


Submitter Screens

← → ↻ ⌂ ⓘ Not secure | www.sumagotech.com/eTPA/my_claim_view.php?claimID=201900000004 ☆ 📁 📧 📱 📺 📷 📹 📶 📡 📢 📣 📤 📥 📦 📧 📨 📩 📪 📫 📬 📭 📮 📯 📰 📱 📲 📳 📴 📵 📶 📷 📸 📹 📺 📻 📼 📽 📾 📿 📠 📡 📢 📣 📤 📥 📦 📧 📨 📩 📪 📫 📬 📭 📮 📯 📰 📱 📲 📳 📴 📵 📶 📷 📸 📹 📺 📻 📼 📽 📾 📿 📠



Rajendra Singh

PROFILE MANAGEMENT

CLAIM SEARCH

CLAIM FORM B

LOGOUT

etpa Claim Processing

Claim ID - 201900000004 Patient Name - Raj Kumar

DETAILS OF HOSPITAL DETAILS OF PATIENT DIAGNOSIS & PROCEDURES CLAIM DOCUMENTS DETAILS OF NON NETWORK HOSPITAL

DETAILS OF HOSPITAL

Name of the Hospital
Manipal Hospital

Hospital ID
MH298H

Type of Hospital
☒ Network ☐ Non Network

Name of the treating Doctor
Dr. Deepa

Qualification
MD, MS

Registration No. with state code

Mobile No.
+91 0 0

Submitter's mobile number should be mandatory in claim submission process

Insurance Policy Number

2935321

- IP Registration No. – should be changed to “Insurance Policy Number”
- The data field of above should be reduced in size to half.
- If diagnosis & procedures are not entered then the claim status should **INCOMPLETE**.
- **Claim cannot be submitted if there are NO diagnosis and procedures entered.**
This is VERY IMPORTANT

Processor Screens

Not secure | www.sumagotech.com/eTPA/claim_view.php?claimID=201900000002

etpa Claim Processing

Claim ID - 201900000002 Patient Name - Vasudha Das

DETAILS OF HOSPITAL | DETAILS OF PATIENT | DIAGNOSIS & PROCEDURES | CLAIM DOCUMENTS | DETAILS OF NON NETWORK HOSPITAL

DETAILS OF PATIENT ADMITTED Verified

Patient First Name: Vasudha Patient Last Name: Das

IP Registration No.: 2935321 Gender: ☒ Male ☐ Female ☐ Transgender

Age: 30.1 Years Date of Birth: 02-01-1989 Date of Admission: 03-01-2019 Time: 4:45 PM Date of Discharge: 03-14-2019 Time: 8:45 AM

Type of Admission: ☐ Emergency ☐ Planned ☐ Day Care ☒ Maternity

If Maternity:

Date of Delivery: 03-10-2019 Gravida Status: Status at time of Discharge: ☒ Discharged at Home ☐ Discharged to Another Hospital ☐ Day Care ☐ Deceased

Total Claimed Amount: 25000

This above screen to be modified in the following way-

Not secure | www.sumagotech.com/eTPA/claim_view.php?claimID=201900000002

etpa Claim Processing

Claim ID - 201900000002 Patient Name - Vasudha Das

DETAILS OF HOSPITAL | DETAILS OF PATIENT | DIAGNOSIS & PROCEDURES | CLAIM DOCUMENTS | DETAILS OF NON NETWORK HOSPITAL

DETAILS OF PATIENT ADMITTED

Patient First Name: Vasudha Patient Last Name: Das

Insurance Policy Number: 2935321 Verify

Gender: ☐ Male ☒ Female ☐ Transgender

Age: 30.1 Years Date of Birth: 02-01-1989 Date of Admission: 03-01-2019 Time: 4:45 PM Date of Discharge: 03-14-2019 Time: 8:45 AM

Type of Admission: ☐ Emergency ☐ Planned ☐ Day Care ☒ Maternity

If Maternity:

Date of Delivery: 03-10-2019 Gravida Status: Status at time of Discharge: ☒ Discharged at Home ☐ Discharged to Another Hospital ☐ Day Care ☐ Deceased

Total Claimed Amount: 25000

- Processor can verify the Insurance Policy Number field by clicking on the **VERIFY** button.
- If patient is found then following should be displayed-

Insurance Policy Number

2935321



Verified

- If patient is NOT found then following is to be displayed-

Insurance Policy Number

2935321



**Patient Not Found.
Claim rejection email sent**

The following screen also has to be changed-

← → ↻ ⌂ ⓘ Not secure | www.sumagotech.com/eTPA/claim_view.php?claimID=201900000004 ☆

Aditya Goel

PROFILE MANAGEMENT

CLAIM SEARCH

LOGOUT

etpa Claim Processing

Claim ID - 201900000004 Patient Name - Raj Kumar

DETAILS OF HOSPITAL DETAILS OF PATIENT DIAGNOSIS & PROCEDURES CLAIM DOCUMENTS DETAILS OF NON NETWORK HOSPITAL

DETAILS OF PATIENT ADMITTED

Review Reject Verify

Patient First Name: Raj Patient Last Name: Kumar

IP Registration No.: 5224080 Gender: ☒ Male ☐ Female ☐ Transgender

Age: 28.11 Years Date of Birth: 04-01-1990 Date of Admission: 03-01-2019 Time: 7:30 AM Date of Discharge: 03-16-2019 Time: 6:00 PM

Type of Admission: ☐ Emergency ☐ Planned ☒ Day Care ☐ Maternity

If Maternity:

Date of Delivery: Gravidity Status: Status at time of Discharge: ☐ Discharged at Home ☐ Discharged to Another Hospital ☐ Day Care ☐ Deceased

Total Claimed Amount: 10000

These buttons should be removed. See the screen below-

← → ↻ ⌂ ⓘ Not secure | www.sumagotech.com/eTPA/claim_view.php?claimID=201900000004 ☆

Aditya Goel

PROFILE MANAGEMENT

CLAIM SEARCH

LOGOUT

etpa Claim Processing

Claim ID - 201900000004 Patient Name - Raj Kumar

DETAILS OF HOSPITAL DETAILS OF PATIENT DIAGNOSIS & PROCEDURES CLAIM DOCUMENTS DETAILS OF NON NETWORK HOSPITAL

DETAILS OF PATIENT ADMITTED

Patient First Name: Raj Patient Last Name: Kumar

IP Registration No.: 5224080 Gender: ☒ Male ☐ Female ☐ Transgender

Age: 28.11 Years Date of Birth: 04-01-1990 Date of Admission: 03-01-2019 Time: 7:30 AM Date of Discharge: 03-16-2019 Time: 6:00 PM

Type of Admission: ☐ Emergency ☐ Planned ☒ Day Care ☐ Maternity

If Maternity:

Date of Delivery: Gravidity Status: Status at time of Discharge: ☐ Discharged at Home ☐ Discharged to Another Hospital ☐ Day Care ☐ Deceased

Total Claimed Amount: 10000

Submitter – Diagnosis & Procedures screen needs change

Not secure | www.sumagotech.com/eTPA/claim_view.php?claimID=201900000004

etpa Claim Processing

Claim ID - 201900000004 Patient Name - Raj Kumar

DETAILS OF HOSPITAL DETAILS OF PATIENT DIAGNOSIS & PROCEDURES CLAIM DOCUMENTS DETAILS OF NON NETWORK HOSPITAL

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

Diagnosis
Pre Authorization Obtained
☐ Yes ☒ No

Procedure
Pre Authorization Number

If Authorization By Network Hospital not Obtained ,Give Reason

Hospitalization due to injury
☐ Yes ☒ No

If yes,give cause
☐ Self Inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption

If injurydue to Substance abuse / alcohol consumption, Test Conducted to establish this.
☐ Yes ☒ No (if yesy , attach reports)

If Medico Legal.
☐ Yes ☒ No

Reported to Police.
☐ Yes ☒ No

Fir No.

If not Reported to Police,give reason.

Change to the following. Verify button should be on this screen. See below-

Not secure | www.sumagotech.com/eTPA/claim_view.php?claimID=201900000004

etpa Claim Processing

Claim ID - 201900000004 Patient Name - Raj Kumar

DETAILS OF HOSPITAL DETAILS OF PATIENT DIAGNOSIS & PROCEDURES CLAIM DOCUMENTS DETAILS OF NON NETWORK HOSPITAL

DETAILS OF AILMENT DIAGNOSED (PRIMARY) Verify

Diagnosis
Pre Authorization Obtained
☐ Yes ☒ No

Procedure
Pre Authorization Number

If Authorization By Network Hospital not Obtained ,Give Reason

Hospitalization due to injury
☐ Yes ☒ No

If yes,give cause
☐ Self Inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption

If injurydue to Substance abuse / alcohol consumption, Test Conducted to establish this.
☐ Yes ☒ No (if yesy , attach reports)

If Medico Legal.
☐ Yes ☒ No

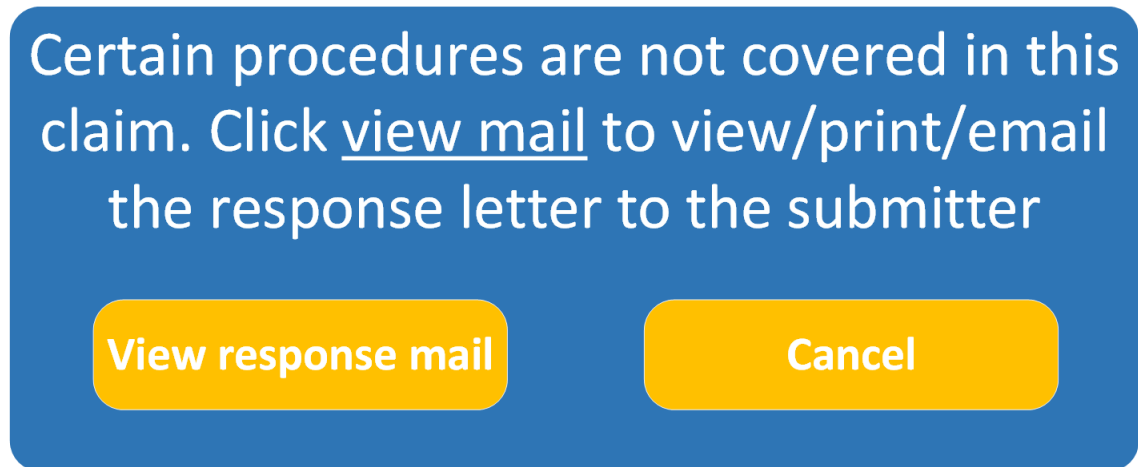
Reported to Police.
☐ Yes ☒ No

Fir No.

If not Reported to Police,give reason.

- When verification button is pressed-
 - All procedures covered to be marked with green tick mark and those not covered with red tick mark.
 - If all procedures are marked with green then pop-up message to say-
"All procedures are approved. Claim can be sent for payment processing."

- If even one procedure is marked in red then the popup message should say the following-



- When “View response mail” is clicked, a new popup window should show the text of the response mail.
Please see in next page-
- Submitter should be able to view and print all attachments. So please make sure print & cancel buttons are there on the pop-up window that opens for attachments.

[Print](#)[Email](#)[Cancel](#)

ABC Insurance Company
PO Box 123456
Bangalore,560001

Ref : Patient Name : Testing Plan

Claim id : 201900000002

Policy Number : 54545454

Subscriber Number : 54545454

Date of Claim Filing : 2019-02-18

Dear Rajendra Singh

The claim **201900000002**, submitted for **Testing Plan**, was processed and the following procedures/charges have been denied-

S. No.	Procedure/Charges	Description of the procedure
1	009A40Z - Drainage of Hypothalamus with Drain Dev, Perc Endo Approach	Procedure not covered

In case you wish to contest this denial, then an appeal may be filed citing the claim id and providing appropriate proof of medical necessity within the next 30 days.

With best regards

Claim Administrator

ABC Insurance Company