



RGHS Reimbursement Software Application User Guide for Beneficiaries

20th Mar 2022





Important Note:

The Reimbursement request will be considered in case of Emergency and Referral only

Conditions:	IPD, Day Care and OPD
Validity:	Bills after 01.10.2021 will be accepted
Eligibility:	All RGHS Card holders

SSO Log in Page



❖ **Login through SSO ID:** User shall login through their respective SSO ID and password.

Rajasthan Single Sign On v23
One Digital Identity for all Applications

English | हिन्दी

G2G APPS
246

G2C/ G2B APPS
159

IDENTITIES
33737000

Login | Registration

Digital Identity (SSOID/ Username)
Digital Identity (SSOID/ Username) is required

Password
Password is required

7 8 9 7 1 4 Enter Captcha

Login

- I Forgot my Digital Identity (SSOID). [Click Here](#)
- I Forgot my Password. [Click Here](#)
- I have multiple SSOIDs [Click here to merge](#)

ification (authentication only) is mandatory for all state govt. employees. If your mobile number and/ or email address is not updated in Aadhaar (UID)/ Bhamashah/ JanAadhaar, please update at nearest Emitra Kiosk.

Site designed, developed & hosted by Department of Information Technology & Communication, Government Of Rajasthan
Helpdesk Details | Website Policies | Password Policy | FAQ | Sitemap
1,48,15,93,175 | 37,38,334

RGHS Icon Page



- ❖ **Link for RGHS (Icon):** RGHS icon will be displayed on SSO website, On clicking on RGHS icon which redirects user towards the RGHS menu page for **Reimbursement**.

RAJASTHAN SINGLE SIGN ON v12.9
GOVERNMENT OF RAJASTHAN

Citizen Apps (G2C)

Recent Apps

RGHS

CLEAR RECENT APPS

Active Apps

Bill Payments

Development Apps

HELPDESK

Menu Page



- ❖ **Reimbursement** : User to click on “**Reimbursement**” Tab to proceed towards Reimbursement Request process in Rajasthan Government Health Scheme.

OPD Prescription Upload

Support Module

District Wise Report



Duplicate Payment in Floats



Serving/Pensioner Data Report



Empanelment Report



One Time DBT for Pensioner



Claims and Payments Monthly Report



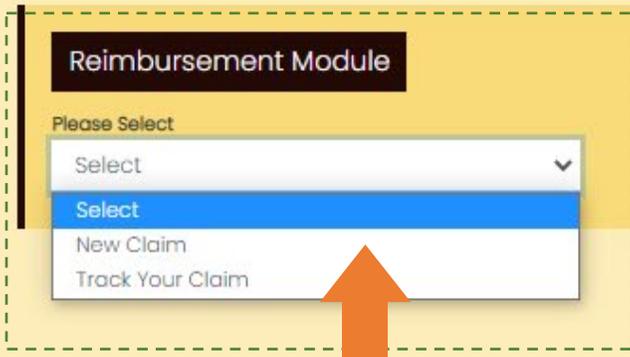
Reimbursement



Reimbursement Module Page (1/8)



- ❖ **Reimbursement Module:** User can select “**New Claim**” option from the dropdown to file the request for new reimbursement
- ❖ User can select “**Track Your Claim**” from the dropdown to know about the current status of submitted claim.



Reimbursement Module Page: New Claim (2/8)



- ❖ **STEP 1:** User must fill all the mandatory and non-mandatory information under the “**Basic Details**” section and scroll down on the same page to fill “**Details of Claim**”

← Back

Reimbursement Module

Please Select

New Claim

Basic Details

RGHS Card Number

Patient Relationship with RGHS card Holder

Bank Account Number *

IPD Used Amount

OPD Balance

Patient Name *

Select

Employee Category

Branch Address *

IPD Balance

As per rule applicable

Beneficiary E-Mail

Beneficiary Bank Name *

IFSC Code *

OPD Limit

Not Eligible

Beneficiary Mobile No *

Name of Beneficiary *

IPD Limit

As per rule applicable

OPD Used Amount

Reimbursement Module Page: New Claim (3/8)



- ❖ **STEP II: (In Case of IPD/Daycare)** User will fill all the mandatory and non-mandatory information under the “**Details of Claim**” section and scroll down on the same page to fill “**Itemwise Details**”

Details of Claim

Type of Reimbursement *
IPD / Daycare

Type of cases *
Select

Type of treatment *
Select

Hospital Name *

Address *
Hospital Contact

State *
Select State

District *
Select District

Place *
Pincode

Doctor Name *

Date of Admission

Date of Discharge

Reason for not availing the cashless facility in RGHS empanelled Hospital

Reimbursement Module Page: New Claim(4/8)



❖ **STEP III: (In Case of IPD/Daycare)** User will enter item-wise amount under the “Itemwise Details” section and upload all the mandatory documents on the right-side of the same screen “Upload Documents” (In Case of IPD/Day Care)

Itemwise Details ← 1

ICU/Room Charges	<input type="text"/>
Doctor Visit / Consultation Charges	<input type="text"/>
Investigation Charges	<input type="text"/>
Surgery Charges	<input type="text"/>
Blood Charges	<input type="text"/>
Other Procedure Charges	<input type="text"/>
Implant Charges	<input type="text"/>
Medicine Charges	<input type="text"/>
Other Bills	<input type="text"/>
Amount as per Items	<input type="text"/>

Upload Documents ← 2

- Submitted Prescription No file chosen
- Medical Bills No file chosen
- Submitted Reports & Investigations No file chosen
- Cancelled Cheque No file chosen
- Discharge Summary No file chosen
- Detailed Bill No file chosen
- Payment Receipt No file chosen

Reimbursement Module Page: New Claim(5/8)



❖ **STEP II & III: (In Case of OPD)** User will select **OPD** to fill all the mandatory and non-mandatory information under the “**Details of Claim**” section and scroll down on the same page to fill “**Itemwise Details**” and “**Upload Documents**”

Details of Claim

Type of Reimbursement *
OPD
Select
IPD / Daycare
OPD

District *
Jaipur

Date of Admission
04-03-2022

Type of cases *
Emergency

Address *
Jaipur

City *
Jaipur

Date of Discharge
04-03-2022

Case Subtype
SWIN FLU

Hospital Contact
9311111088

Pincode *
300005

Reason for not availing the cashless facility in RGHS empanelled Hospital
Emergency Case

Type of treatment *
Non Surgical

State *
Rajasthan

Doctor Name *
Piyush

Itemwise Details

Doctor Visit / Consultation Charges	135
Investigation Charges	1800
Medicine Charges	1430
Amount as per Items	3365

Upload Documents

- Submitted Prescription Test1.pdf
- Medical Bills Test1.pdf
- Submitted Reports & Investigations Test1.pdf

Reimbursement Module Page: New Claim (6/8)



❖ **STEP IV:** User will verify the **“Total Amount to be Claimed”** shown automatically based on amount filled in Step III **“Itemwise Details”** and Click on the consent tab to **“Submit”** the Reimbursement form

The screenshot displays a form with a yellow background. At the top, a dark grey box contains the text "Total Amount to be claimed". Below this, a white input field also contains "Total Amount to be claimed". A dashed green box highlights the consent section, which includes a checkbox and the text "I do hereby declare that all information provided above is true. I give my consent to receive the claim amount as per terms and conditions of RGHS policy." Below the consent text is a dark grey button with a white checkmark and the text "Submit". Three numbered arrows indicate the flow: arrow 1 points to the input field, arrow 2 points to the consent checkbox, and arrow 3 points to the "Submit" button.

Reimbursement Module Page: New Claim(7/8)



❖ **STEP V:** User need to click on “**OK**” tab for final submission.

103.203.139.247 says
Are you sure want to submit ?

OK Cancel

Investigation Charges	2500
Surgery Charges	4500
Blood Charges	700
Other Procedure Charges	4500
Implant Charges	21700
Medicine Charges	6853
Other Bills	4873
Amount as per Items	58658

Strengthening Com... Other bookmark

Choose File Test1.pdf
file uploaded Successfully
Choose File Test1.pdf
Choose File Test1.pdf
Choose File Test1.pdf
Choose File Test1.pdf

➤ Detailed Bill
➤ Payment Receipt

Total Amount to be claimed

Total Amount to be claimed	58658
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I do hereby declare that all information provided above is true. I give my consent to receive the claim amount as per terms and conditions of RGHS policy.

Reimbursement Module Page: New Claim(8/8)



❖ **STEP VI** : Once the User will click on submit tab, a Pop-up message with Reimbursement ID will reflect on his/her screen and user will receive SMS/Email notification on the registered mobile number and e-mail address.

Investigation Charges	2500	Submitted Reports & Investigations	Choose File	Test1.pdf
Surgery Charges	4500	Cancelled Cheque	Choose File	Test1.pdf
Blood Charges	700		Choose File	Test1.pdf
Other Procedure Charges	4500		Choose File	Test1.pdf
Implant Charges	21700		Choose File	Test1.pdf
Medicine Charges	6853			
Other Bills	4873			
Amount as per Items	58658			

SUCCESS

Congratulations !
Claim form has been successfully submitted. Your Reimbursement Id is
.REM3550321172543

Close

Total Amount to be claimed	
Total Amount to be claimed	58658

I do hereby declare that all information provided above is true. I give my consent to receive the claim amount as per terms and conditions of RGHS policy.

Submit

Reimbursement Module Page: Track Your Claim (1/1)

❖ **Reimbursement Module:** User can select “Track Your Claim” from the dropdown to know about the current status of **New** submitted claim.

← Back

Reimbursement Module

Please Select

Track Your Claim ▼
Select
New Claim
Track Your Claim

Track Claim By

Status ▼

Status

New ▼

Q Search

Your claim list

S No	Reimbursement Id	Patient Name	Claim Amount	Status	Claim Date	View Application
1	REM3550321172543	Nemi Chand Gupta	Rs. 58658	New	21-03-2022	View
2	REM3550316105535	Sushila Gupta	Rs. 405	New	16-03-2022	View
3	REM3550316105147	Sushila Gupta	Rs. 882	New	16-03-2022	View
4	REM3550316103056	Sushila Gupta	Rs. 1309	New	16-03-2022	View
5	REM3550316101250	Nemi Chand Gupta	Rs. 6650	New	16-03-2022	View
6	REM3550316094530	Sushila Gupta	Rs. 999	New	16-03-2022	View

Thank You

