

# Login Process

Log on portal URL <http://member.paramounttpa.com/login.aspx>

The screenshot shows a web browser window with the URL <https://member.paramounttpa.com/Login.aspx>. The page content is as follows:

- Member Login** (Title)
- USER NAME** (Label) with an input field containing **ENTER USER**
- PASSWORD** (Label) with an input field
- GROUP CODE** (Label) with an input field containing **ENTER GROUP CODE**
- LOG IN** (Button)
- [Forgot Password?](#) (Link)
- REGISTER HERE** (Button)

At the bottom of the page, there is a copyright notice: © Copyright 2020 Paramount Health Group All Rights Reserved. Best viewed in Mozilla Firefox & Google Chrome @ resolution 1366 X 758.

A red arrow points from the **REGISTER HERE** button to a yellow box at the bottom right of the image containing the text: **Click on "Register Here"**

Get back to Log in

Click on group login

### Member Registration

GROUP LOGIN     Individual

EMPLOYEE ID

Put your employee ID

GROUP CODE

Put your group code

DATE OF BIRTH

DD/MM/YYYY

Put your DOB-DD/MM/YYYY

LOG IN HERE

REGISTER

Click on Register

Put your mobile number

Update Mobile No. & Email-Id

MOBILE NO:

EMAIL ID:

SUBMIT

REGISTER HERE

Click on Submit

Put your email ID

Registration Done Success fully. Login Credentials have been sent to your registered email-id and mobile no. Please login!!!

Put your user name

Member Login

USER NAME

ENTER USER

PASSWORD

Put your Password

GROUP CODE

ENTER GROUP CODE

Put your group code

LOG IN

Click on log in

Put your Password

Put your group code

Click on log in

# Glimpse Of Portal

Paramount Health Services & Insurance TPA Pvt. Ltd.  
IRDA License No: 006

Helpline No. +91 022 66620000  
Head Office, Thane West, Mumbai

Dashboard | Policywise Enrollment | Policywise Claims | Today's Health Tips | Downloadables | Hospital Network | Mobile App

Active Policy IPD Claims: 0  
Active Policy OPD Claims: 0

Policy No: H0220331

Cashless Issued Letters  
Queries raised during hospitalisation  
Deficiency / Reminder Letter  
OPD Deficiency / Reminder Letter  
Payment Advices  
Claim Documents (Only categorised)

DATA NOT AVAILABLE

Paramount Health Services & Insurance TPA Pvt. Ltd.  
IRDA License No: 006

Helpline No. +91 022 66620000  
Head Office, Thane West, Mumbai

Dashboard | Policywise Enrollment | Policywise Claims | Today's Health Tips | Downloadables | Hospital Network | Mobile App

Select Policy No.

Select Policy No.: H0220331 (From 01/01/2020 To 31/12/2020)

Submit | Reset | Upload Main Claim Documents (Expired Policy)

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# Glimpse Of Portal

The screenshot displays the web portal for Paramount Health Services & Insurance TPA Pvt. Ltd. The browser address bar shows the URL: [https://member.paramounttpa.com/Get\\_EnrollmentDetails.aspx](https://member.paramounttpa.com/Get_EnrollmentDetails.aspx). The page header includes the company logo, IRDA License No: 006, Helpline No: +91 022 66620808, and Head Office: Thane West, Mumbai. A navigation menu contains links for Dashboard, Policywise Enrollment, Policywise Claims, Today's Health Tips, Downloadables, Hospital Network, and Mobile App. The main content area features a 'Select Policy No.' dropdown menu with 'Submit', 'Reset', and 'Upload Main Claim Documents (Expired Policy)' buttons. Below this is the 'Enrollment Information' section, which displays the following details:

Employee Name :	Employee No. :	PHS ID :
Beneficiary Name :	Relation : Employee	Gender : Male
Age : 59	Date of Birth :	
Policy Number :	Policy Period : 01/01/2020 To 31/12/2020	Ecard :

At the bottom of the enrollment information, there are several buttons: 'Intimate Claim', 'Upload Main Claim Document (IPD)', 'Upload deficiency docs', 'Policy Details', and 'Reimbursement Claim Form'. Two red arrows point from yellow callout boxes below to the 'Upload Main Claim Document (IPD)' and 'Upload deficiency docs' buttons.

Click on upload main claim documents

Click on upload deficiency claim documents

# Glimpse Of Portal

https://dms.paramounttpa.com/Corporate/fml/LoginUploadDoc.aspx?type=PO&Type=Main&frm=M...

To: Paramount Health Services & Insurance Pvt.Ltd. (Branch)

Declaration

File Type:  Main  Employee No

PHS ID:

Physical file submission Branch:  [Select Branch](#)

**Click on employee No**

I hereby declare that I shall not produce or claim the physical copy of the electronically submitted claim documents submitted to Paramount Health Services & Insurance TPA Pvt.Ltd (attached herewith) at any other Insured TPA for whatsoever reason except in case where Sum Insured available (incl. bonus) in present insurance policy is not sufficient to cover claim amount fully and I have other insurance policy lies to cover balance claim amount from either same or different insurer wherein certified copy of same claim documents will be produced without any malafide intent to claim the amount twice.

I shall ensure that the hard copy of claimed hospitalization documents shall be retained for the period of one year from the date of the Claim submitted in the secured and intact manner.

I undertake that I shall produce/submits these retained claim files to Paramount Health Services & Insurance TPA Pvt.Ltd as and when asked for.

I further assure that I shall reimburse or indemnify Insurance Company for the claim amount in case of fraudulent, duplicate, forged and manipulated claim submission or if this self declaration found untrue and dishonest.

Sincerely,

Name & Signature of the Claimant

Place:-  
Date:-

Note:-  
1. This declaration for scanned claim documents submission is valid only for the period upto 15th April 2020.  
2. All claim documents shall be self attested and to be submitted along with the signed declaration and self attested Identity Proof.

https://dms.paramounttpa.com/Corporate/fml/LoginUploadDoc.aspx?type=PO&Type=Main&frm=M...

To: Paramount Health Services & Insurance Pvt.Ltd. (Branch)

Declaration

File Type:  Main  Employee No

PHS ID:

Group Code:

Physical file submission Branch:

**Click on Proceed**

**Regional Branch**

I do hereby solemnly affirm and declare as under that:

I (GNANESHAN DAS) GNFA hereby undertake that I am a Policyholder of PFCU Take General Insurance Company Ltd. insurance company, having insurance Policy with No. H0238001.

I hereby declare that I shall not produce or claim the physical copy of the electronically submitted claim documents submitted to Paramount Health Services & Insurance TPA Pvt.Ltd (attached herewith) at any other Insured TPA for whatsoever reason except in case where Sum Insured available (incl. bonus) in present insurance policy is not sufficient to cover claim amount fully and I have other insurance policy lies to cover balance claim amount from either same or different insurer wherein certified copy of same claim documents will be produced without any malafide intent to claim the amount twice.

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# Glimpse Of Portal



- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- [Click Here](#) to see how to browse and upload scanned documents.

File Type :  Main  Deficiency

PHM ID  Employee No

Employee No :

Group Code :

Physical file submission Branch :

Select	Information of Insured	Policy Information
<input type="radio"/>	<input type="text"/> Gender : <input type="text"/> Relation : Employee	<a href="#">Upload Dental/Pediatric Documents</a> Policy Period : 01/01/2020 to 31/12/2020

Click on Select



Click on select (All documents in original)

Select Document Type:

How many documents you want to upload:

Submit Cancel

Put total number of documents -1, or 2 or 5 or 10 or 100 etc.

Click on submit

# Glimpse Of Portal



- Please do not upload scanned documents page by page.
- Select all scanned documents and upload at once in pdf format.
- [Click Here](#) to see how to browse and upload scanned documents.

File Type :  Main  Deficiency

PHM ID  Employee No

Employee No :

Group Code :

Physical file submission Branch :

Browse your documents (not more than 800KB per document and all should be in PDF format) and select all in one time

you may Google to resize your PDF document , however how to resize pdf document in next slide.

Click on save documents

Upload pdf format documents only

Select File  No files selected.

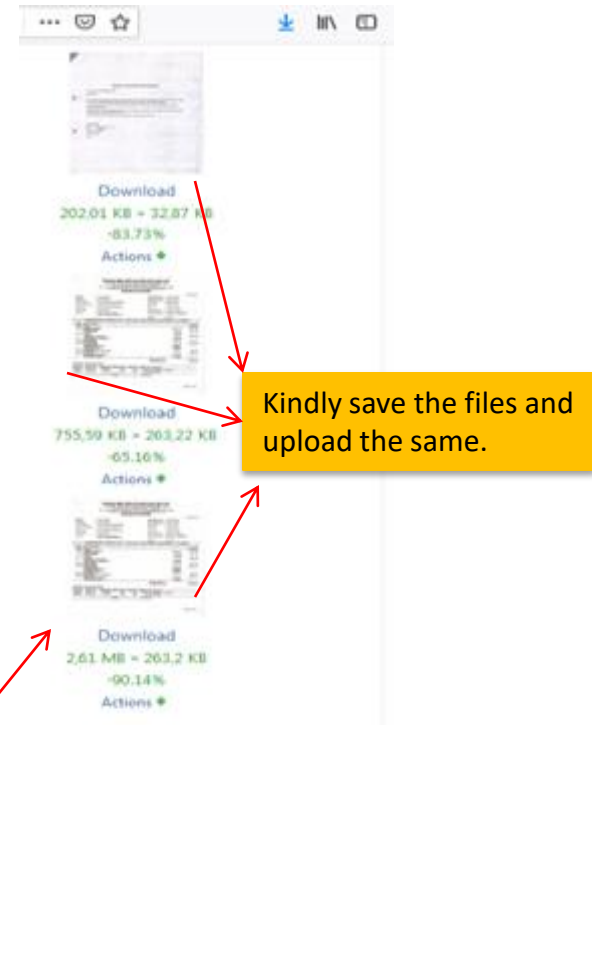
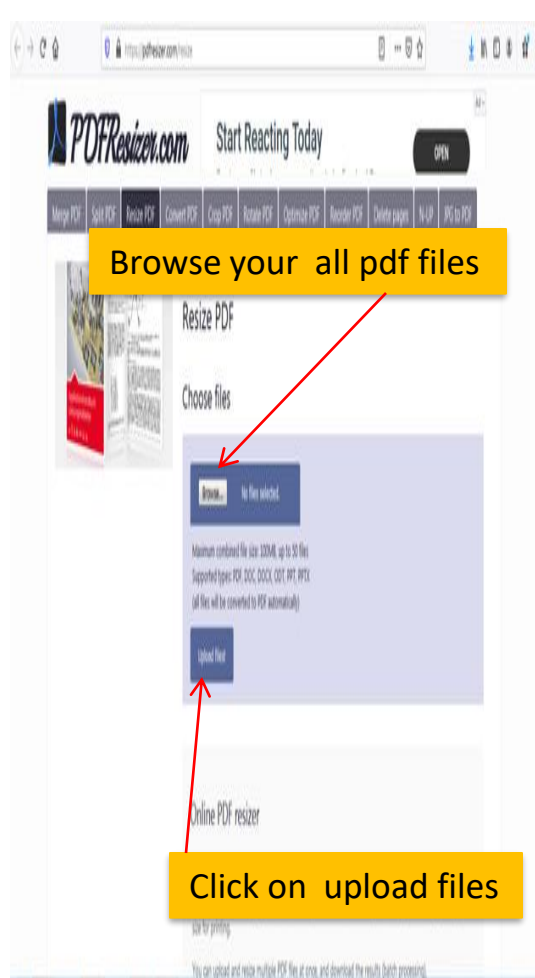
Documents has been uploaded successfully ! and inward no is :1111111

Select	Information of Insured	Policy Information
<input checked="" type="checkbox"/>	Name : <input type="text"/> Age : <input type="text"/> PHS ID : E Gender : <input type="text"/> Relation : Employee	<a href="#">Upload Partial Deficiency Documents</a> Policy Period : 01/01/2020 to 31/12/2020

Share your inward number to concern CRM Team.



# How to resize PDF file-click on- <https://pdfresizer.com/resize>





Thank You