Add New Insurer

Insurer Code

INS001

Insurer Name

Enter insurer name

Insurer Type

Health ⌄

Contact Number

Enter contact number

Email

Enter email

Status

Active ⌄
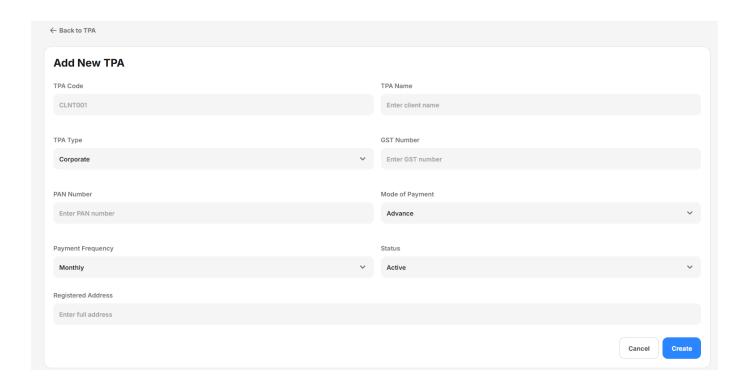
Cancel   Create

Insurer Code: INS/08/0001 (INS/Month/number)

Insurer Name

Insurer Type : Health Life

Contact No

Email

Status: Active,Inactive (flag)

Add New TPA

TPA Code

CLNT001

TPA Name

Enter client name

TPA Type

Corporate ⌄

GST Number

Enter GST number

PAN Number

Enter PAN number

Mode of Payment

Advance ⌄

Payment Frequency

Monthly ⌄

Status

Active ⌄

Registered Address

Enter full address

Cancel   Create

TPA CODE: TPA/08/0001 (TPA/Month/number)

TPA Name

TPA Type change to Client Type: Aggregator ,corporate,TPA

GST NO

PAN NO

Mode of Payment: Advance,Credit

Payment frequency: 30 60 90 120 days

State

City

Pincode

Country

Address

Emailid secondary

Email Id Tertiary

Alternate Contact Person (Operations / Escalation)

Alternate Contact Details

Onboarding Date

Empanelment Reference No. / Agreement ID
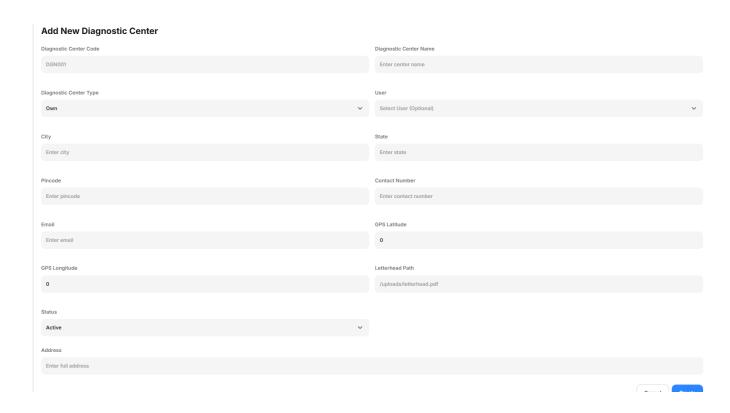
Validity Period (Start & End Date)

Insurer Names

Invoice Format Requirement (if any) This will be attachment

MOU

Rate List

IRDAI reg no(optional)

Add New Diagnostic Center

Diagnostic Center Code
DGN001

Diagnostic Center Name
Enter center name

Diagnostic Center Type
Own ⌄

User
Select User (Optional) ⌄

City
Enter city

State
Enter state

Pincode
Enter pincode

Contact Number
Enter contact number

Email
Enter email

GPS Latitude
0

GPS Longitude
0

Letterhead Path
/uploads/letterhead.pdf

Status
Active ⌄

Address
Enter full address

Diagnostic Center Code (DC/08/0001) (DC/Month/number)

Diagnostic Center Name

Diagnostic Center Type: Premium,Non Premium

User: select created UserName for DC

City

State

Pincode (Multiple entries)(411023,411024)

City Type :Tier1,Tier2,Tier3

Photos of Diagnostic Center

Owner name

Email

Address

Associate Doctors 4 fileds

Associate Doctors Degree 4 fields

Associate Doctors Registration No 4 fields

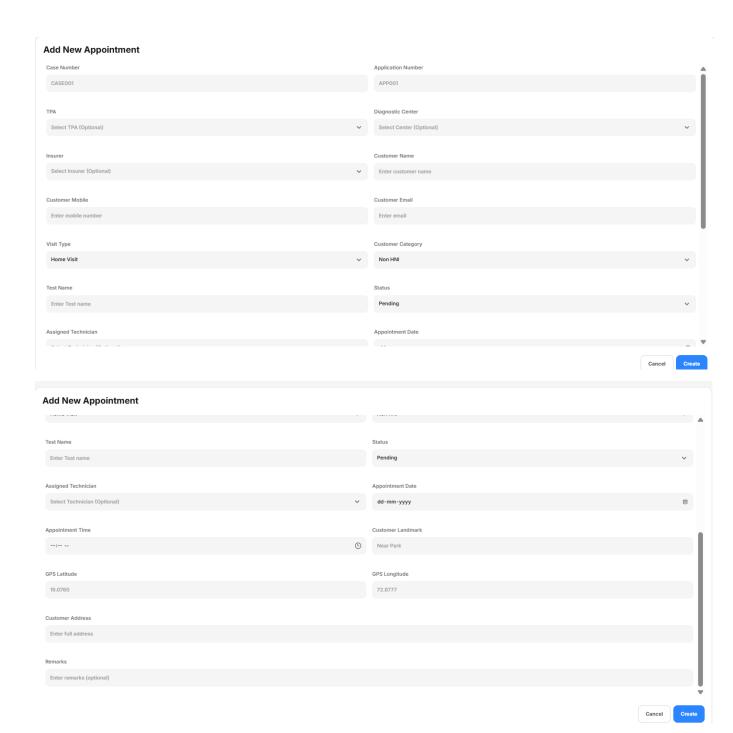Associate Doctors Certificate 4 fields

Account details:

Acc name

Acc No

IFSC code

Receivers name

Accredation

Add New Appointment

Case Number

CASE001

Application Number

APP001

TPA

Select TPA (Optional) ⌄

Diagnostic Center

Select Center (Optional) ⌄

Insurer

Select Insurer (Optional) ⌄

Customer Name

Enter customer name

Customer Mobile

Enter mobile number

Customer Email

Enter email

Visit Type

Home Visit ⌄

Customer Category

Non HNI ⌄

Test Name

Enter Test name

Status

Pending ⌄

Assigned Technician

Appointment Date

Cancel   Create

Add New Appointment

Test Name

Enter Test name

Status

Pending ⌄

Assigned Technician

Select Technician (Optional) ⌄

Appointment Date

dd-mm-yyyy 📅

Appointment Time

--:-- -- 🕐

Customer Landmark

Near Park

GPS Latitude

19.0760

GPS Longitude

72.8777

Customer Address

Enter full address

Remarks

Enter remarks (optional)

Cancel   Create

Case Code: CASE/08/0001 (CASE/Month/number)

Application No

TPA: select dropdown (Master)

Diagnostic Centre: select dropdown (Master)

Insurer: select dropdown (Master)

Customer Name change to (First Name,Middle Name,Last Name)

Customer Mobile

Customer alternate mobile no

Customer Email

Gender

State

City

Country

Pincode

Address

Customer Landmark

Customer Address

customer category: HNI , NON HNI, SUPER HNI

visit type: home ,center,both   (if both we show 2 diagnostic centers)

Cost type: credit,adv NEFT ,Addition Home Visit cost,credit+advance (except for credit all other will have amount enter field and Amount Upload - upload pdf of amount verification)

Status:Pending,Scheduled,InProgress,Completed,Cancelled

Assigned Technician : select dropdown (Master)

Appointment Date

Appointment Time

GPS Latitude

GPS Longitude

Remarks

Test Name