

GAIL (INDIA) Limited

PRMS Online Medical Claim (User Manual)



**End User Manual
Online PRMS Claim**

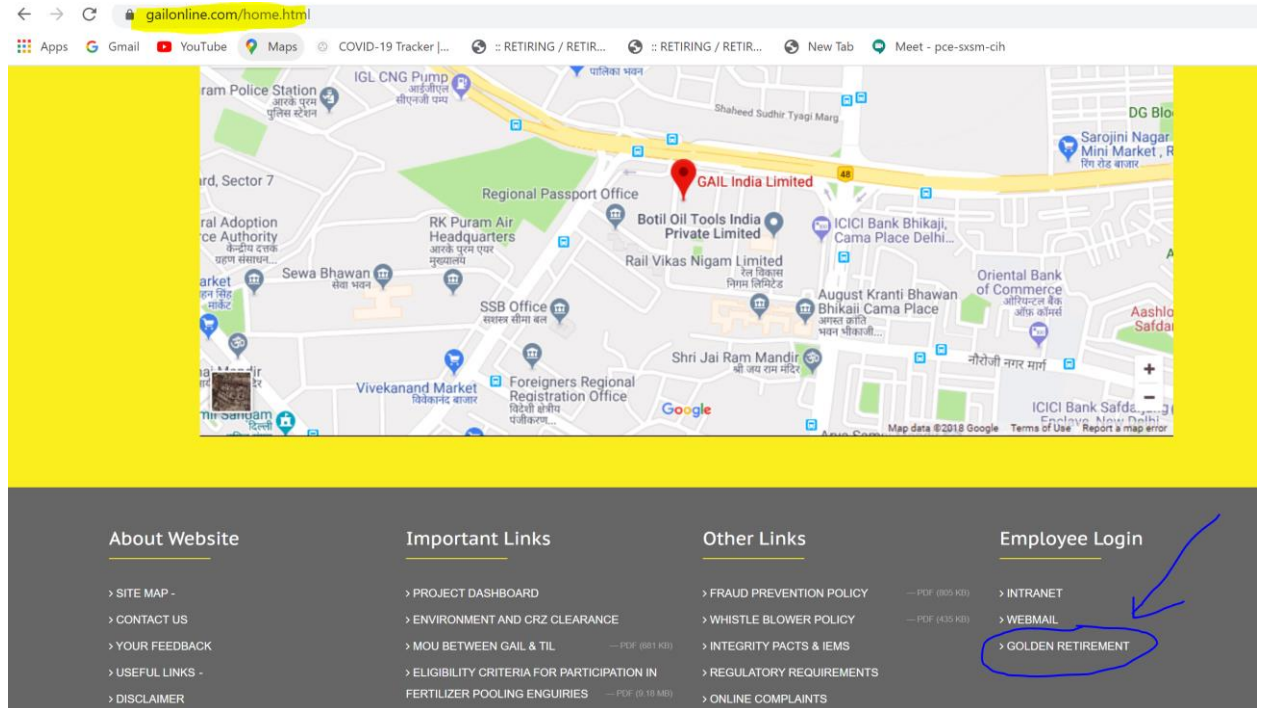
DOCUMENT NAME	PRMS ONLINE MEDICAL CLAIM CREATION
DOCUMENT VERSION	1.0
DOCUMENT AUTHOR	BIS-HR
DOCUMENT USERS	PRMS BENEFICIARIES

Table of Contents

(1)	LOGIN TO GAIL INTRANET GOLDEN RETIREMENT PORTAL FOR MEDICAL CLAIM	4
(2)	CREATING AN OPD TYPE CLAIM REQUEST	7
(3)	CREATING A HOSPITALIZATION TYPE CLAIM REQUEST	11
(4)	TO CHECK THE MEDICAL CLAIM REQUESTS SUBMITTED (SO FAR)	13

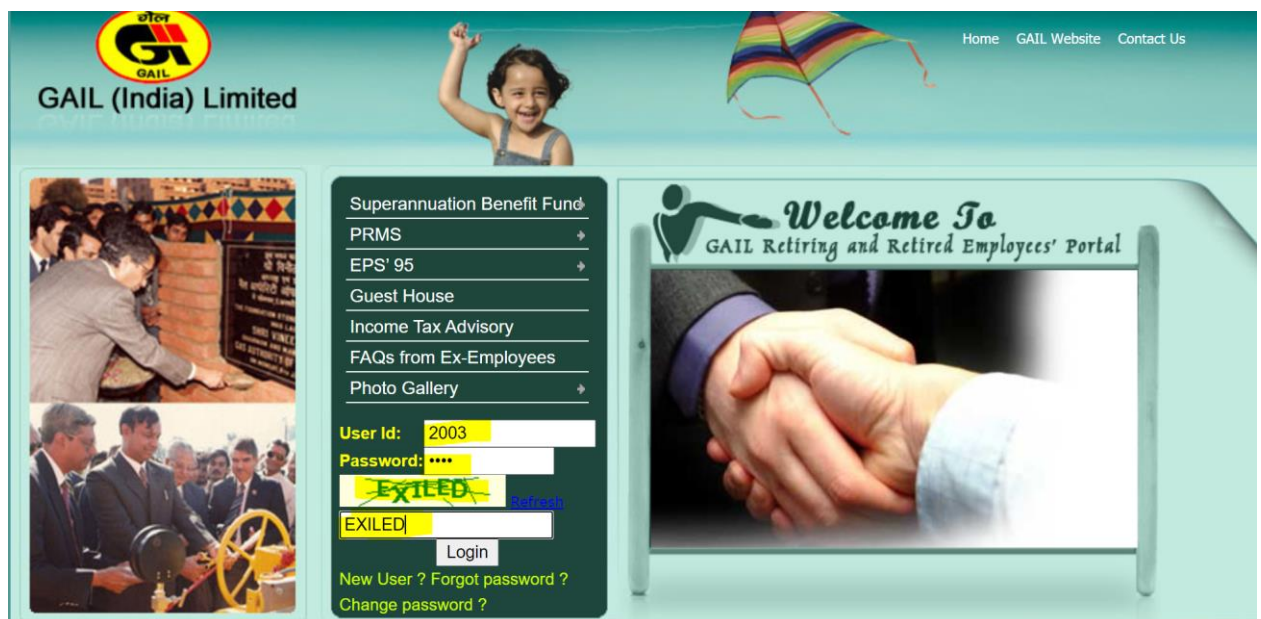
(1) LOGIN TO GAIL INTRANET GOLDEN RETIREMENT PORTAL FOR MEDICAL CLAIM

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

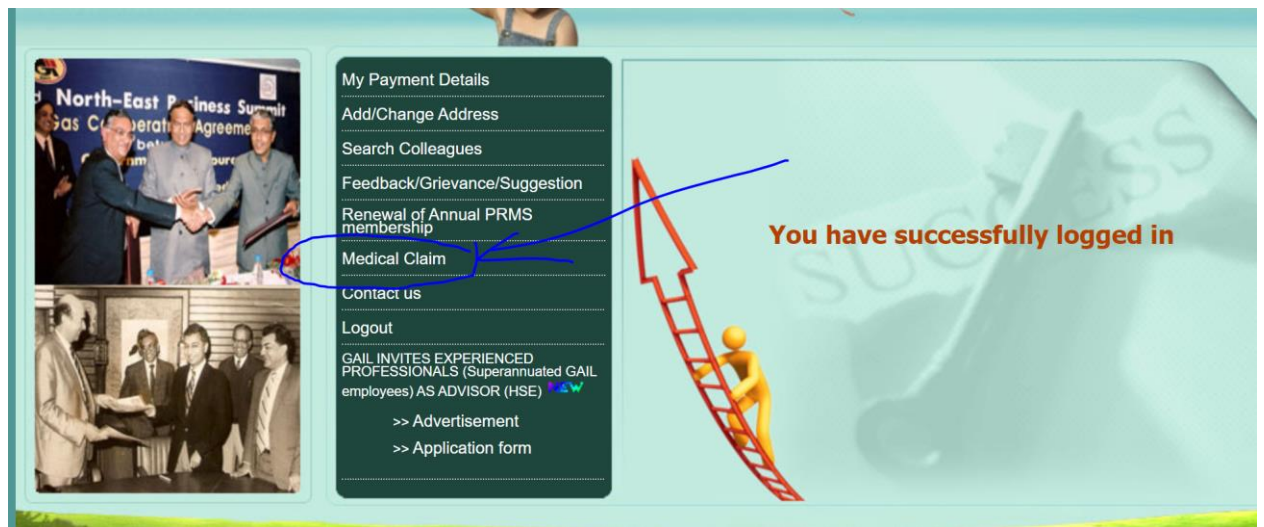


PROVIDE **USERID** AND **PASSWORD** (ALONG WITH **DISPLAYED TEXT**) TO LOG IN

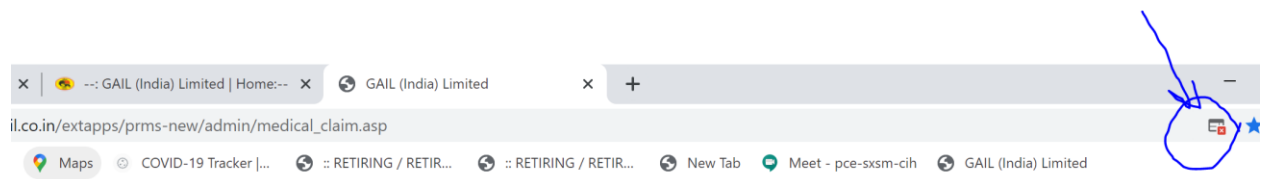
***IF USERID IS NOT CREATED CONTACT GAIL INTRANET TEAM FOR ASSISTANCE & SUPPORT**



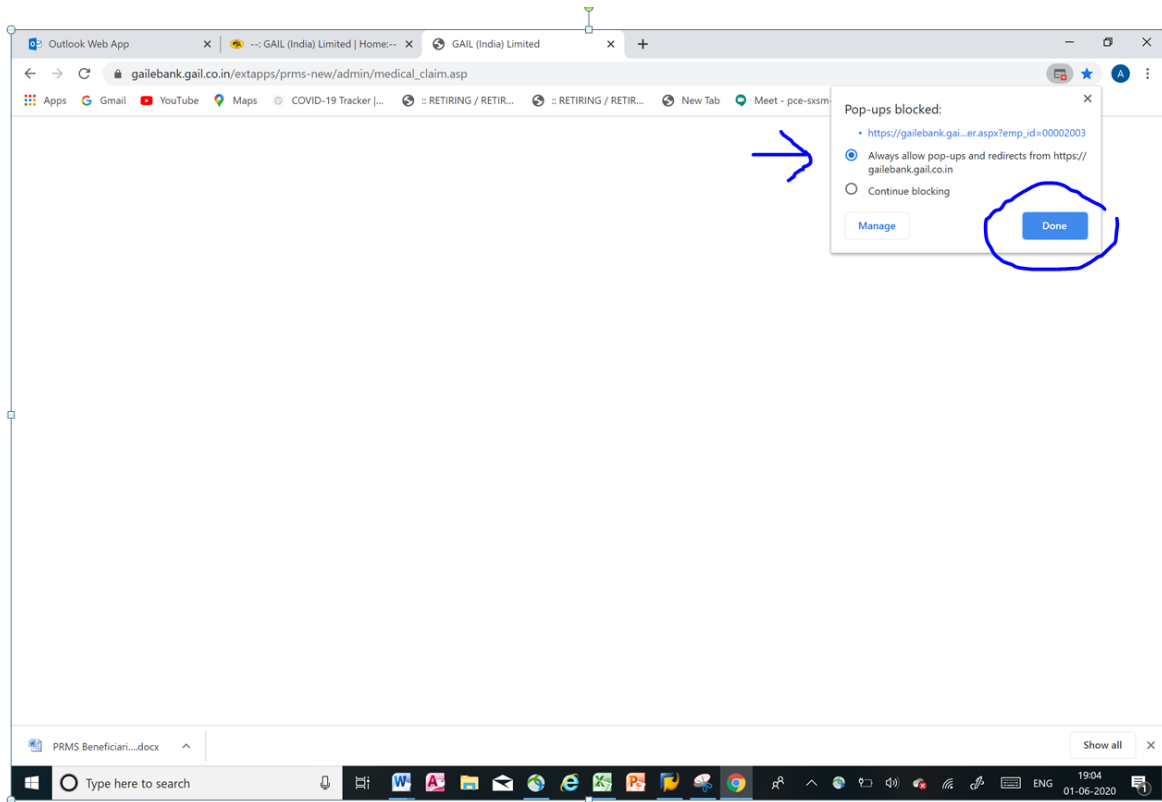
CLICK ON THE MEDICAL CLAIM LINK AS HIGHLIGHTED BELOW



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



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



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		Type	<input checked="" type="radio"/> OPD <input type="radio"/> Hospitalisation
Claim Type	<input type="text" value="Select"/>		

(2) CREATING AN OPD TYPE CLAIM REQUEST

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

GAIL (India) Limited

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	Type	<input checked="" type="radio"/> OPD <input type="radio"/> Hospitalisation
Claim Type	Select		

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	Type	<input checked="" type="radio"/> OPD <input type="radio"/> Hospitalisation
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	<input type="button" value="Choose File"/> Consultation bill.pdf	<input type="button" value="Add to list"/>	

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

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 Type OPD
 Claim Type

	Sr. No.	CPF No.	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)	DOCUMENT NO	DOCUMENT DATE	PATIENT NAME	AMOUNT CLAIMED	DISEASE SEVERITY	MEDICINE SYSTEM	PHYSICIAN NAME	PRI DA
Remove	1	2003	0108009061	OPD	Consultation		MED1234	07/05/2020	MRS. SABHA LAKSHMI PATNAIK	1000		Allopathic	DR SANTANU BOSE	

MORE ENTRIES CAN BE ADDED BY SELECTING FROM THE LIST HIGHLIGHTED

The screenshot shows the GAIL (India) Limited medical claim application interface. The form fields are filled with the same data as in the previous image. The 'Claim Type' dropdown menu is open, showing a list of options: 'Select', 'Consultation', 'Medicines, Injections, Dressings & other charges', 'Others- Spectacle/hearing aid/artificial dentures', and 'Tests'. The 'Consultation' option is currently selected and highlighted in blue. The browser's address bar shows the URL 'gailcorintra.gail.co.in/dotnet_apps/PRMS_Application/medical_claim.aspx'. The Windows taskbar at the bottom shows the search bar and several application icons.

CPF No. 2003 Name A MANORANJAN PATNAIK
 Grade at the time of Superannuation/Separation E3 Location HYDERABAD ZNL
 Vendor Code 0108009061 Type OPD
 Claim Type **Medicines, Injections, Dressings & c** v
 Patient Name Self v Bill No. MED2315
 Bill Date 14/05/2020 Prescription Date 07/05/2020
 Chronical/Normal Normal v Amount Claimed 500
 Remarks FEVER
 Attach File **MEDICINE.pdf**

	Sr. No.	CPF No.	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)	DOCUMENT NO	DOCUMENT DATE	PATIENT NAME	AMOUNT CLAIMED	DISEASE SEVERITY	MEDICINE SYSTEM	PHYSICIAN NAME	PRI DA
Remove	1	2003	0108009061	OPD	Consultation		MED1234	07/05/2020	MRS. SABHA LAKSHMI PATNAIK	1000		Allopathic	DR SANTANU BOSE	

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 Type OPD
 Claim Type v

	Sr. No.	CPF No.	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)	DOCUMENT NO	DOCUMENT DATE	PATIENT NAME	AMOUNT CLAIMED	DISEASE SEVERITY	MEDICINE SYSTEM	PHYSICIAN NAME	PRI DA
Remove	1	2003	0108009061	OPD	Consultation		MED1234	07/05/2020	MRS. SABHA LAKSHMI PATNAIK	1000		Allopathic	DR SANTANU BOSE	
Remove	2	2003	0108009061	OPD	Medicines, Injections, Dressings & other		MED2315	14/05/2020	Self	500				07/

BEFORE SUBMISSION, USER CAN REMOVE AN ENTRY IF HE SO CHOOSES BY CLICKING ON REMOVE

CPF No. 2003 Name A MANORANJAN PATNAIK
 Grade at the time of Superannuation/Separation E3 Location HYDERABAD ZNL
 Vendor Code 0108009061 Type OPD
 Claim Type

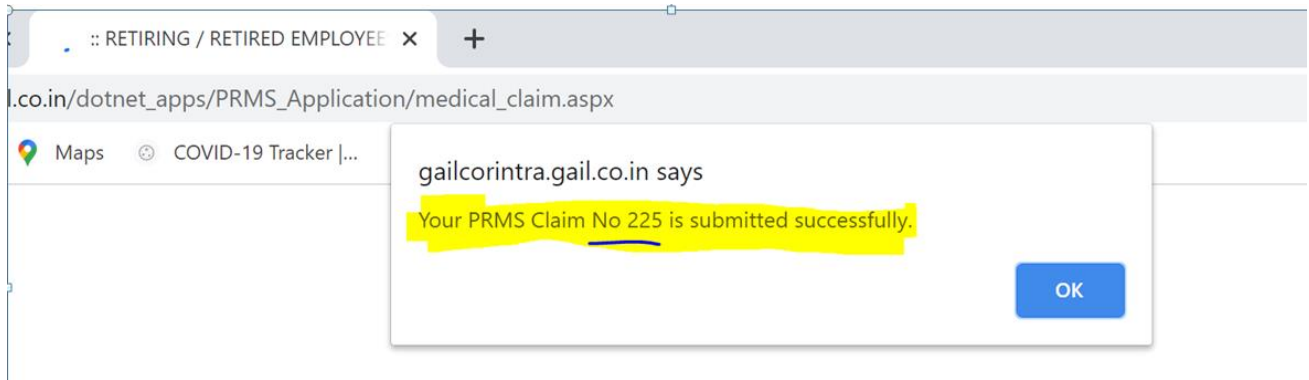
	Sr. No.	CPF NO	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)	DOCUMENT NO	DOCUMENT DATE	PATIENT NAME	AMOUNT CLAIMED	DISEASE SEVERITY	MEDICINE SYSTEM	PHYSICIAN NAME	PRI DA
Remove	1	2003	0108009061	OPD	Consultation		MED1234	07/05/2020	MRS. SABHA LAKSHMI PATNAIK	1000		Allopathic	DR SANTANU BOSE	
Remove	2	2003	0108009061	OPD	Medicines, Injections, Dressings & other		MED2315	14/05/2020	Self	500				07/

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

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 Type OPD
 Claim Type

	Sr. No.	CPF NO	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)	DOCUMENT NO	DOCUMENT DATE	PATIENT NAME	AMOUNT CLAIMED	DISEASE SEVERITY	MEDICINE SYSTEM	PHYSICIAN NAME	PRI DA
Remove	1	2003	0108009061	OPD	Consultation		MED1234	07/05/2020	MRS. SABHA LAKSHMI PATNAIK	1000		Allopathic	DR SANTANU BOSE	
Remove	2	2003	0108009061	OPD	Medicines, Injections, Dressings & other		MED2315	14/05/2020	Self	500				07/



*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

A screenshot of a web application interface for creating a medical claim. The page has a header with a child's face and a rainbow kite, and a welcome message: "Welcome: Mr. A MANORANJAN PATNAIK". The main content area is titled "MEDICAL CLAIM" and includes a "View Medical Claim Details" link. The form contains the following fields:

CPF No.	2003	Name	A MANORANJAN PATNAIK
Grade at the time of Superannuation/Separation	E3	Location	HYDERABAD ZNL
Vendor Code	0108009061	Type	<input type="radio"/> OPD <input checked="" type="radio"/> Hospitalisation
Claim Type	<input type="text" value="Select"/>		

The "Hospitalisation" radio button and the "Claim Type" dropdown menu are circled in blue.

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

*PDF SIZE LIMIT: 10 MB FOR HOSPITALIZATION

MEDICAL CLAIM [View Medical Claim Details](#)

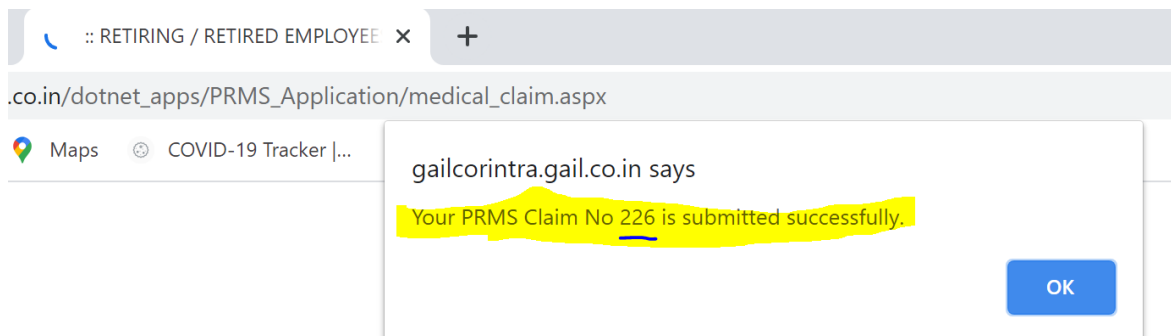
CPF No. 2003 Name A MANORANJAN PATNAIK
Grade at the time of Superannuation/Separation E3 Location HYDERABAD ZNL
Vendor Code 0108009061 Type OPD Hospitalisation
Claim Type Hospitalisation

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 Permission Obtained
Remarks
Attach File Choose File hospital bill.pdf

MEDICAL CLAIM [View Medical Claim Details](#)

Sr. No.	CPF No.	VENDOR CODE	TYPE	CLAIM TYPE	Dental Treatment Details (Normal)	DOCUMENT NO	DOCUMENT DATE	PATIENT NAME	AMOUNT CLAIMED	DISEASE SEVERITY	MEDICINE SYSTEM	PHYSICIAN NAME	PRE DAT
1	2003	0108009061	Hospitalisation	Hospitalisation		h1235	29/05/2020	Self	15000				

ON CLICKING SUBMIT BUTTON CLAIM REQUEST NO IS GENERATED



*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

CPF No. 00002003 Name A MANORANJAN PATNAIK

Grade at the time of Superannuation/Separation E3 Location HYDERABAD ZNL

Vendor Code Type OPD Hospitalisation

Claim Type

MEDICAL CLAIM DETAILS

S.No.	Req No	Type	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

Back

*****END*****