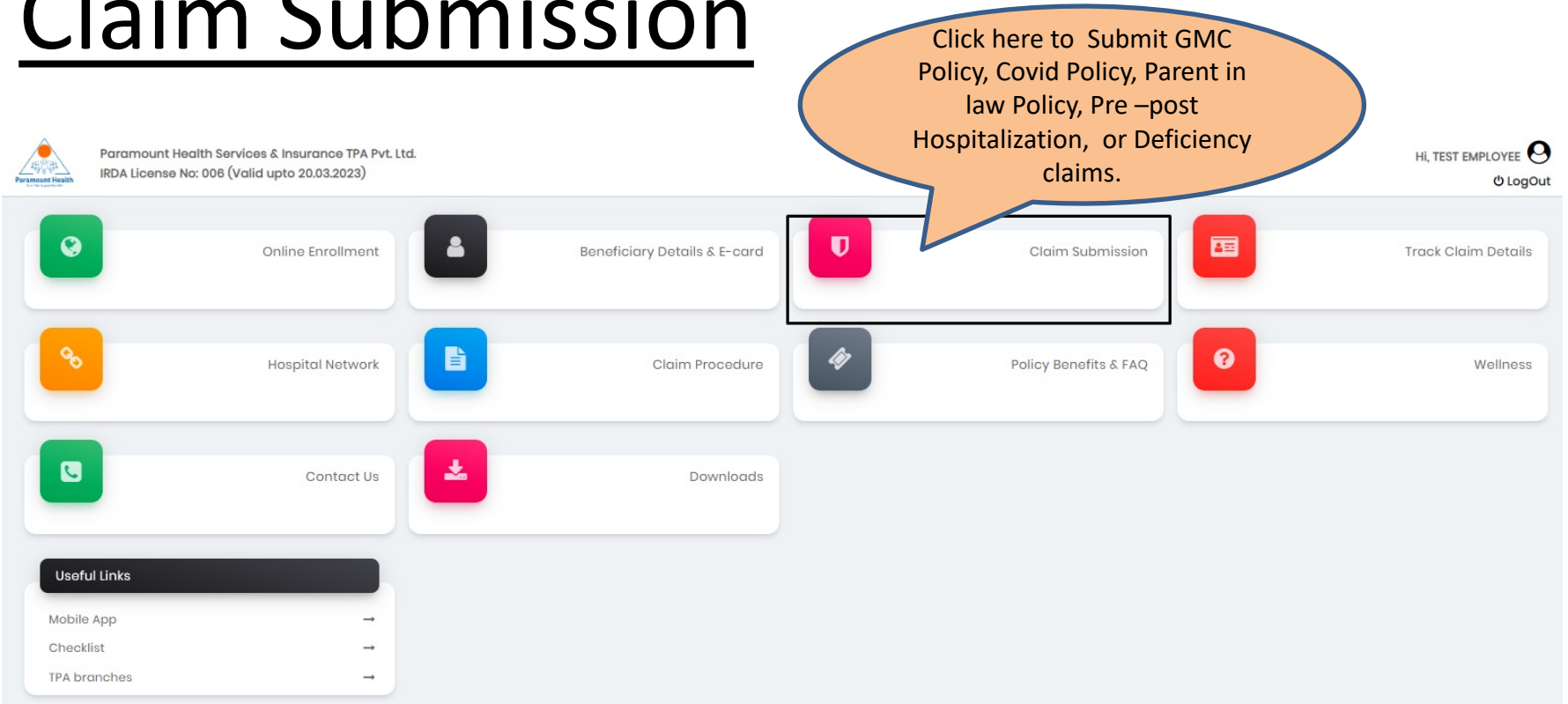
Paramount TPA Portal

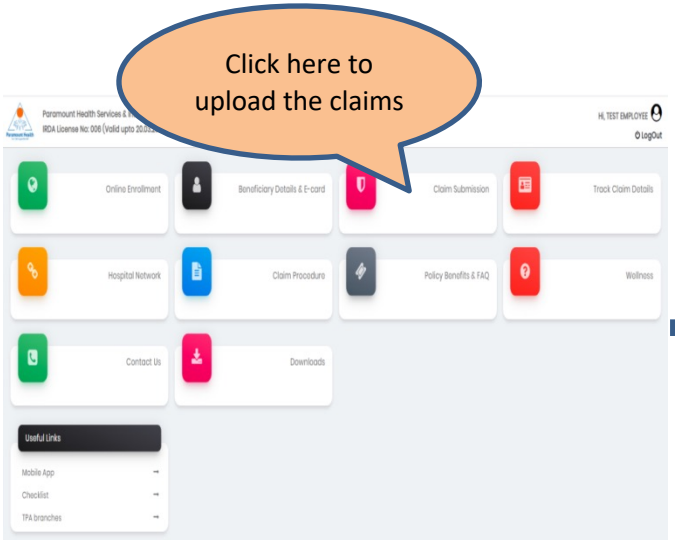
User Manual

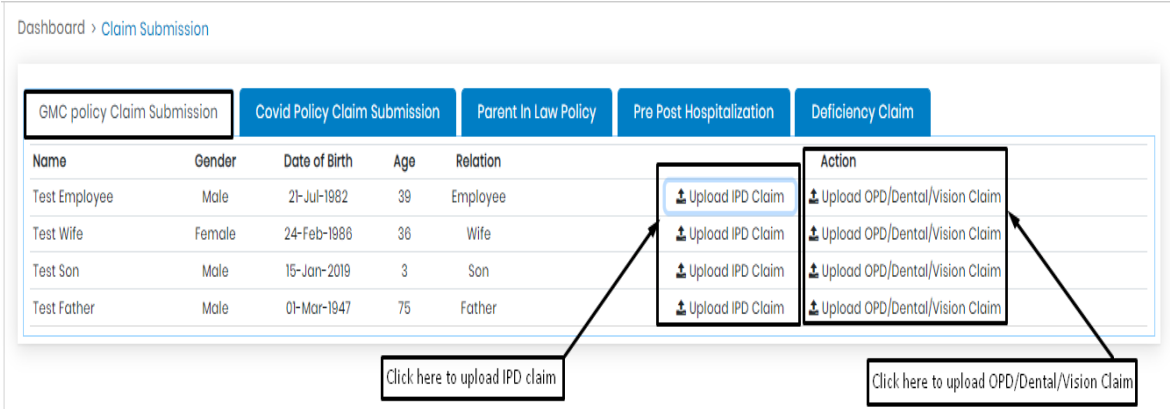
Index

Claim Submission

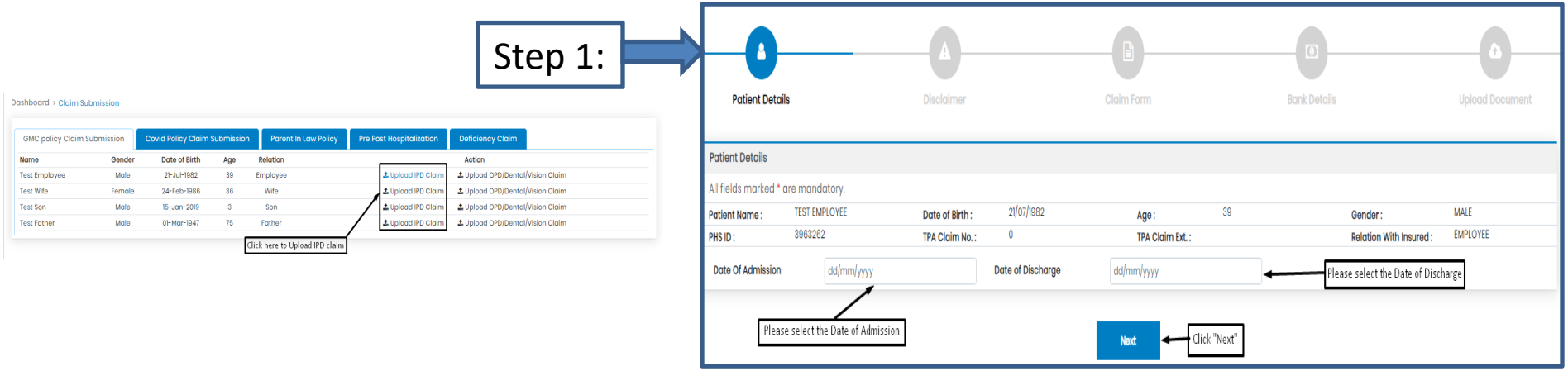


Claim Submission -GMC Policy





Upload IPD Claim-Step 1: Patient Details

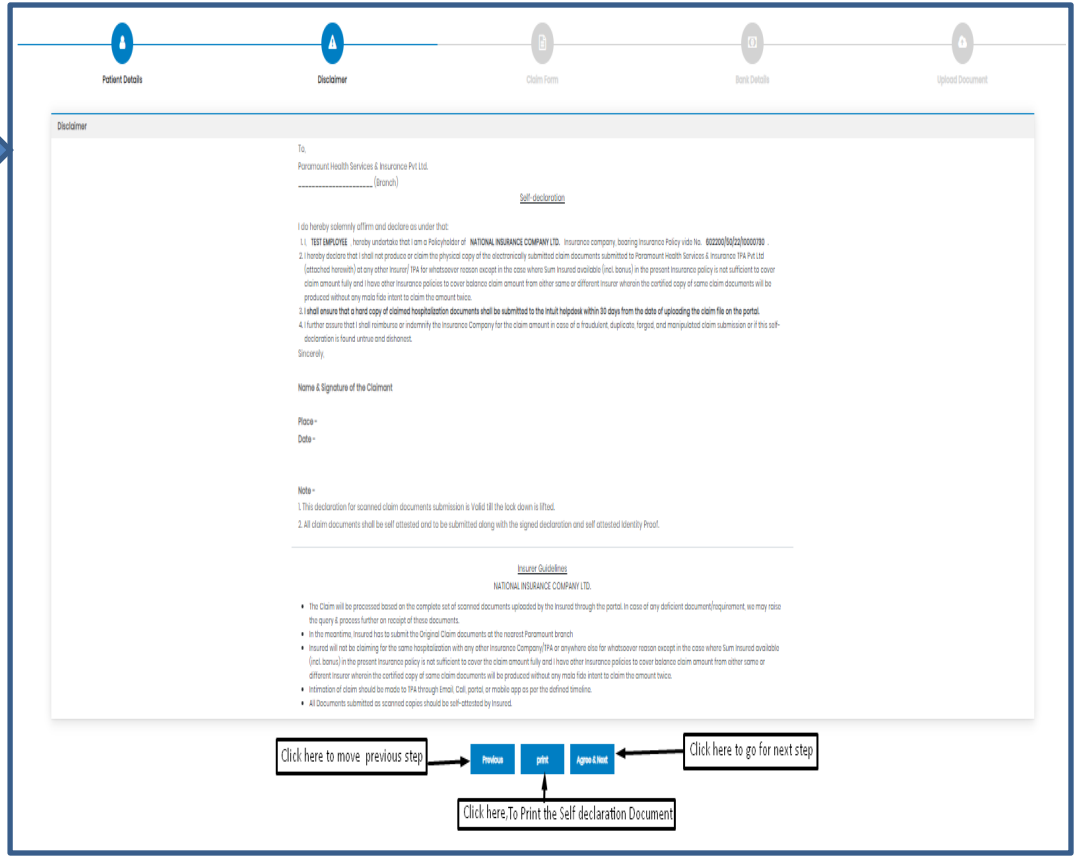


- To upload IPD claims in GMC Policy, Click Upload IPD claim tab.
- Select Date of Admission and Date of Discharge.
- Click “ Next”.

Step 2: Self Declaration

Step 2 :

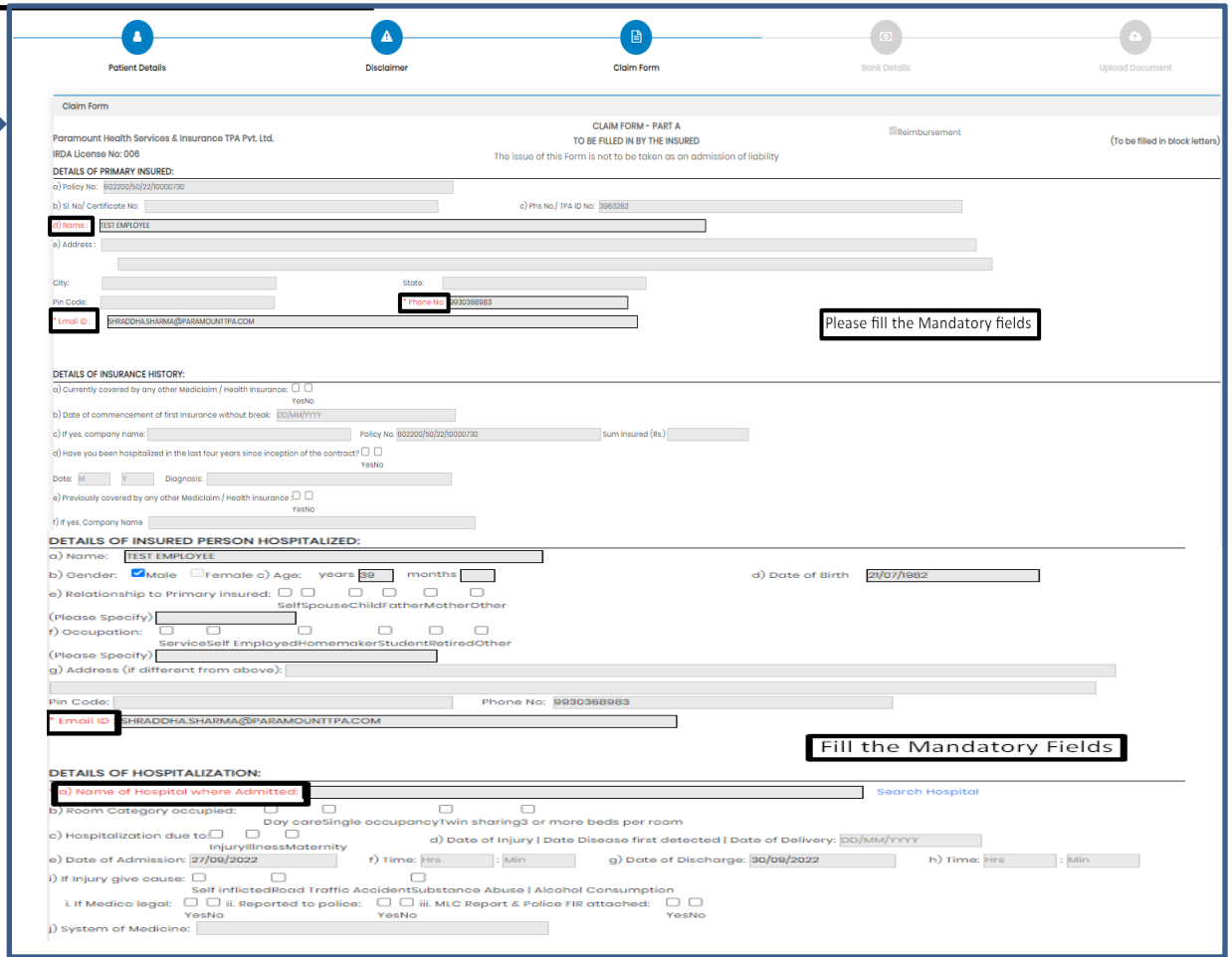
- After clicking “Next”
- Click Agree& Next, To go for next step.
- Click Print, To Print Self declaration document
- To move to previous page click “Previous’ tab.



Step 3: Claim Form –Part-A

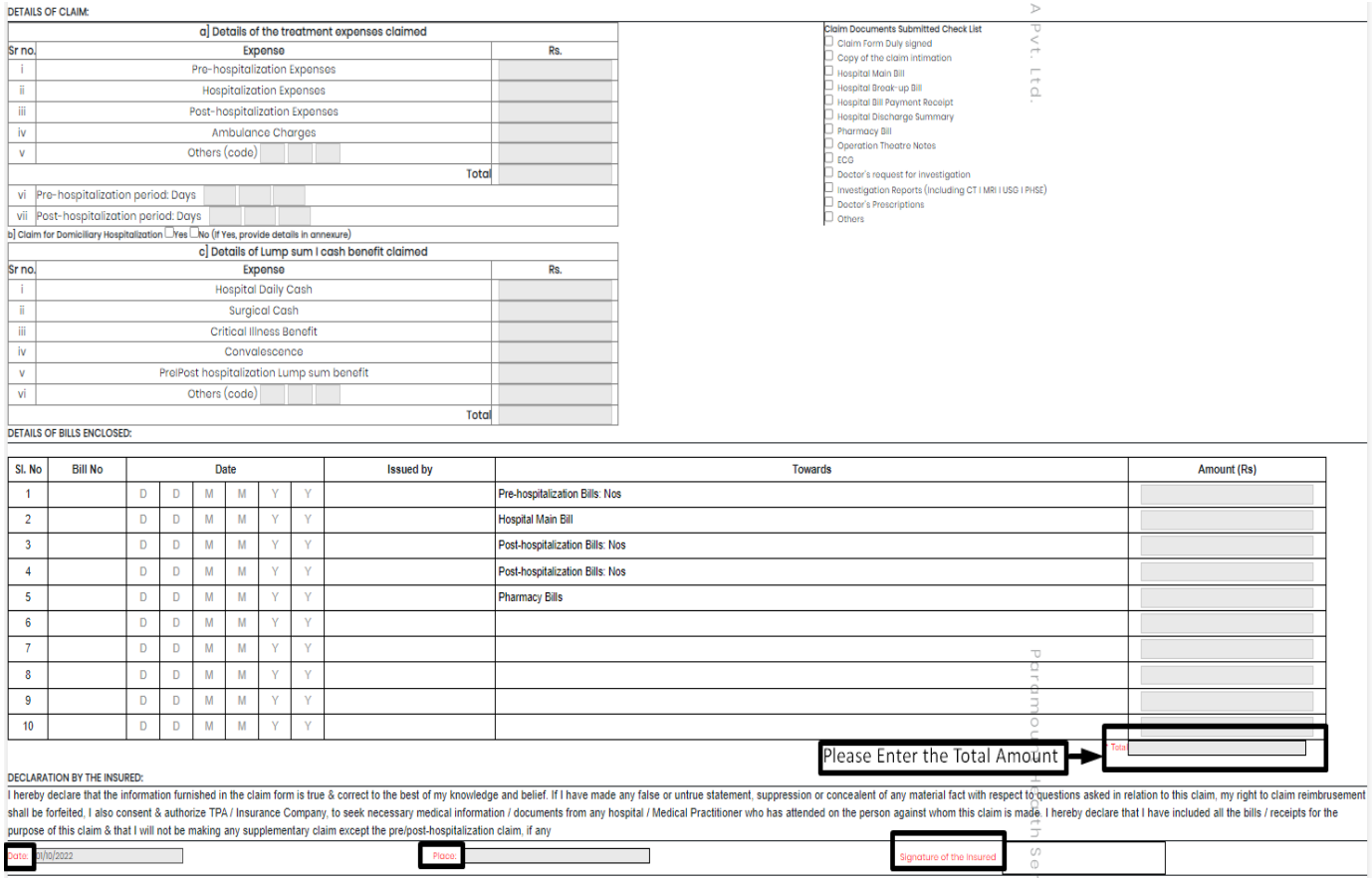
Step 3 :

- Please Enter the Employee Name , E-mail id and Phone no.
- Please Enter E-mail id in Details of insured person hospitalized.
- Please Select the name of the hospital where Admitted.



Step 3: Claim Form-Part- A

- Please Enter the Total Amount.
- Enter the Place
- Fill the Signature of Insured.



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 I 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 I MRI I USG I 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			

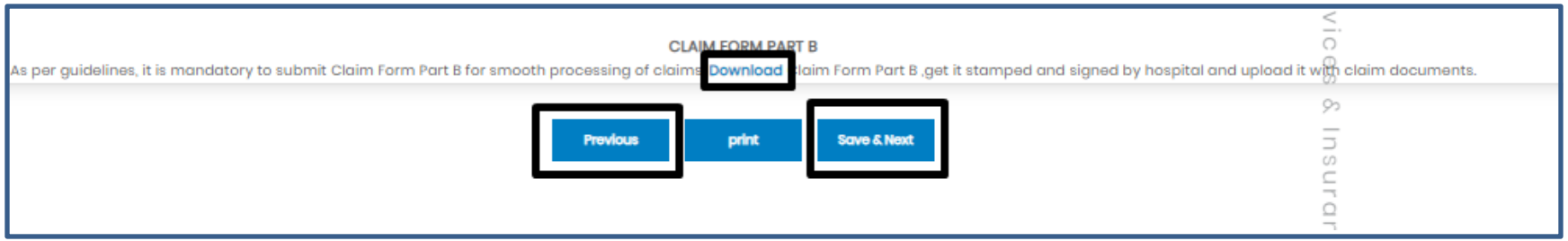
Please Enter the Total Amount → Total

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: dd/mm/yyyy | Place: | Signature of the Insured

Step 3: Claim Form –Part B

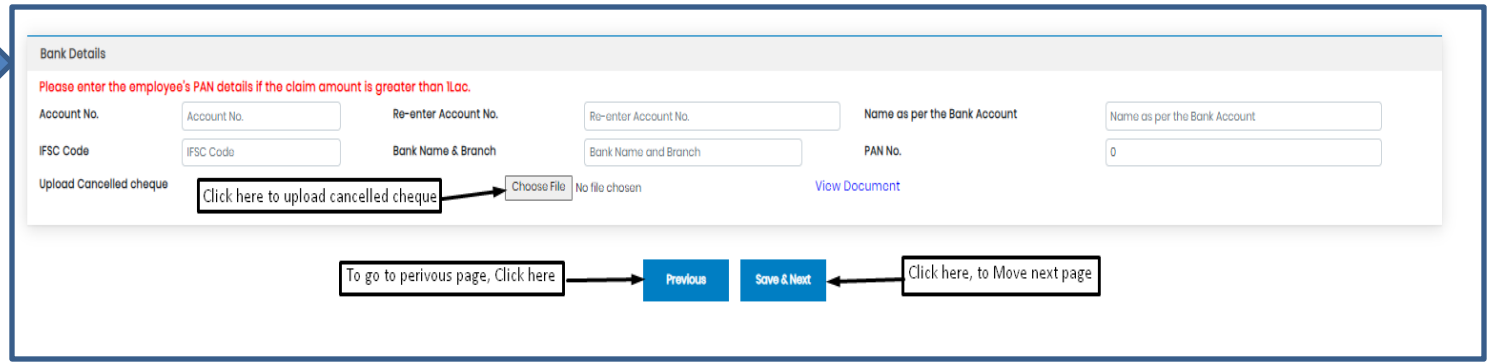


- Click Download option, to download the Part-B form.
- To go for step 2 Click previous button
- To Take print of claim form ,Click print button
- To go for the next step click Save & Next button

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

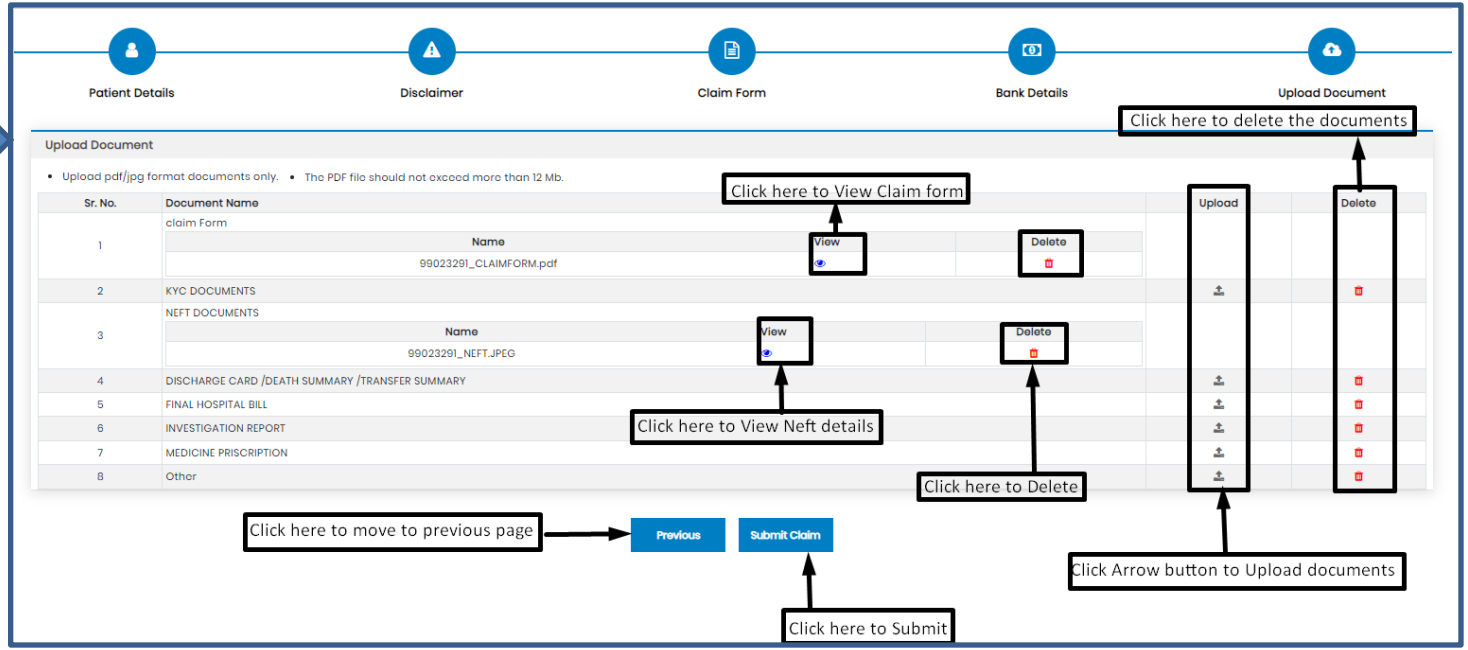
Step 4 :



- Bank details to be filled only once or while filling the first claim.
- For Subsequent claims, the fields will be auto populated.
- Please Upload Cancelled cheque.
- Please enter the employee's PAN details if the claim is greater than 1lac.

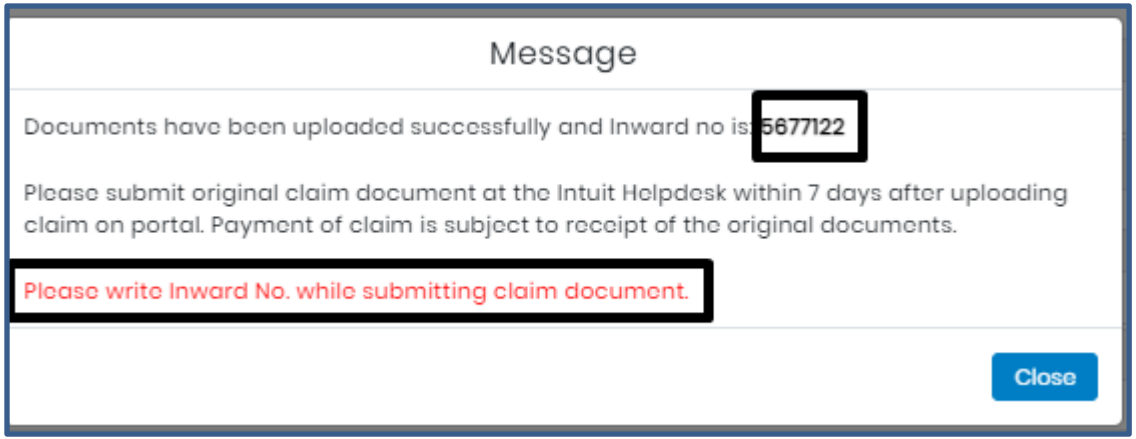
Step 5: Upload Document

Step 5 :

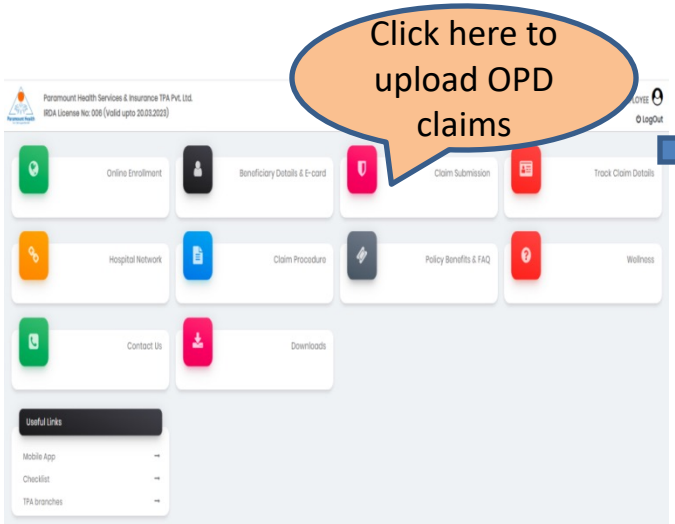


- If you have more documents / receipts in claim, to share the claim Number and email Paramount on helpdesk.intuit@paramounttpa.com

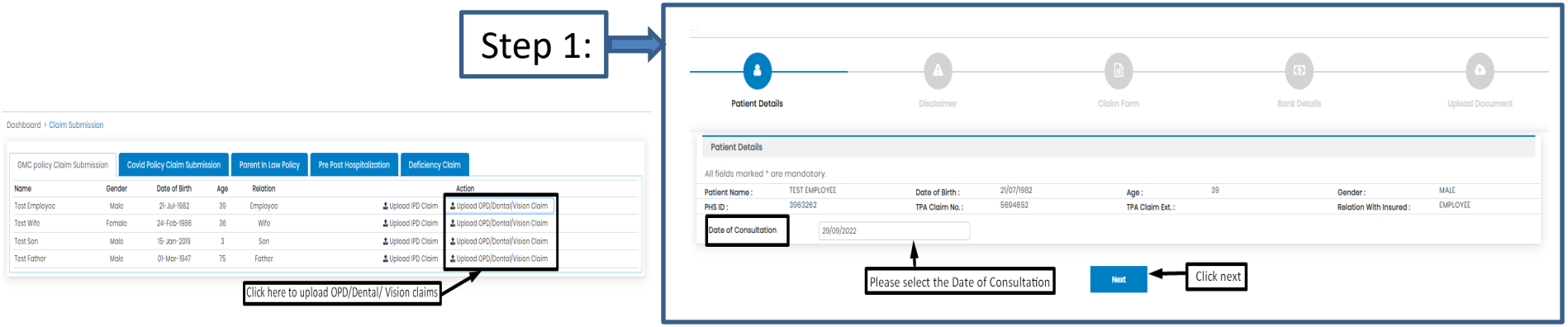
- After Clicking the submit tab POP-UP appears.
- Please Use this Inward No. for further correspondence and to track your claim till claim No. is generated.
- It takes 24-48 Hours to generate Claim No.
- In case Claim No. is not generated within 24hrs please write a mail to- helpdesk.intuit@paramounttpa.com



Upload OPD/Dental/Vision claims



Step 1: Patient Details

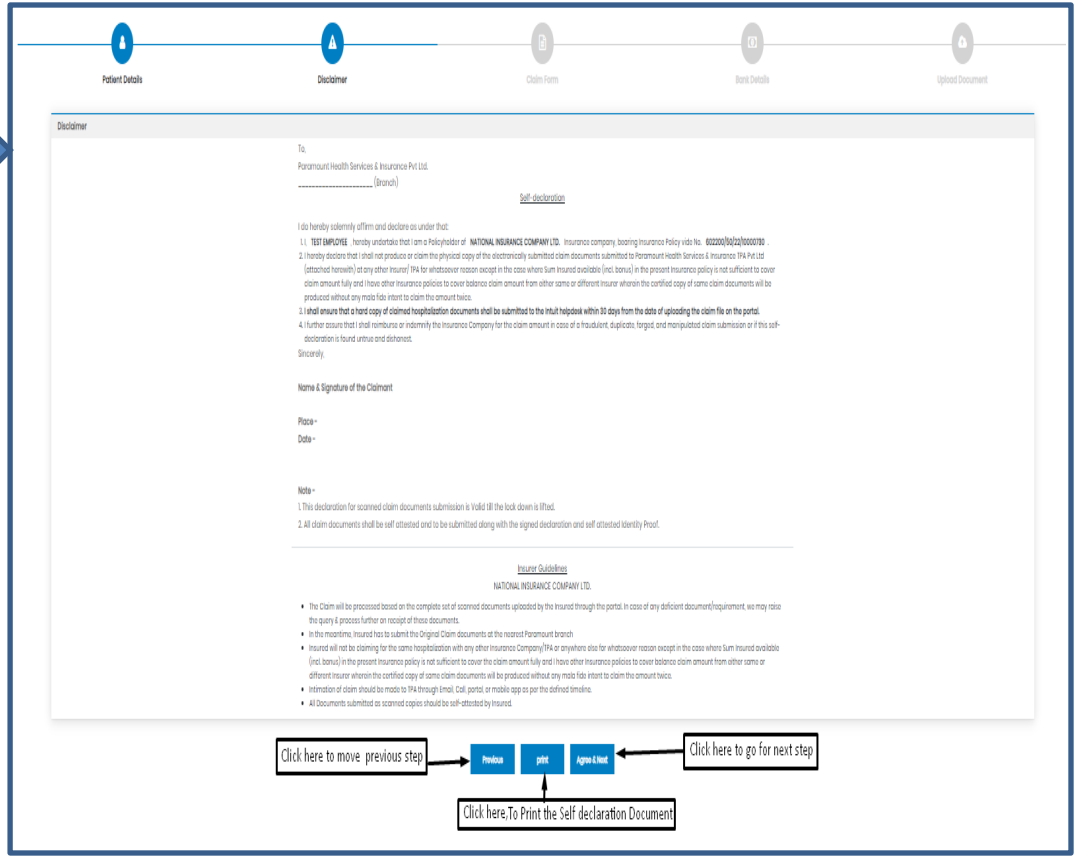


- After clicking Upload OPD/Dental/ Vision tab
- Please select Date of Consultation.
- Click “Next”

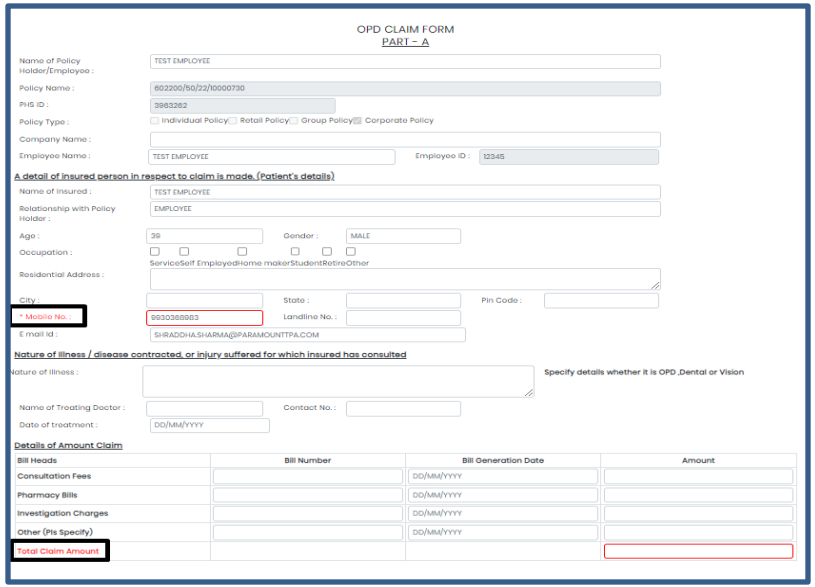
Step 2: Self Declaration

Step 2 :

- After clicking “Next”
- Click Agree& Next, To go for next step.
- Click Print, To Print Self declaration document
- To move to previous page click “Previous’ tab.



Step 3: Claim form: Part-A



OPD CLAIM FORM
PART – A

Name of Policy Holder/Employee : TEST EMPLOYEE
Policy Name : 602200/50/22/10000730
PHS ID : 3983282
Policy Type : Individual Policy Retail Policy Group Policy Corporate Policy
Company Name :
Employee Name : TEST EMPLOYEE Employee ID : 12345

A detail of insured person in respect to claim is made. (Patient's details)

Name of Insured : TEST EMPLOYEE
Relationship with Policy Holder : EMPLOYEE
Age : 39 Gender : MALE
Occupation : Service Self Employed Home maker Student Retire Other
Residential Address :
City : State : Pin Code :
* Mobile No. : 9930388983 Landline No. :
E mail id : SHRADDHA.SHARMA@PARAMOUNTTPA.COM

Nature of illness / disease contracted, or injury suffered for which insured has consulted

Nature of illness : Specify details whether it is OPD ,Dental or Vision
Name of Treating Doctor : Contact No. :
Date of treatment : DD/MM/YYYY

Details of Amount Claim

Bill Heads	Bill Number	Bill Generation Date	Amount
Consultation Fees		DD/MM/YYYY	
Pharmacy Bills		DD/MM/YYYY	
Investigation Charges		DD/MM/YYYY	
Other (Pls Specify)		DD/MM/YYYY	
Total Claim Amount			

In support to above claim, I enclose following documents.

- Bills/ Receipt/ Cash Memo in original for medicines etc
- Most recent medical prescription/ consultation papers in support of above
- Receipts and investigation test reports in original from a Pathological Lab supported by the note from treating doctor.
- Attending Doctor's/Consultant's/ Specialist's bill and receipt and certificate regarding diagnosis, whichever is prescribed and thereby expenses incurred along with Doctor's registration number(compulsory).

Mandatory Documents

1. Copy of Aadhar Card of employee
2. Copy of PAN Card employee

Declaration

I hereby agree, affirm and declare that -

1. The statements/information given in this claim form are true correct and complete.
2. No material information which is relevant to the processing of the claim or which any manner has a bearing on the claims has been withheld or not disclosed.
3. If I have given/made any fraudulent statements or in any manner failed to disclose or in any manner fail to disclose material information, the policy shall be void and that I shall not be entitled to all/ any rights to recover there under in respect of any or all claims, past present or future.
4. I have not submitted any other claim under Out Patient Treatment Cover and shall not be submitting any other Outpatient Treatment Cover Claim in future under the above referred policy certificate.
5. The receipt of this claim form /other supporting / related documents does not constitute an agreement by the company of the claim and the company reserves the right to process or reject or require additional information in respect of the claim.
6. I also consent and authorize Insurance Company to seek medical information from any hospital/ medical practitioner who has any time attended on the insured person.
7. I confirm that the expenses for which claim is being lodged have been incurred in respect to the insured.

Date 01/10/2022 Place Signature Of Claimant

Previous print Save & Next

Click here to move to previous step

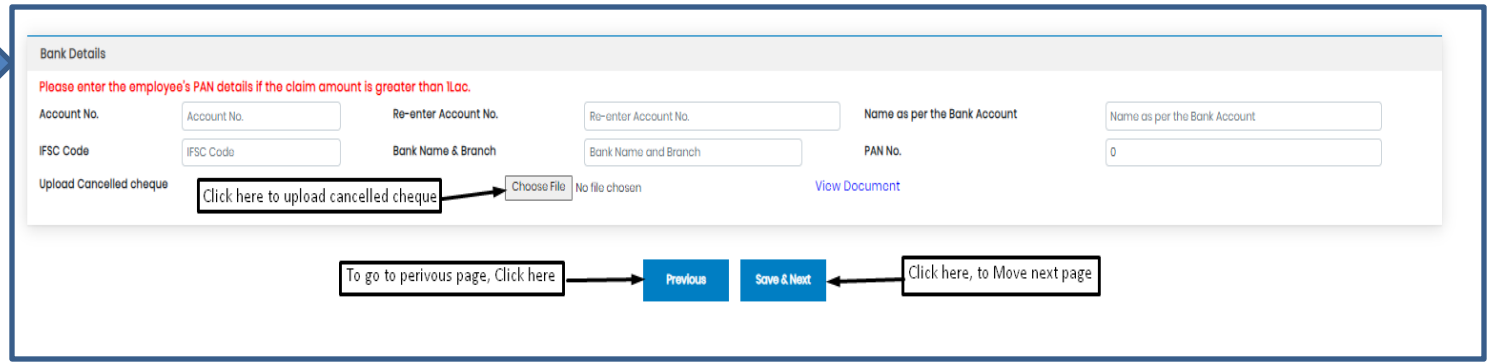
To move to next, Click Save _Next

- Please Enter Mobile No.
- Enter Total Claim amount

- Fill Date&Signature of claimant
- Click “Save& Next”

Step 4: Bank Details

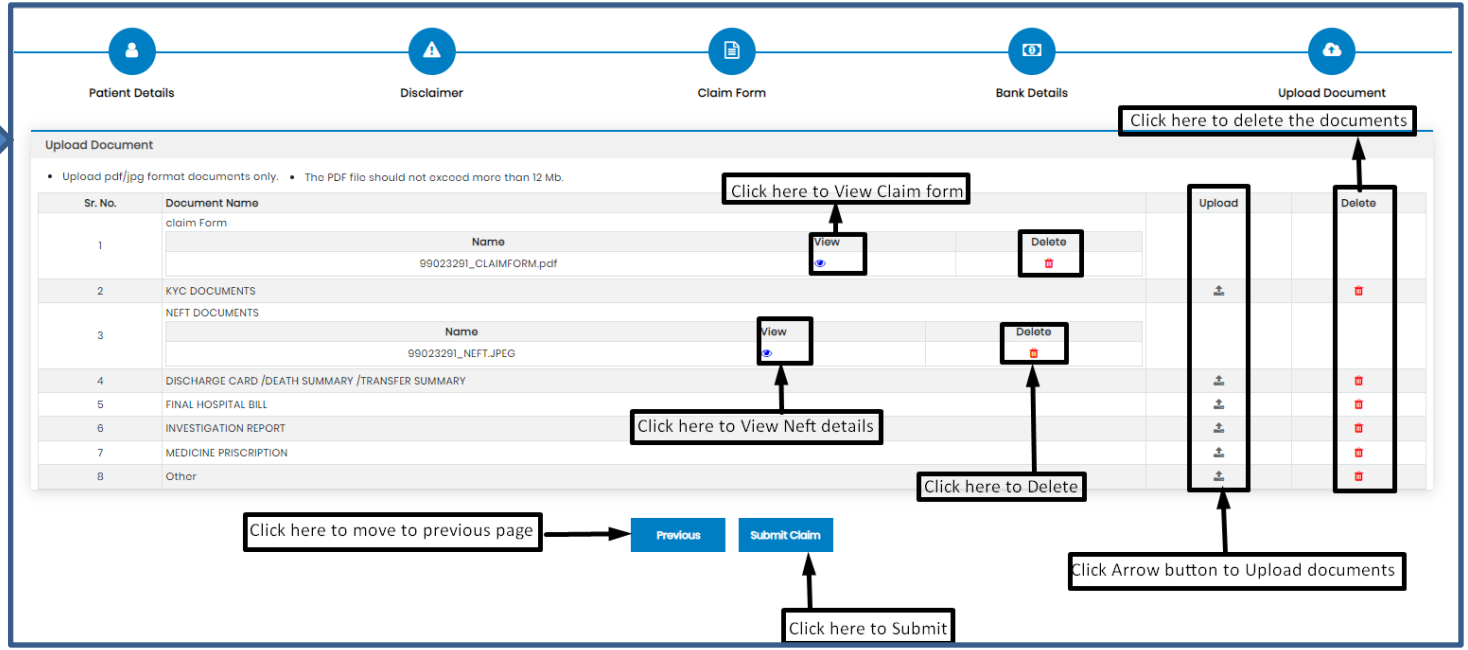
Step 4 :



- Bank details to be filled only once or while filling the first claim.
- For Subsequent claims, the fields will be auto populated.
- Please Upload Cancelled cheque.
- Please enter the employee's PAN details if the claim is greater than 1lac.

Step 5: Upload Document

Step 5 :



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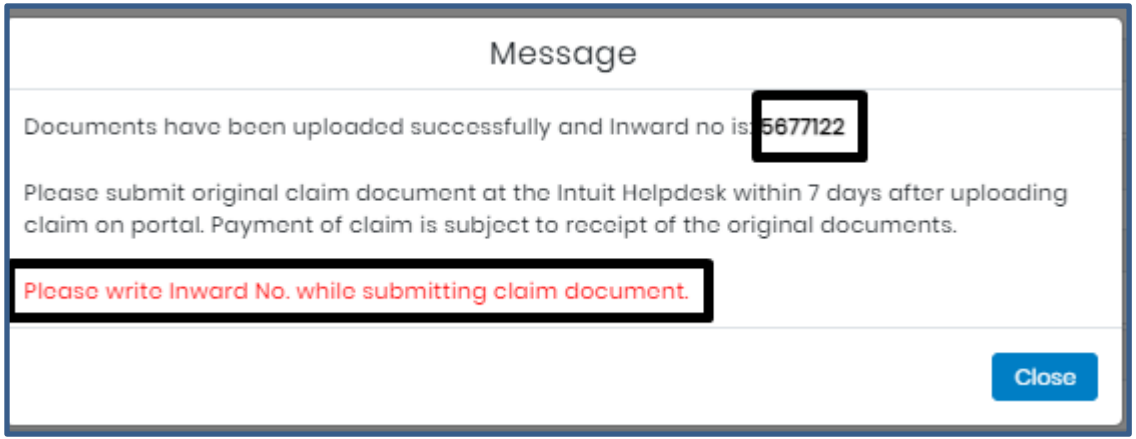
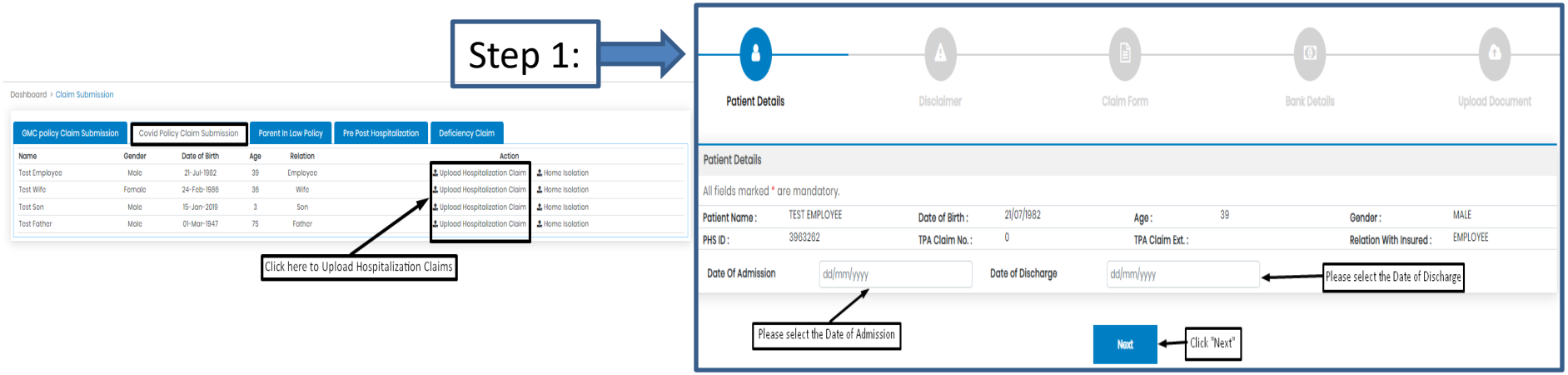


Claim Submission-Covid Policy Submission

Step 1: Patient Details(Hospitalization claims)

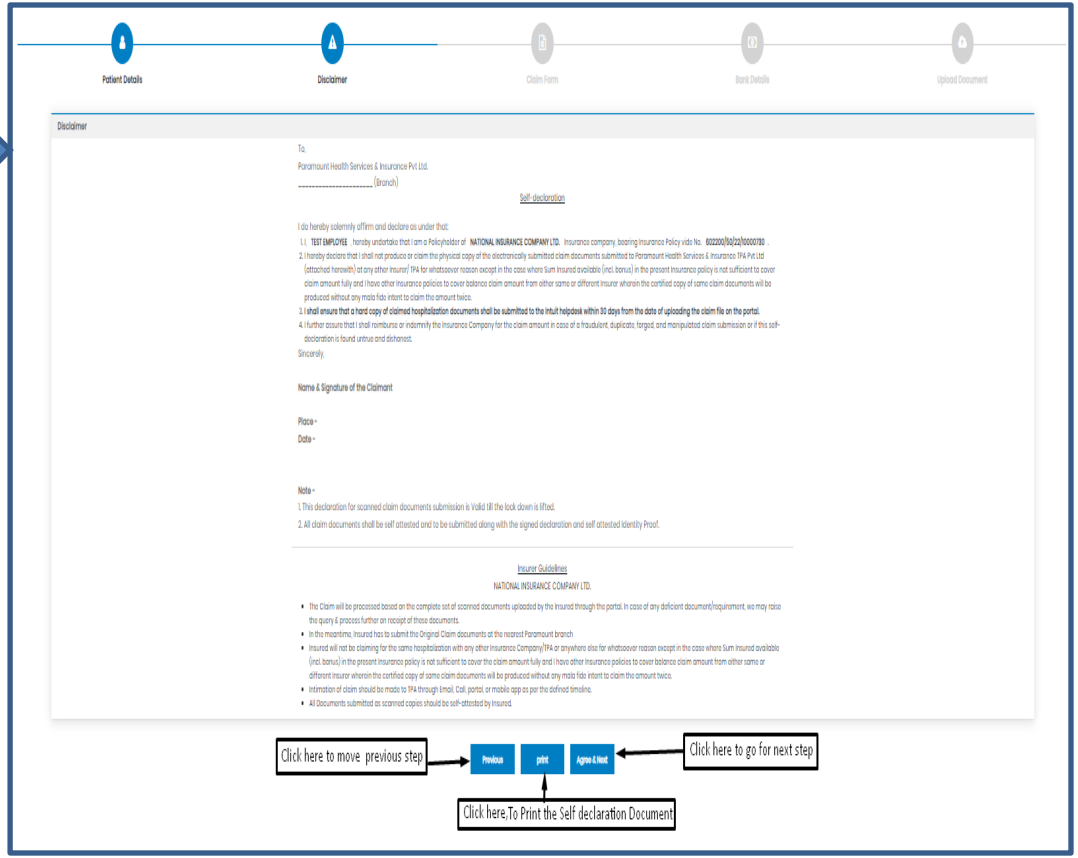


- To upload Hospitalization claim in Covid Policy, Click Upload Hospitalization claim tab.
- Select Date of Admission and Date of Discharge.
- Click “ Next”.

Step 2: Self Declaration

Step 2 :

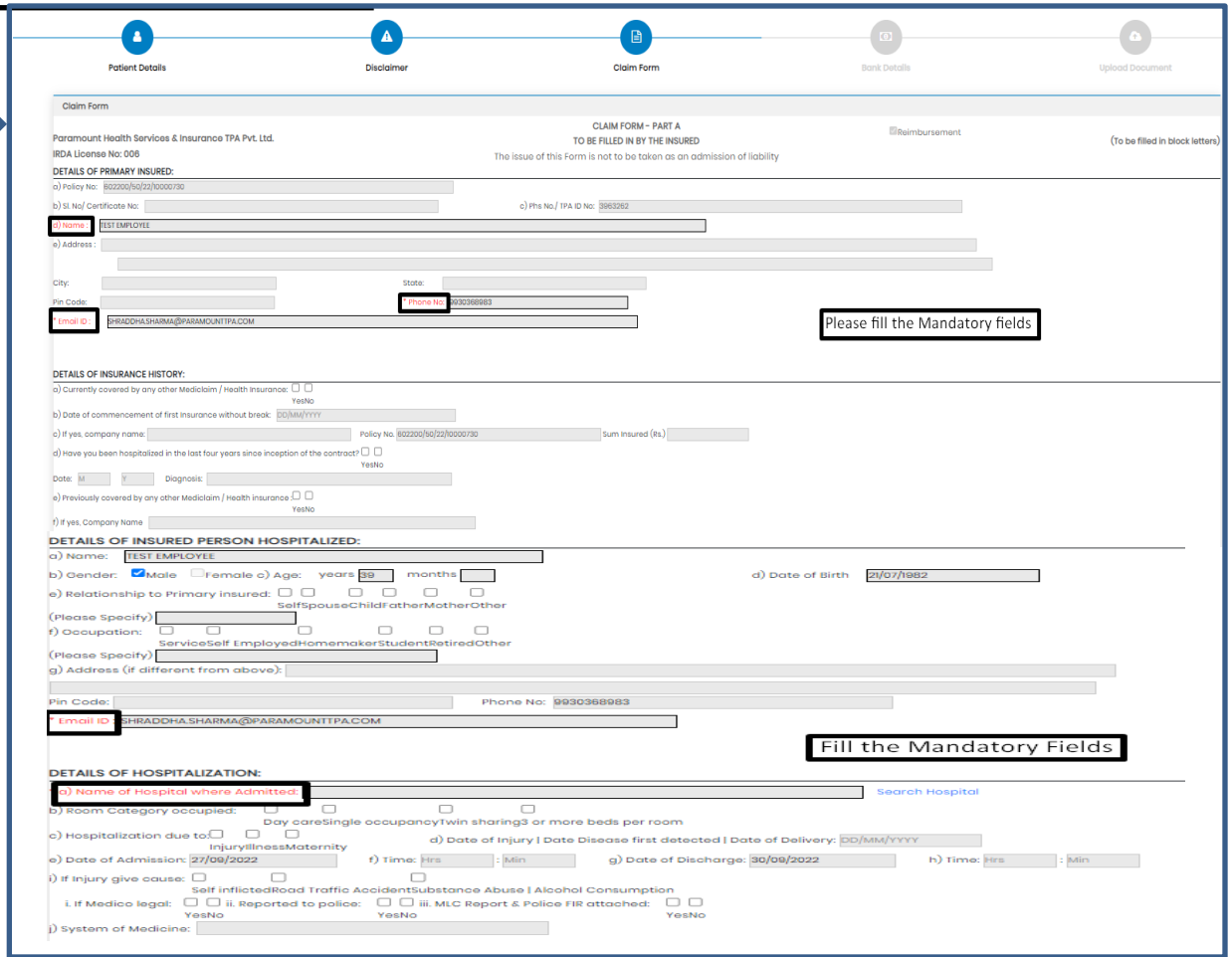
- After clicking “Next”
- Click Agree& Next, To go for next step.
- Click Print, To Print Self declaration document
- To move to previous page click “Previous’ tab.



Step 3: Claim Form –Part-A

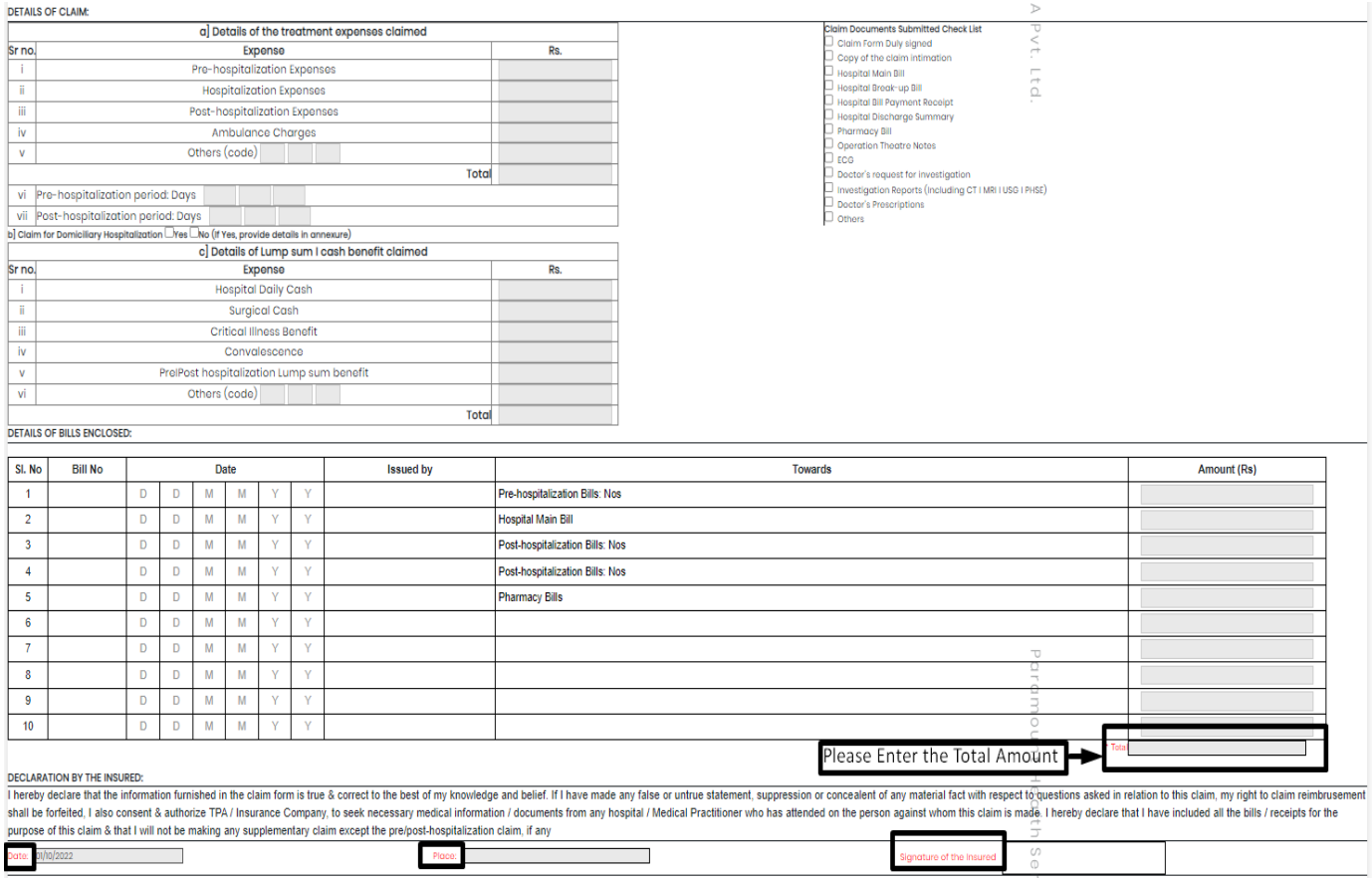
Step 3 :

- Please Enter the Employee Name , E-mail id and Phone no.
- Please Enter E-mail id in Details of insured person hospitalized.
- Please Select the name of the hospital where Admitted.



Step 3: Claim Form-Part- A

- Please Enter the Total Amount.
- Enter the Place
- Fill the Signature of Insured.



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 I 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
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- ☐ ECG
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- ☐ 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	
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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			

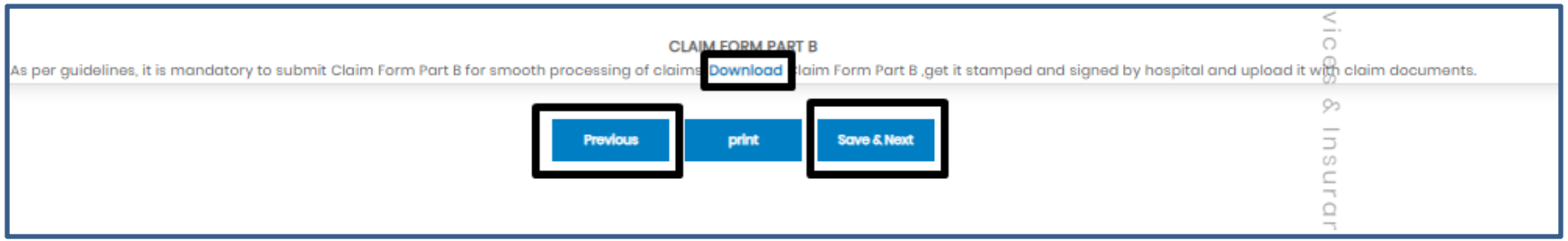
Please Enter the Total Amount → Total

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: dd/mm/yyyy | Place: | Signature of the Insured

Step 3: Claim Form –Part B



- Click Download option, to download the Part-B form.
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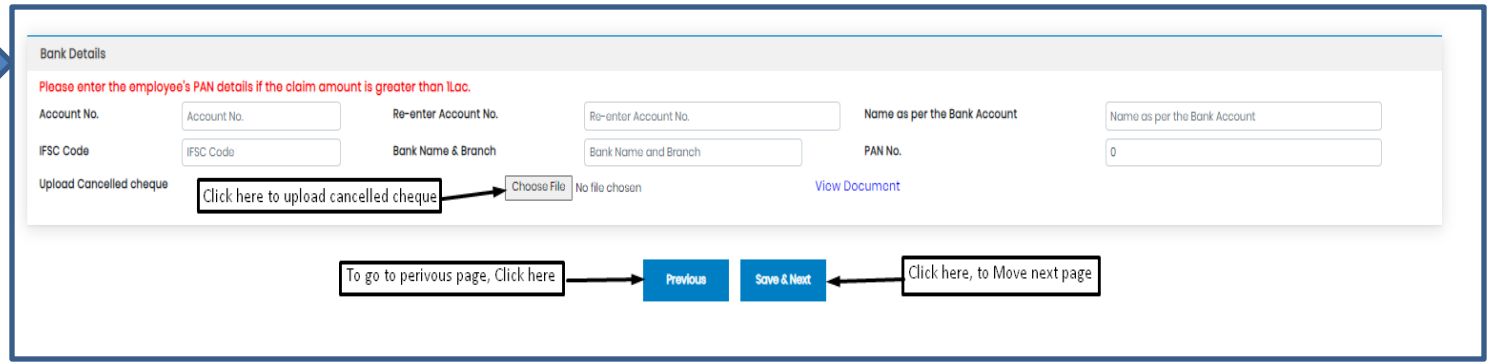
Note: As per Guidelines, It is mandatory to Submit Claim Form part-B for smooth processing. Download the form and get it stamped and signed by Hospital and upload it with claim Documents

Step 4: Bank Details

Step 4 :



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Step 5: Upload Document

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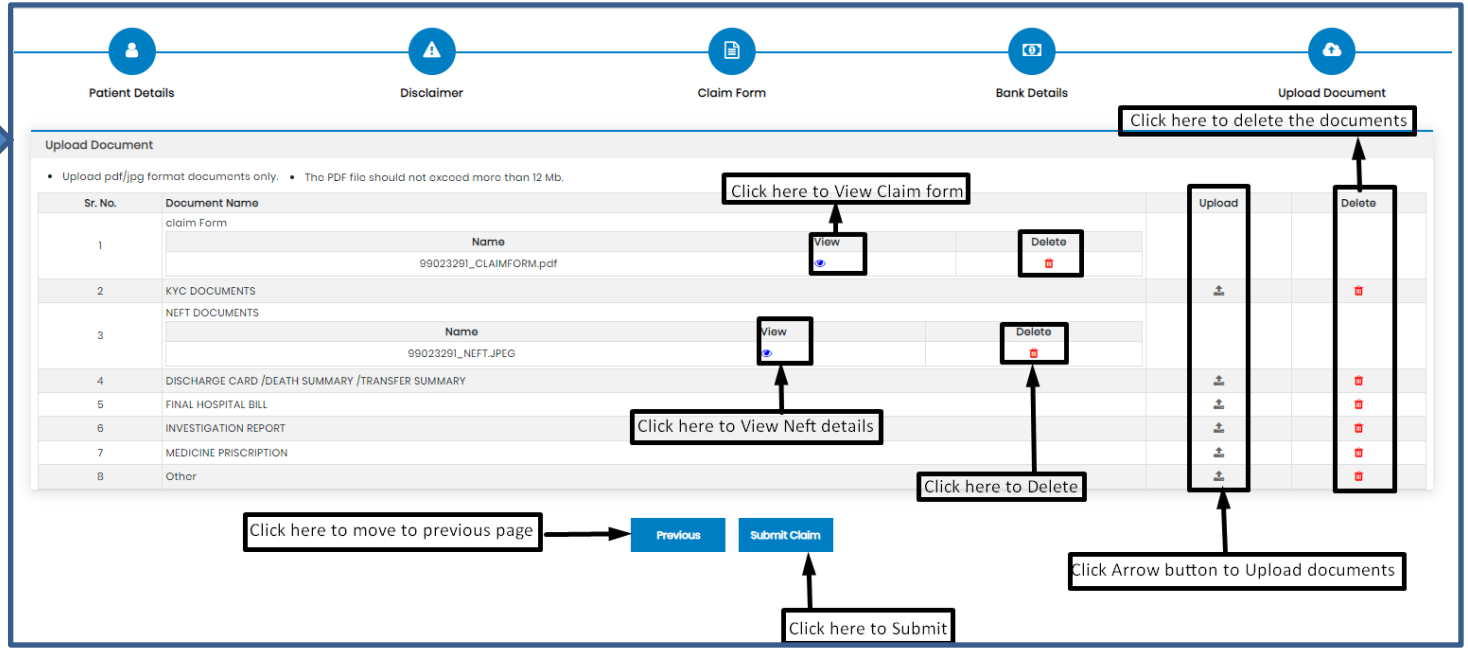

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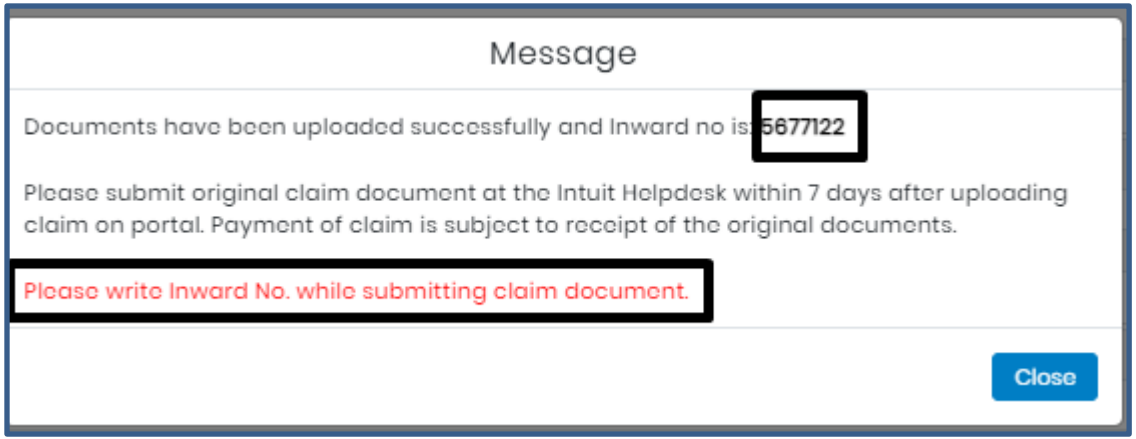
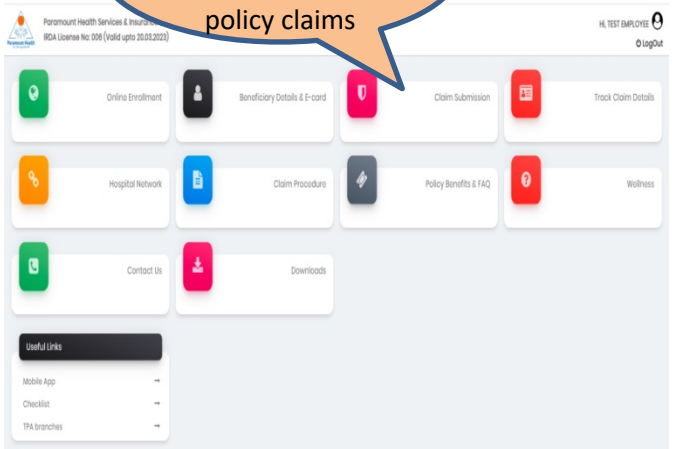
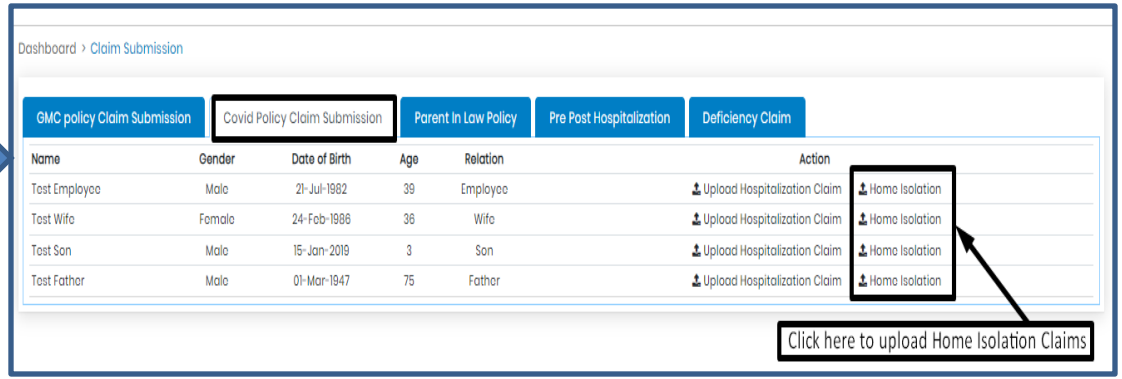


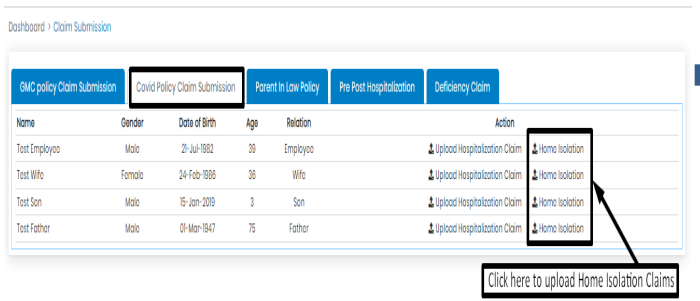
Claim submission-covid policy (Home Isolation claims)

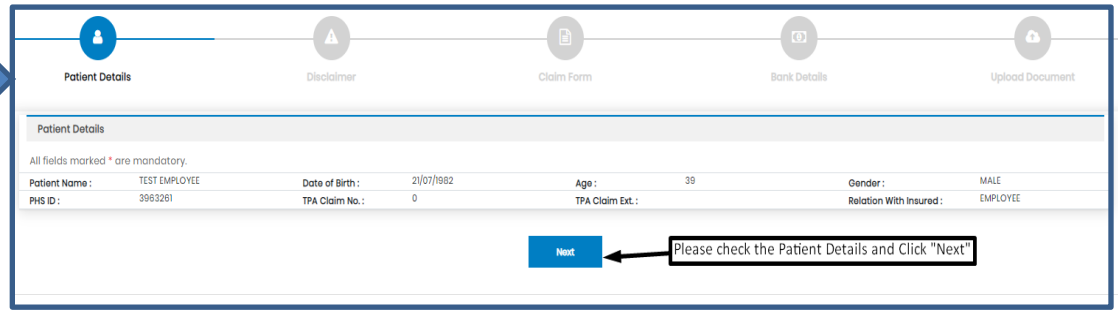
Click Claim Submission to upload the covid policy claims





Step 1: Upload Home Isolation Claims

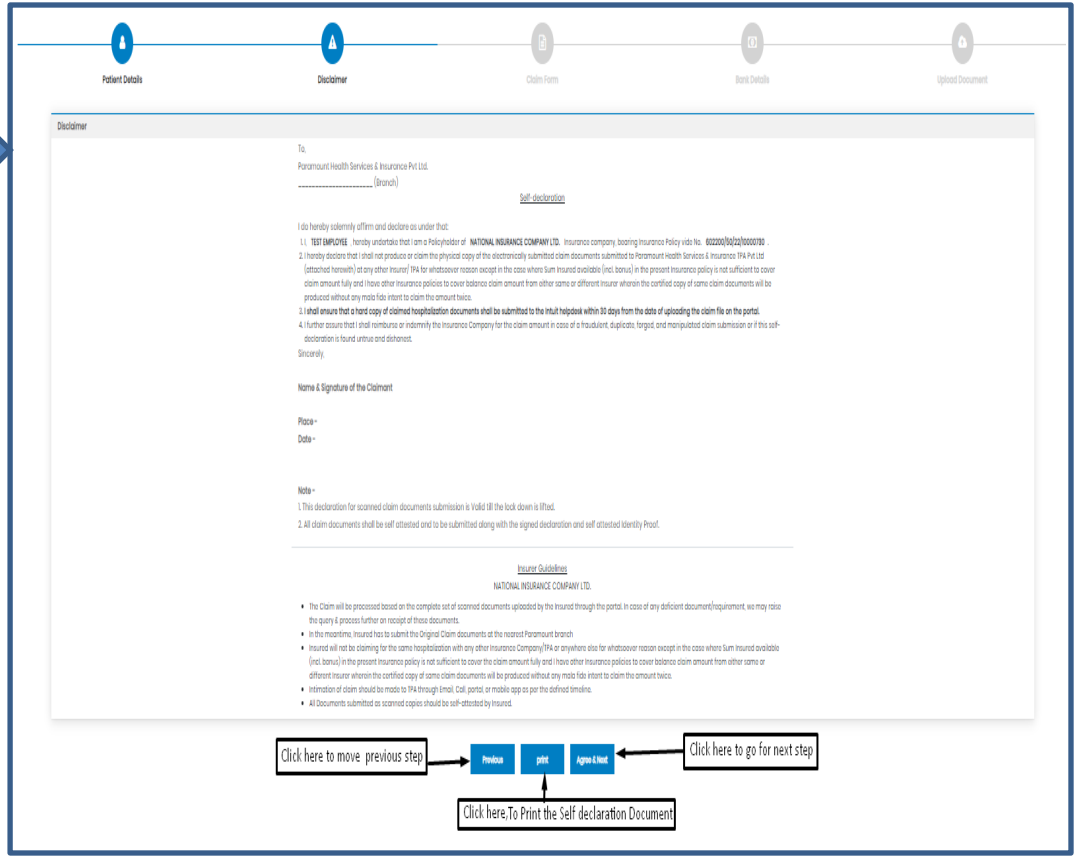




Step 2: Self Declaration

Step 2 :

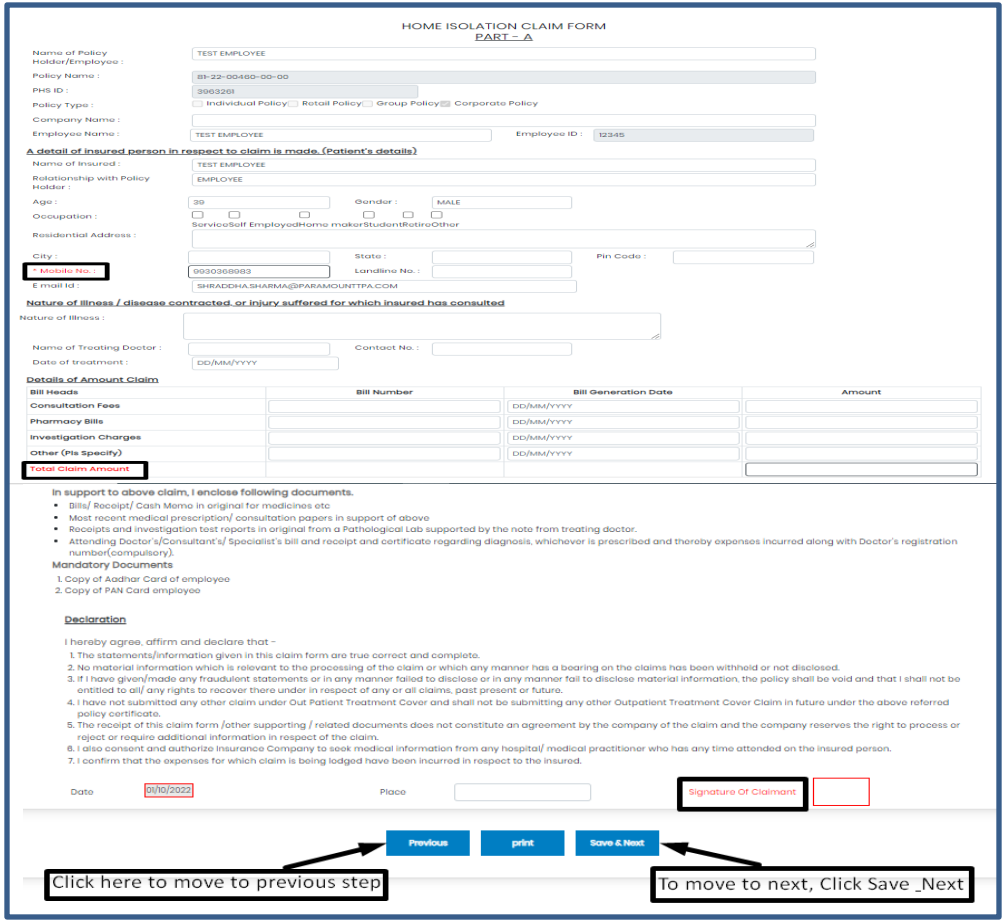
- After clicking “Next”
- Click Agree& Next, To go for next step.
- Click Print, To Print Self declaration document
- To move to previous page click “Previous’ tab.



Step 3: Claim Form: Part-A

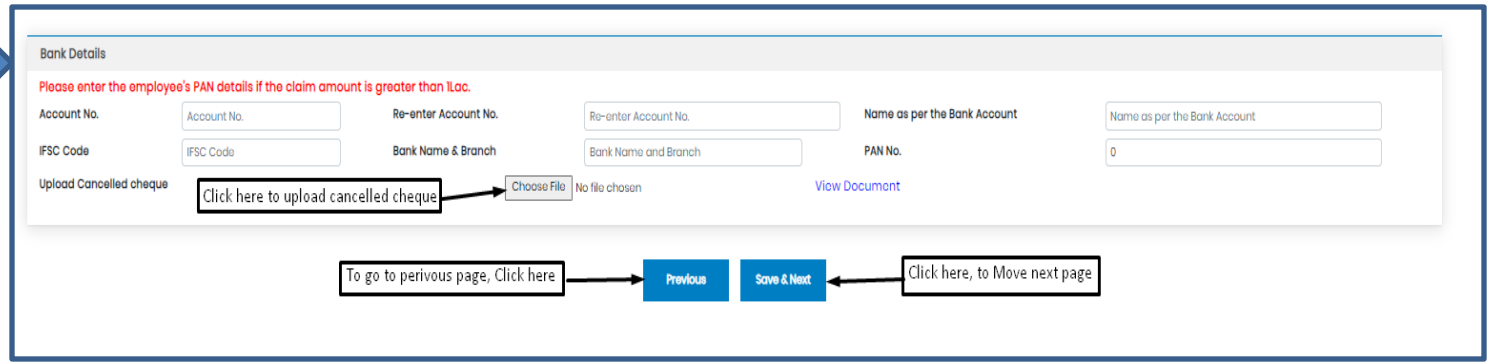
Step 2 :

- Please Enter Mobile No.
- Enter Total Claim amount
- Fill Date&Signature of claimant
- Click “Save& Next”
-



Step 4: Bank Details

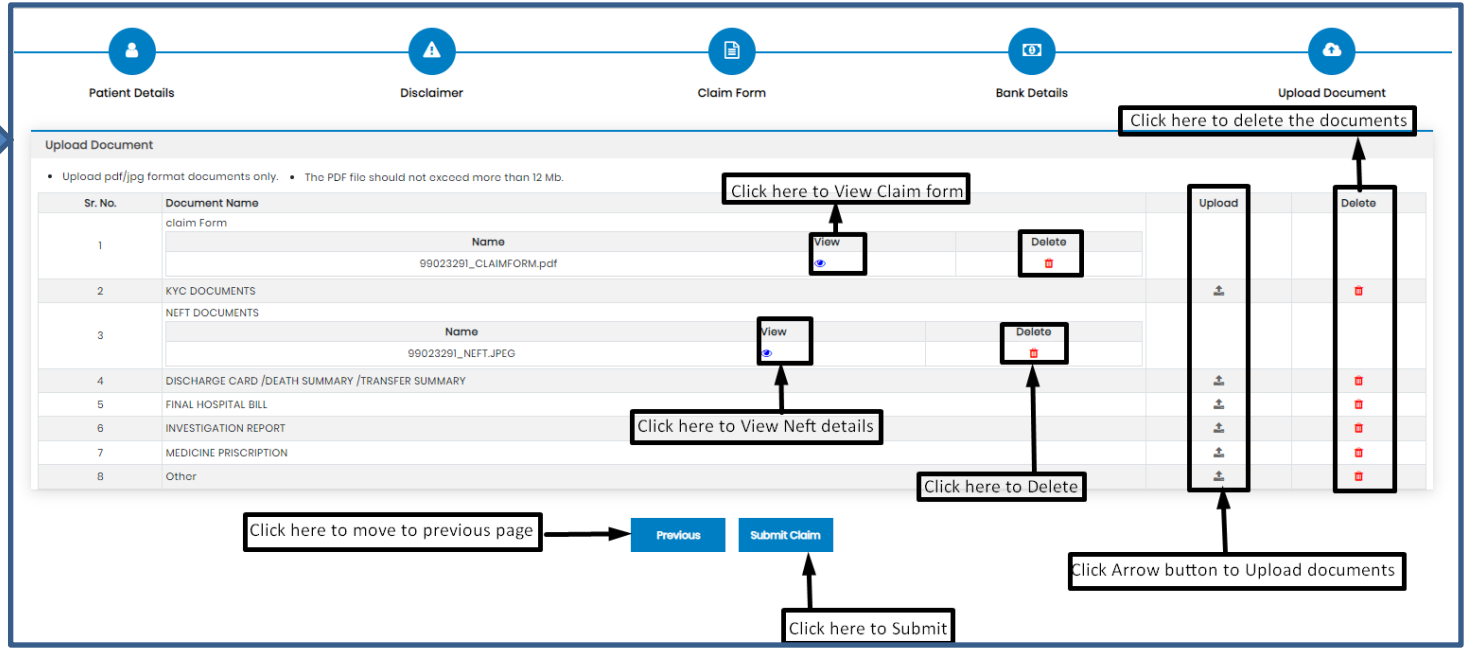
Step 4 :



- Bank details to be filled only once or while filling the first claim.
- For Subsequent claims, the fields will be auto populated.
- Please Upload Cancelled cheque.
- Please enter the employee's PAN details if the claim is greater than 1lac.

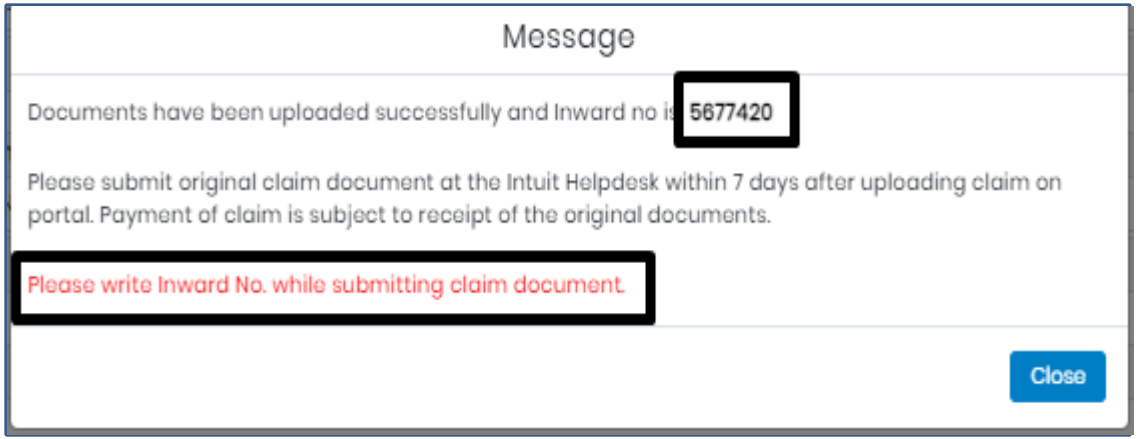
Step 5: Upload Document

Step 5 :

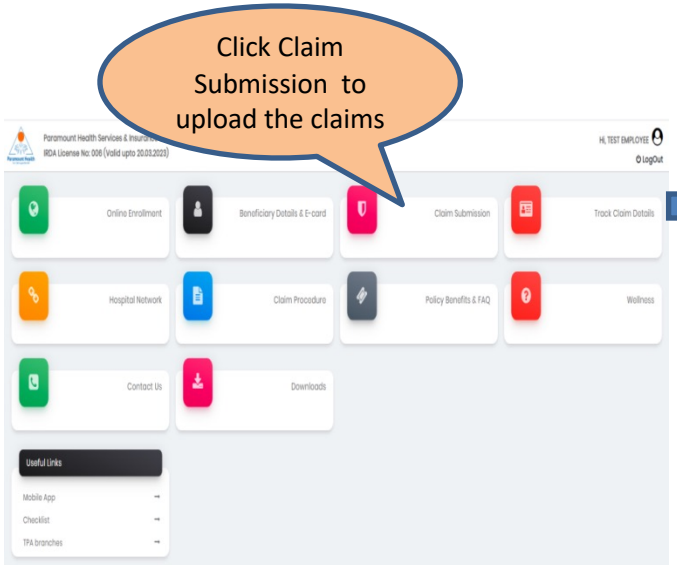


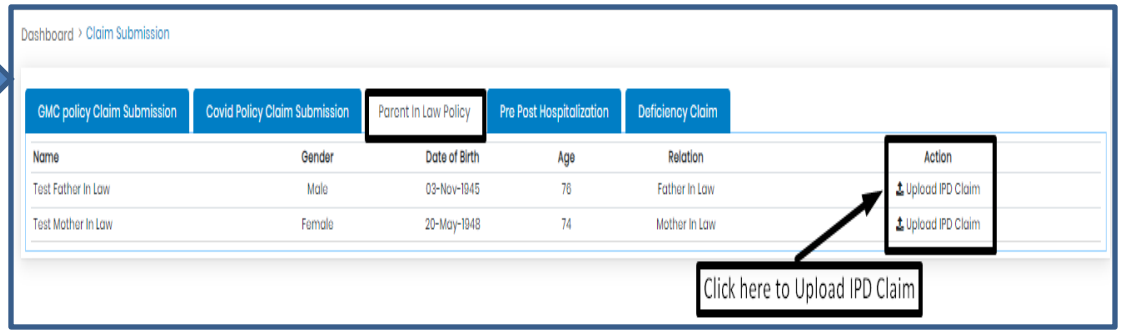
- If you have more documents / receipts in claim, to share the claim Number and email Paramount on helpdesk.intuit@paramounttpa.com

- After Clicking the submit tab POP-UP appears.
- 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.
- In case Claim No. is not generated within 24hrs please write a mail to- helpdesk.intuit@paramounttpa.com

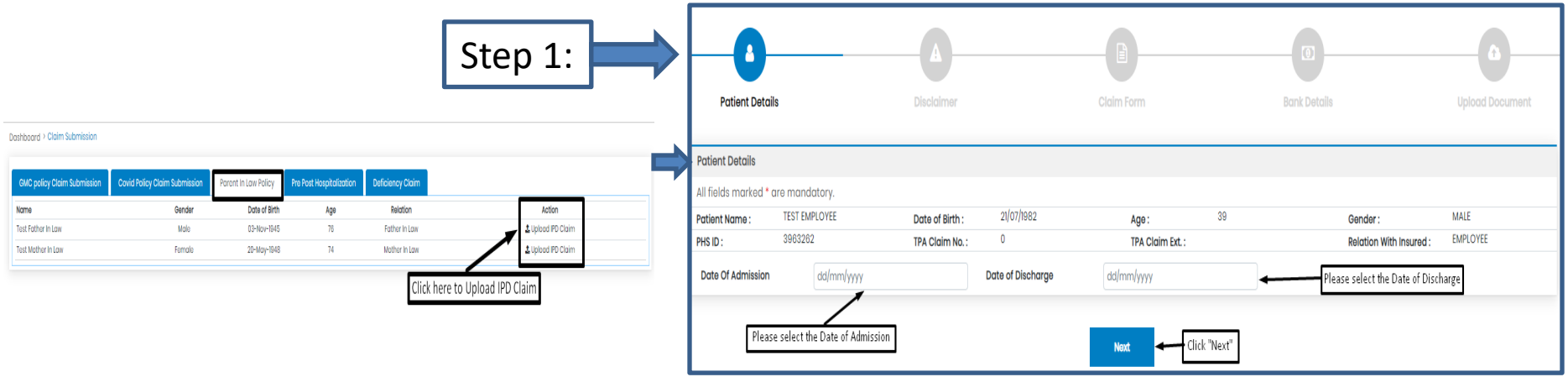


Claim Submission-Parent in Law Policy





Step 1: Patient Details(IPD Claims)

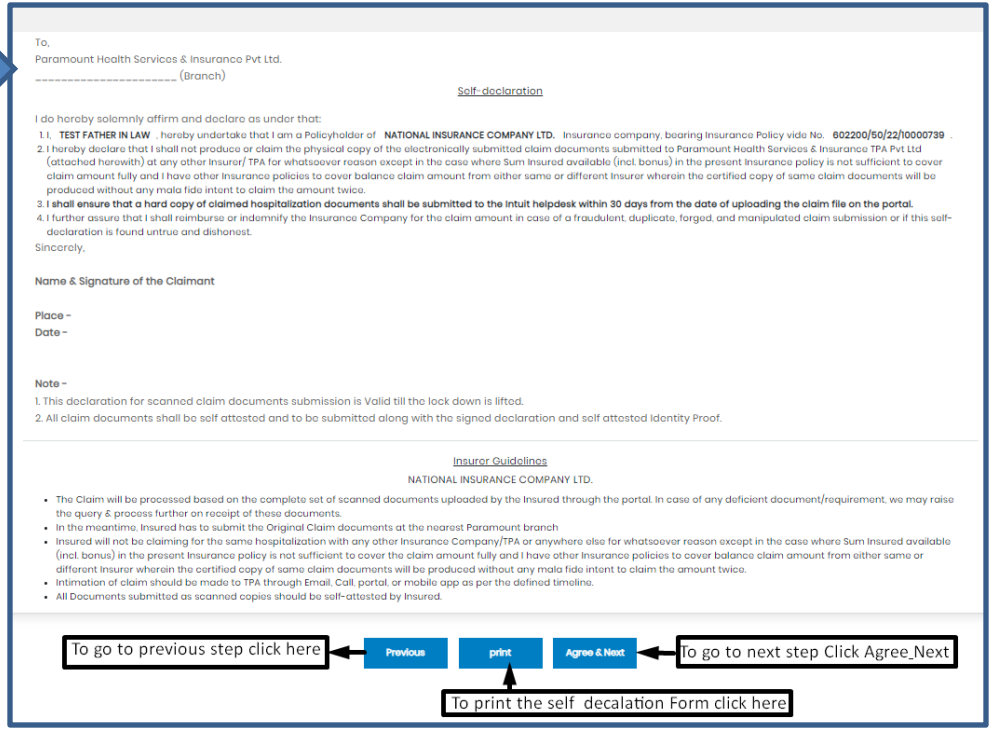


- To upload Hospitalization claim in Covid Policy, Click Upload Hospitalization claim tab.
- Select Date of Admission and Date of Discharge.
- Click “ Next”.

Step 2: Declaration

- After clicking “Next”
- Click Agree& Next, To go for next step.
- Click Print, To Print Self declaration document
- To move to previous page click “Previous’ tab.

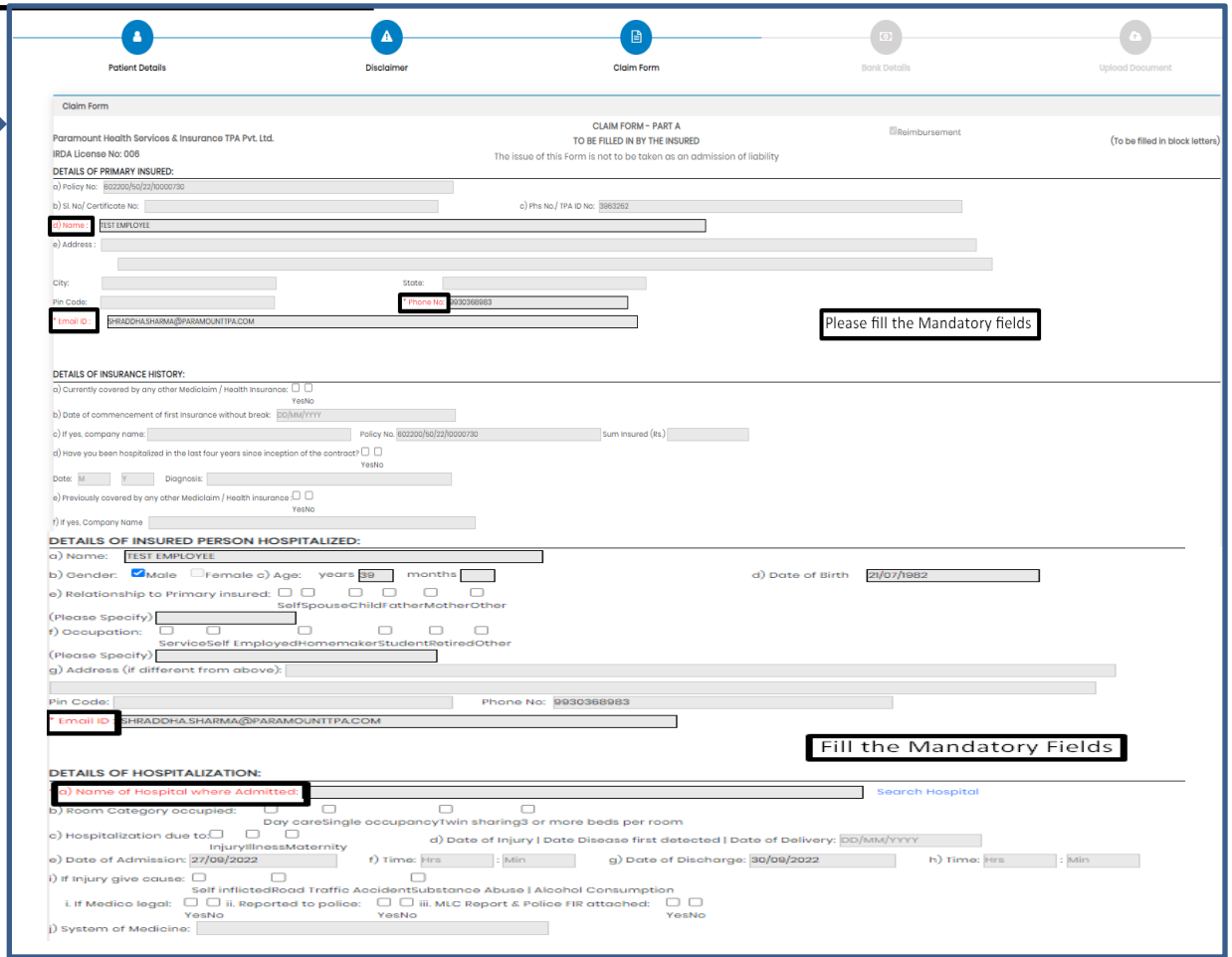
Step 2:



Step 3: Claim Form –Part-A

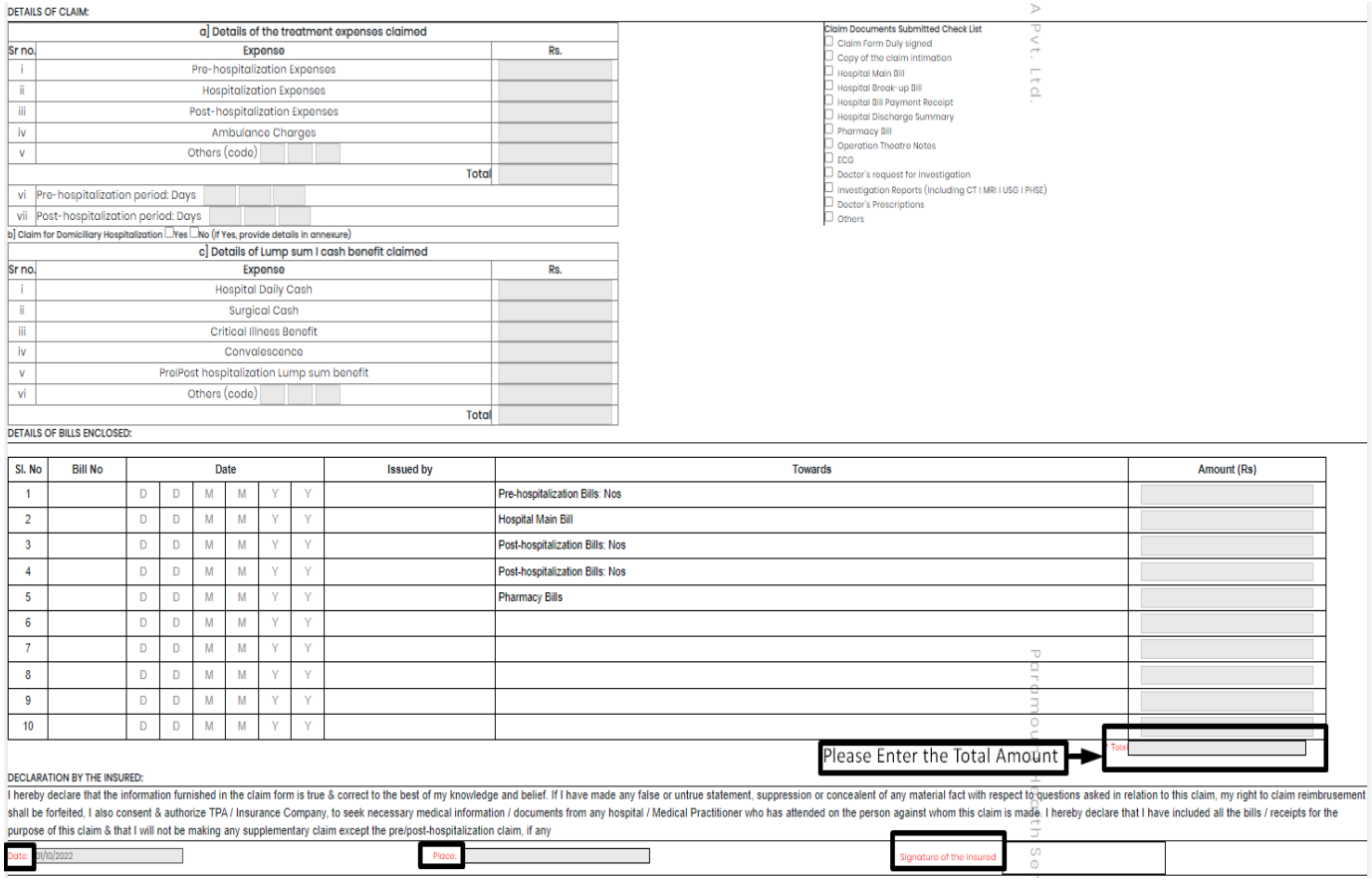
Step 3 :

- Please Enter the Employee Name , E-mail id and Phone no.
- Please Enter E-mail id in Details of insured person hospitalized.
- Please Select the name of the hospital where Admitted.



Step 3: Claim Form-Part- A

- Please Enter the Total Amount.
- Enter the Place
- Fill the Signature of Insured.



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 I 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 I MRI I USG I 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			

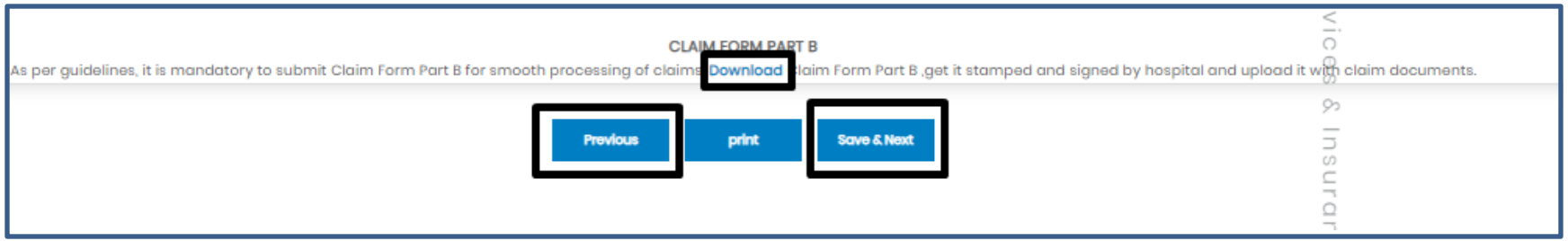
Please Enter the Total Amount → Total

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: dd/mm/yyyy | Place: | Signature of the Insured

Step 3: Claim Form –Part B



- Click Download option, to download the Part-B form.
- To go for step 2 Click previous button
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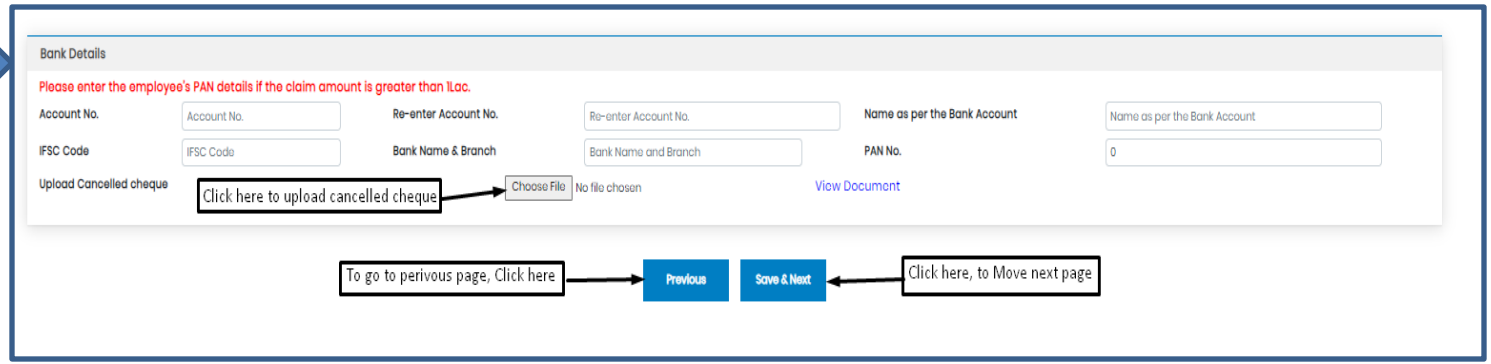
Note: As per Guidelines, It is mandatory to Submit Claim Form part-B for smooth processing. Download the form and get it stamped and signed by Hospital and upload it with claim Documents

Step 4: Bank Details

Step 4 :



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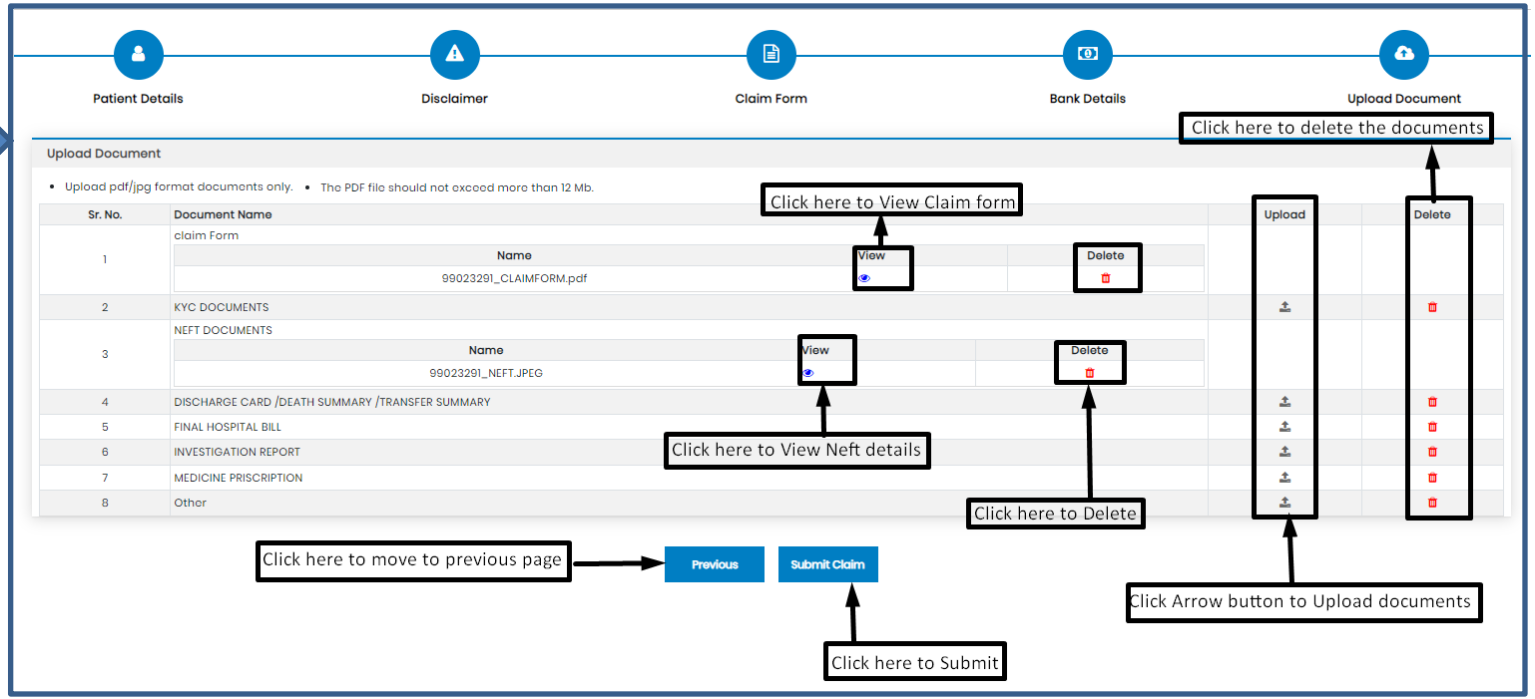

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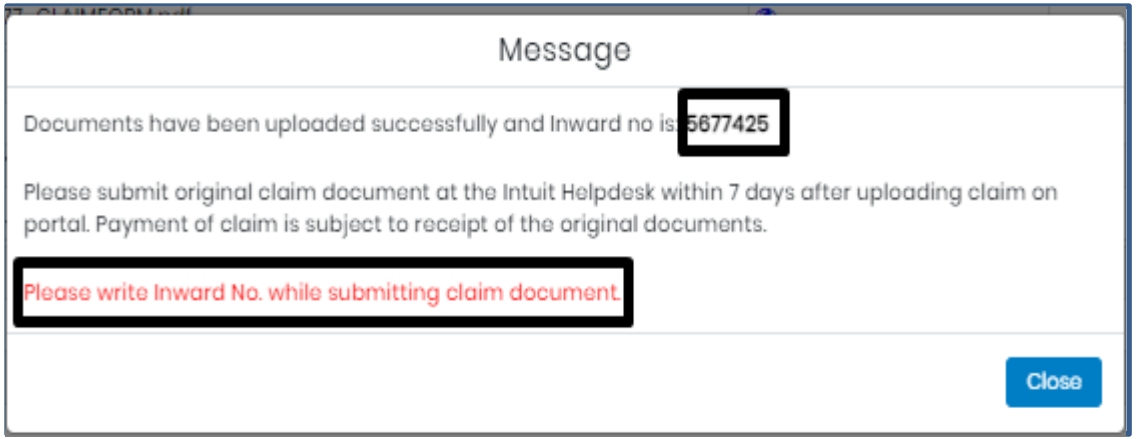
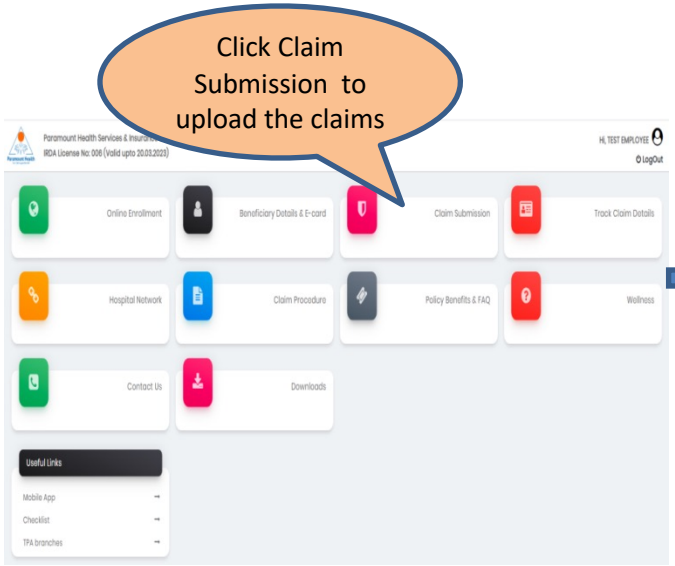
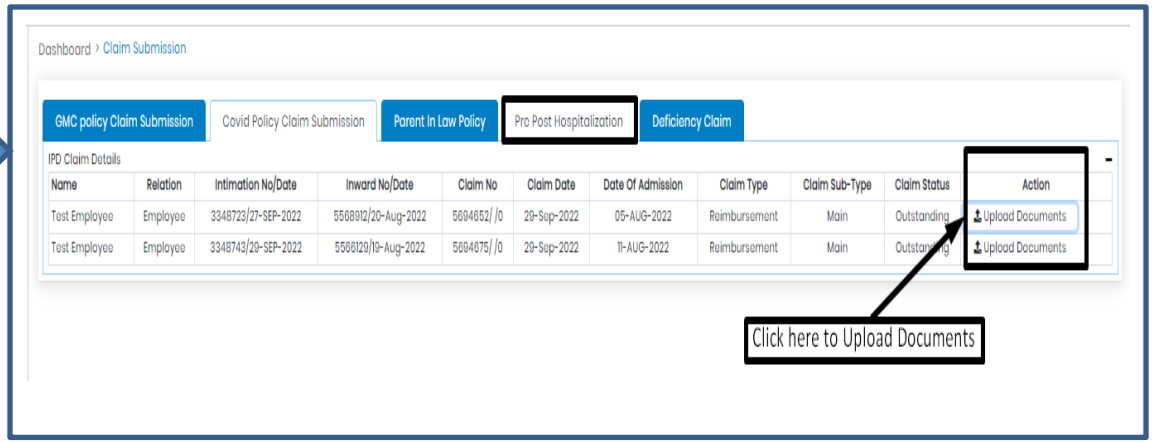


Claim submission-Pre Post Hospitalization claim





Note: Select the claim no. which you need to upload deficiency documents.

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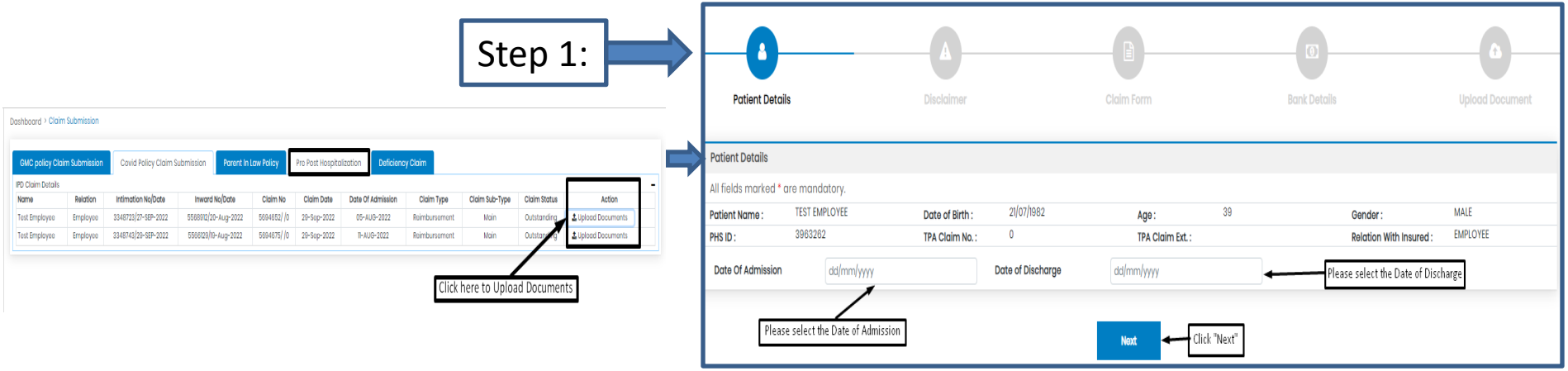

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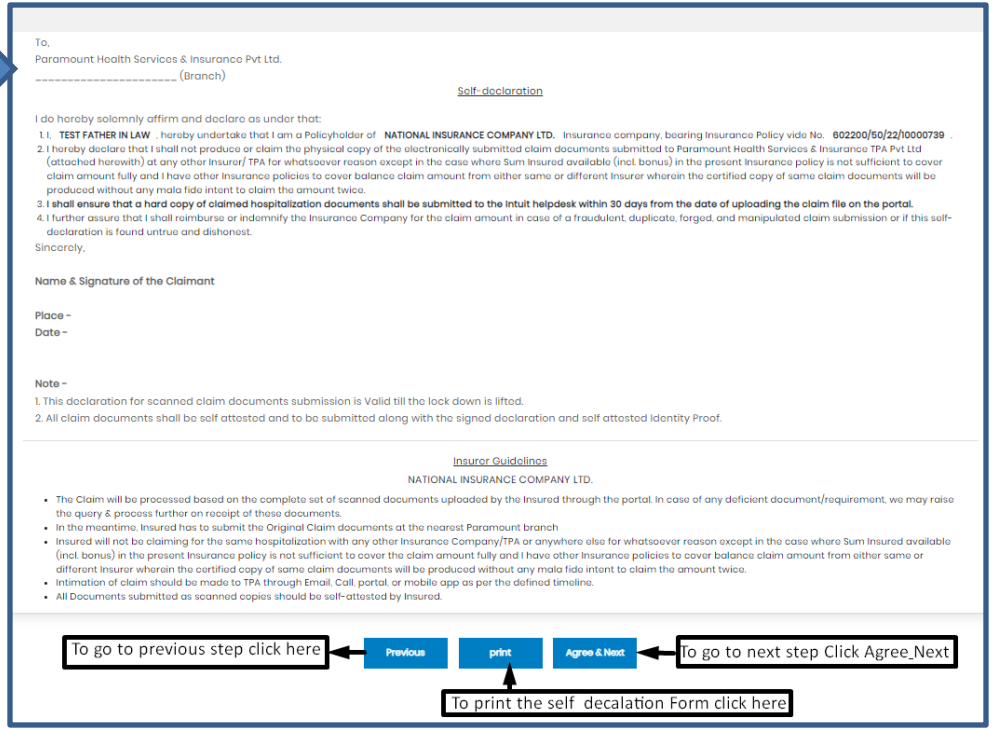

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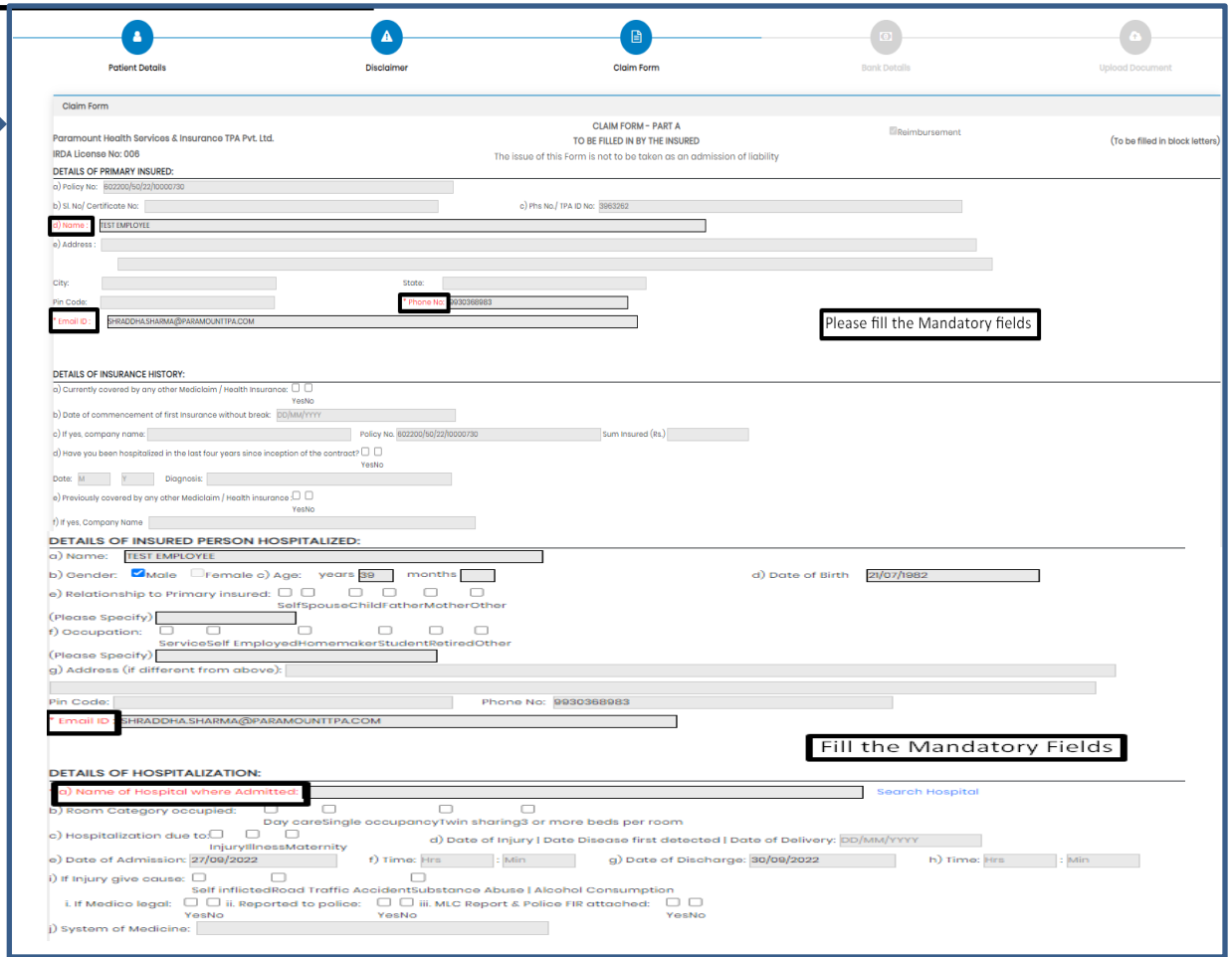

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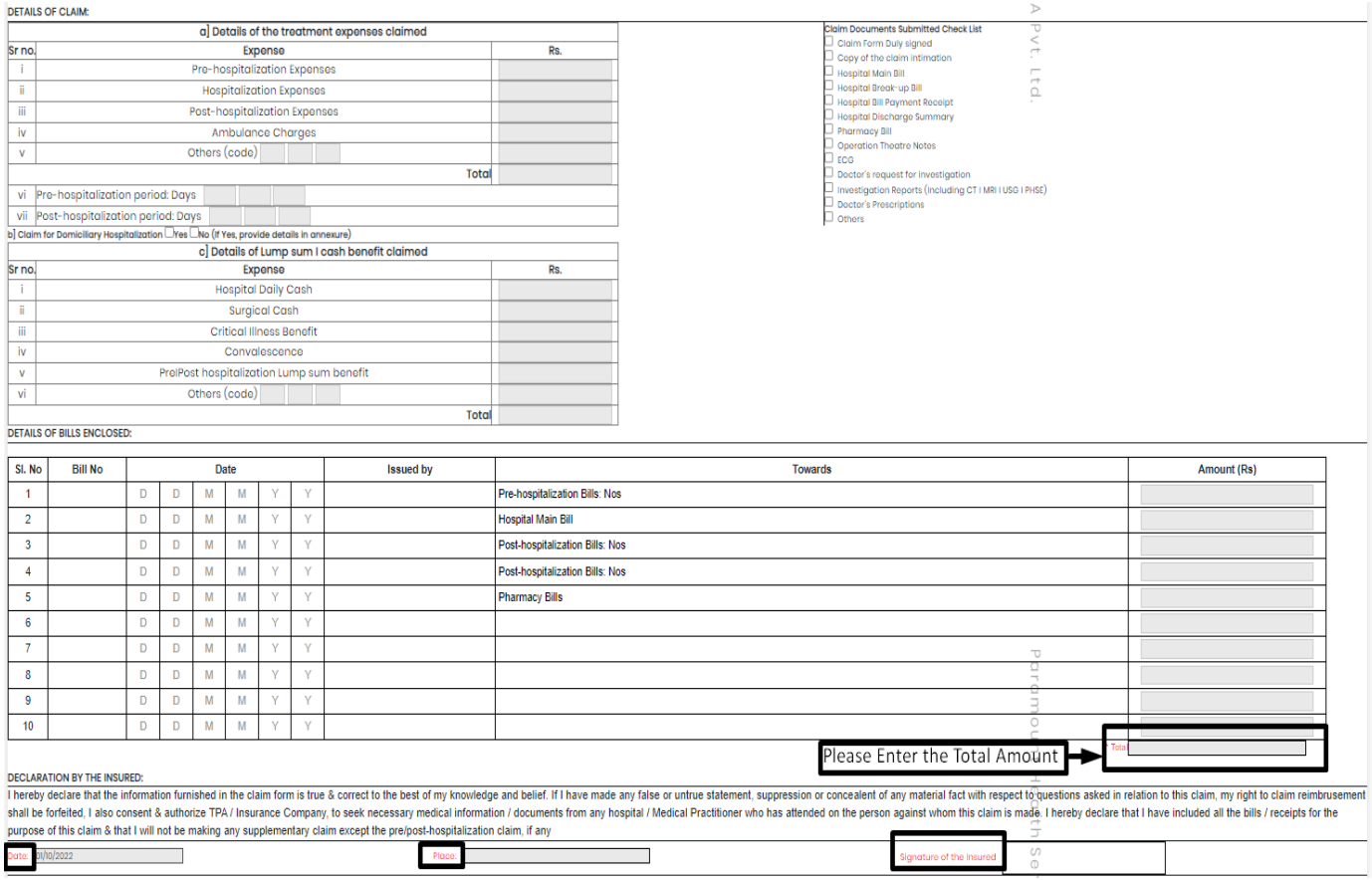

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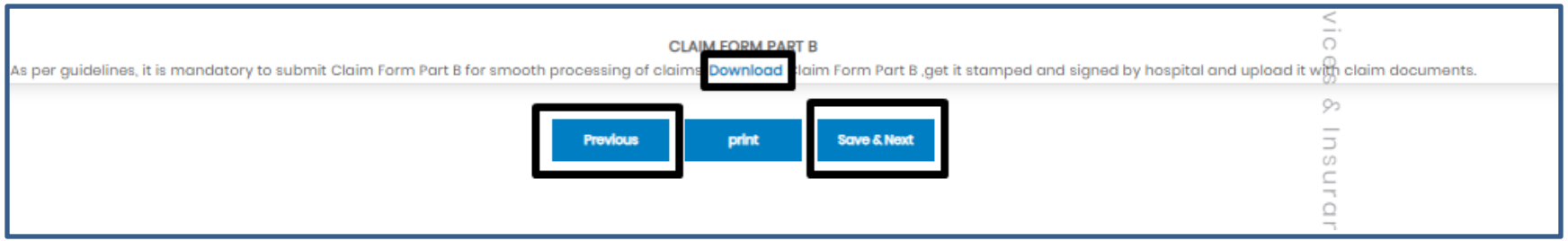
Step 3: Claim Form –Part B



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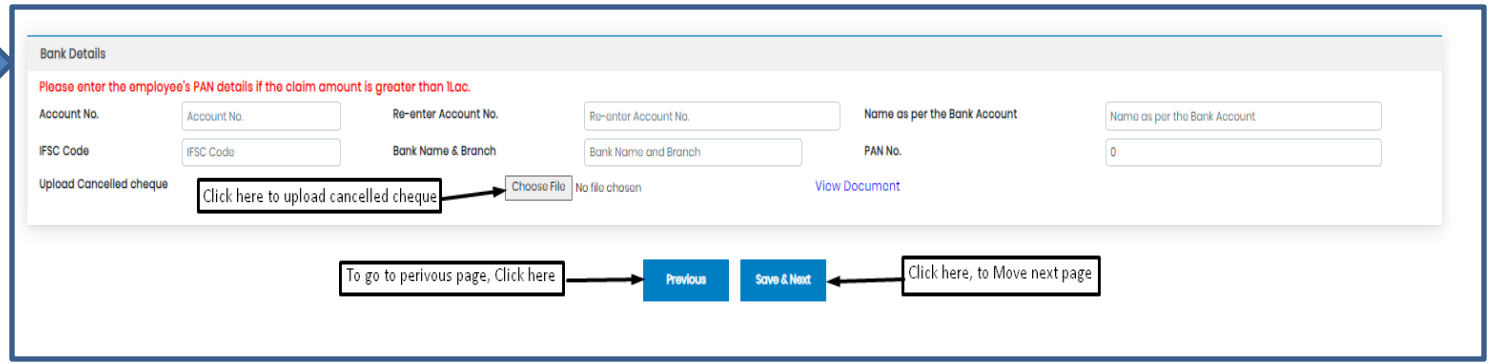

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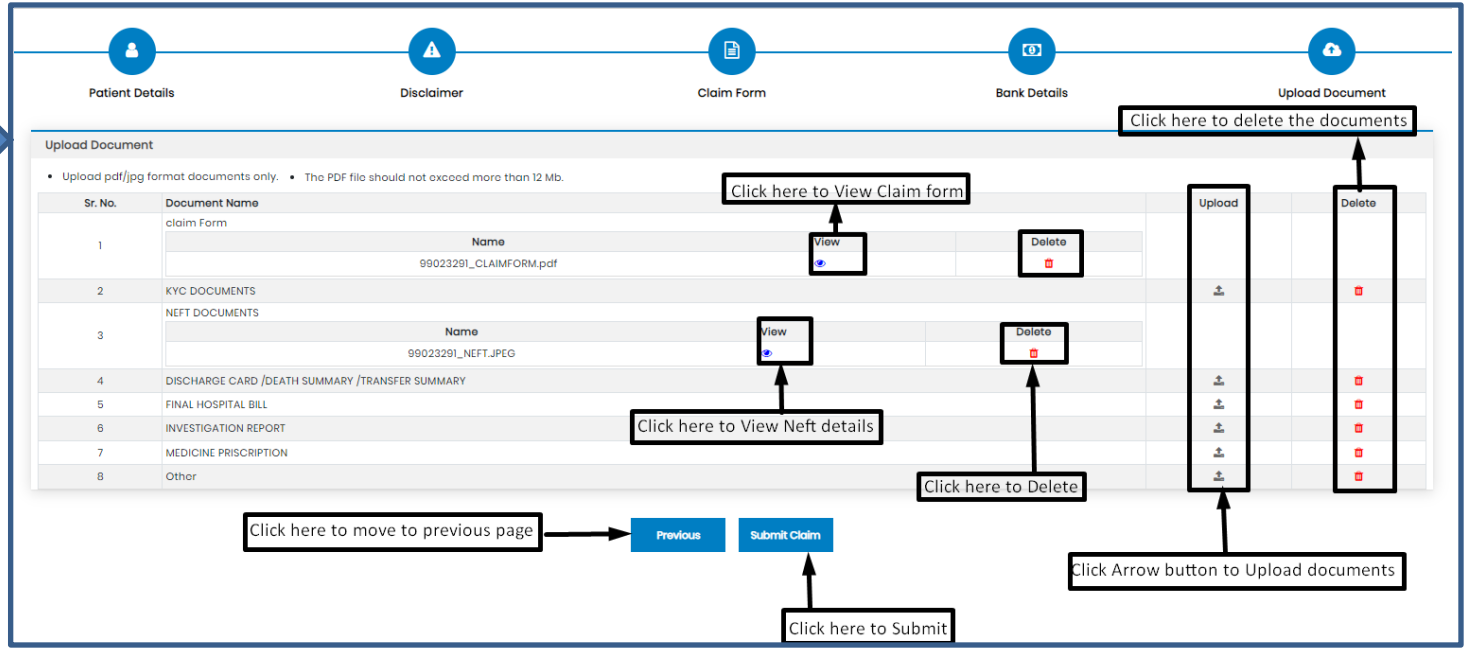

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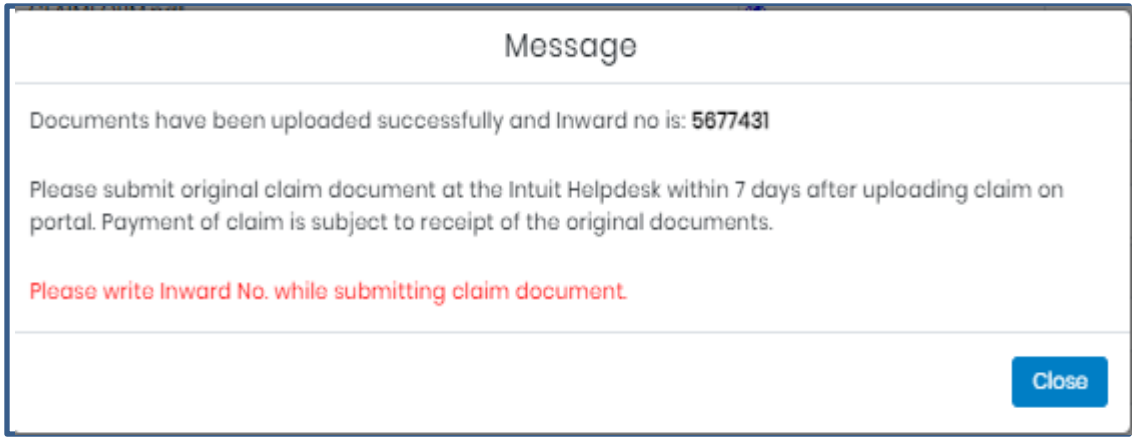

Claim Submission- Deficiency documents