



**Medi Assist<sup>TM</sup>**  
Personalizing your World of Healthcare

# MediBuddy Online Portal

Your step-by-step tutorial to getting started

Enter login credentials, click on Sign-In



Sign in

User ID- EMPNO@ACS

Username

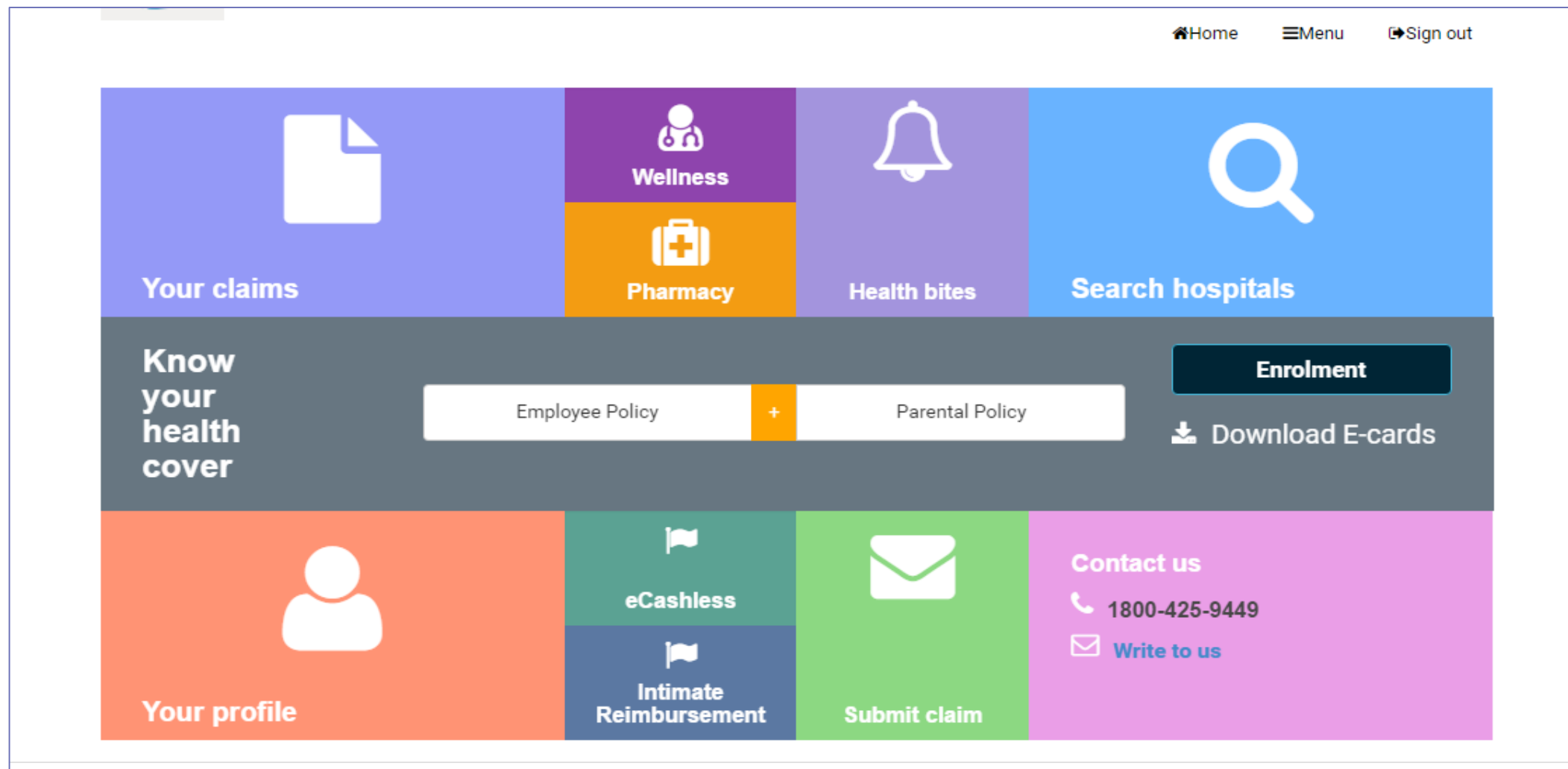
Password

**Password: DD-MM-YYYY(DOB of Employee.)**

**SIGN IN**

[Forgot Password?](#)

eCashless from Medi Assist is a whole new way of experiencing cashless hospitalization. eCashless gives you the power to get a provisional preauthorization even before you walk into the hospital.



Employee Policy

Parental Policy

EMPLOYEE POLICY

Insurance Company

Policy Number

Validity period

Claim Processes

Medi Assist Pre-Auth Form

Apollo Munich Claim Form

CASHLESS CLAIM FORM

Check List

Policy covers

Family Sum Insured : Rs. 3,00,000/-  
Balance Sum Insured : Rs. 3,00,000/-

> Type of cover: Basic Health Cover + Maternity

> Pre / Post Hospitalisation: 30 days / 60 days

> Persons Covered : For Married Employees - Employees, Spouse and Children  
For Unmarried Employees - Employees and Dependent Parents

Read all policy conditions

Beneficiary name

Reference Number

Date of Birth

Relation

Employee Policy

Parental Policy

PARENTAL POLICY

Insurance Company

Policy Number

Validity period

Claim Processes

Medi Assist Pre-Auth Form

Apollo Munich Claim Form

CASHLESS CLAIM FORM

Check List

Policy covers

Family Sum Insured : Rs. 2,00,000/-  
Balance Sum Insured : Rs. 2,00,000/-

> Family definition: Dependent Parents and Parents in-law ,Cover Type :Floater.

> Local emergency Ambulance = upto 1% of SI subject to a max. of Rs. 2000 per person per policy.

> Waiver of Exclusions : PE,1st Year,30 Days stands waived for All Members.

Read all policy conditions

Beneficiary name

Reference Number

Date of Birth

Relation



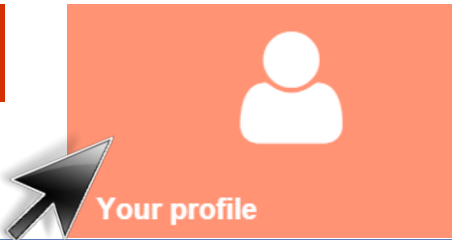
Click to Download E-card

Download E-cards



<p>Beneficiary name:</p> <p>Medi Assist ID:</p> <p>Employee code:</p> <p>Relation:</p> <p>Date of birth:</p> <p>Primary insured:</p> <p>Policy period: 01-01-2016 to 31-12-2016</p> <p>Policy holder:</p> <p>Generated On: 18-03-2016 18:40:57</p> <p><b>Toll free phone number: 1800-425-9449</b></p>	<p></p> <p><b>Medi Assist</b></p> <p><i>Signature</i></p> <p>Authorized Signatory</p>	<ul style="list-style-type: none"><li>• This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.</li><li>• 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.</li><li>• This non-transferable identification card is valid at selected Network Hospitals &amp; will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.</li><li>• For the latest updated Network hospital list, login to <a href="http://www.mediassistindia.com">www.mediassistindia.com</a></li></ul> <p><b>MEDI ASSIST INDIA TPA PVT. LTD.</b></p> <p>Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka 560029.CIN: U85199KA1999PTC025676</p> <p>Website: <a href="http://www.mediassistindia.com">www.mediassistindia.com</a></p>
<p>Beneficiary name:</p> <p>Medi Assist ID:</p> <p>Employee code:</p> <p>Relation:</p> <p>Date of birth:</p> <p>Primary insured:</p> <p>Policy period: 01-01-2016 to 31-12-2016</p> <p>Policy holder:</p> <p>Generated On: 18-03-2016 18:40:57</p> <p><b>Toll free phone number: 1800-425-9449</b></p>	<p></p> <p><b>Medi Assist</b></p> <p><i>Signature</i></p> <p>Authorized Signatory</p>	<ul style="list-style-type: none"><li>• This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.</li><li>• 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.</li><li>• This non-transferable identification card is valid at selected Network Hospitals &amp; will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.</li><li>• For the latest updated Network hospital list, login to <a href="http://www.mediassistindia.com">www.mediassistindia.com</a></li></ul> <p><b>MEDI ASSIST INDIA TPA PVT. LTD.</b></p> <p>Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka 560029.CIN: U85199KA1999PTC025676</p> <p>Website: <a href="http://www.mediassistindia.com">www.mediassistindia.com</a></p>

Click User Profile to view your profile



## User Profile

User Details

[Change password](#)

[Bank Details](#)

Employee full name

Corporate Name

Personal email ID

N/A

Edit

Date of birth

Official email ID \*

Mobile number \*

Click to change password

[Home](#) [Menu](#) [Sign out](#)

## User Profile

[User Details](#) **Change password** [Bank Details](#)

Old password

Old Password

New password \*

New Password

Retype password \*

Retype Password

Change Password



Click to enter Bank details

[Home](#) [Menu](#) [Sign out](#)

## User Profile

[User Details](#) [Change password](#) [Bank Details](#)

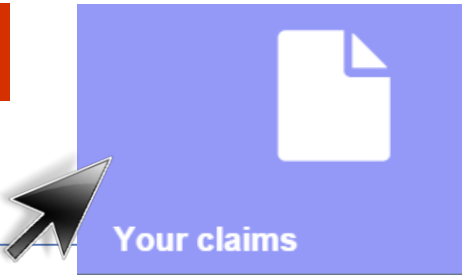
**\* Please note** that bank details is not mandatory field, however we advise you to fill up the bank details so that the claim amount can be directly settled to your account.

<b>Account holder name *</b>	<input type="text" value="Enter account holder name"/>	<b>Account number *</b>	<input type="text" value="Enter account number"/>
<b>IFSC code *</b>	<input type="text" value="Enter IFSC code"/>	<b>Bank name *</b>	<input type="text" value="Enter bank name"/>
<b>Branch *</b>	<input type="text" value="Enter branch name"/>	<b>Bank address *</b>	<input type="text" value="Enter bank address"/>

Submit Cancel

### Saved Bank Details

Click to track claims & submit new claim



Home

Menu

Sign out

Claims

New Claim

Show 5 entries

Search:

Claim Type	Tracking Number	Claim Number	Claim Registered on	Patient Name	Relation	Status	Claimed Amount
Cashless			11:41			Paid	

Showing 1 to 1 of 1 entries

Previous

1

Next

Click to Submit Claim to submit claims



Submit claim

[Home](#)

[Menu](#)

[Sign out](#)

1 USER AND BANK DETAILS

2 Hospitalization details

3 Declaration and claim submission

USER DETAILS

Full Name

Mobile Number \*

9999999999

E-mail

Employee ID.

123test

BANK DETAILS

Choose your bank account

11111111 - xxxxxx

Account Holder Name \*

xxxxxxxxxx

Bank Name \*

xxxxxx

Account Number \*

11111111

Branch \*

xxxxxxxx

IFSC Code \*

1111111

Bank Address

xxxxxxxx

Save & Next >

Submit

HomeMenuSign out

1 User and bank details

2 HOSPITALIZATION DETAILS

3 Declaration and claim submission

CLAIM DETAILS

Patient name

Relationship with employee

Self

Nature of illness/disease/accident \*

XXXXXXXXXX

Since how many days the person is suffering? \*

dfadf

State

Maharashtra

Hospital Address \*

A-WING, VAISHALI HEIGHTS, NEAR STAN

City \*

Mumbai

Pre Hospitalization Amount

Calculated based on bill amount

Hospital Name \*

Apex hospital

Hospitalization Amount

Calculated based on bill amount

Date Of Admission \*

12/05/2015

Post Hospitalization Amount

Calculated based on bill amount

Date Of DisCharge \*

12/05/2015

Total Amount Claimed

Calculated based on bill amount

MEDICAL EXPENSES BREAKUP

S. No.	BillNo	Bill Date	Bill Amount(In Rs.)	Remarks	
	999999		999999	xxxxxx	Add

< Previous

Save & Next >

Submit

1 User and bank details

2 Hospitalization details

3 **DECLARATION AND CLAIM SUBMISSION**

## DECLARATION



I hereby declare that the information furnished in this Claim Form is true & correct to the best of my knowledge & belief. If I have made any false or untrue statement, suppression or concealment of any material fact, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA or insurance company to seek necessary medical information from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the Bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the Post - hospitalisation claim, if any.

## CLAIM DOCUMENT CHECKLIST

Hospital Discharge Summary ☐  
Original Bill and Reciept ☐  
Original Hospital Break -Up Bill ☐  
Doctor's Prescriptions ☐  
Any Other(Please Specify) ☐

Original Pharmacy Bills ☐  
Pre Hospitalization Bills ☐  
Post Hospitalization Bills ☐  
Test Reports ☐

## UPLOAD DOCUMENTS (PLEASE UPLOAD ALL CLAIM DOCUMENTS FOR FASTER PROCESSING OF YOUR CLAIM)

Choose File No file chosen

Upload File

**Please Note:** Maximum File Size allowed is 5 MB

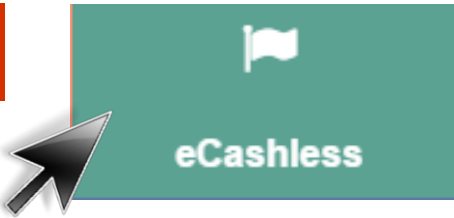
**Allowed File Types:** .jpg,.jpeg,.tiff,.tif,.png,.gif,.bmp,.pdf,.doc,.docx

< Previous

Preview

Submit

Click to eCashless for planned hospitalisation



[Home](#) [Menu](#) [Sign out](#)

Get eCashless Hospitalization

Hospitalization For \*

Choose the family member

Search network hospital \*

Start typing the hospital name

Planned date of admission (at least 48 hours prior intimation required) \*

Date of admission

Treatment for \*

E.g., Cataract

Full name of your treating doctor \*

Your doctor's name

Latest Investigation reports of your diagnosis \*

Choose File

No file chosen

Last Doctor Consultation note / Doctor's letter for Hospitalization \*

Choose File

No file chosen

Other Medical Documents (Medical History, Investigation reports, Scan reports) (optional)

Choose File

No file chosen

Mobile number (valid number is mandatory) \*

Mobile Number

Room type (subject to availability) \*

Choose your preferred room type

Planned date of discharge

Date of discharge

Proposed treatment \*

E.g., Lasik

Out-Patient Number

Your UHID No/UID No/File No/Registration No

\*\*Maximum File Size allowed is 5 MB

\*\*Allowed File Types: .jpg,.jpeg,.tiff,.tif,.png,.gif,.bmp,.pdf,.ico,.rar,.zip,.doc,.docx

Plan



Click to Intimation Reimbursement

  
Intimate  
Reimbursement

[Home](#)

[Menu](#)

[Sign out](#)

### Reimbursement Intimation

Patient Name \*

State \*

Select State

Relationship

Self

City \*

Ailment \*

Ailment's brief description

Hospital Name \*

Search Hospital..

Mobile Number \*

Mobile Number

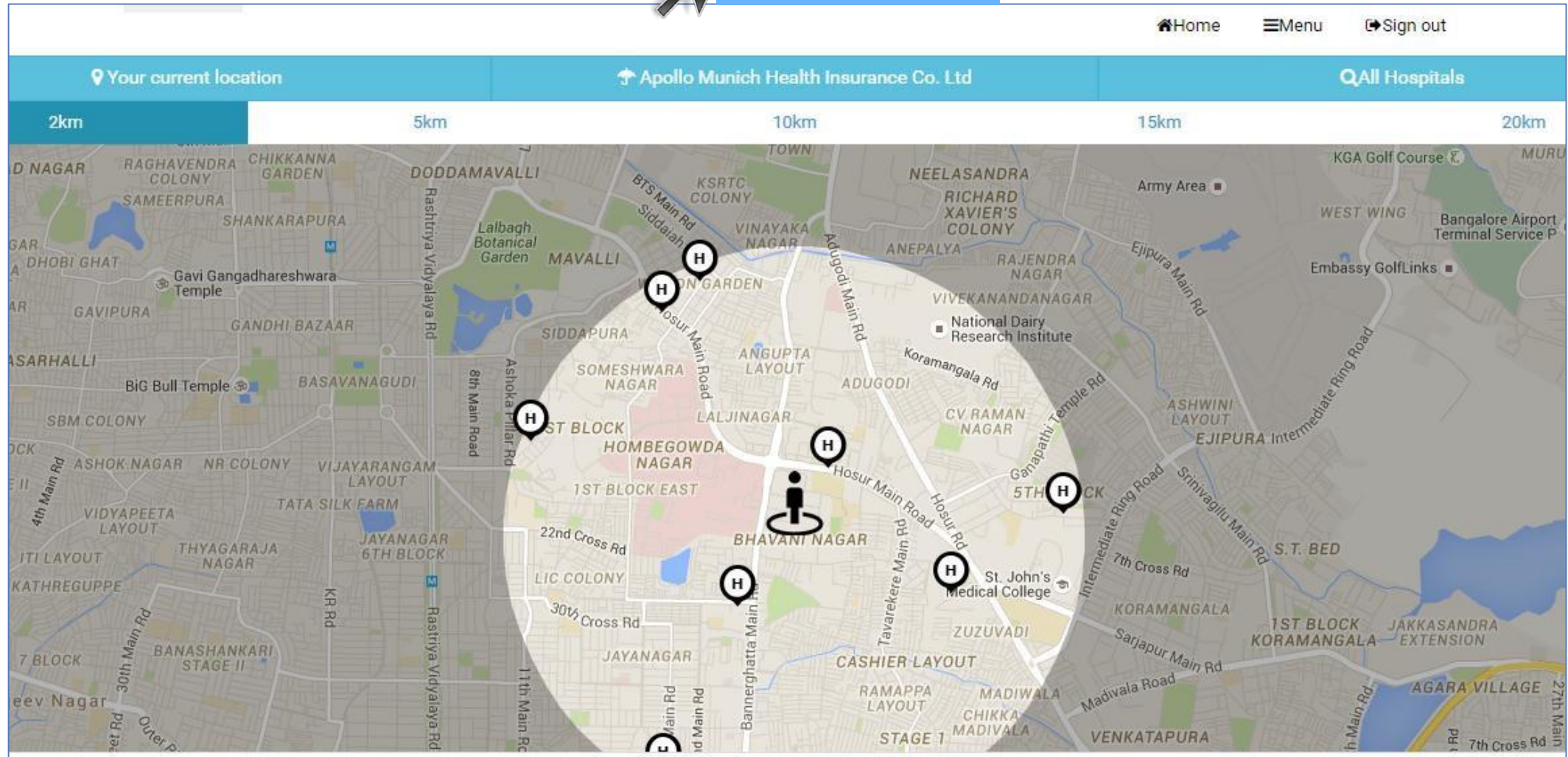
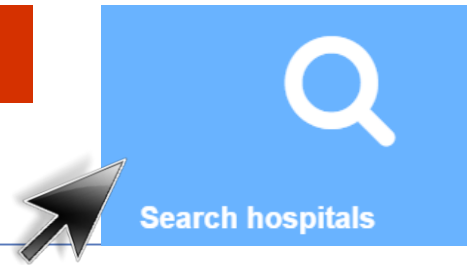
Date Of admission \*

Email ID \*

Date Of discharge

Intimate

Click to Search Hospital



Click for Wellness Benefits



[Home](#) [Menu](#) [Sign out](#)

Appointment booking

History

Appointment For

Appointment For ▼

Mobile Number

Mobile Number

Email Id

Email

Select State

▼

Select City

▼

Select Diagnostic Center

▼

Preferred First Date and time

Preferred First Date

Preferred Second Date and time

Preferred Second Date

Book Appointment

Click for Pharmacy Benefits

  
Pharmacy

## Pharmacy request

### PATIENT DETAILS

Name\*

Gender

Age

Relation

Mobile Number \*

Email Address \*

### DELIVERY ADDRESS & PRESCRIPTION DETAILS

Effective from 1st Sept'14 all product's falling under Drug Prices Control Order will not be eligible for discount as the MRP of these products has been reduced considerably by the Government.

Delivery Contact No \*

State \*

City \*

Address \*

Upload Prescription \*  No file chosen

Doctor's Name \*

Prescription Date \*

Pin Code \*

Preferred Time

Prescription Duration

Remarks

\*\*Maximum File Size allowed is 5 MB  
\*\*Allowed File Types:  
.jpg,.jpeg,.tiff,.tif,.png,.gif,.bmp,.pdf

### MEDICINES

Please type at least 3 letters to see a list of medicines. You can place orders only for medicines that are available in the list. Kindly click on "Add" button to add a medicine to your order.

Medicine Name	Unit/Pack	Number Of Packs	Action
<input type="text" value="Search for..."/> <input type="button" value="Search"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Click for Health bites for daily healthtips



[Home](#)

[Menu](#)

[Sign out](#)




## Health Doodle




**Need help losing weight? Have an online chat with a qualified dietician from Medi Assist.**




HomeMenuSign out




Your claims




Wellness



Pharmacy



Health bites




Search hospitals


Know your health cover

Employee Policy


Parental Policy




Your profile



eCashless




Intimate Reimbursement




Submit claim

Specially for Green Arch



1800 425 XXXX



Write to us

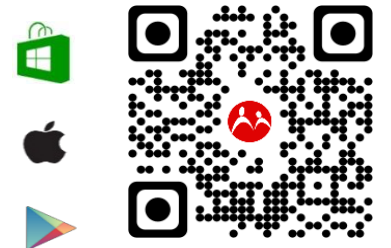
Contact us

Medi Assist | All Rights Reserved



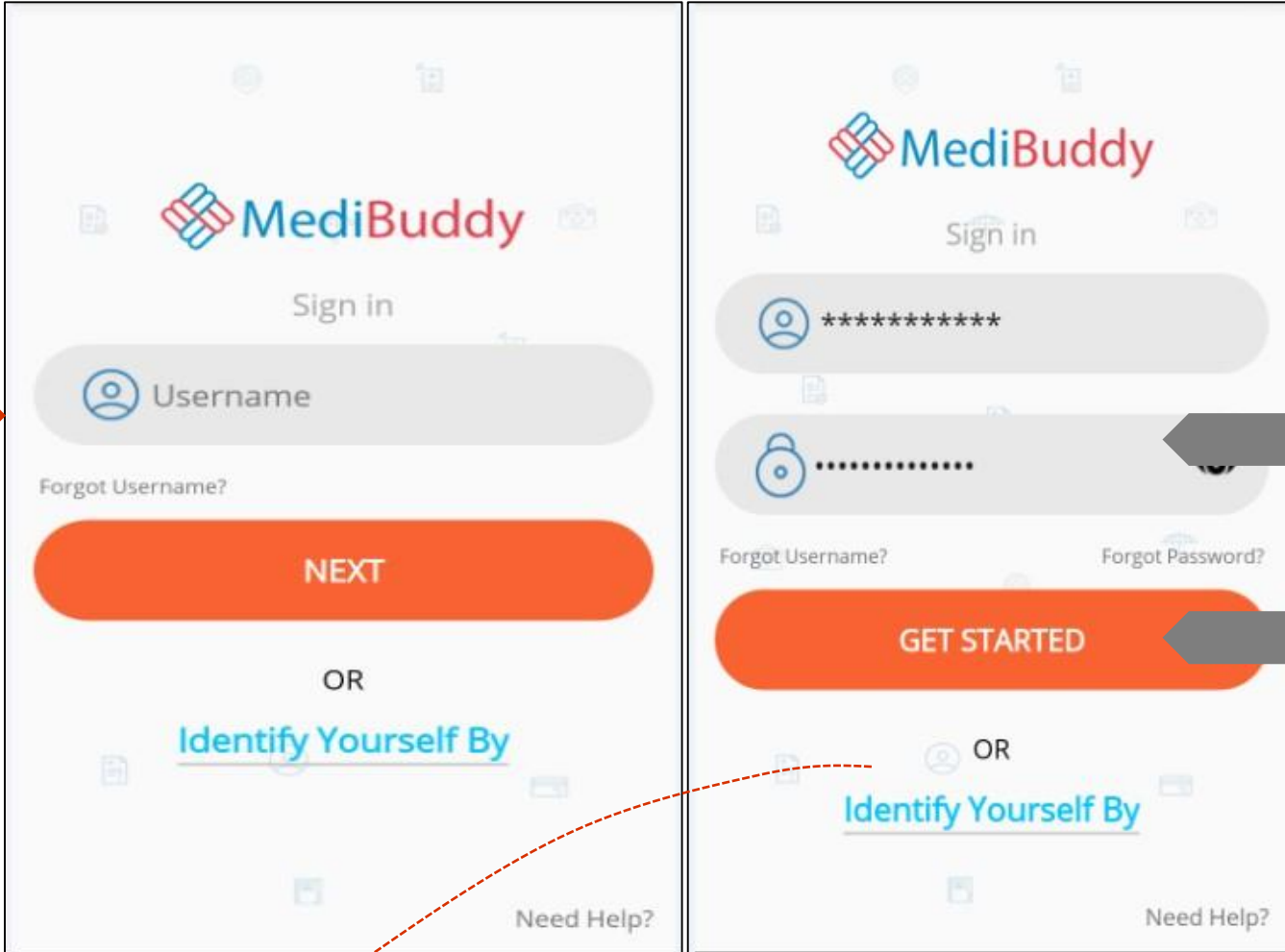


Your Personal Health Buddy



- Secure Sign In

# Sign In



Enter your username

The username is  
[EmployeeCode@cipla.com](mailto:EmployeeCode@cipla.com)

Enter your password

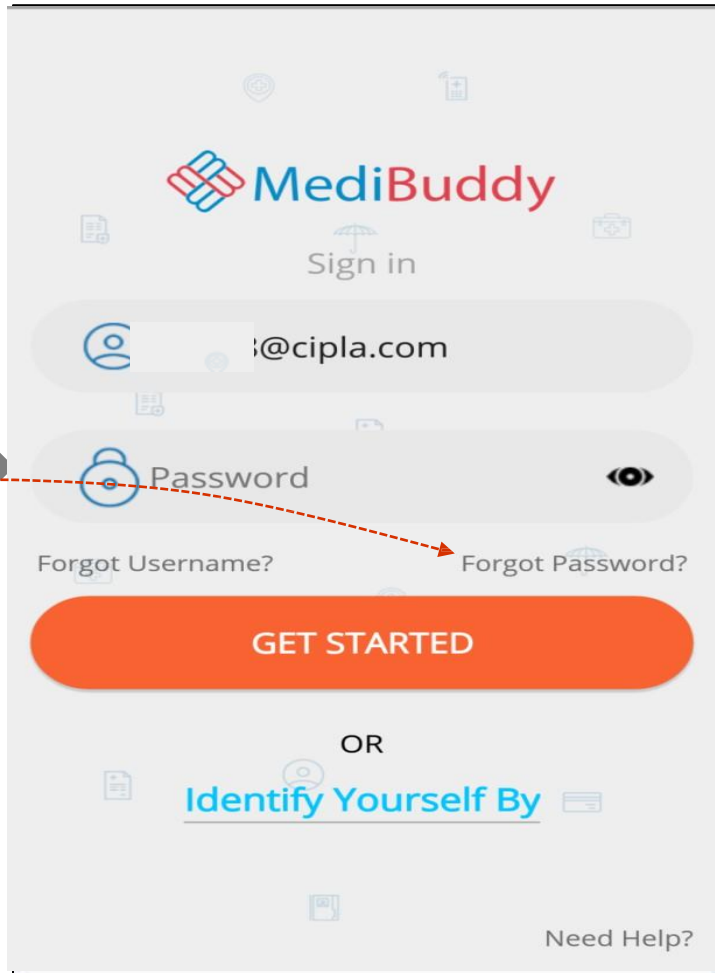
Click to Get Started

**Note:** If you don't have your username/password handy, click on **Identify Yourself by**.  
This allows you to login partially with your Employee Code / MAID & DOB or your Claim Number and MAID/Emp ID combination

\*MAID means Medi Assist ID; it can be found on your e-card

# Forgot Password?

Click on Forgot Password



MediBuddy

Sign in

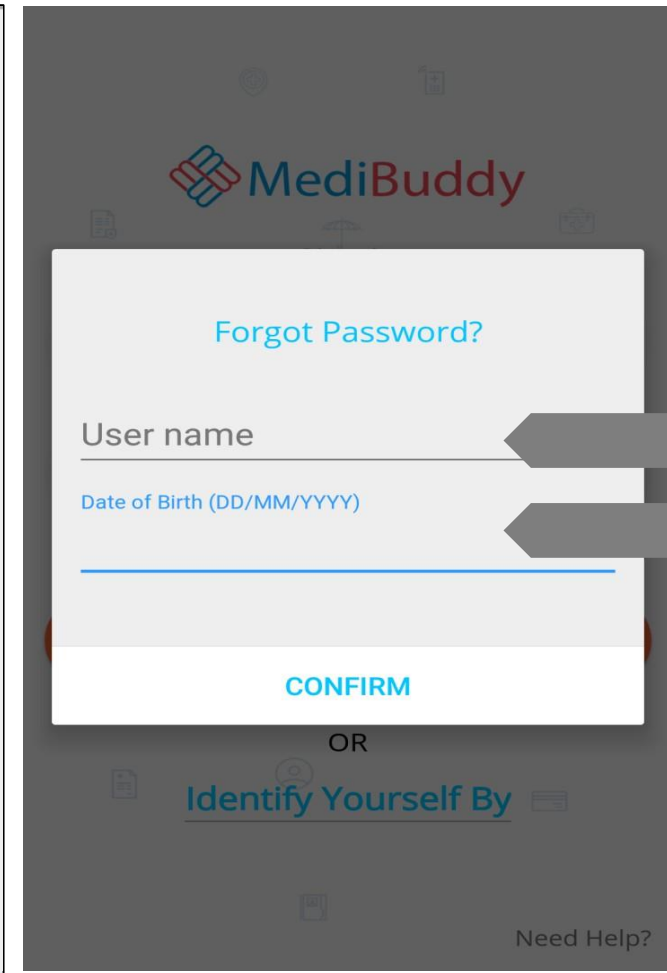
[Forgot Username?](#) [Forgot Password?](#)

**GET STARTED**

OR

[Identify Yourself By](#)

Need Help?



MediBuddy

Forgot Password?

**CONFIRM**

OR

[Identify Yourself By](#)

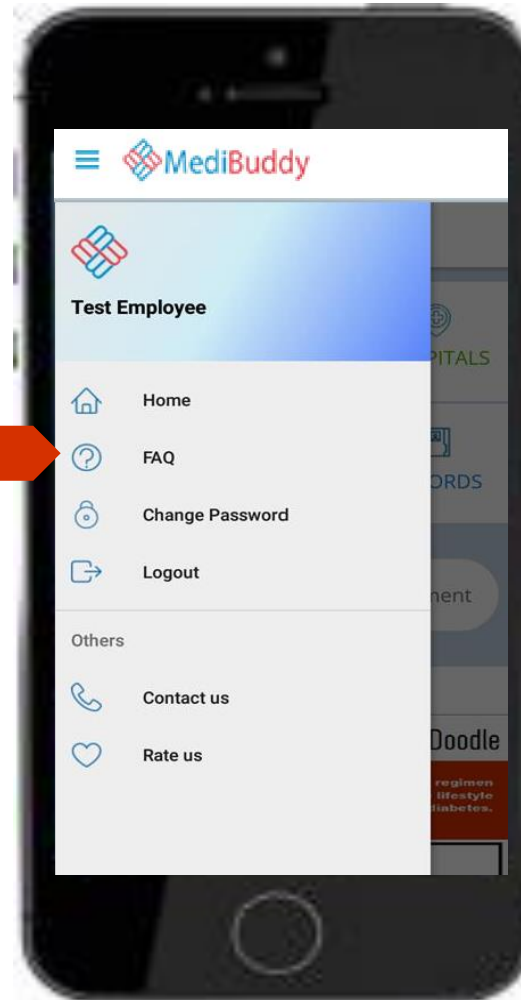
Need Help?

Enter your username

Enter your DOB

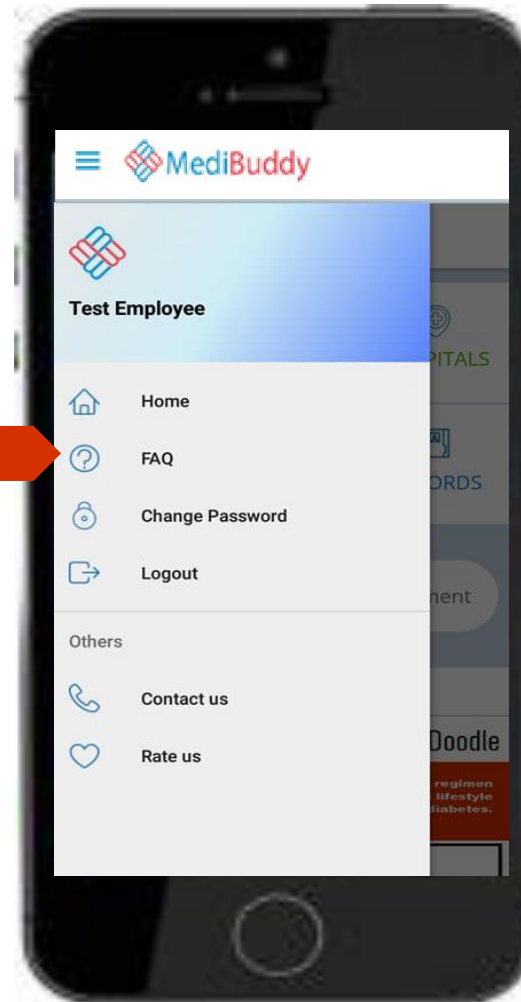
The new password will be sent to your registered mobile number and email ID

# Go Through FAQs

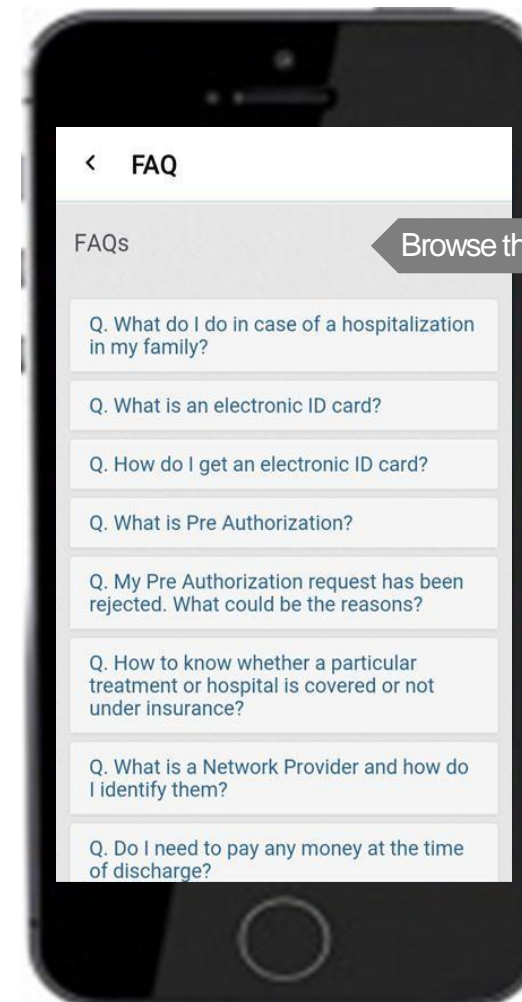


Click the FAQ link

# Go Through FAQs...Contd.



Click the FAQlink




Browse through various categories of FAQs






# Sign In...Contd.

Enter your username and password



Sign in

 \*\*\*\*\*

 ..... 



[Forgot Username?](#) [Forgot Password?](#)







GET STARTED


OR


Identify Yourself By

Need Help?



 

 CLAIMS	 E-CARD	 HOSPITALS
 RECORDS	 INFINITI	 POLICY

 eCashless

 Reimbursement

Health Tip

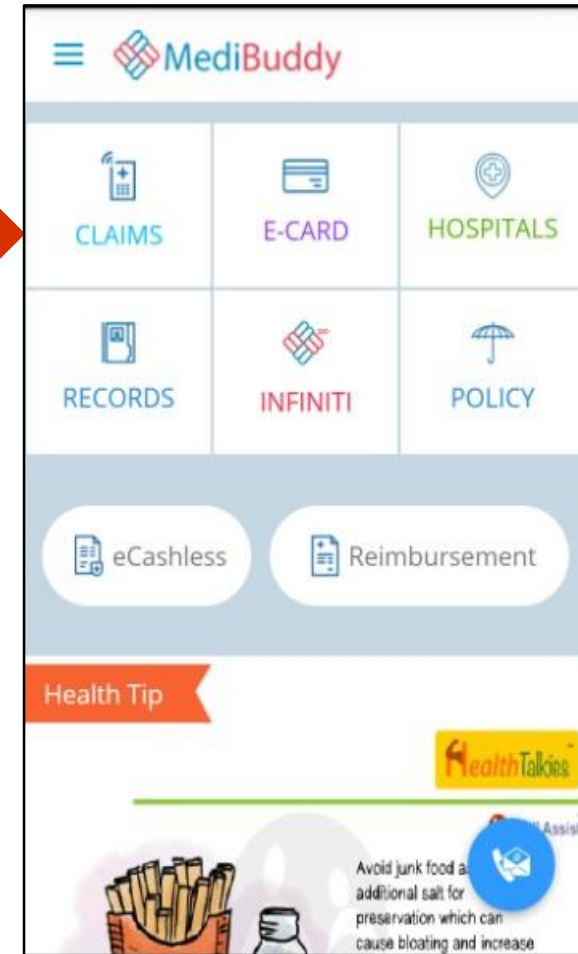


Avoid junk food and additional salt for preservation which can cause bloating and increase

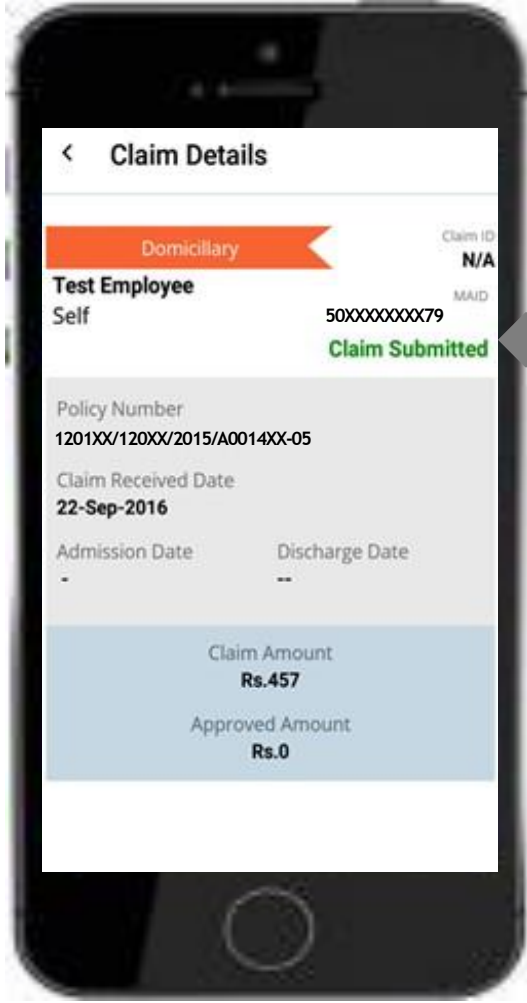
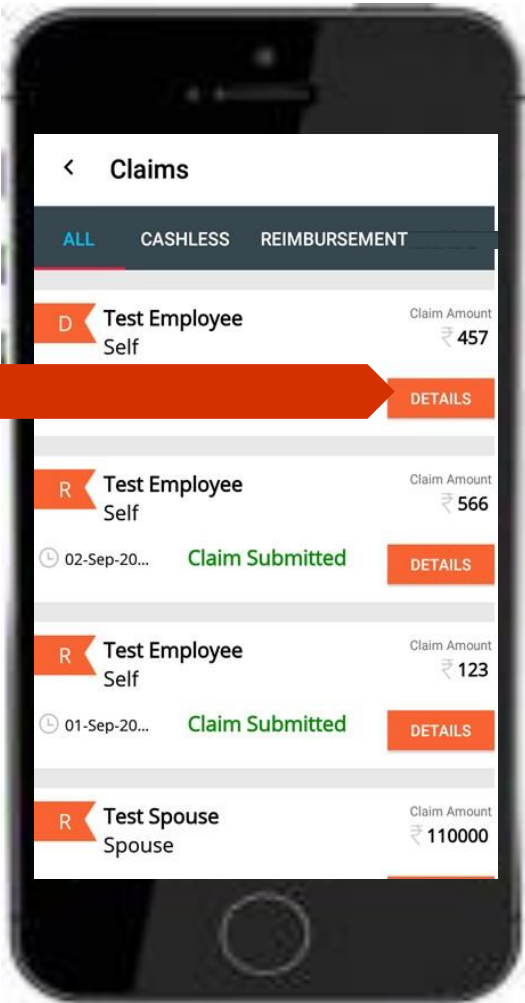
You are logged in

# Check the status of your claim

Click the Claimstitle



# Check the status of your claim

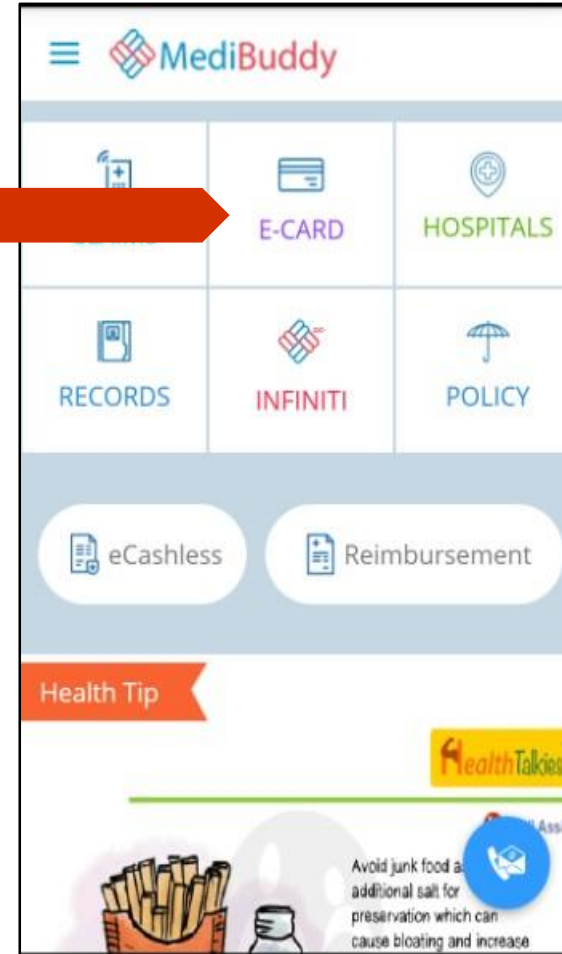


Claim Status

Click to see details

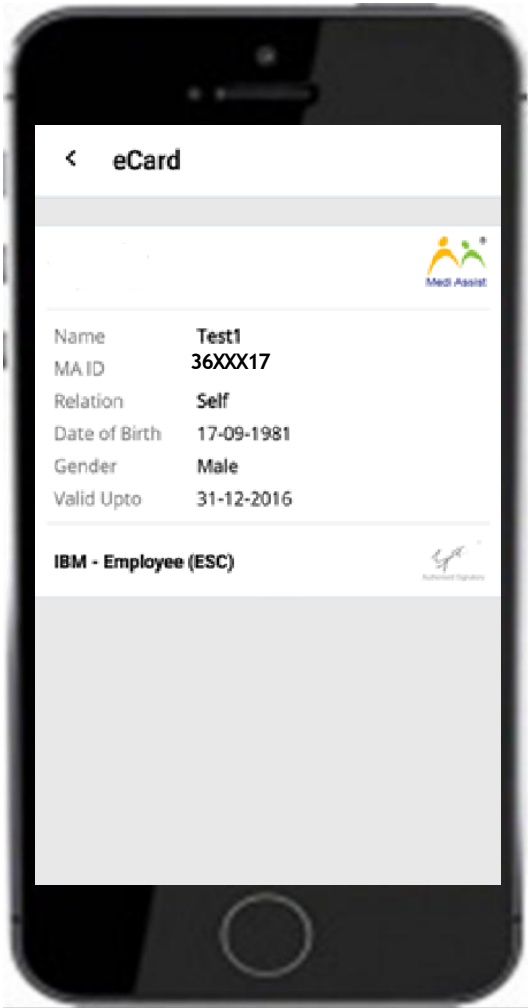
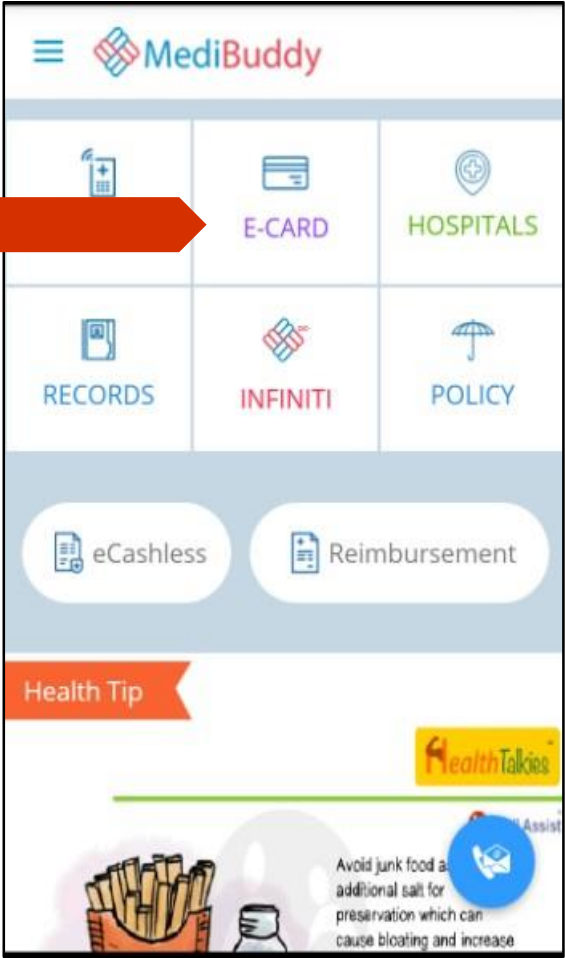
# Carry your e-card wherever you go

Click the E-Card tile



# Carry your e-card wherever you go...Contd.

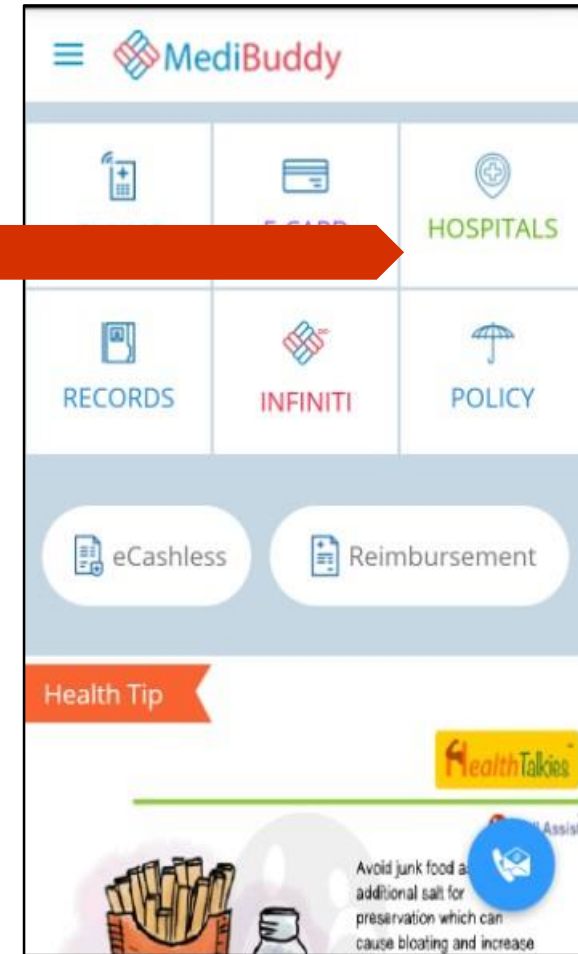
Click the E-Cardtile



E-card of all enrolled members will appear here

# View a list of Network Hospitals

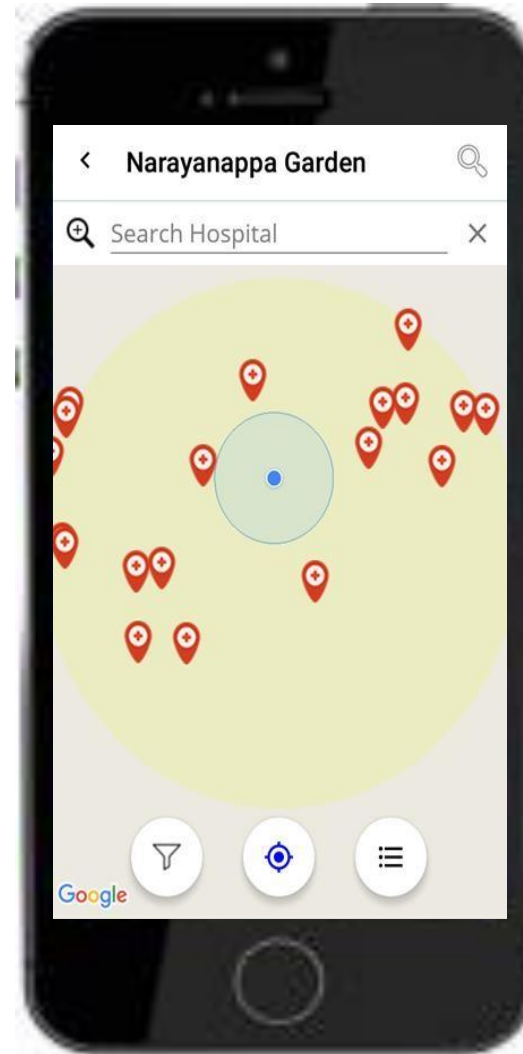
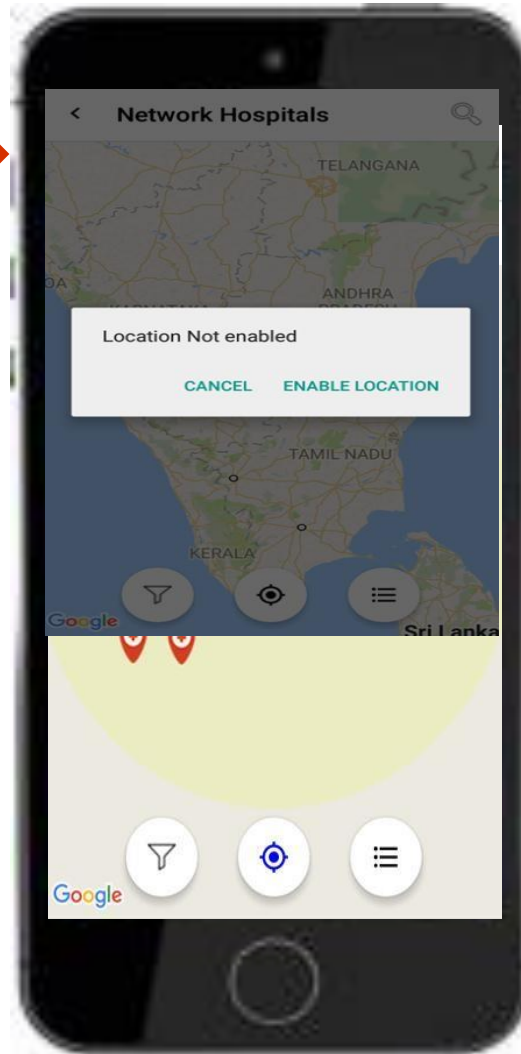
Click the Hospitals tile





# View a list of Network Hospitals ...Contd.

Enable your location (GPS)



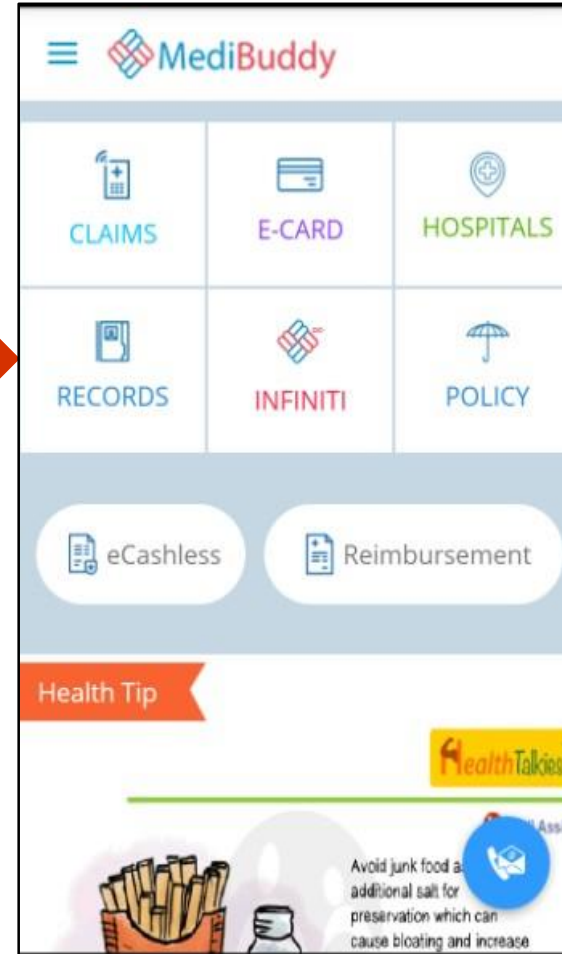
Network hospitals location wise

- one can identify the hospital (within KM/radius)
- one can identify the hospital (basis specialty)
- one can identify the hospital (with specific hospital name)

You can also search from Hospital Name

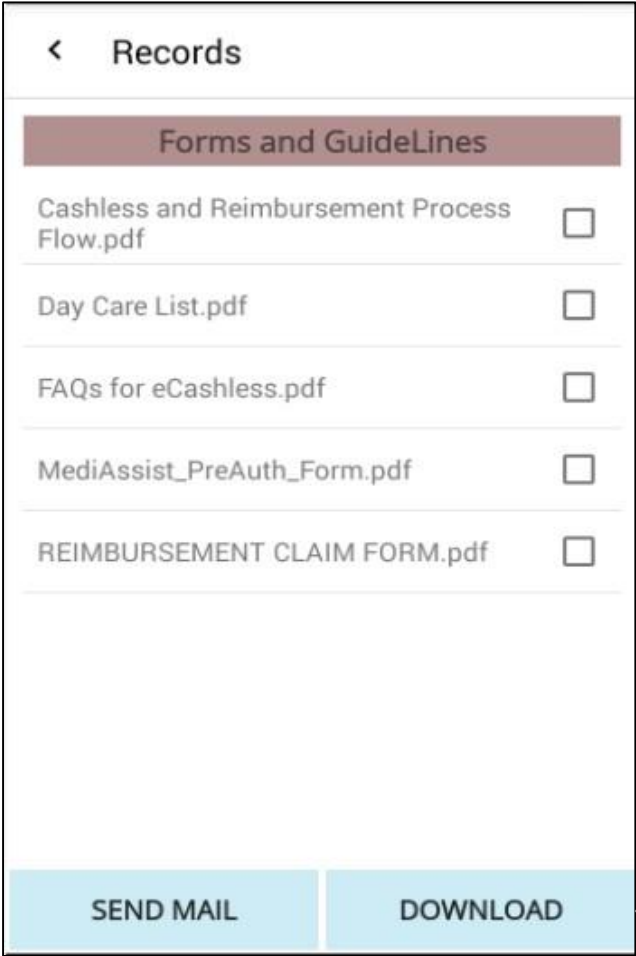
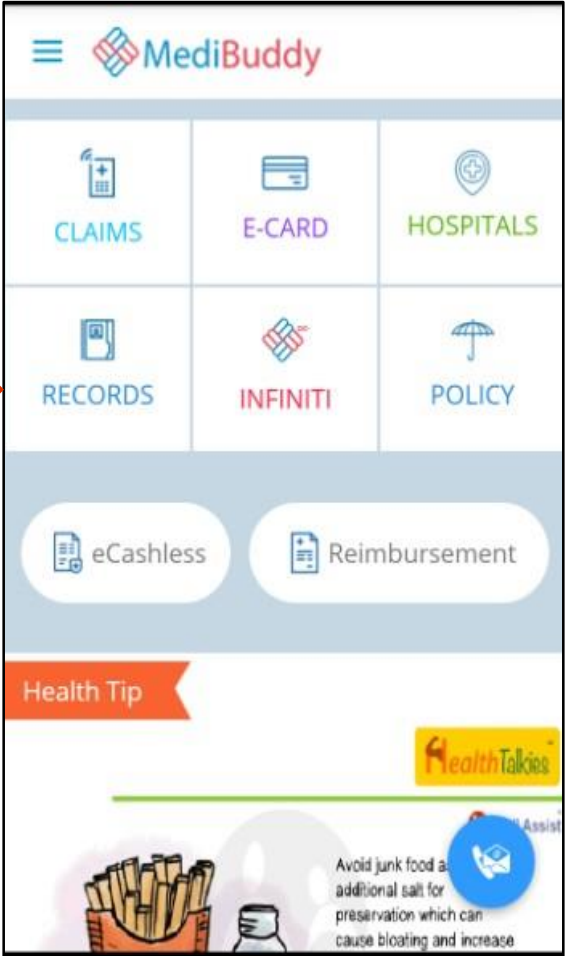
# Forms & Guidelines

Click the Records tile



# Forms & Guidelines... Contd.

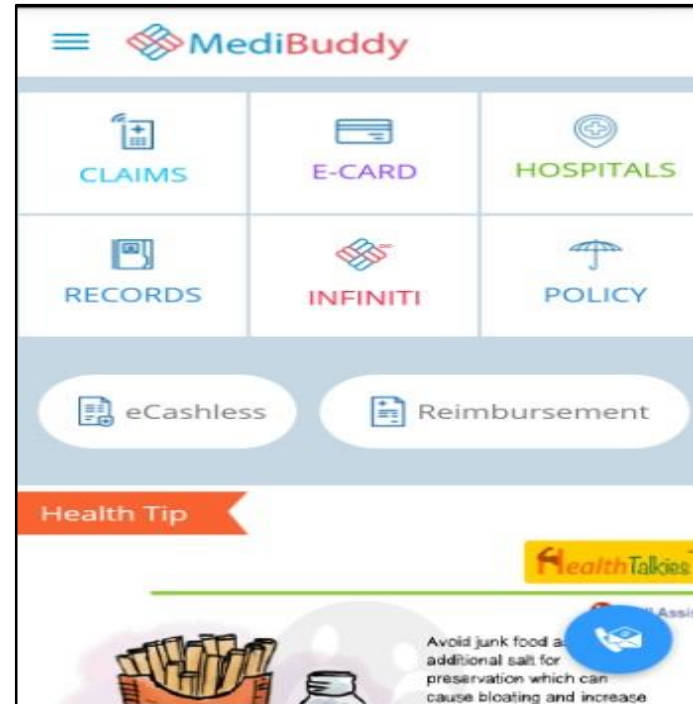
Click the Records tile



Click to Download / Send Mail


**MediBuddy Infiniti** – India's first Curated Cashless Network for Outpatient Services.

Employees can now select and book their outpatient services such as health check packages and doctor consultations from a range of trusted health services.



**Note:.. These expenses will not be borne by Cipla or reimbursed by Mediclaim**

Click the Infiniti tile



CLAIMS

E-CARD

HOSPITALS


INFINITI

POLICY

eCashless

Reimbursement

Health Tip

  
Avoid junk food and additional salt for preservation which can cause bloating and increase

Health Check

Health Check

Medicine

Consultation

Home Health Care

Second Opinion

Genome Study

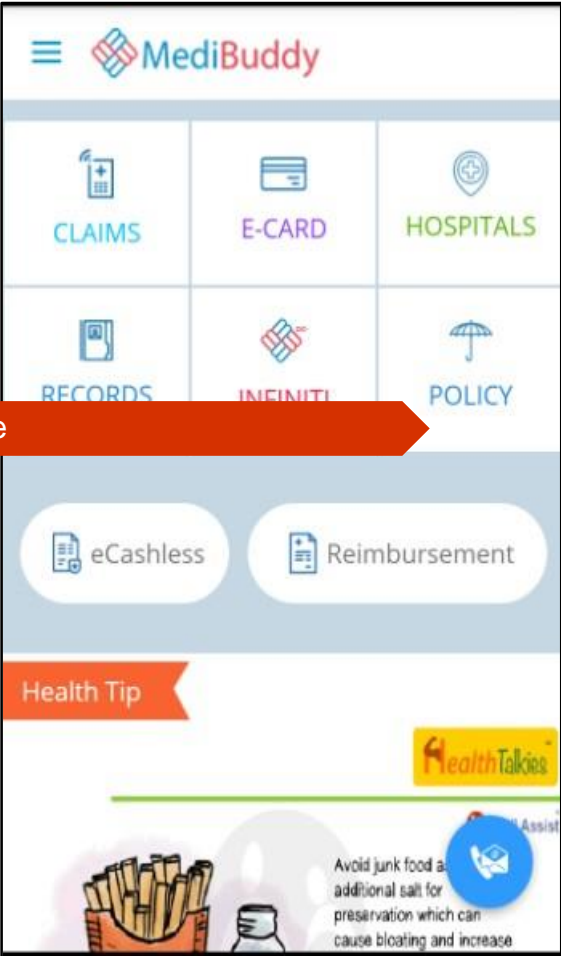
MediBuddy<sup>∞</sup>

Home About us Offers Terms of use

MediBuddy Infiniti – India’s first Curated Cashless Network for Outpatient Services. Employees can now select and book their outpatient services such as health check packages and doctor consultations from a range of trusted health services.

**Note:** The services around health check, Medicine, consultation, Home health care, second opinion – These services are provided by Medi Assist and will be payable on actuals. These expenses will not be borne or reimbursed by Cipla.

Click the Policy tile



<

Policy Details

Select Policy Type

Employee Policy

Family Sum Insured

RS.300000 /-

Available Balance

RS.249837 /-

Insurance Company

The New India Assurance Co. Ltd

Policy Number

130300/34/16/04/00000001

Start Date

01-Apr-2016

End Date

31-Mar-2017

Name

MAID

Relation

Spouse

DOB

-1967

Name

MAID

Relation

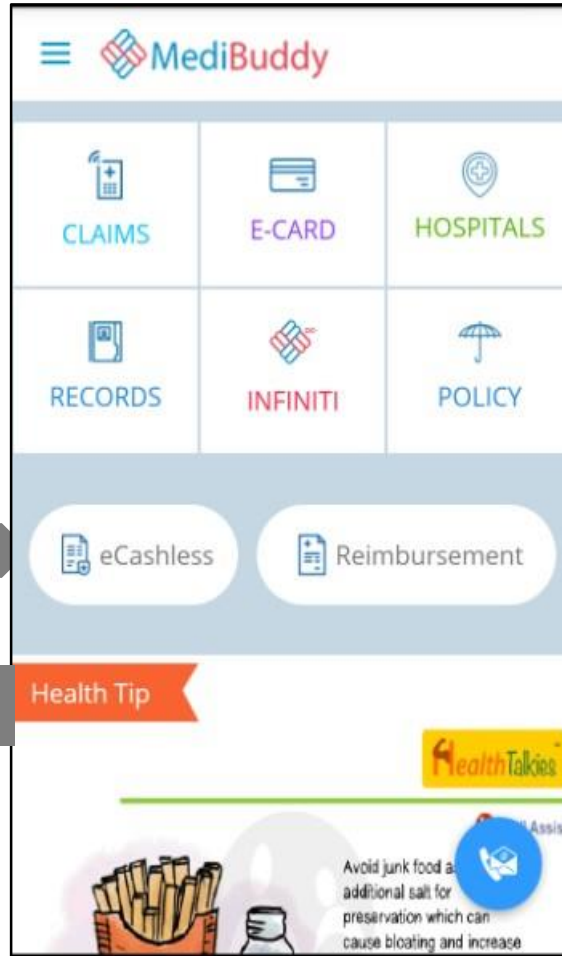
Son

DOB

12-1998

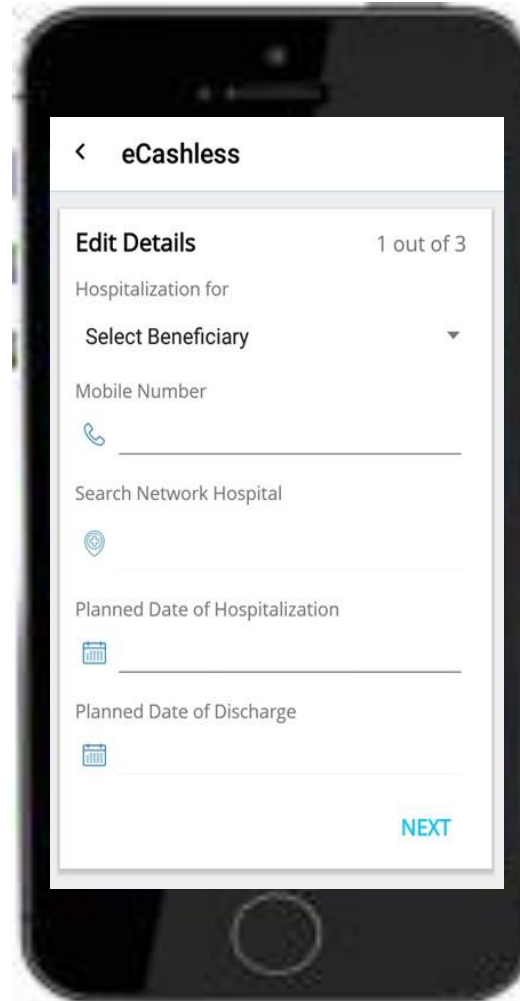
Select Parent Policy from the drop down to view parental policy details

View your basic policy details like policy number, available sum insured & MAID.



Click e Cashless tile

This is good for planned hospitalization only



1

Plan your hospitalization 72 hours in advance by availing eCashless option

2

You choose your preferred network hospital and room type, enter all the required details and click on **Submit**.

3

The hospital receives your request and enters the estimate cost of treatment

4

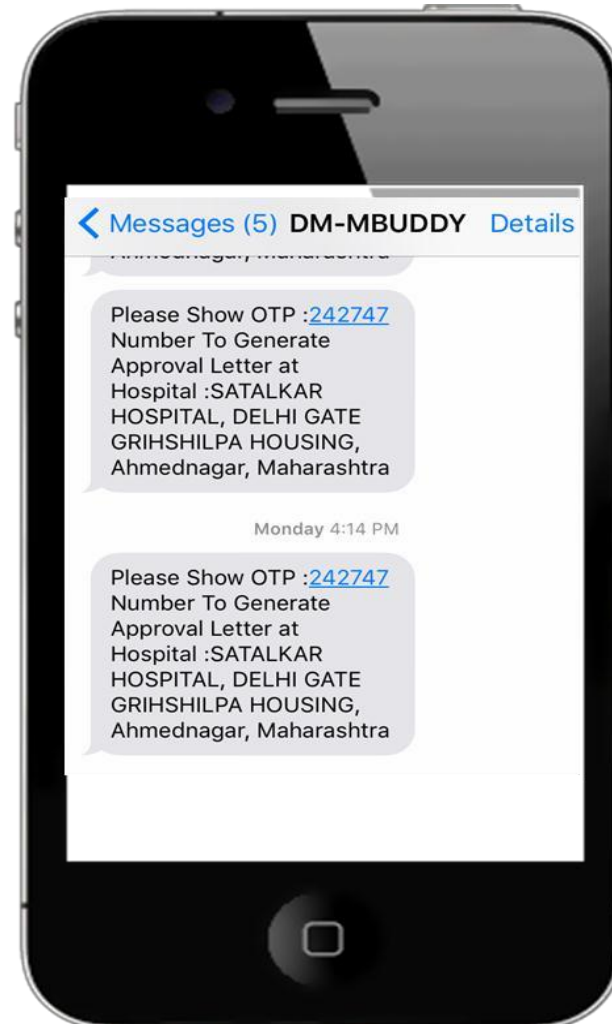
Medi Assist issues a provisional, passcode-protected preauthorization to the hospital based on the details / estimates provided by you and the hospital



# eCashless...Contd.

## How you benefit

- The most convenient, and yet fully secure, way to plan a cashless hospitalization
- Lower cost of care as a result of planning – Medi Assist helps you opt for preferred tariffs for a wide range of treatments
- A truly green channel experience - you reserve your room in advance and have practically no wait time at the hospital at the time of admission
- Full visibility into the status of your request, anytime, anywhere, with your app



5

You receive a secure passcode via SMS

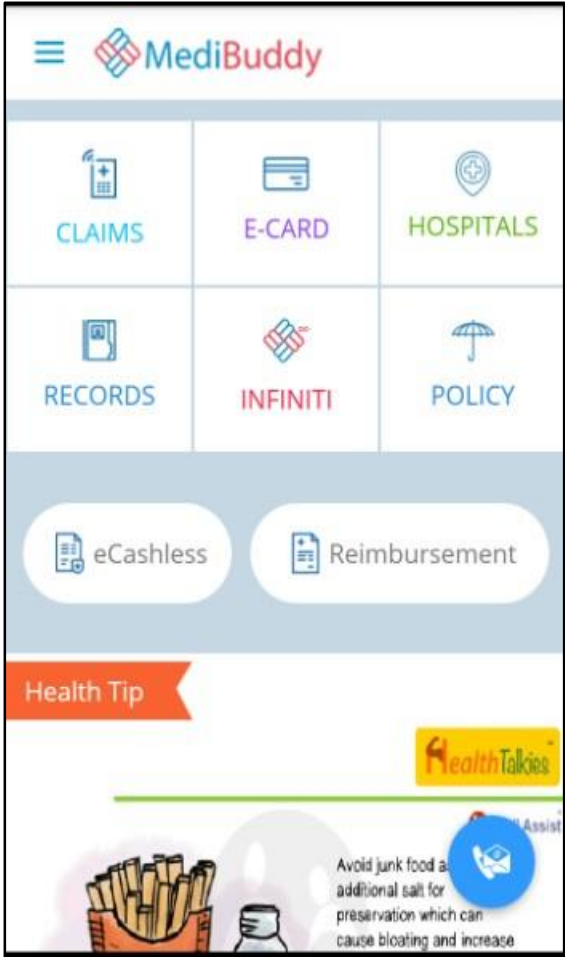
6

On the date of admission, you present your passcode at the insurance desk to “unlock” the provisional preauthorization.

7

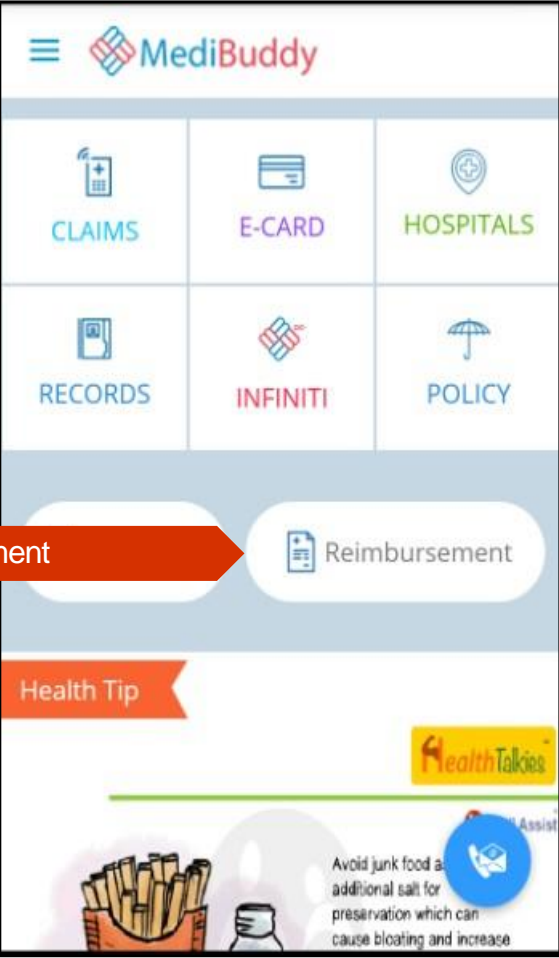
The provisional preauthorization becomes a valid approval only after the passcode is validated and the hospital obtains your ID proof and signatures on the preauthorization form.

# Send prior intimation for quick TAT

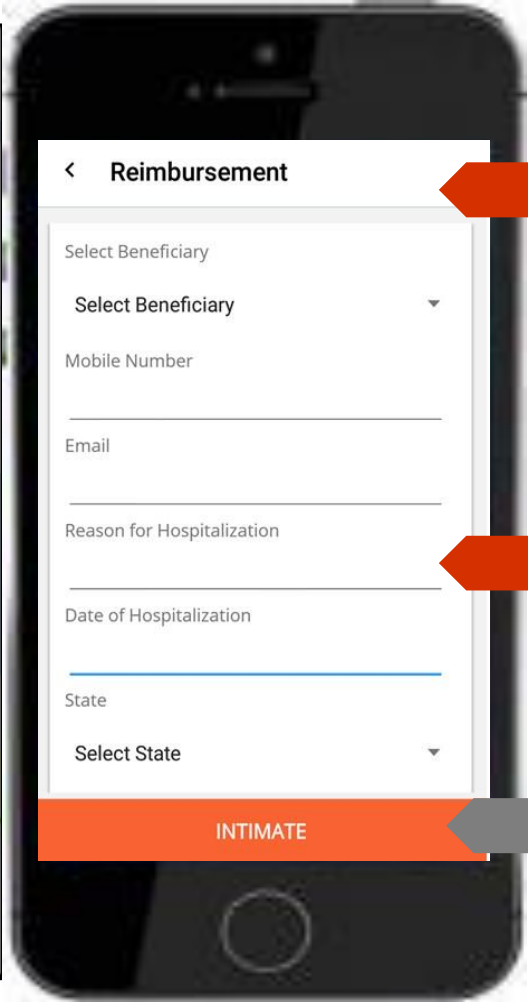


Send intimation for raising areimbursement

# Send prior intimation for quick TAT...Contd.



Send intimation for raising a reimbursement

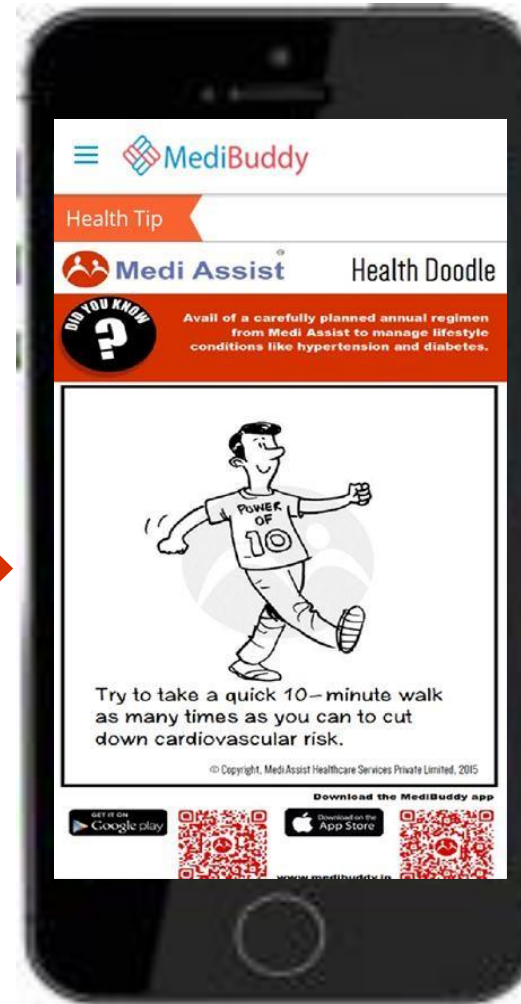


Provide details of your hospitalization

Indicate your hospital

Click Intimate

Daily Health Tip



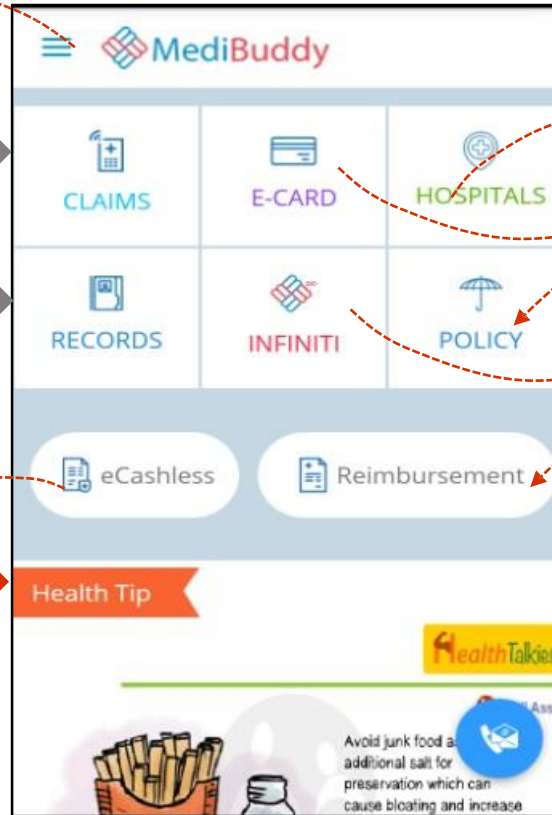
# One Click for everything in healthcare

The  MediBuddy app

Track your claims status

Access your health records online

Intimate us for provisional preauthorization



View list of network hospitals

View your EHealth-card

View your basic policy details

Access to healthcare service

Send intimation for raising a reimbursement

Daily health tips

To download MediBuddy App:

Visit play store or app store on your smartphone



Or give us a missed call on **1800 3010 1696**

We'll SMS the download link to your smartphone

# Happy to partner

Medi Assist India TPAPvt Ltd.  
4<sup>th</sup> Floor, Tower D, IBC Knowledge Park, Bannerghatta Road, Bengaluru 560 029  
Tel: +91 80 4969 8000

[info@mediassistindia.com](mailto:info@mediassistindia.com)

|

[www.mediassistindia.com](http://www.mediassistindia.com)

© 2016 Medi Assist. All rights reserved.

## Disclaimer:

Medi Assist Online portal, Medibuddy, HRA and other Medi Assist products and services mentioned herein as well as their respective logos are trademarks or registered trademarks of Medi Assist or its affiliate companies. All other product and service names mentioned are the trademarks of their respective companies. Data contained in this document serves informational purposes only. Some of the illustrations indicated in this document are only for informational purposes and may not have relation to Medi Assist's products or services. These materials are subject to change without notice. These materials are provided by Medi Assist and its affiliated companies ("Medi Assist Group") for informational purposes only, without representation or warranty of any kind, and Medi Assist Group shall not be liable for errors or omissions with respect to the materials. The only warranties for Medi Assist Group products and services are those that are set forth in express warranty statements accompanying such products and services, if any. Medi Assist shall in no event be held liable to any party for any direct, indirect, implied, punitive, special, incidental or other consequential damages arising directly or indirectly from any use of this material, which is provided as is, and without warranties.