

## *User's Manual On How to File Reimbursement Claim*

### User Manual

This user manual helps the member to file reimbursement claim and how to locate network hospital to file cashless claim.

## FHPLUS

### MEMBER LOGIN

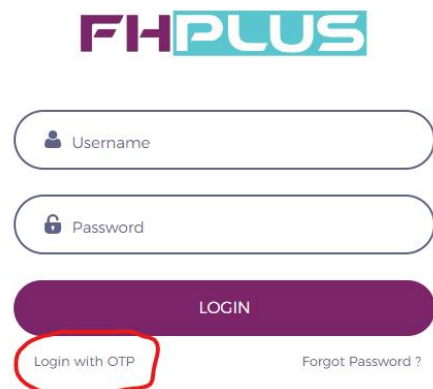
FHPLUS is member portal which helps the user to view his/her member policy information in-detail.

Multiple features available for the member login are listed below.

1. Network Hospitals
2. Claims Tracking
3. Download E Card
4. File Reimbursement Claim
5. View Sum Insured
6. View Balance Sum Insured

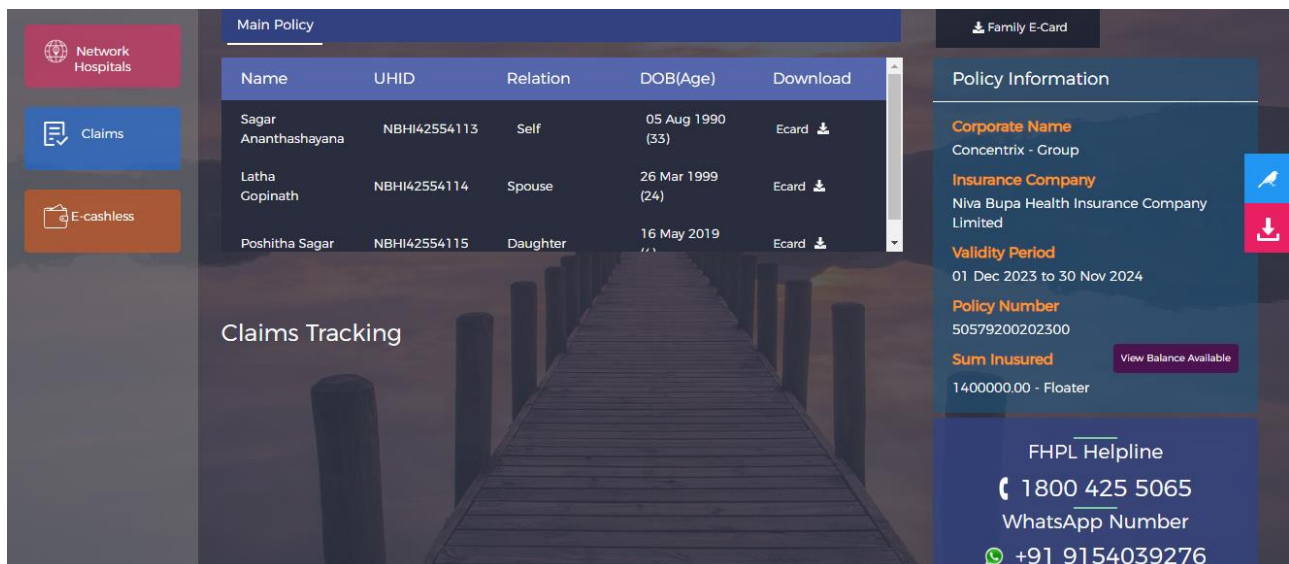
### LOGIN PAGE:

User can login via OTP Option through registered mobile number and E mail id.

The FHPLUS login interface. It features the FHPLUS logo at the top. Below the logo are two input fields: 'Username' with a person icon and 'Password' with a lock icon. A large purple 'LOGIN' button is positioned below these fields. At the bottom left, there is a red-outlined button labeled 'Login with OTP'. At the bottom right, there is a link labeled 'Forgot Password ?'.

### HOME PAGE:

The below screen displays the FHPLUS home page in which the user can see his/her enrolled dependent details for all the policies opted, Policy information, Sum Insured and Status the current claims.

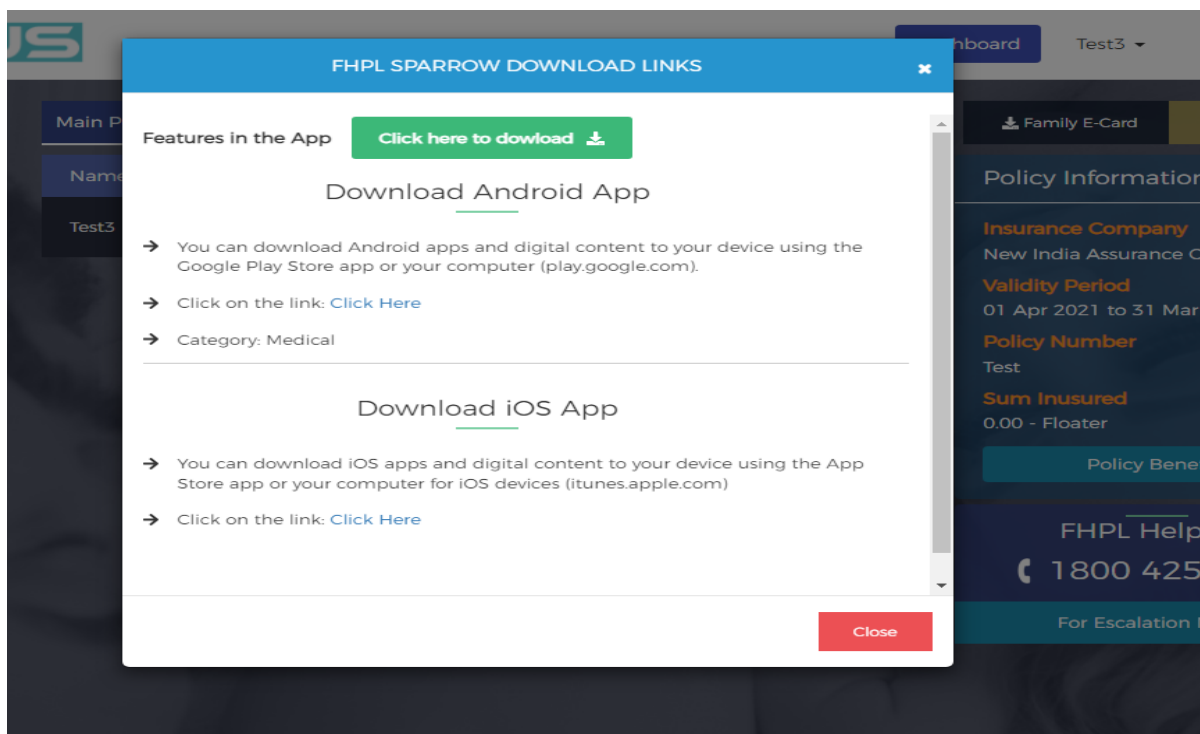


User can also Download the Preauth form and claim forms.

While clicking on **Download button** you can see the below screen

User can find the Sparrow link (Mobile version of FHPlus) and download the Mobile sparrow App

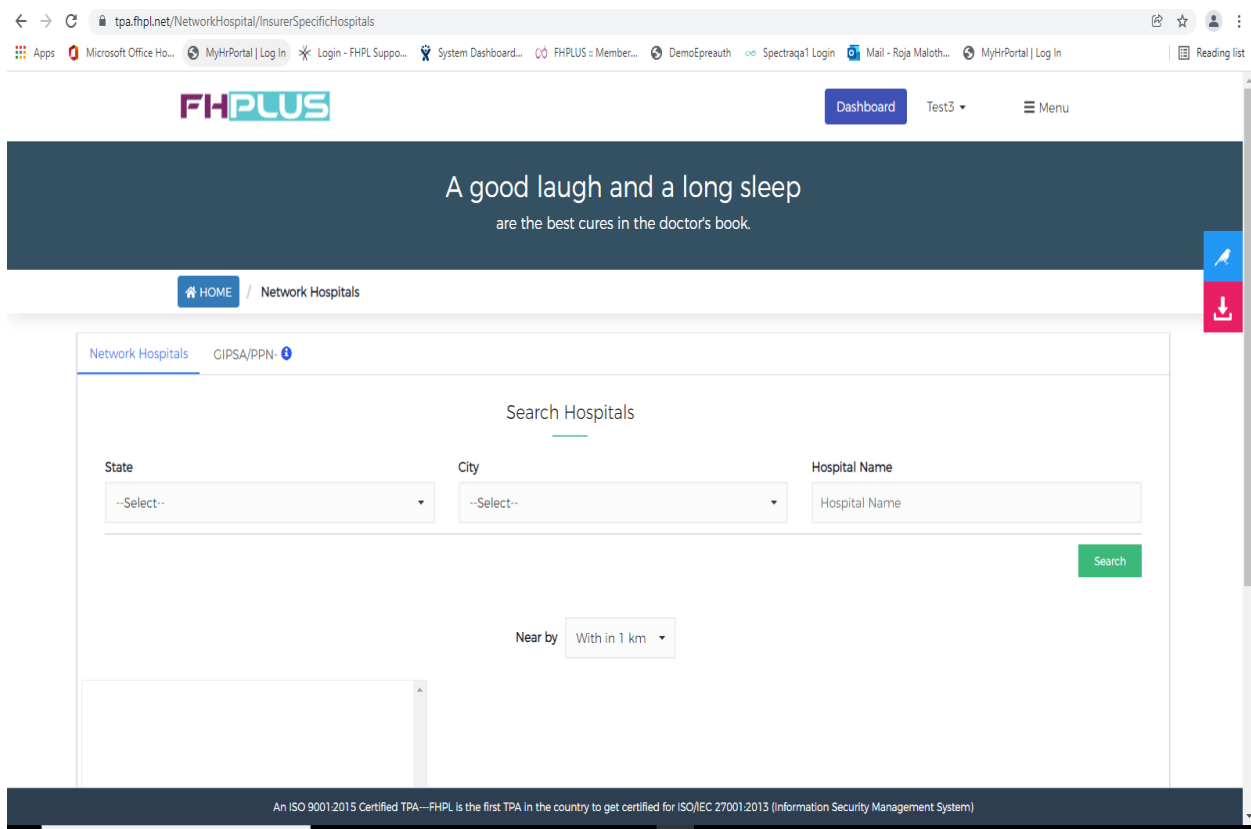
While clicking on **Sparrow link** the below screen will be seen.



### NETWORK HOSPITALS:

Clicking on Network Hospitals menu available on the left side of the screen, the member is navigated to the below screen, wherein the member can search for the network hospitals for availing a cashless request. Search can be done based on State, City and hospital name. within one


Kilometer range search also is available. Searched hospital exact location can be viewed in Google maps.



## CLAIMS:

Claims screen displays all the cashless and reimbursement claims related information availed by the member and dependents.

New Reimbursement claim request also can be made from here.



Dashboard

Test3

Menu

A good laugh and a long sleep  
are the best cures in the doctor's book.

HOME / Claims

Claim Status

Upload New Claim

Turn Around Time(TAT) for Claim Processing

**Note:** - \*Claim will be processed and settled within 10 days from the complete receipt of documents\*.  
**Disclaimer:** - TAT can exceed in case of "Under Investigation","IR Pending","Insurer Error","UTR not received" & "Refer to Insurer others".  
 Note: Click on link under Claim status to view detailed claim information.

| ClaimNo   | RefNo. | Name  | Received Date | Claim Type    | Claim Service Type | Claimed Amount | Last Updated | ClaimStatus |
|-----------|--------|-------|---------------|---------------|--------------------|----------------|--------------|-------------|
| 3389586/1 |        | Test3 | 14 Jul 2021   | Reimbursement | In Patient         | 1500.0000      | 22 Jul 2021  | Rejected    |

Showing 1 to 1 of 1 entries

Previous 1 Next

An ISO 9001:2015 Certified TPA---FHPL is the first TPA in the country to get certified for ISO/IEC 27001:2013 (Information Security Management System)

Clicking on **Upload New Claim** button redirects to the below screen where the member can upload the required claim documents and submit to create a new reimbursement request.

Mandatory documents category will appear based on the mode of treatment and Claim service type.

HOME / Claim Submission

Select Policy Type \*

--Select Policy Type--

IRDA Claim Form

Select Member \*

--Select member--

E-mail

Ajithomas@Fhpl.Net

Contact Number

Not Available

Get OTP

Select Nearest Processing City \*

--Select City--

Mode of Treatment

☐ In Patient (IP)
 ☒ Out Patient (OP)

Claim Service Type \*

--Claim Service Type--

Have you submitted any cancelled cheque in the current policy year?

☐ Yes
 ☐ No

Turn Around Time(TAT) for Claim Processing

**Note:** - \*Claim will be processed and settled within 10 days from the complete receipt of documents\*.  
**Disclaimer:** - TAT can exceed in case of "Under Investigation","IR Pending","Insurer Error","UTR not received" & "Refer to Insurer others".  
**Disclaimer:** - Claim uploads accepts files up to 2MB and in .JPG, .PNG, .PDF formats. Claim form including all reports for the uploaded paid receipts should be submitted.  
**Disclaimer:** - For OP claims greater than 5000/- and all IP claims, member need to send original copies to FHPL processing center or hand it over to respective location SPOC.  
**Disclaimer:** - Cancelled cheque is mandatory for every first claim submitted in policy year.

☐ I hereby declare that the uploaded claim documents are not claimed/submitted with any other insurer/TPA.  
☐ I agree to submit all the physical papers uploaded within 15 days of lifting of lockdown.  
☐ I agree for the recovery of the amount settled against the claim if I fail to submit the physical documents after the claim settlement.

Go Back Clear

Claim form can be manually filled in by the member and scanned for attaching or it can be created using the downloadable electronic claim form available in the system.

Electronic form can be enabled by Clicking on the **IRDA Claim Form** button available on top right corner of the upload documents screen which navigates to the below screen where the existing information of the member selected is auto populated and the remaining to be filled in by the member.

[HOME](#) / IRDA/ Claim Form

### REIMBURSEMENT CLAIM FORM

TO BE FILLED IN BY THE INSURED

The issue of this Form is not to be taken as an admission of liability

**DETAILS OF PRIMARY INSURED**
[Help Text](#)

|                       |      |                          |                         |
|-----------------------|------|--------------------------|-------------------------|
| a) Policy No.*        | Test | b) SI.No/Certificate No: | Test                    |
| c) Company/TPA ID No: |      |                          |                         |
| d) Name *             |      |                          |                         |
| e) Address :          |      | City:                    |                         |
| State:                |      | PinCode:                 |                         |
| Phone No.*            | 0    | Email ID :*              | raju.deshenani@fhpl.net |

**DETAILS OF INSURANCE HISTORY:**

|   |   |
|---|---|
| a) Currently covered by any other Medclaim/Health Insurance   | b) Date of commencement of first Insurance without break:                               |
| --Select--  |   |
| c) If yes,company name:                                       | Policy No:  |
|   |   |
| Sum Insured (Rs.) :   | d) Have you been hospitalized in the last four years since inception of the contract? : |
|   | --Select--  |
| e) Previously covered by any other Medclaim/Health insurance: | f) If yes,Company Name:   |
| --Select--  |   |

**DETAILS OF INSURED PERSON HOSPITALIZED:**

|                    |                   |
|--------------------|-------------------|
| a) Select Member:* | B) Gender:        |
| --Select member--  |                   |
| C) Age:            | D) Date of Birth: |
|                    |                   |

Form can be downloaded in the PDF Format.

**DECLARATION BY THE INSURED:**

☐ I hereby declare that the information furnished in the claim form 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 also consent & authorize TPA / insurance Company, to seek necessary medical information / documents 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 pre/post-hospitalization claim, if any.

**This claim form is computer generated, created with secure login hence no signature is required.**

|        |         |                                |
|--------|---------|--------------------------------|
| Date:* | Place:* | Signature of the Insured/Name: |
|        |         |                                |

[Go Back](#)
[Generate PDF](#)

**EXPLAINED BELOW ARE THE VARIOUS TYPES OF REQUESTS THAT CAN BE RAISED BY THE MEMBER. THE SERVICE TYPES AND MORE OF TREATMENT IS CONFIGURABLE AND CAN BE ENABLED/ DISABLED BASED ON THE CORPORATE REQUIREMENT**

**IN PATIENT:** When a member/Patient is admitted in a hospital for at least 24 hours or more.

Below are the service types for In Patient (IP).

1. Hospitalization
2. Pre/Post
3. Query Upload

Mode of Treatment

☒ In Patient (IP)
 ☐ Out Patient (OP)

t policy year?

Claim Service Type \*

--Claim Service Type--

---

--Claim Service Type--

Hospitalisation

Pre/Post

Query Upload

**Date of Discharge\*** is mandatory for IP.

**HOSPITALIZATION:** When a member admits for hospitalization for an illness. Below documents needs to be uploaded with few being mandatory.

1. Duly filled claim Form \*
2. Valid government ID proof of the patient \*
3. Discharge Summary \*
4. Final bill with detailed item wise break up \*
5. Lab Investigation reports with prescription \*
6. Paid Receipts \*
7. Others
8. Cancelled cheque \*

|  |   |  |
|--|---|--|
| <b>Select Nearest Processing City *</b><br>Hyderabad   | <b>Mode of Treatment</b><br><input checked="" type="radio"/> In Patient (IP) <input type="radio"/> Out Patient (OP)                               | <b>Claim Service Type *</b><br>Hospitalisation   |
| <b>Date of Discharge *</b><br>Date Of Discharge  | <b>Have you submitted any cancelled cheque in the current policy year?</b><br><input type="radio"/> Yes <input type="radio"/> No                  |  |
| <b>Duly filled claim Form *</b><br>Choose File No File Chosen<br><small>Note: Total size upto 1 MB and 1 file allowed</small>    | <b>Valid government ID proof of the patient *</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 2 MB and 4 files allowed</small> | <b>Discharge Summary *</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 6 MB</small> |
| <b>Final bill with detailed item wise break up *</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 6 MB</small> | <b>Lab Investigation reports with prescription *</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 6 MB</small>                  | <b>Paid Receipts *</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 4 MB</small>     |
| <b>Others</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 4 MB</small>  | <b>Cancelled cheque</b><br>Choose File No File Chosen<br><small>Note: Total size upto 1 MB and 1 file allowed</small>                             |  |

**PRE - POST:** When a member admits for Pre-Post hospitalization for an illness. Below documents needs to be uploaded with few being mandatory.


1. Duly filled claim Form \*
2. Valid government ID proof of the patient \*
3. Lab Investigation reports with prescription \*
4. Paid Receipts \*
5. Others
6. Cancelled cheque \*

|   |   |  |
|---|---|--|
| <b>Select Nearest Processing City *</b><br>Hyderabad  | <b>Mode of Treatment</b><br><input checked="" type="radio"/> In Patient (IP) <input type="radio"/> Out Patient (OP)                               | <b>Claim Service Type *</b><br>Pre/Post  |
| <b>Date of Discharge *</b><br>Date Of Discharge   | <b>Have you submitted any cancelled cheque in the current policy year?</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No       |  |
| <b>Duly filled claim Form *</b><br>Choose File No File Chosen<br><small>Note: Total size upto 1 MB and 1 file allowed</small> | <b>Valid government ID proof of the patient *</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 2 MB and 4 files allowed</small> | <b>Lab Investigation reports with prescription *</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 6 MB</small> |
| <b>Cancelled cheque *</b><br>Choose Files No File Chosen  | <b>Paid Receipts *</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 4 MB</small>  | <b>Others</b><br>Choose Files No File Chosen<br><small>Note: Total size upto 4 MB</small>  |

**QUERY UPLOAD:** For uploading Query documents, below documents needs to be uploaded with few being mandatory.

1. Final bill with detailed item wise break up
2. Lab Investigation reports with prescription
3. Paid Receipts
4. Others
5. Cancelled cheque \*



|  |   |   |
|--|---|---|
| Select Nearest Processing City *  | Mode of Treatment   | Claim Service Type *                        |
| Hyderabad  | <input checked="" type="radio"/> In Patient (IP) <input type="radio"/> Out Patient (OP) | Query Upload                                |
| Date of Discharge *  | Have you submitted any cancelled cheque in the current policy year?                     |   |
| Date Of Discharge  | <input type="radio"/> Yes <input checked="" type="radio"/> No                           |   |
| Cancelled cheque *   | Final bill with detailed item wise break up   | Lab Investigation reports with prescription |
| Choose Files No File Chosen  | Choose Files No File Chosen   | Choose Files No File Chosen                 |
| Others   | Paid Receipts   |   |
| Choose Files No File Chosen  | Choose Files No File Chosen   |   |

**OUTPATIENT:** When a member/Patient visits the hospital but does not stay overnight.


Service Type Option (OPD) – Consultation, Investigation and Reports

A good laugh and a long sleep  
are the best cures in the doctor's book.

[HOME](#) / Claim Submission

Select Policy Type \*  
 --Select Policy Type--

IRDA Claim Form



Select Member \*  
 --Select member--

E-mail  
 Sagar.Ananthashayana@Concentrix.Com

Contact Number  
 9620222310

Mode of Treatment  
☐ In Patient (IP)    ☒ Out Patient (OP)

Claim Service Type \*  

--Claim Service Type--  
 --Claim Service Type--  
 Consultation  
 Investigation and Reports

**Turn Around Time(TAT) for Claim P**

**Note:** - "Claim will be processed and settled within 10 days from the complete receipt of documents".

**Important Note:** Claim uploads accepts files up to 6MB and in .JPG, .PNG, .PDF formats. Claim form including all reports for the uploaded paid receipts should be submitted.

**Important Note:** Canceled cheque is mandatory for query data processing.

**Date of Visit\*** is mandatory for OP Claims.

**OUTPATIENT DOCUMENTS:** Mandatory to file OTP Claim

1. Duly filled claim Form \*
2. Valid government ID proof of the patient \*
3. Doctor Consultation/Prescription \*
4. Paid Receipts \*
5. Others (INVESTIGATION REPORTS & OTHER BILLS)
6. Cancelled cheque \*

|  |   |  |
|--|---|--|
| <b>Select Nearest Processing City *</b><br>--Select City--     | <b>Mode of Treatment</b><br><input type="radio"/> In Patient (IP) <input checked="" type="radio"/> Out Patient (OP)                         | <b>Claim Service Type *</b><br>Domiciliary   |
| <b>Date of Visit *</b><br>Date Of Visit                        | <b>Have you submitted any cancelled cheque in the current policy year?</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No |  |
| <b>Duly filled claim Form *</b><br>Choose Files No File Chosen | <b>Valid government ID proof of the patient *</b><br>Choose Files No File Chosen  | <b>Cancelled cheque *</b><br>Choose Files No File Chosen                               |
| <b>Paid Receipts *</b><br>Choose Files No File Chosen          | <b>Doctor Consultation/Prescription *</b><br>Choose Files No File Chosen  | <b>Others (Investigation reports &amp; other bills)</b><br>Choose Files No File Chosen |

**DOCTOR CONSULTATION AND INVESTIGATION:** For Uploading documents related to doctor consultation. Below documents needs to be uploaded with few being mandatory.

1. Duly filled claim Form \*
2. Valid government ID proof of the patient \*
3. Paid Receipts \*
4. Doctor Consultation/Prescription \*
5. Others (Lab Investigation reports & other bills)
6. Cancelled cheque \*

|  |  |  |
|--|--|--|
| <b>Select Nearest Processing City *</b><br>--Select City--               | <b>Mode of Treatment</b><br><input type="radio"/> In Patient (IP) <input checked="" type="radio"/> Out Patient (OP)              | <b>Claim Service Type *</b><br>Doctor Consultation ( Including Dental & vision)            |
| <b>Date of Visit *</b><br>Date Of Visit                                  | <b>Have you submitted any cancelled cheque in the current policy year?</b><br><input type="radio"/> Yes <input type="radio"/> No |  |
| <b>Duly filled claim Form *</b><br>Choose Files No File Chosen           | <b>Valid government ID proof of the patient *</b><br>Choose Files No File Chosen   | <b>Paid Receipts *</b><br>Choose Files No File Chosen                                      |
| <b>Doctor Consultation/Prescription *</b><br>Choose Files No File Chosen | <b>Cancelled cheque</b><br>Choose Files No File Chosen   | <b>Others (Lab Investigation reports &amp; other bills)</b><br>Choose Files No File Chosen |

**Note\*\*- Submit option will be enabled only after verification/validation of Email and Contact number.**

|         |       |        |
|---------|-------|--------|
| Go Back | Clear | Submit |
|---------|-------|--------|

Select the checkboxes provided below and select Submit.

**Note:** - "Claim will be processed and settled within 10 days from the complete receipt of documents".

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☒ I hereby declare that the uploaded claim documents are not claimed/submitted with any other insurer/TPA.

☒ I agree to submit all the physical papers uploaded within 15 days of lifting of lockdown.

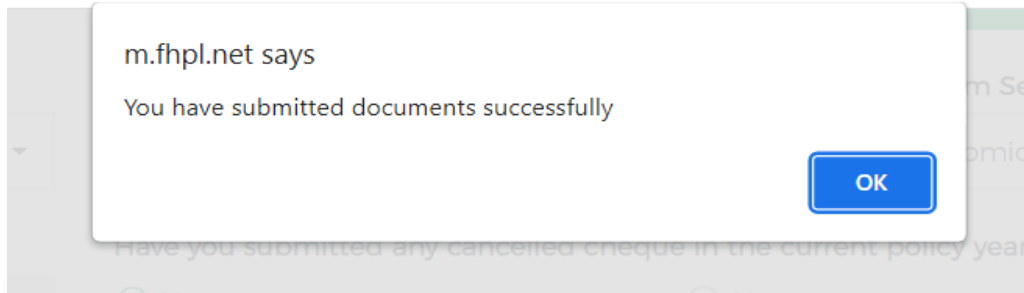
☒ I agree for the recovery of the amount settled against the claim if I fail to submit the physical documents after the claim settlement.

Go Back

Clear

Submit

Confirmation message will show up.



*THANK YOU – Assured Best of The Service From FHPL*