



You



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100% Transparency
R-ECI

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

19 Nov 2021

BH9769IAG/ECHS

HQ Southern Command (A/ECHS)
 HQ Eastern Command (A/ECHS)
 HQ Western Command (A/ECHS)
 HQ Northern Command (A/ECHS)
 HQ Central Command (A/ECHS)
 HQ South Western Command (A/ECHS)
 All Regional Centres

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

1. Refer to CD ECHS letter No BH9769IAG/ECHS dt 23 Aug 2021 on the subject.
2. Certain changes have been made in the software to clear the pending individual bills for self uploading by the ECHS beneficiary.
3. Provisions have been made to allow ECHS beneficiaries to upload upto 08 (eight) Pharmacy bills, 04 (four) OPD bills and 4 (four) IPD bills per month.
4. The above provisions will be effective from 19 Nov 2021 onwards.
5. The contents of this letter may pl be widely disseminated to all concerned.
6. This has the approval of MD ECHS.

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

Text : 26823475
M. 5638

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Adj. Genl's Branch
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Ministry of Defence (Army)
Trinayyalmarg,
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8/M/759/AG/ECBS

23 Aug 2021

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

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

1. Online B1 Processing had been taken up as a pilot project in 2012. Consequently it was operationalised PAN India during 2015 with a Govt. nominated B1 Processing Agency UTI-FISL carrying out verification/validity in the portal subsequent to uploading of b1s by the FCOs or by respective parent Polyclinic.
2. With the gained experience of the online bill processing and with feedback received from environment, Central Org ECBS 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: ochaipa.uti-fisl.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. This option in itself 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 BSM and spouse cannot be combined.
 - (b) Hard copies of the documents uploaded alongwith signed contingent bill will be submitted to parent Polyclinic within 10 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 ECMS beneficiaries and their dependants for their benefit. This is expected to ease the procedure for submission of claims as also reduce the footfall at payclinic.

8 This has the Approval of MD CO ECMS.

(Anupama N Adhauia)
Col
Dir (Med)
for MI: ECMS

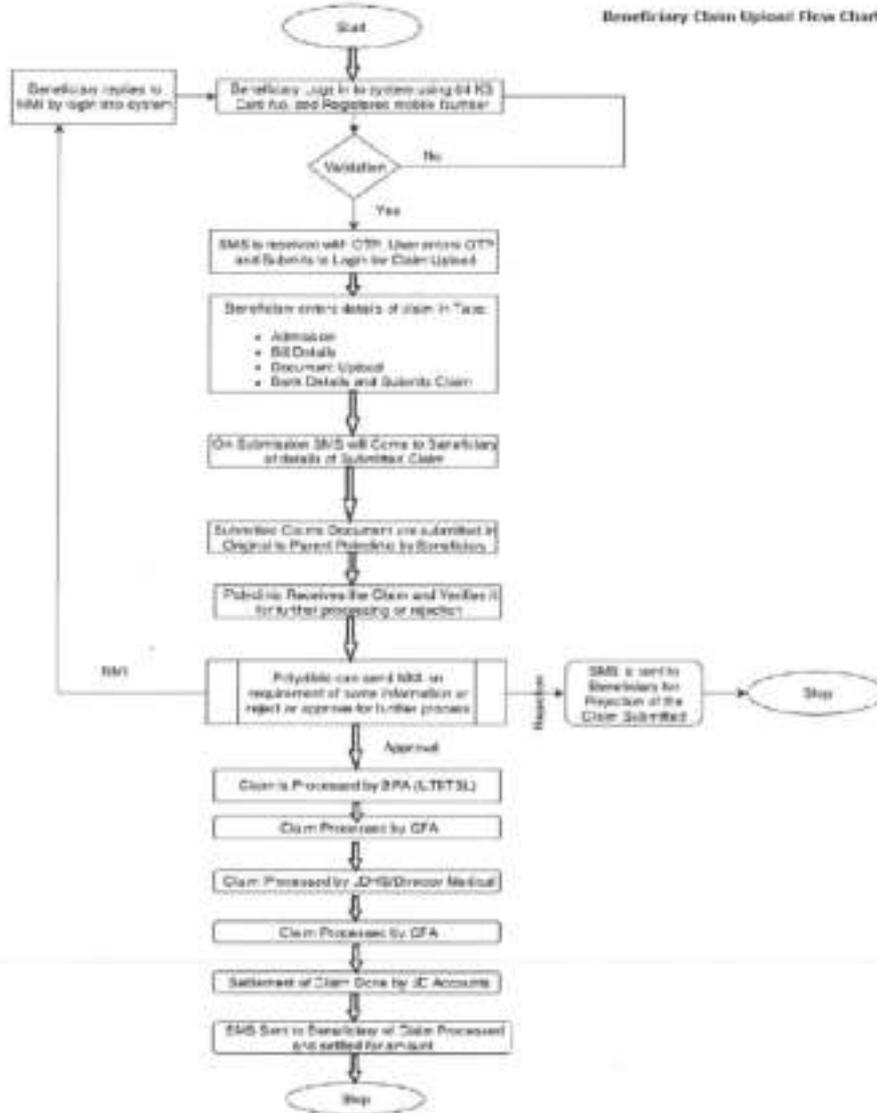
Copy to :-

- MHO (DoESW)
 - GSDA
 - UTI-TSL (BPA)
 - SDCPL
- } - for info (d)

Internal

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

Beneficiary Claim Upload Flow Chart





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.uititsl.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

CIN: U50901MH1993000972001
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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.utitst.com>
 - Click the link



NEW For Individual Reimbursement of Medical Claims, [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 17 digit card number as mentioned on beneficiary/depositors 64KB ECHS Card
- Enter the mobile number which is registered with 64KB ECHS Card
- If the card number and mobile number are correct than an OTP will be send on the registered mobile number

- Enter the OTP received on mobile number.

CIN: U51991MH1983DC172051
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CIN: U51991MH1983DC172051
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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

- 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.

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



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									
Sl.	Claim No.	Sl.	RegNo	Hospital	Admit	Type	Claim Amt	Mobile No.	Year		
1	222 7777	1	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		
2	222 7777	2	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		
3	222 7777	3	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		
4	222 7777	4	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		
5	222 7777	5	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		
6	222 7777	6	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		
7	222 7777	7	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		
8	222 7777	8	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		
9	222 7777	9	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		
10	222 7777	10	222 7777	XXXX Hospital	XXXX	XXXX	XXXX	XXXX	XXXX		

➤ 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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Home **Member ECHS Reimbursement**

Claim ID / Patient name: XXXXXXXXXXXXXXXXXXXXXXXX Claim Type: Out Patient

Payment Details: Patient Details | ECHS Details | ECHS Details | Patient Documents | ECHS Detail Details | Visit Index

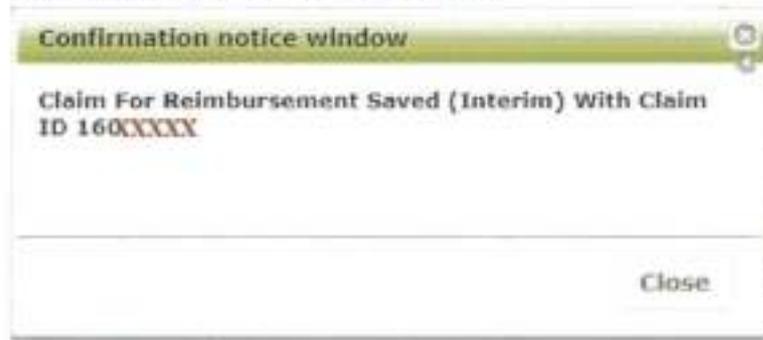
Go Back
+ Create Reimbursement
- ECHS Details

By clicking on this link 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 ID](#) For downloading the pre-EMH Contingent ID

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

➤ A final message will come on screen like this.



To check the status of the Claim:

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



CIN: U6801MH160300872051
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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 needs 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.

CIN: U85901MH199300072051
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(ए गवर्नमेंट ऑफ इंडिया कंपनी)
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Registration Card No. **XXXXXXXXXX** | Card No. | Issue Date | Validity Till

Card ID: **XXXXXXXXXX** | Card Type: **XXXXXXXXXX** | Status: **XXXXXXXXXX**

Cardholder Name: **XXXXXXXXXX** | Cardholder Address: **XXXXXXXXXX** | Cardholder Contact: **XXXXXXXXXX**

Fig b.2

Registration Card No. **XXXXXXXXXX** | Card ID: **XXXXXXXXXX** | Card Type: **XXXXXXXXXX**

Cardholder Name: **XXXXXXXXXX** | Cardholder Address: **XXXXXXXXXX** | Cardholder Contact: **XXXXXXXXXX**

ID	Doc Type	File Name	Verify	Remarks
1	2000 Card Photo	XXXXXXXXXX_2000_Card_Photo.jpg	<input checked="" type="checkbox"/>	Card Photo
2	2000 Card	XXXXXXXXXX_2000_Card.jpg	<input type="checkbox"/>	Card Photo
3	2000 Card Details	XXXXXXXXXX_2000_Card_Details.xml	<input type="checkbox"/>	Card Photo
4	2000 Card Details	XXXXXXXXXX_2000_Card_Details.xml	<input type="checkbox"/>	Card Photo
5	2000 Card Details	XXXXXXXXXX_2000_Card_Details.xml	<input type="checkbox"/>	Card Photo

Status: **XXXXXXXXXX** | Remarks: **XXXXXXXXXX**

Fig b.3

Registration Card No. **XXXXXXXXXX** | Card ID: **XXXXXXXXXX** | Card Type: **XXXXXXXXXX**

Cardholder Name: **XXXXXXXXXX** | Cardholder Address: **XXXXXXXXXX** | Cardholder Contact: **XXXXXXXXXX**

Card Details

Card No: **XXXXXXXXXX** | Service No: **XXXXXXXXXX**

Card Type: **XXXXXXXXXX** | Card Status: **XXXXXXXXXX**

Personal Information

Holder Name: **XXXXXXXXXX** | Holder Address: **XXXXXXXXXX**

Holder Contact: **XXXXXXXXXX** | Holder Email: **XXXXXXXXXX**

Holder DOB: **XXXXXXXXXX** | Holder Gender: **XXXXXXXXXX**

Holder Nationality: **XXXXXXXXXX** | Holder Religion: **XXXXXXXXXX**

Holder Marital Status: **XXXXXXXXXX** | Holder Education: **XXXXXXXXXX**

Holder Occupation: **XXXXXXXXXX** | Holder Income: **XXXXXXXXXX**

Holder Bank Name: **XXXXXXXXXX** | Holder Bank Account: **XXXXXXXXXX**

Holder Bank Branch: **XXXXXXXXXX** | Holder Bank Address: **XXXXXXXXXX**

Holder Bank Contact: **XXXXXXXXXX** | Holder Bank Email: **XXXXXXXXXX**

Holder Bank Website: **XXXXXXXXXX** | Holder Bank Logo: **XXXXXXXXXX**

Holder Bank Code: **XXXXXXXXXX** | Holder Bank Type: **XXXXXXXXXX**

Holder Bank Category: **XXXXXXXXXX** | Holder Bank Sub-Category: **XXXXXXXXXX**

Holder Bank Country: **XXXXXXXXXX** | Holder Bank Currency: **XXXXXXXXXX**

Holder Bank Branch Code: **XXXXXXXXXX** | Holder Bank Branch Name: **XXXXXXXXXX**

Holder Bank Branch Address: **XXXXXXXXXX** | Holder Bank Branch Contact: **XXXXXXXXXX**

Holder Bank Branch Email: **XXXXXXXXXX** | Holder Bank Branch Website: **XXXXXXXXXX**

Holder Bank Branch Logo: **XXXXXXXXXX** | Holder Bank Branch Code: **XXXXXXXXXX**

Holder Bank Branch Type: **XXXXXXXXXX** | Holder Bank Branch Category: **XXXXXXXXXX**

Holder Bank Branch Sub-Category: **XXXXXXXXXX** | Holder Bank Branch Country: **XXXXXXXXXX**

Holder Bank Branch Currency: **XXXXXXXXXX** | Holder Bank Branch Code: **XXXXXXXXXX**

Fig b.4

CM: U85901MH199300072001
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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*****

CIN: U85901MH199300072051
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