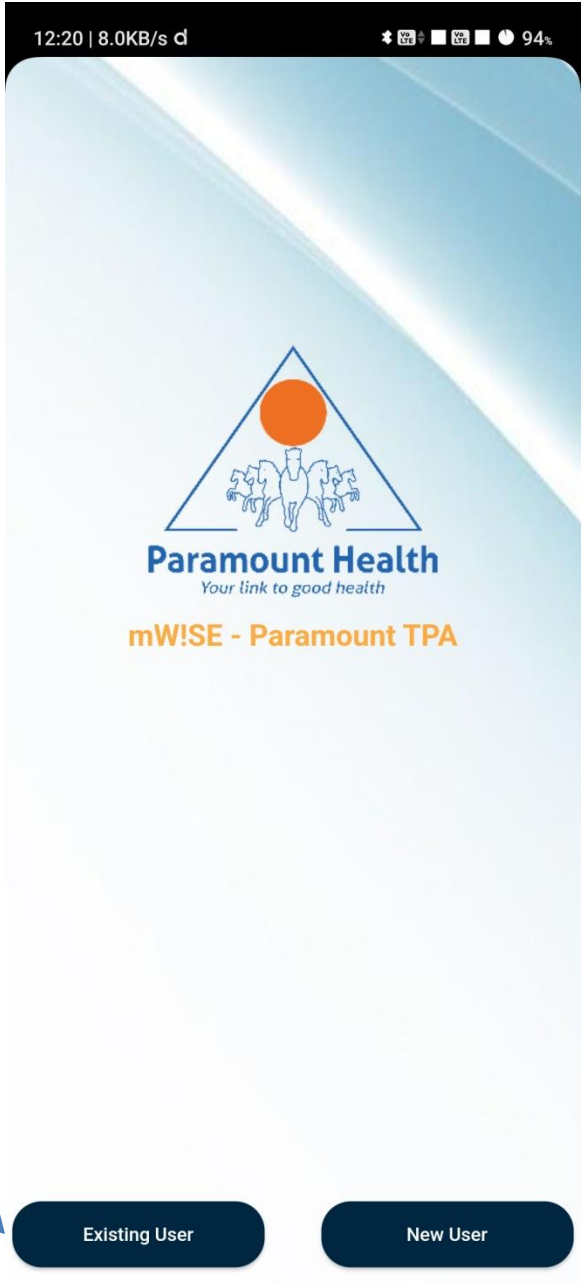




# mW!SE - ParamountTPA app

*Paramount Health Services &  
Insurance TPA Pvt. Ltd*



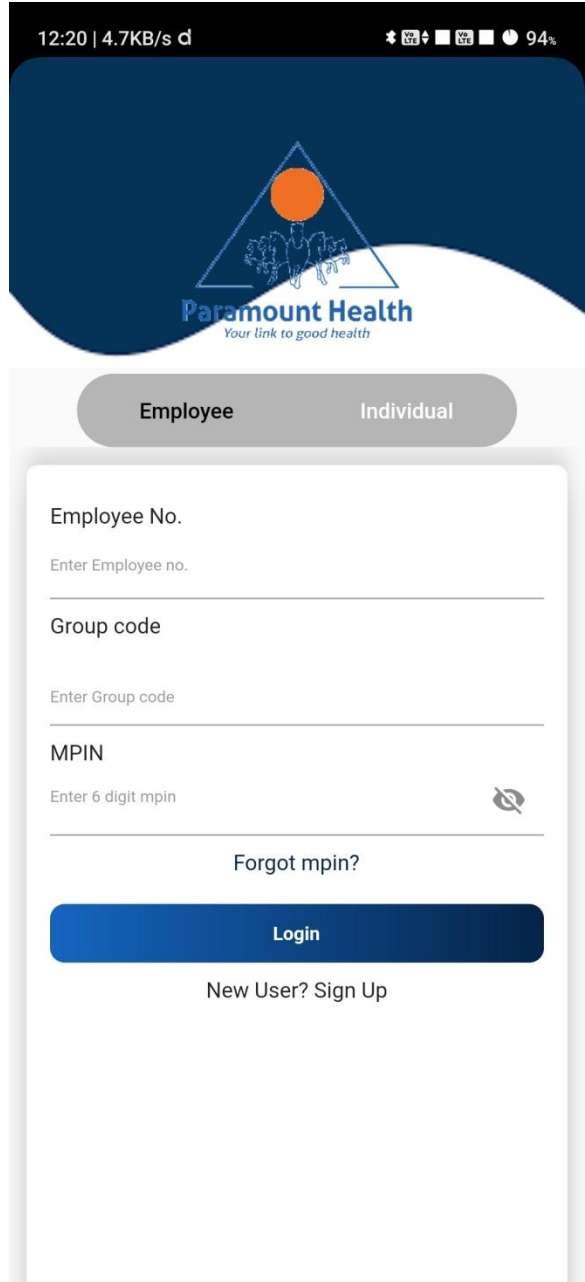
If you are existing user  
press this for login

Existing User

If you are new user to app  
press this to complete  
registration

New User





Enter Employee No.

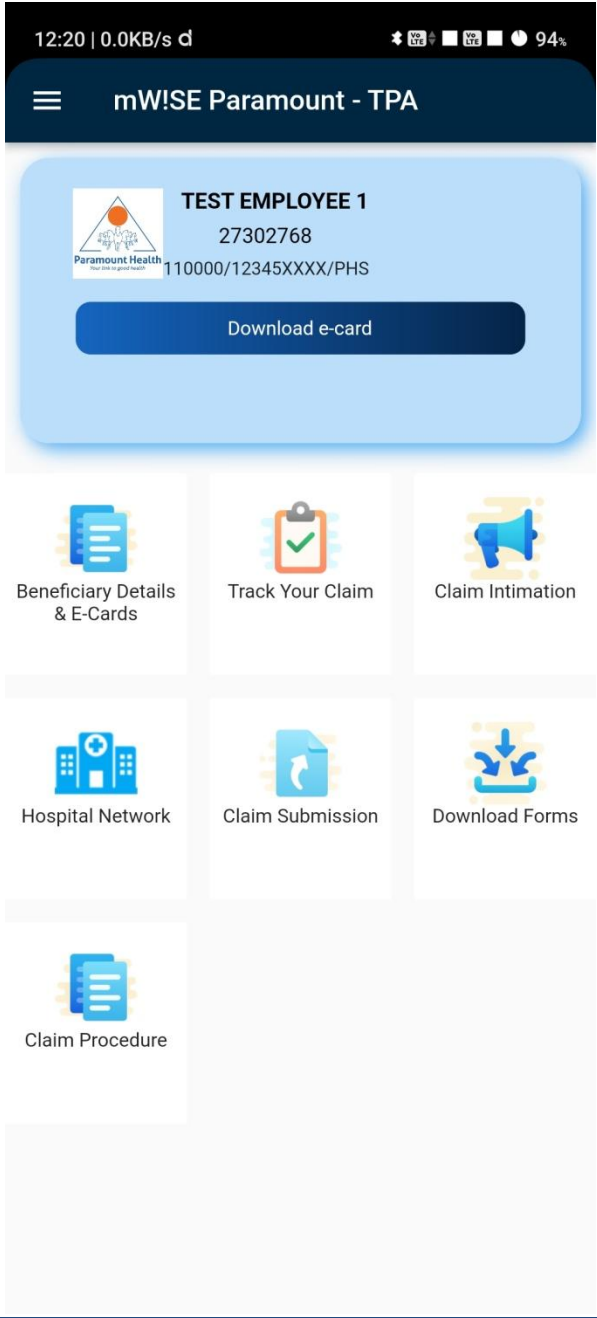


Enter Group Code

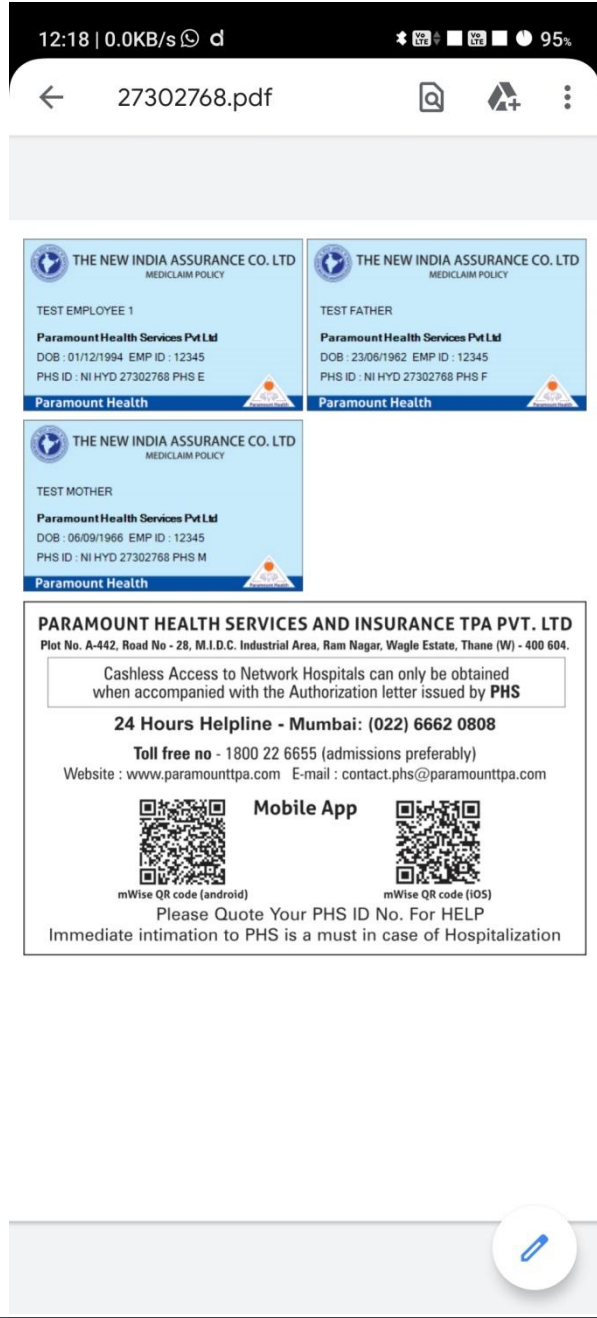


Enter MPIN sent to your registered mobile number. And then click login












**Download E-Card**  
Tap to Download  
E-Card of all Members





**TEST EMPLOYEE 1**  
27302768  
110000/12345XXXX/PHS

Download e-card

-  Beneficiary Details & E-Cards
-  Track Your Claim
-  Claim Intimation
-  Hospital Network
-  Claim Submission
-  Download Forms
-  Claim Procedure

**Beneficiary Details & E-Cards**  
To Download Individual as well as all Members E-Cards and to view sum insured covered under policy post Enrollment. Download Instant E-Cards by selecting the policy availed.



Policy No. : 110000/12345XXXX/PHS  
Start Date : 01/01/2022  
Valid upto : 31/12/2022


Click here to download E-Card

Click here to view Sum Insured




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Beneficiary Details  
& E-Cards




Track Your Claim




Claim Intimation



Hospital Network



Claim Submission




Download Forms



Claim Procedure

**Track Your Claim**  
Track real time status of your claim  
under IPD / OPD claim.





**Paramount Health**  
Your link to good health

Paramount Health Services & Insurance TPA Pvt. Ltd.  
IRDA License No: 006 (Valid upto 20.03.2023)

Track Claim Details

IPD Claim Details
OPD Claim Details

<b>Name:</b>	Test Employee 1
<b>Relation:</b>	Employee
<b>Intimation No./Date:</b>	/
<b>Inward No./Date:</b>	5857999/ 12-Dec-2022
<b>Claim No.:</b>	5818033/A/0
<b>Claim Date:</b>	12-Dec-2022
<b>Claim Type:</b>	Reimbursement
<b>Claim Sub-Type:</b>	Pre-Post
<b>Claim Status:</b>	Outstanding
<b>Documents:</b>	
<b>Action:</b>	📄 Track Claim
<b>Name:</b>	Test Employee 1
<b>Relation:</b>	Employee
<b>Intimation No./Date:</b>	0 /
<b>Inward No./Date:</b>	5884186/ 22-Dec-2022
<b>Claim No.:</b>	
<b>Claim Date:</b>	
<b>Claim Type:</b>	
<b>Claim Sub-Type:</b>	
<b>Claim Status:</b>	
<b>Documents:</b>	📄 Add/Edit 👁 View
<b>Action:</b>	

 **TEST EMPLOYEE 1**  
27302768  
110000/12345XXXX/PHS

Download e-card

- Beneficiary Details & E-Cards
- Track Your Claim
- Claim Intimation**
- Hospital Network
- Claim Submission
- Download Forms
- Claim Procedure

**Claim Intimation**  
Intimate a Claim for members covered under the policy.





Policy No. : 110000/12345XXXX/PHS  
Start Date : 01/01/2022  
Valid upto : 31/12/2022

 **TEST EMPLOYEE 1**  
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110000/12345XXXX/PHS  
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**Hospital Near Me**  
(Under Hospital Network)  
Find the Hospital near by your Live Location



-   
Hospital Near Me
-   
Hospital Network

**Hospital Network**  
Access your list of empanelled hospitals  
(City/State Wise)











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Download e-card


- 


Beneficiary Details & E-Cards
- 

Track Your Claim
- 

Claim Intimation
- 

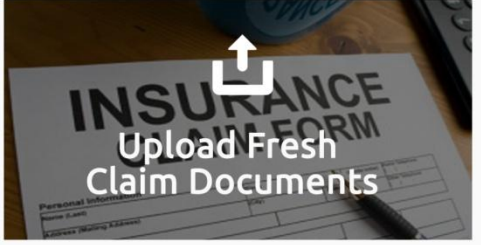
Hospital Network
- 

Claim Submission
- 

Download Forms
- 








Claim Procedure

**Claim Submission**  
Easily upload required documents to submit the claim under IPD / OPD tab.






 **TEST EMPLOYEE 1**  
27302768  
110000/12345XXXX/PHS

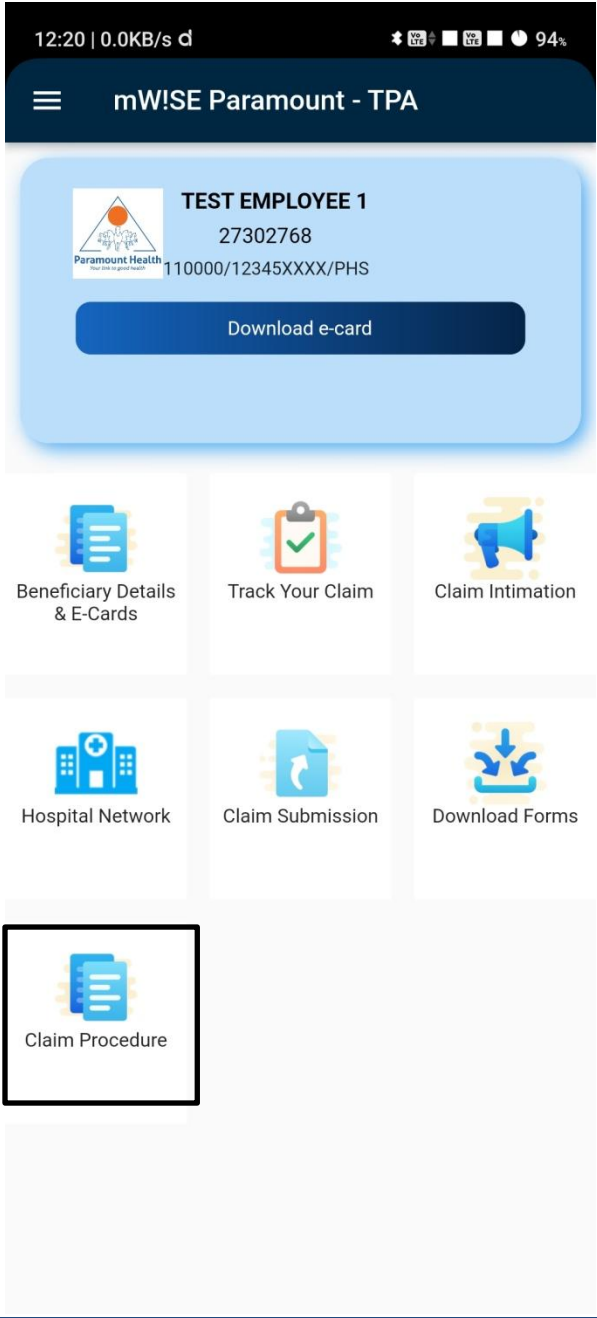
[Download e-card](#)

-  Beneficiary Details & E-Cards
-  Track Your Claim
-  Claim Intimation
-  Hospital Network
-  Claim Submission
-  **Download Forms**
-  Claim Procedure

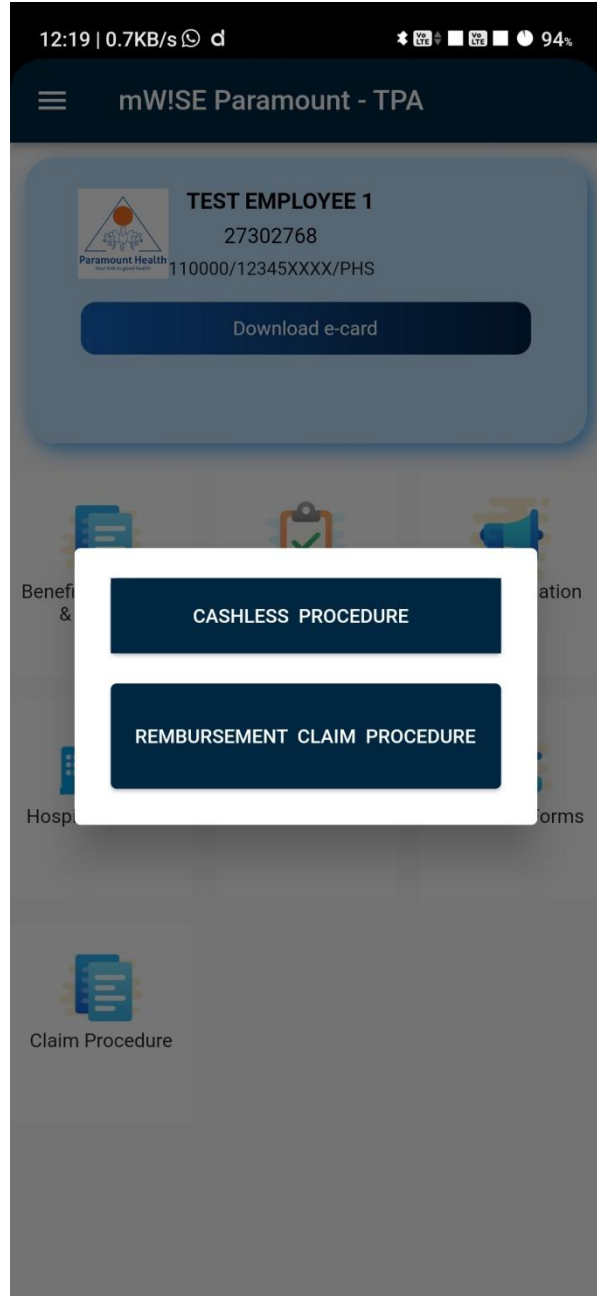
**Download Forms**  
Access Cashless Request Form, IRDA  
Claim Form and Medical Insurance  
Claim Forms



- Standard Cashless Request Form 
-  New India Assurance Co.Ltd 



**Claim Procedure**  
Access Claim Procedure for Cashless  
Claim or reimbursement Claim





Happy to Serve You  
Thank You

***Paramount Health Services  
& Insurance TPA Pvt. Ltd***