

ReliHIT 2.0 Buku Panduan Peserta



#GoForHealthAndSafety

your *reliable* partner



Halaman Home

Setelah berhasil registrasi, akan masuk ke halaman Home, yang berisi informasi :

- a. Banner untuk informasi, promo dan berita terupdate
- b. Policy Info, berisi informasi polis dan benefit
- c. Claim Info, berisi informasi claim dari peserta dalam satu keluarga
- d. Claim Photo, untuk proses claim photo
- e. Claim Procedure, berisi informasi panduan asuransi Reliance
- f. Provider, berisi informasi provider yang bekerjasama dengan Asuransi Reliance Indonesia
- g. Hotline 24 jam bebas pulsa
- h. Artikel berisi informasi kesehatan
- i. Video, mengenai layanan Asuransi Reliance
- j. Reli Priority, merupakan layanan pendaftaran Rumah Sakit rekanan Reliance tanpa antri
- k. Reli Monic, merupakan layanan mobil clinic untuk konsultasi dokter umum dan USG kehamilan
- l. Card, untuk menampilkan E Show card
- m. Profile, settingan dan informasi mengenai profile





Menu Card dan Profile

Selain Home, halaman utama juga terdapat menu :

- a. Card, untuk menampilan E-show card
- b. Profile, untuk mengganti perubahan Security Code untuk masuk ke aplikasi





Policy Info

Berisi informasi polis beserta product dan limit dari benefit-benefitnya.

🔶 🛛 Policy 🛛	Detail	
1ember Informati	on	
Name I NIK Member Id G Date of Birth G Gender I Relation I Policy No I Sub Group I Account No Status I	TAH 000002-1 12 Jun 1983 Male Employee HJK20221010000300 POLIS DUMMY 0 nforce formation	
Rawat Inap - IB		RI-600
Rawat Inap - IB Coverage Amount Used Amount Family Limit Remaining Limit	As per Benefit Rp 0.00 No As per Benefit	RI-600
Rawat Inap - IB Coverage Amount Used Amount Family Limit Remaining Limit Rawat Jalan - IB	As per Benefit Rp 0.00 No As per Benefit	RI-600 RI-600
Rawat Inap - IB Coverage Amount Used Amount Family Limit Remaining Limit Rawat Jalan - IB Coverage Amount Used Amount Family Limit Remaining Limit	As per Benefit Rp 0.00 No As per Benefit Rp 7,500,000.00 Rp 0.00 No Rp 7,500,000.00	RI-600 RI-600

Deneni	Detail
awat Inap - IB	
Biaya Kamar dan Ma	kan
Benefit Amount Used Amount Family Limit	Rp 600,000.00 Rp 0.00 No
Biaya Kamar Semi IC ntensif	U/Isolasi & Biaya Kamar Unit Perawatan
Benefit Amount Used Amount Family Limit	Rp 1,200,000.00 Rp 0.00 No
Kunjungan Dokter d	i Rumah Sakit
	Do 200 000 00
Benefit Amount Used Amount Family Limit	Rp 0.00 No
Benefit Amount Used Amount Family Limit Konsultasi Dokter A	Rp 200,00000 No hli di Rumah Sakit
Benefit Amount Used Amount Family Limit Konsultasi Dokter A Benefit Amount Used Amount Family Limit	Rp 200,00000 Rp 0.00 No hli di Rumah Sakit Rp 300,000.00 Rp 0.00 No
Benefit Amount Used Amount Family Limit Konsultasi Dokter A Benefit Amount Used Amount Family Limit Biaya Pembedahan,	Rp 200,000.00 No hli di Rumah Sakit Rp 300,000.00 Rp 0.00 No Pembiusan & Kamar Bedah (Kompleks)
Benefit Amount Used Amount Family Limit Consultasi Dokter A Benefit Amount Used Amount Biaya Pembedahan, Benefit Amount Used Amount Family Limit	Rp 200,000.00 Rp 0.00 No All di Rumah Sakit Rp 300,000.00 Rp 0.00 No



Claim Info

Menampilkan semua informasi claim dari peserta

← Claim	Information	
	Cashless - Settled	
AAN KURNIASIH		
20120163001		
AGUNG RS		
Registration Date : 16	Dec 2020, Paid Date : -	
Claim Amount	Rp 12,400,000.00	
Accept Amount	Rp 7,000,000.00	
Paid Amount	Rp 12,400,000.00	
Unpaid Amount	Rp 5,400,000.00	
Excess Amount	Rp 5,400,000.00	
	Cashless - Settled	
DANU HARDIAN	AH	
20120170001		
EMIMA RS		
Registration Date : 16	Dec 2020, Paid Date : -	
Claim Amount	Rp 8,700,000.00	
Accept Amount	Rp 7,000,000.00	
Paid Amount	Rp 8,700,000.00	
Line of Lange to the	RD 1.700.000.00	
Unpaid Amount		

20120163001 SECTIO CAESAREAN Diagnose : DELIVERY BY CAESAREAN SECTION Claim Amount Rp 12,400,000.00 Accept Amount Rp 7,000,000.00 Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	20120163001 SECTIO CAESAREAN Diagnose : DELIVERY BY CAESAREAN SECTION Claim Amount Rp 12,400,000.00 Accept Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	← Claim	Detail Information
SECTIO CAESAREAN Diagnose : DELIVERY BY CAESAREAN SECTION Claim Amount Rp 12,400,000.00 Accept Amount Rp 7,000,000.00 Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	SECTIO CAESAREAN Diagnose : DELIVERY BY CAESAREAN SECTION Claim Amount Rp 12,400,000.00 Accept Amount Rp 7,000,000.00 Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	20120163001	
Diagnose : DELIVERY BY CAESAREAN SECTION Claim Amount Rp 12,400,000.00 Accept Amount Rp 7,000,000.00 Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	Diagnose : DELIVERY BY CAESAREAN SECTION Claim Amount Rp 12,400,000.00 Accept Amount Rp 7,000,000.00 Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	SECTIO CAESAREAI	4
Claim Amount Rp 12,400,000.00 Accept Amount Rp 7,000,000.00 Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	Claim Amount Rp 12,400,000.00 Accept Amount Rp 7,000,000.00 Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	Diagnose : DELIVER	Y BY CAESAREAN SECTION
Accept Amount Rp 7,000,000 00 Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	Accept Amount Rp 7,000,000.00 Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	Claim Amount	Rp 12,400,000.00
Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	Paid Amount Rp 12,400,000.00 Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	Accept Amount	Rp 7,000,000.00
Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	Unpaid Amount Rp 5,400,000.00 Excess Amount Rp 5,400,000.00	Paid Amount	Rp 12,400,000.00
Excess Amount Rp 5,400,000.00	Excess Amount Rp 5,400,000.00	Unpaid Amount	Rp 5,400,000.00
		Excess Amount	Rp 5,400,000.00





Provider

Menampilkan semua provider yang bekerja sama dengan Asuransi Reliance Indonesia

Provider type	ALL	
Search by	Name	
Q Search her	re (Min 3 characters)	
LABORATORIUN Reliance Admedika Jl.Pluit Sakti No.25 Ja	4 BIOTEST PLUIT a karta Utara	0.08 KM
SUMATERA EYE KLINIK UTAMA Reliance Admedika Jl. WR. Monginsidi No 021-6606127	CENTER (SMEC) MANADO	0.58 KM
SUMATERA EYE KLINIK UTAMA Reliance Admedika J. WR. Monginsidi Nc 021-6606127 ATMA JAYA RS Reliance Admedika JJ. PLUIT RAYA NO. 2 62216606127	CENTER (SMEC) MANADO	0.58 KM 0.58 KM



Claim Photo

Halaman Claim Photo akan menampilkan inputan untuk melakukan proses claim photo dan history claim photo yang berada di sudut kanan atas.

Untuk melakukan proses Claim Photo, akan dimulai dengan :

- a. Memilih source claimnya : RELIHIT atau RELIDOC
- b. Memilih nama peserta (dalam 1 keluarga) yang akan melakukan proses claim photo
- c. Memilih tanggal Admission claimnya
- d. Memasukkan ominal claimnya sesuai dengan limit claim photo polis terkait
- e. Jika semua sudah dilengkapi, silakan menekan Create Ticket
- f. Jika sudah mempunyai tiket dengan status masih Create, peserta tidak bisa melakukan Create tiket baru. Tiket tersebut harus dicancel jika ingin membatalkan atau disubmit jika ingin dikirimkan.

- Policy Effective Peri 01 Jan 2021 - 3	od 1 Dec 2021	
Source	ReliHIT	•
Choose Member	ITAH	•
Admission Date	Choose Admission Date	Ē
Total Claim		
Total claim maximum	Rp 1,500,000.00	
	CREATE TICKET	



- g. Jika tiket sudah berhasil di-create, halaman akan otomatis berpindah ke halaman history tiket (dapat masuk dari halaman Claim Photo dan menekan HistoryClaimPhotoyangberadadisudutkananatas). Tiket yang terbentuk akan berstatus CREATE
- h. Selanjutnya yang perlu dilakukan untuk mensubmit tiketnya adalah dengan melengkapi dokumen berupa foto yang diperlukan (1 atau lebih). Hal ini dapat dilakukan dengan cara, menekan tiket tersebut dan akan masuk ke halaman untuk mengupload fotonya. Selanjutnya memilih foto dengan cara memfoto dengan camera atau memilih dari gallery, dengan menekan SELECT & UPLOAD DOCUMENT.

	CREATE		Up
ITAH			
RA210121013			
Admission Date Claim Amount	12 Jan 2021 Rp 250,000.00		Uplo
	SUBMIT		D
RENEE YANG			*Nol
RA210121012			
Admission Date	05 Jan 2021		
Claim Amount	Rp 500,000.00		
	SUBMIT		Doc
DONNY THOMA	S III		
RA210121011			
Admission Date	05 Jan 2021		
Claim Amount	Rp 150,000.00		





Jika foto berhasil diupload, maka list foto tersebut akan muncul di Document List.

Foto yang telah diupload, dapat dihapus dengan menekan kembali nama dokumen foto yang telah diupload.

TICKET Detail	6
1 Upload Document	2 Submit Document
load	
Document Note (Optional)	
lote will appear on your uploaded document	
SELECT & UPLOAD DOCU	JMENT
ocument List	
cument List IMG_Tue Jan 12 11_39_52 GMT+07_00 2021.jpg) окв
IMG_Tue Jan 12 11_39_52 GMT+07_00 2021.jpg Document - Note) окв
IMG_Tue Jan 12 11_39_52 GMT+07_00 2021jpg Document Note 20201203_093358jpg) 0 КВ 6 КВ
IMG_Tue Jan 12 11_39_52 GMT+07_00 2021.jpg Document - Note 20201203_093358.jpg Document - Note) 0 КВ 6 КВ





i. Jika semua kelengkapan Document Photo sudah dilengkapi, step terakhir adalah dengan melakukan submit, namun harus mencentang Terms & Conditions terkait Claim Photo-nya.

	🗧 Ticket Detail 🛛 😣
	1 Hoload Document Terms & Conditions
	 Customer agrees that this application will be use as an alternative tool for delivering insurance claims that requires a verification process in accordance with PT Asuransi Reliance Indonesia provisions.
	Customer agrees that the data / information provided through this application is true and responsible for the contents of data / information.
	 PT Asuransi Reliance Indonesia has rights to approve or reject the submission of claims that occur in accordance with the policy's provisions.
	4. Original documents must be stored for 6 months, and must be sent to PT Asuransi Reliance Indonesia if needed.
	5. If the member cannot show the original document when needed, member must return all funds that PT Asuransi Reliance Indonesia has paid.
	6. Original documents that need to be uploaded are include: payment receipt, disease diagnosis, SJP number, hospital/ clinic's phone number and address; receipt of medicines and supporting investigation; copy of doctor's prescription, all letter and results of treatment (if any).
	CLOSE
Ì	I have read and agree to the <u>Terms and Conditions</u>
F	Previous SUBMIT 🕽

÷	Ticket Detail	8
Uplo	1 ad Document	2 Submit Document
	Your ticket is r	eady to submit
Please n ticket s	nake sure all of your doc submitted, your ticket in	tuments already uploaded. One formation cannot be changed
Please n ticket s	nake sure all of your doc submitted, your ticket in	uments already uploaded. One formation cannot be changed
Please n ticket s	nake sure all of your doc submitted, your ticket in	uments already uploaded. On formation cannot be changed
Please n ticket s	nake sure all of your doc submitted, your ticket in	uments already uploaded. On formation cannot be changed
Please n ticket s	nake sure all of your doc submitted, your ticket in nave read and agree to the	uments already uploaded. On iformation cannot be changed



