

Initiate New Claim for viclvmnqcb

🔍 Search

🔍 Filters

CLAIM DETAIL

POLICY NO.	PATIENT NAME	COMPANY	CLAIM INTIMATION NO.	REASON FOR ADMIT
<input type="text"/>	<input type="text"/>	<div>Select Menu</div>	<input type="text"/>	<input type="text"/>
HEALTH CARD	ADMISSION DATE	NETWORK/NON NETWORK	CLAIM TYPE	CLAIM FOR
<input type="text"/>	<div>DD/MM/YYYY</div>	<div>Select Menu</div>	<input type="text"/>	<input type="text"/>

PRE AUTH STAUS

PRE AUTH STATUS	PRE AUTH AMOUNT
<input type="text"/>	<input type="text"/>

CLAIM SETTLEMENT DETAIL

CLAIM STATUS	TOTAL BILL AMOUNT	TOTAL APPROVED AMOUNT	HOSPITAL DISCOUNT	DEDUCTION AMOUNT DETAIL
<div>Select Menu</div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAID ON DATE	FINAL STATUS	DEDUCTION AMOUNT	DEDUCTION DETAIL	
<div>DD/MM/YYYY</div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Remarks

Enter Your Remarks

UPLOAD DOCUMENT

DOCUMENT TITLE	UPLOAD
<input type="text"/>	

Submit

Close