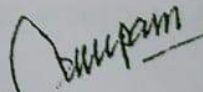


HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centres

**REIMBURSEMENT MODULE SELF LOGIN AND UPLOAD OF
INDIVIDUAL REIMBURSEMENT CLAIM**

1. Further to CO ECHS letter No B/49769/AG/ECHS dt 23 Aug 2021 on the subject.
2. Certain changes have been made in the software to clear the pending individual bills for self uploading by the ECHS beneficiary.
3. Provisions have been made to allow ECHS beneficiaries to upload upto 08 (eight) Pharmacy bills, 04 (four) OPD bills and 4 (four) IPD bills per month.
4. The above provisions will be effective from 19 Nov 2021 onwards.
5. The contents of this letter may pl be widely disseminated to all concerned.
6. This has the approval of MD ECHS.


(Anupam N Adhulia)
Col
Dir (Med)
For MD ECHS

Copy to:-

MoD/DoESW
CGDA
UTI-ITSL (BPA)
SDCPL

for info pl.

Internal

All Sec

for info

Stats & Automation Sec

-for uploading on website and issue necessary instr to UTI-ITSL (BPA).

Tele : 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49769/AG/ECHS

23 Aug 2021

HQ Eastern Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Southern Comd (A/ECHS)
HQ Southwestern Comd (A/ECHS)
ALL Regional Centres

**REIMBURSEMENT MODULE SELF LOGIN AND UPLOAD OF
INDIVIDUAL REIMBURSEMENT CLAIM**

1. Online Bill Processing had been taken up as a pilot project in 2012. Consequently it was operationalised PAN India during 2015. With a Govt mandated Bill Processing Agency UTI-ITSL carrying out verification/scrutiny in the portal subsequent to uploading of bills by the HCOs or by respective parent Polyclinic.
2. With the gained experience of the online bill processing and with feedback received from environment, Central Org ECHS HQ has endeavoured to facilitate the beneficiaries to upload the claim directly in digital form being provided by the BPA. Individual Reimbursement Claim for OPD, IPD and pharmacy can be uploaded on the website: echsbpa.utiitsl.com . The provision of uploading the claims by the beneficiary is intended to ease the procedure by empowering the beneficiaries to upload their claims themselves. The option to submit the claim documents at parent polyclinics will continue to remain for those beneficiaries who are unable to use the facility.
3. Following instructions will be adhered to while submitting the claims :-
 - (a) Separate claim will be submitted for each beneficiary. Combining claims of two beneficiaries together is not permitted as each claim will be uniquely linked to the beneficiary card. For eg claim of ESM and spouse cannot be combined.
 - (b) Hard copies of the documents uploaded alongwith signed contingent bill will be submitted to parent Polyclinic within 15 Days of uploading of Claim Online. The format of the contingent bill can be downloaded and printed from the website or obtained from the polyclinic. Claim will be processed further only on receipt of Hard Copy in parent polyclinic.
4. Detailed guidelines for uploading of the individual reimbursement claims provided by BPA is attached as **Appx.**

5. All command HQ and Regional Centres are requested to disseminate and publicise the facility to the ECHS beneficiaries and their dependants for their benefit. This is expected to ease the procedure for submission of claims as also reduce the footfall at polyclinic.

6. This has the Approval of MD CO ECHS.

(Anupam N Adhulia)
Col
Dir (Med)
for MD ECHS

Copy to :-

MoD (DoESW)
CGDA
UTI-ITSL (BPA)
SDCPL

} - for info pl.

Internal

All Sec - for info
S&A Sec - for uploading on website and issue necessary instr to UTI-ITSL(BPA).

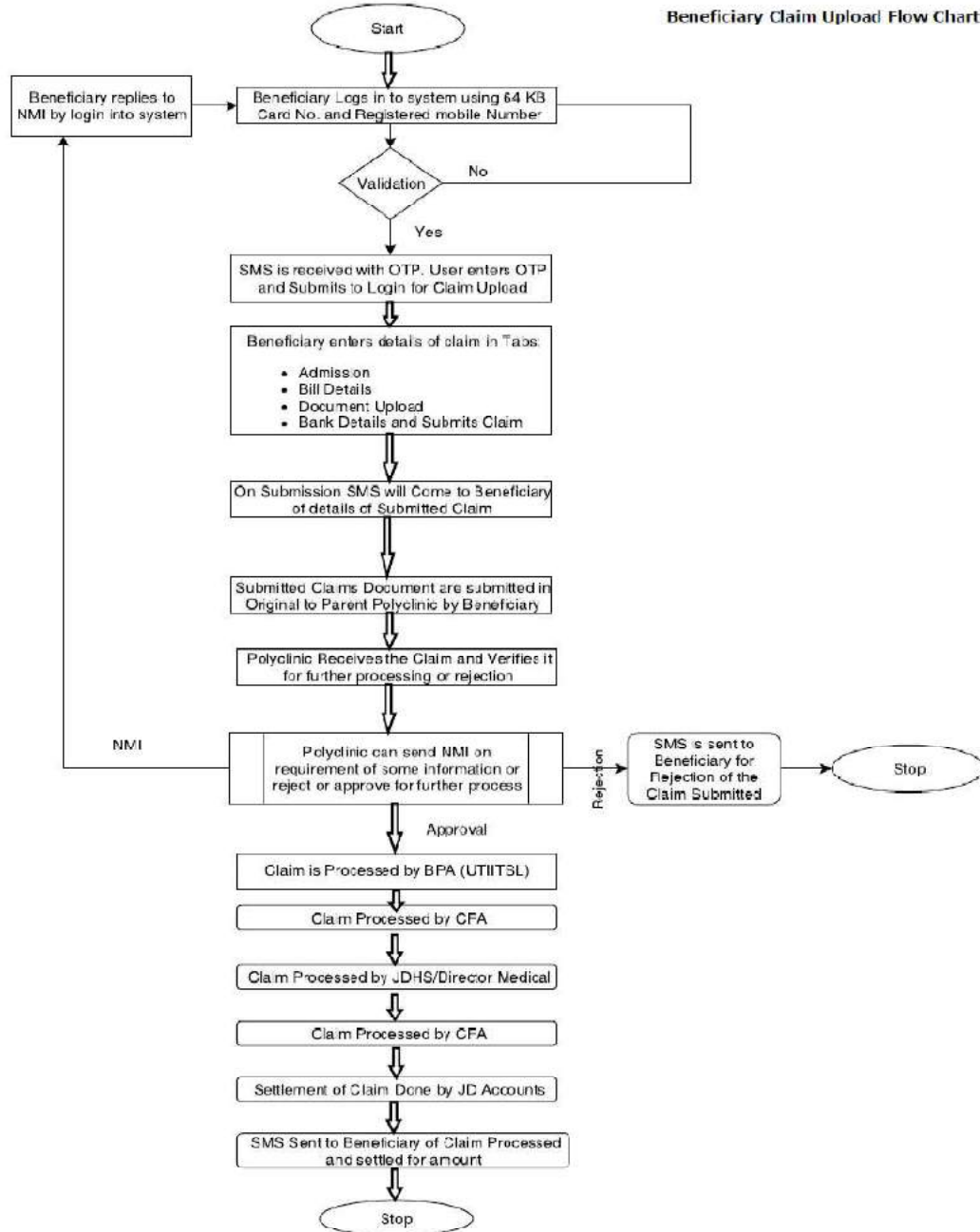


UTI Infrastructure
Technology And
Services Limited

यूटीआई इन्फ्रास्ट्रक्चर टेक्नोलॉजी एण्ड सर्विसेज लिमिटेड
(भारत सरकार की एक कंपनी)

UTI Infrastructure Technology And Services Limited
(A Government of India Company)

Beneficiary Claim Upload Flow Chart



CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMII M5 (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com

INSTRUCTION FOR USERS FOR UPLOADING OF INDIVIDUAL REIMBURSEMENT CLAIM ON BPA PORTAL OF ECHS

1. Introduction

ECHS beneficiaries should be able to submit their reimbursement claims online through the Bill Processing Agency (BPA) Site (www.echsbpa.uititsl.com). Beneficiaries can submit reimbursement claims for IPD, OPD, and NA medicines on this URL.

This system will affect two groups of users. The first is the beneficiary of the system, while the second is the polyclinic user (OIC).

2. INSTRUCTIONS FOR THE BENEFICIARY USER

Beneficiaries can upload their reimbursement claims themselves and submit a hard copy of their claim documents to the Parent Polyclinic.

- (a) In Patient Bills (Where patient has undergone Admission in the Hospital for treatment)
 - (b) OPD Bills (OPD Consultation)
 - (c) NA Medicine / Pharmacy Bills
3. The beneficiary must upload the claim by themselves in accordance with the following requirements:
- (a) All documents need to be scanned properly and are clearly readable with all available details on the documents.
 - (b) All documents have to be in the form of PDF format only.
 - (c) The size of a single file should not be more than 2 MB.

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.uititsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@uititsl.com

CMML MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.uititsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@uititsl.com

4. Mandatory documents and other documents for various types of beneficiary claims are mentioned against each below as per ECHS claim procedure.

(a) IPD Reimbursement

- ECHS Card Copy
- Emergency certificate from Hospital
- EIR (Emergency Intimation Report)
- Discharge Summary
- Contingent Bill
- Final Bill with detailed break up
- Reports
- Copy of cancelledcheque. Required only first time the claim is uploaded
- Advance payment receipt for above one lakh claim amount
- Case Specific documents (if any)

(b) OPD Reimbursement

- ECHS Card Copy
- Prescription for investigation
- Sanction letter for Investigation
- Bill
- Reports
- Copy of cancelledcheque. Required only first time the claim is uploaded

(c) NA / Pharmacy Reimbursement

- ECHS Card Copy
- Prescription
- Bill
- Copy of cancelled cheque. Required only first time the claim is uploaded
- NA Certificate

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMMI MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

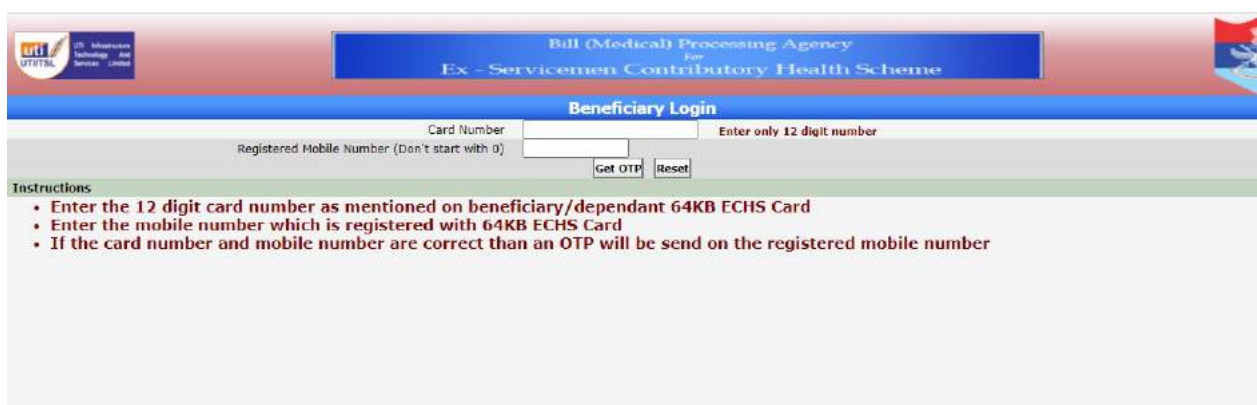
REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com

5. In order to upload the Claim in the system a scanned copy of all the documents in pdf format of file size less than 2 MB should be kept handy.
6. After having the scanned copy of all the documents following are the steps to upload the Claim in the system:
 - Visit the Website <https://www.echsbpa.utiitsl.com>
 - Click the link



- After clicking the link following screen will come. Enter the Card No. and Mobile number registered with 64 KB Card to get OTP and login.



The screenshot shows the 'Beneficiary Login' page. It has a header for 'Bill (Medical) Processing Agency for Ex - Servicemen Contributory Health Scheme'. Below the header, there are input fields for 'Card Number' and 'Registered Mobile Number (Don't start with 0)'. There are 'Get OTP' and 'Reset' buttons. Below the input fields, there are instructions:

- Enter the 12 digit card number as mentioned on beneficiary/dependant 64KB ECHS Card
- Enter the mobile number which is registered with 64KB ECHS Card
- If the card number and mobile number are correct than an OTP will be send on the registered mobile number

- Enter the OTP received on mobile number.

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

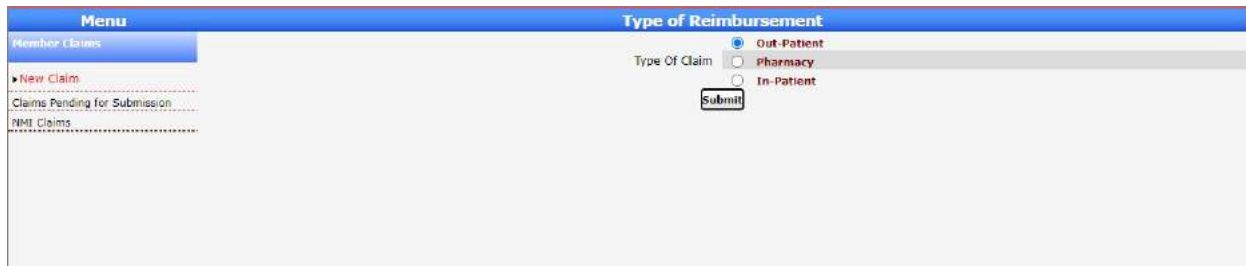
CMMI MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com

- After login click the Member Claim> New Claim as shown in the Screen below.
Select the type of Reimbursement and submit



- Following screen appears with the Patient Details as pre-filled which cannot be modified. Click on the Tab OPD Details/IPD Details/Pharmacy Details as per the reimbursement type selected in the previous screen.



- Click the OPD Details Tab and fill details of Bill Details, and ESM Bank details.



CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMMI MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com

Once all the details are filled user has to click the button “Save and Continue”. This click will save the claim with Interim Claim ID.

➤ Following screen will appear:



➤ The claim is saved after the above process and claim submission can be resumed after login again as given above. And Click Pending Claims under Menu Member Claims. On clicking the Claim ID it will open the same page for uploading the pending claim.

Menu									
Member Reimbursement Pending									
Member Claims	Current Page								
	Sr.	ID	Region	Hospital	Patient	Type	Claim Amt	Mobile No.	Days
New Claim	Re-imbursement								
Pending Claims	1	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
Claim Status	2	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
Member Profile	3	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
Other	4	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
	5	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
	6	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
	7	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
	8	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	100	XXXXXXXXXX	0
	9	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0

➤ Go to Upload Document Tab and upload the required documents for the claim to be processed. All supporting documents need to be uploaded here without missing any document.

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMII ML5 (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com

Member Claims

Claim ID / Patient Name: XXXXXXXXXXXX Claim Type: Out-Patient

Patient Details | OPD Details | Bill Details | Upload Documents | ESM Bank Details | Final Submit

New Claim
Claims Pending for Submission

NMI Claims

☐ * ECHS Card Copy 1
☐ * Medical Reports 1
☐ * Prescription Slip 1
☐ * Cancelled Cheque (Reimbursement) 1
☐ Sanction/Waiver letter
☐ Contingent Bill
☐ * Bill Details 1
☐ Others 1

Choose File No file chosen Upload (File size limit)

Sr	Document Type	File Name	File Size	Date
1	ECHS Card Copy	16086674_S_ECHS Card.pdf	43 KB	20/08/2021 10:05:37
2	Medical Reports	16086674_S_Medical Reports.pdf	43 KB	20/08/2021 10:05:44
3	Prescription Slip	16086674_S_Prescription Slip.pdf	43 KB	20/08/2021 10:05:52
4	Cancelled Cheque (Reimbursement)	16086674_S_Cheque.pdf	43 KB	20/08/2021 10:05:59
5	Bill Details	16086674_S_Bill.pdf	43 KB	20/08/2021 10:06:08
6	Others	16086674_S_Others.pdf	43 KB	20/08/2021 10:09:23

- After this click the tab ESM Bank Details and enter the account details. The account details needs to be filled for the first time for a card holder. For next submission of the claim it will be pre-filled and if the user wants to modify it they can do by clicking the check box for changing the bank details.

Menu

Member Bill Submission

Claim ID / Patient Name: XXXXXXXXXXXX Claim Type: Out-Patient

Patient Details | OPD Details | Bill Details | Upload Documents | ESM Bank Details | Final Submit

New Claim
Claims Pending for Submission

NMI Claims

☐ Tick the box for changing the bank details

Bank Name: Axis Bank
 Branch: Vashi
 IFSC Code: UTIB0000072
 MICR Code: 400000722
 Name As Appearing In Bank Account: XXXXXXXXXXXX
 Account Number: XXXXXXXXXXXX
 Confirm Account Number: XXXXXXXXXXXX

- After filling all the details go to the Final Submit tab. Download the contingent bill in the pre-filled format and take the print out of it to be submitted with Hard Copy of the original bill to the Polyclinic. Read the disclaimer and select the check box and Click Final Submit button to submit the claim fully and note the Claim ID for checking its status.

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMII MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

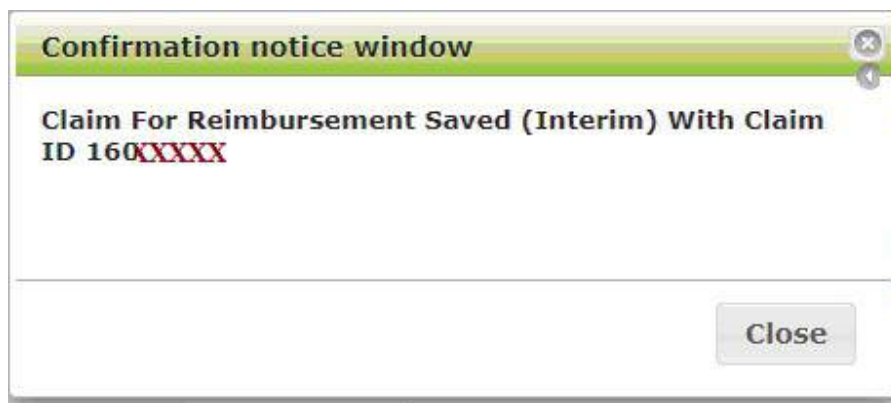
Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com

Menu		Member Bill Submission	
Member Claims	Claim ID / Patient Name: XXXXXXXXXXXX	Claim Type	Out-Patient
New Claim	<input type="checkbox"/> By clicking on this box I agree to the terms and condition mentioned below I hereby certify that the above information and the documents uploaded are true and correct to the best of my knowledge. I understand that a false statement or any forged documents may lead to rejection of the claim submitted for reimbursement.		
Claims Pending for Submission	<input type="button" value="Download Contingent Bill"/>		
NMI Claims	1) Download the contingent bill and take printout of it. 2) Fill up the relevant details 3) Submit the hard copy of the contingent bill to the polyclinic.		
	<input type="button" value="Final Submit"/>		


➤ A final message will come on screen like this.



To check the status of the Claim:

Go to www.echsbpa.utiitsl.com/ECHS and click Beneficiary Claim Status

Menu	
External Links	
Ex-Servicemen Health Scheme	
ECHS SOP	
Beneficiary Claim Status	
Hospital Details	
Beneficiary Login	



Login Account

User ID:

Password:

Captcha: 758231

Captcha Text:

[Forgot Password](#)

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMMI MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com



यूटीआई इन्फ्रास्ट्रक्चर टेक्नोलॉजी एण्ड सर्विसेज लिमिटेड
(भारत सरकार की एक कंपनी)
UTI Infrastructure Technology And Services Limited
(A Government of India Company)

Enter the Service No. and Claim ID, CAPTCHA Text and Submit.

Beneficiary Reimbursement Claim Status Query	
* Service Number	<input type="text"/> Enter just numeric part of the service number. For eg. if it is 'AB7069BN' just enter 7069
Criteria	<input checked="" type="radio"/> Claim ID <input type="radio"/> Card ID
* Claim ID	<input type="text"/>
Captcha	
* Captcha Text	<input type="text"/>
<input type="button" value="Submit"/>	
<ul style="list-style-type: none">* Indicated mandatory fieldsPlease note that search will be based on the service number and card number as entered by polyclinic at the time of submission of claim	

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMMI MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com

INSTRUCTION FOR POLYCLINIC USER (OIC POLYCLINIC)

The Polyclinic user (OIC Polyclinic) will receive the documents of the claims submitted online by the beneficiary for the reimbursement. After the receipt of the claim document the documents need to be verified in the system against the hard copy submitted and soft copy uploaded in the system. The Contingent bill submitted in Hard Copy along with the Claim documents need to be scanned and digitally signed and uploaded in the claims documents during the verification and upload of the claim. On successful verification the claim will move to the Bill Processing Agency (UTIITSL) for the processing of the claim, if Need More information is required in the submitted document then user will select the status as "Need More Info" and enter the related remark and submits the claim and, rejected bills will stop there itself and beneficiary will be informed through SMS for the rejection of the Claim submitted.

User will go the link Member Claim> Receive Document. Enter the Claim ID and Member Card number (Only numeric part) and search or if Claim ID is not known click blank search (searching without entering anything). This will give the list of the Claim(s). User has to select the claim and submit for receiving the claim. User will go to the link Member Claim > Receipt of Claim and generate the receipt of the claim by entering the Claim ID. This receipt acknowledgement will be given to the beneficiary on receipt of the claim of the bills.

(a) Receiving of Documents

Click the link Member Claim> Receive Documents and enter the search button after entering the details or blank search. List of submitted beneficiary claims will be listed. Select the Check Box and enter the remark and status to receive the claim.

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMML ML5 (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com

Menu	Document Receiving
Information	Current Page
Activities	Claim ID <input type="text"/>
MIS Reports	Card Id (Just enter the number) <input type="text"/>
Reimbursement	<input type="button" value="Search"/>
Member Claims	
Receive Documents	
Document Verification	
Other	

Fig a.1

Information	Claim List Filter		Current Page				
Activities	Sr.	Claim ID	Hospital	Card ID	Patient Name	Select	Received On
MIS Reports	Re-imbursement						
Reimbursement	1	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
Member Claims	2	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
Receive Documents	3	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
Document Verification	4	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
Other	5	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
	6	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
	7	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
	8	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
	9	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
	10	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
	11	16 XXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received

Fig a.2

(b) Verification of Documents

This allows the user to open the documents by clicking on the File Name of the document, select verify, and select remarks for all documents.

Menu	Member Document Verification
Information	Current Page
Activities	Claim ID <input type="text"/>
MIS Reports	Card Id (Just enter the number) <input type="text"/>
Reimbursement	<input type="button" value="Search"/>
Member Claims	
Receive Documents	
Document Verification	
Other	

Fig b.1

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMMI MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com

Information	Verification List Current Page					
At-Home	Sr.	Claim ID	Hospital	Card ID	Patient Name	Received On
Reimbursement	Re-imbursement					
HIS Reports	1	16086595	Echa Polyclinic - Behror	3A000000019613	Kamala Verma	11/07/2021
Reimbursement						
Monitor Claims						
Receive Documents						
Document Verification						
Other						

Fig b.2

ation

ics

ports

bursement

er Claims

a Documents

ment Verification

Verification List

Document Verification

Current Page

Claim ID /Patient Name

16 XXXXX

Member Name

Patient Details

Verify Docs

Admission

Bill Details

ESM Bank Details

Download All The Uploaded Documents

Sr	Doc.Type	File Name	Verify	Remarks
1	ECHS Card Copy	16086595_S_ECHS_Card_Copy.pdf	<input checked="" type="checkbox"/>	Select Remarks
2	Bill Details	16086595_S_Hospital_Bill.pdf	<input type="checkbox"/>	Select Remarks
3	Discharge Summary	16086595_S_Hospital_Discharge_Summary.pdf	<input type="checkbox"/>	Select Remarks
4	Cancelled Cheque (Reimbursement)	16086595_S_online_bill_processing.pdf	<input type="checkbox"/>	Select Remarks
5	Medical Reports	16086595_S_Hospital_Lab_Reports.pdf	<input type="checkbox"/>	Select Remarks

Status

Select Status

Remarks

Fig b.3

Menu	Verification List	Current Page	Member Bill Submission
Claim ID /Patient Name	XXXXXXXXXXXXXX	Claim Type	Out-Patient
Patient Details	Verify Docs	OPD Details	Bill Details
Card Details			
* Card ID	XXXXXXXXXXXXXX	* Service No.	XXXXXXXXXXXXXX
* Name Of ESM	XXXXXXXXXXXXXX	* Rank	Hony Sub Lt (IN)
* Service	Navy	* Category	Semi-Private
* Card Type	Pensioner		
Personal Information			
* Relation with Card Holder	Spouse	Gender	Female
* Patient Name	XXXXXXXXXXXXXX	* Age	64
* Address	NEW COLONY BARROD		
* City	BEHROR	Pincode	XXXXXXXXXXXXXX
* State	Rajasthan	Email	XXXXXXXXXXXXXX MAIL.COM
* Mobile (Don't start with 0)	XXXXXXXXXXXXXX	Phone	
Status	Select Status		
Remarks	Approved		

Fig b.4

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फेक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMMI MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com



यूटीआई इन्फ्रास्ट्रक्चर टेक्नोलॉजी एण्ड सर्विसेज लिमिटेड
(भारत सरकार की एक कंपनी)
UTI Infrastructure Technology And Services Limited
(A Government of India Company)

Select the status (Approved, Need More Info or Rejected) and enter the remarks, then submit the claim verification.

If approved, it will go to the BPA (UTIITSL) for processing, for Need More info it will go to the beneficiary with the remarks, however, if rejected, it will stop here and an SMS will be sent to the beneficiary informing them about the rejection.

***** End*****

CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फ़ैक्स: 022-67931099 • वेबसाइट: www.utiitsl.com

क्षेत्रीय कार्यालय

प्लॉट नं 3, सेक्टर-11, सीबीडी बेलपुर, नवी मुंबई - 400614
दूरभाष: 022-67931010 • फ़ैक्स: 022-67931099
ई-मेल: mumbai@utiitsl.com

CMMI ML5 (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

Registered Office: Plot No. 3, Sector-11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099 • Website: www.utiitsl.com

REGIONAL OFFICE

Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai - 400614
Tel: 022-67931010 • Fax: 022-67931099
Email: mumbai@utiitsl.com