

Tele : 25683476  
Mil: 36833

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

B/49769/AG/ECHS

23 Aug 2021

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

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

1. Online Bill Processing had been taken up as a pilot project in 2012. Consequently it was operationalised PAN India during 2015. With a Govt mandated Bill Processing Agency UTI-ITSL carrying out verification/scrutiny in the portal subsequent to uploading of bills by the HCOs or by respective parent Polyclinic.
2. With the gained experience of the online bill processing and with feedback received from environment, Central Org ECHS 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: [echsbpa.utiitsl.com](http://echsbpa.utiitsl.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. The option to submit 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 ESM and spouse cannot be combined.
  - (b) Hard copies of the documents uploaded alongwith signed contingent bill will be submitted to parent Polyclinic within 15 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 ECHS beneficiaries and their dependants for their benefit. This is expected to ease the procedure for submission of claims as also reduce the footfall at polyclinic.

6. This has the Approval of MD CO ECHS.



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

**Copy to :-**

MoD (DoESW)  
CGDA  
UTI-ITSL (BPA)  
HDCPL

}

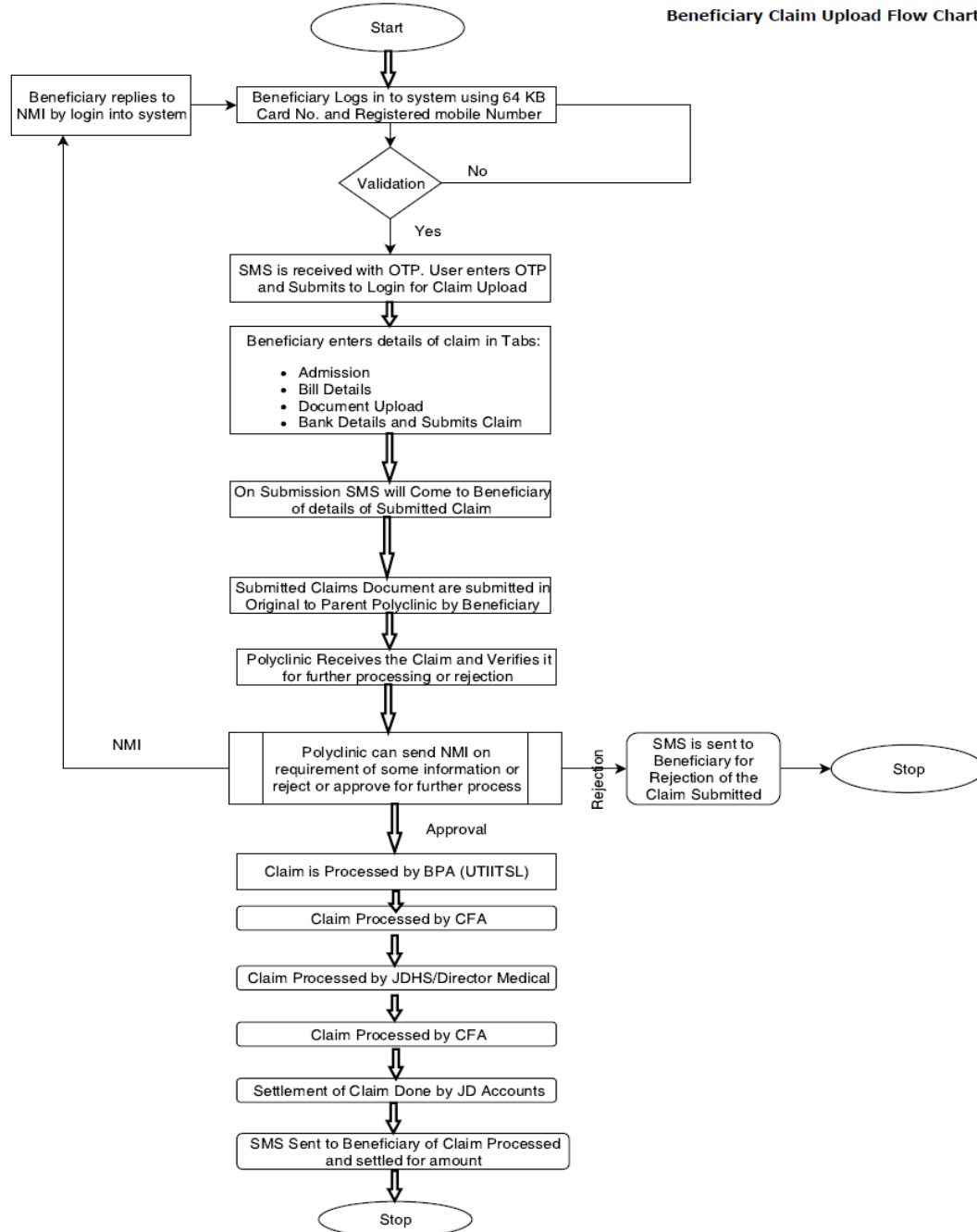
- for info pl.

**Internal**

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



Beneficiary Claim Upload Flow Chart



CIN: U65991MH1993GOI072051

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## **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](http://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 cancelled cheque. 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

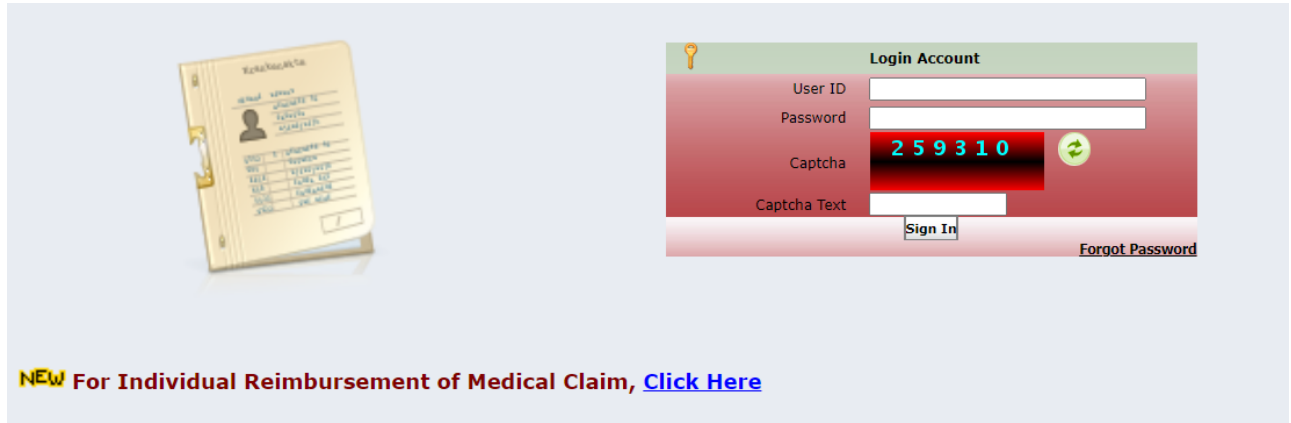
- ECHS Card Copy
- Prescription for investigation
- Sanction letter for Investigation
- Bill
- Reports
- Copy of cancelled cheque. Required only first time the claim is uploaded

(c) NA / Pharmacy Reimbursement

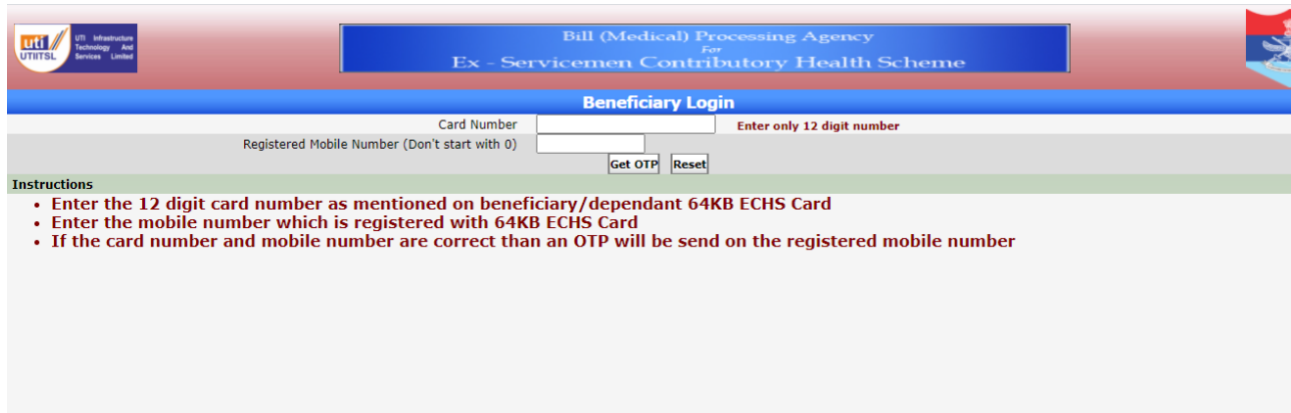
- ECHS Card Copy
- Prescription
- Bill
- Copy of cancelled cheque. Required only first time the claim is uploaded

▪ NA Certificate

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.utiitsl.com>
  - Click the link



- 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.



**Beneficiary Login**

Card Number  Enter only 12 digit number

Registered Mobile Number (Don't start with 0)

**Instructions**

- Enter the 12 digit card number as mentioned on beneficiary/dependant 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

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- Enter the OTP received on mobile number.
- After login click the Member Claim> New Claim as shown in the Screen below.  
Select the type of Reimbursement and submit

Menu	Type of Reimbursement
<p>Member Claims</p> <p>▶ New Claim</p> <p>Claims Pending for Submission</p> <p>NMI Claims</p>	<p>Type Of Claim</p> <p><input checked="" type="radio"/> Out-Patient</p> <p><input type="radio"/> Pharmacy</p> <p><input type="radio"/> In-Patient</p> <p>Submit</p>

- 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.

Member Claims	Claim ID /Patient Name	New Member Claim	Claim Type	Out-Patient
<p>▶ New Claim</p> <p>Claims Pending for Submission</p> <p>NMI Claims</p>	<p>Patient Details   <b>OPD Details</b>   Bill Details   ESM Bank Details</p>			
<b>Card Details</b>				
* Card ID		XXXXXXXXXX	* Service No.	XXXXXXXXXX
* Name Of ESM		XXXXXXXXXX	* Rank	Hony Sub Lt (IN)
* Service		Navy	* Category	Semi-Private
* Card Type		Pensioner		
<b>Personal Information</b>				
* Relation with Card Holder		Spouse	Gender	Female
* Patient Name		KAMALA VERMA	* Age	64
* Address		NEW COLONY BARROD		
* City		BEHROR	Pincode	301020
* State		Rajasthan	Email	XXXXXXXXXX@MAIL.COM
* Mobile (Don't start with 0)		XXXXXXXXXX OR	Phone	

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

Menu	Member Bill Submission
<p>Member Claims</p> <p>▶ New Claim</p> <p>Claims Pending for Submission</p> <p>NMI Claims</p>	<p>Claim ID /Patient Name</p> <p>New Member Claim</p> <p>Claim Type</p> <p>Out-Patient</p> <p>Patient Details   <b>OPD Details</b>   Bill Details   ESM Bank Details</p> <p>Help</p> <p>Type Of Claim</p> <p>Out-Patient</p> <p>Hospital/Diagnostic Center Name</p> <p>OPD Visit Date</p> <p>Hours   Hr   Mins   Mn</p> <p>Reason Of OPD Visit</p>

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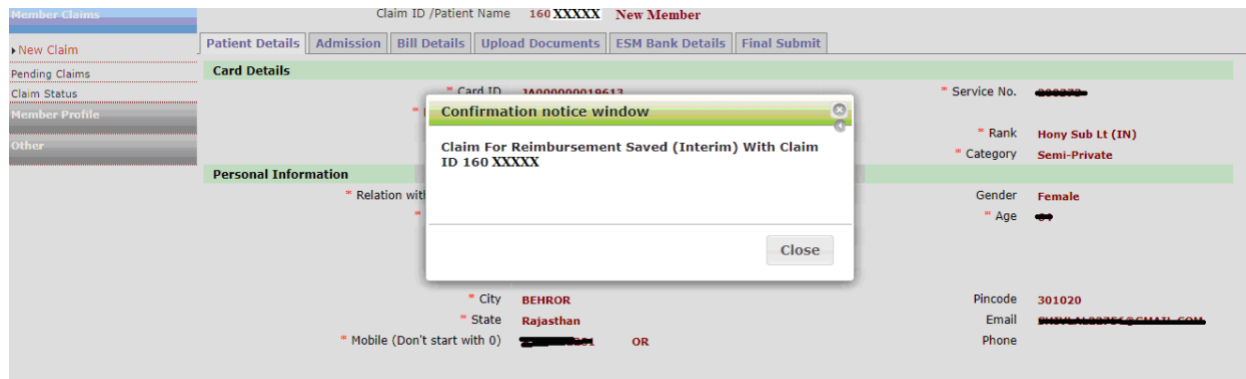
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Once all the details are filled user has to click the button “Save and Continue”. This click will save the claim with Interim Claim ID.

➤ 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								
Member Claims		Current Page								
	Sr.	ID	Region	Hospital	Patient	Type	Claim Amt	Mobile No.	Days	
New Claim	Re-imbursement									
Pending Claims	1	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
Claim Status	2	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
Member Profile	3	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
Other	4	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
	5	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
	6	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
	7	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	
	8	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	100	XXXXXXXXXX	0	
	9	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0	

➤ 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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Member Claims		Claim ID /Patient Name	XXXXXXXXXXXX			Claim Type	Out-Patient
New Claim		Patient Details   OPD Details   Bill Details   Upload Documents   ESM Bank Details   Final Submit					
Claims Pending for Submission		<a href="#">Help</a>					
NMI Claims		<input type="radio"/> * ECHS Card Copy 1 <input type="radio"/> * Prescription Slip 1 <input type="radio"/> Sanction/Waiver letter <input type="radio"/> * Bill Details 1 <input type="radio"/> * Medical Reports 1 <input type="radio"/> * Cancelled Cheque (Reimbursement) 1 <input type="radio"/> Contingent Bill <input type="radio"/> Others 1					
		Choose File   No file chosen				Upload (File size limit )	
Sr	Document Type	File Name	File Size	Date			
1	ECHS Card Copy	16086674_S_ECHS Card.pdf	43 KB	20/08/2021 10:05:37			
2	Medical Reports	16086674_S_Medical Reports.pdf	43 KB	20/08/2021 10:05:44			
3	Prescription Slip	16086674_S_Prescription Slip.pdf	43 KB	20/08/2021 10:05:52			
4	Cancelled Cheque (Reimbursement)	16086674_S_Cheque.pdf	43 KB	20/08/2021 10:05:59			
5	Bill Details	16086674_S_Bill.pdf	43 KB	20/08/2021 10:06:08			
6	Others	16086674_S_FIR.pdf	43 KB	20/08/2021 10:09:23			

- After this click the tab ESM Bank Details and enter the account details. The account details needs to be filled for the first time for a card holder. For next submission of the claim it will be pre-filled and if the user wants to modify it they can do by clicking the check box for changing the bank details.

Menu		Member Bill Submission		
Member Claims		Claim ID /Patient Name	XXXXXXXXXXXX	
New Claim		Patient Details   OPD Details   Bill Details   Upload Documents   ESM Bank Details   Final Submit		
Claims Pending for Submission		<a href="#">Help</a>		
NMI Claims		<input type="checkbox"/> Tick the box for changing the bank details		
		Bank Name	Axis Bank	
		Branch	Vashi	
		IFSC Code	UTIB0000072	
		MICR Code	400000722	
		Name As Appearing In Bank Account	XXXXXXXXXXXX	
		Account Number	XXXXXXXXXXXX	
		Confirm Account Number	XXXXXXXXXXXX	

- After filling all the details go to the Final Submit tab. Download the contingent bill in the pre-filled format and take the print out of it to be submitted with Hard Copy of the original bill to the Polyclinic. Read the disclaimer and select the check box and Click Final Submit button to submit the claim fully and note the Claim ID for checking its status.

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**Menu** **Member Bill Submission**

Member Claims Claim ID /Patient Name: XXXXXXXXXXXX Claim Type: Out-Patient

Patient Details | OPD Details | Bill Details | Upload Documents | ESM Bank Details | Final Submit

New Claim  
▶ Claims Pending for Submission  
NMI Claims

By clicking on this box 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.

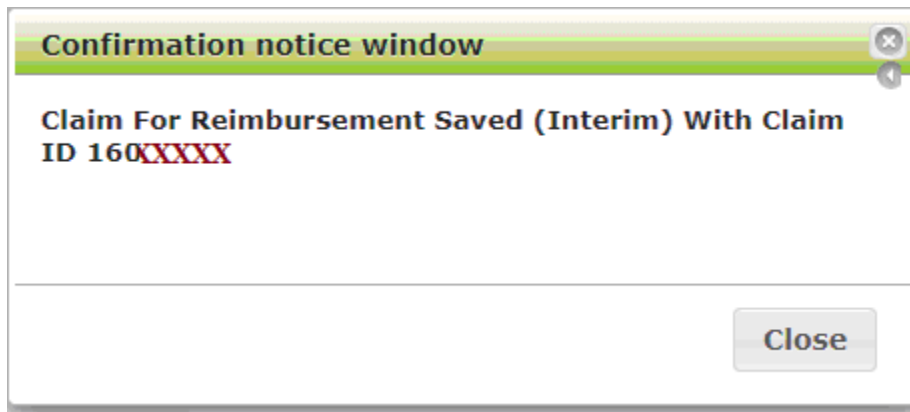
**Download Contingent Bill**

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

For downloading the pre-filled Contingent Bill

Final Submit

➤ A final message will come on screen like this.




To check the status of the Claim:

Go to [www.echsbpa.utiitsl.com/ECHS](http://www.echsbpa.utiitsl.com/ECHS) and click Beneficiary Claim Status

**Menu**

**External Links**

Ex-Servicemen Health Scheme  
ECHS SOP  
Beneficiary Claim Status  
Hospital Details  
Beneficiary Login



**Login Account**

User ID:

Password:

Captcha: 758231

Captcha Text:

Sign In Forgot Password

CIN: U65991MH1993GOI072051

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Enter the Service No. and Claim ID, CAPTCHA Text and Submit.

Beneficiary Reimbursement Claim Status Query	
* Service Number	<input type="text"/> <small>Enter just numeric part of the service number. For eg. if it is 'AB78698N' just enter 7869</small>
Criteria	<input checked="" type="radio"/> Claim ID <input type="radio"/> Card ID
* Claim ID	<input type="text"/>
Captcha	
* Captcha Text	<input type="text"/>
<input type="button" value="Submit"/>	
<ul style="list-style-type: none"><li>* Indicated mandatory fields</li><li>Please note that search will be based on the service number and card number as entered by polyclinic at the time of submission of claim</li></ul>	

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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.

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Menu	Document Receiving
Intimation	Current Page
Activities	Claim ID <input type="text"/>
MIS Reports	Card Id (just enter the number) <input type="text"/>
Reimbursement	<input type="button" value="Search"/>
Member Claims	
Receive Documents	
Document Verification	
Other	

Fig a.1

Menu	Claim List Filter	Current Page	Sr.	Claim ID	Hospital	Card ID	Patient Name	Select	Received On
Intimation			Re-imbusement						
Activities			1	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
MIS Reports			2	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
Reimbursement			3	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
Member Claims			4	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
Receive Documents			5	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
Document Verification			6	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
Other			7	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
			8	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
			9	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
			10	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
			11	16 XXXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received

Fig a.2

## (b) Verification of Documents

This allows the user to open the documents by clicking on the File Name of the document, select verify, and select remarks for all documents.

Menu	Member Document Verification
Intimation	Current Page
Activities	Claim ID <input type="text"/>
MIS Reports	Card Id (just enter the number) <input type="text"/>
Reimbursement	<input type="button" value="Search"/>
Member Claims	
Receive Documents	
Document Verification	
Other	

Fig b.1

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Intimation	Verification List <span>Current Page</span>					
Activities	Sr.	Claim ID	Hospital	Card ID	Patient Name	Received On
MIS Reports	1	16086595	Echs Polyclinic - Behror	JA00000019613	Kamala Verma	11/07/2021
Reimbursement						
Member Claims						
Receive Documents						
Document Verification						
Other						

Fig b.2

Intimation	Verification List <span>Document Verification</span> <span>Current Page</span>					
Activities	Claim ID /Patient Name 16 XXXXX Member Name					
Reports	Patient Details   Verify Docs   Admission   Bill Details   ESM Bank Details					
Reimbursement	Download All The Uploaded Documents					
Member Claims	Sr	Doc.Type	File Name	Verify	Remarks	
Receive Documents	1	ECMS Card Copy	16086595_S_ECMS_Card_Copy.pdf	<input checked="" type="checkbox"/>	Select Remarks	
Document Verification	2	Bill Details	16086595_S_Hospital_Bill.pdf	<input type="checkbox"/>	Select Remarks	
	3	Discharge Summary	16086595_S_Hospital_Discharge_Summary.pdf	<input type="checkbox"/>	Select Remarks	
	4	Cancelled Cheque (Reimbursement)	16086595_S_online_bill_processing.pdf	<input type="checkbox"/>	Select Remarks	
	5	Medical Reports	16086595_S_Hospital_Lab_Reports.pdf	<input type="checkbox"/>	Select Remarks	
	Status <input type="text" value="Select Status"/>					
	Remarks <input type="text"/>					

Fig b.3

Menu	Verification List <span>Current Page</span>					
Intimation	Claim ID /Patient Name XXXXXXXXXXXXXXXX Claim Type Out-Patient					
Activities	Patient Details   Verify Docs   OPD Details   Bill Details   ESM Bank Details					
MIS Reports	<b>Card Details</b>					
Reimbursement	* Card ID	XXXXXXXXXXXX	* Service No.	XXXXXXXXXXXX		
Member Claims	* Name Of ESM	XXXXXXXXXXXX	* Rank	Hony Sub Lt (IN)		
Receive Documents	* Service	Navy	* Category	Semi-Private		
Document Verification	* Card Type	Pensioner				
Other	<b>Personal Information</b>					
	* Relation with Card Holder	Spouse	Gender	Female		
	* Patient Name	XXXXXXXXXXXX	* Age	64		
	* Address	NEW COLONY BARROD				
	* City	BEHROR	Pincode	XXXXXXXXXXXX		
	* State	Rajasthan	Email	XXXXXXXXXXXX@MAIL.COM		
	* Mobile (Don't start with 0)	XXXXXXXXXXXX	Phone			
	Status	<input type="text" value="Select Status"/>				
	Remarks	<input type="text" value="Select Status"/>				
		Approved Need More Info Rejected				

Fig b.4

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यूटीआई इन्फ्रास्ट्रक्चर टेक्नोलॉजी एण्ड सर्विसेज लिमिटेड  
(भारत सरकार की एक कंपनी)

**UTI Infrastructure Technology And Services Limited**  
(A Government of India Company)

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\*\*\*\*\*

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