

RafflesHealth*i*nsurance
Your Specialist Health Insurer

Claim Online Portal System User Guide

Member Login

Table of Contents

- 1. Overview 1
 - a. Login Page 1
- 2. Navigation- Online (Student) Portal 2
 - b. Home Tab- Dashboard 2
 - b. Utilization Tab: Member/ Dependent Utilization 4
 - c. Claims Submission Tab- Submitting Claims Online 6

1. Overview

a. Login Page

b. Click on below URL & login using the assigned username & password;

<https://rafflesone.rafflesmedical.com/MediAccess/Account/Login>

https://rafflesone.rafflesmedical.com/MediAccess/ Login - MediAccess

RafflesMedicalGroup

MediAccess Login

Username

Password

Login

[Forgot your password?](#) [Forgot your user name?](#)

Need assistance?

Insurance clients and claim related enquiries:

Phone: +65 6286 2866

Email: enquiries@raffleshealthinsurance.com

Reset password or report technical issue:

Phone: +65 6812 6688

Email: medisupport@rafflesmedical.com

Address

Raffles Hospital
585 North Bridge Road
Singapore 188770

Business hours

Monday to Friday
8:30 AM - 5:30 PM

Kindly note:

For first time claim submission, please send via email to claims@raffleshealthinsurance.com

After which, your login information will be sent to you via email.

2. Navigation- Online (Student) Portal

b. Home Tab- Dashboard

Individual Mediaccess
Home
Utilization ▾
Claim Submission
S9388806E ▾

🏠 Medical Dashboard

A


NRIC/FIN/ID
Name: KELVIN YAP
Member ID: -
Dependants: 1
Staff Grade: -
Status: Active

Company
NANYANG TECHNOLOGICAL UNIVERSITY (GRADUATE)
PLAN-1 - GHSI

Health Plan
Effective Date: 01-Jun-2018
Expiry Date: 31-May-2019

\$
10.00
Total Member Utilization
➔ [View Details](#)

📄
1
Total No. Of Visits
➔ [View Details](#)

🔄
4
Total Pending Claims
➔ [View Details](#)

Utilization Summary

E


LEGEND :

- LIMIT AMOUNT \$
- SP

➔ [View Details](#)

Visit History

F


■ Member Visits
■ Dependant Visits

➔ [Member Details](#) [Dependant Details](#)

Top 10 Diagnosis

Rank	Diagnosis	Count
1	Acute nasopharyngitis	1

G ➔ [View Details](#)

Top 10 Clinics

Rank	Name	Count
1	A & A CLINIC	1

H ➔ [View Details](#)

ITEM	DESCRIPTION
A	Individual Profile Information
B	Total Member Utilization – <i>Claims have been approved and completed</i>
C	Total Number of Visits
D	Total Pending Claims
E	Utilization Summary
F	Top 10 Diagnosis
G	Visit History
H	Top 10 Clinics Visits
	Click on to 'View Details' to generate the more information

b. Utilization Tab: Member/ Dependent Utilization

- Click on 'Utilization' to direct to Member/ Dependent **Utilization Summary**; - To check the total **utilization/benefit limits/claim status**



Search Result Sample: View Member Utilization Summary



Record last updated as of 11-Jun-2018.
Note: The information provided is for claims processed as of the date indicated above. This may not include cases which you have already incurred but the claims are not yet received by Raffles or claims which are in the midst of being processed.

A

	NRIC/FIN/ID	[REDACTED]	Company	NANYANG TECHNOLOGICAL UNIVERSITY (GRADUATE)
	Name	KELVIN YAP	Health Plan	PLAN-1 - GHSI
	Member ID	-	Effective Date	01-Jun-2018
	Dependants	1	Expiry Date	31-May-2019
	Staff Grade	-		
	Status	Active		

B

Utilization Summary

Service Type	Scheme	Limit	Utilized	Balance	Effective	Expiry
HOSPITALIZATION	Individual	\$50,000.00	\$0.00	\$50,000.00	01-Jun-2018	31-May-2019
OUTPATIENT SPECIALIST	Individual	\$1,000.00	\$10.00	\$990.00	01-Jun-2018	31-May-2019
PSYCHIATRIC/ PHYSIOTHERAPY/ TCM	Individual	\$1,000.00	\$0.00	\$1,000.00	01-Jun-2018	31-May-2019

C

Individual Utilization

D **E**

Show Total Expenses | View Dependant Utilization | View Member Past Utilization

C - Completed , P - Pending , R - Rejected [All Amounts inclusive of GST]

S/N	Visit Date	Time In	Code	Service Type	Clinic Name	MC	Xray	Lab	Total Bill	Ineligible Amt	Copayment	Total Eligible	Invoice No	Invoice Date	Paym
1	07-Jun-2018	-	NTU#	HP	HEALTHCARE FAMILY CLINIC & SURGERY	0	\$0.00	\$0.00	\$1,000.00	-	\$0.00	\$0.00	333	-	-
2	08-Jun-2018	-	NTU#	SP	ADVANCE CLINIC & SURGERY PTE LTD	0	\$0.00	\$0.00	\$120.00	-	\$0.00	\$0.00	789	-	-
3	08-Jun-2018	-	NTU#	HP	ANTEH DISPENSARY PTE LTD	0	\$0.00	\$0.00	\$150.00	-	\$0.00	\$0.00	123	-	-
4	11-Jun-2018	00:00	NTU#	SP	A & A CLINIC	0	\$0.00	\$0.00	\$10.00	-	\$0.00	\$10.00	AAS9388806E	11-Jun-2018	-
Total	-	-	-	-	-	0	\$0.00	\$0.00	\$1,280.00	-	\$0.00	\$10.00	-	-	-

Individual Utilization

[Show Total Expenses](#)
[View Dependant Utilization](#)
[View Member Past Utilization](#)

C - Completed , P - Pending , R - Rejected [All Amounts inclusive of GST]




it	Copayment	Total Eligible	Invoice No	Invoice Date	Payment Date	Payment Type	Policy No	Claim Status	Claim Details	Remarks	Reason / Request	Attachment
	\$0.00	\$0.00	333	-	-	PAYROLL	-	P	RHI1800010126	-	-	Attachments
	\$0.00	\$0.00	789	-	-	PAYROLL	-	P	RHI1800010127	-	-	Attachments
	\$0.00	\$0.00	123	-	-	PAYROLL	-	P	RHI1800010125	-	-	Attachments
	\$0.00	\$10.00	AAS9388806E	11-Jun-2018	-	PAYROLL	-	C	RHI1800010130	-	-	Attachments
	\$0.00	\$10.00	-	-	-	-	-	-	-	-	-	-

ITEM	DESCRIPTION
A	Individual Profile Information
B	Individual Utilization Summary
C	Individual & Dependant Utilization details – <i>To check claims status</i>
D	View Dependant Utilization – <i>Switch to view the dependant utilization details</i>
E	View Member Past Utilization – <i>To view the previous year utilization details</i>

- Click on the Column Icon to filter the report column
- Click on the Export Icon to extract the report into Excel file.

c. Claims Submission Tab- Submitting Claims Online

- Click on 'Claim Submission' to direct to Online Claim Submission;

Claim Submission

	NRIC/FIN/ID	<input type="text" value="REDACTED"/>	Company	NANYANG TECHNOLOGICAL UNIVERSITY (GRADUATE)
	Name	KELVIN YAP	Health Plan	PLAN-1 - GHSI
	Member ID	-	Effective Date	01-Jun-2018
	Dependants	1	Expiry Date	31-May-2019
	Staff Grade	-		
	Status	Active		

Utilization Summary

Service Type	Scheme	Limit	Utilized	Balance	Effective	Expiry
HOSPITALIZATION	Individual	\$50,000.00	\$0.00	\$50,000.00	01-Jun-2018	31-May-2019
OUTPATIENT SPECIALIST	Individual	\$1,000.00	\$10.00	\$990.00	01-Jun-2018	31-May-2019
PSYCHIATRIC/ PHYSIOTHERAPY/ TCM	Individual	\$1,000.00	\$0.00	\$1,000.00	01-Jun-2018	31-May-2019

Fill in Claims Information

Claims Information

A Claimant*	<input type="text" value="SELF - KELVIN YAP"/>	F Visit Date*	<input type="text" value="11-Jun-2018"/>
B Claim Type*	<input type="text" value="HOSPITALIZATION"/>	G MediSave's NRIC/ID	<input type="text"/>
C Clinic Name*	<input type="text" value="Select One"/>	H Invoice No	<input type="text"/>
D Diagnosis*	<input type="text" value="Select One"/>	I Handphone No	<input type="text"/>
		J Email	<input type="text"/>

E Attachment*	<div style="border: 1px dashed gray; padding: 10px; text-align: center;"> Drag & drop files here ... <input type="button" value="Select files..."/> <input type="button" value="Browse ..."/> </div>	K Actual Amount Incurred*	<input type="text" value="SGD"/> <input type="text" value="0"/>
		<input type="checkbox"/> GST Included	
		Converted Amount (SGD)	<input type="text" value="0"/>
		GST Amount	<input type="text" value="0"/>
		Total Amount	<input type="text" value="0"/>

(Max File Size: 3 MB,
File Accepted: application/doc, application/pdf,
image/gif, image/jpeg, image/png)

I have reviewed my claim information. The claim details are correct. I have read and accept the Terms and Conditions of the Personal Data Notice.

ITEM	DESCRIPTION
A	Claimant – <i>To select the member/ dependant</i>
B	Claim Type – <i>To select the claim type (e.g hospitalization/ specialist or etc.)</i>
C	Clinic Name – <i>Hospital/ Clinic Name (if not in the list can choose others)</i>
D	Diagnosis – <i>Illness name (if not in the list can choose others)</i>
E	Attachment – <i>Attached claims documents</i>
F	Visit Date – <i>Incurred Date</i>
G	MediSave's NRIC/ID – <i>Only apply for Singapore Citizen/ PR</i>
H	Invoices No – <i>Invoice/Receipt No</i>
I	Handphone No – <i>Patient's contact no.</i>
J	Email – <i>Patient's Email</i>
K	Actual Amount Incurred – <i>Total bill amount</i>

- Tick & agree the terms & condition and submit the claim
- Once submit you may save the following receipt for your own reference

NOTES ON SUBMISSION OF CLAIMS: PLEASE READ CAREFULLY
<p>1. Thank you for your claim submission into the system.</p> <p>2. Please note that the submission of your claim is not an acceptance of your claim.</p> <p>3. Claim documents should be submitted within 90 days of treatment. Kindly retain the original claim documents for at least 6 months from the submission date.</p> <p>4. Generally, claims will be processed within 21 working days upon receipt of the completed claim documents. Once the claim is approved, you will be notified via email and the reimbursement will be credited into your bank account.</p> <p>5. For claims enquiries, please call Raffles Health Insurance hotline number: +65 6812 6666 or email to rhi-am@raffleshealthinsurance.com.</p> <p>6. Your claim tracking number is : RHI1800010129 You are required to note down and cite this number as reference number when you call for enquiries.</p>

Member's Detail

Name as In (NRIC/FIN/ID):	KELVIN YAP	Member ID:	
Department:		NRIC/FIN/ID:	<input type="text"/>
Email:		Contact No:	

Claim Details

Claimant:	EUGENE YAP	Claim Type:	HP
Visit Date:	10-Jun-2016	Diagnosis:	Conjunctivitis
SubTotal Amount:	1,121.50	Referred by (Name of Clinic):	CASHEW MEDICAL & SURGERY
GST Amount:	78.50	MediSave's NRIC/ID:	
Total Amount Incurred:	1,200.00	Attachment Submitted:	RHI1800010129_1.JPG