

Tele : 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49769/AG/ECHS

23 Aug 2021

HQ Eastern Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Southern Comd (A/ECHS)
HQ Southwestern Comd (A/ECHS)
ALL Regional Centres

**REIMBURSEMENT MODULE SELF LOGIN AND UPLOAD OF
INDIVIDUAL REIMBURSEMENT CLAIM**

1. Online Bill Processing had been taken up as a pilot project in 2012. Consequently it was operationalised PAN India during 2015. With a Govt mandated Bill Processing Agency UTI-ITSL carrying out verification/scrutiny in the portal subsequent to uploading of bills by the HCOs or by respective parent Polyclinic.
2. With the gained experience of the online bill processing and with feedback received from environment, Central Org ECHS HQ has endeavoured to facilitate the beneficiaries to upload the claim directly in digital form being provided by the BPA. Individual Reimbursement Claim for OPD, IPD and pharmacy can be uploaded on the website: echsbpa.utiitsl.com . The provision of uploading the claims by the beneficiary is intended to ease the procedure by empowering the beneficiaries to upload their claims themselves. The option to submit the claim documents at parent polyclinics will continue to remain for those beneficiaries who are unable to use the facility.
3. Following instructions will be adhered to while submitting the claims :-
 - (a) Separate claim will be submitted for each beneficiary. Combining claims of two beneficiaries together is not permitted as each claim will be uniquely linked to the beneficiary card. For eg claim of ESM and spouse cannot be combined.
 - (b) Hard copies of the documents uploaded alongwith signed contingent bill will be submitted to parent Polyclinic within 15 Days of uploading of Claim Online. The format of the contingent bill can be downloaded and printed from the website or obtained from the polyclinic. Claim will be processed further only on receipt of Hard Copy in parent polyclinic.
4. Detailed guidelines for uploading of the individual reimbursement claims provided by BPA is attached as **Appx**.

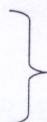
5. All command HQ and Regional Centres are requested to disseminate and publicise the facility to the ECHS beneficiaries and their dependants for their benefit. This is expected to ease the procedure for submission of claims as also reduce the footfall at polyclinic.

6. This has the Approval of MD CO ECHS.

(Anupam N Adhulia)
Col
Dir (Med)
for MD ECHS

Copy to :-

- MoD (DoESW)
- CGDA
- UTI-ITSL (BPA)
- SDCPL



- for info pl.

Internal

- All Sec - for info
- S&A Sec - for uploading on website and issue necessary instr to UTI-ITSL(BPA).

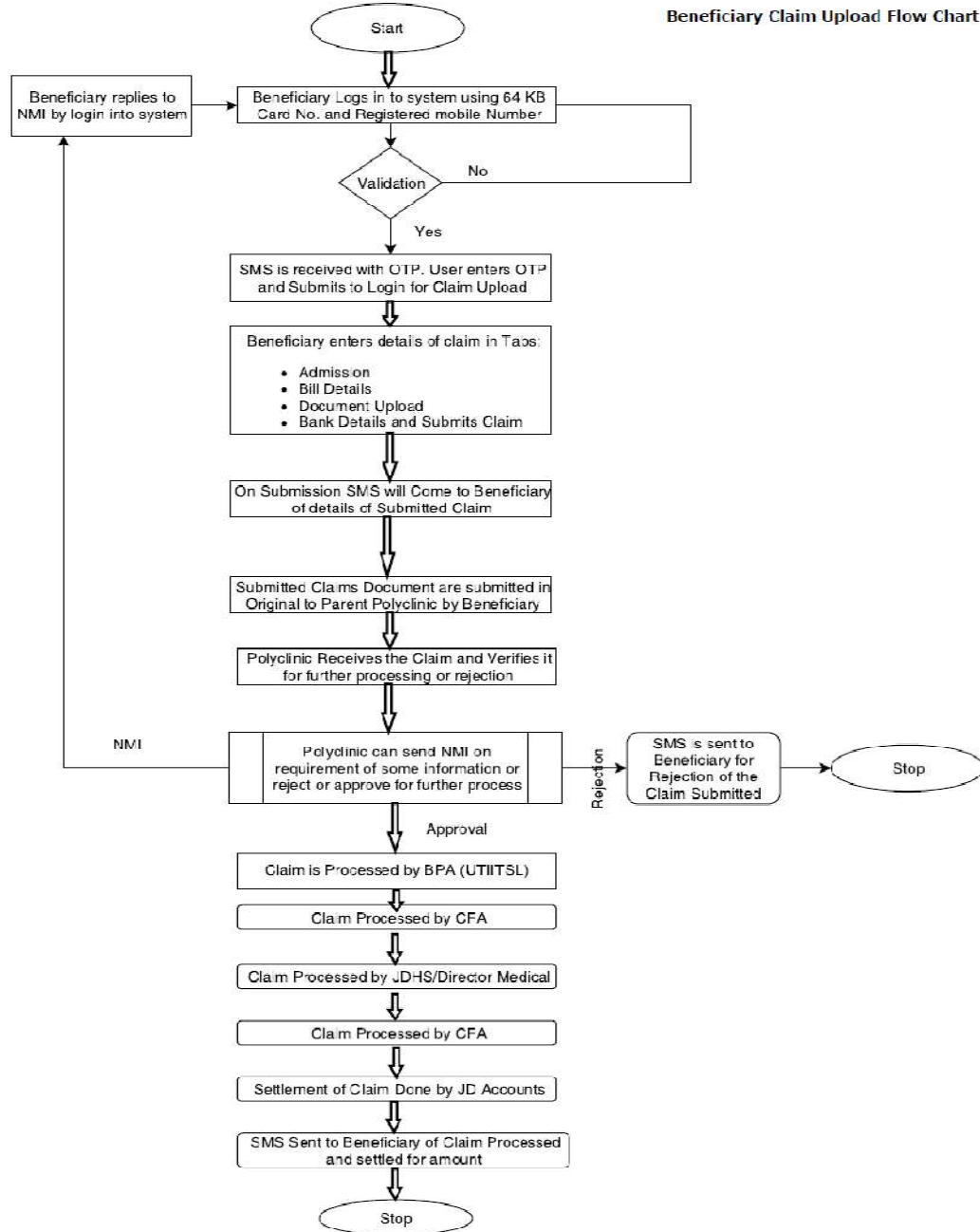


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Services Limited

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(भारत सरकार की एक कंपनी)

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Beneficiary Claim Upload Flow Chart



CIN: U65991MH1993GOI072051

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CMII MLS (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

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INSTRUCTION FOR USERS FOR UPLOADING OF INDIVIDUAL REIMBURSEMENT CLAIM ON BPA PORTAL OF ECHS

1. Introduction

ECHS beneficiaries should be able to submit their reimbursement claims online through the Bill Processing Agency (BPA) Site (www.echsbpa.utiitsl.com). Beneficiaries can submit reimbursement claims for IPD, OPD, and NA medicines on this URL.

This system will affect two groups of users. The first is the beneficiary of the system, while the second is the polyclinic user (OIC).

2. INSTRUCTIONS FOR THE BENEFICIARY USER

Beneficiaries can upload their reimbursement claims themselves and submit a hard copy of their claim documents to the Parent Polyclinic.

- (a) In Patient Bills (Where patient has undergone Admission in the Hospital for treatment)
- (b) OPD Bills (OPD Consultation)
- (c) NA Medicine / Pharmacy Bills

3. The beneficiary must upload the claim by themselves in accordance with the following requirements:

- (a) All documents need to be scanned properly and are clearly readable with all available details on the documents.
- (b) All documents have to be in the form of PDF format only.
- (c) The size of a single file should not be more than 2 MB.

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4. Mandatory documents and other documents for various types of beneficiary claims are mentioned against each below as per ECHS claim procedure.

(a) IPD Reimbursement

- ECHS Card Copy
- Emergency certificate from Hospital
- EIR (Emergency Intimation Report)
- Discharge Summary
- Contingent Bill
- Final Bill with detailed break up
- Reports
- Copy of cancelledcheque. Required only first time the claim is uploaded
- Advance payment receipt for above one lakh claim amount
- Case Specific documents (if any)

(b) OPD Reimbursement

- ECHS Card Copy
- Prescription for investigation
- Sanction letter for Investigation
- Bill
- Reports
- Copy of cancelledcheque. Required only first time the claim is uploaded

(c) NA / Pharmacy Reimbursement

- ECHS Card Copy
- Prescription
- Bill
- Copy of cancelled cheque. Required only first time the claim is uploaded
- NA Certificate

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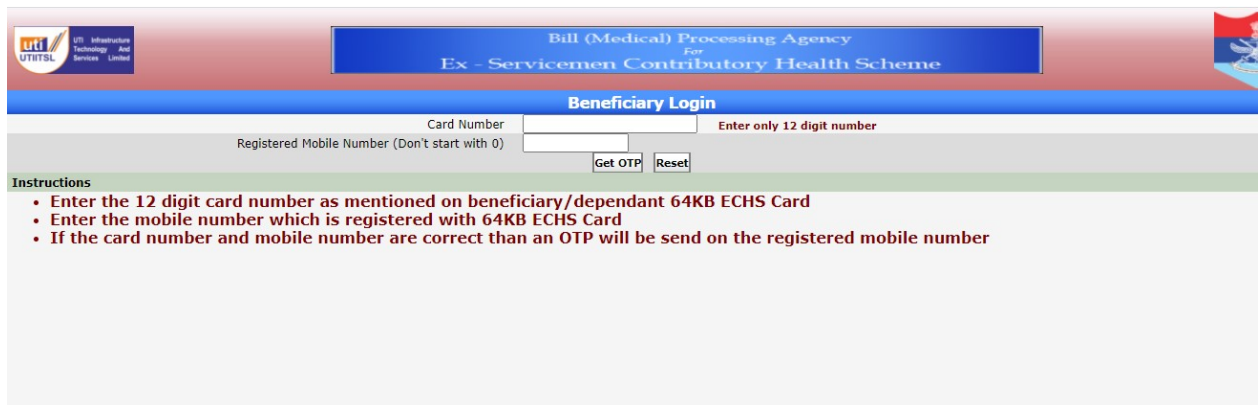
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5. In order to upload the Claim in the system a scanned copy of all the documents in pdf format of file size less than 2 MB should be kept handy.
6. After having the scanned copy of all the documents following are the steps to upload the Claim in the system:
 - Visit the Website <https://www.echsbpa.utiitsl.com>
 - Click the link



NEW For Individual Reimbursement of Medical Claim, [Click Here](#)

- After clicking the link following screen will come. Enter the Card No. and Mobile number registered with 64 KB Card to get OTP and login.



- Enter the OTP received on mobile number.

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- After login click the Member Claim> New Claim as shown in the Screen below. Select the type of Reimbursement and submit

Menu	Type of Reimbursement
<p>Member Claims</p> <p>New Claim</p> <p>Claims Pending for Submission</p> <p>NMI Claims</p>	<p>Type Of Claim</p> <p><input checked="" type="radio"/> Out-Patient</p> <p><input type="radio"/> Pharmacy</p> <p><input type="radio"/> In-Patient</p> <p><input type="button" value="Submit"/></p>

- Following screen appears with the Patient Details as pre-filled which cannot be modified. Click on the Tab OPD Details/IPD Details/Pharmacy Details as per the reimbursement type selected in the previous screen.

Member Claims	Claim ID /Patient Name	New Member Claim	Claim Type	Out-Patient
<p>Member Claims</p> <p>New Claim</p> <p>Claims Pending for Submission</p> <p>NMI Claims</p>	<p>Patient Details OPD Details Bill Details ESM Bank Details</p>			
Card Details				
* Card ID		XXXXXXXXXXXX	* Service No.	XXXXXXXXXX
* Name Of ESM		XXXXXXXXXXXX	* Rank	Hony Sub Lt (IN)
* Service		Navy	* Category	Semi-Private
* Card Type		Pensioner		
Personal Information				
* Relation with Card Holder		Spouse	Gender	Female
* Patient Name		KAMALA VERMA	* Age	64
* Address		NEW COLONY BARROD		
* City		BEHROR	Pincode	301020
* State		Rajasthan	Email	XXXXXXXXXXXX@MAIL.COM
* Mobile (Don't start with 0)		XXXXXXXXXXXX OR	Phone	

- Click the OPD Details Tab and fill details of Bill Details, and ESM Bank details.

Menu	Member Bill Submission
<p>Member Claims</p> <p>New Claim</p> <p>Claims Pending for Submission</p> <p>NMI Claims</p>	<p>Claim ID /Patient Name</p> <p>New Member Claim</p> <p>Claim Type</p> <p>Out-Patient</p> <p>OPD Details Bill Details ESM Bank Details</p> <p>Type Of Claim</p> <p>Out-Patient</p> <p>Hospital/Diagnostic Center Name</p> <p>OPD Visit Date</p> <p>Hours Mins</p> <p>Reason Of OPD Visit</p> <p>Help</p>

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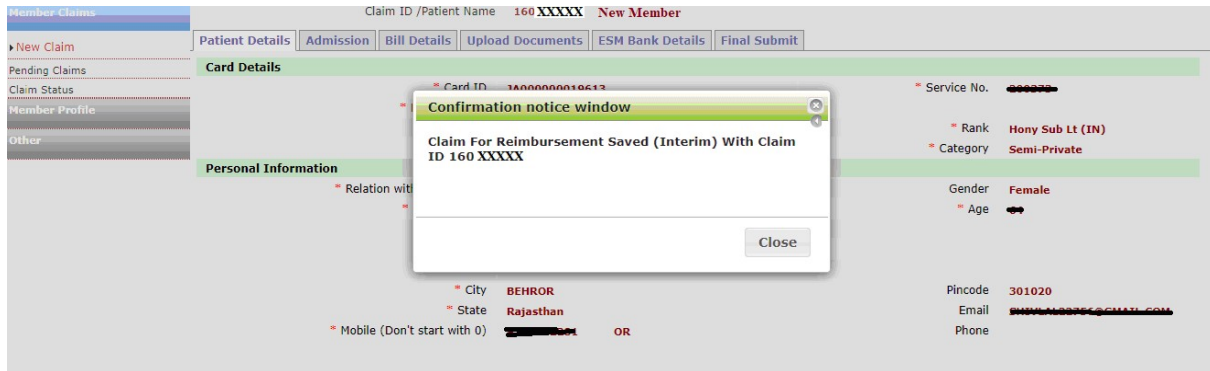
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Once all the details are filled user has to click the button “Save and Continue”. This click will save the claim with Interim Claim ID.

➤ Following screen will appear:



➤ The claim is saved after the above process and claim submission can be resumed after login again as given above. And Click Pending Claims under Menu Member Claims. On clicking the Claim ID it will open the same page for uploading the pending claim.

Menu		Member Reimbursement Pending								
Member Claims		Current Page								
	Sr.	ID	Region	Hospital	Patient	Type	Claim Amt	Mobile No.	Days	
New Claim	Re-imbusement									
Pending Claims	1	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
Claim Status	2	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
Member Profile	3	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
Other	4	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
	5	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
	6	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
	7	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
	8	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	100	XXXXXXXXXX	0	
	9	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	

➤ Go to Upload Document Tab and upload the required documents for the claim to be processed. All supporting documents need to be uploaded here without missing any document.

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Member Claims Claim ID /Patient Name XXXXXXXXXXXX Claim Type Out-Patient

Patient Details OPD Details Bill Details Upload Documents ESM Bank Details Final Submit

New Claim
Claims Pending for Submission

NMI Claims

* ECHS Card Copy 1 * Prescription Slip 1 Sanction/Waiver letter * Bill Details 1

* Medical Reports 1 * Cancelled Cheque (Reimbursement) 1 Contingent Bill Others 1

Choose File No file chosen Upload (File size limit)

Sr	Document Type	File Name	File Size	Date
1	ECHS Card Copy	16086674_S_ECHS Card.pdf	43 KB	20/08/2021 10:05:37
2	Medical Reports	16086674_S_Medical Reports.pdf	43 KB	20/08/2021 10:05:44
3	Prescription Slip	16086674_S_Prescription Slip.pdf	43 KB	20/08/2021 10:05:52
4	Cancelled Cheque (Reimbursement)	16086674_S_Cheque.pdf	43 KB	20/08/2021 10:05:59
5	Bill Details	16086674_S_Bill.pdf	43 KB	20/08/2021 10:06:08
6	Others	16086674_S_EIR.pdf	43 KB	20/08/2021 10:09:23

- After this click the tab ESM Bank Details and enter the account details. The account details needs to be filled for the first time for a card holder. For next submission of the claim it will be pre-filled and if the user wants to modify it they can do by clicking the check box for changing the bank details.

Menu Member Bill Submission

Member Claims Claim ID /Patient Name XXXXXXXXXXXX Claim Type Out-Patient

Patient Details OPD Details Bill Details Upload Documents ESM Bank Details Final Submit

New Claim
Claims Pending for Submission

NMI Claims

Tick the box for changing the bank details

Bank Name Axis Bank

Branch Vashi

IFSC Code UTIB0000072

MICR Code 400000722

Name As Appearing In Bank Account XXXXXXXXXXXX

Account Number XXXXXXXXXXXX

Confirm Account Number XXXXXXXXXXXX

- After filling all the details go to the Final Submit tab. Download the contingent bill in the pre-filled format and take the print out of it to be submitted with Hard Copy of the original bill to the Polyclinic. Read the disclaimer and select the check box and Click Final Submit button to submit the claim fully and note the Claim ID for checking its status.

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Menu **Member Bill Submission**

Member Claims Claim ID /Patient Name XXXXXXXXXXXX Claim Type Out-Patient

New Claim Patient Details OPD Details Bill Details Upload Documents ESM Bank Details Final Submit

Claims Pending for Submission

NMI Claims

By clicking on this box I agree to the terms and condition mentioned below

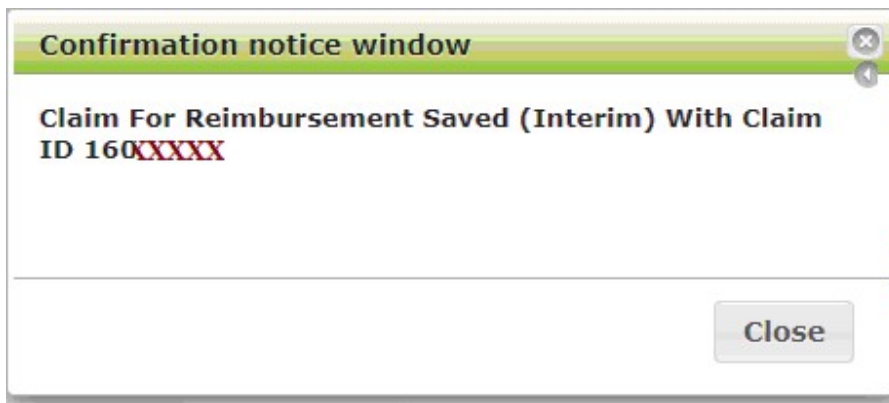
I hereby certify that the above information and the documents uploaded are true and correct to the best of my knowledge. I understand that a false statement or any forged documents may lead to rejection of the claim submitted for reimbursement.

[Download Contingent Bill](#) For downloading the pre-filled Contingent Bill

1) Download the contingent bill and take printout of it
2) Fill up the relevant details
3) Submit the hard copy of the contingent bill to the polyclinic.

Final Submit

➤ A final message will come on screen like this.



To check the status of the Claim:

Go to www.echsbpa.utiitsl.com/ECHS and click Beneficiary Claim Status

Menu

External Links

Ex-Servicemen Health Scheme

ECHS SOP

[Beneficiary Claim Status](#)

Hospital Details

Beneficiary Login

Login Account

User ID

Password

Captcha 758231

Captcha Text

Sign In

Forgot Password

CIN: U65991MH1993GOI072051

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Enter the Service No. and Claim ID, CAPTCHA Text and Submit.

Beneficiary Reimbursement Claim Status Query	
* Service Number	<input type="text"/> <small>Enter just numeric part of the service number. For eg. if it is 'AB78698N' just enter 7869</small>
Criteria	<input checked="" type="radio"/> Claim ID <input type="radio"/> Card ID
* Claim ID	<input type="text"/>
Captcha	<input type="text" value="777530"/>
* Captcha Text	<input type="text"/>
<input type="button" value="Submit"/>	

- * Indicated mandatory fields
- Please note that search will be based on the service number and card number as entered by polyclinic at the time of submission of claim

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INSTRUCTION FOR POLYCLINIC USER (OIC POLYCLINIC)

The Polyclinic user (OIC Polyclinic) will receive the documents of the claims submitted online by the beneficiary for the reimbursement. After the receipt of the claim document the documents need to be verified in the system against the hard copy submitted and soft copy uploaded in the system. The Contingent bill submitted in Hard Copy along with the Claim documents need to be scanned and digitally signed and uploaded in the claims documents during the verification and upload of the claim. On successful verification the claim will move to the Bill Processing Agency (UTIITSL) for the processing of the claim, if Need More information is required in the submitted document then user will select the status as "Need More Info" and enter the related remark and submits the claim and, rejected bills will stop there itself and beneficiary will be informed through SMS for the rejection of the Claim submitted.

User will go the link Member Claim> Receive Document. Enter the Claim ID and Member Card number (Only numeric part) and search or if Claim ID is not known click blank search (searching without entering anything). This will give the list of the Claim(s). User has to select the claim and submit for receiving the claim. User will go to the link Member Claim > Receipt of Claim and generate the receipt of the claim by entering the Claim ID. This receipt acknowledgement will be given to the beneficiary on receipt of the claim of the bills.

(a) Receiving of Documents

Click the link Member Claim> Receive Documents and enter the search button after entering the details or blank search. List of submitted beneficiary claims will be listed. Select the Check Box and enter the remark and status to receive the claim.

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Menu	Document Receiving
Intimation	Current Page
Activities	Claim ID <input type="text"/>
MIS Reports	Card Id (just enter the number) <input type="text"/>
Reimbursement	<input type="button" value="Search"/>
Member Claims	
Receive Documents	
Document Verification	
Other	

Fig a.1

Menu	Claim List Filter	Current Page	Sr.	Claim ID	Hospital	Card ID	Patient Name	Select	Received On
Intimation									
Activities									
MIS Reports									
Reimbursement									
Member Claims									
Receive Documents									
Document Verification									
Other									
			1	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			2	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			3	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			4	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			5	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			6	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			7	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			8	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			9	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			10	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received
			11	16 XXXXXX	Echs Polyclinic - Behror	JA00000019613	Member Name	<input type="checkbox"/>	Not Received

Fig a.2

(b) Verification of Documents

This allows the user to open the documents by clicking on the File Name of the document, select verify, and select remarks for all documents.

Menu	Member Document Verification
Intimation	Current Page
Activities	Claim ID <input type="text"/>
MIS Reports	Card Id (just enter the number) <input type="text"/>
Reimbursement	<input type="button" value="Search"/>
Member Claims	
Receive Documents	
Document Verification	
Other	

Fig b.1

CIN: U65991MH1993GOI072051

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Intimation	Verification List Current Page					
Activities	Sr.	Claim ID	Hospital	Card ID	Patient Name	Received On
MIS Reports	1	16086595	Echs Polyclinic - Behror	JA00000019613	Kamala Verma	11/07/2021

Fig b.2

Intimation	Verification List Document Verification Current Page				
Activities	Claim ID /Patient Name 16 XXXXX Member Name				
Reports	Patient Details Verify Docs Admission Bill Details ESM Bank Details				
Reimbursement	Download All The Uploaded Documents				
Member Claims	Sr	Doc.Type	File Name	Verify	Remarks
Receive Documents	1	ECHS Card Copy	16086595_S_ECHS_Card_Copy.pdf	<input checked="" type="checkbox"/>	Select Remarks
Document Verification	2	Bill Details	16086595_S_Hospital_Bill.pdf	<input type="checkbox"/>	Select Remarks
Other	3	Discharge Summary	16086595_S_Hospital_Discharge_Summary.pdf	<input type="checkbox"/>	Select Remarks
	4	Cancelled Cheque (Reimbursement)	16086595_S_online_bill_processing.pdf	<input type="checkbox"/>	Select Remarks
	5	Medical Reports	16086595_S_Hospital_Lab_Reports.pdf	<input type="checkbox"/>	Select Remarks

Fig b.3

Intimation	Verification List Current Page				
Activities	Claim ID /Patient Name XXXXXXXXXXXX Claim Type Out-Patient				
Reports	Patient Details Verify Docs OPD Details Bill Details ESM Bank Details				
Reimbursement	Card Details				
Member Claims	* Card ID	XXXXXXXXXX	* Service No.	XXXXXXXXXX	
Receive Documents	* Name Of ESM	XXXXXXXXXX	* Rank	Hony Sub Lt (IN)	
Document Verification	* Service	Navy	* Category	Semi-Private	
Other	* Card Type	Pensioner			
	Personal Information				
	* Relation with Card Holder	Spouse	Gender	Female	
	* Patient Name	XXXXXXXXXX	* Age	64	
	* Address	NEW COLONY BARROD			
	* City	BEHROR	Pincode	XXXXXXXXXX	
	* State	Rajasthan	Email	XXXXXXXXXX MAIL.COM	
	* Mobile (Don't start with 0)	XXXXXXXXXX	Phone		
	Status	Select Status			
	Remarks	<input type="text"/>			

Fig b.4

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Select the status (Approved, Need More Info or Rejected) and enter the remarks, then submit the claim verification.

If approved, it will go to the BPA (UTIITSL) for processing, for Need More info it will go to the beneficiary with the remarks, however, if rejected, it will stop here and an SMS will be sent to the beneficiary informing them about the rejection.

***** End*****

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