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# USER MANUAL FOR ONLINE CLAIMS SUBMISSION

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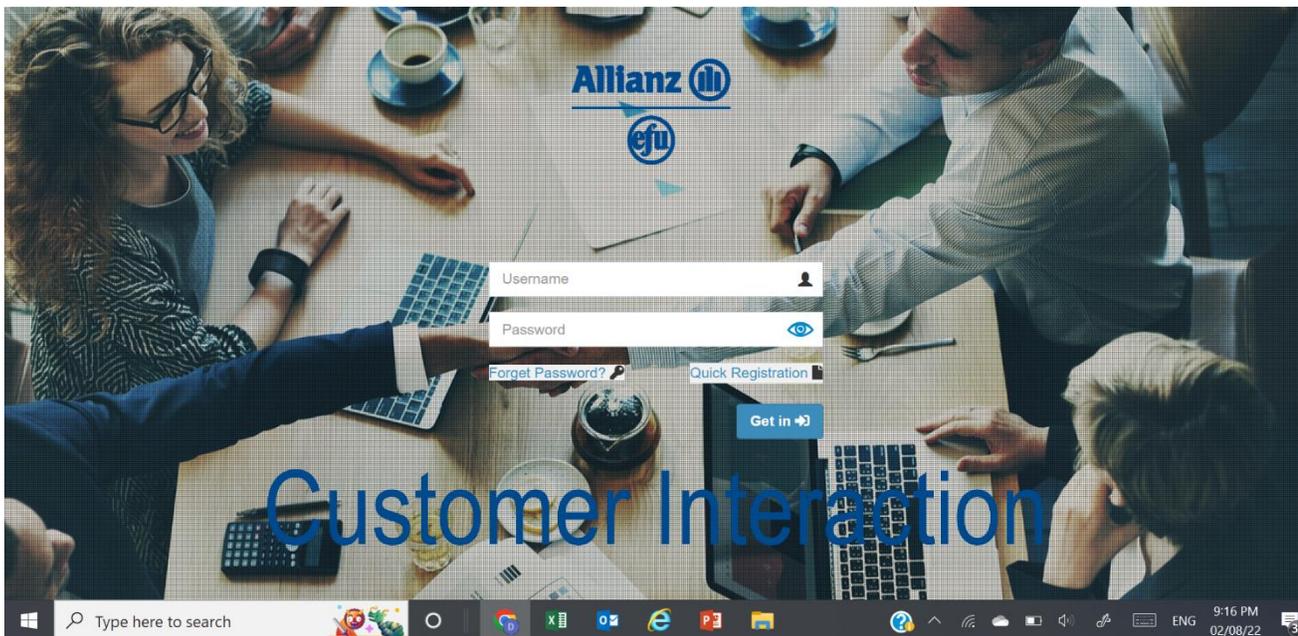
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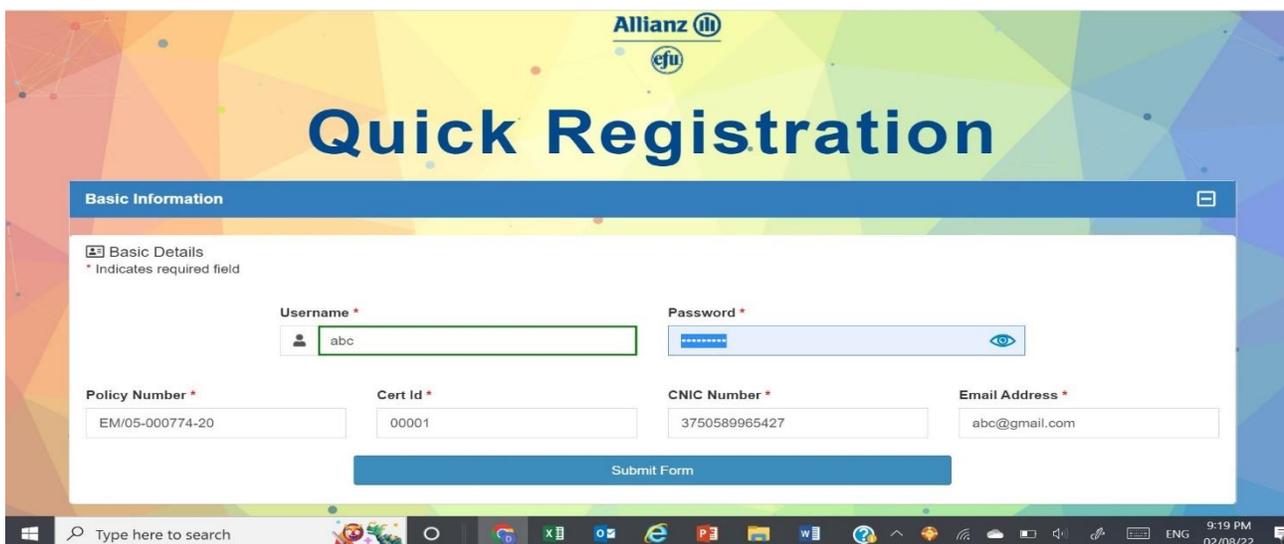
EFU Group has always stayed ahead of competition and has endeavored to provide state of the art, technologically convenient servicing solutions to its valued customers. EFU Health Insurance has developed a solution to facilitate the insured in submitting their claims, digitally.

## QUICK REGISTRATION

Log on to the EFU Health insured member portal <https://myhealth.efuhealth.com>



first time users shall have to **QUICK REGISTRATION**. The user will be routed to a window for registration, as below:



**Allianz efu**

# Quick Registration

**Basic Information**

Basic Details  
\* Indicates required field

Username \*

Password \*

Policy Number \*

Cert Id \*

CNIC Number \*

Email Address \*

**Submit Form**

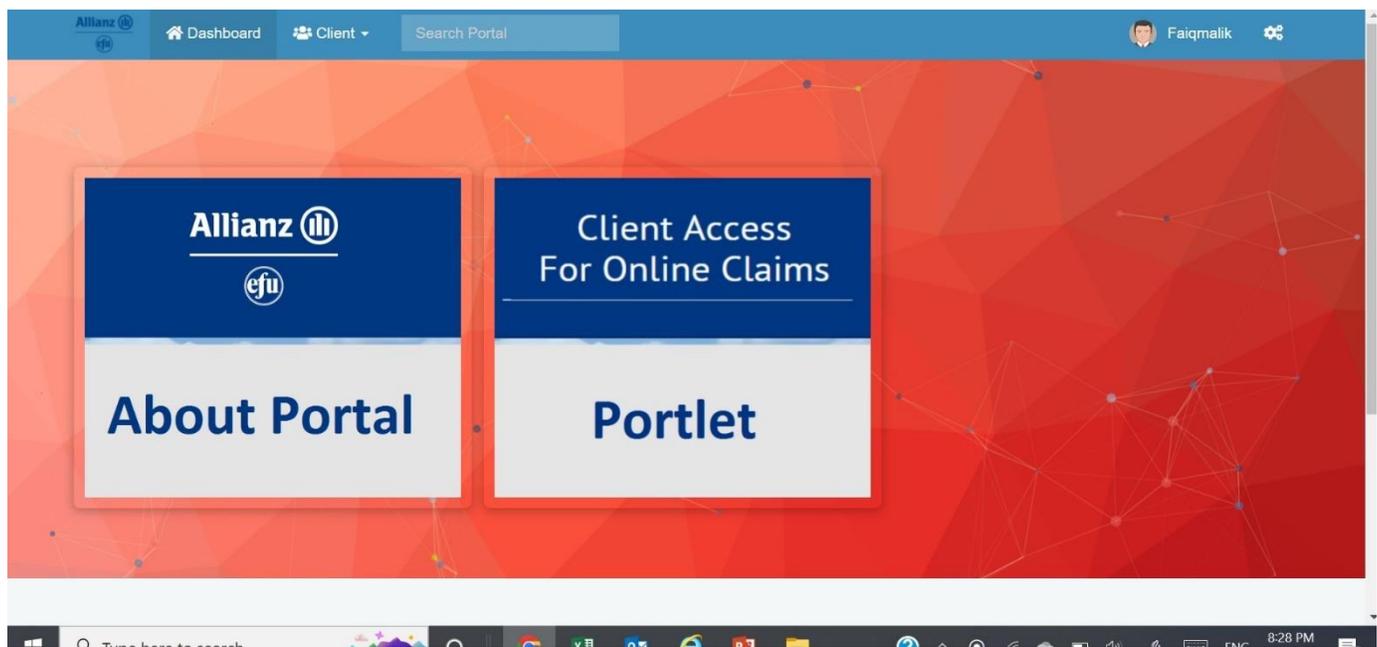
The user will be required to select a user name (which should have alphabets only, with no characters) and a password. Credentialing of user will be based on entering the following information, as per EFU Health database:

- Policy Number (Printed on health card)
- Cert ID (Printed on health card)
- CNIC (As per EFU Health Database)
- Email Address (As per EFU Health Database)

On submitting the form, if the above stated credentials match with the details in EFU Health database, then the insured will be re-routed to the initial login window, alternatively the insured will be prompted about incorrect details entered.

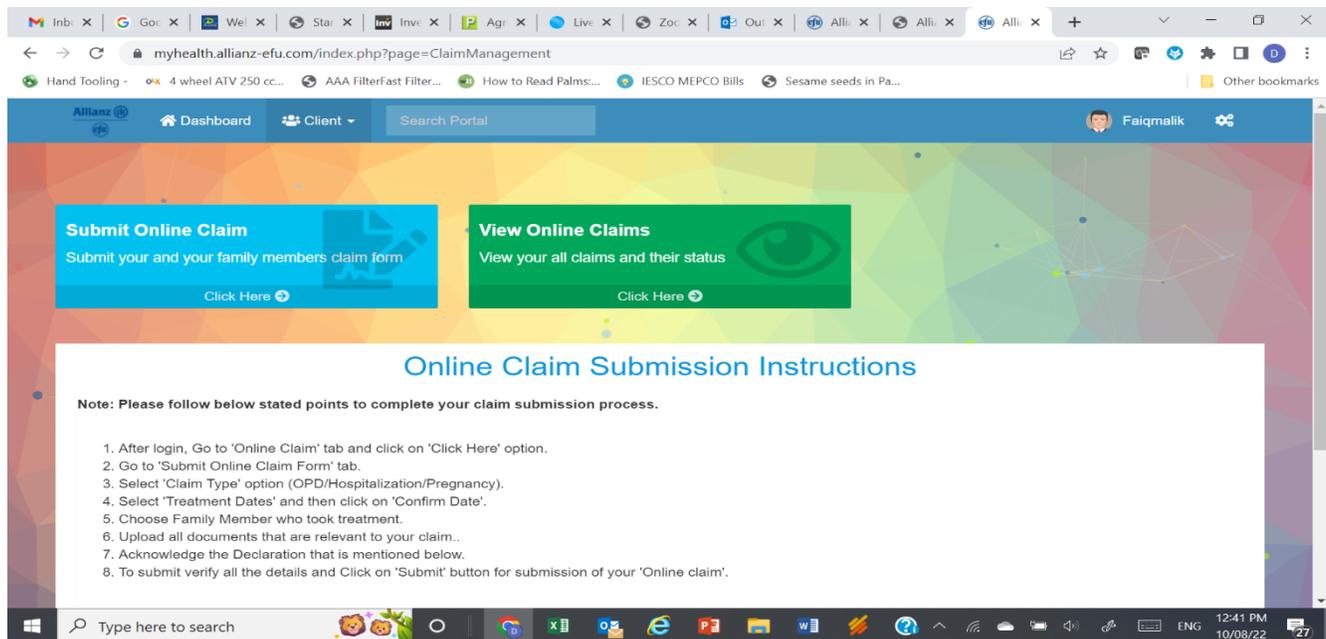
## LOGIN PAGE

From where the LOGIN PAGE user may login by entering the selected login ID and Password. The welcome window will show the tab for **CLIENT Access FOR Online Claims**



## PROCEED TO ONLINE CLAIM SUBMISSION PORTAL

In order to be routed to the claims submission home page, click on **Submit Online Claim** tab. Instructions for Online claims submission are given on this page, which must be read carefully for a smooth experience.



**Submit Online Claim**  
Submit your and your family members claim form  
Click Here

**View Online Claims**  
View your all claims and their status  
Click Here

### Online Claim Submission Instructions

**Note:** Please follow below stated points to complete your claim submission process.

1. After login, Go to 'Online Claim' tab and click on 'Click Here' option.
2. Go to 'Submit Online Claim Form' tab.
3. Select 'Claim Type' option (OPD/Hospitalization/Pregnancy).
4. Select 'Treatment Dates' and then click on 'Confirm Date'.
5. Choose Family Member who took treatment.
6. Upload all documents that are relevant to your claim..
7. Acknowledge the Declaration that is mentioned below.
8. To submit verify all the details and Click on 'Submit' button for submission of your 'Online claim'.

## CLAIM SUBMISSION PORTAL

In the claim submission portal, the user will be routed to EFU Health Claim form. In this section the correct claim type is to be selected. Dates of duration of treatment / investigations / consultation are to be selected. If claim is for an episode lasting only one day, in OPD, the same date is to be selected under Date – From and Date – to. After entering relevant details, click on **proceed**. On clicking, the system will verify the entered CNIC number with the details in EFU Health database.

## SELECTING CLAIM TYPE

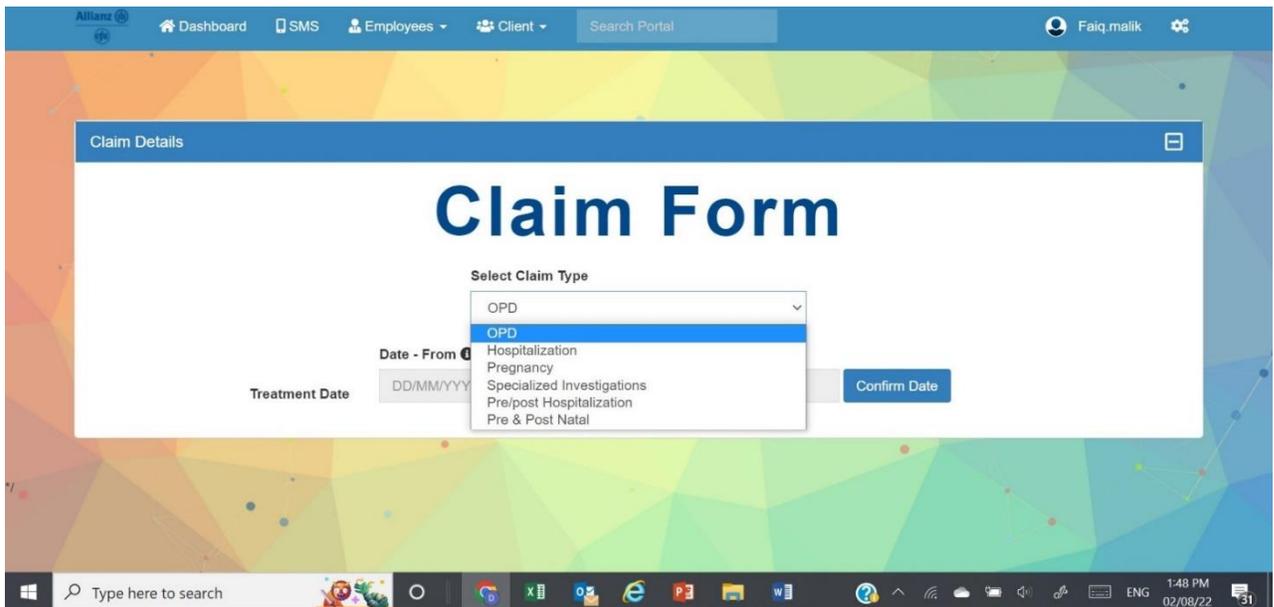
Select the claim type. Claim types are as follows:

- OPD : For Out-patient Claims
- Hospitalization : For non-pregnancy claims, where expense takes place after hospital admission (for these claims, the claim form will have to be printed, attested by treating clinician/hospital and this attested form uploaded, to proceed further)

- **Pregnancy:** For pregnancy (Maternity) related claims (for these claims, the claim form will have to be printed, attested by treating clinician/hospital and this attested form uploaded, to proceed further)
- **Specialized Investigations:** This is to be selected for claiming for specialized investigations which are covered under the health insurance policy. **There is no need to get form from this category attested by treating clinician / hospital.** The following specialized investigations are covered under the policy, from Hospitalization limit:

*PET Scan, CT scan, MRI scan, Coronary Angiography, Thallium Scan, Endoscopy, EEG, EMG, ETT, Echocardiography/Stress Echo, Mammography, OCT, FFA, Bone scan, Renal scan, Thyroid scan, All types of biopsies, Barium studies, Dexa scan / Bone Densitometry, Intravenous Pyelography, Fibroscan, Nerve conduction studies, 24 hours ambulatory Holter monitoring*

- **Pre/post Hospitalization:** These are expenses related to a non-pregnancy hospital admission, which are incurred in OPD settings, 30 days before the hospital admission and for another 30 days after being discharged from the hospital. Expenses covered must pertain to the same disease for which hospital admission was approved. The post hospital admission expenses must be advised by the same doctor, under whose care the patient was admitted to the hospital.



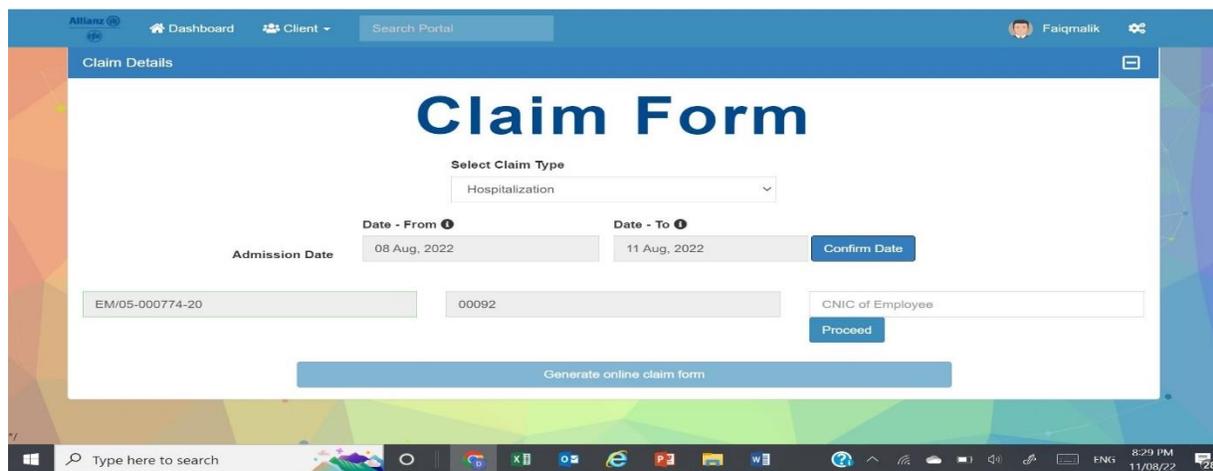
- **Pre & Post natal:** Pre/post-natal charges pertain to the expense incurred in OPD for a pregnancy. Expenses covered during the insured period are covered only. Pre-natal expenses are covered during the entire insured pre-natal period whereas post-natal OPD expense are covered upto 40 days after delivery.

## SELECTING DATES OF UTILIZATION ON CLAIM FORM

Select the dates of treatment / hospital admission, for which the said claim is being submitted and for the dates for which proofs of payment are to be enclosed. For **OPD claim**, the duration must be the dates for which invoices are being submitted. For **Hospitalization claim** and **maternity claim** the selected dates must be the dates of admission to the hospital and the dates of discharge from the hospital, as mentioned on the invoice / discharge summary.

## VERIFY CNIC TO PROCEED

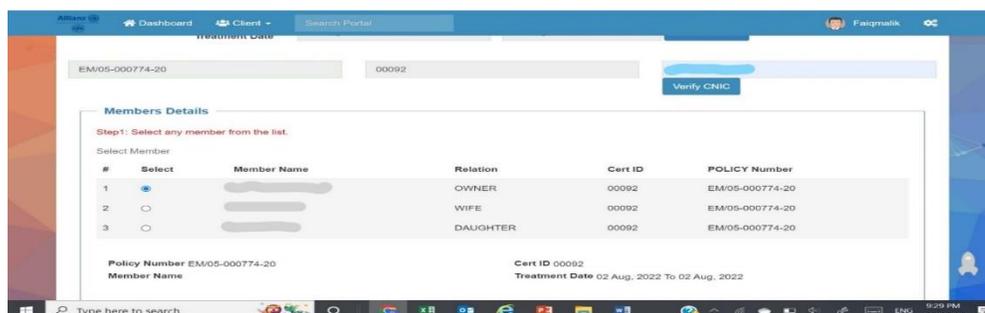
After selecting claims type and dates of treatment, the employee must enter his/her CNIC number and click on **proceed**.



The screenshot shows the 'Claim Form' web application interface. At the top, there is a navigation bar with 'Allianz' logo, 'Dashboard', 'Client', and 'Search Portal'. The main content area is titled 'Claim Details' and 'Claim Form'. It features a 'Select Claim Type' dropdown menu set to 'Hospitalization'. Below this, there are 'Date - From' and 'Date - To' fields with values '08 Aug, 2022' and '11 Aug, 2022' respectively, and a 'Confirm Date' button. There are also input fields for 'Admission Date', 'EM/05-000774-20', and '00092'. A 'CNIC of Employee' field is present with a 'Proceed' button below it. At the bottom of the form area, there is a 'Generate online claim form' button. The Windows taskbar is visible at the bottom of the screen.

## SELECTING NAME OF CLAIMANT FAMILY MEMBER (ONE CLAIM FORM TO BE FILLED PER CLAIMANT/CLAIM)

As soon as the CNIC is validated from EFU Health database, a window will appear which will show the names of insured family members. Select the family member for whom claim is to be submitted. From



The screenshot shows the 'Members Details' window in the Claim Form application. It displays a table of family members for selection. The table has columns for '#', 'Select', 'Member Name', 'Relation', 'Cert ID', and 'POLICY Number'. There are three rows of data. Below the table, there are fields for 'Policy Number' (EM/05-000774-20), 'Member Name', 'Cert ID' (00092), and 'Treatment Date' (02 Aug, 2022 To 02 Aug, 2022). A 'Verify CNIC' button is visible at the top right of the window. The Windows taskbar is visible at the bottom of the screen.

| # | Select                           | Member Name | Relation | Cert ID | POLICY Number   |
|---|----------------------------------|-------------|----------|---------|-----------------|
| 1 | <input checked="" type="radio"/> | [REDACTED]  | OWNER    | 00092   | EM/05-000774-20 |
| 2 | <input type="radio"/>            | [REDACTED]  | WIFE     | 00092   | EM/05-000774-20 |
| 3 | <input type="radio"/>            | [REDACTED]  | DAUGHTER | 00092   | EM/05-000774-20 |

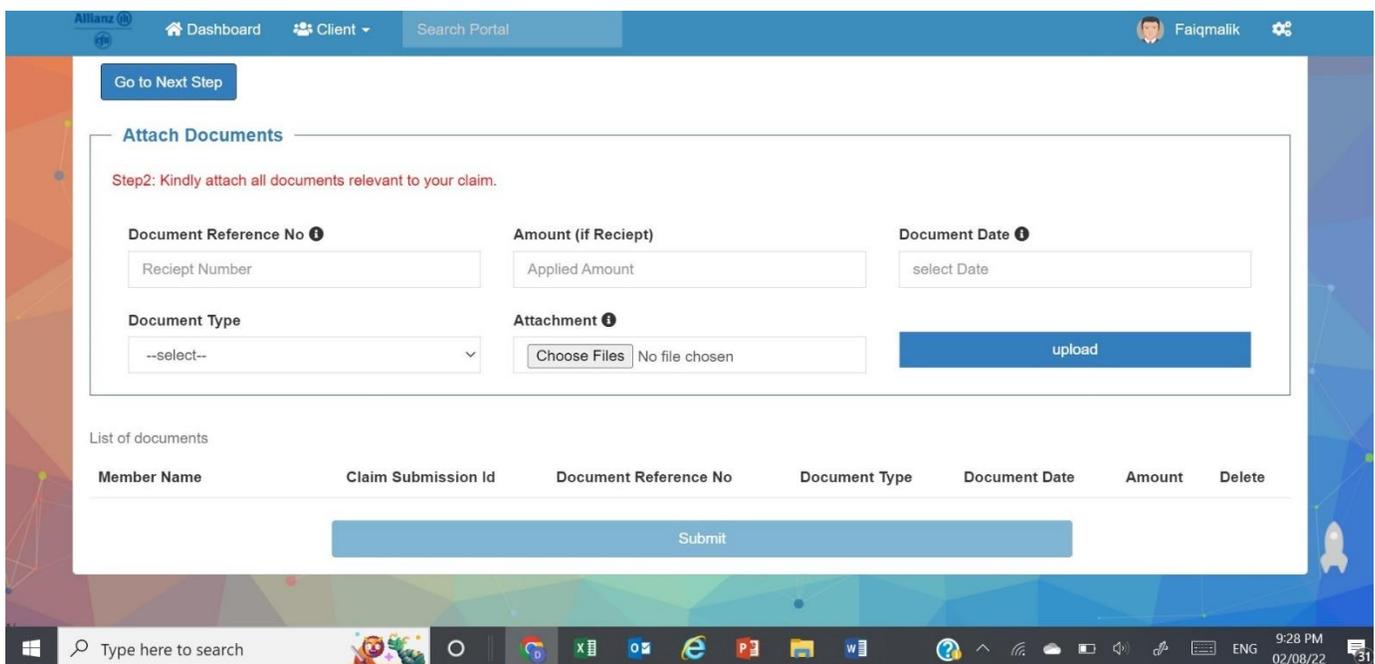
the list of Click the name of the insured family member, for whom the claim is to be submitted. Click on

## Go to Next Step

### FILLING IN THE CLAIM FORM

All documents pertaining to the claim are to be uploaded in one single claim. For each document type, the following details are to be filled in, before uploading the document:

- Document Reference Number
- Amount of document/receipt to be uploaded
- Date on the document to be uploaded
- Document Type
- Attach scanned document in specified form



Go to Next Step

**Attach Documents**

Step2: Kindly attach all documents relevant to your claim.

Document Reference No ⓘ  
Receipt Number

Amount (if Receipt)  
Applied Amount

Document Date ⓘ  
select Date

Document Type  
--select--

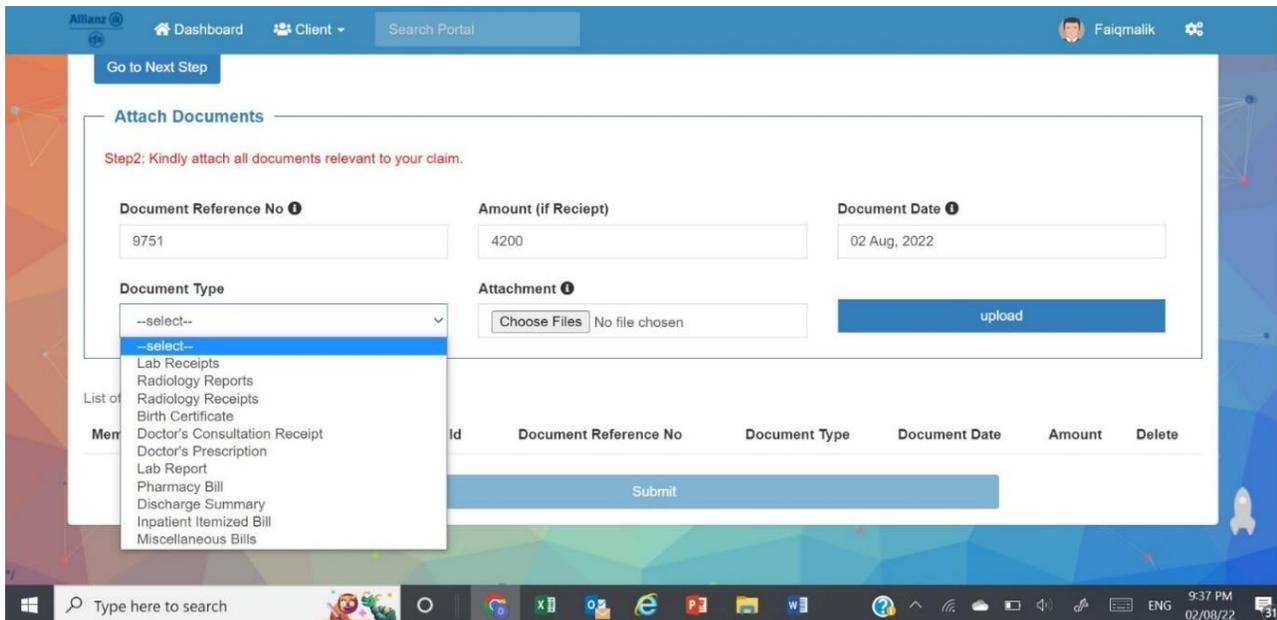
Attachment ⓘ  
Choose Files No file chosen

upload

List of documents

| Member Name | Claim Submission Id | Document Reference No | Document Type | Document Date | Amount | Delete |
|-------------|---------------------|-----------------------|---------------|---------------|--------|--------|
| Submit      |                     |                       |               |               |        |        |

The section allowing the insured to submit a claim will open. The claimant must mention the document reference number, as would be stated on the submitted document. This will be the invoice/receipt number, hospital reference number, laboratory reference number, etc. The amount to be claimed, as per the invoice, must be mentioned, date as per the submitted document must be selected. Document type is to be selected from one of the available options:



The screenshot shows the 'Attach Documents' section of the Allianz Health portal. The form contains the following fields and options:

- Document Reference No:** 9751
- Amount (if Receipt):** 4200
- Document Date:** 02 Aug, 2022
- Document Type:** A dropdown menu is open, showing the following options:
  - select--
  - Lab Receipts
  - Radiology Reports
  - Radiology Receipts
  - Birth Certificate
  - Doctor's Consultation Receipt
  - Doctor's Prescription
  - Lab Report
  - Pharmacy Bill
  - Discharge Summary
  - Inpatient Itemized Bill
  - Miscellaneous Bills
- Attachment:** A 'Choose Files' button with the text 'No file chosen' and an 'upload' button.

At the bottom of the form, there is a 'Submit' button and a table header with columns: Document Reference No, Document Type, Document Date, Amount, and Delete.

- **Lab receipts:** This option is to be selected for Pathology lab receipts / proofs of payment.
- **Radiology Receipts:** This option is to be selected for Radiology (X-ray, Ultrasound, Ct Scan, MRI, PET scan) procedures
- **Birth Certificate:** To be selected for uploading Birth Certificate, in case of Pregnancy (Maternity) claim.
- **Doctor's Consultation Receipt:** This option is to be selected for uploading receipt for Doctor's consultation.
- **Doctor's Prescription:** This option is to be selected for uploading doctor's prescription/advice
- **Lab report:** This option is to be selected for uploading Pathology laboratory reports
- **Pharmacy Bill:** For uploading a pharmacy bill/invoice, this option is to be selected
- **Discharge summary:** All hospital admission claims must have a discharge summary. Select this option for uploading discharge slip / discharge summary.

- Inpatient Itemized Bill: All hospital admission claims must be submitted along with item-wise details of every item/service that is being charged for. A brief description of item-wise details, that must be mentioned on the invoice, is given below:

*Per day room charges, detail of all laboratory tests with cost of each test, detail of all radiological investigations with cost of each investigation, consultation charges with cost of procedure, in case a procedure is done, to be documented separately, surgeon charges with details (if applicable), operation theatre charges (if applicable), anaesthesia charges (if applicable), details of all medicines claimed, with cost, quantity of each medicine, along with the total cost, discount applied (if applicable) and the total amount charged; details of all expenses during hospital admission, with cost of each service with duration / quantity (if applicable).*

Documents to be uploaded must be scanned properly, so the same are clearly legible / visible. Over writing on any documents shall be considered a fraudulent activity, unless supported by the issuing center’s stamp. For each claimant and claim, only one claim form is to be used. Multiple documents of the same claim shall be uploaded / enclosed in the same claim. From every claimant, every insured member is construed; whereas each claim means the incident for which expense incurs during the dates specified on discharge slip / invoice.

## UPLOAD A CLAIM

Once the detail is entered and scanned document chosen from the file, click on **UPLOAD**. Details of uploaded document, with claimed amount and an image of uploaded document will appear in the List of documents, as shown below:

The screenshot shows the Allianz Health portal interface. At the top, there is a navigation bar with 'Allianz Health', 'Dashboard', 'Client', and a search bar. The user's name 'Faiqmalik' is visible in the top right corner. Below the navigation bar, there is a form for uploading a claim. The form contains the following fields:

- Document Reference No:** 9751
- Amount (if Receipt):** 4200
- Document Date:** 02 Aug, 2022
- Document Type:** Miscellaneous Bills
- Attachment:** Choose Files (Contact Lens Invoice.jpg)
- upload** button

Below the form, there is a section titled 'List of documents' with a table showing the details of the uploaded document:

| Member Name | Claim Submission Id | Document Reference No | Document Type       | Document Date | Amount | Delete |
|-------------|---------------------|-----------------------|---------------------|---------------|--------|--------|
| [Redacted]  | 2022-000065         | 9751                  | Miscellaneous Bills | 02-08-2022    | 4200   | X      |

Below the table, there is a box indicating the total claim amount: **Total Claim Amount = Rs. 4200/-**. At the bottom of the form, there is a 'View Attachments' section showing a thumbnail of the uploaded document.

## UPLOAD MULTIPLE DOCUMENTS IN THE SAME CLAIM

In order to attach additional claim documents, click on the tab **Attach Additional Documents** which appears as soon as the first document is uploaded, and after filling out further details, clicking this tab uploads additional document(s) of the same claim.

Step2: Kindly attach all documents relevant to your claim.

Document Reference No <sup>1</sup>  Amount (if Receipt)  Document Date <sup>1</sup>

Document Type  Attachment <sup>1</sup>

After attaching additional documents in the same claim & filling out relevant details, press this button again for uploading additional documents

| Member Name | Claim Submission Id | Document Reference No | Document Type | Document Date | Amount | Delete |
|-------------|---------------------|-----------------------|---------------|---------------|--------|--------|
| [Redacted]  | 2022-000117         | 9751                  | Lab Receipts  | 08-08-2022    | 2340   | X      |

Total Claim Amount = Rs. 2340/-

As soon as Attach Additional Documents is clicked, all documents submitted till then, along with the total claimed amount is reflected in the table:

Document type  Attachment

| Member Name | Claim Submission Id | Document Reference No | Document Type         | Document Date | Amount | Delete |
|-------------|---------------------|-----------------------|-----------------------|---------------|--------|--------|
| [Redacted]  | 2022-000066         |                       | Doctor's Prescription | 31-07-2022    | 0      | X      |
| [Redacted]  | 2022-000066         | 118                   | Miscellaneous Bills   | 31-07-2022    | 3000   | X      |

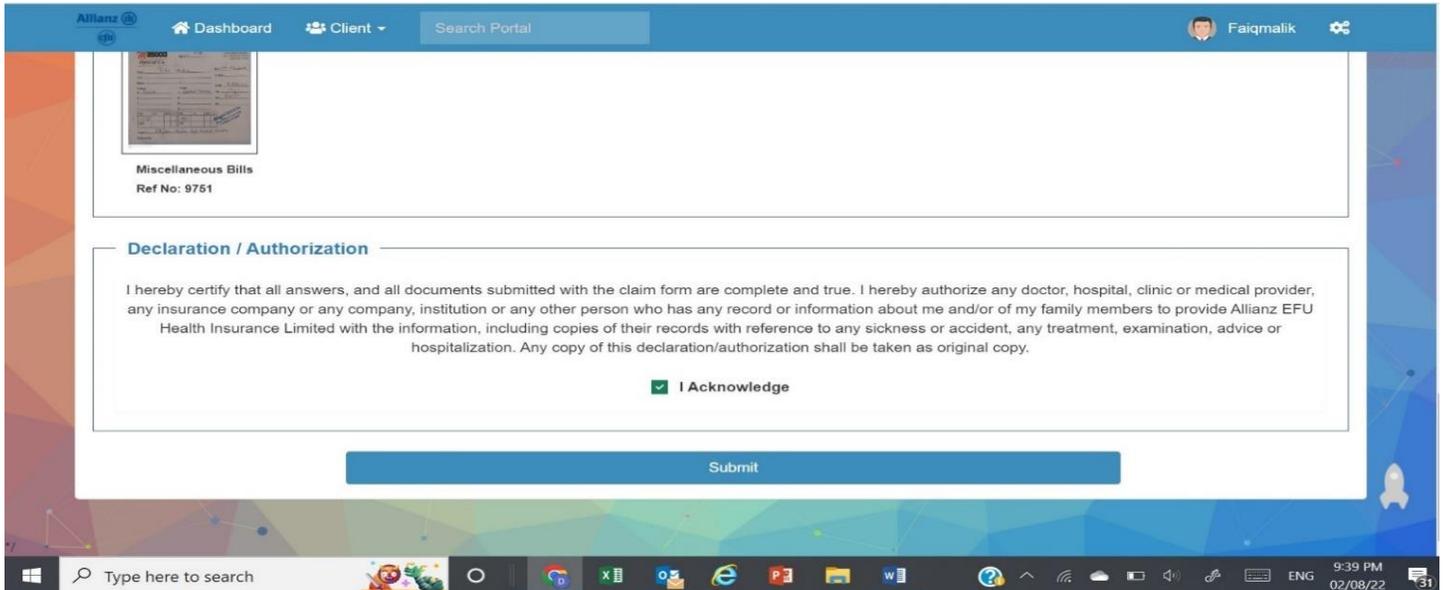
Total Claim Amount = Rs. 3000/-

View Attachments

IMG-20220802-W...jpg | Contact Lens (1).jpg | Contact Lens.jpg

**For submission of all supporting documents, other than invoices/proofs of payment, amount is NOT to be entered.**

Once the claim documents are uploaded, the claimant is required to acknowledge the statement given at the end of the claim form, as shown in the image below:



Miscellaneous Bills  
Ref No: 9751

**Declaration / Authorization**

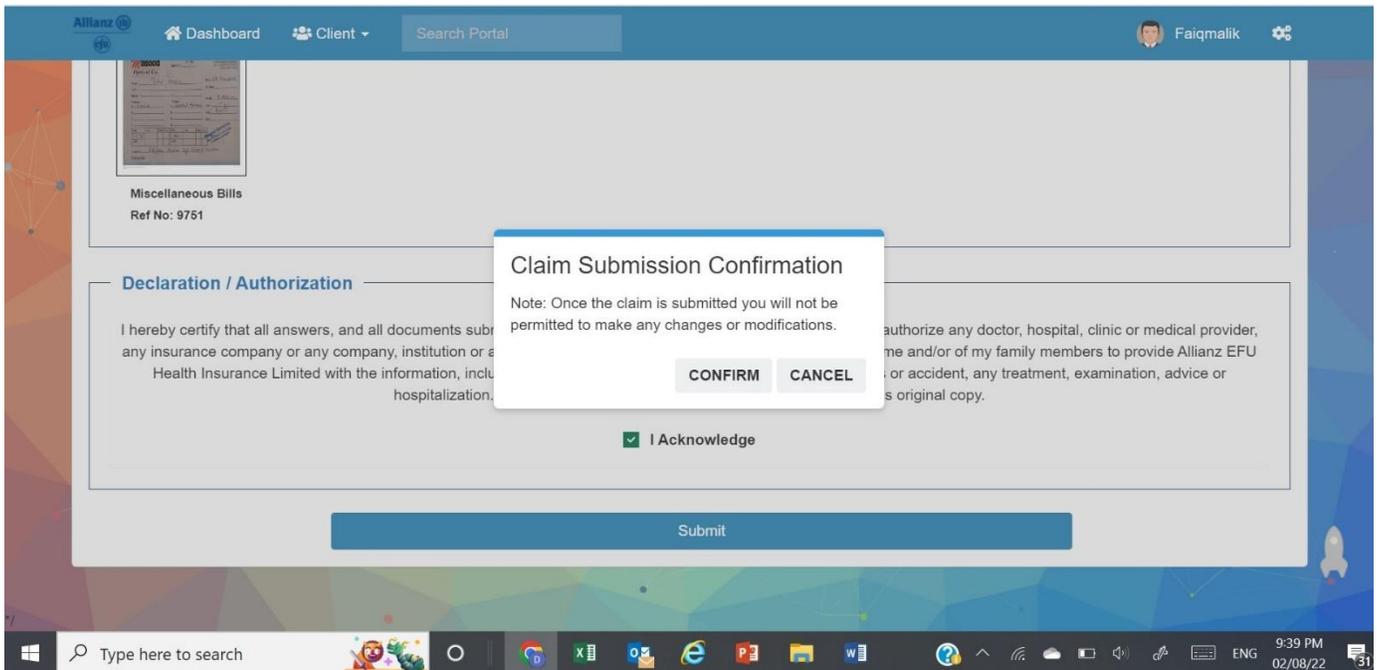
I hereby certify that all answers, and all documents submitted with the claim form are complete and true. I hereby authorize any doctor, hospital, clinic or medical provider, any insurance company or any company, institution or any other person who has any record or information about me and/or of my family members to provide Allianz EFU Health Insurance Limited with the information, including copies of their records with reference to any sickness or accident, any treatment, examination, advice or hospitalization. Any copy of this declaration/authorization shall be taken as original copy.

I Acknowledge

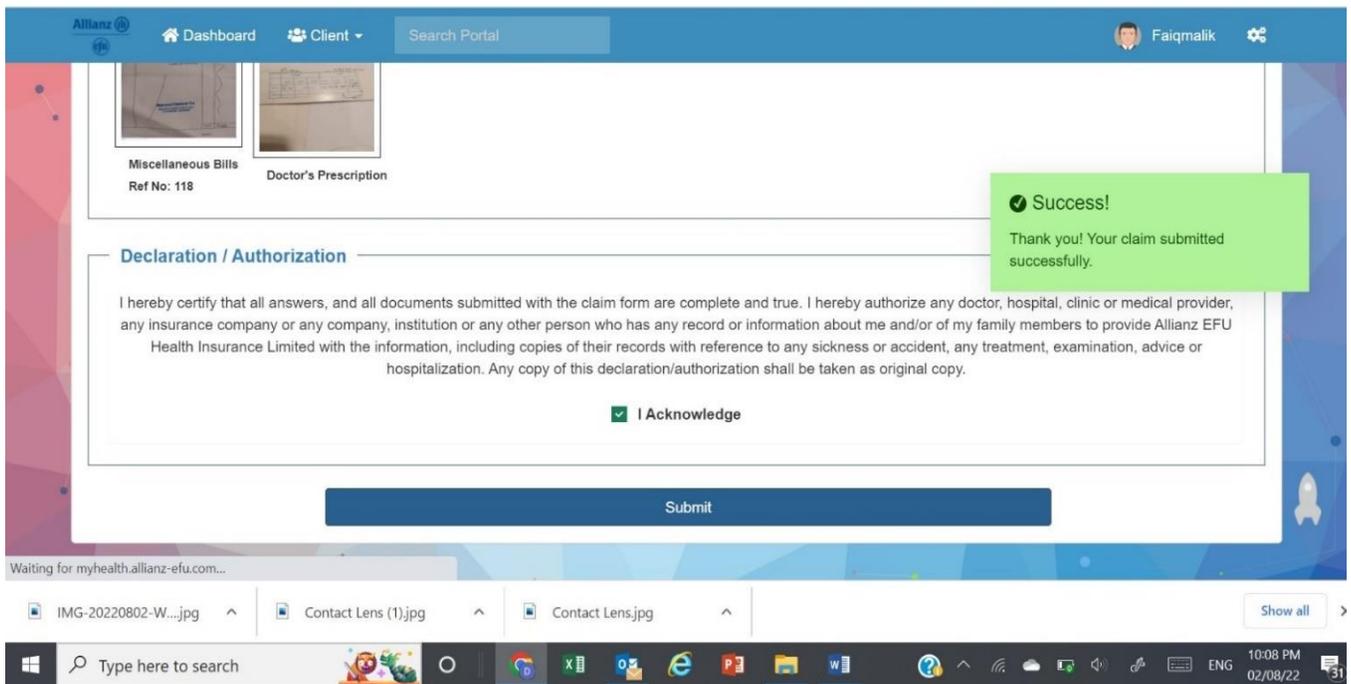
Submit

## FINAL CLAIM SUBMISSION OPD CLAIM

Finally click on **submit**. Please note that once submitted, no change can be made in the submitted claim, so ensure all relevant documents are uploaded and correct invoice amounts are entered, before finally submitting the claim. A prompt message requires from the claimant to **CONFIRM** once again before final submission.

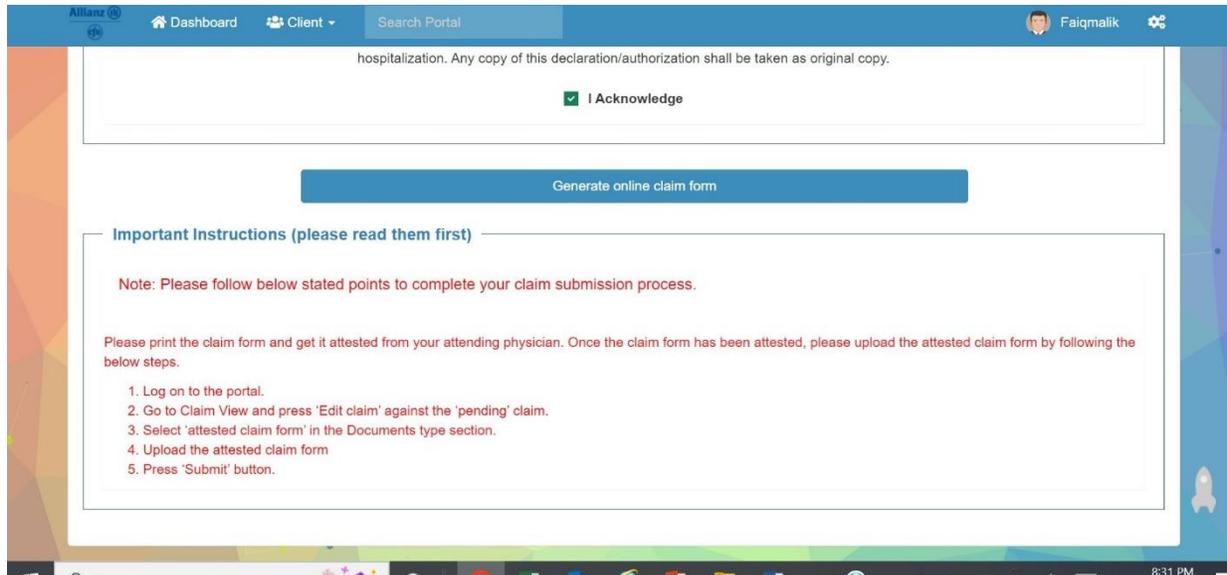


The claimant is finally acknowledged once claim is successfully submitted, as below:

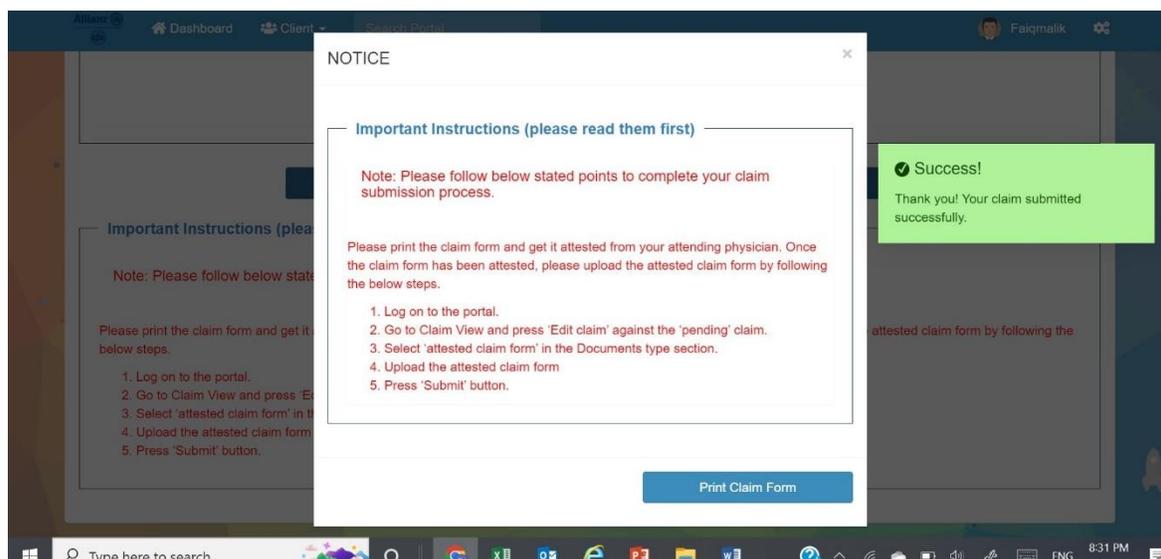


**FINAL CLAIM SUBMISSION IPD CLAIM**

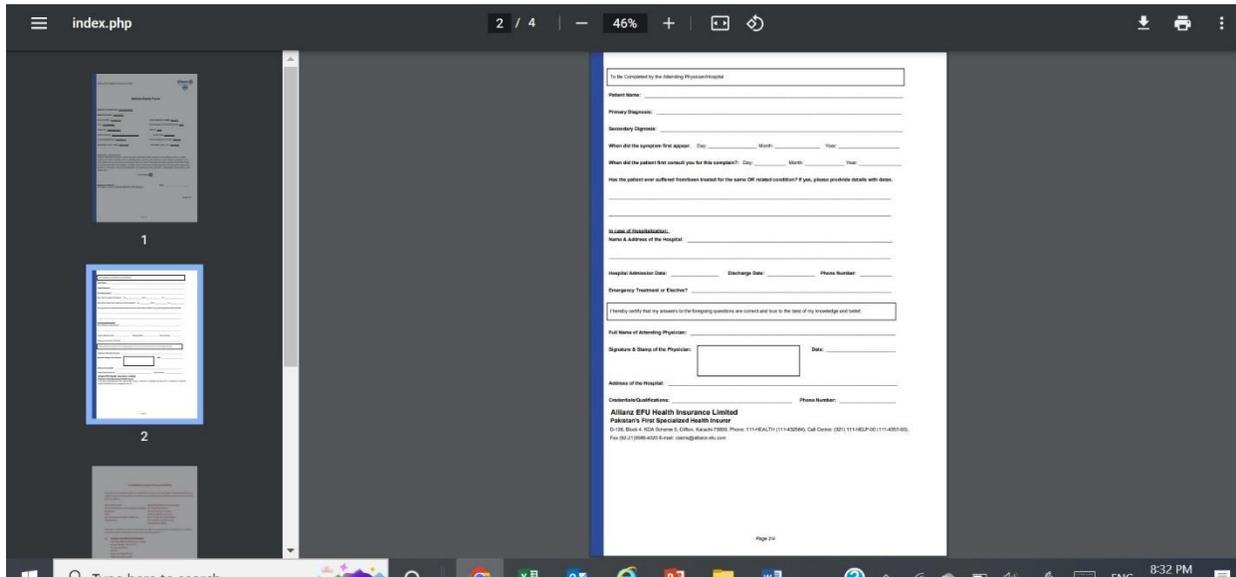
On final submission of IPD claim, click on **submit**. Please note that once submitted, no change can be made in the submitted claim, so ensure all relevant documents are uploaded and correct invoice amounts are entered, before finally submitting the claim. A prompt message requires from the claimant to **CONFIRM** once again before final submission. On final submission, the system prompts the claimant about next steps, which involve printing the claim form, and having Page 2 of claim form signed / stamped by the attending clinician or hospital administration.



Click on **Generate Online Claim Form** to generate claim form for printing and sign off. Read the instructions carefully, before clicking on **Print Claim Form**



Claim form is viewable in a document form, which can be conveniently printed

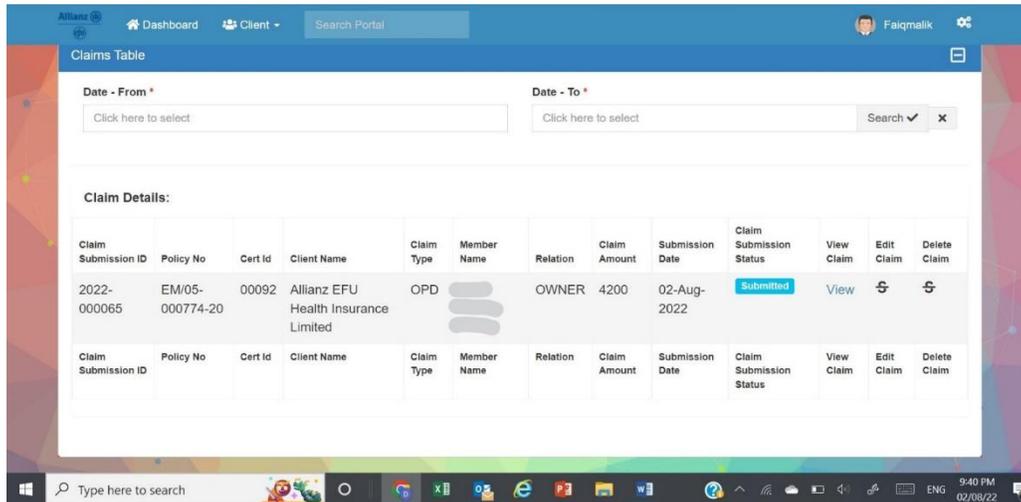


**Please note that the submission of IPD claim shall only be completed once the claim form, duly signed and stamped by the attending physician, is uploaded in the portal as per the instructions provided at the time of printing the claim form, where applicable.**

## VIEW DETAIL OF SUBMITTED CLAIMS

The final window shows the claimant about the details of all submitted claims.

This window can also be accessed from the home page by clicking on **view Online submitted claims**



The screenshot shows the 'Claims Table' interface. At the top, there are search filters for 'Date - From' and 'Date - To', both with 'Click here to select' prompts. A search button is located to the right of the 'Date - To' filter. Below the filters, the 'Claim Details' section contains a table with the following data:

| Claim Submission ID | Policy No       | Cert Id | Client Name                          | Claim Type | Member Name | Relation | Claim Amount | Submission Date | Claim Submission Status | View Claim | Edit Claim | Delete Claim |
|---------------------|-----------------|---------|--------------------------------------|------------|-------------|----------|--------------|-----------------|-------------------------|------------|------------|--------------|
| 2022-000065         | EM/05-000774-20 | 00092   | Allianz EFU Health Insurance Limited | OPD        | [Redacted]  | OWNER    | 4200         | 02-Aug-2022     | Submitted               | View       | Edit       | Delete       |

## POLICY CLAUSE ON FRAUDULENT CLAIMS

As per Clause 4.9 of the policy document, the following policy is applicable for fraudulent claims:

If any Claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the Employee or anyone acting on the Employee's behalf to obtain a Benefit hereunder, then the Company shall be entitled to any one or all of the following at the Company's discretion:

- a) refuse to pay any Benefits in relation to the Claim;
- b) to cancel the cover for the Employee and his Dependant immediately retaining all further Benefits and Premiums;
- c) refuse to renew the cover for the Employee and his Dependents; and/or
- d) recover any monies already paid to the Employee or on his behalf.

## GLOSSARY

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• <a href="#">Quick Registration</a></li> </ul>                | First time users must quickly register themselves to assign Login ID and Password   |
| <ul style="list-style-type: none"> <li>• <a href="#">Submit Online Claim</a></li> </ul>               | Start the Online Claim Submission Process   |
| <ul style="list-style-type: none"> <li>• <a href="#">Verify CNIC</a></li> </ul>                       | Clicking on this tab will validate your CNIC number, vis-à-vis your information in EFU Health system, and once verified, details of your insured family members will unfold   |
| <ul style="list-style-type: none"> <li>• <a href="#">Submit Claim</a></li> </ul>                      | Clicking this tab will finally submit the claim. Once submitted, no amendment can be done in submitted claim  |
| <ul style="list-style-type: none"> <li>• <a href="#">Client Access Online Claims</a></li> </ul>       | The tab that directs the user to online claims submission portal  |
| <ul style="list-style-type: none"> <li>• <a href="#">Claim Type</a></li> </ul>                        | Type of claim must be as per policy protocols, as detailed in this helpbook   |
| <ul style="list-style-type: none"> <li>• <a href="#">Upload Claim Documents</a></li> </ul>            | By clicking this tab, the selecting document of claim is uploaded in EFU Health database, however, this uploading is not the final process of claim submission, as claim submission process concludes with clicking the <b>Submit Claim</b> Tab |
| <ul style="list-style-type: none"> <li>• <a href="#">Upload Additional Claim Documents</a></li> </ul> | This tab allows the user to submit additional documents in the same claim   |
| <ul style="list-style-type: none"> <li>• <a href="#">View Online submitted Claims</a></li> </ul>      | This tab allows the registered user to view claims submitted by him, already.   |
| <ul style="list-style-type: none"> <li>• <a href="#">Submitting OPD Claim</a></li> </ul>              | Process of submitting OPD Claim Form  |
| <ul style="list-style-type: none"> <li>• <a href="#">Submitting IPD Claim</a></li> </ul>              | Process of submitting IPD Claim Form  |