



**Healthcare**  
your business deserves

# IHP Mobile Application Guide



# IHP Mobile Application



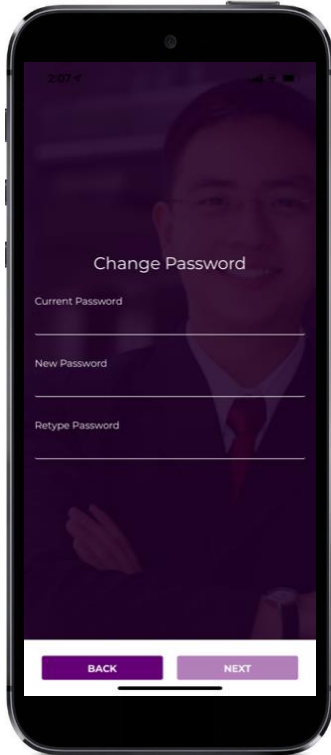
Simply download the application and register with the following information:

	First Time Login	Logged in to Portal Prior
<b>User ID:</b>	Last 4 characters of your NRIC/FIN followed by your Date of Birth (DDMMYYYY) (E.g. if your NRIC is S1234567A and your date of birth is 01011970, your User ID would be: 567A01011970)	
<b>Company ID:</b>	00000-00000	00000-00000
<b>Password:</b>	Date of Birth (DDMMYYYY)	Previously changed password on IHP Portal
<b>Login As:</b>	IHP Member	IHP Member

Important:

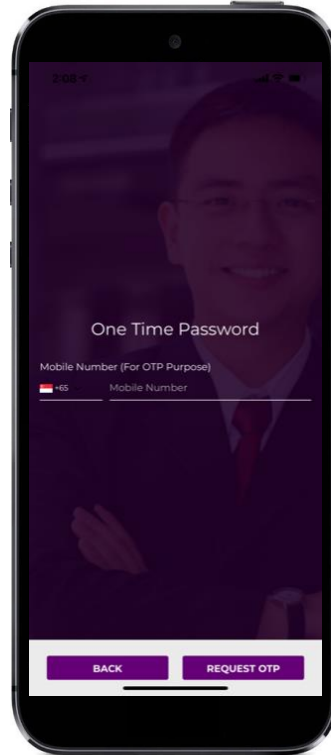
- Passwords for IHP portal and mobile application are synced. Please use your latest changed password for both platforms.
- Users are recommended to keep their applications updated to the latest version.

# IHP Mobile Application

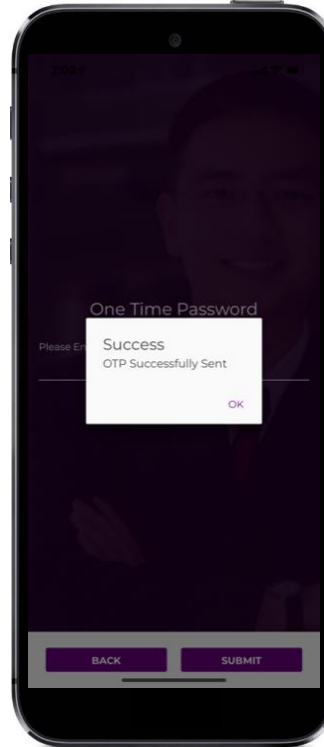


Change your Password As Prompted

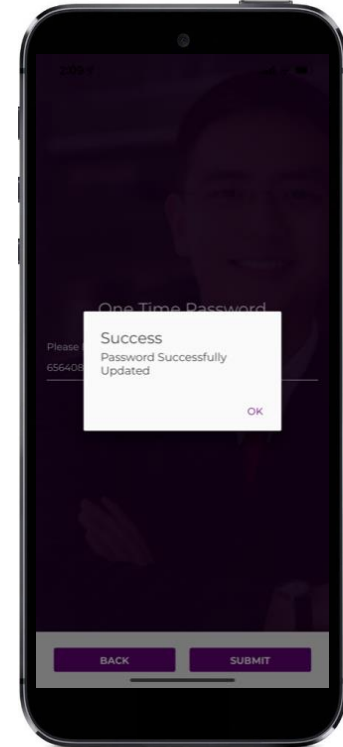
This step is not applicable if you have changed your password previously



Enter your Mobile Number to receive a 6 Digit One-Time Pin

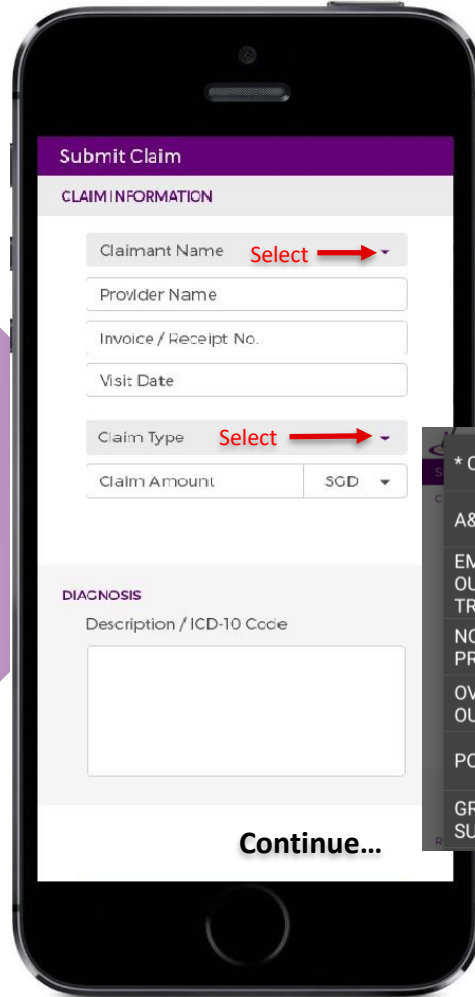
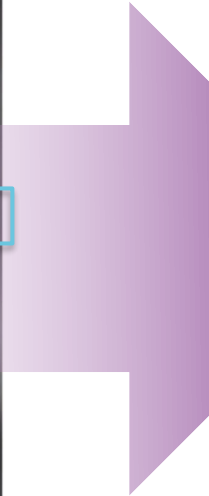
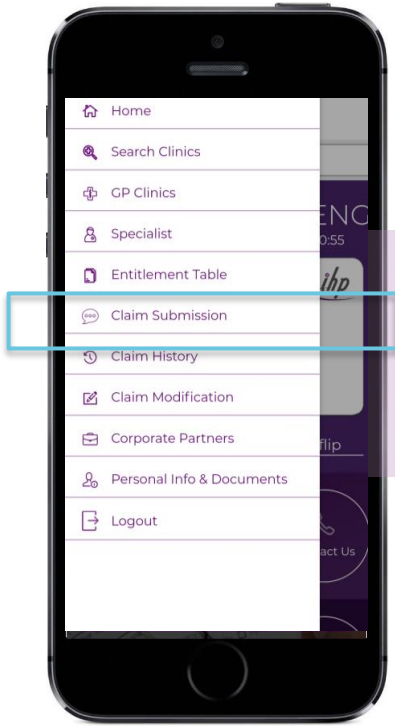


Enter the 6 Digit One-Time Pin



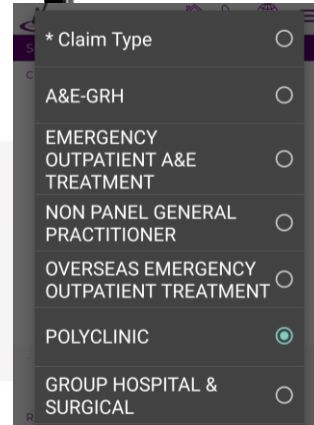
Your Password is Updated and You are Successfully Registered

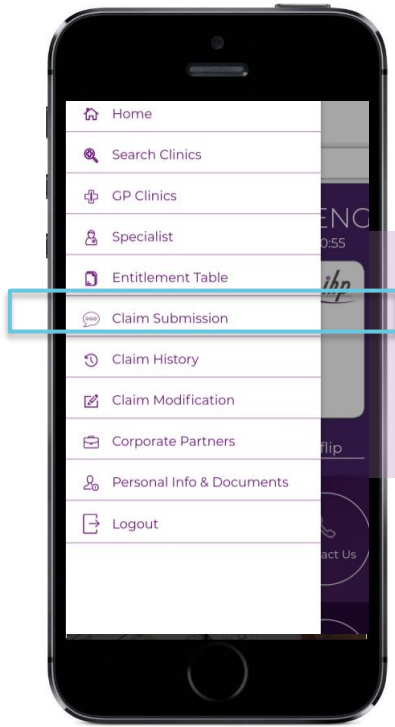
## Claims Submission via Mobile App



### Enter Claim Details in Sequence

- **Select Claimant Name**
- Provider Name
- Invoice/ Receipt No.
- Incurred Date
- **Select Claim Type**
- Claim Amount (SGD only)
- Diagnosis or Purpose of visit





Submit Claim

CLAIM INFORMATION

AMK Polyclinic

123400

01/06/2018

POLYCLINIC

49

\* DIAGNOSIS

\* Description / ICD-10 Code

Rashes

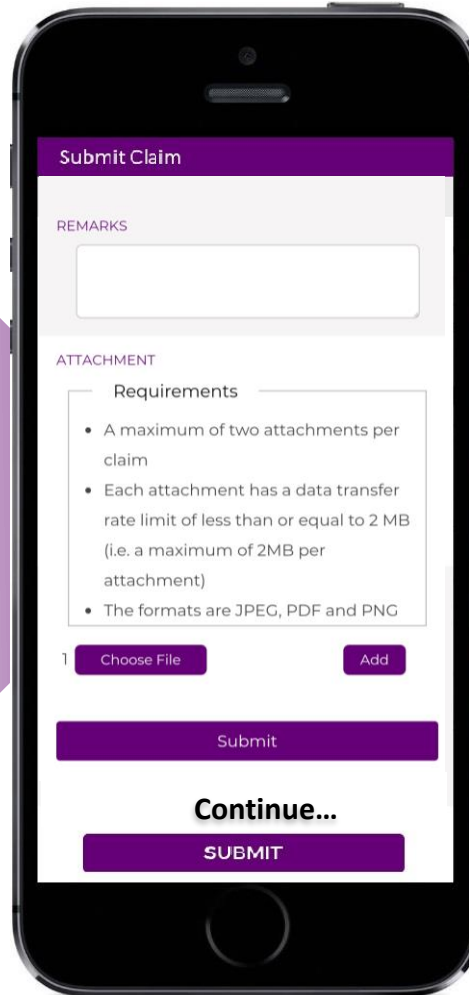
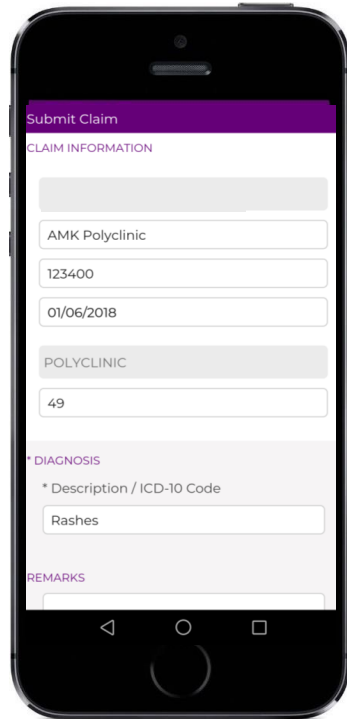
REMARKS

Continue...

### Enter Claim Details in Sequence

- **Select Claimant Name**
- Provider Name
- Invoice/ Receipt No.
- Incurred Date
- **Select Claim Type**
- Claim Amount (SGD only)
- Diagnosis or Purpose of visit

## Claims Submission via Mobile App



## Attach and Submit Online

- Ensure all details are keyed in
- Attach and upload all the documents.  
(Note: There is a maximum of ten attachments to be submitted per claims.

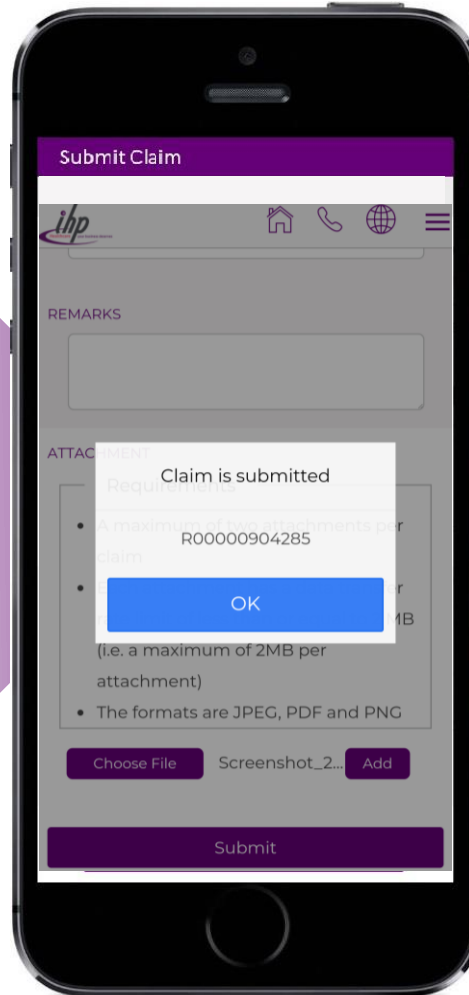
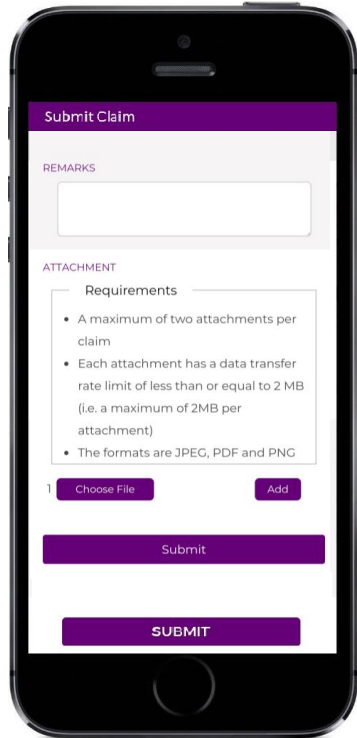
Each attachment has a data transfer rate limit of less than or equal to 2 MB and that is, a maximum of 2 MB per attachment.)

- Click *Submit* upon completion.
- Remember cut off date

## Note:

Please attach your claim receipts including relevant supporting documents such as Doctor memo, prescriptions or proof of payment.

Claim documents will need to be retained for at least 12 months as you may be requested to produce the documents to facilitate internal audits by the Company.



### Attach and Submit Online

- Ensure all details are keyed in
- Attach and upload all the documents.  
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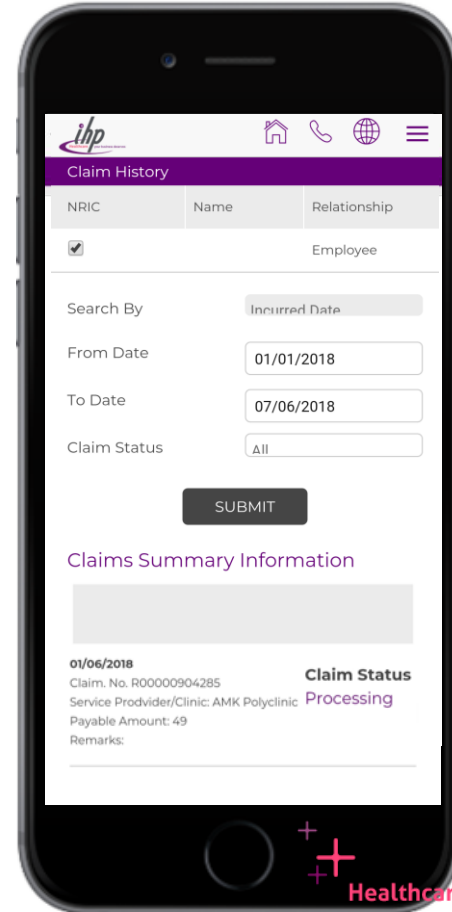
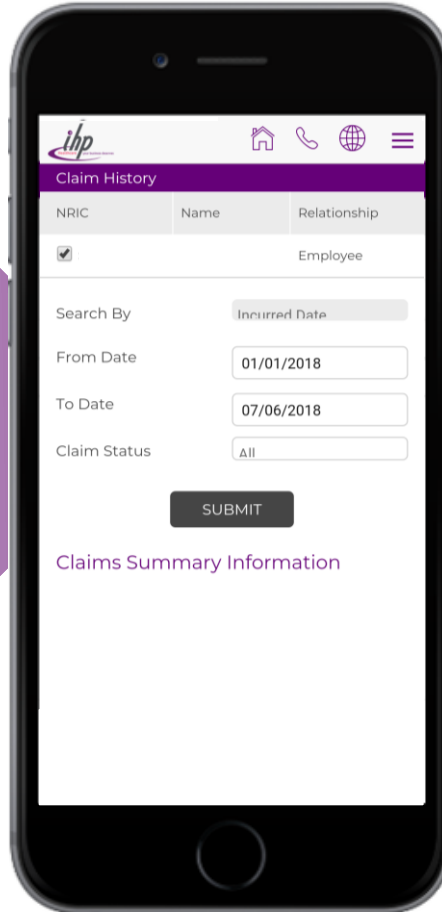
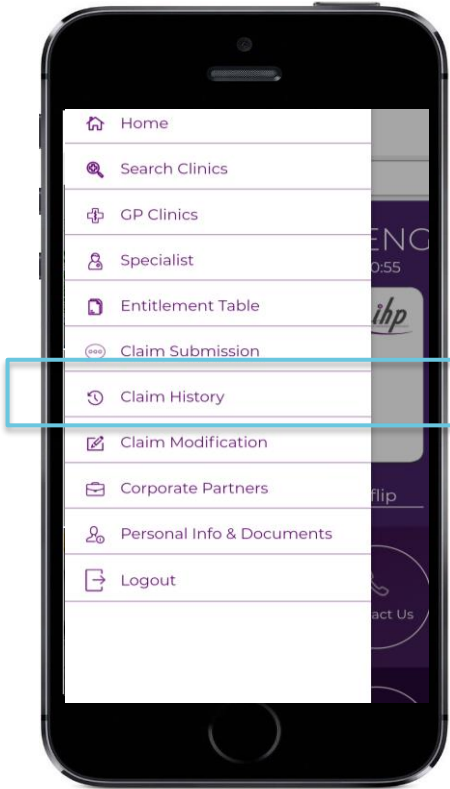
- Click *Submit* upon completion.
- Remember cut off date



# IHP Mobile Application

## Viewing of Claim History

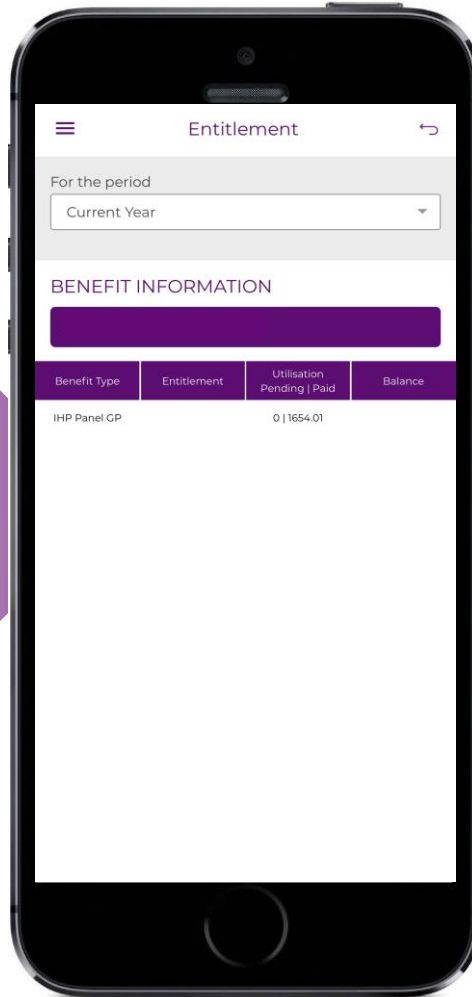
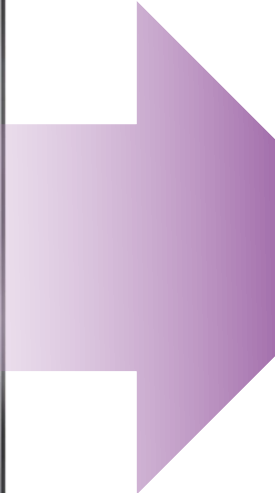
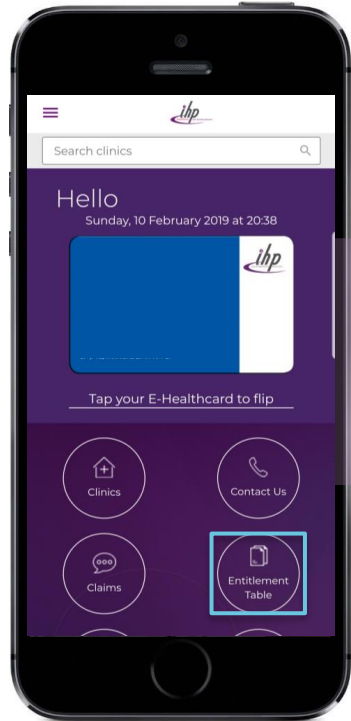
The application provides the ability to synchronize the Claim History information of employee as well as spouse and children. Employee can check status of claims and a list of claims that have been submitted within the selected period.



# IHP Mobile Application

## Viewing of Entitlement and Balances

Provides an overview of entitlement, spending and current balance



# IHP Portal Guide



Portal Guide: <https://eclaim.ihp.com.sg>



### User ID

User ID: Last 4 Characters of NRIC/ FIN + Date of Birth (DDMMYYYY)

### Password

Password: Date of Birth (DDMMYYYY)

LOG IN

If you have already logged on to IHP's web-based portal in the current benefit year, please enter your existing password.

For password reset, please give us a call at **6715 9422** or send an email to [claims@ihp.com.sg](mailto:claims@ihp.com.sg).

I/We consent to Integrated Health Plans Pte Ltd (IHP) collecting, using and/or disclosing my/our personal data for the processing of my claim transactions and such other purposes where applicable.

I/We also consent to IHP transferring my/our personal data to \_\_\_\_\_ for the above purposes.

I have read and agreed to the above.

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### Change Password

User ID: S860000Z

User Name:

Old Password:

Password:

Confirm Password:

**For security reasons, please change your default password before using the portal.**

**SUBMIT CLAIMS**

PLEASE CHOOSE THE CLAIMANT

NRIC ID	Claimant Name	RELATIONSHIP
<input checked="" type="radio"/> *****933M		Employee
<input type="radio"/> *****933N		Spouse
<input type="radio"/> *****933P		Child

Incurred Date:

**Next** **Cancel**

1. Select claimant (Self or Family)  
2. Input the incurred date (eg. Receipt date/ Visit Date)

**SUBMIT CLAIMS** Incurred Date 1/1/2020

Dashboard > Add New Claims

PLEASE CHOOSE THE CLAIMANT

NRIC ID	Claimant Name	RELATIONSHIP
*****234B	TEST ACCOUNT EMPLOYEE	Employee

Choose Benefit/Claim Type

- CHILDCARE
- DENTAL
- HEALTH AND FITNESS
- HEALTH INSURANCE PURCHASE
- HEALTH SCREENING
- HOLIDAY SUBSIDY
- OPTICAL/ VISION CARE
- OUTPATIENT GP
- OUTPATIENT SPECIALIST
- TRADITIONAL CHINESE MEDICINE

**Cancel**

3. Select the claim type that you wish to submit

## SUBMIT CLAIMS

Submit Claims

Amend/Delete Claims

Claims History

Online Resources

Flex enrollment

Change Password

Log Out

Last Logged in:  
18/11/2020 10:51:41 AM

Claimant ID /NRIC	Claimant Name	Company Name	Bank & Branch Code	Account No
-------------------	---------------	--------------	--------------------	------------

\*\*\*\*\*933M

### CLAIM INFORMATION

Receipt Reference No.\*

12345

Service Provider / Clinic\*

SMILE DENTAL

Incurred Amount (SGD)\*

200

Claim Reason\*

SCALING AND POLISHING

Search

Remarks

Remarks

Submit

Reset

Cancel

4. Input Claim Details and Submit

- Invoice/ Receipt No.
- Provider
- Claim Amount (In SGD)
- Diagnosis

Claims incurred overseas must be supported by documents such as exchange rates slips, credit card statements, etc. If none is provided, IHP will obtain rates from [anda.com](http://anda.com) for processing purposes. All reimbursements will be made in Singapore dollars.

# Claim Submission

- Submit Claims
- Amend/Delete Claims
- Claims History
- Online Resources
- Flex enrollment
- Change Password
- Log Out

Last Logged in:  
18/11/2020 11:34:08 AM

PLEASE CHOOSE THE CLAIMANT

NRIC ID	Claimant Name	RELATIONSHIP
<input type="radio"/> *****933M		Employee
<input type="radio"/> *****933N		Spouse
<input type="radio"/> *****933P		Child

Incurred Date

**Next** Cancel

Your claim has been submitted successfully.  
Please remember to attach a copy of your claim receipts/invoices and supporting documents.

Claim Ref.	Incurred Date	Service Provider / Clinic	Benefit	Incurred Amt(\$)	Claimable Amt(\$)	
R00001632207	01/11/2020	SMILE DENTAL	DENTAL	200.00	200.00	

Once the claim is successfully submitted, a reference number will be generated for your claim.

**Note:**  
Please attach your claim receipts including relevant supporting documents such as Doctor memo, prescriptions or proof of payment (Charge slips)

Claim documents will need to be retained for at least 12 months as you may be requested to produce the documents to facilitate internal audits by the Company.

Upload claim documents for Claim Ref No : R00000592015

- 
- 
- 

**Note:**

- Only attachments in png, jpeg and pdf formats are accepted.
- The maximum size of each attachment is 2 MB.
- Please ensure that your attachments are clear, as blurred attachments will not be accepted.

eclaim.ihp.com.sg says:

Reminder to attach your supporting claim documents to complete the submission.

- Submit Claims
- Amend/Delete Claims
- Claims History
- Online Resources
- Flex enrollment
- Change Password
- Log Out

Last Logged in:  
18/11/2020 11:34:08 AM

### Claims History Search

<input checked="" type="checkbox"/>	NRIC	Claimant Name	Relationship
<input checked="" type="checkbox"/>	*****933M		Employee
<input checked="" type="checkbox"/>	*****933N		Spouse
<input checked="" type="checkbox"/>	*****933P		Child

Search By: Incurred Date Claim Status: All

From date: 01/01/2020 To date: 18/11/2020

dd/mm/yyyy dd/mm/yyyy

1. Select the claimant      2. Enter date range      3. Click on button to generate report

**View Report**    Reset    Cancel



### Claims History

Reference Number	Incurred Date	Service Provider / Clinic	Claim Type Category	Benefit	Claim Reason	Admin Remarks	Incurred Amount (\$)	Payable Amount (\$)	Claim Status	Related Claims	Claim Doc	Treatment Breakdown
*****234B : TEST ACCOUNT EMPLOYEE												
R00001640314	01/01/2020	GET WELL CLINIC		OUTPATIENT GP	FEVER		100.00	-	Processing		01/01/2020 (1) docs	

Download to excel or print

Claim Status  
(Process, pending,  
rejected, approved)



- Submit Claims
- Amend/Delete Claims
- Claims History
- Online Resources**
- Flex enrollment
- Change Password
- Log Out

## Online Resources

- Employee Profile**
- Password Reset Options
- View latest enrolment selections

TCM Clinics



- Submit Claims
  - Amend/Delete Claims
  - Claims History
  - Online Resources**
  - Flex enrollment
  - Change Password
  - Log Out
- Last Logged in:  
18/11/2020 11:34:08 AM

Benefit Type	Coverage	Start Date	End Date	Entitlement	Utilisation(Pending)	Utilisation(Paid)	Balance
IHP FLEX ENROLLMENT	Employee & Family	01/01/2020	31/12/2020		0	0	
Flex Dollars	Employee Only	01/01/2020	31/12/2020	1000	200	0	800



**Thank You**

