciliary Hospitalization Amount	4
Balance Sum Insured	: 0.0
Grade	



#### **Claim Details**

Similarly user can view other details by simply tapping on the respective Menu items available





#### **IPD Summary**

		2 41 17 D 17 🖃 1	1 80% 🖬 2:04 (
	IPD S	ummary	
SUMN	MARY	DEDUCTIONS	SUM INSURED BREAK UP
Partial Lodgen Claim S	ment No.	: 3***** : : 0 : 777 : Claim Settled : 0******	
Sr.No.	IRDA Primary Code	Particulars	Amount Claimed
1	100000	Room & Nursing Charges	3300.0
2	400000	Medicine & Consumables charges	11874.0
3	500000	Professional fees charges	79380.0
4	600000	Investigation Charges	7900.0
5	800000	Miscellaneous charges	.1991.0
1		Total Claimed Amount	



#### **IPD Summary**

	12 - 10 - 20 - 20 - 20 - 20 - 20 - 20 -	
IPD Summary		
SUMMARY DEDUCTIO	NS SUM INSURED BREAK UP	
Particulars	Non Payable	
Room & Nursing Charges	0.0	
Medicine & Consumables charges	2076.0	
Rs.110/-Trolley cover,Rs.210/ Gloves,Rs.780/disposable,Rs. 28/-Gloves,Rs.71/-Betadine,Rs 70/- Common item,Rs14/- Gloves,Rs400/-gauze,Rs.70/- Apron,Rs.140/- Apron,Rs.13/- bandage.,Rs.170/-Gloves are not payable.		
Professional fees charges	301.0	
RS.300/-Dietician charge,Rs.1 RMO charge not payable	/-	
Investigation Charges	0.0	
Miscellaneous charges	1801.0	
Rs.1801/-Other charge not payable	-	
Total Deduction Amou	int 🗰	

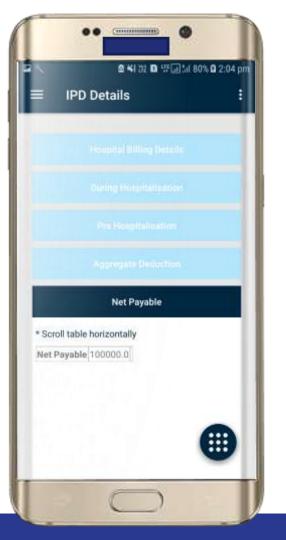


#### **IPD Summary**

1		2 41 X D V 2 1	l 80% 🖬 2:04 p
=	IPD St	ummary	
SUMM	MARY	DEDUCTIONS	SUM INSURED BREAK UP
Partial Lodgen Claim S	nent No.	: 3***** : : 0 : 777 : Claim Settled : 0******	
Sr.No.	IRDA Primary Code	Particulars	Amount Claimed
1	100000	Room & Nursing Charges	3300.0
2	400000	Medicine & Consumables charges	11874.0
3	500000	Professional fees charges	79380.0
4	600000	Investigation Charges	7900.0
5	800000	Miscellaneous charges	0.1001.0
		Total Claimed Amount	



#### IPD Processing Details





#### **Claim Details**



Similarly user can view OPD details

#### Choose IPD or OPD



#### **OPD Claim List**

Tap on any policy to view

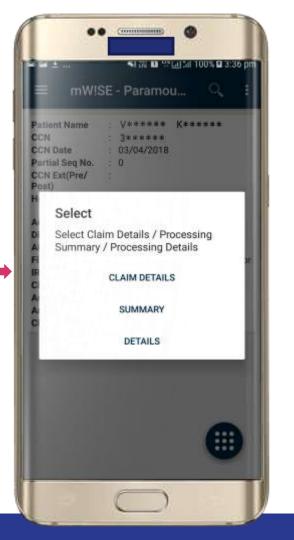
- Processing sheet summary
- Processing DetailsClaim Details

	💐 값 🖸 딸교(네 95% 🖬 5::	57 p
≡ OPD C	ilaim List 🔍	3
Patient Name	: TAxxxx xxxxx XXXX	
CCN	: 2xxxxx5	
Partial CCN No.	: 0.0	
CCN Ext		
CCN Date	: 02/11/2018	
Provider Name	: raxxxxxx xxxy	
Addmission Date	: 10/09/2018	
Discharge Date	: 31/10/2018	
Ailment	: ARTHRITIS	
Final Diagnosis		
IRDA Code	: NA	
Claim Type	: Reimbursement	
Amount Column	: Settled Amount	
Amount	: 3591.0	
Claim Status	3	
Patient Name	: TAXXXX XXXXX XXXXLA	
CCN	: 2xxxxx5	
Partial CCN No.	: 0.0	
CCN Ext	and the second state of the second second	
CCN Date	: 17/02/2018	
Provider Name	: raxxxxxx xxxy	
Addmission Date		
Discharge Date	: 19/01/2018	
Ailment	: KIDNEY AILMENT	
Final Diagnosis		
IRDA Code	: NA 🛛 🗳	/
Claim Type	: Reimbursement	



#### **OPD Claim List**

Choose between •Processing sheet summary •Processing Details •Claim Details





#### **OPD Claim Details**

Tap to view Policy Details

`	🤐 🕮 🖬 👾 🖬 🤤 🖓 (1) ap 2 🔳	5:58
	OPD Claim Details	3
	Policy Details	
	Member Details	
	Physician Details	
	Claim Details	
	Billing Summary	
	Deficiency Details	
	Medical Scrutiny Details	
	Payment Details	
	NEFT Details	Ð



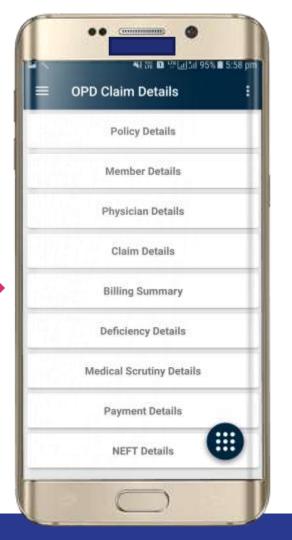
#### Policy Details

	🍕 Ri 🖸 및 교기 95% 🛢 5:58 p				
■ Policy Details					
nsurance Company	: Рххх-ххх				
RO Name	: MUMBAI R.O. II				
00 Name	1				
Agent Code					
U/O Code	: 120200				
Product Code	: Gxxx-xxx				
Product Name	GXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Policy Type	: Corporate				
Sum Insured Type	: Floater				
Policy No.	GXXXXXXXXXX XXXXXX XXXXX				
Corporate Code	: Gxxxx				
Corporate Name	; GXXXXXXXXXXXXXXXXX				
Previous Policy No.	:				
Policy Start Date	1 16/01/2018				
Policy End Date	: 15/01/2019				



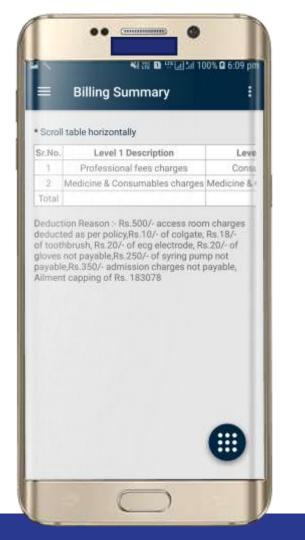
#### **OPD Claim Details**

## Tap to view Billing Details





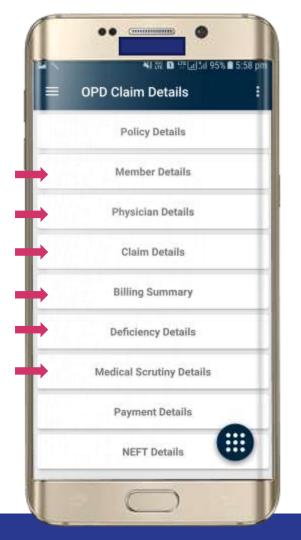
#### **Billing Details**





#### **OPD Claim Details**

Similarly user can view other details by simply tapping on the respective Menu items available





#### **OPD Summary**

▲ ¥8 深 D 坪區 1:1 80% D 2:04 p					
≡ IPD Summary					
SUMN	MARY	DEDUCTIONS	SUM INSURED BREAK UP		
Partial Lodgen Claim S	nent No.	: 3***** : : 0 : 777 : Claim Settled : 0******			
Sr.No.	IRDA Primary Code	Particulars	Amount Claimed		
1	100000	Room & Nursing Charges	3300.0		
2	400000	Medicine & Consumables charges	11874.0		
3	500000	Professional fees charges	79380.		
4	600000	Investigation Charges	7900.0		
5	800000	Miscellaneous charges			
		Total Claimed Amount			



#### **OPD Summary**

≡ OPD S	■ OPD Summary		
SUMMARY	DEDUCTIONS	SUM INSURED BREAK UP	
Particu	ilars	Non Payable	
Medicine & Cons charges	umables	0.0	
Professional fees charges		0.1	
Total Ded	uction Amount	0.0	
Total Claimed Amount	: 3591.0		
Total Non Payable	: 0.0		
Net Amount Payable	: 3591.0		
Amount Payable to Insured			
Amount Payable to Hospital	: 0.0		
		•	

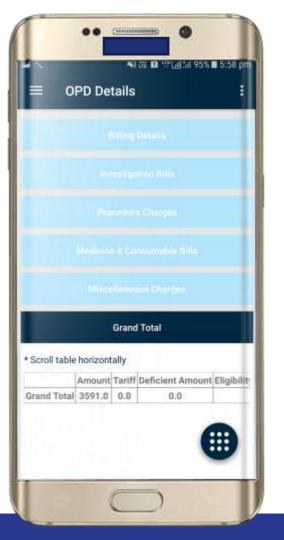


#### **OPD Summary**

SUMMARY	DEDUCTIONS	BREAK UP
Overall Sum Insur	ed	
	Sum Insured	Corporate Float
Basic	0	0
Utilized	0	0
Cashless Issued	0	0
Present Claim	0	0
Balance	0	0
Individual Capping	sum Insured	
	Sum Insured	Corporate Float
Basic	0	0
Utilized	0	0
Cashless Issued	0	0
Present Claim	0	0
Balance	0	0
		•



#### **OPD Processing Details**





7,45 ≡ mW!SE	ة - Paramount	80 21⊿ 54% 9 TPA :
	DUMMY US 30402096 12345678 (Download Ec	
Register o	r Sign-In for Covid	Vaccination
inrollment Details	Claim Details	Claim Intimation
filian Iospital Network	Claim Document Submission	Download Forms
FAQ	Claim Procedure	
		•
Health Tips	VHIS Brancher	Contract Us

### Tap to Intimate claim



### Claim Intimation Policy List

Tap to view Member details





### Policy Details

Tap against the member to intimate claim

▲ ♥ ₩ ₩ ■ ₩				
■ mW!SE - Paramount TPA :				
Name : Vxxxxxx Kxx	кхх			
EmpNo. : 684	PHM : 2xxxxx6			
DOB: 25/06/1981	Age : 36			
Sex : 🍒	Relation : Employee			
Proposer Name : Vxxx	XXX KXXXXX			
Name : VXXXXXX KXX	xxx			
EmpNo. : 684	PHM : 2xxxxx6			
DOB: 20/05/1987	Age : 30			
Sex : 🔒	Relation : Wife			
Proposer Name : Vxxx	XXX KXXXXX			
Name : Vxxxxxx Kxx	xxx			
EmpNo. : 684	PHM : 2xxxxx6			
DOB: 15/02/2011	Age:7			
Sex : 🚨	Relation : Son			
Proposer Name : Vxxx	XXX KXXXXX			
Name : Vxxxxxx Kxx	xxx			
EmpNo. : 684	PHM : 2xxxxx6			
DOB: 12/05/2017	Age:1			
Sex : 🔒	Relation : Daughter			
Proposer Name : Vxxx	XXXX KXXXXXX			
	•			



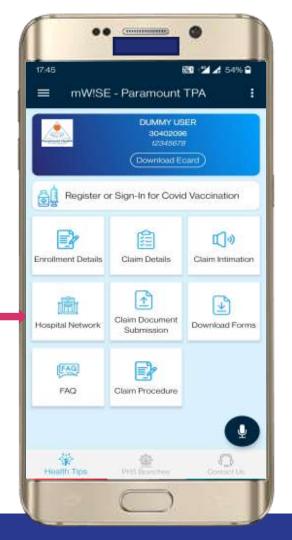
### **Claim Intimation**

## Enter all details properly and submit.

۲۵۵۵۵ ۵۵۵۵۵ ۵۵۵۵۵ ۵۵۵۵۵ E Claim Intimation	
Select Claim Type	
Select State	
Select City	
Enter Doctor Name	
Date Of Adminision	
Mobile Number	
Email ID	
Diagnosis / Ailment	
Elaim Amount.	
SUBMIT	

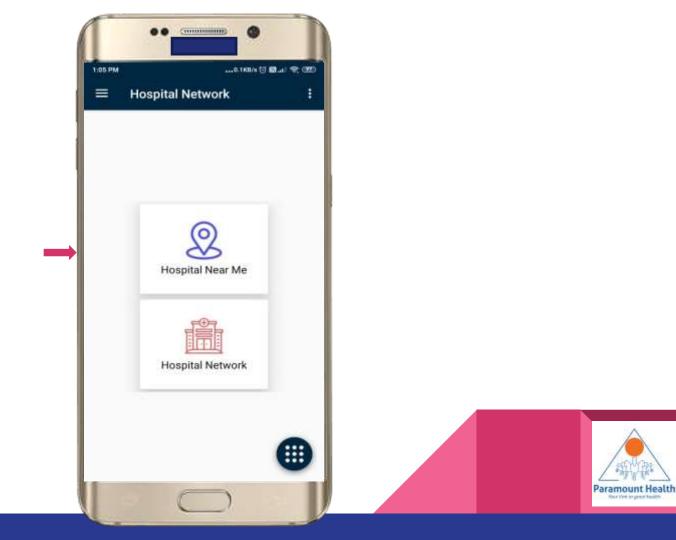


## Tap to use Hospital Network



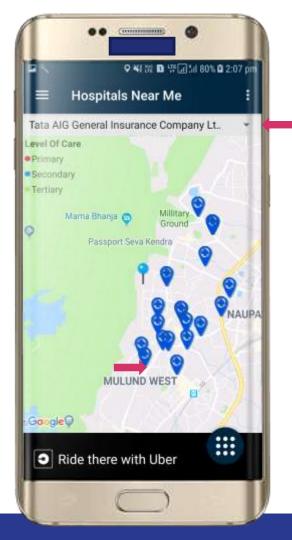


Tap to see Hospital near your location



### Hospitals Near Me

- Markers with respective colors will indicate level of care
- Tap on marker to view details and route from current location
- Tap on Ride with Uber to book a ride



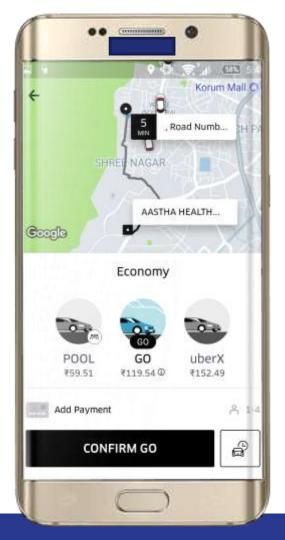
Level of care

- Primary
- Secondary
- Tertiary

User can change the Insurance company



### Uber app





SANGUED S.TKU/s Hospital Network	8 8 4 7 00) :
Hospital Near Me	
	•

### Tap for Hospital Network



### Hospital Network

## Fill in the details and Submit

🔧 🐴 🖄 🖬 🧐 🖬 80% 🖬 2:08 pr	
Hospital Network	:
Maharashtra	
Mumbai	
Aditya Birla Health Insurance Comp	pany Li 🔻
AII	
Group	्र
nter Group Code(Optional)	
SUBMIT	
Or view	
Bookmarked Hospita	als

### Or Tap to view Bookmarked Hospitals



### Hospital List

Tap to view Hospitals Details



Or Tap to Bookmark / UnBookmark Hospitals



### **Hospital Details**

≡ ASHIR	41 전 미 또교실 100% 0 3:53 pr WAD HEART HOS :
Hospital Name	ASHIRWAD HEART HOSPITAL (GHATKOPAR)
Category Type	: HOSPITAL
Address	Vivek Building Tilak Q
Address Area	: Ghatkopar
City	: Mumbai
State	: Maharashtra
Pin Code	: 400077
Tel. Area Code	: 022
Tel No.	: 21025911/12/13 📞
Fax No.	: 21021259 / 25160259
Email Id.	ashirwadhearth : ospital@yahoo .com
Website	i di

### Tap to view location

Similarly here user can call / email / view Website by tapping on respective icons and Book a ride



**Bookmarked Hospitals** 

### Tap to view Hospitals Details



Paramount Health

### Tap to Upload Doci



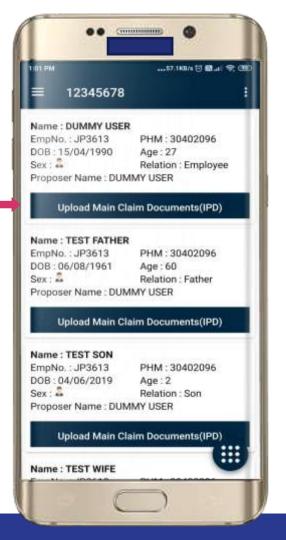


### Tap to upload Fresh Claim Document





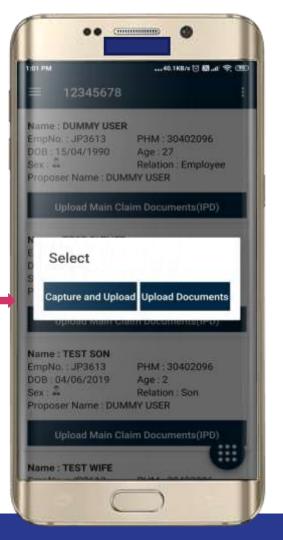
Tap on member against which document needs to be submitted.





User can Capture Images from app or can upload already available documents

Tap to Capture







### Tap to Capture Images





Tap to Upload images via camera



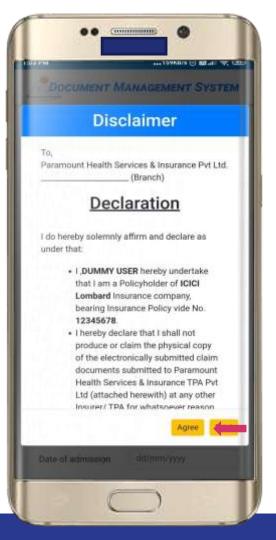
### Tap to Submit



### Tap to Delete if required



### Upload ClaimDocuments



### Tap to Accept the Self Agreement



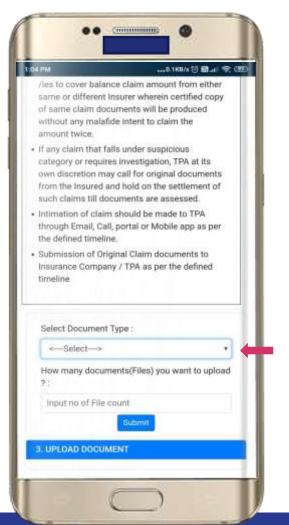
## Upload Claim Documents



Tap to select File Submission Branch and enter DOA and DOD



## Upload Claim Documents



After entering previous details you have to select document type and document count and then click submit button



### **Upload Claim Documents**

••	Ø	
2 PM	and LOKBUR (S) 1	141 W, 1221
All documents are origin	nal	
How many documents(Fil ? :	ies) you want to u	pload
2		
Subr	Hit:	
UPLOAD DOCUMENT		
Upload pdf format docur PDF file should not exce		Ab.
DISCHARGE CARD :	Choose Files	No file chose
FINAL HOSPITAL BILL	Choose Files	No file chose
ID PROOF OF BENEFICIARY:	Choose Files	No file chose
ID proof and PAN card of Primary Beneficiary for bills more than 1	Choose Files	No file ch
lakh:		
	Choose Files	No file chose
lakh: AL DOCUMENT/APPROV	Choose Files Choose Files	

Choose which documents you want to upload and Click on choose files to upload documents.



••	•
THIT PM	
≡ 12345678	
and the second se	PHM : 30402096 Age : 27 Relation : Employee AY USER
Upload Main Clai	m Documents(IPD)
Select	
Capture and Upload	Upload Documents
Name : TEST SON EmpNo. : JP3613 DOB : 04/06/2019 Sex : 2 Proposer Name : DUMM	PHM : 30402096 Age : 2 Relation : Son AY USER
Upload Main Clai	m Documents(IPD)
Name : TEST WIFE	
C	$\supset$

Similarly you can uploadthe Documents you have directly.



<sup>7,45</sup> ≡ mW!SE	ة Paramount -	80 24 54% 9 TPA :
	DUMMY US 30402096 12349678 Download Ec	
Register o	r Sign-In for Covic	Vaccination
nrollment Details	Claim Details	Claim Intimation
lospital Network	Claim Document Submission	Download Forms
FAQ	Claim Procedure	
		•

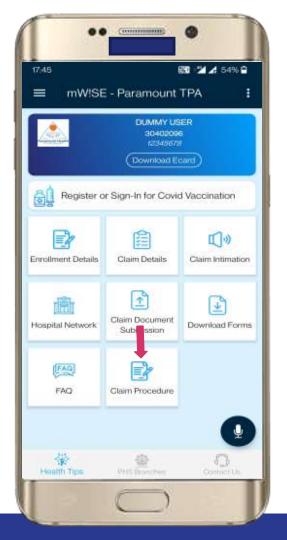
### Tap to Download forms



### **Download Forms**

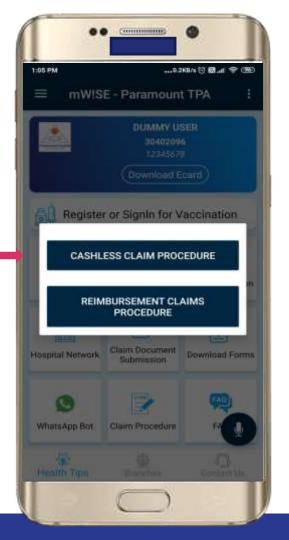


### Tap to view Claim Procedures



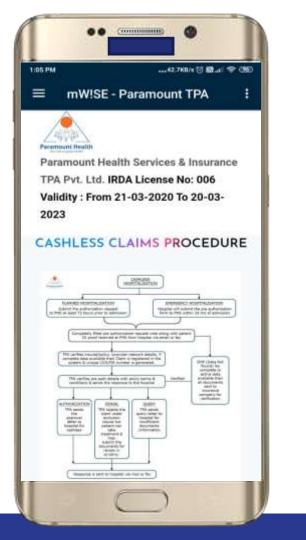


Select Cashless or Reimbursement Procedure



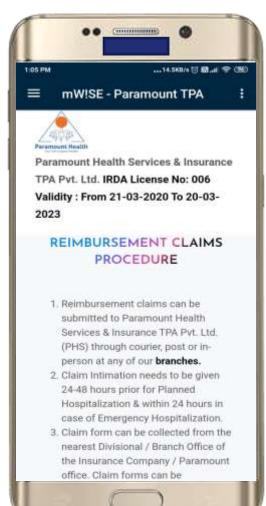


## Cashless Claim ProcedureSc reen



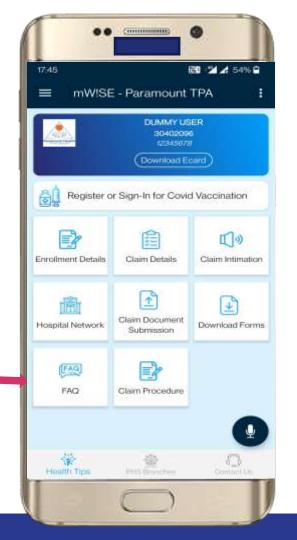


### Reimbursement Claim Procedure Screen



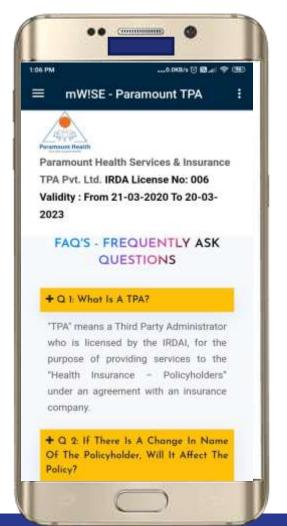


### Tap to View FAQ



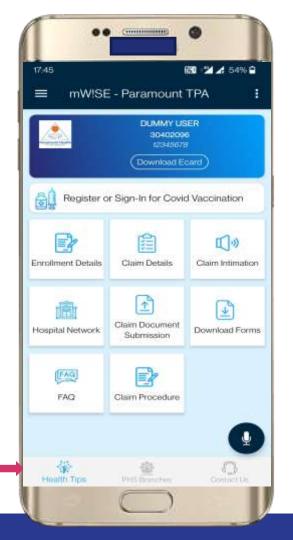


### FAQScreen





Tap to View Health Tips





### Tap to view PHS Branches





### **PHS Branches**



#### Chennai

Vimla Arcade, New No:3 Old No:2, 2nd Floor, Kammalar Street, Greams Road, Behind Sangeetha Hotel Chennai Tamil Nadu 600006 43435922 09381207293

#### New Delhi

D-39, Okhla Industrial Area Phase-I, New Delhi Delhi Delhi 110020

6536938/39 09313887064 6536938/42890927

#### Hyderabad

1-8-303/48/9, 3rd Floor, Tirumala Chambers, Pg Road, Behind Chutneys Restaurant, Begumpet, Hyderabad Hyderabad Telangana 500016

040-66758271 / 66759271 09391105597 040 55366271

#### Mumbai

Plot No.A-442,Road No-28.M.I.D.C Industrial Area,Wagale Estate Ram Nagar, Vitthal Rukhumani Mandir Thane Maharashtra 400604

.

#### 66444600 66444 754/55

#### Bangalore

No. 4/2, 1st Floor, Shirdi Krupa Complex, Nagappa Stront, About Bank Of India, Shochadriauram

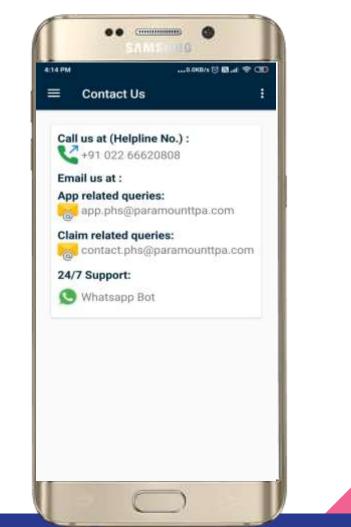


≡ mWlSl	E - Paramount	
	DUMMY US 30402096 12345675 (Download Ec	
Register o	or Sign-In for Covic	I Vaccination
rollment Details	Claim Details	Claim Intimation
28pital Network	Claim Document Submission	Download Forms
FAQ	Claim Procedure	
		•

### Tap to view Contact Us Details



### Contact Us







### Thank You

# Paramount Health Ser