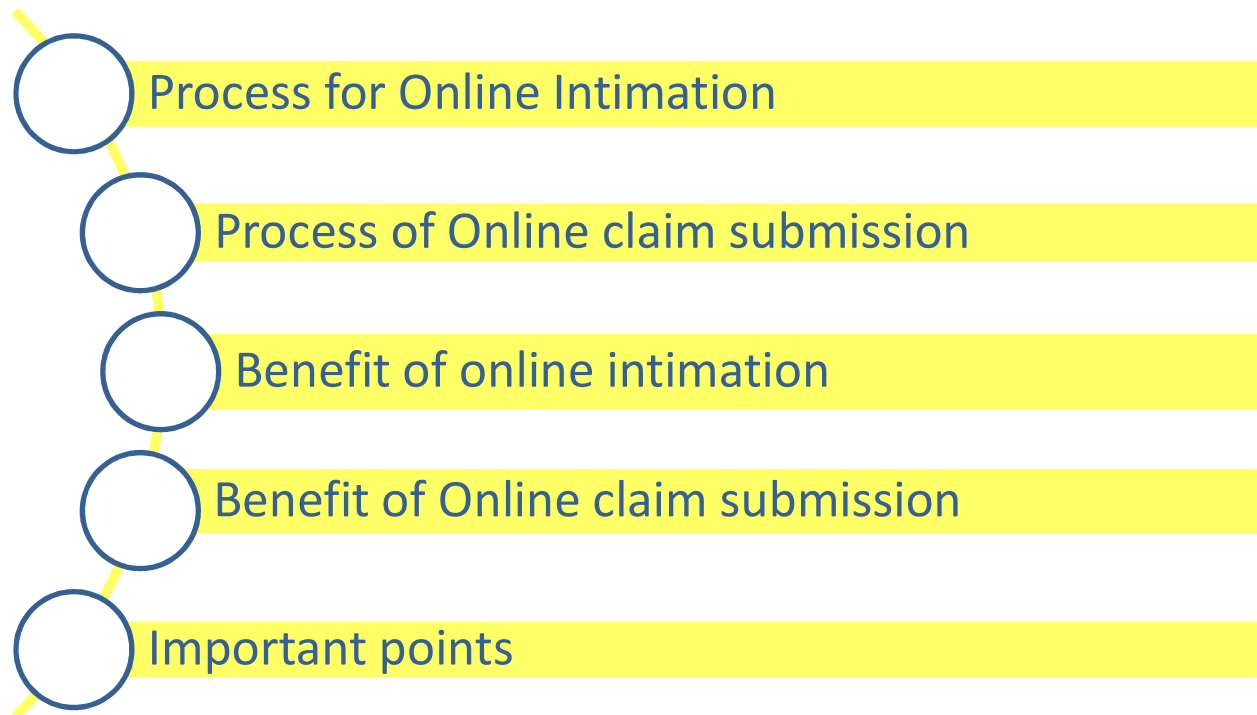


# Care Health Insurance Company Limited

Online Intimation and Online claim submission

## Content:-



# Online intimation Process :-

Click on <https://www.careinsurance.com/rhicl/claim/login>



HEALTH INSURANCE

HEALTH INSURANCE ▼ TRAVEL INSURANCE ▼ CORPORATE INSURANCE ▼ ALREADY A CUSTOMER ▼ RENEW BLOG CONTACT US



HASSLE\_FREE CLAIM PROCESSING  
AT YOUR FINGERTIPS!

WITH



Claim Genie

- INTIMATE YOUR CLAIM
- UPLOAD DOCUMENTS
- TRACK STATUS OF YOUR CLAIM

### Claim Journey



**Claim Intimation**  
Initiate your claim with few details



**Upload Documents**  
Upload all documents in seconds



**Claim Tracking**  
Track your claim status /Know your claim status

Please provide your Policy Details  
Start your journey by filling following details

Verify the captcha

Bx6YHP 

Next

11/12/2022

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HASSLE\_FREE CLAIM PROCESSING  
AT YOUR FINGERTIPS!

WITH



- INTIMATE YOUR CLAIM
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- TRACK STATUS OF YOUR CLAIM

## Claim Journey



### Claim Intimation

Initiate your claim with few details



### Upload Documents

Upload all documents in seconds



### Claim Tracking

## Please Enter Your Policy Details

Start your claim journey by filling following details

My policy number\*  
47245395

My Employee ID\*

OR

My Customer ID\*

Submit

Enter your Employee id or customer id and click on "Submit" button



Claim Intimation

Showing 5 Entries

All Active and Close claim will Reflect , claim Tracking Options , Can Download the Query letter and If claim paid download the settlement letter

Click on claim Intimation for New claim

Feedback

| Claim No. / inward No. | Name               | Claim Sub Type         | Date of Admission | Intimation Date | Amount       | Date of first Document Upload | Claim Status                                 | Approved Amount | More Info                    |
|------------------------|--------------------|------------------------|-------------------|-----------------|--------------|-------------------------------|----------------------------------------------|-----------------|------------------------------|
| CPR09112022010582      | SHYAM SUNDER SINGH | Indoor Hospitalization | 10 Nov 2022       | 09 Nov 2022     | ₹ 1000000.00 | 09 Nov 2022                   |                                              | ₹ 0             | <a href="#">View Details</a> |
| 92720835-00            | DEEPTI SINGH       | Indoor Hospitalization | 03 Sep 2022       | 04 Nov 2022     | ₹ 11026.00   | 04 Nov 2022                   | Claim Pending, additional documents required | ₹ 0             | <a href="#">View Details</a> |
|                        |                    |                        |                   |                 |              |                               | <a href="#">Download Query Letter</a>        |                 |                              |
| 92718692-00            | SHYAM SUNDER SINGH | Indoor Hospitalization | 01 Nov 2022       | 04 Nov 2022     | ₹ 1.00       | 04 Nov 2022                   | Claim Pending, additional documents required | ₹ 0             | <a href="#">View Details</a> |



## Please fill the below details to proceed

### Select Member

USHA SINGH - MOTHER (Others, 45) ▼

Select the member name who is going to admit and other claim Details

### Claim Mode

☐ Cashless ☒ Reimbursement

### Claim Category

Indoor Hospitalization ▼

Select Claim Category

Indoor Hospitalization

Daily Cash Allowance/ Emi Benefit

Outpatient

Travel Claim

Critical Illness

Personal Accident

### Claim Sub Category

Hospitalization Claim ▼

Select Claim Sub Category

Hospitalization Claim

Pre Hospitalization

Post Hospitalization

Select City ▼

Diagnosis/Treatment Details \*

Illness Name ( Ex , Dengue, Covid , Maternity)

Date of Discharge \*

02/11/2022



Expected cost of treatment \*

1000

**Fill Other details , hospital details ETC, Select the click Box, Preview” button to review all your filled details and click on “submit ” button**

Registered Email Id

sh\*\*\*\*si@religare.com

Alternate Email Id

sunil.vanve@careinsurance.com

Registered Mobile Number

XXXXXXX3811

Alternate Mobile Number

9404015326

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

PREVIEW

SUBMIT

your intimation has been done  
, If Documents has ready Click  
on Yes

SSING

WITH



- INTIMATE YOUR CLAIM
- UPLOAD DOCUMENTS
- TRACK STATUS OF YOUR CLAIM



**Thank You!**

Your reference number is  
**CPR1211202202735**

Do you want to upload Document?

**YES**

**NO**

Please

Proceed

Select Member

Select Member

Claim Mode

☐ Cashless ☐ Reimbursement

Claim Category

## Welcome to Care Health Insurance!

Dear Preeti Chandra Vibhuti

Your Intimation Number: CPR31082020246385

Please click the link given below to upload your document.

<https://careuat.careinsurance.com/rhicl/claim/upload-documets/index?inwardNo=Q1BSMzEwODIwMjAyNDYzODU=&policyNumber=MTAzODcxNjQ=&custId=NTExNDk0NTk=&type=d&Claimcategory=MQ==>

In case of any query, at any juncture, please feel free to mail us at [claims@careinsurance.com](mailto:claims@careinsurance.com) or call us at our 24 hour toll-free helpline -**1800-102-4488**.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance

## Process for online claim submission

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HASSLE\_FREE CLAIM PROCESSING  
AT YOUR FINGERTIPS!

WITH **Claim Genie**

- INTIMATE YOUR CLAIM
- UPLOAD DOCUMENTS
- TRACK STATUS OF YOUR

ack

Please Proceed

**Thank You!**

Your reference number is  
**CPR1211202202735**

Do you want to upload Document?

**YES** NO

Claim Mode

☐ Cashless ☐ Reimbursement

Claim Category

Click on "yes" button  
to upload the  
documents for claim  
processing

[< Back](#)

## Upload Your Documents

Select Your Documents

Select Document type

Bank Details ⓘ

Discharge Summary \* ⓘ

Final Bill - Detailed \* ⓘ

Pre-Auth Form/Claim Form \* ⓘ

Address Proof ⓘ

Select appropriate document type,  
upload the documents as per  
mentioned tab and click on  
“Submit” button

Drag & Drop an image, or

Browse

Support images(png, jpg, pdf). Max 30MB each image

Submit

Preview

Note: Please Upload Required Documents :Bank Details, Discharge Summary, Final Bill - Detailed, ID Proof, Pre-Auth Form/Claim Form

< Back

Your Documents have been submitted to us

Thank You!

Your reference number is  
**CPR1211202202735**

Your claim documents has been uploaded successfully and claim no. will be generated within 48 hours. We wish you a speedy recovery and good health.

CLOSE

Discharge Summary \* ⓘ

Final Bill - Detailed \* ⓘ

Pre-Auth Form/Claim Form \* ⓘ

Browse

Support images(png, jpg, pdf). Max 30MB each image

## Benefit of online claim Intimation & online claim submission

- ✓ Intimation number would be triggered to customer's mobile number on real-time basis.
- ✓ Shortest turn around time.
- ✓ Claim processing on the basis of uploaded documents.
- ✓ All the communication would be triggered via SMS and Mail.
- ✓ Option to upload query documents.
- ✓ Post uploading the complete documents, instant claim processing will start.
- ✓ Real time status is available online under claim tracking tab.

## Important points

- Intimation number is mandatory generate before uploading the documents.
- Please select correct member name for intimation.
- Please scan your documents in below parts:-
  - Claim form.
  - Discharge summary.
  - Final bill.
  - Investigation reports.
  - Doctor consultation papers .
  - Sticker/Invoice- For Implant.
  - Others if any.
- Please scan documents properly and clear.

## Some Important Links/Numbers

- **Toll free No - 1800-102-4488**
- **Mail id for Reimbursement claim intimation - Claims@careinsurance.com**
- **Claim Genie - <https://www.careinsurance.com/rhicl/claim/login>**
- **Non Proffered and Preferred hospital list -**  
  
**<https://www.careinsurance.com/non-preferred-hospital-list.html>**
- **Network /cashless Hospital Link :-<https://www.careinsurance.com/health-plan-network-hospitals.html>**

*Thank You*



HEALTH INSURANCE

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*Health ki Guarantee*