GAIL (INDIA) Limited

PRMS Online Medical Claim (User Manual)



End User Manual Online PRMS Claim

DOCUMENT NAME	PRMS ONLINE MEDICAL
	CLAIM CREATION
DOCUMENT VERSION	1.0
DOCUMENT AUTHOR	BIS-HR
DOCUMENT USERS	PRMS BENEFICIARIES

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(1) LOGIN TO GAIL INTRANET GOLDEN RETIREMENT PORTAL FOR MEDICAL CLAIM



URL: <u>https://gailonline.com/home.html</u>

PROVIDE USERID AND PASSWORD (ALONG WITH DISPLAYED TEXT) TO LOG IN

***IF USERID IS NOT CREATED CONTACT GAIL INTRANET TEAM FOR ASSISTANCE & SUPPORT**



CLICK ON THE MEDICAL CLAIM LINK AS HIGHLIGHTED BELOW



ON CLICKING THE LINK, IF PAGE IS BLANK: ALLOW POPUP BY CLICKING ON THE ICON HIGHLIGHTED

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il.co.in/extapps/prms-new/admin/med	ical_claim.asp					
S Maps OVID-19 Tracker	S :: RETIRING / RETIR	🕄 :: RETIRING / RET	TR 🚱 New Tab	Meet - pce-sxsm-cih	GAIL (India) Limited	\bigcirc

ALLOW POPUPS BY SELECTING THE RADIO-BUTTON AS SHOWN IN THE SCREEN SHOT AND REFRESH THE PAGE

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	MEDICAL CLAIM		View Medical Claim Details
CPF No.	00002003	Name	A MANORANJAN PATNAIK
Grade at the time of Superannuation/Separation	E3	Location	HYDERABAD ZNL
Vendor Code		Туре	• OPD Hospitalisation
Claim Type	Select		

(2) CREATING AN OPD TYPE CLAIM REQUEST

SELECT OPD AND THE CLAIM TYPE (CONSULTATION, MEDICINE, TEST ETC.)



FILL THE REQUIRED FIELDS, ATTACH PDF FILE OF THE RELEVANT BILLS

***PDF SIZE LIMITS**

- (A) 2MB PER ENTRY
- (B) 10MB PER OPD CLAIM (CUMMULATIVE)

	MEDICAL CLAIM		View Medical Claim	Details				
CPF No.	2003	Name	A MANORANJAN PATNAIK					
Grade at the time of Superannuation/Separation	E3	Location	HYDERABAD ZNL					
Vendor Code	0108009061	Туре	•OPD CHospitalisation					
Claim Type	Consultation							
Patient Name	MRS. SABHA LAKSHMI PATNAIK 🗸	Consultation No.	MED1234					
Consultation Date	07/05/2020	System of Medicine	Allopathic	~				
Name of Physician	DR SANTANU BOSE	Chronical/Normal	Chronical	~				
Amount Claimed	1000							
Remarks	diabetes							
Attach File	Choose File Consultation bill.pdf		. Add to list					
4								

ON PRESSING THE BUTTON "ADD TO LIST", ONE ENTRY IS CREATED

				MEDIC	CAL CLAII	vi			View Medical Claim Details					
CPF No.			2003				ame	A MANORANJAN PATNAIK						
Grade at the time of Superannuation/Separation			E3				ocation	HYDERABAD ZNL						
Vendor C	ode		010800	9061		Ту	/pe		OPD					
Claim Type			Sele	t.		~								
			00101	~										
S	ir. CPF Io.NO	VENDOR CODE	ТҮР		Dental Treatmen Details (Normal)			PATIENT	AMOUNT	DISEASE SEVERITY	MEDICINE	PHYSICIAI		
Semove 1	ir. CPF Io.NO	VENDOR CODE		E CLAIM TYPE	Dental Treatmen Details (Normal)	MED1234	DATE 07/05/2020	PATIENT NAME MRS. SABHA LAKSHMI PATNAIK	AMOUNT CLAIMED	DISEASE SEVERITY	MEDICINE SYSTEM Allopathic	PHYSICIAI NAME DR SANTANU BOSE	NPR	

MORE ENTRIES CAN BE ADDED BY SELECTING FROM THE LIST HIGHLIGHTED

💽 Arnab Pramanick (अर्नेब प्रमाणिक) - 🗙 🔇	:: RETIRING / RETIRED EMPLOYEE	× +			- 0 ×
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		MEDICAL CLAI	м	View Medical Clair	n Details
In Day 1	CPF No.	2003	Name	A MANORANJAN PATNAIK	
	Grade at the time of Superannuation/Separation	E3	Location	HYDERABAD ZNL	
	Vendor Code	0108009061	Туре	OPD	
	Claim Type	Select	~		
		Select			
and the second second		Consultation Medicines, Injections, Dressing	s & other charges		
A	Sr. CPF VENDO	OR Others- Spectacle\hearing aid\a		ENT AMOUNT DISEASE MEDICINE	PHYSICIANPRI
	No.NO CODE	Tests	TE NAM	E CLAIMED SEVERITY SYSTEM	NAME DA
	Remove 1 2003 01080	009061 OPD Consultation	MED1234 07/05/2020 SAB LAK: PATT	S. HAA SHMI NAIK	DR SANTANU BOSE
SS NUMBER OF NOUL LTD.	4		Submit Dest		•
OTHER ALL COURTS WILLING			Submit Back		
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CPF No) .			2003				Name		A MANC	DRANJAN F	PATNAIK			
Grade a Supera	at the nnua	e time o ation/Se	of eparation	E3				Location	Location HYDERABAD ZNL						
Vendor	Cod	е		0108009	061			Туре	ре ОРД						
Claim T	Claim Type				nes, Injections	, Dressings	<mark>;&(</mark> ∨								
Patien	Patient Name Self						~	Bill No.		MED2	315				
Bill Da	Bill Date 14/05/2020							Prescription Da	ite	07/05/	2020				
Chroni	Chronical/Normal				al		~	Amount Claime	d	500					
Remar	ks			FEVE	R										
Attach	File			Choose	e File MEDICI	NE.pdf					Add to list				
					1	Dental	I		1	1	1	1	I		
	Sr. No.	CPF NO	VENDOR CODE	TYPE	CLAIM TYPE	Treatment Details (Normal)	DOCUM NO	ENTDOCUMEN DATE	TPATIENT NAME	AMOUNT CLAIMED	DISEASE	MEDICINE SYSTEM	PHYSICIAN NAME	DA'	
Remove	Remove 1 2003 0108009061 OPD Consultation MED					MED123	34 07/05/2020	MRS. SABHA LAKSHMI PATNAIK	1000		Allopathic	DR SANTANU BOSE			
4															

					MEDIC		И				View Mec	lical Clair	n Details	
CPF No	D.			2003			Na	ame		A MANC	A MANORANJAN PATNAIK			
Grade a Supera	at the	e time (ation/S	of eparation	E3			Lo	Location HYD			HYDERABAD ZNL			
Vendor	Coc	le		0108009	061		Ту	pe		OPD				
Claim 1	Claim Type						~							
	Sr. No.	CPF NO	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)			PATIENT NAME	AMOUNT CLAIMED	DISEASE SEVERITY	MEDICINE SYSTEM	PHYSICIAN NAME	PRI DA
Remove	1	2003	01080090	61 OPD	Consultation		MED1234	07/05/2020	MRS. SABHA LAKSHMI PATNAIK	1000		Allopathic	DR SANTANU BOSE	
Remove	2	2003	01080090	61 OPD	Medicines, Injections, Dressings & other		MED2315	14/05/2020	Self	500				07/
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BEFORE SUBMISSION, USER CAN REMOVE AN ENTRY IF HE SO CHOOSES BY CLICKING ON REMOVE

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/endor	Coc	le	0	108009	061		Туре ОРО							
Claim 1	Гуре			Select			~							
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	Sr. No.	CPF NO	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)			PATIENT NAME	AMOUNT	DISEASE SEVERITY	MEDICINE	PHYSICIAN NAME	D/
emove	1	2003	010800906	1 OPD	Consultation		MED1234	07/05/2020	MRS. SABHA LAKSHMI PATNAIK	1000		Allopathic	DR SANTANU BOSE	
_	2	2003	010800906	1 OPD	Medicines, Injections, Dressings &		MED2315	14/05/2020	Self	500				0

ON CLICKING THE SUBMIT BUTTON CLAIM REQUEST IS SUBMITTED AND AN UNIQUE CLAIM REQUEST NO IS GENERATED

					MEDIC		Л				View Mea	lical Clair	n Details	
CPF No	D.			2003			N	ame		A MANC	DRANJAN F	PATNAIK		
Grade a Supera	at th nnu:	e time ation/S	of eparation	E3			L	Location HYDEF			YDERABAD ZNL			
Vendor	Coo	le		0108009	061		Ţ	ype		OPD				
Claim T	уре			Selec	t		~							
	Sr. No.	CPF NO	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)	DOCUMEN NO		PATIENT NAME		DISEASE	MEDICINE SYSTEM	PHYSICIAN NAME	PRI DA
Remove	1	2003	01080090	61 OPE	Consultation		MED1234	07/05/2020	MRS. SABHA LAKSHMI PATNAIK	1000		Allopathic	DR SANTANU BOSE	
Remove	2	2003	01080090	61 OPE	Medicines, Injections, Dressings & other		MED2315	14/05/2020	Self	500				07/
								Submit Bac	ж					•

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.co.in/dotnet_apps/PRMS_Application	n/medical_claim.aspx	
♀ Maps ⓒ COVID-19 Tracker	gailcorintra.gail.co.in says Your PRMS Claim No 225 is submitted successfully.	ОК

*MAY NOTE DOWN THE CLAIM NUMBER OR TAKE A SCREENSHOT OF THE CLAIM NUMBER FOR MAILING TO CONCERNED HR (EARLY INTIMATION)

(3) CREATING A HOSPITALIZATION TYPE CLAIM REQUEST

CREATE A HOSPITALIZATION TYPE CLAIM REQUEST BY SELECTING HOSPITALIZATION AND CLAIM TYPE

*SCENARIO: NON-CREDIT LETTER HOSPITALIZATION/DOMICILIARY TREATMENT TO BE TREATED AS HOSPITALIZATION

iite	ed 🧳			Welcome: Mr. A MANORANJAN PATNAIK
		MEDICAL CLAIM		View Medical Claim Details
	CPF No.	2003	Name	A MANORANJAN PATNAIK
	Grade at the time of Superannuation/Separation	E3	Location	HYDERABAD ZNL
	Vendor Code	0108009061	Туре	OPD Hospitalisation
	Claim Type	Select		

FILL THE APPLICABLE FIELDS AND THEN PRESS 'ADD TO LIST'

*PDF SIZE LIMIT: **10 MB** FOR HOSPITALIZATION

	MEDICAL CLAIM		View Medical Claim Details			
CPF No.	2003	Name	A MANORANJAN PATNAIK			
Grade at the time of Superannuation/Separation	E3	Location	HYDERABAD ZNL			
Vendor Code	0108009061	Туре	OPD Hospitalisation			
Claim Type	Hospitalisation	2				
Patient Name	Self	Bill No.	h1235			
Treatment Type	Hospitalization	Bill Date	29/05/2020			
Admission Date	12/05/2020	Discharge Date	20/05/2020			
Critical Illness	Select	Illness Detail	FEVER			
Amount Claimed	15000	Prior/Post-Facto Permise	sion Obtained			
Bamarka						
Remarks						
Attach File	Choose File hospital bill.pdf		Add to list			
	MEDICAL CLAIM		View Medical Claim Details			

S N	r. C o.N	CPF NO	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)		DOCUMENT DATE	PATIENT NAME	AMOUNT	DISEASE SEVERITY	MEDICINE SYSTEM	PHYSICIAN NAME	PRE DAT
1	:	2003	0108009061	Hospitalisation	Hospitalisation		h1235	29/05/2020	Self	15000				
4														►
	Submit Back													

ON CLICKING SUBMIT BUTTON CLAIM REQUEST NO IS GENERATED

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.co.in/dotnet_apps/PRMS_Applicatio	n/medical_claim.aspx
💡 Maps 💿 COVID-19 Tracker	gailcorintra.gail.co.in says
	Your PRMS Claim No 226 is submitted successfully.
	ОК

*MAY NOTE DOWN THE CLAIM NUMBER OR TAKE A SCREENSHOT OF THE CLAIM NUMBER FOR MAILING TO CONCERNED HR (EARLY INTIMATION)

(4) TO CHECK THE MEDICAL CLAIM REQUESTS SUBMITTED (SO FAR)

CLICK ON THE LINK AS HIGHLIGHTED

	MEDICAL CLAIM		View Medical Claim Details
CPF No.	00002003	Name	A MANORANJAN PATNAIK
Grade at the time of Superannuation/Separation	E3	Location	HYDERABAD ZNL
Vendor Code		Туре	• OPD OHospitalisation
Claim Type	Select	~	

	MEDICAL CLAIM DETAILS								
	S.No.	Req No	Туре	CPF No	Vendor Code	Name	Grade	Designation	Department
÷	1	231	Hospitalisation	00002003		A MANORANJAN PATNAIK	E7	ZONAL DY GENERAL MANAGER	MARKETING
	2	230	OPD	00002003		A MANORANJAN PATNAIK	E7	ZONAL DY GENERAL MANAGER	MARKETING
4									•
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