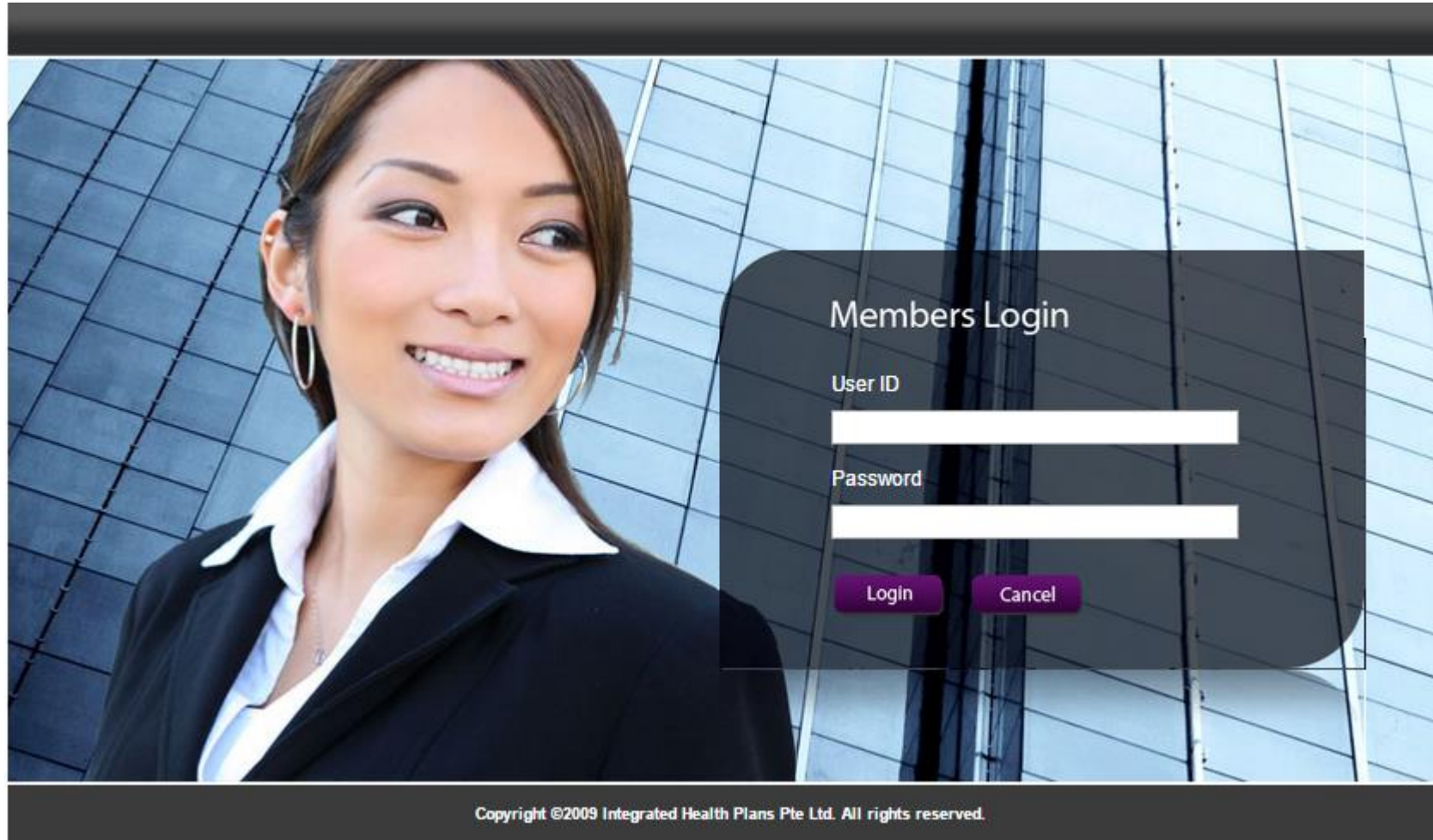


IHP Online Claims Submission



URL to Webportal: <https://eclaim.ihp.com.sg/eclaim/main.asp>

A screenshot of the 'Members Login' web portal. The background features a smiling woman in a black blazer over a white shirt, set against a blue-tinted image of a modern building's glass facade. Overlaid on the right side of the image is a dark grey login form with rounded corners. The form contains the title 'Members Login', two input fields labeled 'User ID' and 'Password', and two buttons at the bottom: 'Login' and 'Cancel'. At the very bottom of the page, below the image, is a small copyright notice.

Members Login

User ID

Password


Login Cancel

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User ID: (Insured's
NRIC/FIN/Passport
Number)

Default First Time Password:
(Insured's DOB in the
following format DDMMYYYY)

First Login



Your preferred provider
of quality managed healthcare

WELCOME Jane Chia (Test)... Login User : S8808330Z 9:52:21 AM, Monday, November 09, 2015

- Submit Claims
- Amend/Delete Claims
- Claims History
- Online Resources
- Flex enrollment
- Change Password
- Log Out


I/We consent to Integrated Health Plans Pte Ltd (IHP) collecting, using and/or disclosing my/our personal data for the processing of my claim transactions and such other purposes where applicable.

I/We also consent to IHP transferring my/our personal data to ABC Company Pte Ltd for the above purposes.

☐ I have read and agreed to the above. **I Agree**

Tick on the box after you have read the PDPA Clause and click “I Agree” to continue

Change of Password



ihp
YOUR PREFERRED PROVIDER

Your preferred provider
of quality managed healthcare

WELCOME Jane Chia (Test)...

Login User : S8808330Z

9:59:18 AM, Monday, November 09, 2015

- Submit Claims
- Amend/Delete Claims
- Claims History
- Online Resources
- Flex enrollment
- Change Password
- Log Out


Change Password	
User ID	S8808330Z
User Name	Jane Chia (Test)
Old Password	<input type="password"/>
Password	<input type="password"/>
Confirm Password	<input type="password"/>
<input type="button" value="Save"/> <input type="button" value="Reset"/>	

Password changed sucessfully...

For security reasons. You will be required to change your password at first login attempt.

Submit Claims

- › Submit Claims
- › Amend/Delete Claims
- › Claims History
- › Online Resources
- › Flex enrollment
- › Change Password
- › Log Out

Claims Entry			
Please choose the Claimant			
	NRIC	Name	Relationship
<input type="radio"/>	S5678912F	MARY TAN	Employee
<input type="radio"/>	S2345678A	MARY'S SPOUSE	Spouse
Incurred Date		<input type="text"/>	 dd/mm/yyyy
		<input type="button" value="Next"/>	<input type="button" value="Cancel"/>

Steps

1. Please select the claimant,
2. Input the incurred day and click next.

Submit Claims

- › Submit Claims
- › Amend/Delete Claims
- › Claims History
- › Online Resources
- › Flex enrollment
- › Change Password
- › Log Out

Claims Entry			
Please choose the Claimant			
	NRIC	Name	Relationship
<input type="radio"/>	S5678912F	MARY TAN	Employee
Incurred Date		<input type="text" value="18/11/2015"/>	dd/mm/yyyy

Please choose the Benefit / Claim Type	
DENTAL (NON-TAXABLE)	
<input type="radio"/>	Dental
FLEX (NON-TAXABLE)	
<input type="radio"/>	ALTERNATIVE PRACTICES
<input type="radio"/>	CHILD DAYCARE EXPENSES (REGIRSTERED UNDER MSF)
<input type="radio"/>	MATERNITY & GYNAECOLOGICAL EXPENSES
<input type="radio"/>	MEDICAL EXPENSES
FLEX (TAXABLE)	
<input type="radio"/>	CHILD DAYCARE EXPENSES (NON-REGIRSTERED UNDER MSF)
<input type="radio"/>	CHILDREN'S EDUCATION
<input type="radio"/>	ELECTRONIC PERSONAL EQUIPMENT
<input type="radio"/>	FITNESS
<input type="radio"/>	Health Supplements
<input type="radio"/>	MEMBERSHIP ENTRANCE FEES/ SUBSCRIPTION
<input type="radio"/>	OPTICAL
<input type="radio"/>	SELF DEVELOPMENT
<input type="radio"/>	TRAVEL
HEALTH SCREENING (NON-TAXABLE)	
<input type="radio"/>	Health Screening

Step:
1. Select Claim Type

Submit Claims

Claims Entry			
Claimant Information			
Claimant ID /NRIC	S5678912F	Claimant Name	MARY TAN
		Company Name	ABC Company Pte Ltd
Bank & Branch Code		Account No	
Category	All other staff		
Claim Information			
Reference No	R00000306422		
Incurred Date	18/11/2015	Benefit Selected	MEDICAL EXPENSES
		Benefit Balance	\$1,000.00
Receipt Reference No *	<input type="text" value="123"/>		
Service Provider / Clinic *	<input type="text" value="ABC CLINIC"/>		<input type="button" value="Search"/>
Incurred Amount (\$\$) *	<input type="text" value="50"/>		
DIAGNOSIS *	<input type="text" value="FEVER"/>		<input type="button" value="Search"/>
Remarks	<input type="text"/>		
<input type="button" value="Submit"/> <input type="button" value="Delete"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>			

Step:

Enter the fields as above and click on “Submit” to proceed.

Remarks


- Note all fields with * are mandatory
- Receipt Reference No: Please enter receipt number.
- Service Provider/Clinic: Please select list of clinics from search or type (free text)
- Incurred Amount: This is the receipt amount.
- Diagnosis / Claim reason: To indicate “NA” Not Applicable if you do not wish to indicate else please type (free text) (For Claim reason)
- Remarks: Please input any important notes/ remarks that the claim assessors need to take note of.

Submit Claims

Claims Entry			
Please choose the Claimant			
	NRIC	Name	Relationship
<input type="radio"/>	S5678912F	MARY TAN	Employee
<input type="radio"/>	S2345678A	MARY'S SPOUSE	Spouse
Incurred Date		<input type="text"/>	dd/mm/yyyy
		<input type="button" value="Next"/>	<input type="button" value="Cancel"/>

Your claim has been submitted successfully.

Please print out the summary of your claim submission, attach with your original receipts and submit the documents.
Alternatively, please indicate the claim ref. on your original receipts and submit the documents.

Claim Ref.	Incurred Date	Service Provider / Clinic	Benefit	Incurred Amt(\$)	Claimable Amt(\$)	
R00000306422	18/11/2015	ABC CLINIC	MEDICAL EXPENSES	50.00	50.00	

Remarks:


Always take note on the Claimable amount. It may not be same as Incurred amount due to reimbursement rules and co-payment.

Amend/Delete Claims


- Submit Claims
- Amend/Delete Claims**
- Claims History
- Online Resources
- Flex enrollment
- Change Password
- Log Out

Search the Claim			
	NRIC	Name	Relationship
<input type="radio"/>	S8808330Z	JANE CHIA (Test)	Employee
<input type="radio"/>	F81838330X	BRYAN KOH (Test Spouse)	Spouse
<input type="radio"/>	T1234567X	LYNN KOH (Test Child 1)	Child

Search Reset

Claims For JANE CHIA (Test), S8808330Z										
	Reference Number	Incurred Date	Service Provider / Clinic	Benefit	Claim Reason	Remarks	Admin Remarks	Incurred Amount (\$\$)	Reimburse Amount (\$\$)	
<input type="radio"/>	R00000302015	09/10/2015	RAFFLES MEDICAL	Non Panel General Practitioner	RASH			85.00	68.00	

Select the claimant and click “Search”. The search will show all claims, which have not been processed. Select the claim to be amended/deleted.

Claims For JANE CHIA (Test), S8808330Z										
	Reference Number	Incurred Date	Service Provider / Clinic	Benefit	Claim Reason	Remarks	Admin Remarks	Incurred Amount (\$\$)	Reimburse Amount (\$\$)	
<input checked="" type="radio"/>	R00000302015	09/10/2015	RAFFLES MEDICAL	Non Panel General Practitioner	RASH			85.00	68.00	

Amend/Delete Claims

Claims Entry			
Claimant Information			
Claimant ID /NRIC	S5678912F	Claimant Name	MARY TAN
		Company Name	ABC Company Pte Ltd
Bank & Branch Code		Account No	
Category	All other staff		
Claim Information			
Reference No	R00000306422		
Incurred Date	18/11/2015	Benefit Selected	MEDICAL EXPENSES
		Benefit Balance	\$1,000.00
Receipt Reference No *	<input type="text" value="123"/>		
Service Provider / Clinic *	<input type="text" value="ABC CLINIC"/>		<input type="button" value="Search"/>
Incurred Amount (\$\$) *	<input type="text" value="60"/>		
DIAGNOSIS *	<input type="text" value="FEVER"/>		<input type="button" value="Search"/>
Remarks	<input type="text"/>		
<input type="button" value="Submit"/> <input type="button" value="Delete"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>			

To Amend – Amend the details and click “Submit”.



To Delete – Click “Delete” to delete the claim.

Claim modification successful					
Claim Ref.	Incurred Date	Service Provider / Clinic	Benefit	Incurred Amt(\$\$)	Claimable Amt(\$\$)
R00000306422	18/11/2015	ABC CLINIC	MEDICAL EXPENSES	60.00	60.00

View Claims History

- › Submit Claims
- › Amend/Delete Claims
- › Claims History
- › Online Resources
- › Flex enrollment
- › Change Password
- › Log Out

Claims History			
<input checked="" type="checkbox"/>	NRIC	Name	Relationship
<input checked="" type="checkbox"/>	S5678912F	MARY TAN	Employee
<input checked="" type="checkbox"/>	S2345678A	MARY'S SPOUSE	Spouse

Search By	Incurred Date ▼		
From date	1/1/2015		dd/mm/yyyy
To date	31/12/2015		dd/mm/yyyy
Claim Status	▼		
<div><div>View Report</div><div>Reset</div><div>Cancel</div></div>			

Steps:

1. Choose the claimant/s, the type of date to search by and claim status.
2. Search result will show claims for all status "Claim Status" option is left blank.
3. Input the date range and click "View Report".

View Claims History

Claims History							
Reference Number	Incurred Date	Service Provider / Clinic	Benefit	Claim Reason	Admin Remarks	Payable Amount (\$\$)	Claim Status
S5678912F : MARY TAN							
R00000297485	01/10/2015	abc clinic	Health Screening	check up		-	Processing
R00000297487	27/10/2015	abc	Health Screening	check up		-	Processing
R00000306422	18/11/2015	ABC CLINIC	MEDICAL EXPENSES	FEVER		-	Processing

Remarks

3 icons on the top right hand corner;

- to navigate to the previous page
- download the report in excel format
- lastly print out the report

Employee Profile

- › Submit Claims
- › Amend/Delete Claims
- › Claims History
- › **Online Resources**
- › Flex enrollment
- › Change Password
- › Log Out

Employee Information :

NRIC :	S5678912F	Name :	MARY TAN
Date Of Birth :	01/01/1956	Email ID :	123@123.com.sg
Benefit Scheme :	All other staff	Gender :	
Employee ID :	S5678912F		
Division :	ABC Company Pte Ltd		
Department :	ACCOUNT MANAGEMENT		

Dependant Information :

NRIC	Name	Relationship	Gender	Termination Date
S2345678A	MARY'S SPOUSE	Spouse		

Benefit Balance Information :

For the Period : 01/01/2015 to 31/12/2015 <input type="button" value="Submit"/>							
Benefit Type	Coverage	Start Date	End Date	Entitlement	Utilisation(Pending)	Utilisation(Paid)	Balance
DENTAL	Employee Only	01/01/2015	31/12/2015	150	0	0	150
HEALTH SCREENING	Employee Only	01/01/2015	31/12/2015	300	300	0	0
FLEX BENEFIT	Employee Only	01/01/2015	31/12/2015	1000	60	0	940

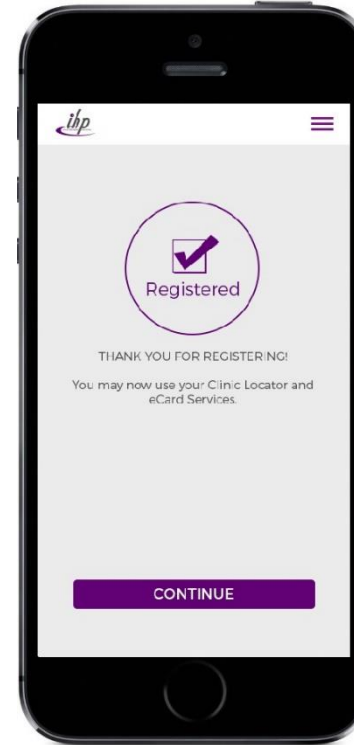
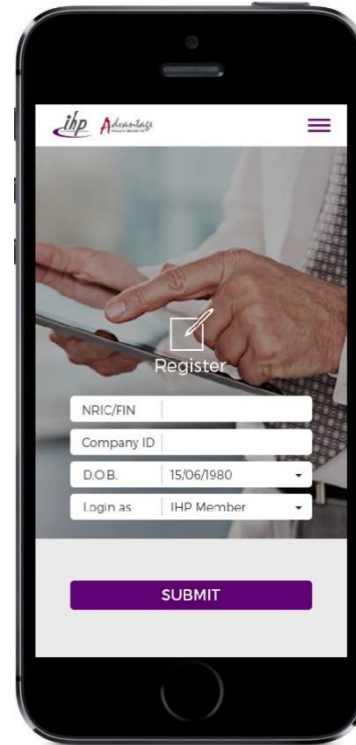
Check on your profile and entitlement.

Please inform IHP should there be any discrepancies in your information

IHP Mobile Application Guide



IHP Mobile Application



Simply download the application and register with the following information:

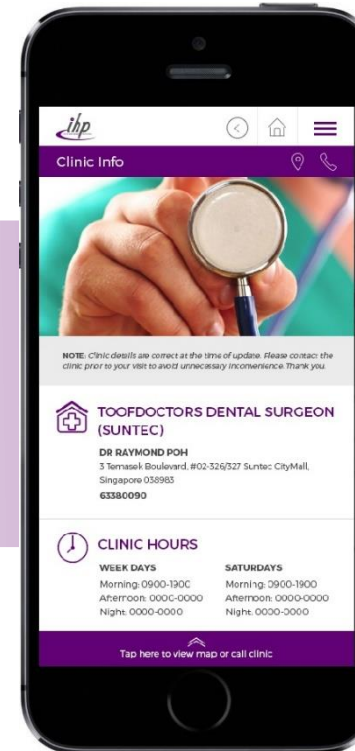
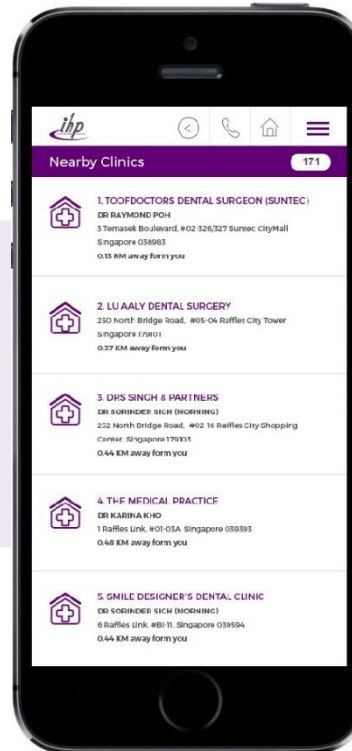
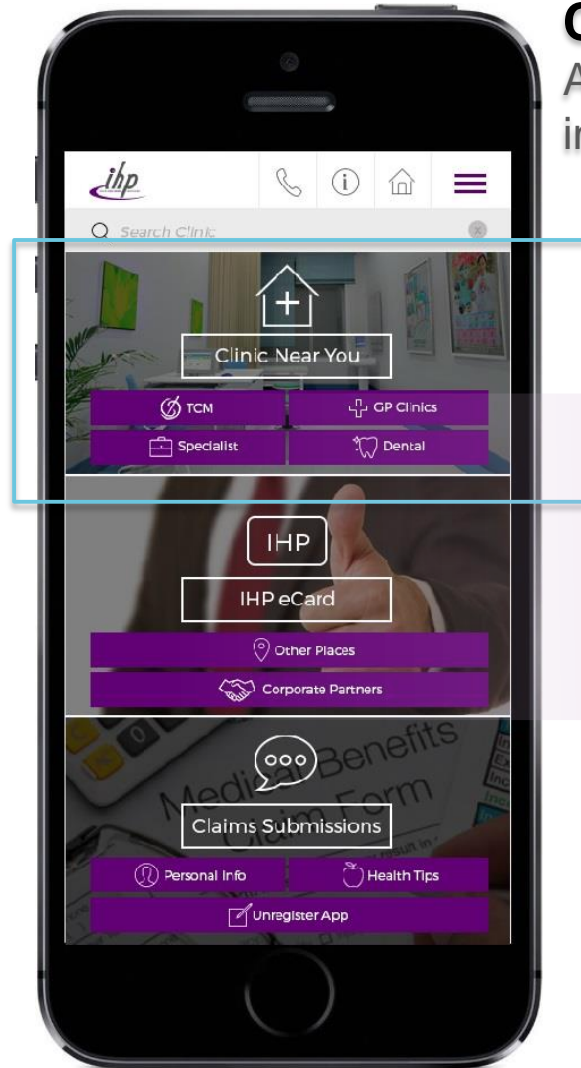
- **NRIC/ FIN**
- **COMPANY ID**
- **DATE OF BIRTH**



IHP Mobile Application

Clinic information and Locator

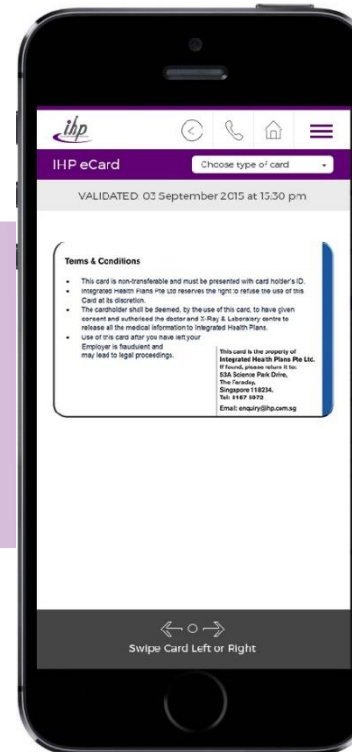
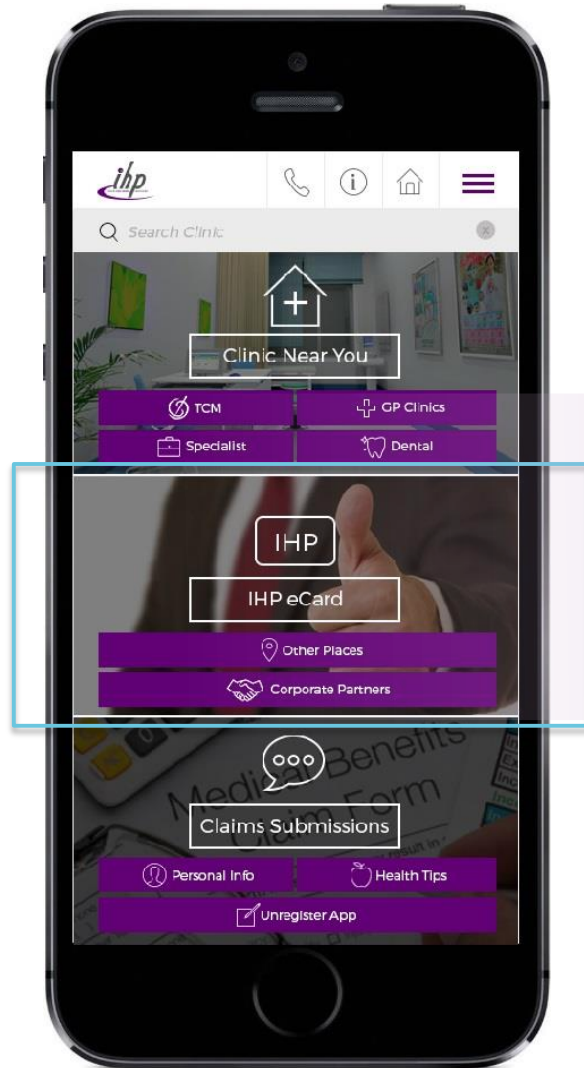
Application will display the clinics within 5km radius and information such as address, operating hours and contact details



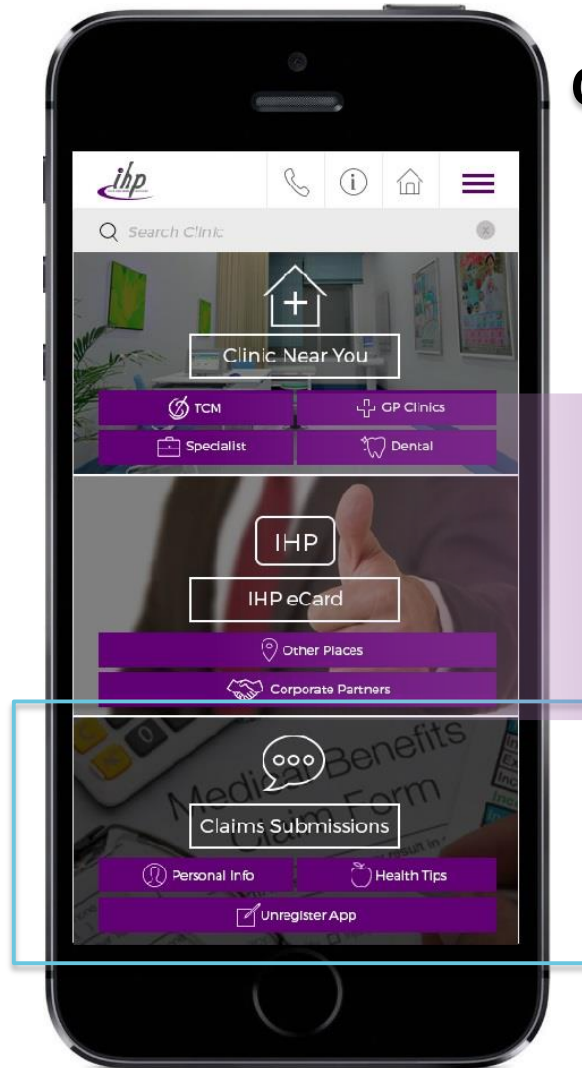
IHP Mobile Application

IHP E-Card

Serves as an alternative mode of identification



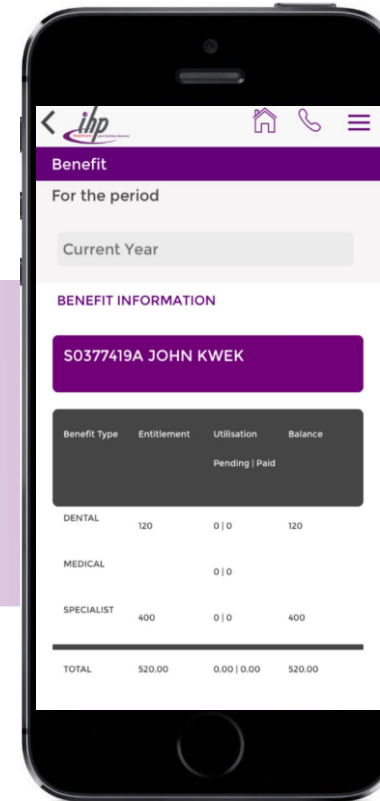
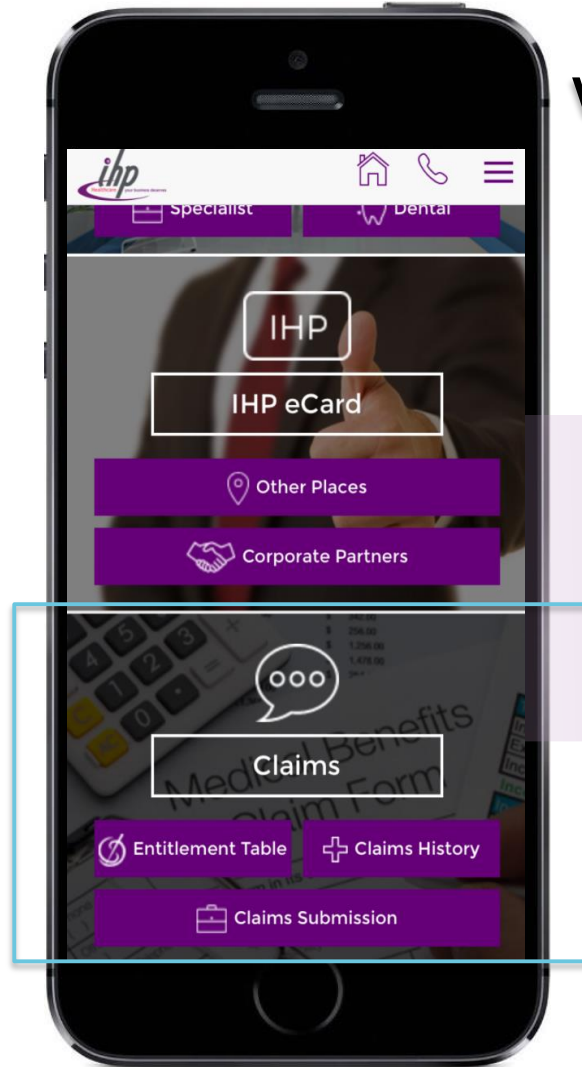
Claims Submission via Mobile App

The image shows the 'Submit Claim' screen in the IHP Mobile Application. The screen is titled 'Submit Claim' and has a purple header. Below the header, there's a section titled 'CLAIM INFORMATION' with several input fields: 'Claimant Name' (a dropdown menu), 'Provider Name', 'Invoice / Receipt No.', 'Visit Date', 'Claim Type' (a dropdown menu), 'Claim Amount' (a text field), 'SGD' (a dropdown menu), and 'File Attachment' (a text field). Below this section, there's a section titled 'DIAGNOSIS' with a label 'Description / ICD-10 Code' and a large text area for input. At the bottom of the screen, there's a purple button labeled 'SUBMIT'.

Enter Claim Details and Submit

- Claimant Name
- Provider
- Invoice/ Receipt No.
- Incurred Date
- Claim Amount (SGD only)

Viewing of Entitlement and Balances





Thank You