

Esteem Hospital Cash Claim Process

Health Insurance Partner Name: Aditya Birla Health Insurance Co. Limited

Customer can claim the insurance by clicking on the link given below:

<https://www.adityabirlacapital.com/healthinsurance/reimbursement-claims>

The claim shall be submitted within 45 days of discharge from the hospital.

Process Flow

Step 1: Click on the link given above.

Step 2: Select option “Reimbursement Claims” & click on “Submit a Claim”



Step 3: Enter registered mobile number

Aditya Birla Health Insurance Co. Limited

To raise a claim

Simply enter your Policy Number, or Mobile Number to view your policy information

☒ Mobile Number ☐ Email ID ☐ Policy Number

Mobile Number

Enter Mobile Number

Submit

Need Help?

Find your answers Claim Process

Check our FAQs > How to register?

Step 4: Verify with OTP

Aditya Birla Health Insurance Co. Limited

OTP verification

Enter the OTP to confirm your identity and move forward.

Enter OTP

Resend OTP in 00:28s

Verify OTP

Need Help?

Find your answers Claim Process

Check our FAQs > How to register?

Step 5: Select active policy and click Submit

Aditya Birla Health Insurance Co. Limited

Select member

Choose your preferred method to receive the OTP for verifying your identity.

L**A T*****N Active

Mobile Number : 9*****86

Email ID :

Policy No. : 6HI-XX-25-XXXXXX32-X00

Submit

Step 6: Select “Reimbursement Claim”

Raise New Claim

Select Claim Type Track My Claims

Cashless Claim

You take the treatment in our network hospital and we pay for your expenses directly to the hospital.

Reimbursement Claim

You pay the hospital bills first and we pay the compensation amount later.

Pre-Post Hospitalisation Claim New

Pre post claims can be realised against settled claims only.

Step 7: Select Details

- Policy number (displayed on default)
- Select a member from drop-down
- Select Cover Name: "Hospital Cash" and click Next

Aditya Birla Health Insurance Co. Limited

Reimbursement Claim Submission

1 Member Details
2 Hospital Details
3 Documents Upload
Complete

Select the policy and member name for which you want to raise the claim

Policy *
GHI-71-25-10816932-000

Select a Member *

Cover Name *
Hospital Cash

Next

Step 8: Enter Hospital Details & Admission Details

Aditya Birla Health Insurance Co. Limited

Reimbursement Claim Submission

✓ Member Details
2 Hospital Details
1 Documents Upload
Complete

Enter the details of the hospital and treatment

Enter State *
Kerala

Hospital Name *
Medical Centre

Hospital Email *
MHC@gmail.com

Enter City *
Kottayam

Step 9: Upload the required documents listed below:

- Discharge Summary
- Hospital Bill
- KYC Documents
- Bank Account Details (Passbook front page/Cancelled cheque)
- Accident-related claims: MLC report, FIR, police closure (if applicable)

Aditya Birla Health Insurance Co. Limited

Reimbursement Claim Submission

✓ Member Details
✓ Hospital Details
3 Documents Upload
Complete

Upload Documents *

Upload your files

In case you don't upload the claim document, you will need to courier us the documents for the claim reimbursement.

Proposer KYC Details

PAN *

Maternity

Claim Amount (Tentative) *
4000

Name of Disease *
Fewer

Do you want to Claim for any additional benefits?
☐ Yes ☒ No

Currently covered by any other Mediclaim / Health Insurance?
☐ Yes ☒ No

Back

Next

Proposer KYC Details

Date of Birth *
12/12/1980

Proposer Account details

Account Holder Name *

Account No. *
123456789

IFSC Code *
SBIN0000012

Bank Name *
STATE BANK OF INDIA

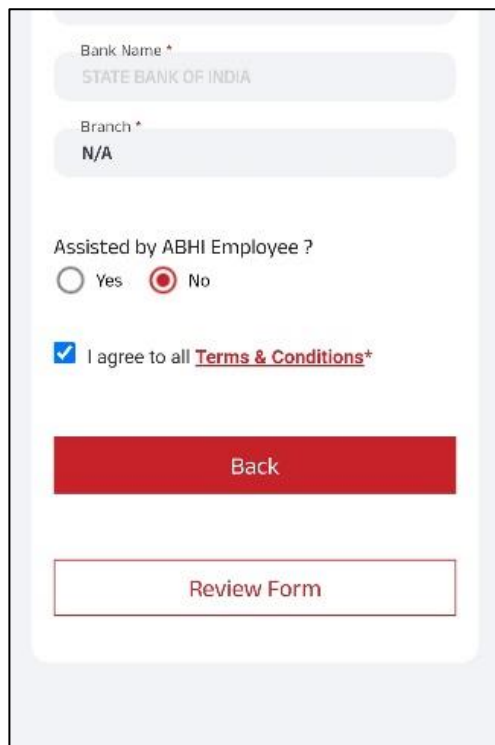
Branch *
N/A

Assisted by ABHI Employee ?
☐ Yes ☒ No

I agree to all Terms & Conditions*

Back

Step 10: Click on Review Form & click on Submit Button



A screenshot of a mobile application form. At the top, there are two input fields: 'Bank Name *' with the text 'STATE BANK OF INDIA' and 'Branch *' with the text 'N/A'. Below these is a section titled 'Assisted by ABHI Employee ?' with two radio buttons: 'Yes' (unselected) and 'No' (selected). Underneath is a checkbox labeled 'I agree to all [Terms & Conditions*](#)' which is checked. At the bottom of the form are two buttons: a red 'Back' button and a white 'Review Form' button with a red border.

Track Claim: Claim Number will be displayed on the screen and mailed to your registered email after claim submission. You will be able to track the claim through the option available in the first page in the link.

For any queries related to claim you may contact ABHIC's call centre- **18002707000** or email- healthinsurance@adityabirlacapital.com

