

## Better Health Insurance, Today & Tomorrow!

---



One stop solution for  
all your Health Insurance needs

---

**19000+**  
CASHLESS HEALTHCARE  
PROVIDERS NETWORK

**30 lacs+**  
CLAIM SETTLED

**95.2%**  
CLAIM SETTLEMENT  
RATIO\*

**2 hours**  
CASHLESS CLAIM  
PROCESSING (APPROX.)

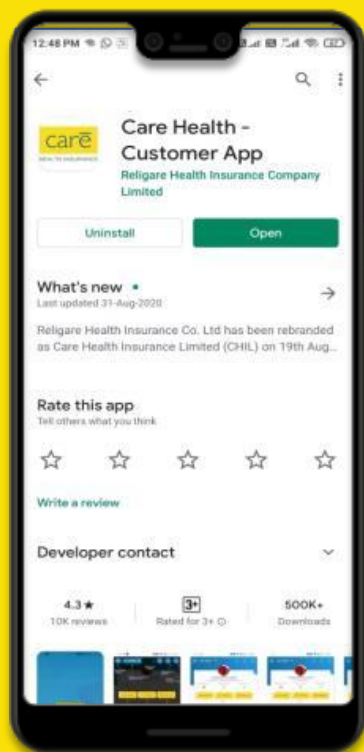


Enabling **24x7x365** days  
digital access to health benefits

---



## Presenting the all in one app from Care Health Insurance



Secure OTP  
enabled login

E-Card access  
anytime  
anywhere

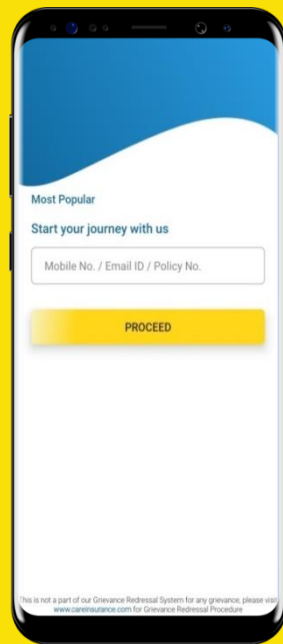
Scan & pay  
for your OPD  
services

Access all  
policies in one  
place

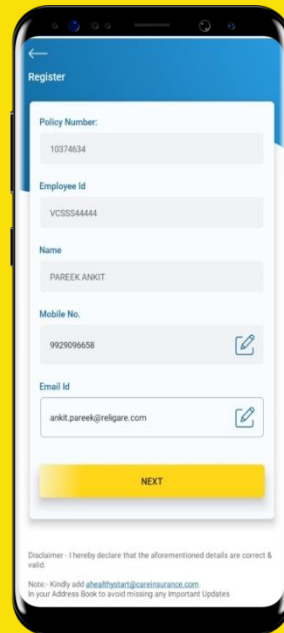
Paperless  
claim, 100%  
digital

Locate nearest  
hospital in one  
click

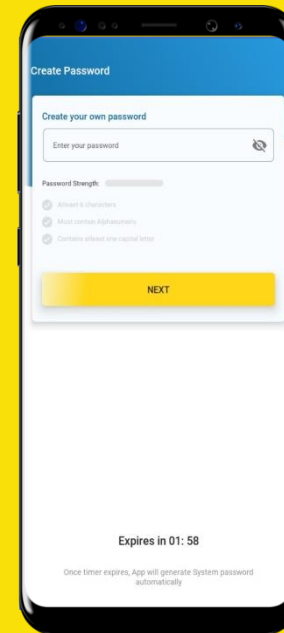
## Secure & instant registration



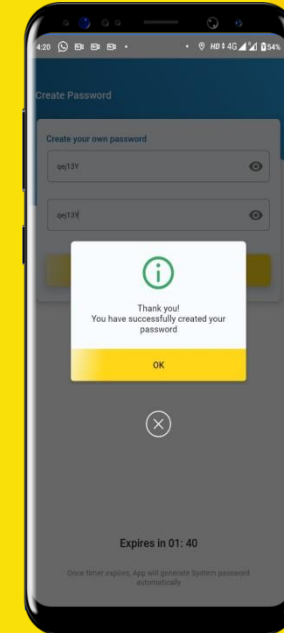
Enter policy  
number



Provide employee  
ID and other details



Set your  
password



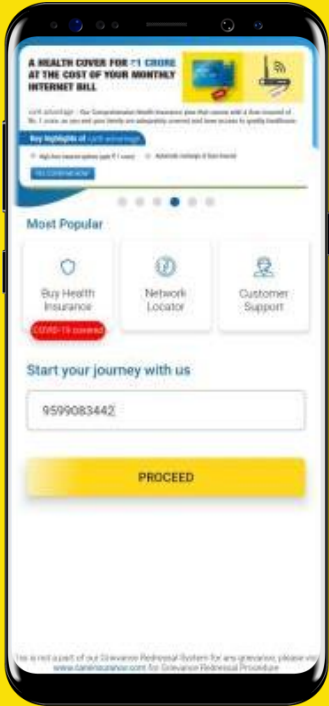
Credential are  
created



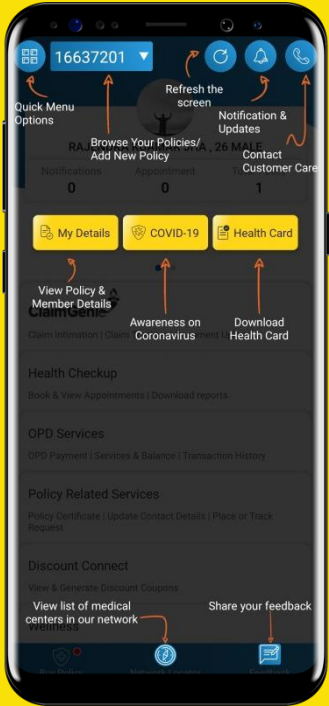
HEALTH INSURANCE

10 YEARS OF CARE

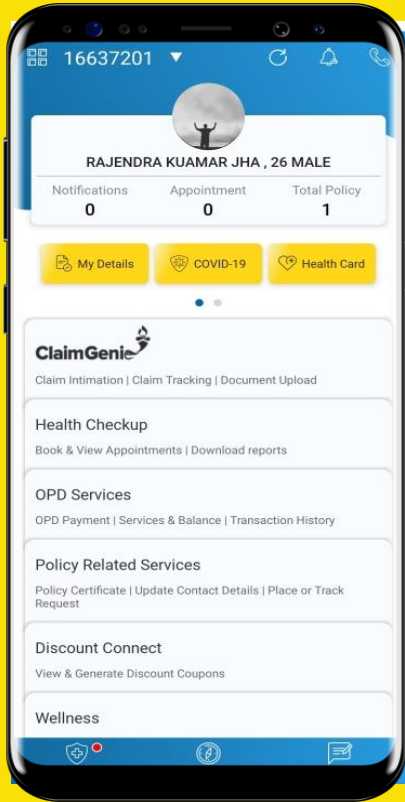
# Login and start using the services



Use Registered/  
Mobile number Email ID



Enter Password or  
OTP



Landing Page

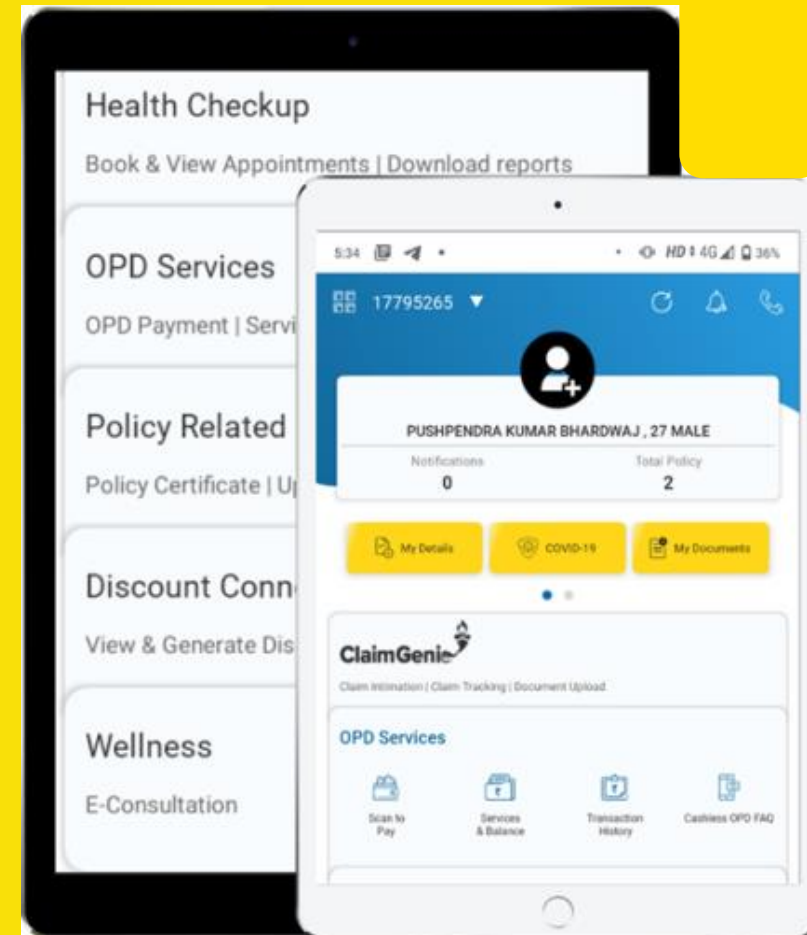
Online interface for customers to file and track the policy claims



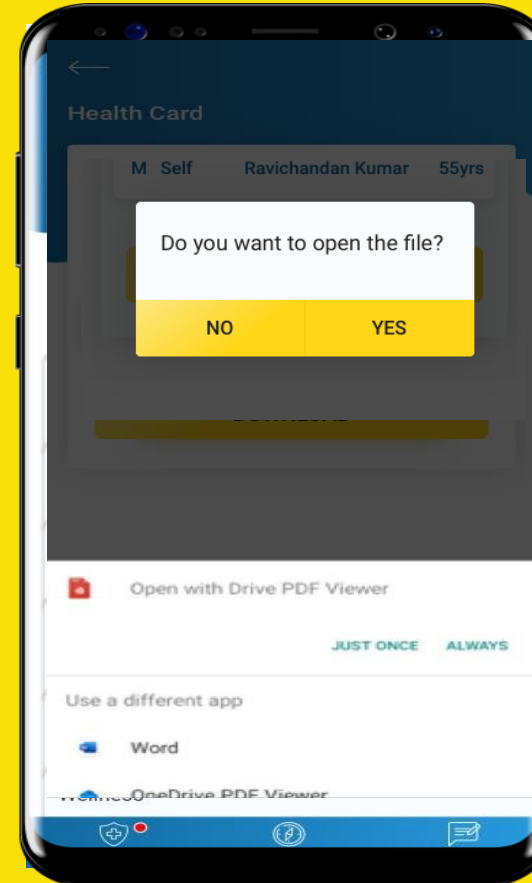
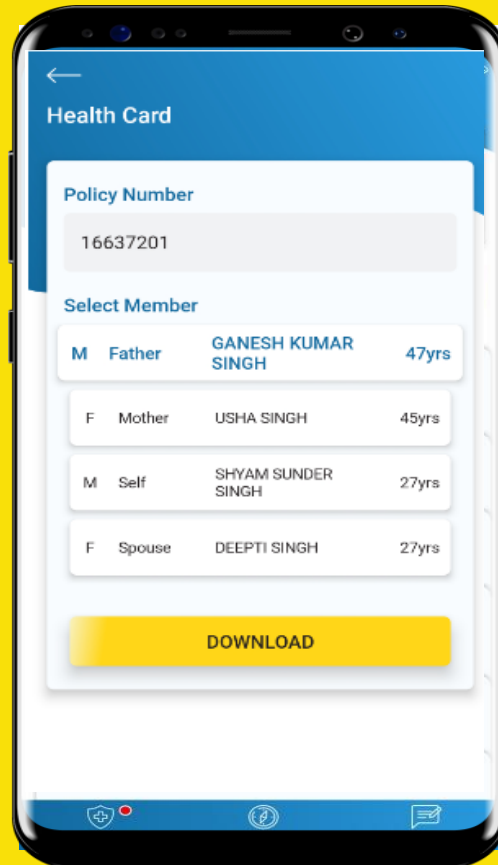
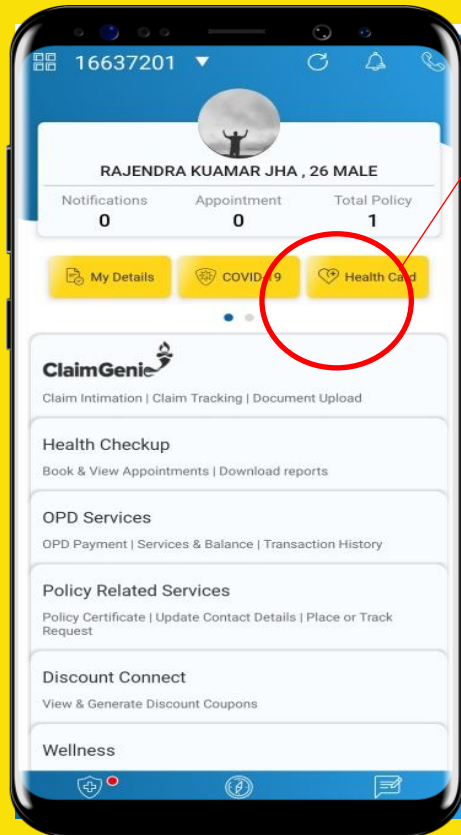
- ~ Claim Intimation
- ~ Claim Submission
- ~ Upload Documents
- ~ Track claim status



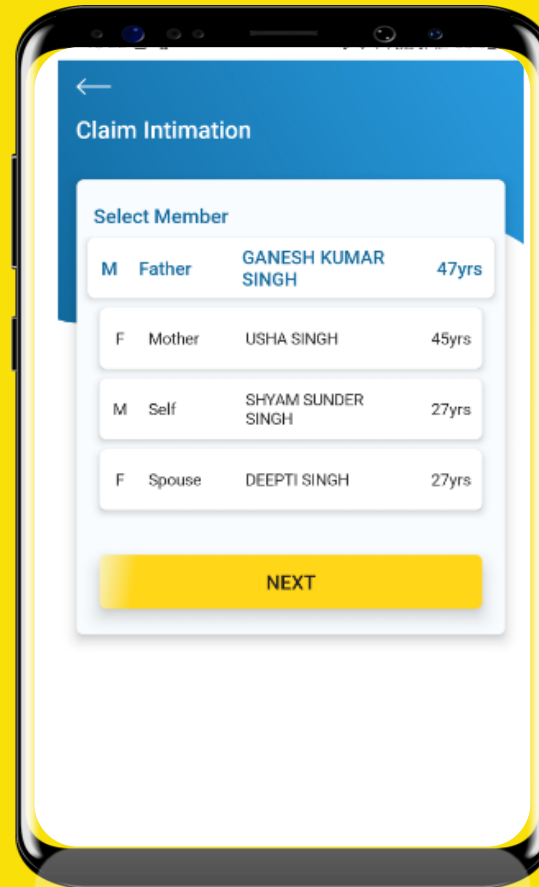
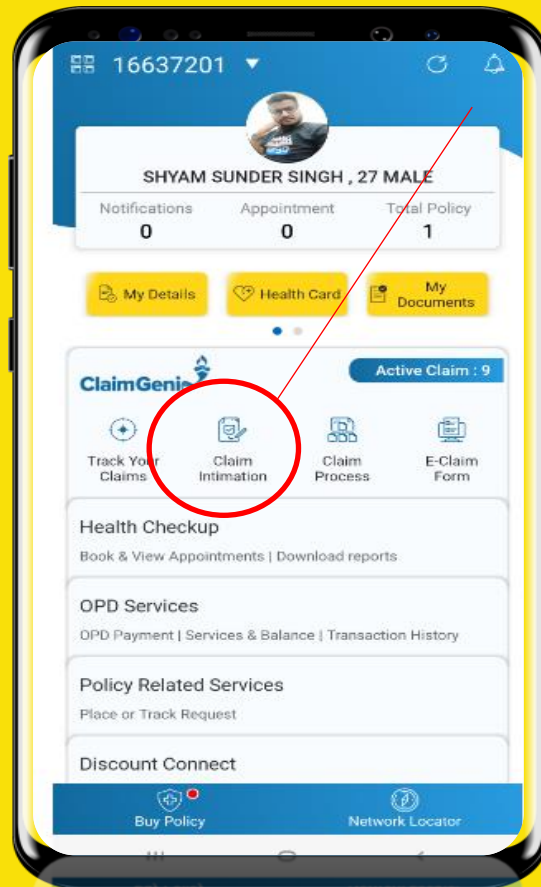
- ~ E-health card soft copy
- ~ My request
- ~ Make a request
- ~ OPD card



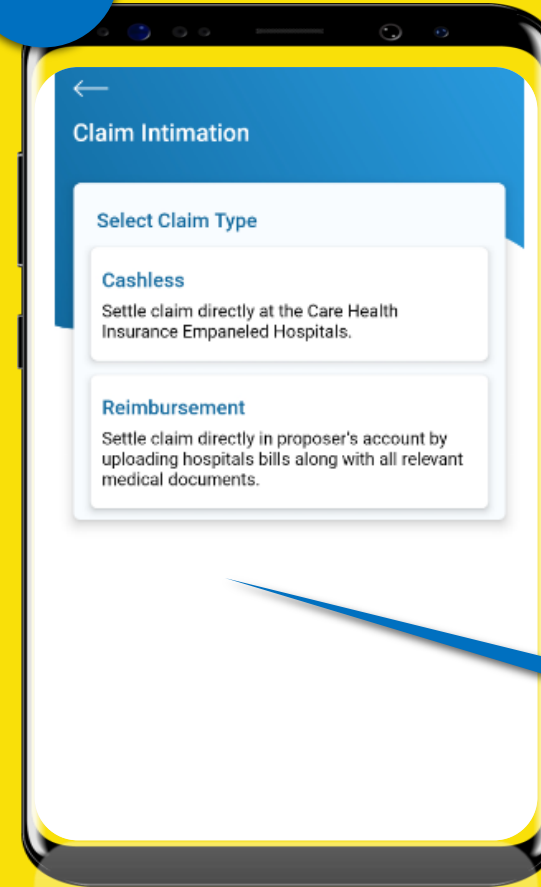
## Download the E-Health Card



## Claim intimation in 3 easy steps



Step 1



Select member & Claim type

## Claim intimation in 3 easy steps

Claim Intimation

1 2 3

Select Claim Category

Claim Type

Indoor Hospitalization Claim

Outpatient Claim

Daily Cash Allowance/ EMI Benefit

Personal Accident

Select Claim Sub-Category

Select Claim Sub-Category

Select Hospital State

Select Hospital State

Select Hospital City

Type Hospital City

Hospital/Locality

Claim Intimation

1 2 3

Select Claim Category

Indoor Hospitalization Claim

Select Claim Sub-Category

Select Claim Sub-Category

Hospitalization Claim

Pre

Post

Select Hospital State

Select Hospital State

Select Hospital City

Type Hospital City

Hospital/Locality

Claim Intimation

1 2 3

Room Type

Select Room Type

Date Of Admission

Select Date

Date Of Discharge

Select Date

Diagnosis/Treatment Details

Diagnosis Name

Expected Cost Of Treatment

Expected Amount in INR

NEXT

Step 2

Enter hospital details & room type

Claim intimation in 3 easy steps

Step 3

Claim Intimation

11-Aug-2022

Diagnosis/Treatment Details

na

Expected Cost Of Treatment

25800

Registered Email Id

sxxxxxsi@religare.com

Registered Mobile Number

xxxxxx9922

☒ I shall not file same claim with any other Insurance company / other organisation

SUBMIT

Upload Document

Note: Hope you have filled the mandatory E-claim form, prior to document upload.

Final Bill - Detailed *\*Mandatory*

UD\_1064\_20220811\_13260772257 57109412765261.jpg

Last updated on 11-Aug-22 01:29 pm

Pre-Auth Form/Claim Form *\*Mandatory*

Screenshot\_20220811-132455\_Car eHealthInsurance.jpg

Last updated on 11-Aug-22 01:27 pm

Bank Details *\*Mandatory*

Screenshot\_20220811-132455\_Car eHealthInsurance.jpg

Last updated on 11-Aug-22 01:30 pm

Membership Card

REVIEW & SUBMIT

Upload Document

Confirm your Documents

Bank Details

Screensho

Final Bill - Detailed

UD\_1064\_2

Pre-Auth Form/Claim Form

Screensho

Upload the treatment documents

SUBMIT

Easily Download the E-Claim form

Step 1

SHYAM SUNDER SINGH, 27 MALE

Notifications 0 Appointment 0 Total Paid 1

My Details Health Card My Documents

ClaimGenie

Active Claim : 10

Track Your Claims Claim Intimation Claim Process E-Claim Form

Health Checkup

Book & View Appointments | Download reports

OPD Services

OPD Payment | Services & Balance | Transaction History

Policy Related Services

Place or Track Request

Discount Connect

Select E-claim form

Step 2

E-Claim Form

Select Member

M Father GANESH KUMAR SINGH 47yrs

USHA SINGH 45yrs

SHYAM SUNDER SINGH 27yrs

F Spouse DEEPTI SINGH 27yrs

NEXT

Select member

Step 3

E-Claim Form

Please Submit Your Claim Form

Details of Insured Field

Details of Other Insurance

Details of Hospitalization

Details of Claim

Details of Primary Insured's Bank Account

Details of Hospital

Declaration by the Hospital

SUBMIT CLAIM

Provide treatment details

## Easily Download the E-Claim form

← IPD Claim Form

7 Declaration by the Hospital

Date

Signature & Sign of hospital authority

file chosen

Get hospital approvals

17:18

Download and Upload Documents

Thank you. Your e-claim form has been successfully generated. To download the e-claim form copy click here. Now to upload claim related documents click Upload.

DOWNLOAD

UPLOAD DOCUMENT

Upload Documents

been saved successfully

15:37

E-Claim Form

Please Submit Your Claim Form

Details of Insured Field

Details of Other Insurance

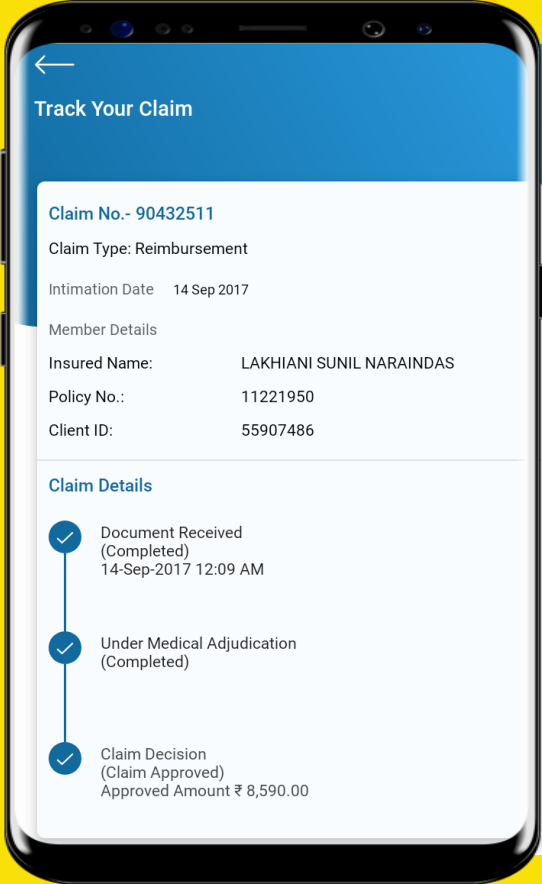
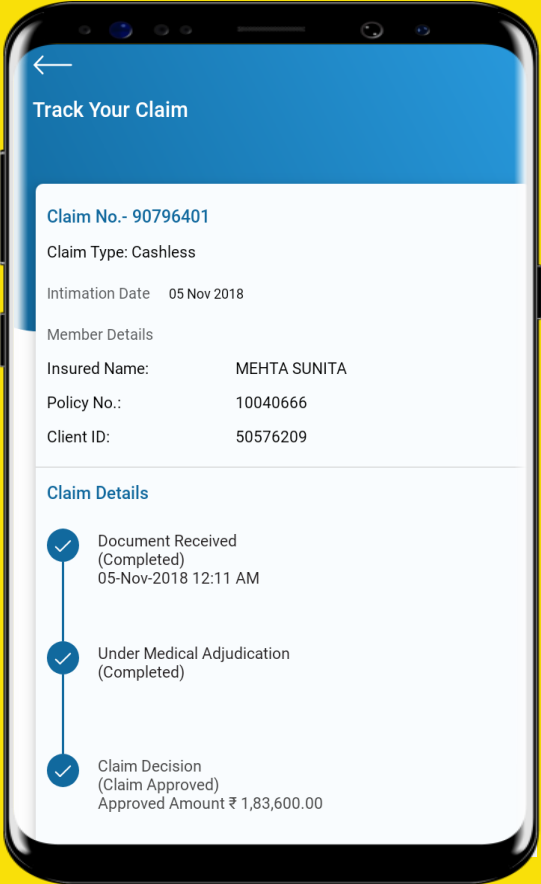
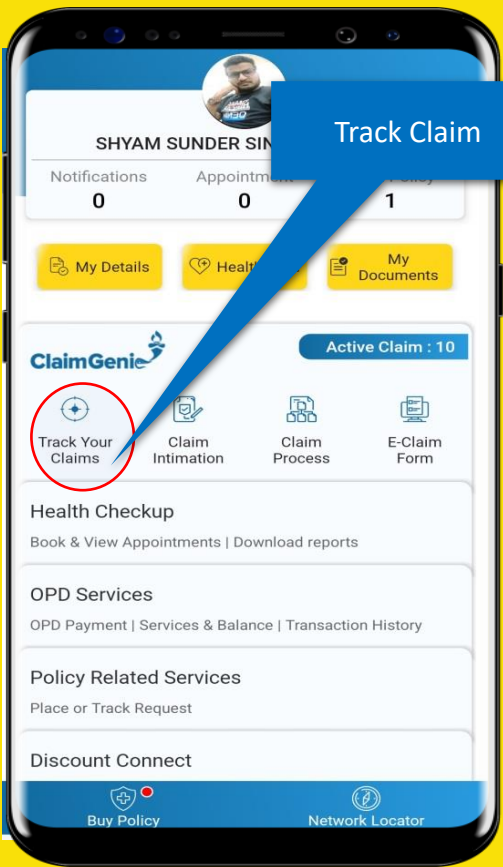
To check your e-claim details click on the 'Preview'. You may also download claim form preview by clicking 'Download'. If you wish to make further changes in e-claim details go back to related option. If you have filled all details in e-claim form click 'SUBMIT' for final submission.

No Yes

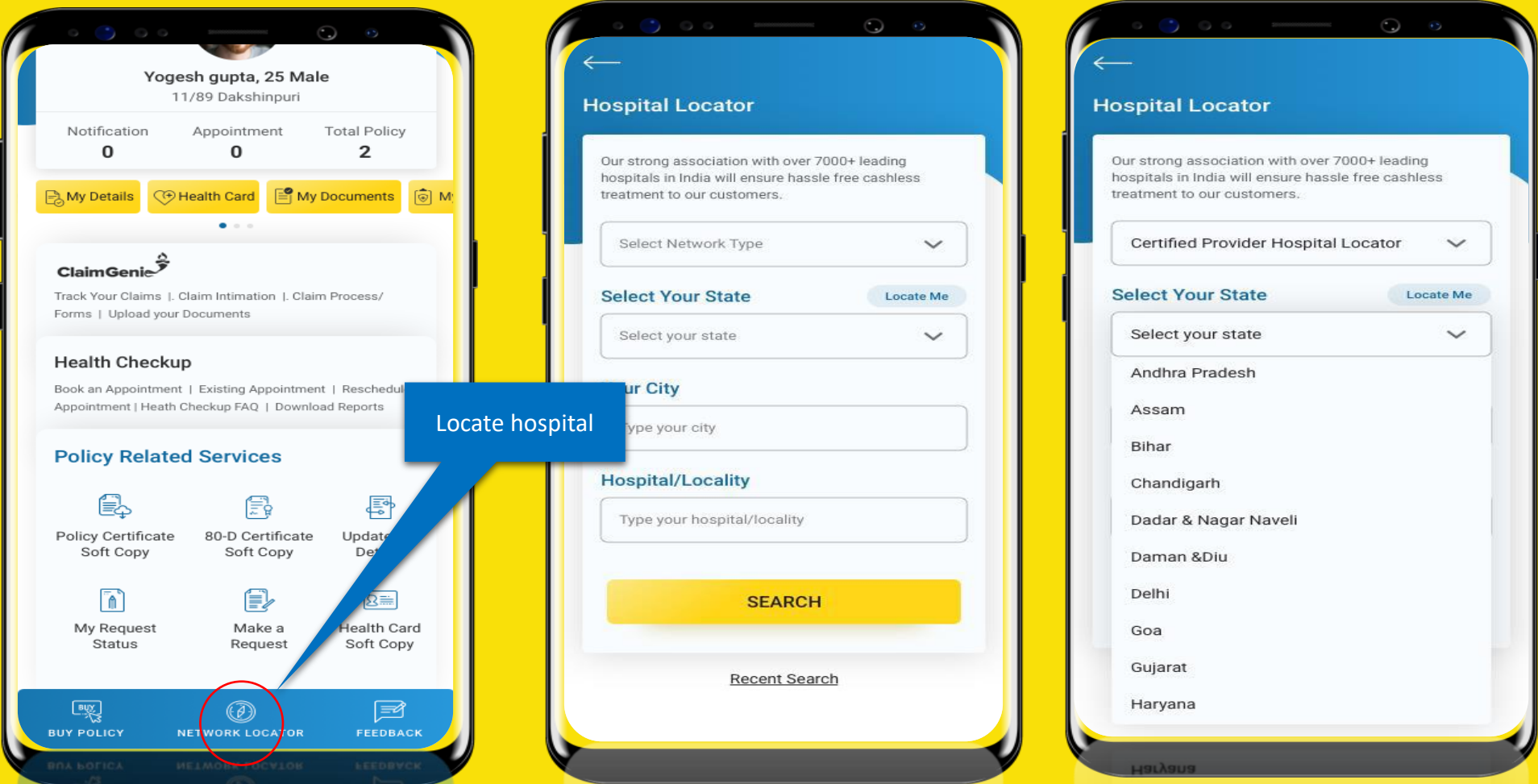
Details of Hospital

Review & Submit

# Instantly track status of your claim



Network Locator





# Thank you