



**Pre – Insurance**

**Medical Examination Portal  
Operational Manual**

**Area Doctor Login**

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## About This Guide

This User Guide familiarizes the Medical Doctor at Area Office with various features and functionalities of the MER web portal integrated with PREMIA application to analyze and approve the proposal details, medical test reports and pre-existing declared in proposal submitted by the Lab in a systematic and step-wise manner.

### OBJECTIVES

The main objectives of this document are:

- Introduce you to all the features available in the application
- Familiarize you with the various conventions used in the product
- To function as a reference manual and user guide to all the functionalities and features of this application
- Help you perform various setups and transactions by guiding you through the relevant screens methodically

### DOCUMENT ICON LIBRARY

In order to draw your attention to certain important points, icons are used as easy indicators. Use this Document Library to identify these icons in the user guide.

Icons	Description
	A note or additional information useful to you
	Important information that you need to keep in mind while using the application
	Provides you details of error messages encountered in the application

## Introduction

For any issuance of a policy, medical checkup is mandatory for insured of age 50 years and above. This is done to ascertain the existence of pre existing disease. If there is any pre existing disease then the details have to be mentioned in policy contract to express the conditions. If there is any such case then the policy is not converted or the coverage is not provided for the particular hospitalization.

Insurance is a product that is supposed to cover people with similar risk at similar cost. While two people are proposing for a health insurance and one is with a symptom of disease and the second one is healthy. Risk of the first person falling ill is much higher compared to the second person. In case an insurance company decides to offer them policy, then it will not be fair to charge both of them with the same premium, as the risks they face are different.

So the insurance company will charge a higher premium or exclude hospitalization benefit of Pre Existing Diseases or impose additional conditions or reject the proposal. There may be various problems in the human body which are unknown to proposer. Only when the proposer undergo a medical checkups, will come to know about these issues from the medical tests conducted that may have critical impact on health at a later stage.

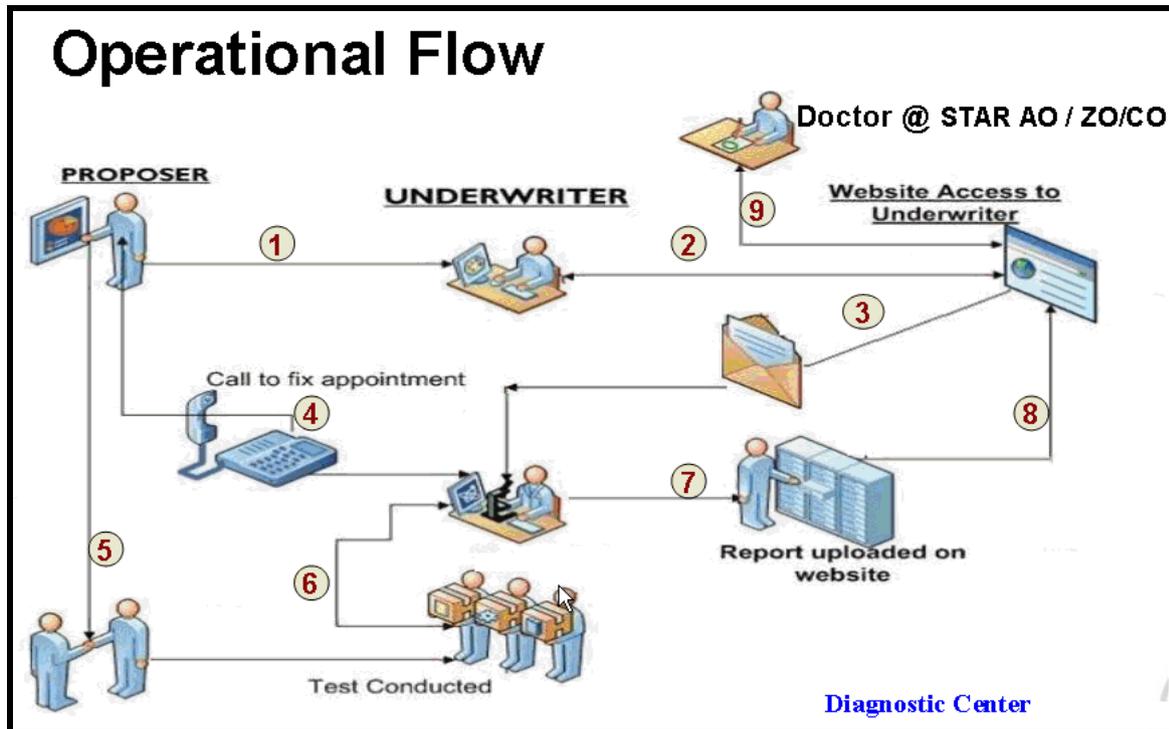
### **ABOUT MEDICAL EXAMINATION REPORT (MER) PORTAL**

The Medical Examination Report portal is tightly integrated with PREMIA enabling seamless operation between Operating Offices, Diagnostic Labs, Area / Zonal / Corporate Doctors and Claims department. It allows you to implement PED (Pre-existing Disease) coding as per IRDA (Insurance Regulatory Development Authority) guidelines. The portal also facilitates

- Automatic selection of Medical test packages based on Age and Sum Insured
- The uniform coding of PED
- Capturing ICD codes in proposal level
- Systematized payment of lab fees

The portal provides you with different log-in facility like

- Underwriter
- Diagnostic Lab
- Area / Zonal / Corporate Doctors. The Area/ Zonal/Corporate Doctors are only authorized to select PED in web portal from list of values which will automatically fetch in to PREMIA. Policy Schedule will display the relevant wordings of PED selected by the Doctors



## AREA DOCTOR LOGIN

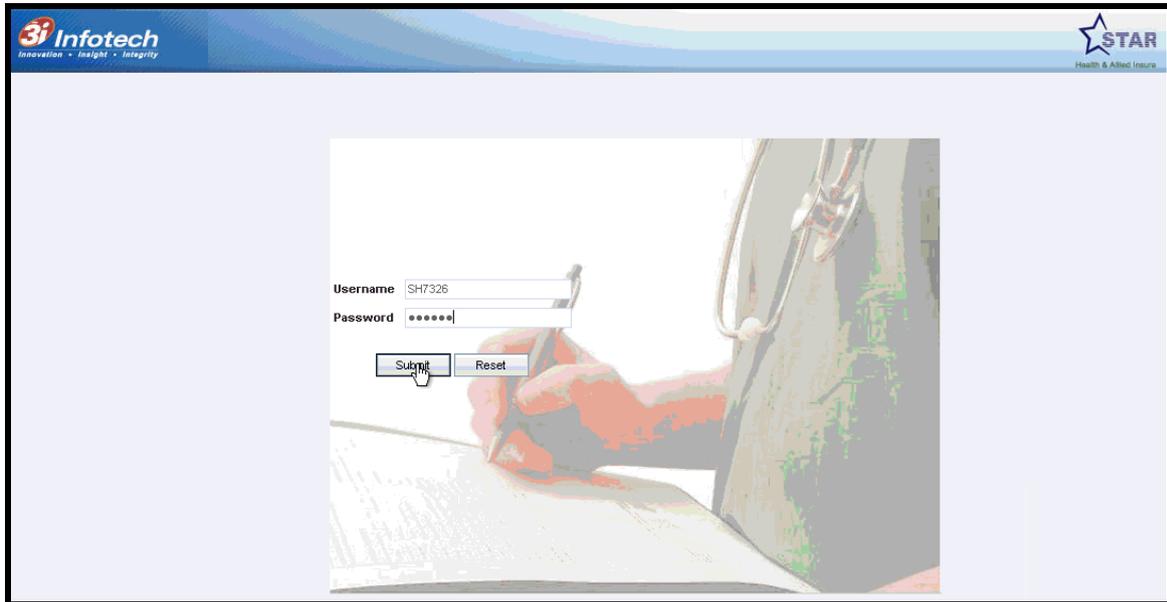
When a Medical Doctor of Area Office logs on to the MER portal, they are able to check the lab reports available for review. The medical doctor is able to

- View the uploaded proposal, MER and the documents
- Enter the Pre Existing Disease, if any
- Enter their comment / suggestion in the proposal. If the report is critical, they decided to escalate to Zonal / Corporate doctor for approval.

## Analyze and Confirm the Medical Report

To analyze and confirm medical reports submitted by lab,

1. Logon to MER web portal with the login credentials of Area Doctor.
2. Enter the URL provided to you in the address bar of the Internet Explorer screen and then click 'Go'. The Medical Doctor Portal login screen is displayed as shown below:



The screenshot shows a login interface. At the top left is the Infotech logo, and at the top right is the STAR Health Insurance logo. The main content area contains a login form with the following elements:

- Username field: SH7326
- Password field: masked with asterisks (\*\*\*\*\*)
- Submit button
- Reset button

The background of the form area is a photograph of a doctor's hand writing on a clipboard.

3. Enter the valid and unique 'Username' and 'Password' in the spaces provided.
4. Click 'Submit' to login.
5. Click 'Reset' to reset the password.



The system displays the message 'Authentication Failed' if a wrong password is entered.

On successful login, the Welcome page is displayed which comprises of the following menus and sub-menus:

- ❑ Masters (main menu)
  - Maintenance(sub-menu)
    - Change Password(sub-menu)
- ❑ Transactions (main menu)
  - Medical Confirmation (sub-menu)

## MASTERS

### Change Password

The 'Change Password' sub-menu enables you to change the login password as shown below:

Old Password :  \*

New Password :  \*

Confirm Password :  \*

Fields marked with \* are mandatory

## TRANSACTIONS

### Medical Confirmation

The 'Medical Confirmation' menu is applicable for Area Medical Doctor to take a decision on the medical test report uploaded for the insured person. The decision can be,

- Approve with or without PED details
- Deny
- Pass to Zonal / Corporate Doctor approval
- Suggest for retest / additional test

To search for the medical confirmation records,

1. Click **Transactions** ➤ **Medical Confirmation**. The system displays the 'Medical Confirmation List' screen as shown below:

3i Infotech  
Innovation • Insight • Integrity

Welcome Dr.Rupali Last Login 4/20/2012 11:49:37 AM

Masters Transactions

Medical Confirmation List

Proposal No

Request Type Lab Submit

2. Select the 'Request Type' as 'Lab Submit' and then click 'Search'. The system displays the list of medical reports submitted by the Diagnostic Lab and pending for Area Manager approval as shown below:

Welcome Dr.Rupali Last Login 5/11/2012 11:37:05 AM

Masters Transactions

### Medical Confirmation List

Proposal No:

Request Type: Lab Submit

This will populate the entries which are all submitted by Diagnostic Lab and pending for Area Manager Approval

Proposal No	Insured Name	Gender	Date of Birth	Phone Number	Lab Name	Date of Appointment	Medical Confirmation
R/322200/01/2012/001920	RISK S	Male	19/APR/1958	9444227402	Hitech Diagnostic Centre - T Nagar	15/MAY/2012	<a href="#">Analyse</a>
R/322200/01/2013/000451	RAJENDAR	Male	10/MAY/1954	9897984061	Hitech Diagnostic Centre - T Nagar	12/MAY/2012	<a href="#">Analyse</a>
R/322200/01/2013/000451	RANI	Female	27/MAR/1957	9897984061	Hitech Diagnostic Centre - T Nagar	11/MAY/2012	<a href="#">Analyse</a>

The screen displays the following details as listed below:

- Proposal No
  - Insured Name
  - Gender
  - Date of Birth
  - Phone Number
  - Lab Name
  - Date of Appointment
  - Medical Confirmation
3. Click 'Analyse' hyperlink (as shown in the screen above) under the medical confirmation heading to view the details of the selected proposal number. The screen is as shown below:

Policy Details			
Proposal No.	R/322200/01/2013/000451	System Entry Date :	11/MAY/2012
Product Name:	Mediclassic - Individual	Policy-Issuing Office	Star Test Office
Proposer Name	RAHJEET VERMA	Proposer Address:	S/O SHRI DAUDAYAL VERMA , SARAY RAY , HEAR PAKKI SARAY ALIGARH
Insured Name:	RAJENDAR	Insured DOB :	10/MAY/1954
Gender	Male	Sum Insured :	300000
Mobile Number :	9897984061		
Proposal PED :	HYPERTENSION		

Package Details	
Diagnostics Package:	PACKAGE 1.2
Test Details:	General Physician Examination Fasting Blood Sugar Serum Creatinine ECG Urine - Routine

Doctor Remarks	
Lab Remarks:	Reports attached.... Hard copy is being sent thru the client

PED Block	
PED	--Select--
ICD Chapter	--Select--
ICD Block	--Select--
ICD Code	--Select--
Remarks	
<input type="button" value="Add"/> <input type="checkbox"/> No PED	

Doctor Remarks	
Doctor Remarks:	

The screen displays the following Proposal details:

- Proposal No

- System Entry Date
- Product name
- Policy Issuing Office
- Proposer Name with address
- Insured Name with DOB and Gender
- Sum Insured
- Proposed PED

The screen displays the following Package Details:

- Diagnostics Package – the Medical Test Package will automatically get displayed based on Age, Sum Insured and Product
- Test Details – the list of medical tests undergone by the insured person

The screen displays Doctor Remarks,

- Displays the lab remarks

The screen displays PED Block,

- PED – Pre-Existing Disease
- ICD Chapter
- ICD Block
- ICD Code
- Remarks

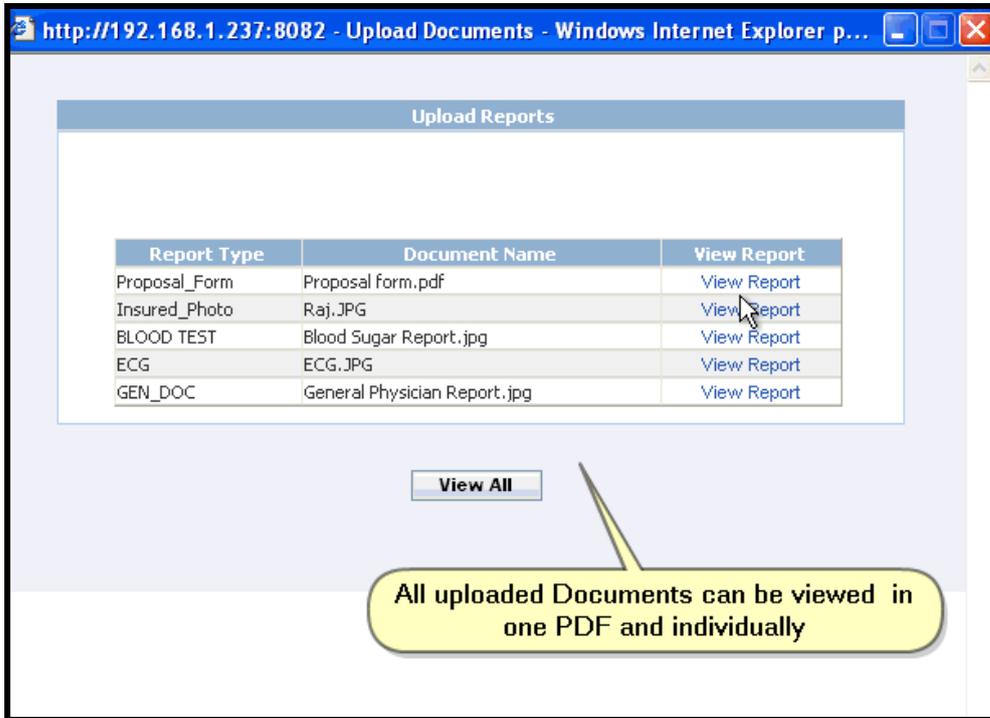
The screen displays Doctor Remarks,

1. Enter the doctor's remarks in the space provided.
2. Click 'Save' to save the appointment details.

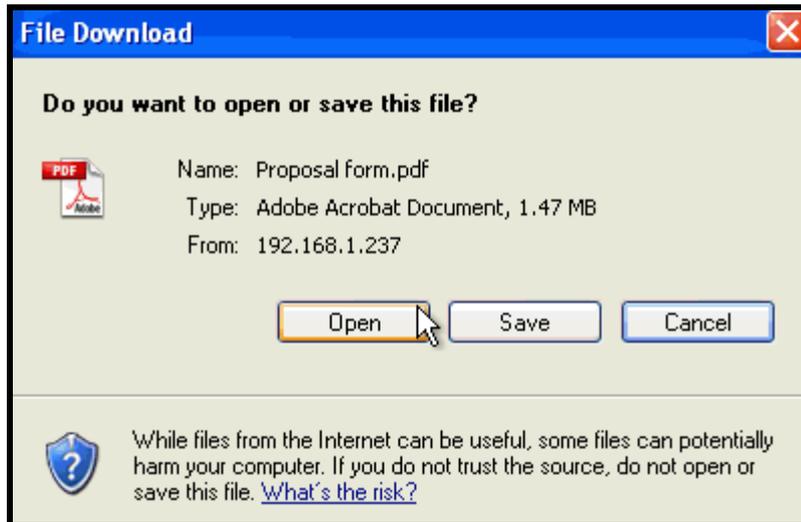
### **View Documents**

On clicking this hyperlink, the system enables you to view uploaded reports and documents of various formats.

1. Click 'View Documents'. The screen displays the window to upload the documents as shown below:



2. Click 'View Report' hyperlink to view the uploaded report type. The system displays the 'File Download' dialog box to open and view the report as shown below:



3. Click 'Open'. The proposal form in PDF format displayed is shown below:

Proposal Form No. \_\_\_\_\_



## Star Health And Allied Insurance Company Limited

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.  
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in

---

**PROPOSAL FORM**

The company will not be on risk until the proposal has been accepted and full payment of premium has been received

Policy Issuing Office \_\_\_\_\_

Sales Manager		MT/ Agent:	
SM Code:		MT / Agent Code:	

Business: Urban / Rural \_\_\_\_\_

Please fill up the form in block letters. Also submit photograph of each person proposed for insurance for issuance of identity cards.

Name of the proposer			
Occupation of the proposer		Annual Income ₹	
Address (1) Residence			
(2) Office			
Mobile No.	Email ID	IT PAN	
Period of Insurance	From	To	

Please tick the policy opted

Mediclassic <input type="checkbox"/>	Family Health Optima <input type="checkbox"/>	Super Surplus <input type="checkbox"/>	Health Gain <input type="checkbox"/>	Criticare Plus <input type="checkbox"/>
--------------------------------------	---	--	--------------------------------------	---

Family Health Optima Plan (Please Tick)						Family Health Optima Sum Insured Opted (Please Tick)							
2A	1A+1C	1A+2C	1A+3C	2A+1C	2A+2C	2A+3C	₹ 1 Lakh	₹ 2 Lakhs	₹ 3 Lakhs	₹ 4 Lakhs	₹ 5 Lakhs	₹ 10 Lakhs	₹ 15 Lakhs

Annual Premium ₹ \_\_\_\_\_ Payment Details :

Cash	Cheque No.	Date	Drawn on	Branch
------	------------	------	----------	--------

Details of persons proposed for insurance (Please fill in the respective column for each of the person proposed to be covered) :-

S.No.	Name	Sex MF	Relationship with proposer	Date of birth	Height (in cms)	Weight (in kgs)	Occupation	Annual Income (₹)	Sum insured opted (₹)	Deductible Opted (₹)
1										
2										
3										
4										
5										

Proof of date of birth: Birth Certificate / Voter ID / Pan card / Driving License / UID / Any other proof (Attach copy)

Affix Photographs

Affix Photographs

Affix Photographs

Affix Photographs

Affix Photographs

Nomination Name \_\_\_\_\_ Relationship with proposer \_\_\_\_\_

Family physician's Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Place \_\_\_\_\_

Prohibition of rebates : (Section 41 of the Insurance Act) No person shall allow or offer to allow either directly or indirectly as inducement to take out renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable on the premium shown on the policy nor shall any person taking out renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to five hundred rupees.

I am aware that the acceptance of this proposal is subject to the evaluation of the risks based upon the details given by me in this proposal and the medical examination reports of proposed persons, if applicable, from hospital/laboratory referred by the insurer.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of the proposer \_\_\_\_\_

**Acknowledgement**

Received the proposal for \_\_\_\_\_ Policy from Mr./Mrs./Ms. \_\_\_\_\_ along with payment of ₹ \_\_\_\_\_/- by Cash/ vide Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_. The cash/cheque given by you is banked for operational convenience and banking of the cash/cheque does not mean acceptance of risk by us. The receipt of the cash/cheque will also be acknowledged by our office vide advance premium receipt in respect of proposer/s referred for medical examination. If the proposal is accepted, the cover will commence from the date of the advance premium receipt subject to realization of the cheque. If the proposal is not accepted, the amount paid will be refunded by our cheque.

Reimbursement of hospital expenses will be in proportion to the room rent mentioned in the policy

Signature of the Insurer/Authorised Representative \_\_\_\_\_ Signature of the proposer \_\_\_\_\_



**Star Health And Allied Insurance Company Limited**

Proposal Form No. \_\_\_\_\_

**Acknowledgement**

Received the proposal for \_\_\_\_\_ Policy from Mr./Mrs./Ms. \_\_\_\_\_ along with payment of ₹ \_\_\_\_\_/- by Cash/ vide Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_. The cash/cheque given by you is banked for operational convenience and banking of the cash/cheque does not mean acceptance of risk by us. The receipt of the cash/cheque will also be acknowledged by our office vide advance premium receipt in respect of proposer/s referred for medical examination. If the proposal is accepted, the cover will commence from the date of the advance premium receipt subject to realization of the cheque. If the proposal is not accepted, the amount paid will be refunded by our cheque.

Reimbursement of hospital expenses will be in proportion to the room rent mentioned in the policy.

Signature of the Insurer/Authorised Representative \_\_\_\_\_ Signature of the proposer \_\_\_\_\_

- Click 'View All' to view all the uploaded reports against the proposer in a single click mode in one PDF format. A sample screen showing few reports is shown below:

**Star Health And Allied Insurance Company Limited**  
Regd & Corporate Office: 3 Star, 3rd Floor, Sector-10, Gurgaon (Gurgaon), Haryana - 122001  
Phone: 0120-2244444, 0120-2244445, 0120-2244446, 0120-2244447

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**PROPOSAL FORM**

The company will not be liable until the proposal has been accepted and full payment of premium has been received.

Name of proposer	Name of proposer	Age	Sex
DOB	DOB	Age	Sex

Please fill up the form in block letters. Also submit photograph of each person proposed for insurance for identity cards.

Name of proposer	Address of proposer
Occupation of the proposer	Annual Income?
Address (if furnished)	
Cell No.	
Mobile No.	Landline No.
Postal/Zip Code	Pin

Please tick the policy cover

Medicines   
  Hospitalization   
  Open Cover   
  Health Care   
  Critical Illness

**PATHOLOGICAL LAB**  
(COMPUTERISED PATHOLOGICAL LABORATORY)

NAME: MR. RAJENDRA NARAI    NO. DATE: 2008/06

REF. NO.:

TESTS	RESULTS	NORMAL RANGE
SERUM CHOLESTEROL	250	Normal: < 200 mg/dl Desired: 150-200 mg/dl High: > 240
SERUM TRIGLYCERIDES		Normal: < 150 mg/dl Borderline High: 150-200 mg/dl High: 200-500 mg/dl
HDL CHOLESTEROL	30	> 35 Males (Males) > 45 Males (Males)
LDL CHOLESTEROL		Less than 100 mg/dl Borderline: 100-129 mg/dl High: 130-159 mg/dl
VLDL CHOLESTEROL	10	< 35 mg/dl
CHOL. HDL RATIO	< 3.0	

MRS. SUSHMA J. K. KUMAR    DR. MANOJ K. SINGH, MD  
REGD. MEDICAL OFFICER    SENIOR MEDICAL OFFICER

10 mm = 1 mV

Time (sec)

P wave (0.08 - 0.10 s)    QRS (0.06 - 0.10 s)  
P-R interval (0.12 - 0.20 s)    Q-T<sub>c</sub> interval (≤ 0.44 s)\*  
\*QT<sub>c</sub> = QT / √RR

**Coolant Analysis**    Condition: Abnormal

<small>ANALYST: PRINCE JOHN CHENGLAPY 133 FIFTH STREET ANNAPOLIS, MD 21403-0002</small>	<small>Unit No.: 133 Customer No.: 13394 Sample Date: 04/09/08 Received Date: 04/09/08 Serial No.: 13397 Lab No.: 13394</small>
---	---

Unit Description: CHENGLAPY  
Plant Brand/Type:

**\*\*\*\* Recommendation \*\*\*\***

REFRIGERANT ALKALINITY APPEARS LOW.  
FREEZE POINT APPEARS HIGH.  
CORROSION METALS: AGE HIGH - BROKENING BRAIN AND FLUOR COOLANT.  
SUGGEST YOU ADJUST THE ANTI-FREEZE/WATER MIXTURE TO A 50:50 MIXTURE.

Tests	Method	Result	Condition
<b>COOLANT ELEMENTS</b>			
PH		8.9	HIGH
CP		11	HIGH
FE		15	HIGH
AL		0.9	ACCEPTABLE
NA		2214	ACCEPTABLE
Z		2217	ACCEPTABLE
BORON		1229	ACCEPTABLE
P		367	LOW
SI		32	ACCEPTABLE
NO		132	ACCEPTABLE
REFRIGERANT ALKALINITY	D-1123	1.9	LOW
PH	D-1187	6.4	LOW
FREEZING POINT	D-1177	+5.7	HIGH
NITRITE		486 ppm	LOW
N. ANTI-FREEZE		25	LOW
VISUAL APPEARANCE		GREEN	ACCEPTABLE

 You can also click 'View Report' against the 'Report Type' to view the corresponding report.

- Click 'Submit' The entries are posted and queued in Diagnostic Lab's Log in.

## Recording Pre-Existing Disease - PED Block

The PED Block screen is displayed as shown below:



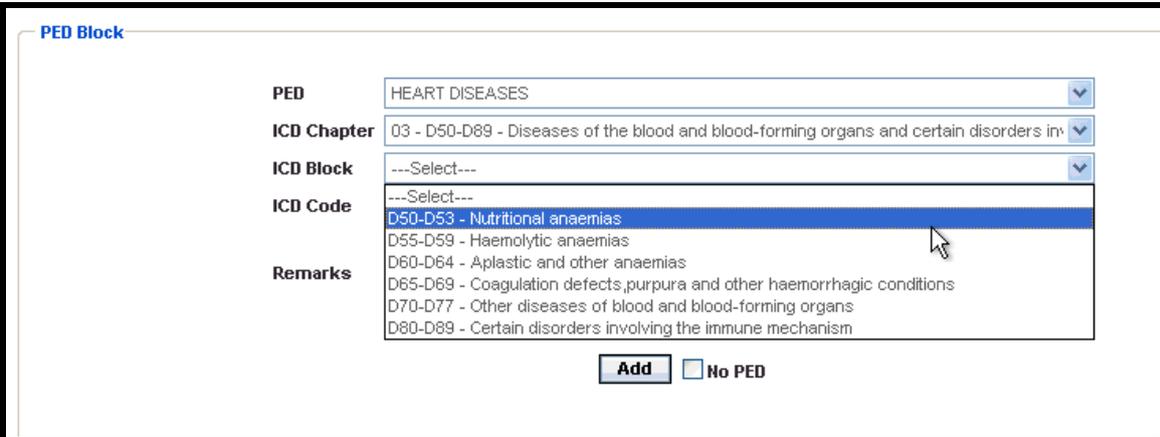
The screenshot shows a form titled "PED Block" with the following fields:

- PED**: A dropdown menu with "--Select--" selected.
- ICD Chapter**: A dropdown menu with "--Select--" selected.
- ICD Block**: A dropdown menu with "--Select--" selected.
- ICD Code**: A dropdown menu with "--Select--" selected.
- Remarks**: A large text area for entering notes.

At the bottom of the form, there are two buttons: "Add" and "No PED".

- Select the appropriate pre-existing disease from 'PED' drop-down list. The screen is as displayed below:

 Based upon the type of PED selected, the system automatically displays the remarks about the disease in the 'Remarks' field



The screenshot shows the form with the following selections and details:

- PED**: HEART DISEASES
- ICD Chapter**: D3 - D50-D89 - Diseases of the blood and blood-forming organs and certain disorders in
- ICD Block**: --Select--
- ICD Code**: D50-D59 - Nutritional anaemias (highlighted)

The **Remarks** field is populated with the following text:

- D55-D59 - Haemolytic anaemias
- D60-D64 - Aplastic and other anaemias
- D65-D69 - Coagulation defects, purpura and other haemorrhagic conditions
- D70-D77 - Other diseases of blood and blood-forming organs
- D80-D89 - Certain disorders involving the immune mechanism

At the bottom, the "Add" button is highlighted, and the "No PED" button is also visible.

- Click 'Add'. The PED's are added for this proposal number. The screen is as shown below with details.

 Click 'Add' to add multiple PED for a single risk.

**PED Block**

PED: ---Select---  
 ICD Chapter: ---Select---  
 ICD Block: ---Select---  
 ICD Code: ---Select---  
 Remarks:

**Add**  No PED

PED	ICD Chapter	ICD Block	ICD Code	Remarks	
HEART DISEASES	01 - A00-B99 - Certain infectious and parasitic diseases	A00-A09 - Intestinal infectious diseases	A00.1 - Cholera due to Vibrio cholerae 01, biovar eltor	Exclusion for treatment of diseases related to CardioVascular System.	<a href="#">Delete</a>
BRAIN,SPINAL CORD DISORDES	03 - D50-D89 - Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D60-D64 - Aplastic and other anaemias	D60.8 - Other acquired pure red cell aplasias	Exclusion for All Neurological and related Complications	<a href="#">Delete</a>

If there is no PED added for the proposal,

3. Select the 'No PED' checkbox.

To delete a PED,

4. Click 'Delete' hyperlink against the respective PED.

## Recording Medical Doctor's Remarks

Enter medical doctor's remark in 'Doctor Remarks' text box provided as shown below:

**Doctor Remarks**

Doctor Remarks:

**View Documents** **Save** **Accept** **Reject** **ReTest** **Escalate** **Back**

5. Click 'Save' to save the entered information in the PED Block. Upon saving, the records get saved successfully.

 Ensure that the PED's selected are correct.

Each remark given by the Doctor is recorded with Doctor's Name, Date and Time stamp as highlighted and shown below:

**Doctor Remarks**

Doctor Remarks:

User ID	User Name	Remarks Date	Remarks
SH7326	Dr.Rupali	4/20/2012 11:55:54 AM	Two PED selected.

## Accept / Reject / Escalate the Proposal

The following are the four options to proceed with Medical Confirmation and the available options are,

- Accept
- Reject
- Escalate

### Accept

Clicking this button signifies accepting the proposal with or without PED records successfully.

1. Enter 'Doctor Remarks' as required for accepting the proposal as shown below:

**PED Block**

PED:

ICD Chapter:

ICD Block:

ICD Code:

Remarks:

No PED

---

**Doctor Remarks**

Doctor Remarks:

No PED is identified from test result

2. Click 'Accept'. The Proposal is sent to Underwriter for policy conversion.

### Reject

On clicking this button, the medical doctor is able to reject the proposal due to various reasons.

1. Enter 'Doctor Remarks' as required for rejecting the proposal as shown below:

PED	ICD Chapter	ICD Block	ICD Code	Remarks	
HYPERTENSION	02 - C00-D48 - Neoplasms	C30-C39 - Respiratory and intrathoracic organs	C30.0 - Nasal cavity	Exclusion for Hypertension and its complications including target organ damage	Delete

**Doctor Remarks**

Doctor Remarks:

2. Click 'Reject'. The proposal is rejected.

### Escalate

Clicking this button signifies assigning the activity of a particular PED to the higher authority for verification. Following the verification activity, the proposal gets confirmed and approved.

1. Enter the remarks for escalation in the 'Doctor Remark's text box as shown below:

**Doctor Remarks**

Doctor Remarks:

User ID	User Name	Remarks Date	Remarks
SH7326	Dr.Rupali	4/20/2012 11:55:54 AM	Two PED selected.

2. Click 'Save' to save the entered remarks.
3. Click 'Escalate' to assign the respective PED to the higher authority. The screen is as displayed below:

http://192.168.1.237:8082 - Assign Higher Authority - Win...

**Escalate**

**Choose Office:** 110000 - Zonal Office - Chennai

**Doctor Remarks:**

110000 - Zonal Office - Chennai

900000 - Corporate Office

Save

4. Select from 'Choose Office' drop-down list, the option 'Zonal Office' to escalate the proposal to zonal office.
5. Enter 'Doctor Remarks' if any as shown below:

http://192.168.1.237:8082 - Assign Higher Authority - Win...

**Escalate**

**Choose Office:** 110000 - Zonal Office - Chennai

**Doctor Remarks:** Unable to take a decision in PED. Please do the needful

Save

6. Click 'Save' to save the details of the record successfully. On saving, a pop-up message is displayed as shown below:



On saving the application is moved to Zonal Doctor Login.

	<p>Logon to MER portal with login credentials of Zonal Doctor to view the escalated proposals.</p> <p>The Zonal Doctor can analyze and submit his opinion and take decision on the proposals.</p>
---	---

## Acronyms

Acronyms	Expansions
MOU	Memorandum of Understanding
MER	Medical Examination Report
PED	Pre Existing Disease
DMS	Document Management System
DOA	Date of Appointment
DOB	Date of Birth
ECG	Electrocardiogram
TMT	Treadmill Test
AO	Area Office
ZO	Zonal Office
CO	Corporate Office
IRDA	Insurance Regulatory Development Authority
ICD	International Classification of Diseases

End of Document