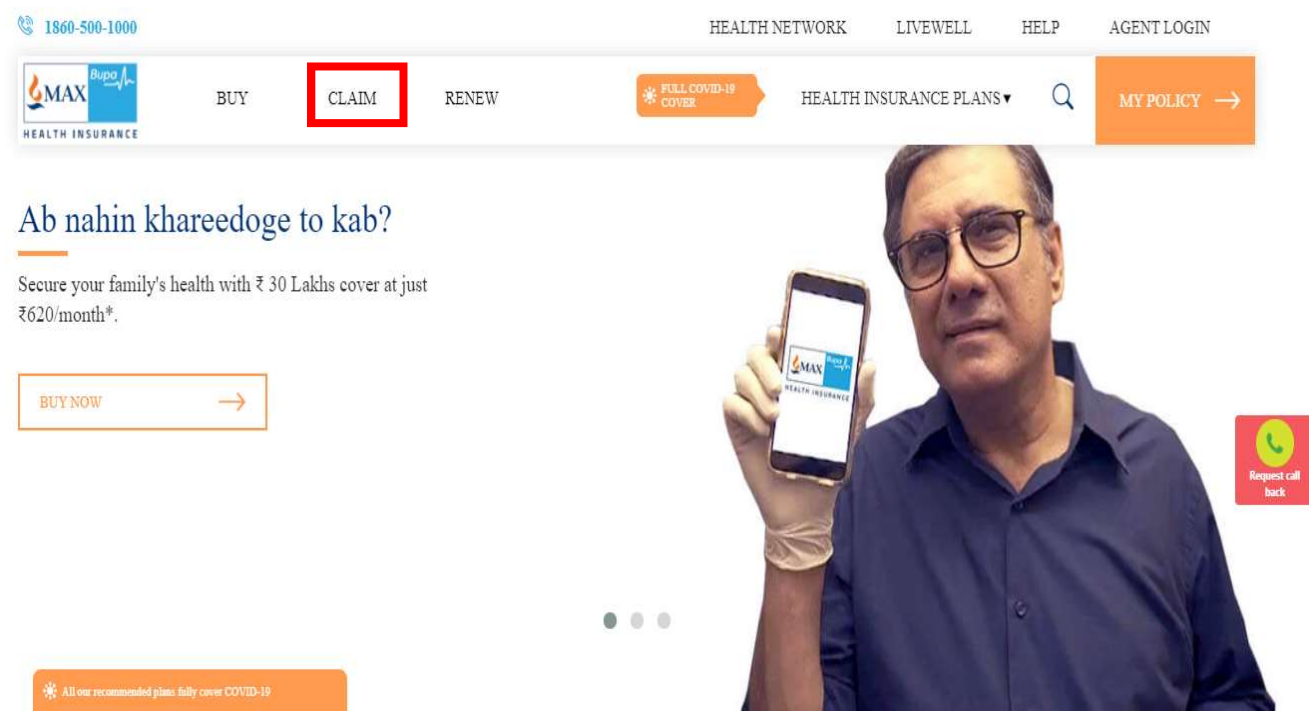


Online Claim Submission – Group Customers


Step 1: Navigation to Claims page



Go to Max Bupa website (www.maxbupa.com) and click on CLAIM

Step 2: Navigation to Claim submission page





Claim Process

At Your Service

Access Your Tax Receipt

Access Your Health Policy

Change Your Address

Download Forms

Portability

Customer Service

AAA

Profile

Attach Policy

Edit Profile

Change Password

Policy Related

Policy Kit

CLAIM PROCESS

To initiate the reimbursement claim process, please proceed with the hassle free **Online Claim Submission page**

CASHLESS CLAIMS

REIMBURSEMENT CLAIMS

Attach Policies

My Application

Contact Us

To keep you secure during the Pandemic affected times we request you to avail self-service options by opting for Online Chat available or save our number +91 9811956696 and say "Hi" to us on **WhatsApp**. You could also download our **Health App** on your



Click on **Online Claim Submission Page** or go to:

<https://transaction.maxbupa.com/Pages/claimdocupload.aspx>

Step 3: Authentication



PLEASE SUBMIT AND VERIFY YOUR POLICY DETAILS

Policy No.  or COI / Membership No. 

Enter Details

Date of Birth

DD/MM/YYYY

SUBMIT

*Please ensure that you are ready with the original copy of the claim documents as per claim submission [check list](#).



Enter the policy no. or COI/
Membership no. and Date of
Birth and then click on
SUBMIT.



Step 4: Previous claims





MY CLAIMS

Member Name	Status	 
EW WE	Pending	
Submission Date	Claim Type	
06/11/2020	Hospitalization	

Reference Id: WEBDIGITAL_318

Member Name	Status
EW WE	Submitted
Submission Date	Claim Type
10/11/2020	Hospitalization

Member Name	Status	 
SD DAS	Pending	
Submission Date	Claim Type	
17/12/2020	Hospitalization	

NEW CLAIM →

On the My Claims page – The customer can view the list of claims pending for submission and already submitted successfully.

To submit a pending claim, click on edit button to move ahead.

For submitting new claim, click on **NEW CLAIM** to proceed further.

Step 5: Select member



PERSONAL DETAILS

Policy/COI/Membership Number	Select Member
186000066307	EW WE ▼
Gender	DOB of the insured
Male	2005-10-12

COMMUNICATION DETAILS

Mobile number	Email
7500818611	RAHUL.KANDARI@MAXBUPA.COM
Address	
<div></div>	

SAVE & NEXT →

In the Personal Details screen, the policy/ COI/ membership number, Gender, DOB of the insured, Mobile number, email ID, address fields will be on non- editable mode. The customer can select any of the insured member from the “**Select Member**” dropdown. On changing default member, the page will get refreshed and auto populate the gender and DOB of the insured member accordingly. Post selecting the member, press **SAVE & NEXT**.

Step 6: Hospitalisation Details



HOSPITALISATION DETAILS

Category of Claim ?

Hospitalization ▼

Cause of Hospitalization

☐ Dengue Fever

☐ Diarrhoea and gastro-enteritis

☒ Cataract

☐ Acute respiratory infection

☐ Typhoid fevers

Hospital City

Gurgaon

Hospital Name

Medanta The Medicity Sector 38

Date of Admission

01/11/2020

Date of Discharge

30/11/2020

Total Claim Amount

85000

← BACK

SAVE & NEXT →

On Hospitalization Details, select the relevant Category of Claim from below:

- (1) Hospitalization
- (2) Day Care
- (3) Pre-Post
- (4) Fixed Benefit/ Cash Benefit

Post selecting category enter/select the following:

- Cause of Hospitalization
- Hospital City – select or enter
- Hospital Name – select or enter
- Pick date of Admission
- Date of Discharge
- Total Claim Amount

Click on **SAVE & NEXT**.

Step 7: Upload Documents



UPLOAD DOCUMENTS

*Please ensure the upload file is not very large. Keep the file size up to 5mb. The allowed file formats are jpg, jpeg, gif, pdf & tiff.

My Uploaded Documents

Document Type	File Name	View	Delete
Cancelled Cheque	Cancelledcheque.jpg	View	Delete
Discharge Summary	eDischarge-summary-screenshot.jpg	View	Delete
Final Hospital Bill	Hospitalbill.jpg	View	Delete
Investigation & lab reports	Labreport.JPG.jpg	View	Delete
Others	Medicalconsultationreport.jpg	View	Delete

Discharge summary*

Upload files No file chosen **Submit**

Hospital bill & Payment details*

Upload files No file chosen **Submit**

Investigation & lab reports*

Upload files No file chosen **Submit**

Other documents

Upload files No file chosen **Submit**

Upload below mentioned documents **Select All**

☒ First consultation paper

☒ Sticker / Invoice of lens

Cancelled Cheque*

Upload files No file chosen **Submit**

☒ I hereby declare that the benefits paid under this claim shall not be claimed from anywhere else in any form. Further, Max Bupa Health Insurance Company reserves the right to ask for original claim documents for processing of claims wherever necessary.

☒ I hereby declare that the information furnished by me under this claim is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I give my consent to appointed representative of Max Bupa Health Insurance Co. Ltd. to verify and collect necessary documents or statements from any hospital or medical practitioner whom I have consulted in past as part of verifying submitted claim authenticity. 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 pre/post hospitalization claim, if any.

← BACK **SUBMIT**

Upload the following mandatory documents:

- Discharge summary,
- Hospital bill & Payment details
- Investigation & lab reports
- Cancelled Cheque copy
- Other documents as mentioned (depending on Cause of Hospitalization)

Click the Submit button post selecting each file.

Read and click on check buttons against declarations.

Click on **SUBMIT** to proceed

Note:-

Supported file extensions: JPG, JPEF, GIF, PDF & Tiff and file size is upto 5 MB.

Step 8: Final submission



Other documents ?

Upload files

No file chosen

Submit

Upload below mentioned documents

Select All

☒

First consultation paper

☒

Sticker / Invoice of lens

Cancelled Cheque* ?

Upload files

No file chosen

Submit

☒

I hereby declare that I have not been claimed from anywhere else and I reserve the right to ask for reimbursement of the sum of the claim.

☒

I hereby declare that to the best of my knowledge, the information provided is true & correct and I have not made any untrue statement, omission or misrepresentation in the questions asked in the claim. I give my irrevocable and exclusive authority to Bupa Co. Ltd. to verify the submitted claim and to collect the necessary documents from the hospital or medical practitioner involved in the submitted claim for the purpose of this claim & that I will not be making any supplementary claim except the pre/post hospitalization claim, if any.

← BACK

SUBMIT

Read the pop up that comes out and click on **OKAY** button to proceed.

Step 9: Thank You page



Dear **Priya Purwar**, Thank you for filing your claim. Your claim reference number is **WEBDIGITAL_465**. Your claim processing starts right away. Our claim process is paperless. Should we need the physical documents to process your claim, we will get in touch with you. Please keep the documents safe.



On Thank You screen, the claim reference no. is generated. SMS is also sent on the registered mobile number with the claim reference no.

P.S. Actual Claim number is generated by claims team within 48 hours and sent to the customer in SMS/email.

Thanks