

Process Steps for MediBuddy Health Check-up Reimbursements

Step 1 : Log in to portal.medibuddy.in



Step 2 : Enter User ID & Password



Medi Assist was awarded **India's Best TPA at the Asia Insurance Awards 2020** conducted by Insurance Alerts in December 2020

Read more

Medi Assist

Username :

Password :

SIGN IN

Forgot your Username or Password?

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Step 3 : Click on 'Claims'



POLICY ENROLMENT DEPENDENTS NETWORK HOSPITALS WELLNESS **CLAIMS** PROFILE

Welcome to Medi Assist, your personalized e-gateway to Medi Assist services.

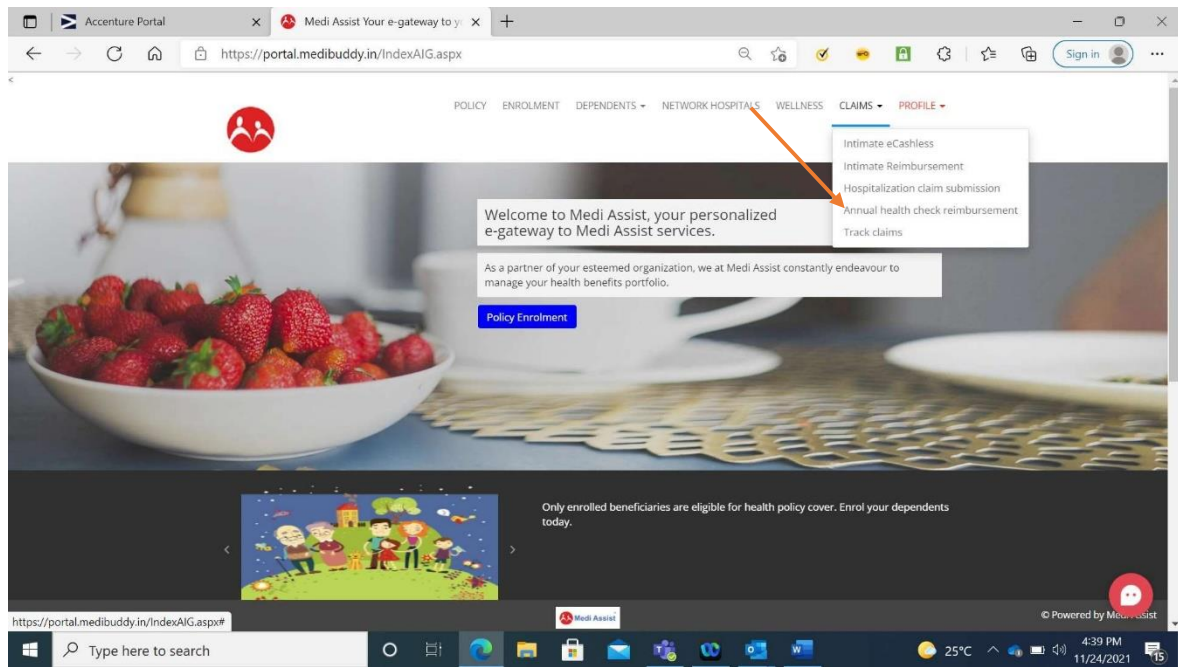
As a partner of your esteemed organization, we at Medi Assist constantly endeavour to manage your health benefits portfolio.

Policy Enrolment

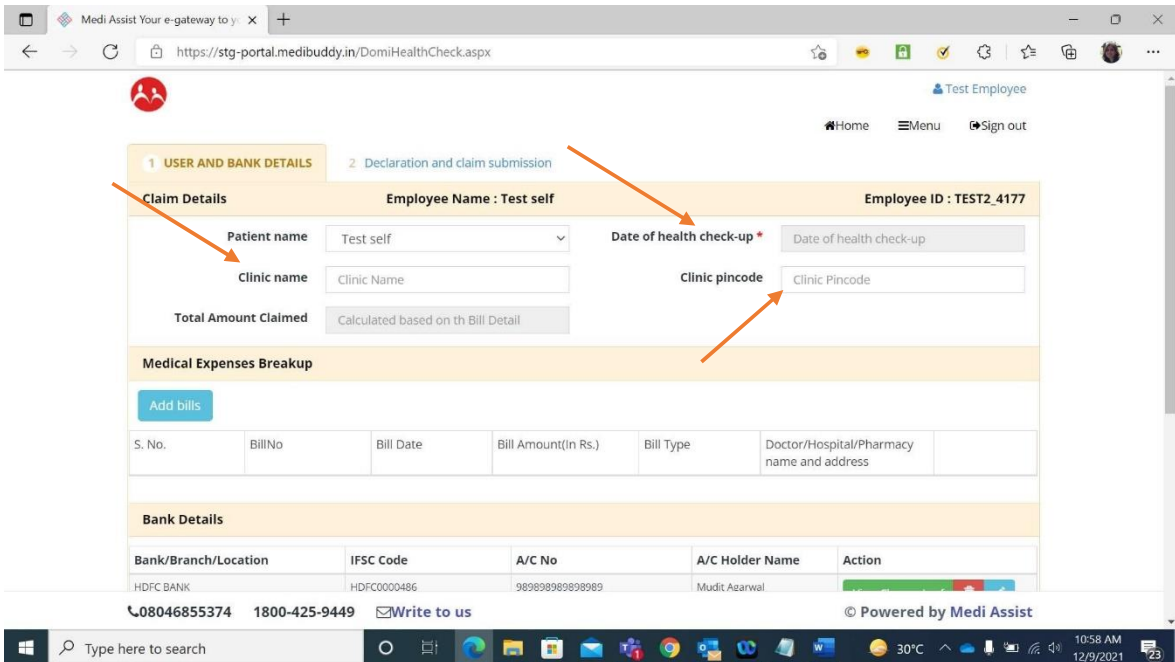
eCashless hospitalization gives you the power to get a provisional preauthorization even before you walk into the hospital.

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Step 4 : Click on 'Annual health check reimbursement'



Step 5 : Select Date of Health check-up, Clinic Name, Clinic Pincode (area pincode)



Step 6: Enter 'Bank details' for reimbursement. Click on edit button,

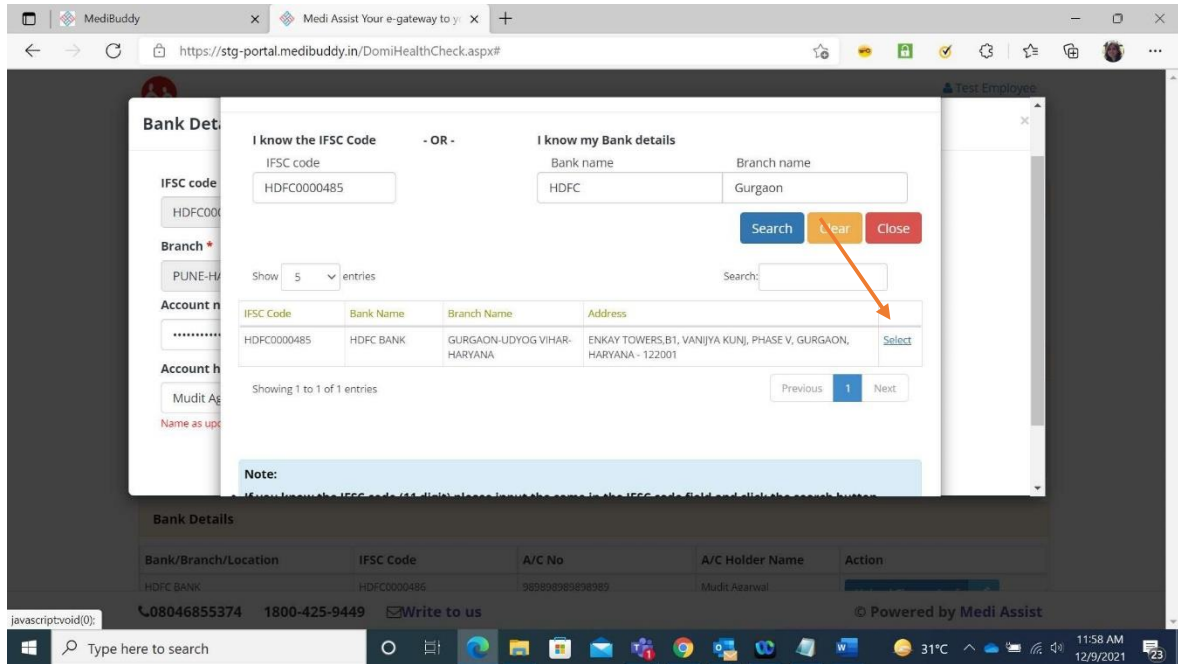


The screenshot shows the MediBuddy portal interface. At the top, there are input fields for 'Clinic name' and 'Clinic pincode'. Below that is a 'Total Amount Claimed' field. The main section is titled 'Medical Expenses Breakup' and contains an 'Add bills' button. Below this is a table with columns: S. No., BillNo, Bill Date, Bill Amount(In Rs.), Bill Type, and Doctor/Hospital/Pharmacy name and address. The 'Bank Details' section is highlighted in yellow and contains a table with columns: Bank/Branch/Location, IFSC Code, A/C No, A/C Holder Name, and Action. The 'Action' column has an 'Upload Cheque Leaf' button with a pencil icon, which is pointed to by a red arrow. Below the table, there is a note: 'Click on edit to upload new or update cheque leaf and bank details. Bank details given by an employee at the time of submitting final documents will be considered for his claim processing.' At the bottom, there is a 'Please note' section and contact information: 08046855374, 1800-425-9449, and 'Write to us'. The footer says 'Powered by Medi Assist'.

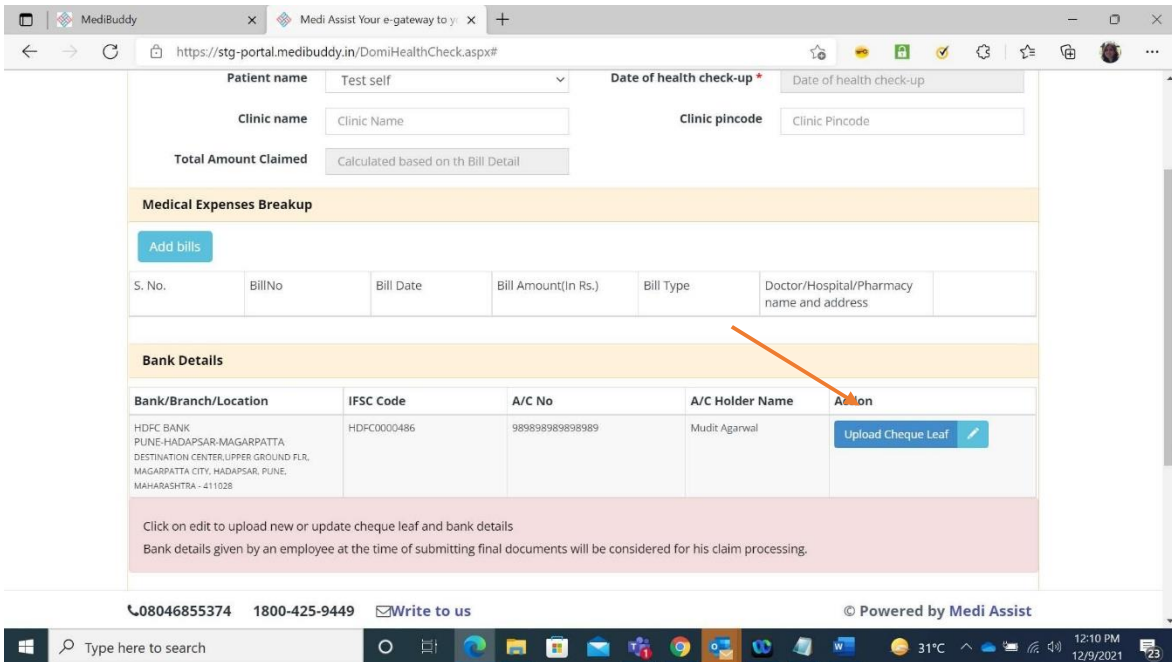
Step 6.1 -Click on "Click here" to search IFSC code of the bank & input all the mandatory fields

The screenshot shows the 'Bank Detail' form in a modal window. The form has several fields: 'IFSC code' with a 'Click here to select IFSC code' link, 'Branch' dropdown, 'Account number' with a 'show' button, and 'Account holder name'. There are also fields for 'Bank name', 'Bank address', and 'Retype Account number'. A 'Review your details' button is at the bottom. Below the form, there is a table with columns: Bank/Branch/Location, IFSC Code, A/C No, A/C Holder Name, and Action. The table contains one row with the following data: HDFC BANK, HDFC0000486, 989898989898989, Mudit Agarwal. At the bottom, there is contact information: 08046855374, 1800-425-9449, and 'Write to us'. The footer says 'Powered by Medi Assist'.

Step 6.2- Click on “select” to enter the IFSC code details



Step 7 : Upload cheque leaf for MediBuddy to verify the bank account information



Step 8 : Add 'Bill Details' and click on submit



Patient name: Test self

Date of health check-up: Date of health check-up

Clinic name: Clinic Name

Clinic pincode: Clinic Pincode

Total Amount Claimed: Calculated based on th Bill Detail

Medical Expenses Breakup

Add bills

S. No.	BillNo	Bill Date	Bill Amount(In Rs.)	Bill Type	Doctor/Hospital/Pharmacy name and address
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Bank Details

Bank/Branch/Location	IFSC Code	A/C No	A/C Holder Name	Action
HDFC BANK PUNE-HADAPSAR-MAGARPATTA DESTINATION CENTER,UPPER GROUND FLR, MAGARPATTA CITY, HADAPSAR, PUNE, MAHARASHTRA - 411028	HDFC0000486	989898989898989	Mudit Agarwal	Upload Cheque Leaf

Click on edit to upload new or update cheque leaf and bank details
Bank details given by an employee at the time of submitting final documents will be considered for his claim processing.

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Step 9: Click on "I Agree" & "Save & Next"



Add bills

S. No.	BillNo	Bill Date	Bill Amount(In Rs.)	Bill Type	Doctor/Hospital/Pharmacy name and address
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Bank Details

Bank/Branch/Location	IFSC Code	A/C No	A/C Holder Name	Action
HDFC BANK PUNE-HADAPSAR-MAGARPATTA DESTINATION CENTER,UPPER GROUND FLR, MAGARPATTA CITY, HADAPSAR, PUNE, MAHARASHTRA - 411028	HDFC0000486	989898989898989	Mudit Agarwal	Upload Cheque Leaf

Click on edit to upload new or update cheque leaf and bank details
Bank details given by an employee at the time of submitting final documents will be considered for his claim processing.

***Please note** that any incorrect or incomplete or wrong information given with regard to your Bank details may lead to electronic transfer of money of the Claim proceeds, if admissible, to wrong account or no credit to your account for which you will be solely responsible. Neither the Employer nor Insurer nor MEDI ASSIST INSURANCE TPA PRIVATE LIMITED will be held responsible for such consequences.

I agree that the account details are correct and payment to be done only on this account. I would take responsibility of any delay in payments due to wrong bank details updated by me.

Save & Next >

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Step 10 : Click on the appropriate check box and upload the document



1 User and bank details 2 **DECLARATION AND CLAIM SUBMISSION**

Test Employee Home Menu Sign out

Claim Document Checklist

- 1. Health check bill/receipt
- 2. Health check investigation reports
- 3. Any other(please specify)

Upload Documents

Upload all the scanned documents /bills/payment receipts/Prescriptions/Lab reports/Investigation reports related to the claim.

Uploaded documents Upload successful!

MBC_ClaimDoc_H091220210100060920_20211209_1305_e_card

Fight Against Fraud

Safeguard your Sum Insured amount against fraudulent activity by identifying unauthorized activities related to your insurance account. Authenticate a claim before it is registered under your insurance account. [Count me in!](#)

Step 11 : Click on declaration option & Click on submit



Safeguard your Sum Insured amount against fraudulent activity by identifying unauthorized activities related to your insurance account. Authenticate a claim before it is registered under your insurance account. [Count me in!](#)

Declaration

I hereby declare that the information furnished in this Claim Form is true & correct to the best of my knowledge & belief. If I have made any false or untrue statement, suppression or concealment of any material fact, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA or insurance company to seek necessary medical information 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 Post - hospitalisation claim, if any.

Notes

1. Please retain a copy of all documents submitted to us for further reference.
2. Please retain POD copy of the courier for tracking your consignment in case of any delay etc.
3. Physical Documents submission is mandatory for claim processing.
4. Print out of the claim form has to be signed & submitted.
5. Please note that online submission of claim documents only registers the claim in the system and is the first step in the claims process. However, as per the mandate from IRDA and insurance company original documents/hard copies are required for complete processing of the claims. Would request you to forward the original documents as soon as possible for the completion of claims process.
6. All financial documents like hospital main bill, main bill-break up, receipts/ advance paid receipts and any other bills are required in **original hard copy** to be submitted at the nearest help desk or to be couriered to Nearest Medi Assist office within 3-4 working days for the final settlement of the claim. Photocopy or duplicate copy of the financial documents will not be considered for processing.

< Previous Preview Submit

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Step 12 : Print claim form



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Employee Details

Employee name	Test_self	Employee number	Test123
Employee's location		Contact number	8951775562

Employee Bank A/c Information

Account holder name	sweetey pareek	Bank Name	HDFC BANK
A/c Number	12*****99	IFSC Code	H*****5
Branch Address	ENKA*****2001		

Details of the claimant (Patient Details)

Name	Test_self	Relationship	Self
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Claim Details

Nature of illness	Hea	Duration of illness	0 Day(s)
Clinic Name	gng	Clinic Pincode	989078
Treatment Start Date	03-Nov-2021	Total amount	2000

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Step 13 : Submit the hard copies of documents (Bills) to MediBuddy (refer to the below screenshot for reference)



before it is registered under your insurance account. CONTINUE

Declaration

I hereby declare that the information furnished in this Claim Form is true & correct to the best of my knowledge & belief. If I have made any false or untrue statement, suppression or concealment of any material fact, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA or insurance company to seek necessary medical information 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 Post - hospitalisation claim, if any.

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< Previous Preview Submit

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Step 14 : End

