



# *Employee Guide for MediAssist Portal*

# Medi Assist Portal User Manual

## Login Page:

### MediAssist Portal Login Page

URL:  
<https://portal.mediassist.in/Home.aspx>

Login MediBuddy portal,  
with your corporate User  
Name & Password received  
from MediAssist



Did you know that you can now explore  
**COVID-19 Treatment Hospitals** on your  
Medi Assist Portal?






For State-wise COVID  
Helpline Information

[Click Here](#)

For Guidelines on  
COVID-19 Hospitalization

[Click Here](#)

#### COVID-19 Precautions:

-  Wear a mask
-  Sanitize your hands regularly
-  Maintain social distance
-  Stay at home
-  Consult a doctor if you are showing symptoms of COVID-19



Username :

corphelp@syniti

Password :

\*\*\*\*\*

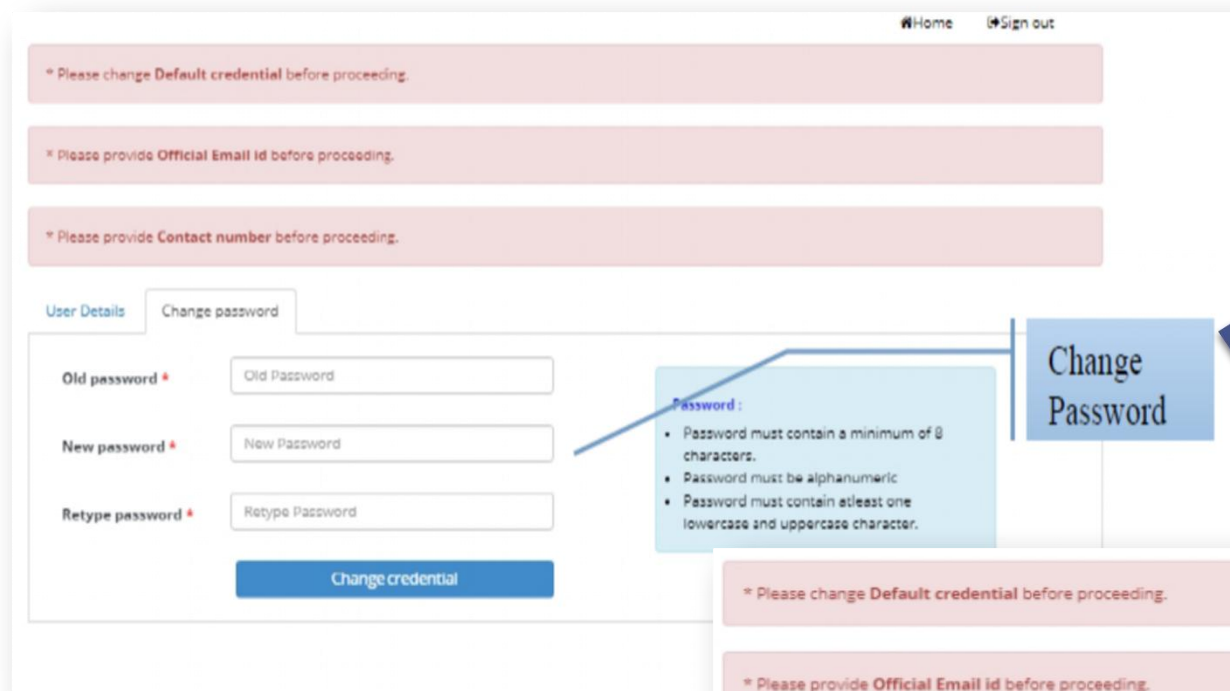
[SIGN IN](#)

[Forgot your Username or Password?](#)

## Password change & Profile Update:

### MediAssist Portal Login> > Password Change

System will prompt to force change the password, update alternate email id & contact number. Once password is changed you will have to re-login with changed password.



Home Sign out

\* Please change Default credential before proceeding.

\* Please provide Official Email id before proceeding.

\* Please provide Contact number before proceeding.

User Details Change password

Old password \* Old Password

New password \* New Password

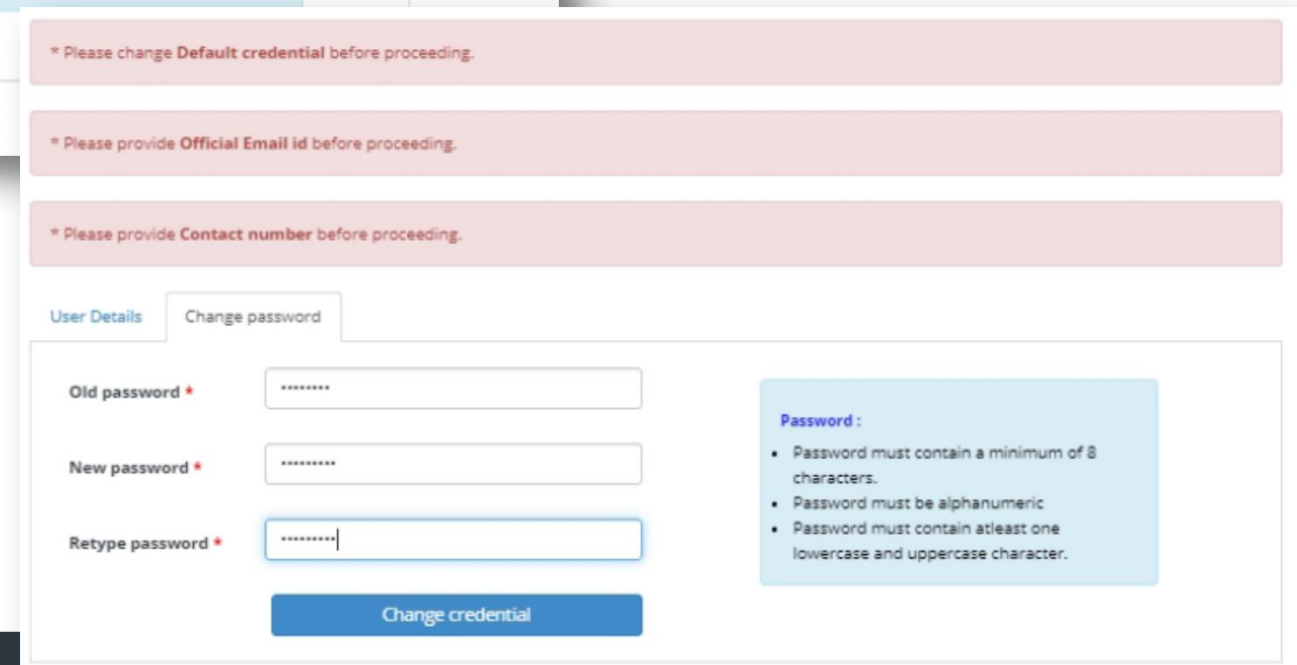
Retype password \* Retype Password

Change credential

Change Password

Password :

- Password must contain a minimum of 8 characters.
- Password must be alphanumeric
- Password must contain atleast one lowercase and uppercase character.



\* Please change Default credential before proceeding.

\* Please provide Official Email id before proceeding.

\* Please provide Contact number before proceeding.

User Details Change password

Old password \* .....

New password \* .....

Retype password \* .....

Change credential

Password :

- Password must contain a minimum of 8 characters.
- Password must be alphanumeric
- Password must contain atleast one lowercase and uppercase character.

## MediAssist Portal Re-Login Process

1. Re-login with changed password, link your email ID & Mobile number & This is one time activity. First key in your email ID , Receive OTP on email & Key it in & proceed.
- 2 & 3. Key in your Mobile number, Receive 6 digit OTP & Key it in & proceed.
4. You may also link your alternative email ID & alternative mobile too, which is optional, click 'All looks good' to continue.

### 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.

1 — 2 — 3 — 4

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



### 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.

✓ — 2 — 3 — 4

Your Email Id

✓

Your Mobile Number (verification code will be sent to this number)



### 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.

✓ — ✓ — 3 — 4

Your Email Id

✓

Your Mobile Number

✓

Your Alternative Email Id *You can skip this*

Your Alternative Mobile Number *You can skip this*

[All looks good, continue](#)



### 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.

✓ — 2 — 3 — 4

Your Email Id

✓

Your Mobile Number (verification code will be sent to this number)

Enter OTP sent to your mobile number

## Portal Home Page:



# MediAssist Portal Home Page

Home page allow you to view your Group Medi Claim Coverage & other opted Add-on plans coverage details



**Corporate Logo**

Wellness

Policy ▾

Hospitalisation ▾

Claims ▾

Profile

Sign out

Hello Sangarsh Raju,  
Welcome to Medi Assist, your personalized e-gateway to Medi Assist services.

As a partner of your esteemed organization, we at Medi Assist constantly endeavour to manage your health benefits portfolio.

eCashless hospitalization gives you the power to get a provisional preauthorization even before you walk into the hospital.



### Your health policy

Know your policy terms & conditions, download e-card and more.

Enrolment

Download eCard

View policy



### Hospitalization

Find your network hospital and also inform us about your hospitalization in advance for speedier processing of cashless and reimbursement claims.

Network hospitals

Intimate eCashless

Intimate reimbursement



### Claims

Submit your hospitalization claims online and track your claim status in real-time.

Submit claims

Track claims



[Profile](#)


# MediAssist Portal Profile Tools >> Bank Details

To update your bank details click on to 'Bank Details' tab and update all the relevant account details & upload supporting document, make sure details matches with uploaded cancelled cheque / Bank statement.

[User Details](#)
[Change password](#)
[Bank Details](#)
[Identity Proof](#)
[SI Protect](#)

**Note :** Bank details given by an employee at the time of submitting final documents will be considered for his claim processing.

IFSC code \*

CITI0000004

[Click here](#) to select IFSC code

Bank name \*

CITI BANK

Branch \*

BANGALORE

Bank address \*

506-507, LEVEL 5, PRESTIGE MERIDIAN 2, # 30 M G ROAD, BANGALORE - 560001

Account holder name \*

Roshan

Name as updated in your Bank records and account should be in the name of the employee

Account number \*

\*\*\*\*\*

[show](#)

Account Number as updated in your Bank Account/Cheque leaf including the preceding "0" if any

Retype Account number \*

Retype account number

Upload cheque leaf

[Choose Files](#)

No file chosen

[Bank cheque leaf](#)

[Review your details](#)

[Reset](#)

[Profile](#)

# MediAssist Portal Profile Tools >> Identity Proof

Upload anyone of your government identity proof like PAN Card, Passport copy or Aadhar card copy.

[User Details](#)[Change password](#)[Bank Details](#)[Identity Proof](#)[SI Protect](#)

## Upload Identity Proof

Proof ID Type

Select ID Type



Select ID Type

PAN Card

Passport Number

Aadhar Number





# MediAssistPort al E-Card

Download E-Cards –  
Allows you to download  
Yours & your family  
members Cards.

## Your health policy

Know your policy terms & conditions, enroll beneficiaries,  
download e-card and more.



## Download E-cards


**The New India Assurance Co. Ltd.**

Beneficiary name:	Winston Churchill
Member ID:	1234586789
Employee code:	ABC12356
Relation:	Self
Date of birth:	01-Jan-1940
Primary insured:	Winston Churchill
Valid upto:	01-Jan-2021
Policy holder:	Corporate INDIA Pvt Ltd
Generated On:	20-12-2017 12:41:33





Authorized Signatory

**Toll free phone number: 1800 425 9449**

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to [www.mediassistindia.com](http://www.mediassistindia.com)

### MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road,  
K.M.Layout, Bengaluru, Karnataka 560029.CIN:  
U85199KA1999PTC025676

Website: [www.mediassistindia.com](http://www.mediassistindia.com) Email: [walmart@mediassistindia.com](mailto:walmart@mediassistindia.com)

# MediAssist Portal

## Know your health cover

'Policy Details' tab give access to your Group Mediclaim policy Coverage; information about your policy number, insurance company, Sum Insured details, dependents covered in the policy & also other details like Cashless & reimbursement process guide.

### Your health policy

Know your policy terms & conditions, enroll beneficiaries, download e-card and more.

[Online enrollment](#)
[Download eCard](#)
[View policy](#)
[Group Mediclaim](#)
[Outpatient Care](#)

#### GROUP MEDICLAIM

Insurance Company  
The New India Assurance Co. Ltd

Policy Number  
670500/48/20/00031\_EX

Validity period  
28-05-2020 To 27-05-2021

Claim Processes  
[Medi Assist Pre-Auth Form](#)

Cashless  
Planned eCashless  
Reimbursement  
Ready Reckoner  
Group Mediclaim policy Benefits  
OutPatient Care Policy Benefits

### Policy Coverage

Balance sum insured : **Rs.5,00,000**

Family sum insured : **Rs. 5,00,000**

Beneficiary name	MA id	Date of birth	Relation	Effective from
Testex01	5052534929	12-Dec-1980	Self	28-May-2020





# MediAssistPorta | Search Hospitals

‘Network Hospitals’ tab search allows to search Network Hospital around you & also allow you search network hospital of desired location for cashless facility.

‘Intimate eCashless’ tab allows you to use eCashless facility.

‘Intimate reimbursement’ tab allows you to intimate reimbursement claims.

## Hospitalization

Find your network hospital and also inform us about your hospitalization in advance for speedier processing of cashless and reimbursement claims.

Network hospitals

Intimate eCashless

Intimate reimbursement

Area Wilson Garden Bangalore - 560027

### Apollo Speciality Hospital

Multi Speciality - No.21/2 (2) 14th Cross 3rd Block, Jayanagar

### Cloudnine

Multi Speciality - # 1533, 9th Main, 3rd Block, Jayanagar, Bangalore

### Dharma Kidney Care

Multi Speciality - No.909, 47th Cross, Near BSNL Compound,, 5th Block, Jayanagar, Bengaluru, Karnataka 560041

### Dr Agarwals Eye Hospital

Ophthalmology - No. 590, Service Road Of Sarjapur Road, 3rd Block, Koramangala, Bangalore

### Dr Malathi Manipal Hospital

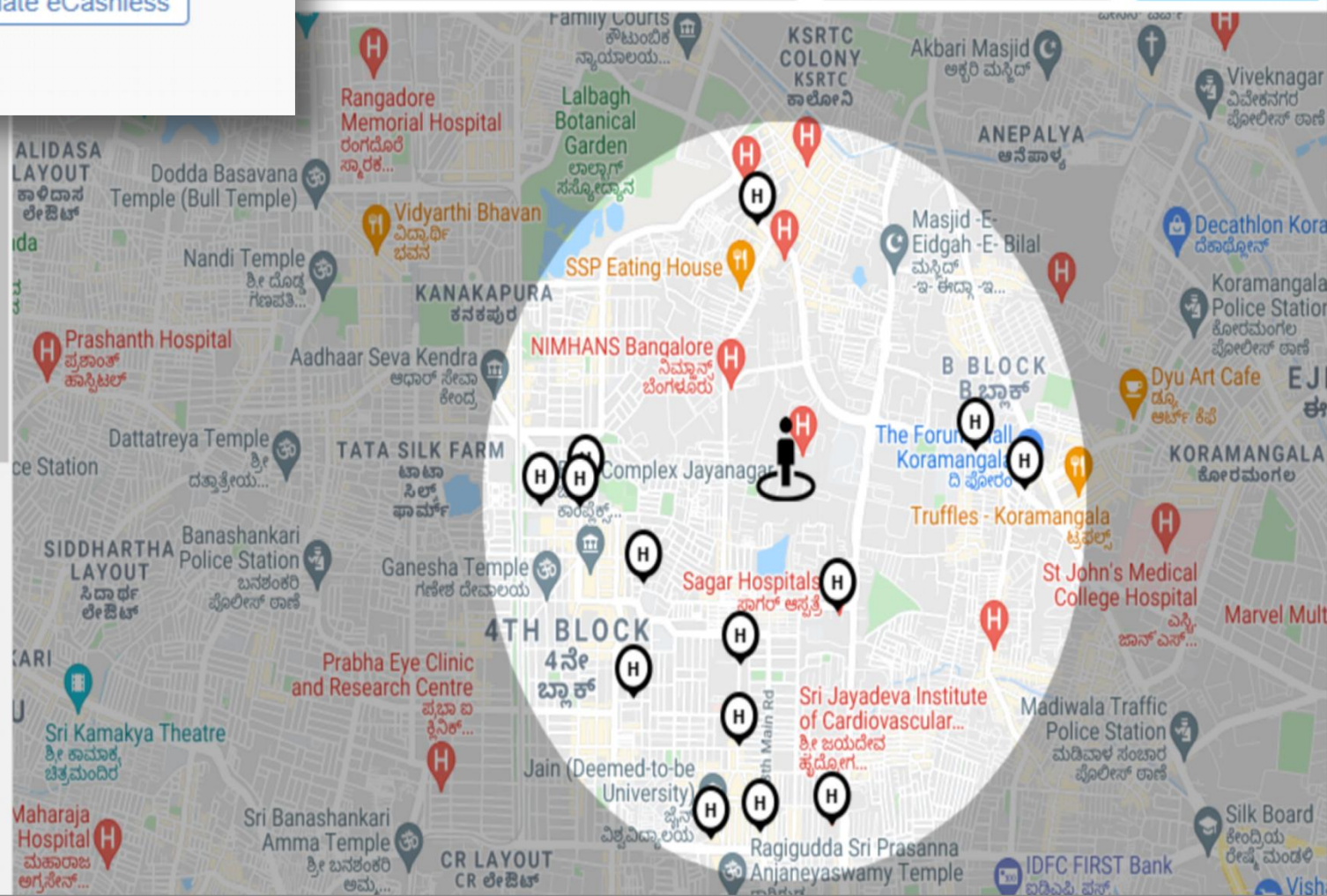
Multi Speciality - 45/1, 45th Cross, 9th Block, Jayanagar

Search hospital

Speciality ▼

Care Health Insurance ▼

Hospital list



# Online Claim Submission Process


## MediAssistPorta | Submit Claim

‘Hospitalization claim submission’ tab allows you to submit your hospitalization claims pertains to your core benefit plan.

**Hello Sangarsh Raju,**  
Welcome to Medi Assist, your personalized e-gateway to Medi Assist services.

As a partner of your esteemed organization, we at Medi Assist constantly endeavour to manage your health benefits portfolio.

eCashless hospitalization gives you the power to get a provisional preauthorization even before you walk into the hospital.





### Your health policy

Know your policy terms & conditions, download e-card and more.

[Enrolment](#)
[Download eCard](#)

[View policy](#)



### Hospitalization

Find your network hospital and also inform us about your hospitalization in advance for speedier processing of cashless and reimbursement claims.

[Network hospitals](#)
[Intimate eCashless](#)

[Intimate reimbursement](#)



### Claims

Submit your hospitalization claims online and track your claim status in real-time.

[Submit claims](#)
[Track claims](#)

Click here to submit claim

Click here to track your claim

## USER DETAILS: Fill in all \*Mandatory Information under “Ri Intimation” Tab

### Reimbursement Intimation

Patient Name

Meena Gaikwad

State

Select State

Relationship

Self

City

Ailment \*

Ailment's brief description

Hospital Name \*

Search Hospital..

Mobile Number

7702050398

Date Of admission \*

Email ID \*

meena@medibuddy.in

Date Of discharge

Amount (₹)

Please Enter Amount

Intimate



# Click Ok & Continue

Claim Guidelines

Hospitalization Details

Add KYC

Declaration

1. Please retain a copy of all documents submitted to us for further reference.
2. Bank details are required to send your reimbursed amount. Please provide correct bank details to reduce delays.
3. Please retain POD copy of the courier for tracking your consignment in case of any delay etc.
4. Physical Documents submission is mandatory for claim processing. Kindly contact your HR or Helpdesk for submission
5. 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.
6. Print out of the claim form has to be signed & submitted.
7. 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.
8. 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.

OK, I have read the guidelines

Continue

# »» Select Patient input mail and mobile no

Claim Guidelines

Hospitalization Details

Add KYC

Declaration

## Select Beneficiary



  
**Meena Gaikwad**

  
**Ramesh Gaikwad**

  
**Nidhi Gaikwad**



## Contact Details All communications will be triggered to below given contact details

E-mail

kranthikiran.p@squarebserve.com

Mobile Number

7702050398



# »»» Confirm Bank Details

## Bank Details

HDFC BANK, BANGALORE - IT PARK



**Account Holder Name**

KARAN BHATIA

**IFSC Code**

HDFC0000077

**Account Number**

00761050238049

**Bank Details**

G-01 DISCOVERER BLDG. T. PARK, WHITEFIELD  
ROAD BANGALORE KARNATAKA 560066

**Note :** Ensure that your bank account is valid and active for transactions.

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

# Submit Claim Details & Continue

## Claim Details

### Hospital details

Date Of Admission\*

08/01/2023

Date Of Discharge\*

08/02/2023

Clinic Name

ABC Hospital ,1, Malligai Salai,Trichy,Tamil Nadu

Treatment Name\*

Diseases of inner ear

Total Amount Claimed

20000

< Previous

Continue



Claim Guidelines

Hospitalization Details

Add KYC

Declaration

Your KYC documents are under review. We will get back to you in case we find something missing.

Name	Document Type	Document Number	File Name	Remove File
	ID PROOF	AHDPH4506L	 53325941-78e5-45c1-b3...	
	ADDRESS PROOF	1234	 MBTC_KYC_AddressPro...	

< Previous

Continue

# Check Claim Checklist

Claim Guidelines

Hospitalization Details

Add KYC

Declaration

## Claim Document Checklist

### Other General Claims

1. Govt issued photo ID proof (PAN/Aadhaar/Passport/Voter ID/Driving License) of the patient and the employee\* ☐
2. Detailed discharge summary with complete treatment, investigations, diagnosis, course in the hospital and discharge advice. ☐
3. Hospital main bill with complete breakup of the expenses incurred ☐
4. Pre-numbered cash paid receipts (amount receipt on the letterhead is not accepted) ☐
5. Lab investigation reports with mandatory prescription (with signature of the MD pathologist only) \*\* ☐
6. All medicine bills should be supported by valid prescription ☐
7. Proof of diagnosis: Investigations / X-RAY / CT / MRI, or any tests ☐
8. Accident case: MLC (Medico Legal certificate) at hospital or FIR ☐
9. Stickers and the invoice of implants / lens / stents used in surgeries ☐
10. Indoor Case Papers (ICP), hospital billing tariffs for non network hospitals ☐
11. Pre and post bill (only relevant to the admission claim) ☐
12. Any Other(Please Specify) ☐

#### Note:-

\*PAN card and address proof of employee is mandatory for KYC process as per Insurer

\*\* Mandated by the Supreme Court

# Upload, Declare & Submit

## Upload Documents

As per the Regulator it is mandatory to mark "Claimed for - The New India Assurance Co. Ltd under Tata Consultancy Services Ltd policy" with your Signature & date on the face of the every original documents before uploading.

☐ I have marked every original document as "Claimed for - The New India Assurance Co. Ltd under Tata Consultancy Services Ltd policy" with my signature & date.

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

[Choose Files](#) No file chosen

- **Please Note:** Maximum File Size allowed is 5 MB
- **Allowed File Types:** .jpg, .jpeg, .tiff, .tif, .png, .gif, .bmp, .pdf, .doc, .docx

### Uploaded Documents

53325941-78e5-45c1-b3b8-268cde939e6f (1) (2) (1).jpg



MBTC\_KYC\_AddressProof\_Ecard.pdf



## 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.

[< Previous](#)

[Preview](#)

[Submit](#)

# Claim Summery Sheet is Generated

Submit

Cancel

### Claim Request Summary

Demo Corporate Group mediclaim - Associate, Family & Parents  
Tracking No : H220823052900test1473

#### Employee Details

Employee name	Meena Gaikwad	Employee number	test1
Date of Joining	01-Jan-1900	Working level	
Employee's location		Contact number	7702050398

#### Employee Bank A/c Information

Account holder name	KARAN BHATIA	Bank Name	HDFC BANK
A/c Number	00761050238049	IFSC Code	HDFC0000077
Branch Address	G-01 DISCOVERER BLDG I.T. PARK, WHITEFIELD ROAD BANGALORE KARNATAKA 560086		

#### Claimant Details - Details of the insured person in respect of whom claim is made

Name	Meena Gaikwad	Relation	self
------	---------------	----------	------

#### Claim Details

Nature of	Cough	Duration of illness	2 days
Name of the Hospital	Apollo Hospital	Place	Bangalore
Date	01-02-2023	Total amount	1000

## Claims

Submit your hospitalization claims online or track your claim status in real-time.

[Submit Hosp claims](#)[Track claims](#)

## MediAssist Portal Your Claims

‘Track claims’ tab allows you to track your reimbursement & cashless claim status.

Show  entries

Search:

Claim Type	Tracking Number	Claim Number	Claim Registered on	Patient Name	Relation	Status	Claimed Amount
Cashless	C2006160181622F005	92452578	20-06-2018	Sushil Dhar	Father	Paid	282,600
Pre Hospitalisation	H1706160181622A046		20-06-2018	Sushil Dhar	Father	Paid	1,000

Showing 1 to 2 of 2 entries

[Previous](#) [1](#) [Next](#)



# Happy to partner!!!

Please submit original documents to below address.

Medi Assist TPA Pvt Ltd  
58/1A, Singhasandra Village, Hosur Main Road, Begur Hobli,  
Bangalore South Taluk - 560 068

[www.mediassist.in](http://www.mediassist.in)

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