

## Help document to submit the online claim for medical reimbursement to Retired employees & the dependents of deceased employees.

As per the present medical reimbursement claim process, eligible retired / Separated & dependent of deceased employees need to submit their medical reimbursement claim in the prescribed medical form with hard copies of the medical bills to the SEE ( Separated Employee Establishment ) or to the Medical Section directly.

A new initiative has been taken to simplify the medical reimbursement claim process, wherein Retired employees & the dependents of deceased employees will be enabled to feed details of their medical reimbursements claim through a web portal <https://webice.ongc.co.in/irj/portal>. This will be an additional facility for submission of medical reimbursement claims by retired / Separated & dependent of deceased employees and the current manual process will also co-exist.

### Following is the Step by Step Process

Initially the individual clicks the indicated node "Retired employee".



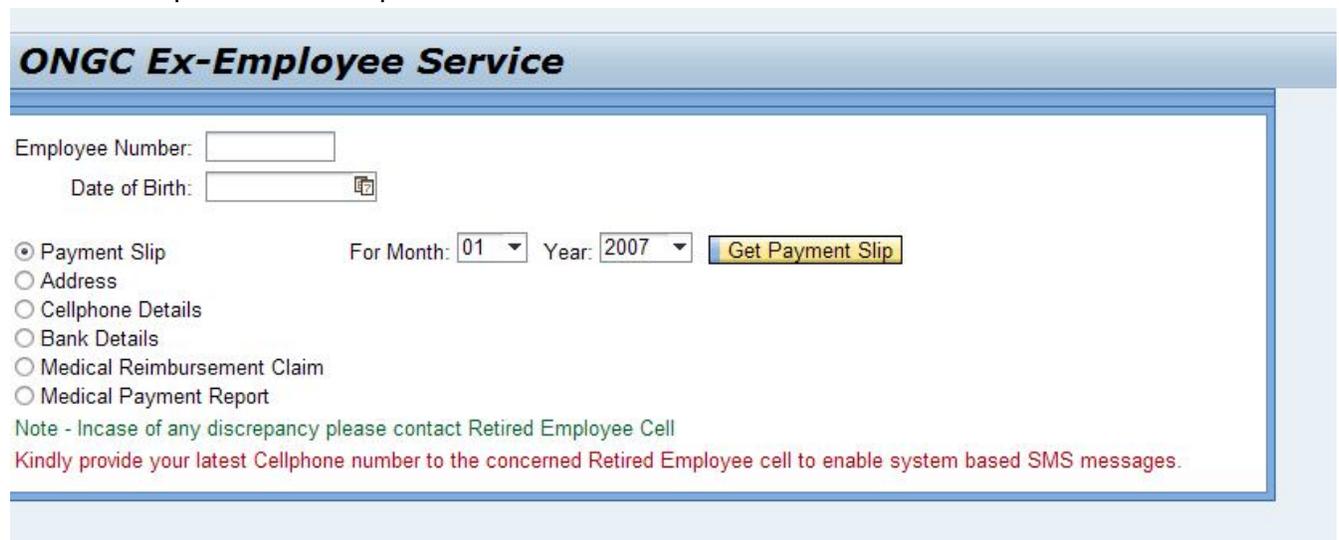
**Welcome To WEBICE**

CPF No. \*   
Password \*

**ओ एन जी सी**  
**ONGC**  
**WEB ICE**

**Retired Employee? Click >>>Here<<< For Payment Details & Personal Information**  
**Forgot Password? Click >>>Here<<< For Password Self Service**  
**Having Troubles? You can mail to [icebasis@ongc.co.in](mailto:icebasis@ongc.co.in)**  
**Call 011-22406100**

This action opens the below placed screen, where individual enters the CPF No. and date of birth.



**ONGC Ex-Employee Service**

Employee Number:   
Date of Birth:

Payment Slip For Month: 01 Year: 2007   
 Address  
 Cellphone Details  
 Bank Details  
 Medical Reimbursement Claim  
 Medical Payment Report

Note - In case of any discrepancy please contact Retired Employee Cell  
Kindly provide your latest Cellphone number to the concerned Retired Employee cell to enable system based SMS messages.

An additional node has been created as Medical Reimbursement claim below the Bank Details node and once the node is clicked, the screen is refreshed and provides field for validation of PAN Number as below.

**ONGC Ex-Employee Service**

Employee Number: 00040570  
 Date of Birth:

Payment Slip  
 Address  
 Cellphone Details  
 Bank Details  
 Medical Reimbursement Claim  
 Medical Payment Report

PAN No.:  **Validate PAN No.**

Note - In case of any discrepancy please contact Retired Employee Cell  
 Kindly provide your latest Cellphone number to the concerned Retired Employee cell to enable system based SMS messages.

Once the Pan No. is inserted and clicked on **Validate Pan No.** System will validate, and take the user to the new screen.

**ONGC Ex-Employee Medical Form**

CPF Number: 00034070  
 Name: THALI RAVINDRAN  
 Employee Group: Retiree/pensioner

Outdoor  Indoor  
 Claim Month: 08  
 Year: 2013

**Enter Details** **Print Medical Reimbursement**

Please quote submission no. on medical form incase print out is not taken from Webice.

Once **Enter Details** icon is Clicked, Following screen will open, that will allow the user to insert the bill details.

**Medical Claim Reimbursement: Outdoor**

Name: THALI RAVINDRAN  
 CPF Number: 00034070  
 Claim Month: 08

SL. No.	Patient Information	Age	Nature of illness	Doctor	Claim Type	Bill No.	Date	Amount Claimed
1	Self	60	Fever	Dr. Trehan	Test/Investigation	135	11.3.2013	500
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00

Row 1 of 20

**Total Amount Claimed** 0.00

Individual has to enter and save the data by Clicking on **Save Draft**. This is to be followed by clicking on **Submit** icon for submission. In case, individual wants to just save the bill details and want to submit it later, then individual can simply **Save Draft** and can come out by pressing **BACK**. Later, when individual again accesses the system to insert the bill data then it take the individual to the saved data to proceed further.

Once Submit option is exercised, System will ask : **Are you sure you want to submit the Medical Claim ?**

On confirmation, system message will pop up "**Medical bill has been submitted successfully with Submission No.** On successful submission the following screen appears.

The screenshot shows a web browser window with the title "Retired Employee Payslip". A green checkmark icon is followed by the text "Medical Claim submitted successfully with number S000000008". Below this is a blue header for the "ONGC Ex-Employee Medical Form". The form contains the following fields: CPF Number: 00034070; Name: THALI RAVINDRAN; Employee Group: Retiree/pensioner. There are radio buttons for "Outdoor" (selected) and "Indoor". Claim Month: 08; Year: 2013. At the bottom of the form, there are two buttons: "Enter Details" and "Print Medical Reimbursement". Below the buttons is a red warning message: "Please quote submission no. on medical form incase print out is not taken from Webice."

Individual will have the option to take the print out of the Submitted Claim by Clicking on **Print Medical Reimbursement** Claim icon.

This screenshot is identical to the one above, showing the "ONGC Ex-Employee Medical Form" submission confirmation screen. A black arrow points from the text above to the "Print Medical Reimbursement" button in the form.

Once **Print Medical Reimbursement** Claim icon is clicked, following screen will appear with an option to select the claim from the drop down menu.

Individual should note-down the claim **Submission No.**, as that number will be the referral point for processing the claim. Once the dealing officer, starts the action, Medical Submission No. will become the Medical Claim No. based on which Dealing officer will process the claim. At a time, Individual can submit maximum three bills and each bill have the limit of 20 line items. Once the medical bill is cleared, system will again allow the individual to insert the medical reimbursement bill. The current service is only an additional facility and the existing manual process will co exist.

On Clicking **Print Medical Reimbursement**, system generated output of the submitted claim will appear as follows:

Sl No	Name of the Patient	Age	Relationship	Nature of Illness	Name of Doctor/Specialist	Amount Claimed	For Office Use Only
1	DIMBESHWAR LAKHINATH RAJKONWAR	66	Self	Fever	DR. SHARMA	2,000.00	
Amount Claimed (in words) Rupee TWO THOUSAND ONLY						2,000.00	
Certified that - (a) the claim is as per actual expenditure incurred. (b) the person for whom expenses have been incurred is dependent on me						Passed for Payment of Rs.	
Date: 18.09.2013				Signature of Employee		(Rupees _____)	
Sanctioned subject to admissibility, verification by M.O or Medical section and pre-audit.				Claim verified and recommended for Payment of Rs		Sign. & Seal of Finance Officer	
Date: 18.09.2013 Sign of Controlling Officer				Date: Section Sign I/C Medical			

Details of enclosed Cash Memos / Receipts				
Patient Name	Cash Memo	Bill Date	Bill Amount	Subtotal for each Individual
DIMBESHWAR LAKHINATH RAJKONWAR	212	05.09.2013	2,000.00	

It will not be a compulsion for the individuals to take the print out of Medical Reimbursement bill in case they do not have the facility to take print. In such cases, after completion of the process, prescribed form indicating submission no. along with the original bills (supporting documents) need to be submitted to SEE ( Separated Employee Establishment ) or to the Medical Section directly for further processing. It is again stated that the **Submission No.** generated by system, will be the referral point for processing the claim. The process flow and action for Medical and Finance section will remain the same. However, it is once again reiterated that this service is an additional service to facilitate our Retired employees & the dependents of deceased employees, so that it saves time and effort.

The prescribed format having employee details and Submission no. has been designed as below. This form or a hand written application indicating required details and the original medical bills need to be submitted to SEE ( Separated Employee Establishment ).

## **OIL AND NATURAL GAS CORPORATION LTD**

### **MEDICAL REIMBURSEMENT BILL FOR RETIRED EMPLOYEE**

<b>CPF No :</b>	
<b>Name :</b>	
<b>Designation:</b>	
<b>Location:</b>	
<b>Date of Retirement :</b>	
<b>Mobile No. / Telephone No. :</b>	
<b>Medical Claim Submission No. :</b>	
<b>Amount Claimed :</b>	

Certified that – (a) the claim is as per actual expenditure incurred. (b) the person for whom expenses have been incurred is dependent on me.

Date:

**Signature of employee**

(Signature)  
I/C – SEE

(Signature)  
I/C – Medical Section

(Signature)  
I/C- PCS Section

**(Kindly Attach the Cash Memo / Receipts along with this form)**