

# mW!SE - ParamountTPA app

Paramount Health Services & Insurance TPA Pvt. Ltd

#### Main Screen

If you are existing user press this for login



If you are new to app press this to complete registration



# **Employee Login**

If already registered then Login using your Employee no. Group code and MPIN

••	•			
📼 🗮 🕅	뺥 🗈 🐺 📶 ╣ 76% 🖹 12:44 pm			
Login				
EMPLOYEE	INDIVIDUAL			
Enter group code Enter 6 digit mpin Show Password	t Health good health ?			
Forgot mpin?				
LOGIN				
OR New User? Sign Up				
Health Tips	<b>ि ॥</b>			
e C	$\supset$			

#### Else Sign Up



#### Employee Sign Up

- Sign up using Employee No., Group code and DOB
- If mobile number not registered it will ask for mobile number

nployee Sign Up		
	Paramount Health Your link to good health	
Enter en	iployee no.	
Enter gr	Know Your Group Code	
Select D	OB	
	SIGN UP	
	OR	
A	Iready registered? Login	

Don't know yourgroup code?Tap on "?" icon



#### **Employee Login**

Login with your Employee No., Group code and MPIN sent to your registered mobile number

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I × B × 8 8	같 🔟 ፲፱ 📶 개비 76% 🖨 12:44 pm		
ogin			
EMPLOYEE	INDIVIDUAL		
Paramou Your line to	nt Health prod health		
Enter employee no.			
Enter group code			
Enter 6 digit mpin			
Show Password			
Forgot mpin?			
LOC	GIN		
٥ New User?	R Sign Up		
Health Tips	V; 💼 🏟		
e C	$\supset$		

Don't know your group code? Tap on "?" icon



#### Forgot mpin

Enter Employee No.,Group Code & DOB you will get mpin on your registered Mobile no.



#### Main Screen

# Tap to view Enrollment Details



Tap for speech to text shortcut facility eg :-•"hospital near me" •"IPD claim" •"BMI Calculator"



# **Policy List**

Tap to view Members covered under the policy





# Policy Details

# Tap to download Member E-Card

•• •	N 5 V00 En LTE      %    70% @ 2-00 pm		
Name : Vxxxxxx Kxxx	XX		
EmpNo. : 684	PHM : 2xxxxx6		
DOB : 25/06/1981	Age : 36		
Sex :	Relation : Employee		
Proposer Name : Vxxxx	xxx Kxxxxx		
Name : Vxxxxxx Kxxx	XX		
EmpNo. : 684	PHM : 2xxxxx6		
DOB : 20/05/1987	Age : 30		
Sex :	Relation : Wife		
Proposer Name : Vxxxx	xxx Kxxxxx		
Name : Vxxxxxx Kxxx	XX		
EmpNo. : 684	PHM : 2xxxxx6		
DOB : 15/02/2011	Age : 7		
Sex : 2	Relation : Son		
Proposer Name : Vxxxx	xxx Kxxxxx		
Name : VXXXXXX KXXX	XX		
EmpNo. : 684	PHM : 2xxxx6		
DOB : 12/05/2017	Age : 1		
Sex :	Relation : Daughter		
Proposer Name : VXXXX	:xx Kxxxxx		
0 0			

Paramount Health Vour link to good health

#### Main Screen

# Tap to check claim details







## **IPD Claim List**

Tap on any policy to view

- Processing sheet summary
- Processing Details
- Claim Details

Tap to view letters e.g. Additional info letter,Authorization letter



# Tap to view Communication Logs



# **IPD Claim List**

#### Tap on

- Processing sheet summary
- Processing Details
- Claim Details





# **Claim Details**

Tap to view Policy Details





# Policy Details

••			
<b>*</b>	ଛੇ ¥≹ १थ ₽ ५ः ਗ਼ਿ,॥ 80% םੇ 2:03 pm		
$\equiv$ Policy Details :			
Insurance Company	: Txxx		
DO Name	:		
RO Name	:		
Agent Code	:		
U/O Code	: DELHI OFFICE		
Product Code	: XXX-X		
Product Name	Gxxx xxxxxxx xxxxxxxx · xxxER		
Policy No.	: 02xxxxxx00		
Policy Type	: Corporate		
Policy Start Date	: 09/03/2018		
Policy End Date	: 08/03/2019		
Previous Policy No.	04xxxx/xx/xx/ xx/xxxxxxx		
Sum Insured Type	: Floater		
Corporate Code	: SMGMIND		
Corporate Name	MOxxxxxxxxx : xxxxxxxx xx xxxNS		



#### **Claim Details**

# Tap to view Member Details





# **Member Details**

*	🗟 💐 ఝ 🗈 ५० 📶 %⊪ 80% 🖬 2:03 pr
≡ Membe	er Details :
Member ID	: 22xxxx
Employee Code	: 684
Employee Name	: Vxxxxx Kxxxx
Patient Name	: Vxxxxx Kxxxx
Patient Date Of Birth	: 25/06/1981
Patient Age(Yrs)	: 36
Patient Gender	: Male
Date of Joining	: 09/03/2014
Relation	: Employee
Sum Insured	: 100000.0
NCB %	: 0.0
Domiciliary Hospitalization Amount	
Balance Sum Insured	: 0.0
Grade	



#### **Claim Details**

Similarly user can view other details by simply tapping on the respective Menu items available





# **IPD Summary**

# Choose to view

• Summary

Deductions

 Sum Insured BreakUp

			II 80% 🗷 2:04 p
$\equiv$ IPD Summary			
SUMN	/IARY	DEDUCTIONS	SUM INSURED BREAK UP
CCN:3841527CCN Extension:Partial No.:0Lodgement No.:777Claim Status:Claim Status:0Insurance Claim:0			
Sr.No.	IRDA Primary Code	Particulars	Amount Claimed
1	100000	Room & Nursing Charges	3300.0
2	400000	Medicine & Consumables charges	11874.0
	500000	Professional fees charges	79380.0
3	600000	Investigation Charges	7900.0
3	000000		
3 4 5	800000	Miscellaneous charges	1991.0



#### **IPD Summary**

Choose to view
Summary
Deductions
Sum Insured BreakUp

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$\equiv$ IPD S		
SUMMARY	DEDUCTIONS	SUM INSURED BREAK UP
Parti	culars	Non Payable
Room & Nursin	g Charges	0.0
Medicine & Cor charges	nsumables	2076.0
Gloves, Rs. 780/disposable, Rs. 28/-Gloves, Rs. 71/-Betadine, Rs. 70/- Common item, Rs14/- Gloves, Rs400/-gauze, Rs. 70/- Apron, Rs. 140/- Apron, Rs. 13/- bandage., Rs. 170/-Gloves are not pavable.		
28/-Gloves,Rs.7 70/- Common if Gloves,Rs400/- Apron,Rs.140/- bandage.,Rs.17 not payable.	1/-Betadine,Rs. iem,Rs14/- gauze,Rs.70/- Apron,Rs.13/- 0/-Gloves are	
28/-Gloves,Rs.7 70/- Common it Gloves,Rs400/- Apron,Rs.140/- bandage.,Rs.17 not payable. <b>Professional fe</b>	tem,Rs14/- gauze,Rs.70/- Apron,Rs.13/- 0/-Gloves are	301.0
28/-Gloves,Rs.7 70/- Common ii Gloves,Rs400/- Apron,Rs.140/- bandage.,Rs.17 not payable. <b>Professional fe</b> RS.300/-Dietici RMO charge no	17/-Betadine,Rs. tem,Rs14/- gauze,Rs.70/- Apron,Rs.13/- 0/-Gloves are es charges an charge,Rs.1/- t payable	301.0
28/-Gloves,Rs.7 70/- Common ii Gloves,Rs400/- Apron,Rs.140/- bandage,Rs.17 not payable. <b>Professional fe</b> RS.300/-Dietici RMO charge no <b>Investigation C</b>	17/-Betadine,Rs. tem,Rs14/- gauze,Rs.70/- Apron,Rs.13/- 0/-Gloves are es charges an charge,Rs.1/- t payable harges	301.0
28/-Gloves,Rs.7 70/- Common ii Gloves,Rs400/- Apron,Rs.140/- bandage.,Rs.17 not payable. <b>Professional fe</b> RS.300/-Dietici RMO charge no <b>Investigation C</b> <b>Miscellaneous</b>	17/-Betadine,Rs. tem,Rs14/- gauze,Rs.70/- Apron,Rs.13/- 0/-Gloves are es charges an charge,Rs.1/- t payable harges charges	<u> </u>
28/-Gloves,Rs.7 70/- Common ii Gloves,Rs400/- Apron,Rs.140/- bandage.,Rs.17 not payable. <b>Professional fe</b> RS.300/-Dietici RMO charge no <b>Investigation C</b> <b>Miscellaneous</b> Rs.1801/-Othe payable	r1/-Betadine,Rs. tem,Rs14/- gauze,Rs.70/- Apron,Rs.13/- 0/-Gloves are es charges an charge,Rs.1/- t payable harges charges r charge not	301.0 0.0 1801.0



# **IPD Summary**

Choose to view

• Summary

Deductions

 Sum Insured BreakUp

SUMMARY	DEDUC	DEDUCTIONS SUM INSURED		
	Sum Insured	Corporate Float	e Critical III- ness Float / Sum Insured	
Basic	100000.0	0.0	0.0	
Utilized	0.0	0.0	0.0	
AL Issued	0.0	0.0	0.0	
Present Claim	100000.0	0.0	0.0	
Other Benefit	0.0	0.0	0.0	
Balance	200000.0	0.0	0.0	
	Тор	oup :	Super Top up	
Basic	0	.0	0.0	
Utilized	0	.0	0.0	
AL Issued	0	.0	0.0	
Present Clain	<b>n</b> 0	.0	0.0	
Other Benefit	0	.0	0.0	
Balance	0	.0	0.0	



# **IPD Processing Details**

•• •	AN I
🗷 🌂 안한 🖬 부탁 📶 %il 80% 🖻 2:04 pm	APA
$\equiv$ IPD Details	
	I
Net Payable	
* Scroll table horizontally           Net Payable         100000.0           Image: state states	
•	



# **Claim Details**



Similarly user can view OPD details

#### Choose IPD or OPD



#### **OPD Claim List**

Tap on any policy to view

- Processing sheet summary
- Processing Details
- Claim Details

••	
*	¥१₩ D 坪\$:11 95% B 5:57 pr
	aim List 🔍 🕻
<b>-</b>	
Patient Name	: TAXXXX XXXXX XXXXLA
CCN	: 2xxxxx5
Partial CCN No.	: 0.0
CCN Ext	
CCN Date	: 02/11/2018
Provider Name	: raxxxxx xxxy
Addmission Date	: 10/09/2018
Discharge Date	: 31/10/2018
Ailment	: ARTHRITIS
Final Diagnosis	
IRDA Code	: NA
Claim Type	: Reimbursement
Amount Column	: Settled Amount
Amount	: 3591.0
Claim Status	
Patient Name	: TAxxxx xxxxx xxxxLA
CCN	: 2xxxxx5
Partial CCN No.	: 0.0
CCN Ext	
CCN Date	: 17/02/2018
Provider Name	: raxxxxxx xxxy
Addmission Date	: 19/01/2018
Discharge Date	: 19/01/2018
Ailment	
Final Diagnosis	
IRDA Code	NA
Claim Type	Reimbursement
Amount Column	Cattlad Amount



#### **OPD Claim List**

#### Choose between

- Processing sheet summary
- Processing Details
- Claim Details





#### **OPD Claim Details**

Tap to view Policy Details





# Policy Details

••				
n and a set of the se				
Insurance Company	: Pxxx-xxx			
RO Name	: MUMBAI R.O. II			
DO Name	:			
Agent Code	:			
U/O Code	: 120200			
Product Code	: Gxxx-xxx			
Product Name	Gxxxxxxxx xxxxxx xxxxx			
Policy Type	: Corporate			
Sum Insured Type	: Floater			
Policy No.	GXXXXXXXXXX XXXXXX XXXXX			
Corporate Code	: Gxxxx			
Corporate Name	: Gxxxxxxxx xxxxxx			
Previous Policy No.				
Policy Start Date	: 16/01/2018			
Policy End Date	: 15/01/2019			
2				



#### **OPD Claim Details**

# Tap to view Billing Details





# **Billing Details**





#### **OPD Claim Details**

Similarly user can view other details by simply tapping on the respective Menu items available





# **OPD Summary**

Choose to view

• Summary

Deductions

 Sum Insured BreakUp

$\equiv$ OPD Summary :				
SUMMARY		DEDUCTIONS	SUM INSURED BREAK UP	
Claim I Partial Lodger Insurar No.	No. No. ment No. nce Claim	: 2371195 : 0.0 : 430957 : 1202002818C206	892001	
Sr.No.	IRDA Primary Code	Particulars	Amount Claimed	
1	4000000	Medicine & Consumables charges	2991.0	
2	3800000	Professional fees charges	600.0	
	-	Total Claimed Amount	3591.0	



# **OPD Summary**

# Choose to view

- Summary
- Deductions
- Sum Insured BreakUp

■ OPD Summary				
SUMMARY	DEDUCTIONS	SUM INSURED BREAK UP		
Particu	llars	Non Payable		
Medicine & Const charges	umables	0.0		
Professional fees	charges	0.0		
Total Ded	Total Deduction Amount			
Total Claimed Amount Total Non Payable Net Amount Payable Amount Payable to Insured Amount Payable to Hospital	: 3591.0 : 0.0 : 3591.0 : 3591.0 : 0.0			



# **OPD Summary**

#### Choose to view

Summary

Deductions

 Sum Insured BreakUp

$\equiv$ OPD Summary :				
SUMMARY	DEDUCTIONS	SUM INSURED BREAK UP		
Overall Sum Insure	ed			
	Sum Insured	Corporate Float		
Basic	0	0		
Utilized	0	0		
Cashless Issued	0	0		
Present Claim	0	0		
Balance	0	0		
Individual Capping	J Sum Insured			
	Sum Insured	Corporate Float		
Basic	0	0		
Utilized	0	0		
<b>Cashless Issued</b>	0	0		
Present Claim	0	0		
Balance	0	0		



# **OPD Processing Details**





#### Main Screen



#### Tap to Intimate claim



# Claim Intimation Policy List

Tap to view Member details




# Policy Details

Tap against the member to intimate claim

≡ mW!SE -	Paramount TPA			
Name : Vxxxxxx Kxx	кхх			
EmpNo. : 684	PHM : 2xxxxx6			
DOB: 25/06/1981	Age : 36			
Sex : 🌄	Relation : Employee			
Proposer Name : Vxxx	xxx Kxxxxx			
Name : Vxxxxxx Kxx	кхх			
EmpNo. : 684	PHM : 2xxxxx6			
DOB: 20/05/1987	Age: 30			
Sex : 💦	Relation : Wife			
Proposer Name : Vxxx	xxx Kxxxxx			
Name · Vxxxxxx Kxx	KXX			
EmpNo : 684	PHM : 2xxxx6			
DOB: 15/02/2011	Age: 7			
Sex : 🚨	Relation : Son			
Proposer Name : Vxxx	xxx Kxxxxx			
Name : Vxxxxxx Kxx	KXX			
EmpNo. : 684	PHM : 2xxxxx6			
DOB: 12/05/2017	Age: 1			
Sex : 💦	Relation : Daughter			
Proposer Name : Vxxx	xxx Kxxxxx			
	•			
- 6				

Paramount Health Vour link to good health

## **Claim Intimation**

# Enter all details properly and submit.

Claim Intimation	
Select Claim Type	
Select State	
Select City	
Enter Doctor Name	
Date Of Admission	
Mobile Number	
Email ID	
Diagnosis / Ailment	
Claim Amount	
SUBMIT	



#### Main Screen

## Tap to use Health tools





## **Hospital Tools**

#### Tap to use

- BMI Calculator
- Calorie Calculator
- Fertility Calculator
- Healthy Weight Calculator
- Pregnancy Calculator





### **BMI** Calculator

## E.g. : BMI calculator

	••		
	a ¥ ₩ E	l ∰l %0%	2:05 pm
— DI			•
BMI Cate	egories :		
1.Underw	veight = < 18.5		- 1
2.Norma	l weight = 18.5-24.9	)	- 1
3.0verwe	ight = 25-29.9		
4.0besity	/ = BMI of 30 or gre	ater	- 1
Weight	170 💌	lb	•
Height	5"05' 💌	ft/in	•
	CALCULATE	BMI	- 1
			_
	-	11	
	11	1	

Similarly user can use other calculators.



#### Main Screen

Tap to see Nearby hospitals





#### Hospitals Near Me

- Markers with respective colors will indicate level of care
- Tap on marker to view details and route from current location
- Tap on Ride with Uber to book a ride



#### Level of care

- Primary
- Secondary
- Tertiary

# User can change the Insurance company



# Uber app





#### Main Screen



Tap for Hospital Network



## **Hospital Network**

# Fill in the details and Submit



#### Or Tap to view Bookmarked Hospitals



#### **Hospital List**

Tap to view Hospitals Details



Or Tap to Bookmark / UnBookmark Hospitals



### **Hospital Details**

. <u>+</u>	¥ ₩ 🗈 माजी। 100% 🛙 3:53 pr				
■ ASHIRWAD HEART HOS :					
Hospital Name	ASHIRWAD HEART HOSPITAL ( GHATKOPAR )				
Category Type	: HOSPITAL				
Address	. Vivek Building Tilak <b>Q</b> Road,				
Address Area	: Ghatkopar				
City	: Mumbai				
State	: Maharashtra				
Pin Code	: 400077				
Tel. Area Code	: 022				
Tel No.	: 21025911/12/13				
Fax No.	: 21021259 / 25160259				
Email Id.	ashirwadhearth : ospital@yahoo .com				
Website					
<ul> <li>Ride the</li> </ul>	re with Uber				

Tap to view location

Similarly here user can call / email / view Website by tapping on respective icons and Book a ride



**Bookmarked Hospitals** 

# Tap to view Hospitals Details



#### Main Screen

# Tap to Download E-Card of all members





#### Main Screen



#### Tap to Download forms



### **Download Forms**



#### Main Screen

Tap to Upload Documents





### **Upload Documents**

Choose Upload Deficiency Docs or Cancelled Cheque





## **Deficiency Claim List**

Tap on claim against which deficiency needs to be submitted.

•••	•	1
▶	¥१₩ ם ₩	١
= Deficienc	cy Claims List :	I
Patient name : JAPAN		
CCN . 3019932	CON EXT.	
Patient name : MOTH CCN : 3619959	IER CCN Ext :	1
Patient name · MOTH	IED	
CCN : 3876234	CCN Ext :	1
	_	



## **Deficiency Docs List**

User can view documents list that are deficient

Tap to Upload





### Verify User

An OTP will be sent and enter it to validate the user

Tap to verify





On successful verification The user will be able to upload images







Tap to Upload images via gallery or camera



## Tap to Submit



## Tap to Delete if required



On success dialog will be shown with Inward Number which the user will need to specify during hard copy submission



Notification and Message will be sent after successful reception of docs





#### Message Received





Notification Received can be viewed in Notification menu from main screen





Similar steps are taken for uploading cancelled cheque



### Verify User

An OTP will be sent and enter it to validate the user

Tap to verify











# Tap to Upload via gallery or camera





On success dialog will be shown with Inward Number which the user will need to specify during hard copy submission



Notification and Message will be sent after successful reception of docs





#### Message Received





Notification Received can be viewed in Notification menu from main screen



#### Main Screen

## Tap to view Health Tips




## Health Tips

$\equiv$ Health Tips $\qquad \qquad \qquad$			tin time
	Right Breathing Pa	attern for Exc	ercises
Right breathing p to understand th Listed down are	pattern varies from exercis e right breathing pattern f e <b>the major exercises a</b>	e to exercise. M or each exercise nd their right b	oreover, it is also important oreathing patterns:
Squat:	<ul> <li>Inhale while going down</li> <li>Quickly breath out when you reach to the standing position</li> </ul>	Pull ups:	<ul> <li>Quickly exhale when you reach on top</li> <li>Inhale while coming down</li> </ul>
Push Ups:	<ul> <li>Inhale when you bring your body close to the floor</li> <li>Quickly exhale when your body reaches on top</li> </ul>	Crunches:	<ul> <li>Quickly exhale when your body reaches on top</li> <li>Inhale while bringing your body down</li> </ul>
ollow us on /phm_healthcare websiter or a black	Paramounth formation about these lated for informat formation about these lated for a nother n	Healthcare	blog.paramount.healthcan see only. We do not cleim that this information contrary or relability of any information, control
Vise. e do not provide our own cont em and as a result is not resp sly. Thus we shall not be liable	in more service of the service of th	on Good Faith from other so inality of the provided info r resources madeavailable t	surces by surchasing, locaning or freely obtains mation. This information is for private circulation brough this information.

## Tap to set date via Calendar view



## Health Tips



## Tap to set date



## Main Screen



## Tap to view PHS Branches



### **PHS Branches**



#### Chennai

Vimla Arcade,New No:3 Old No:2, 2nd Floor,Kammalar Street,Greams Road,Behind Sangeetha Hotel Chennai Tamil Nadu 600006 43435922 09381207293

#### New Delhi

D-39, Okhla Industrial Area Phase-I, New Delhi Delhi Delhi 110020

6536938/39 09313887064 6536938/42890927

#### Hyderabad

1-8-303/48/9, 3rd Floor,Tirumala Chambers, Pg Road,Behind Chutneys Restaurant,Begumpet,Hyderabad Hyderabad Telangana 500016

040-66758271 / 66759271 09391105597 040 55366271

#### Mumbai

Plot No.A-442,Road No-28.M.I.D.C Industrial Area,Wagale Estate Ram Nagar, Vitthal Rukhumani Mandir Thane Maharashtra 400604

#### 66444600 66444 754/55

#### Bangalore

No. 4/2, 1st Floor, Shirdi Krupa Complex, Nagappa Street Above Back Of India Sheshadrinuram



## Main Screen



# Tap to view Contact Us Details



## Contact Us







## Thank You

Paramount Health Services & Insurance TPA Pvt. Ltd