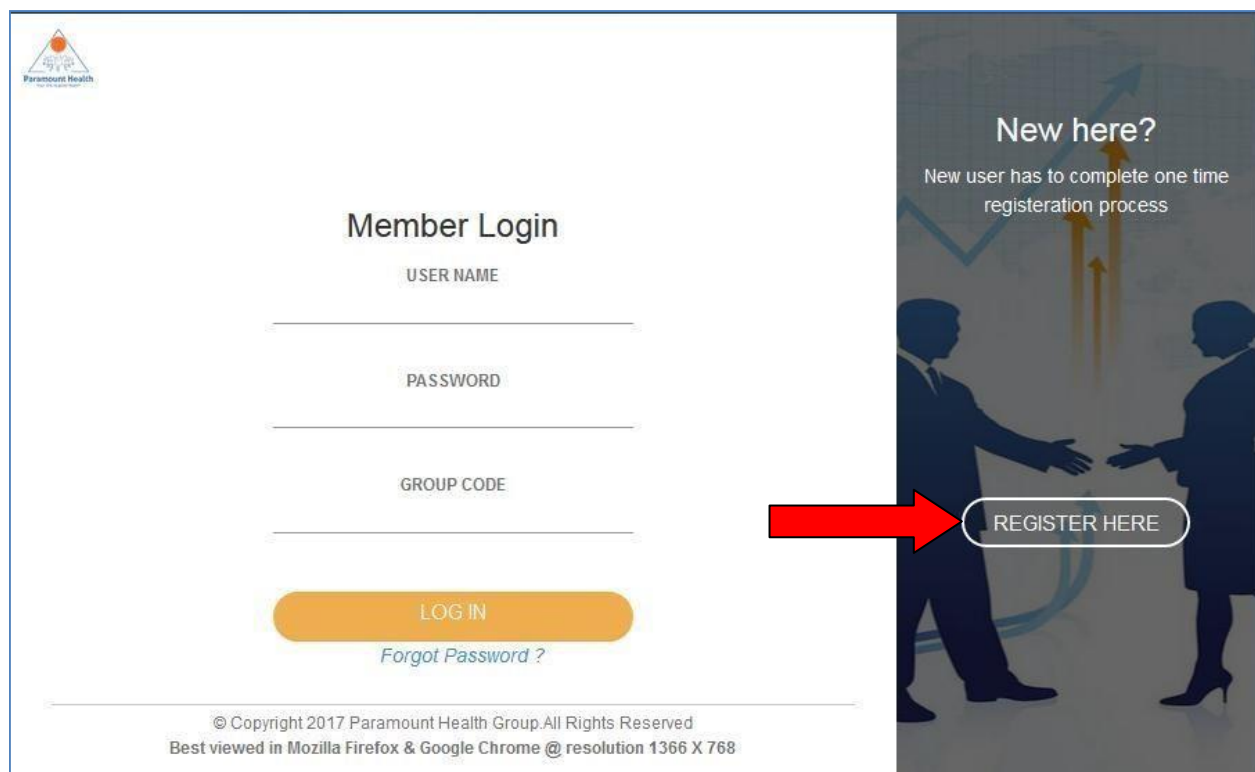


Member Login – Registration Process for All Clients

Member login url : <https://member.paramounttpa.com/Login.aspx>

- 1) You will get following screen. Please click “[REGISTER HERE](#)”



The screenshot displays the 'Member Login' interface. On the left, there is a white login form with the Paramount Health logo at the top left. The form includes fields for 'USER NAME', 'PASSWORD', and 'GROUP CODE', each followed by a horizontal line for input. Below these fields is an orange 'LOG IN' button and a link for 'Forgot Password?'. At the bottom, a copyright notice states '© Copyright 2017 Paramount Health Group. All Rights Reserved' and 'Best viewed in Mozilla Firefox & Google Chrome @ resolution 1366 X 768'. On the right, a dark sidebar features the text 'New here?' and 'New user has to complete one time registration process'. It includes a 'REGISTER HERE' button, which is highlighted by a red arrow pointing from the login form area.

Paramount Health

Member Login

USER NAME

PASSWORD

GROUP CODE

LOG IN

[Forgot Password ?](#)

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Best viewed in Mozilla Firefox & Google Chrome @ resolution 1366 X 768

New here?
New user has to complete one time registration process

REGISTER HERE

2) You will get following screen

Get back to Log in

LOG IN HERE

Member Registration

GROUP LOGIN Individual

EMPLOYEE NO.

GROUP CODE

DATE OF BIRTH
DD/MM/YYYY

REGISTER

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A) Please select **GROUP LOGIN** button

B) Please enter **EMPLOYEE NO.** (It will be **USER NAME** to Login)

C) Please Enter **GROUP CODE** from the following Table

GROUP CODE	GROUP NAME
EITINET	EIT SERVICES INDIA PRIVATE LIMITED INET
EITINA	EIT SERVICES INDIA PRIVATE LIMITED INA7
XTS	XCHANGING TECHNOLOGY SERVICES INDIA PVT. LTD.
XSL	XCHANGING SOLUTIONS LIMITED
CSCIL	CSC INDIA PVT.LTD.
DXC	DXC TECHNOLOGY INDIA PRIVATE LIMITED
EITINES	EIT SERVICES INDIA PRIVATE LIMITED INES

D) Please enter Date of Birth in **DD/MM/YYYY** Format (should be 10 character including “/”)

E) Click **REGISTER**

F) You will get Password on your **Email ID and Mobile No.** (The same will work for “Forget password”)

Uploading Documents using Member Login

Member login url: <https://member.paramounttpa.com/Login.aspx>

- 1) Enter your Username, Password and Group code on the login page.

Member Login

USER NAME

PASSWORD

GROUP CODE

LOGIN

[Forgot Password ?](#)

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Best viewed in Mozilla Firefox & Google Chrome @ resolution 1366 X 768

New here?
New user has to complete one time registration process

REGISTER HERE

- 2) Once you login, you will be able to see 6 options such as Dashboard, Policywise enrollment, Policywise claims, Downloadable, Hospital network and Mobile app.

For uploading documents, click on 2nd option i.e.

<Policywise Enrollment> Tab. Once you click on Policywise enrollment, you will be asked to select a policy number. Select your policy number and click on **Submit**.

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

Helpline No. +91 022 66620808
Head Office, Thane West, Mumbai

XXXXXX

Dashboard Policywise Enrollment Policywise Claims Today's Health Tips Downloadable Hospital Network Mobile App

Select Policy No.

Select Policy No.: 121400/34/19/04/00000011 [From 04/09/2019 To 03/09/2020]

Submit Reset Upload Main Claim Documents (Expired Policy)

Enrollment Information Total No Of Records Found : 4

Employee Name : XXXXX	Employee No. : XXXXX	PHS ID : XXXXX	
Beneficiary Name : XXXXX	Relation : Employee	Gender : Male	
Age : 34	Date of Birth : 06/10/1984		
Policy Number : 121400/34/19/04/00000011	Policy Period : 04/09/2019 To 03/09/2020	Ecard :	
Intimate Claim	Upload Main Claim Document (OPD)	Upload Main Claim Document (OPD)	Reimbursement Claim Form
Employee Name : XXXXX	Employee No. : XXXXX	PHS ID : XXXXX	
Beneficiary Name : XXXXX	Relation : Daughter	Gender : Female	
Age : 4	Date of Birth : 13/06/2015		
Policy Number : 121400/34/19/04/00000011	Policy Period : 04/09/2019 To 03/09/2020	Ecard :	
Intimate Claim	Upload Main Claim Document (OPD)	Upload Main Claim Document (OPD)	Reimbursement Claim Form

- 3) Once you select your policy number, you will be able to see the Enrollment information.

Select Policy No.:- 312000/POLICY AWAITED/EITINES/B [From 01/04/2022 To 31/03/2023] Submit Reset Upload Main Claim Documents (Expired Policy)

Enrollment Information Total No Of Records Found: 5

Employee Name : RAJEEV RAJU	Employee No. : 60085745	PHS ID : 3136328
Beneficiary Name : RAJEEV RAJU	Relation : Employee	Gender : Male
Age : 34	Date of Birth : 06/10/1987	
Policy Number : 312000/POLICY AWAITED/EITINES/B	Policy Period : 01/04/2022 To 31/03/2023	Ecard :
Intimate Claim	Upload Main Claim Document (IPD)	Upload Main Claim Document (OPD)
	Policy Details	Reimbursement Claim Form
Employee Name : RAJEEV RAJU	Employee No. : 60085745	PHS ID : 3136328
Beneficiary Name : MIDHILA MADHAN POODANAN	Relation : Wife	Gender : Female
Age : 30	Date of Birth : 30/12/1991	
Policy Number : 312000/POLICY AWAITED/EITINES/B	Policy Period : 01/04/2022 To 31/03/2023	Ecard :
Intimate Claim	Upload Main Claim Document (IPD)	Upload Main Claim Document (OPD)
	Policy Details	Reimbursement Claim Form
Employee Name : RAJEEV RAJU	Employee No. : 60085745	PHS ID : 3136328
Beneficiary Name : MADHAV RAJEEV	Relation : Son	Gender : Male
Age : 1	Date of Birth : 09/06/2020	
Policy Number : 312000/POLICY AWAITED/EITINES/B	Policy Period : 01/04/2022 To 31/03/2023	Ecard :

TAB	TAB	TAB
Click Upload main claim Documents (IPD)	Click Upload main claim Documents (OPD)	Click Reimbursement
Upon clicking “Upload main claim document (IPD)”, User will be redirected to DMS page <next screen>	“Upload main claim document (OPD)”, icon will appear only for policies with OPD coverage.	Upon clicking Reimbursement claim form , (Part A & B) page will appear. You can fill in the blank field details online in the form. After form completion, download it as pdf on desktop by clicking on the “download” button on the upper right hand side.

UPLOAD MAIN CLAIM DOCUMENTS PROCESS (IPD/OPD)

You can upload documents by clicking **Upload Main Claim Document** button for IPD/OPD.

Disclaimer window will open. Read it carefully. Click on **Agree Button**.

Disclaimer

Claim no -

Dear All,

Claim documents as above are attached herewith, and in the said context, I affirm and submit that-

- All original documents pertaining the referred Claim number being uploaded are in my possession.
- I will submit the same to the TPA after the corona related restrictions are lifted.
- I have not submitted these documents nor will I submit these documents to any other insurer or TPA or any other indemnity reimbursement scheme, for any claim except when the need arises for submitting a claim, for residual unsettled amounts for this claim.
- I am liable to repay the (name of insurer / name of TPA) the settled amounts and / or face any recovery action from the (name of insurer / name of TPA), if such an action is warranted against me.

Thanks and regards

Name of Proposer / Claimant

Place :-

Date :-

Agree **Print**

Intimation of claim should be made to TPA through Email, Call, portal or Mobile app as per the defined timeline.

After you Click <Agree Button> then this window will open.

DOCUMENT MANAGEMENT SYSTEM

Click Here to download self declaration form.
It is mandatory to submit sign declaration form while uploading claim documents on portal.
It is mandatory to submit sign declaration form while submitting original files.

1. PATIENT DETAILS

Patient Name : RAJEEV RAJU | Insured Name : RAJEEV RAJU | PHM No. : 3136328 | Fir/Fat.s : | Employee No. : 6008745 | Insurance Name : The New India Assurance Company Ltd. | Group Name : EIT SERVICES INDIA PRIVATE LIMITED (NES) | Policy No. : 312000/POLICY AWAYED/ETINES/8 | Policy Period: 01/04/2022 - 31/03/2023 | Age : 34 | Gender : MALE | Relation With Insured : Employee

2. UPLOAD INFORMATION

- Please click on **Agree** button before filling detail and proceeding further.
- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- Click Here to see how to browse and upload scanned documents.

PHS ID : 3136328

Physical file submission Branch* : --SELECT BRANCH--

Date of admission :

Date of Discharge :

Proceed

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THE NEW INDIA ASSURANCE COMPANY LTD.

Claim will be Processed for payment based on the complete set of scanned documents uploaded by Insured through portal. In case of any deficient document / requirement we may raise the query & process further on receipt of these documents.

In the mean time Insured has to keep the Original Claim documents in their safe custody, and should be available to Insurance Company / TPA as & when called for.

Insured will not be claiming for the same hospitalization with any other Insurance Company/TPA or anywhere else for whatsoever reason except in case where Sum Insured available (Ind. bonus) in present Insurance policy is not sufficient to cover claim amount fully and I have other Insurance policy /ies to cover balance claim amount from either same or different Insurer wherein certified copy of same claim documents will be produced without any malafide intent to claim the amount twice.

If any claim that falls under suspicious category or requires investigation, TPA at its own discretion may call for original documents from the Insured and hold on the settlement of such claims till documents are assessed.

Intimation of claim should be made to TPA through Email, Call, portal or Mobile app as per the defined timeline.

Select the Physical
File Submission
Branch from
Dropdown

Enter Date of
Admission

Enter Date of
Discharge

Click <Proceed>

Welcome to Ewise

Paramount Health Services & Insurance

Paramount Health Services & Insurance

Paramount DMS Upload

dms.paramounttpa.com/Corporate/fmLoginUploadDoc.aspx?ptype=IPD&type=M&reqfm=M&S_NO=94834503

You are uploading Main documents against Admission date: 02/11/2021 and Discharge Date: 09/11/2021
Click here to download self declaration form.
It is mandatory to submit sign declaration form while uploading claim documents on portal.
It is mandatory to submit sign declaration form while submitting original files.

1. PATIENT DETAILS

Patient Name: RAJEEV RAJU | Insured Name: RAJEEV RAJU | PHM No.: 3136328 | Fy/Etl.: | Employee No.: 60085745 | Insurance Name: The New India Assurance Company Ltd | Group Name: BT SERVICES INDIA PRIVATE LIMITED INES | Policy No.: 312000/POLICY AWATED/STINES/8 | Policy Period: 01/04/2022 - 31/03/2023 | Age: 34 | Gender: MALE | Relation With Insured: Employee

2. UPLOAD INFORMATION

Please click on Agree button before filling detail and proceeding further.
Please do not upload scanned documents page by page.
Select all scanned documents and upload at once in pdf format.
Click here to see how to browse and upload scanned documents.

PHS ID: 3136328

Physical file submission Branch: Ahmedabad

Date of admission: 02/11/2021

Date of Discharge: 09/11/2021

THE NEW INDIA ASSURANCE COMPANY LTD.

Claim will be Processed for payment based on the complete set of scanned documents uploaded by insured through portal. In case of any deficient document / requirement we may raise the query & process further on receipt of these documents.
In the mean time insured has to keep the Original Claim documents in their safe custody, and should be available to Insurance Company / TPA as & when called for.
Insured will not be claiming for the same hospitalization with any other Insurance Company/TPA or anywhere else for whatsoever reason except in case where Sum Insured available (incl. bonus) in present insurance policy is not sufficient to cover claim amount fully and / have other insurance policy /ies to cover balance claim amount from either same or different insurer wherein certified copy of same claim documents will be produced without any malafide intent to claim the amount twice.
If any claim that falls under suspicious category or requires investigation, TPA at its own discretion may call for original documents from the insured and hold on the settlement of such claims till documents are assessed.
Intimation of claim should be made to TPA through Email, Call, portal or Mobile app as per the defined timeline.

Select Document Type: <----Select---->

How many documents(PDF File) you want to upload ? : Input no of File count

Submit

Select Document Type from Drop down

Click <All Documents Original >

Enter How many documents(PDF Files) you want to upload ? input the number of file count (Input should be more than 5)

Click <Submit>

Click here to download self declaration form.
It is mandatory to submit sign declaration form while uploading claim documents on portal.
It is mandatory to submit sign declaration form while submitting original files.

1. PATIENT DETAILS

Patient Name: RAJEEV RAJU | Insured Name: RAJEEV RAJU | PHM No.: 3136328 | Fy/Etl.: | Employee No.: 60085745 | Insurance Name: The New India Assurance Company Ltd | Group Name: BT SERVICES INDIA PRIVATE LIMITED INES | Policy No.: 312000/POLICY AWATED/STINES/8 | Policy Period: 01/04/2022 - 31/03/2023 | Age: 34 | Gender: MALE | Relation With Insured: Employee

2. UPLOAD INFORMATION

Please click on Agree button before filling detail and proceeding further.
Please do not upload scanned documents page by page.
Select all scanned documents and upload at once in pdf format.
Click here to see how to browse and upload scanned documents.

PHS ID: 3136328

Physical file submission Branch: Ahmedabad

Date of admission: 02/11/2021

Date of Discharge: 09/11/2021

THE NEW INDIA ASSURANCE COMPANY LTD.

Claim will be Processed for payment based on the complete set of scanned documents uploaded by insured through portal. In case of any deficient document / requirement we may raise the query & process further on receipt of these documents.
In the mean time insured has to keep the Original Claim documents in their safe custody, and should be available to Insurance Company / TPA as & when called for.
Insured will not be claiming for the same hospitalization with any other Insurance Company/TPA or anywhere else for whatsoever reason except in case where Sum Insured available (incl. bonus) in present insurance policy is not sufficient to cover claim amount fully and / have other insurance policy /ies to cover balance claim amount from either same or different insurer wherein certified copy of same claim documents will be produced without any malafide intent to claim the amount twice.
If any claim that falls under suspicious category or requires investigation, TPA at its own discretion may call for original documents from the insured and hold on the settlement of such claims till documents are assessed.
Intimation of claim should be made to TPA through Email, Call, portal or Mobile app as per the defined timeline.

Select Document Type: All documents are original

How many documents(PDF File) you want to upload ? : 10

Submit

Upload pdf format documents only
PDF file should not exceed more than 12 Mb

Select File Choose Files No file chosen

Click <Choose Files > & Upload documents.

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

Once you enter the number of documents to be uploaded, you will get the option to **Browse** files. Browse exact number of PDF documents and save documents.

Note : **Only PDF format documents can be uploaded.**

Note : Please Mention - **"For mediclaim purpose with The New India Assurance (NIAC) and Paramount"**, on Discharge summary, final bill and payments receipts.

Kindly share the original hard copies within 15 days of online claim submission.



Once you save the documents, Inward number will be generated which will appear on your screen that can be used for further processes. This completes our process of uploading documents using Member Login.

Upload pdf format documents only.

File Type : ☒ Main ☐ Deficiency

☒ PHM ID ☐ Employee No.

PHS ID

Documents has been uploaded successfully ! and Inward no is :**3899463**