IBM Medi Buddy Portal

Tutorial

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Introduction

Welcome to the MediBuddy portal tutorial. Now you can access policy features on your MediBuddy portal - in a faster and more efficient way. Here is a step by step guide on how to use your MediBuddy portal.

I. Login Page

1. Go to <u>https://portal.medibuddy.in</u> from your web browser. Sign in with your username andpassword.

Submit all your claims ONLINE on Medi Assist Portal! Why choose ONLINE? • Ensures speedy claim settlements • Real time claim tracking • Increases accuracy on claim settlements • Reduced paperwork • Decrease overhead costs and staff time Read more	Username : Username Password : SIGN IN Forgot your Username or Password?
	© 2020 Medi Assist. All rights reserved. About Privacy Policy Version 3.7.4

2. On successful login, you will see the following page from which, you can perform the required action.



II. Online enrolment

1. Click the **enrolment** button on "Your health policy' tile. The following page appears. Existing users can review their current beneficiaries (spouse and children).

Test4_5035Se	elf									UpdateBankDetail
Employee ID	Test4_5035			Date of Hire	01 Jan 2022			Gender	Male	-
Email	test@ibm.com			Mobile No.	99999999999			Work Locatio	n Kolkata	•
Marital Status	Married	Married 👻			Marriage Date 01 Dec 2022					
				5						
Employee ID	Test4_5035			Date of Hire 0	1 Jan 2022			Gender	Male	•
Email	test@ibm.com			Mobile No. 9	999999999			Work Location	Kolkata	•
Marital Status	Married		-	Marriage Date 0	1 Dec 2022					
Mobile Declaration services and assist	lon : By providing my personal m tance under IBM's health insuran	obile phone number, I under ce programs, and for various	stand and agree that IBM In wellness and healthcare rel	ndia Pvt. Ltd., its medical insuran lated initiatives (including promo	ce provider (currently HDFC El itional and awareness initiative	RGO General Insurance Co. L es) organized at or through I	td) and their third party admir BM only . I hereby provide my	istrator (currently Medi As consent to being so conta	sist India TPA Pvt Ltd), and their p acted for the above purpose.	artners, may contact me for the purpose of providing
OPT OUT Declara participate, or avai	ation : I would like to opt-out. I a any benefits under this medica	confirm that I DO NOT wish to Il insurance policy. I fully unde	participate in IBM's Group erstand the implications of r	Medical Insurance Cover 2023. I not being part of the policy and	l understand and agree that b agree to the same. I also confi	y clicking on the button belo irm that neither my family (s	w, I will 'opt out' of IBM's Gro pouse and children) nor I shall	up Medical Insurance Cove claim that we are entitled	er 2023 and my nuclear family (spo to any benefits under IBM's Group	ouse and children) and I will no longer be eligible to p Medical Insurance Cover 2023
Beneficiary Deta	ails									≜ + Ado
Name			Relation	Birth Date		Age	Gender	Date of Adoptic	on	Action
Test4_5035Self			Self	01 Jan 1990		33	Male			No Action Allowed
Spouse			Spouse	08 Dec 1993		29	Female			🕼 Edit 📔 Delete
Son			Son	12 Dec 2006		16	Male			🕼 Edit 🔋 Delete
Daughter			Daughter	15 Dec 2009		13	Female			🖉 Edit 📔 Delete
Son 1			Son	08 Dec 2011		11	Male			😰 Edit 🔋 🖥 Delete
Daughter 1			Daughter	10 Dec 2019		3	Female			🕼 Edit 📔 Delete
Please note that the cover Children Declarat understand that I employment.	erage for an adopted child incep tion : I hereby declare that the c may be asked to submit suppor	ts from date of Legal adoptio letails as given for enrolment ting documents (i.e., governm	n or Policy inception or Data of my son / claughter are co ent approved ID card, Birth	e of Joining of the employee, wh orrect and confirm that they are certificate copy, educational det	iichever is later. less than or equal to 24 years, tails, etc) for validation. If the	, unmarried and financially d company determines that an	ependent on me and have not y false information has been p	established their own ind rovided, this will be const	ependent household. If any inform rued as a BCG Violation and action	nation provided by me is found to be incorrect or false, will be taken, which may include termination of
Parents cover										≛ + A/
Parents Declaration :										
Owing to the 2-year lock insured but do not have a	 an option to decrease the sum i 	no are enrolling their parents nsured. There is no option to	opt out from the policy or !	continue to have the same sum to switch between Individual pla	insured or option to enhance in to Floater plan and vice ver	coverages under the 2024 p sa.	olicy - în 2024 policy, an empl	oyee can choose to remai	n with the same sum insured opte	d in 2023 policy or can choose to increase the sum
Select Parental policy ty a. Individual coverage: En b. Floater coverage: Empl	ype: mployee may enroll one or both loyee may enroll both parents u	parents under separate cove nder a common coverage. Th	ages. The premium calcula e premium calculation will I	tion will be basis the parents' ag be basis the elder parent's age a	e and the coverage selected. Ind the coverage selected.					
Name		Relation	Birth Date		Age	City Name		Pin Code		Action
Father		Father	22 Dec 1976		46	Bangalore		560100		🖉 Edit 🔋 Delete
Mother		Mother	12 Jan 1978		44	Bangalore		560100		🕼 Edit 🖉 Delete
Parental Policy Ty	rpe	O Floater		Individual						
Father Sum Insu	ured 500000.00				•	Premium* 174	463.68			
Mother Sum Ins	sured 500000.00				•	Premium* 10	905.09			
For new hires - The ab	bove mentioned premium rate	s are on a pro-rated basis fr	om the date of joining til	l December, 2023.						
For existing employees Disclaimer : Please not	whose date of joining is on or te that there will be no change	before January 1, 2023, an in parents premium due to	nualized premium will be change in age for 2024, i	applicable. in case employee is enhancing	the sum insured premium w	vill change in 2024.				

Please note that the coverage for an adopted chil	d incepts from date of Legal a	adoption or Policy incep	tion or Date of Joining of the emplo	oyee, whichever is later.				
Children Declaration : hereby declare th incorrect or false, understand that may b which may include termination of employn	at the details as given for enri- se asked to submit supporting nent.	olment of my son / dau g documents (i.e., gover	ghter are correct and confirm that t mment approved ID card, Birth certi	they are less than or equa ificate copy, educational o	I to 24 years, unmarried and financially dep letails, etc) for validation. If the company d	pendent on me and have not established their own in etermines that any false information has been provid	independent household. If any information provide ided, this will be construed as a BCG Violation and	ed by me is found to be action will be taken,
Parents cover								💄+ Add
Parante Declaration -								
Employees who have enrolled their parents under Select Parental policy type: a. Individual coverage: Employee may enroll one of	the 2021 policy will continue or both parents under separat	to have the same cove	rage and credentials under the 2023	2 policy owing to the 2-ye ents' age and the coverag	ar lock-in (2021 & 2022). There will be no	option to add/ delete/modify parent's details or cow	verage opted afresh in 2022.	
b. Floater coverage: Employee may enroll both pa	rents under a common covers	age. The premium calcu	lation will be basis the elder parent	's age and the coverage s	elected.			
Name	Relation	Birth Date		Age	City Name	Pin Code	Action	
TestFather	Father	01 Jan 1960		62		0	🗷 Edit 📋 Delete]
TestMother	Mother	01 Jan 1960		62		0	🗷 Edit 📋 Delete]
Parental Policy Type	Floater		O Individual					
Parental Sum Insured 300000.0	0			-	Premium* 41563.79			
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Sum Insured/Premium Contribution Summary						
Relationship	Sum Insured (in INR)	Premium (in INR) *				
Employee	400000.00	2324.58				
Father	50000.00	17463.68				
Mother	Mother 50000.00 10905.09					
Total premium payable (IMR) * 30693.35						
For any large , The dataset mentioned previous ratios are to provided tools have to be deterdinational (3), 2021						

For existing employees whose date of joining is on or before January 1, 2023, annualized premium will be applicable.

Sum Insured/Premium Contribution Summary	(Premium is inclusive of applicable taxes and charges.)					
Relationship	Sum Insured (in INR)	Premium (in INR) *				
Employee	400000.00	2324.58				
Father	50000.00	17463.68				
Mother	500000.00	10905.09				
Total premium payable (INR) *		30693.35				
For new hires - The above mentioned premium rates are on a pro-rated hash from the date of joining 68 Docember 31, 2023. For enkting employees where date of joining is on or before January 1, 2023, annualized premium will be applicable.						
Note : Premium shown is inclusive of applicable taxes and TRA fee of INR32.5/- + applicable taxes added in the premium. The TPA fee is applicable only for dependent parents	L					
I agree and declare the information provided above is correct and I have read the entire policy terms and conditions.						
		Submit				

- 2. You can view the employee information as well as information pertaining to your beneficiaries. You can make the necessary changes to your profile. You can also add your beneficiaries including your spouse, parents and up to 4 dependent children. However, basis 2 years lock-in we have introduced flexibility option of allowing employees who have enrolled for topup/parental plan in 2023 to enhance their sum insured in 2024. Opting out of the topup/parental plan or reducing the sum insured is not allowed.
- 3. The **Sum Insured/Premium Contribution Summary** shows the beneficiaries you have enrolled into the health insurance, the sum insured and the premium you are paying.

- 4. To add your beneficiaries, perform the following steps:
 - On the enrolment page, select your beneficiary relationship, click **Add** and enter your beneficiary's name and date of birth (DOB).
 - Add beneficiaries to your top-up policy, if applicable, and select the sum insured. The premium payable is automatically calculated.
 - Top-up premiums and employee contributions, if applicable, will be deducted from your salary.
 - Click the **Submit** button to save your changes.

III. View Policy

Click the **View policy** button from "Your health policy' tile. You can view all the details pertaining to your policy cover.

IV. Download eCard

Click the **Download eCard** button from "Your health policy' tile. Your eCard is downloaded in the pdf format.

V. Find network hospitals

With the map-based view, you get the location of the hospital along with all their contact detail. You also get a clear visual indication of the route to the hospital. Follow the steps given below to find your network hospital.

1. Click the **Network hospitals** button from the "Hospitalization' tile. You will be led to the following page.



- 2. Set your location. You can either select your current location or change the location as necessary.
- Choose your insurer so you see only those hospitals that are in your insurer network. (This is important because cashless hospitalization is available only at network hospitals). You can see all your network hospitals.
- 4. You can also change the search radius to expand / narrow the scope of search.
- 5. If you wish to download the list for entire location, you can click "download link" on the policy tab.

VI. Intimate eCashless

The eCashless facility helps you plan your hospital admission in a more efficient way. You can raise a request for eCashless facility if you have at least 48 hours to plan your hospitalization in advance. The following is the process for raising an eCashless request.

1. Click the **Intimate eCashless** button from the 'Hospitalization' tile. You will be led to the following page.

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	E	(GO	# Home	≡Menu	€♦Sign
Plan eCashless admission					
io more waiting at the nospital's insurance desi iospital.	ctor pre-authorization! ecashiess is yo	ur ticket to green channel admission for	planned / elective	surgeries at a	network
* <u>Note</u> :					
Please have last doctor consultation letter and l	ast Investigation report handy for plan	ning your eCashless admission.			
Need support in planning your hospitalization?	Call 080-22068666 or write to cashless	@mediassist.in.			
Hospitalization For *		Mobile number (valid number is m	nandatory) *		
Choose the family member	~	Mobile Number	,		
Search network hospital *		Room type (subject to availability)	*		
Start typing the hospital name		Choose your preferred room t	type		~
Planned date of admission (at least 48 h	ours prior intimation required) *	Planned date of discharge *			
Date of admission		Date of discharge			
Treatment for *		Proposed treatment *			6
E.g., Cataract		E.g., Lasik			
Full name of your treating doctor *		Out-Patient Number			
Your doctor's name		Your UHID No/UID No/File No/Re	gistration No		
Estimated Amount*	Department Name*	Treatme	nt Name*		

- 2. Enter basic details about your treatment prescribed treatment, your preferred network hospital, doctor's name, planned date of admission, etc. Upload the relevant investigation reports, doctor's consultation letter and any other medical documents, and submit your request by clicking the **Plan** button.
- 3. Medi Assist sends your request to your chosen network hospital. The hospital provides an early estimate for the treatment and forwards your request to Medi Assist.
- 4. Medi Assist releases a provisional pre-authorization to the hospital. Simultaneously, you receive a secure passcode for your request.
- On the date of admission, you walk into the hospital and show your secure passcode at the insurance desk. You must also present your Medi Assist e-card and any valid Government ID proof.
- The hospital unlocks your provisional approval with your passcode and instantly hands over the pre-authorization. You sign the pre-authorization form and get green channeled into your room.
- 7. Track your claim in real-time using any of our channels

VII. Submit claims

Reimbursement claims may be filed in the following circumstances:

- Hospitalization at a non-network hospital
- Post- and pre-hospitalization expenses / domiciliary expenses that are not covered by your policy

The following is the procedure to submit your reimbursement claims for hospitalization:

1. Click the **Submit hospitalization claims** button from the 'Claims' tile.

	Hospitalization Details	Add KYC	Declaration
1. Please retain a cop 2. Please retain POD 3. Physical Document	y of all documents submitted to us for fur copy of the courier for tracking your consigns to submission is mandatory for claim proce	ther reference. gnment in case of any delay	retc. HR or Helpdesk for
submission 4. Please note that or in the claims proce	nline submission of claim documents only	registers the claim in the sy	stem and is the first step
copies are required as soon as possible	d for complete processing of the claims.Wo for the completion of claims process.	ould request you to forward	the original documents
6. All financial docum bills are required in Medi Assist office v	nents like hospital main bill, main bill-break n original hard copy to be submitted at th within 3-4 working days for the final settler	up, receipts/ advance paid ne nearest help desk or to b nent of the claim. Photocop	receipts and any other e couriered to <mark>Nearest</mark> y or duplicate copy of the
financial document 7. Insert page numbe	ts will not be considered for processing.	umber on the first sheet.Do	ocuments should be

OK, I have read the guidelines Continue

 Enter the details of your treatment. This would include your Beneficiary Details, Claim Details, and Declaration of Claim Submission. Add your bank details so that the reimbursement amount can be transferred to your account. Remember to raise separate claims for separate illnesses.

	Claim Guidelines Hospitalization I	Details Add KYC Declaration
Employee ID B 1/1/1990 ne II mohammedall.shalk	Select Beneficiary	Daughter 1
weys provide valid mobile	Contact Details AI communications will	I be triggered to below given contact details
	E-mail	Mobile Number
ank details are required to	mohammedall.shalk@mediasssit.in	6360503445
your reimbursed amount.		
is to reduce delays.		
	Bank Details	
or Avarranda treatment	HDFC BANK TULSIANI CHMBRS -	NARIMAN PT
led summary of diagnosis	Account Holder Name	IFSC Code
ndication of medicine	Madhu	HDFC0000001
ed with dose duration is itial.	Account Number	Bank Details
iomeopathic treatment.	1234567890	101-104 TULSIANI CHAMBERSFREE PRESS
k up of consultation and	View cheque leaf	JOURNAL MARGNARIMAN
icines expenses with the		POINTMUMBAIMAHARASHTRA400.021
duration is manualory.	Note : Ensure that your bank account	is valid and active for transactions.
	would take responsibility or any delay	in payments due to wrong bank details updated by me.
	(laim) lataile	
	Claim Details	
	Home Care Treatement	
	Home Care Treatement Hospital details	
	Home Care Treatement Hospital details	Date Of Discharge*
	Claim Details Home Care Treatement Hospital details Date Of Admission*	Date Of Discharge*
	Home Care Treatement Hospital details Date Of Admission*	Date Of Discharge*
	Claim Details Home Care Treatement Hospital details Date Of Admission*	Date Of Discharge*
	Claim Details Home Care Treatement Hospital details Date Of Admission* Hospital Start typing	Date Of Discharge*
	Claim Details Home Care Treatement Hospital details Date Of Admission* Hospital Start typing Treatment Name*	Date Of Discharge*
	Claim Details Home Care Treatement Hospital details Date Of Admission* Hospital Start typing Treatment Name* Select Treatment	Date Of Discharge*
	Claim Details Home Care Treatement Hospital details Date Of Admission* Hospital Start typing Treatment Name* Select Treatment	Date Of Discharge*
	Claim Details Home Care Treatement Hospital details Date Of Admission* Hospital Start typing Treatment Name* Select Treatment Total Amount Claimed	Date Of Discharge*
	Claim Details Home Care Treatement Hospital details Date Of Admission* Hospital Start typing Treatment Name* Select Treatment Total Amount Claimed Enter claim amount	Date Of Discharge*
	Claim Details Home Care Treatement Hospital details Date Of Admission* Hospital Start typing Treatment Name* Select Treatment Total Amount Claimed Enter claim amount	Date Of Discharge*

	Claim Guideline	25	Hospitalization Details	Add KYC	Declaration
	Your KYC doc	uments are under re	view. We will get back to you	I in case we find something missing.	
D.O.B 1/1/1990 Phone	Name	Document Type	Document Number	File Name	Remove File
Email mohammedali.shaik	Test4_5035	ID PROOF	AXPMM3434M	Last17_5036-ECard.pdf	1
Always provide valid mobile number and emaild id	Test4_5035	ADDRESS PROOF	DEC-2022105318	▲ Test9_5036_21122022	<u>ñ</u>
 Bank details are required to send your reimbursed amount. Please provide correct bank details to reduce delays. 	< Previous				Continue

4. Scan and upload your documents to enable Medi Assist to start processing your claims based on the online submission even before receiving the physical documents. You must mandatorily submit all original documents in order for the claim to be approved after scrutiny of these originals. Remember to upload documents such as ID proof and address proof.

	Giant Document Greekingt
HFK.	Other General Claims
Employee ID	1. Govt issued photo ID proof (PAN/Aadhaar/Passport/Voter ID/Driving License) of the patient and the employee*
	2. Detailed discharge summary with complete treatment, investigations, diagnosis, course in the hospital and discharge
mohammedali shalk	3. Hospital main bill with complete breakup of the expenses incurred
	4. Pre-numbered cash paid receipts (amount receipt on the letterhead is not accepted)
	5. Lab investigation reports with mandatory prescription (with signature of the MD pathologist only) **
eys provide valid mobile	6. All medicine bills should be supported by valid prescription 7. Proof of diagnosis: Investigations / X-RAY / CT / MRL or any tests
ber and emaild id	8. Accident case: MLC (Medico Legal certificate) at hospital or FiR
	9. Stickers and the invoice of implants / lens / stents used in surgeries
details are required to	10. Indoor Case Papers (ICP), hospital billing tariffs for non network hospitals
ur reimbursed amount.	11. Pre and post bill (only relevant to the admission claim)
o reduce delays.	in the same species of the
	Note:- *PAN card and address proof of employee is mandatory for KYC process as per insurer
	** Mandated by the Supreme Court
lyurveda treatment, I summary of diagnosis	
ication of medicine	Upload Documents
with dose duration is	
ration is mandatory.	Upload all the scanned documents /bills/payment receipts/Prescriptions/Lab reports/Investigation reports related to the claim. Uploaded documents
ration is mandatory.	Upload all the scanned documents /bills/payment receipts/Prescriptions/Lab reports/Investigation reports Image: Uploaded documents Uploaded documents Uploaded documents Uploaded documents Image: Uploaded documents Uploaded documents Image: Uploaded documents Uploaded documents Image: Uploaded documents
ration is mandatory.	Upload all the scanned documents /bills/payment receipts/Prescriptions/Lab reports/Investigation reports Uploaded documents Uploaded documents Twet17_5038-ECwet pdf 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
uration is mandatory.	Upload all the scanned documents /bilis/payment receipts/Prescriptions/Lab reports/Investigation re

- 5. Send the following original documents to Medi Assist within 3-4 days from the date of discharge from hospital for each claim:
 - Original hospital final bill
 - Original numbered receipts for payments made to the hospital
 - Complete breakup of the hospital bill
 - Original discharge summary
 - All original investigation reports along with prescriptions
 - All original medicine bills with relevant prescriptions
 - Original signed claim form
 - Copy of the Medi Assist ID card or current policy copy and previous years' policy copies (if any)
 - Covering letter stating your complete address, contact numbers and email address (if available)
- 6. Retain the scanned/photocopies of all the documents for your reference.
- Kindly take a printout of filled claim form, sign and submit it along with all the original documents to your nearest IBM helpdesk or courier them to Medi Assist Assist Bangalore office (Medi Assist India TPA Pvt. Ltd, Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bangalore – 560029) for the final settlement of the claim.
- 8. Track your claim in real-time using any of our channels
- 9. The medical team at Medi Assist processes the claim:
 - In case of approval, the amount is reimbursed either via NEFT or cheque (sent to the address mentioned in your policy)
 - In case your claim is denied, the denial letter is sent to you by courier / post / e-mail quoting the reason for denial of your claim.

Note:

- The size each of document should be less than 5 MB.
- It is the responsibility of the employee to declare correct and accurate information
 regarding the claim and ensure that the claim submitted is genuine. If any information
 provided by the employee is found to be manipulated, incorrect or false this would result in
 BCG violation.

VIII. Track claims

You can track your eCashless or reimbursement claims through one of the options given below. Click the **Track claims** button from the "Claims' tile. You will be led to the page as shown below. The page shows the history of all your claims.

TRM			HDFC			📥 Te	est4_5035Self
			ERGO		∦ Home	■Menu	⊕Sign out
Show 10 🗸 entrie	S				Search:		
Claim type	Tracking number	Claim number	Claim registered on	Patient details		Claim de	ails
Cashless IBM India Pvt Ltd - Emp		30953818	22-12-2022 14:15	Test4_5035		Cancell Claimed: 90,0	ed 00 (INR)
Domiciliary	D221220220104444709		22-12-2022 14:12	Test4_5035	Cla	im Document Claimed: 100,	Generated
Domiciliary	D221220221259502428		22-12-2022 13:02	Test4_5035	Cla	im Document Claimed: 2,00	Generated
Hospitalisation	H221220221251000223		22-12-2022 12:56	Test4_5035		Claim Cano Claimed: 70,0	elled 00 (INR)
Domiciliary	D211220220922147674		21-12-2022 21:23	Test_self		Claim Cano Claimed: 30	elled 0 (INR)
Domiciliary	D121220221130438367		21-12-2022 21:17	Test4_5035		Claim Cano Claimed: 5,00	elled 00 (INR)
Hospitalisation	H151220220256188709		21-12-2022 21:09	Test4_5035		Claim Cano Claimed: 76,0	elled 00 (INR)
Hospitalisation	H151220220205227065		15-12-2022 14:09	Test4_5035		Claim Subr Claimed: 87,0	nitted 00 (INR)
Hospitalisation	H151220221031317406		15-12-2022 14:02	Test4_5035		Claim Subr Claimed: 25,0	nitted 00 (INR)
Domiciliary	D081220220926045814		09-12-2022 00:52	Test4_5035		Claim Cano Claimed: 62,1	elled 21 (INR)
Showing 1 to 10 of 10 er	ntries					Previous	1 Next

- Clicking an individual claim type will give you all the details pertaining to the claim.
- You can download the claim form as well letters pertaining to the claim from this page.

You can also track your claims via the following options:

- Log into www.medibuddy.in and click the Claims tab (or)
- Visit track.medibuddy.in to search claims by Claim ID, MA ID or Employee ID (or)
- SMS "Claims (Claim Number)" to +91 96631 49992

Contact

In case of further queries, please call the IBM helpline numbers on **8884388455 / 080-46855351** for any assistance or write to: <u>ibmcare@mediassist.in / ibm.escalation@mediassist.in</u>