

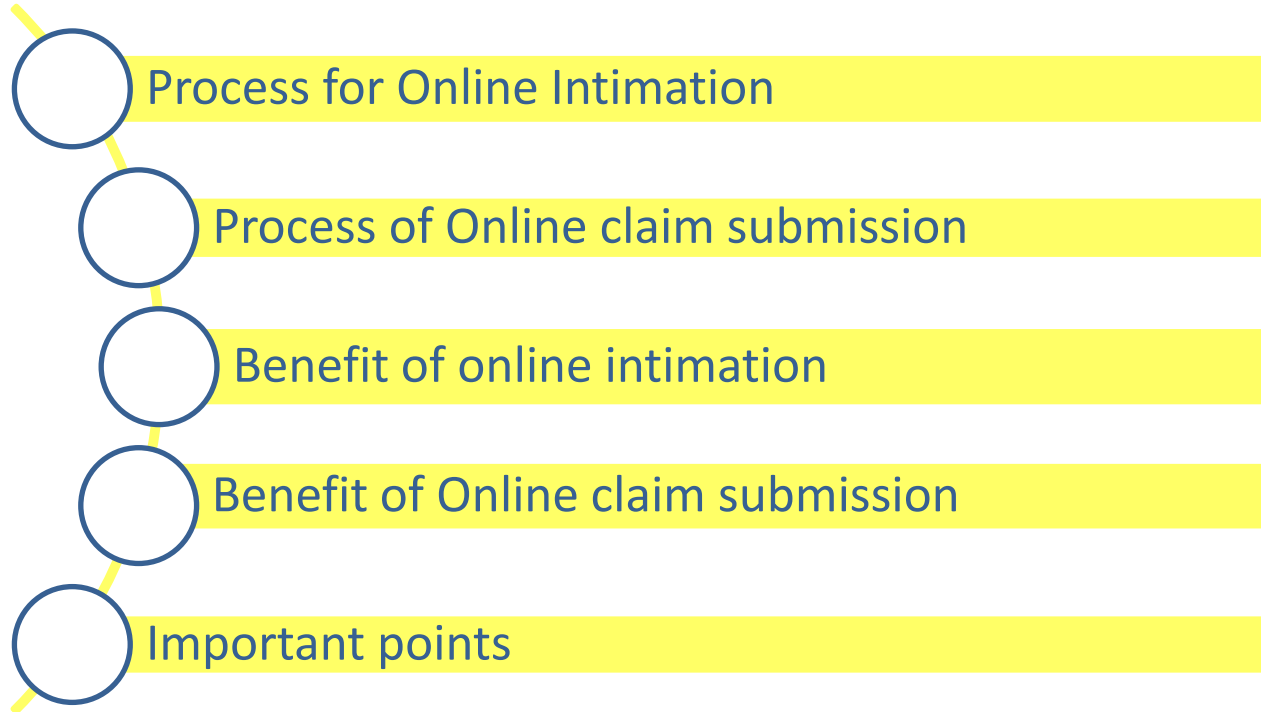


HEALTH INSURANCE

Care Health Insurance Company Limited

Online Intimation and Online claim submission

Content:-



Online intimation Process :-

Click on <https://www.careinsurance.com/rhicl/claim/login>



Travel Insurance ▾ Health Insurance ▾ Super Mediclaim ▾ Fixed Benefit Insurance ▾

Portability Renew ClaimGenie Helpdesk Login



HASSLE_FREE CLAIM PROCESSING
AT YOUR FINGERTIPS!

WITH



- INTIMATE YOUR CLAIM
- UPLOAD DOCUMENTS
- TRACK STATUS OF YOUR CLAIM

Please Enter Your Policy Details

Start your claim journey by filling following details

Enter your policy number

Claim Journey

- Claim Intimation**
Initiate your claim with few details
- Upload Documents**
Upload all documents in seconds
- Claim Tracking**
Track your claim status / Know your claim status

10387164

TnM9mF TnM9mF

Next





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Upload Documents
Upload all documents in seconds
- 
Claim Tracking
Track your claim status /Know v

 17299233

 My Employee ID*

OR

 My Customer ID*

Submit

Enter your Employee id or customer id and click on "Submit" button



HASSLE_FREE CLAIM PROCESSING
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Please Select the Member

Select member to initiate the claim journey

	Name	Client ID	Relation	Age
<input checked="" type="checkbox"/>	Rajeev Ranjan Prakash	51149458	SELF	40
<input type="checkbox"/>	Preeti Chandra Vibhuti	51149459	SPOUSE	50

☐ Subscribe to important alerts on WhatsApp

Submit

Select the member name who is going to admit and click on "Submit" button



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SELECT MEMBER

SELECT PROCESS

Please select a claim type



IPD



OPD



Hospicash

Click any one option

Click on IPD tab



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SELECT MEMBER

SELECT PROCESS

Please select a claim type

Main Claim

Click on “main Claim”
tab



Please select icon to continue



Claim Intimation



Upload Your Documents



Claim Tracking

Click on “Claim Intimation” Tab

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Reg Office - Care Health Insurance Limited (formerly known as Religare Health Insurance Company Limited), 5th Floor, 19, Chawla House, Nehru Place, New Delhi-110019 | CIN - U66000DL2007PLC161503

Branch Office - Care Health Insurance Limited (formerly known as Religare Health Insurance Company Limited), Unit no 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon – 122001





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SELECT MEMBER SELECT PROCESS

Select claim Type

Select claim type and fill details



Cashless

Reimbursement

Settle claim by submitting original hospitals bills and expenses incurred documents.

Select Reimbursement and after that click on "Next" button

Next





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SELECT MEMBER

SELECT PROCESS

Please select hospital state,city,and name



 Hospital State ▼

 Hospital City ▼

 Hospital Name ▼

Next

Enter Hospital details as asked and
click on "Next" button




Please provide your admitted ward type



As per your policy, you would be applicable for:

Room Type: SINGLE ROOM WITH AC

 Room Type* 

Room Type


Select "Room Type" opted for admission in hospital

Next

* Please select the room as per your policy terms and conditions

Please provide your admission and discharge dates



Date of Admission

OR

Date of Death

&

Date of Discharge

Enter date of Admission and expected date of Discharge and click on "Next" button


Next


Feedback



Please provide your initial diagnosis and expected amount



 Initial Diagnosis

 Expected Amount In Rs.

Next

Enter Initial Diagnosis, Expected Amount and click on “Next” Button

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Correspondence Address - Care Health Insurance Limited (formerly known as Religare Health Insurance Company Limited), Unit no 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon – 122001



Please provide your mobile number and email id



Submit

Preview

Enter Alternate Mobile number and Email id and click on "Preview" button to review all your filled details and click on "submit" button



your intimation has been done



Thank You

Your reference number is **CPR31082020246385**



Intimation Done

Physical Document pending

[Download Intimation Form](#)

Please provide documents ([List of Documents](#)) at our [nearest branch](#) of Care Health Insurance or Correspondence Address (Care Health Insurance Company Limited, Unit no 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon – 122001).

Track the status of your Claim [Click here](#) after submitting physical copies of the Original documents If You have any query please write to us at claims@careinsurance.com



Welcome to Care Health Insurance!

Dear Preeti Chandra Vibhuti

Your Intimation Number: CPR31082020246385

You will get Intimation number in your updated mail id and mobile number

Please click the link given below to upload your document.

<https://careuat.careinsurance.com/rhicl/claim/upload-documets/index?inwardNo=Q1BSMzEwODIwMjAyNDYzODU=&policyNumber=MTAzODcxNjQ=&custId=NTExNDk0NTk=&type=d&Claimcategory=MQ==>

In case of any query, at any juncture, please feel free to mail us at claims@careinsurance.com or call us at our 24 hour toll-free helpline -**1800-102-4488**.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance

Process for online claim submission

Your reference number is CPR31082020246385



Download Intimation Form

Please provide documents ([List of Documents](#)) at our [nearest branch](#) of Care Health Insurance or Correspondence Address (Care Health Insurance Company Limited, Unit no 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon – 122001).

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Do you want to upload the documents

Yes

No

Click on “yes” button to upload the documents for claim processing



Upload Your Documents

Select Your Documents

[Select Document type](#)

[Upload or Drag Document](#) (Only .pdf,.jpg,.jpeg,.png,.bmp files are allowed.)

Select appropriate document type, upload the documents as per mentioned tab and click on "Submit" button

- Bank Details (*)
- Discharge Summary (*)
- Final Bill - Detailed (*)
- ID Proof (*)
- Pre-Auth Form/Claim Form (*)

Drag Files to Upload

Or

Browse

Submit

Note: Please Upload Required Documents :Bank Details,Discharge Summary,Final Bill - Detailed,ID Proof,Pre-Auth Form/Claim Form,

Feedback

SELECT MEMBER SELECT PROCESS



Your reference number is CPR31082020246385




Your Documents have been submitted to us

Please provide original documents ([List of Documents](#)) at our Head office (Care Health Insurance Limited (formerly known as Religare Health Insurance Company Limited) , Unit no 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon – 122001) or nearest branch of Care Health Insurance.

Track the status of your Claim [Click here](#) after submitting physical copies of the Original documents If You have any query please write to us at claims@careinsurance.com




How to track claim :-




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SELECT MEMBERSELECT PROCESSSELECT SERVICES


Please select icon to continue



Claim Intimation









Upload Your Documents



Claim Tracking

Click on Claim Tracking

Feedback





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- INTIMATE YOUR CLAIM
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- TRACK STATUS OF YOUR CLAIM

SELECT MEMBER

SELECT PROCESS

Status of Claims in Process

Open Claims

Closed Claims

Please select the claim number for which you want to check status

No open claim found. Please check in closed claim.

Click on required Tab,
It would display if any
claim is filed.





HASSLE_FREE CLAIM PROCESSING
AT YOUR FINGERTIPS!

WITH



- UPLOAD DOCUMENTS
- TRACK STATUS OF YOUR CLAIM

SELECT MEMBER

SELECT PROCESS

Status of Claims in Process

Open Claims

Closed Claims

Please select the claim number for which you want to check status

Claim details will be visible if filed, as follows.

Claim Number

Claim Type

17-Jun-2020

Intimation Date



Benefit of online claim Intimation & online claim submission

- ✓ Intimation number would be triggered to customer's mobile number on real-time basis.
- ✓ Shortest turn around time.
- ✓ Claim processing on the basis of uploaded documents.
- ✓ All the communication would be triggered via SMS and Mail.
- ✓ Option to upload query documents.
- ✓ Post uploading the complete documents, instant claim processing will start.
- ✓ Real time status is available online under claim tracking tab.

Important points

- Intimation number is mandatory generate before uploading the documents.
- Please select correct member name for intimation.
- Please scan your documents in below parts:-
 - Claim form.
 - Discharge summary.
 - Final bill.
 - Investigation reports.
 - Doctor consultation papers .
 - Sticker/Invoice- For Implant.
 - Others if any.
- Please scan documents properly and clear.

Thank You



HEALTH INSURANCE

Health ki Guarantee