



WELCOME

Sushma Yadav

Prudent Plus is your one-stop solution for insurance and benefit related needs. Start your benefit journey by exploring your benefit options to customize a plan as per your requirements.

STEP 1:

Click on Quick Links to Download the E-Card and Network hospital list



MY
BENEFITS



CLAIMS



EDUCATION
CENTER



FLEX
STATEMENT



QUICK
LINKS



QUICK LINKS



Network Hospital List

Acuity Knowledge Services India Private Limited - [Click here to view Network Hospitals](#)

Download E-Card

Group Medical Insurance - [Click here to view online tpa Upload Based eCard](#)





WELCOME

Sushma Yadav

STEP 1:

Click on Claims to
submit the claim
online

Prudent Plus is a comprehensive insurance and benefit related needs. Start your benefit journey by
to customize a plan as per your requirements.



MY
BENEFITS



CLAIMS



EDUCATION
CENTER



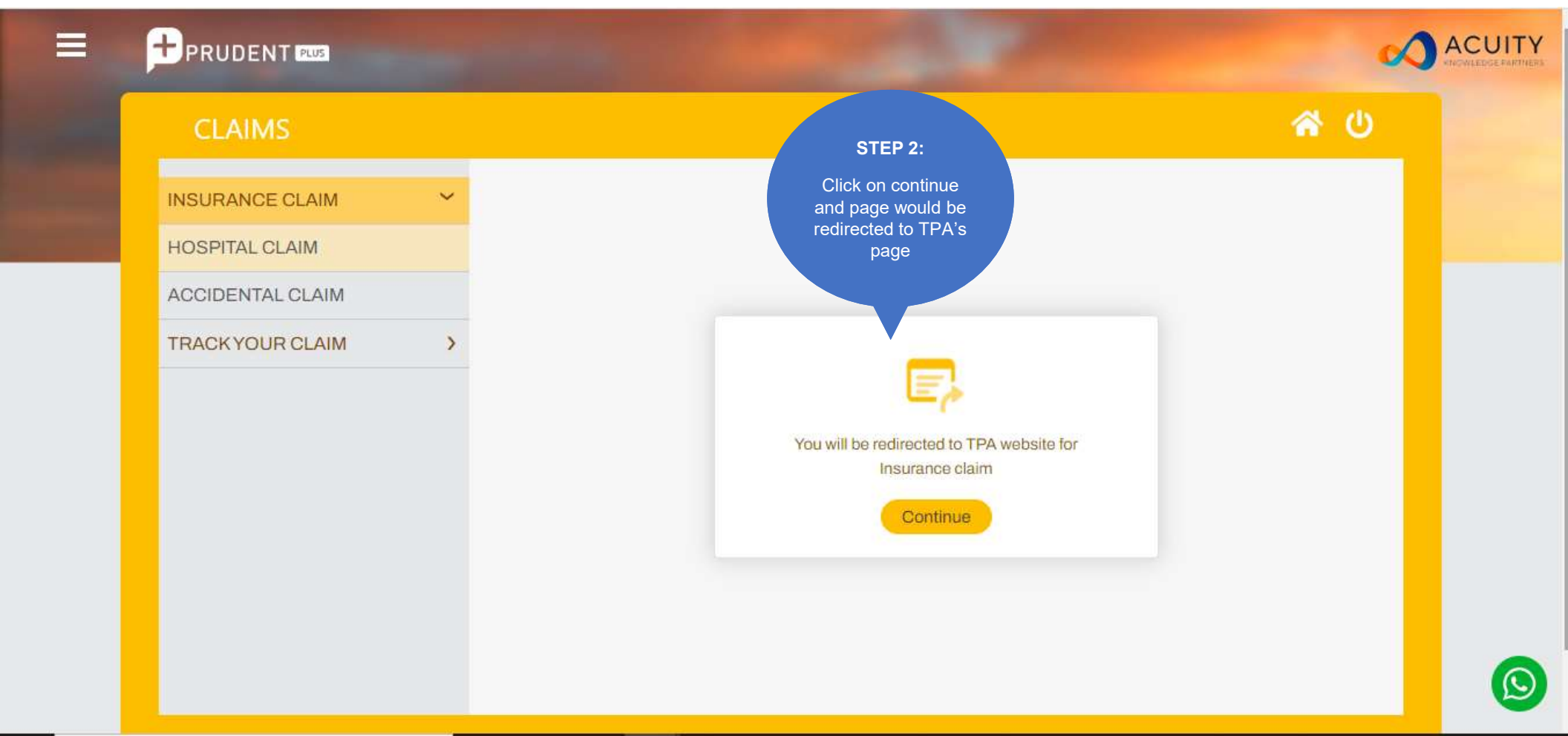
FLEX
STATEMENT



QUICK
LINKS



User Manual – Claim Submission Step 2



User Manual – Claim Submission Step 3



 Sushma Yadav

 Home

 Menu

 Sign out

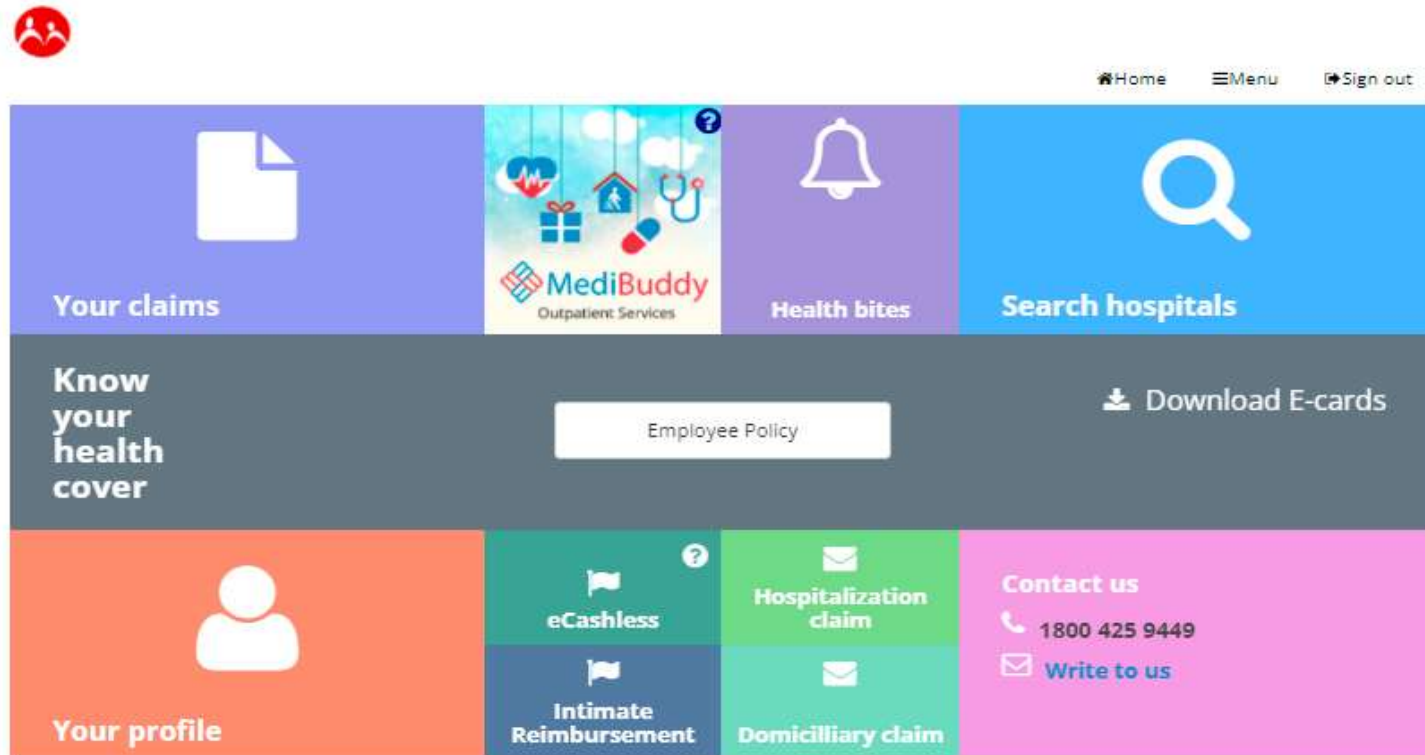
Link your Email Id and Mobile Number

We have enhanced the security with respect to managing your personal details. It would take few minutes for you to verify them.



Your Email Id (verification code will be sent to this email)

User Manual – Claim Submission Step 4



- To submit the hospitalisation expenses, please click on “Hospitalisation Claim” and click on “Domiciliary claims” to submit the OPD expenses. Post clicking on the respective option, you will have to follow the steps which will be displayed on the screen.

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User Manual – Claim Submission Step 5

Medi Assist

Sushma Yadav

Home Menu Sign out

1 USER AND KYC DETAILS 2 Hospitalization Details 3 Declaration and claim submission

Beneficiary Details Employee Name : Sushma Yadav Employee ID : 29045312

Beneficiary* Sushma Yadav E-mail* ashish.saxena@prudentbrokers.com Mobile Number* 8448789974

Bank Details

Upload scanned image of cancelled check leaf for the account details given below. Click on 'Upload Cheque Leaf' to add.

Bank/Branch/Location	IFSC Code	A/C No	A/C Holder Name	Action
HDFC BANK NEW DELHI - DEFENCE COLONY D-23, DEFENCE COLONY, NEW DELHI, NEW DELHI, NEW DELHI 110024	HDFC0000134	3536273635241526	sushma yadav	Upload Cheque Leaf

***Please note** that any incorrect or incomplete or wrong information given with regard to your Bank details may lead to electronic transfer of money of the Claim proceeds, if admissible, to wrong account or no credit to your account for which you will be solely responsible. Neither the Employer nor Insurer nor MEDI ASSIST INSURANCE TPA PRIVATE LIMITED will be held responsible for such consequences.

☐ I agree that the account details are correct and payment to be done only on this account. I would take responsibility of any delay in payments due to wrong bank details updated by me.

Complete your KYC now

As per IRDA guidelines, KYC is a mandatory requirement for claim processing. Please authenticate yourself to fill in the required details.

ID Proof of Sushma Yadav

Upload Front & Back of any of these documents

Select ID Type Browse

Address Proof of Sushma Yadav

Upload Front & Back of any of these documents

Select Address Proof Type Browse

Save & Next

- Fill the attached details and click on “Save and Next”

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User Manual – Claim Submission Step 6

State*

Telangana

City*

Hyderabad

Hospital Name*

Asian Institute Of Gastroenterolc

Hospital Address*

H.No.6-3-661, Somajiguda, Hyderabad

Reason*

Not aware of cashless process

Nature of Illness/Disease/Accident*

Fever of Unknown Origin

Pre Hospitalization Amount

Calculated based on bill dates & DOA/Dt

Post Hospitalization Amount

12000

Total Amount Claimed

12000

Hospitalization Amount

Calculated based on bill dates & DOA/Dt

Medical Expenses Breakup

Please note:

* Please select the correct hospital admission date and discharge date before providing bill details. If admission date or discharge date is changed after entering the bill details, your existing bill details will be lost.

The Pre Hospitalization/Post Hospitalization/Hospitalization amounts are based on bill dates and DOA/DOD.

Serial No.	BillNo	Bill Date(MM/DD/YYYY)	Bill Amount(In INR)	Remarks	
					Add
1	1123	5/3/2021	12000	post hospitalization	Remove

Previous

Save & Next

- Click on “Save and Next” once all the details are filled

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User Manual – Claim Submission Step 7

The screenshot shows the 'Claim Document Checklist' for 'CATARACT' in the Medi Assist system. The interface includes a top navigation bar with 'Home', 'Menu', and 'Sign out' options, and a 'Test Self' link. Below the navigation bar, there are four tabs: '1 User details', '2 Hospitalization details', '3 KYC details', and '3 DECLARATION AND CLAIM SUBMISSION'. The 'DECLARATION AND CLAIM SUBMISSION' tab is active. The checklist is titled 'Claim Document Checklist' and has a sub-tab 'CATARACT'. The checklist contains 14 items, each with a checkbox on the right. Items 1 through 10 are checked, while items 11 through 14 are unchecked. The footer of the form displays the contact number '1800 123 9437', a 'Write to us' link, and the text '© Powered by Medi Assist'.

Item	Check Status
1.Filled and signed claim form	<input checked="" type="checkbox"/>
2.Pan Card, Aadhar or any Govt issued photo id proof of the patient and the employee	<input checked="" type="checkbox"/>
3.Barcode Lens sticker and the invoice is mandatory	<input checked="" type="checkbox"/>
4.Original detailed discharge/daycare summary	<input checked="" type="checkbox"/>
5.Original hospital main bill with complete breakup of the expenses incurred	<input checked="" type="checkbox"/>
6.Original cash paid receipts, please note amount receipt on the letterhead is not accepted	<input checked="" type="checkbox"/>
7.Supporting investigation report proving the diagnosis (A scan report) and all the lab investigations reports with the prescription	<input checked="" type="checkbox"/>
8.TPA may ask some more documents based on the claim if required	<input checked="" type="checkbox"/>
9.supporting Prescriptions for all Lab investigations and pharmacy if any	<input checked="" type="checkbox"/>
10.The lab reports has to have signature of the MD pathologist only(supreme court instruction)	<input type="checkbox"/>
11.Reason for not availing cashless in network hospital if the admission happened in our network hospital	<input type="checkbox"/>
12.Hospital registration certificate in case of non network of hospital	<input type="checkbox"/>
13.Claims will be processed in case if it is availed in Medi Assist network hospitals	<input type="checkbox"/>
14.The claim will be paid as per the agreed rates and the discounts as applicable in that hospital and there is no exception to this condition	<input type="checkbox"/>

1. Select the documents you are uploading.

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User Manual – Claim Submission Step 8

Upload all the scanned documents /bills/payment receipts/Prescriptions/Lab reports/Investigation reports related to the claim.



- Maximum file size per file allowed: 5 MB
- Maximum files allowed per claim: 15 files
- Allowed file types: .jpg, .jpeg, .tiff, .png, .gif, .bmp, .pdf, .doc(x)

Uploaded documents

Upload successful!

MBC_ClaimDoc_H230520210400052184_20210523_1608_Medi Assist
Editable Claim Form.pdf



MBC_ClaimDoc_H230520210400052184_20210523_1608_reimbursement
claim form.pdf



MBC_ClaimDoc_H230520210400052184_20210523_1608_SBI Payment
confirmation.jpg



1. Upload Claim documents up to 5MB per file and can upload up to 15 files. Validate the documents uploaded in the upload section highlighted below.

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User Manual – Claim Submission Step 9

Declaration

☒ I have attached the required soft copy of the document. Once the restrictions are lifted & situation gets under control. I will be in position to deliver the original documents to you. Request you to consider the same & process the claim on submitted documents. I also declare that these documents will not be used for claiming under any other policy and shall submit the same as and when it is called for or immediately after COVID 19 restriction are eased or lifted whichever is earlier. If any information & documents found to be misused by me in any manner the recovery of the claim amount, if any, will be borne by me.

Notes

1. Please retain a copy of all documents submitted to us for further reference.
2. Please retain POD copy of the courier for tracking your consignment in case of any delay etc.
3. Physical Documents submission is mandatory for claim processing. Kindly contact your HR or Helpdesk for submission
4. Please note that online submission of claim documents only registers the claim in the system and is the first step in the claims process. However, as per the mandate from IRDA and insurance company original documents/hard copies are required for complete processing of the claims. Would request you to forward the original documents as soon as possible for the completion of claims process.
5. Print out of the claim form has to be signed & submitted.
6. All financial documents like hospital main bill, main bill-break up, receipts/ advance paid receipts and any other bills are required in **original hard copy** to be submitted at the nearest help desk or to be couriered to [Nearest Medi Assist office](#) within 3-4 working days for the final settlement of the claim. Photocopy or duplicate copy of the financial documents will not be considered for processing.
7. Insert page numbers on all the document and Update total number on the first sheet. Documents should be numbered from last page to first page on top right hand side of document.

Previous

Preview

Submit

1. Acknowledge the declaration of submitting the physical documents when the COVID-19 restrictions are eased and will not be used for claiming any other policy and click on “Submit”.

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