MANUAL FOR CREATING OPD/IPD CLAIM



CREATE NEW CLAIM-1



CREATE NEW CLAIM-2

	(C)	AND ICAL STATE	
Create New Cla	im-4		$\overline{\mathbf{x}}$
EIS Number	E55000013		
Card Number	6666		
Vendor code			
Benefit Claim Company	CIL		
Beneficiary		~	•
Claim Type		~	e
Hospital Name			
Disease			
Claim Description			
		Click on "Create"	4
Cancel		button after	Create

CLAIM – FORM-B3



SUBMIT CLAIM

Final Submit Claim				×
Category	Amount		Beneficiary remarks	
Consultations Fees	1	000	TEST	
Medicines Purchased		90	TEST	
Investigation Charges		0	TEST	
Others		0	NA	
Claim ID 271 Claim Amount 1090 Submit Claim Yes	Sel dro	ect pd	t "YES" from lown	
Cancel CH	ck "APPLY ANGES" button to		Арр	ly Changes