# Claim Processing Use case



* Policy holder may not have login details
* Approver would login on system. Based on this system should determine which claims are available for validation

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| # | User Story | Acceptance Criteria |
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| 1 | As a policy holder, I should be able to raise the claim using the given portal | User is able to raise the claim by providing following details:   1. Name 2. Policy number 3. Diagnosis 4. Admission Date 5. Discharge Date 6. Total Claim Amount 7. Hospital name 8. Details in discharge Summary 9. Nature of Ailment |
| 2 | Once claim is raised, it should have a unique reference number | A unique order number is generated by the system  **Ex**: SR12345 |
| 3 | **As a System, Whenever the claim is submitted, I should validate policy details** | With the given policy number, it should be able to check if the policy holder is still valid or not |
| 4 | **As a system, should validate the claim** | Should be able to validate the following details:   1. If necessary details are provided 2. If the hospital is within the network 3. If the ailment is covered under the policy   With the above data, it should either pass or refer back to provide more details |
| 5 | **As a system, once the claim is validated, it should send for approval** |  |
| 6 | **As a approver of the claim, I should validate all the necessary details along with necessary proof. I should be able to approve or reject the claim.** | Whenever approver validates the data and take action, it should move the flow to next step.  **If approver approves the claim and if the claim is within the limits, it should send payment processing.**  **If approver approves the claim and if the claim is above the limits, system should send for second level approval**  **If approver rejects the claim, it should send the claim to policy holder for further details.** |
| 7 | **As a second level approver, I should validate all the necessary details along with necessary proof. I should be able to approve or reject the claim.** | Whenever approver validates the data and take action, it should move the flow to next step.  **If approver approves the claim, it should send payment processing.**  **If approver rejects the claim, it should send the claim to policy holder for futher details.** |

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