



# User Manual for Medical Reimbursement - Claims

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Prepared by  
APOnline



## Internal Approval

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### 1. INTRODUCTION

Department of school education portal [www.cse.ap.gov.in](http://www.cse.ap.gov.in) was developed to bring all information related to education on a single platform. It was desired to monitor all data to make education an ennobling experience.

Various measures are being taken to enhance the performance of the students. One such measure is Continuous Comprehensive Evaluation. Hence it is desired to develop an application to capture performance of the students in four formative tests and three summative exams. To capture data an application was developed.

### 2. OBJECTIVE

To claim Medical Reimbursement for employees of Department of School Education an online application is put in place to cut down on turn-around-time and to make it a transparent process.

### 3. SCOPE

The scope of this document is to explain the process of claiming medical reimbursement for both In-service and retired employees.

### 4. ABBREVIATIONS

Table 1: List of Abbreviations

Abbreviation	Expansion
MR	Medical Reimbursement

### 5. SOFTWARE AND TECHNOLOGIES

Table 2: Software and Technologies

S.No.	Software	Version
1	JDK	1.6
2	J2EE	NA
3	Struts	1.0
2	SQLServer	2012
3	JBOSS	6.0



### 6. PROCESS – Medical Reimbursement Claim for In-service and retired employees

The process to apply for medical reimbursement claims online, and various steps involved in this process are defined below.

1. Navigate to portal [www.cse.ap.gov.in](http://www.cse.ap.gov.in).



Figure 1: Home Page

2. On the home page click **Medical Reimbursement from E Office tab** as shown in Figure 1. The login screen appears. As shown in figure below.



Figure 2: E-Office Tab Page



3. The following screen appears. Enter **Username** and **Password** and click **Submit**.

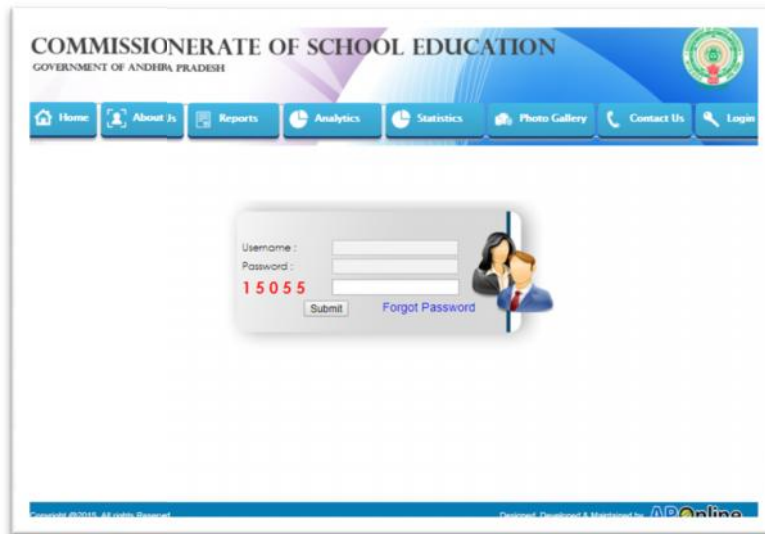


Figure 3: Login Page

4. The following screen is displayed. Click on Medical Reimbursement tab and select from drop down menu as shown below



Figure 4: Select from Dropdown Menu Page





5. From the below screen click on the PDF image to download relevant document.

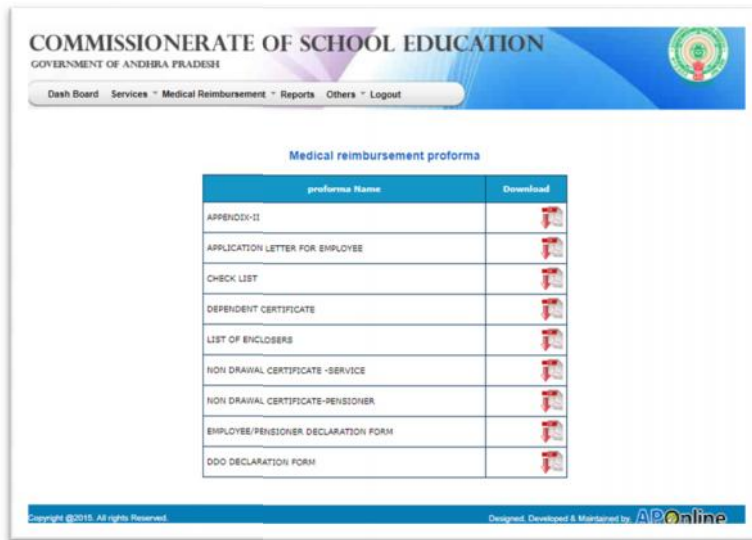


Figure 5: Select PDF Page

6. Select **Medical Employees Claim Form For In-service** option in the **Medical Reimbursement Menu**.

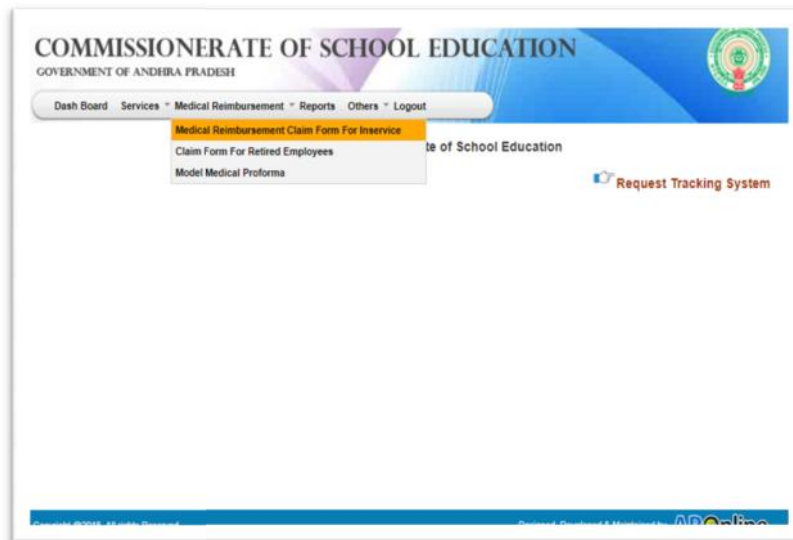


Figure 6: Select Type of Claim Page



7. From the below screen Select your name from the list of Employees working in that school

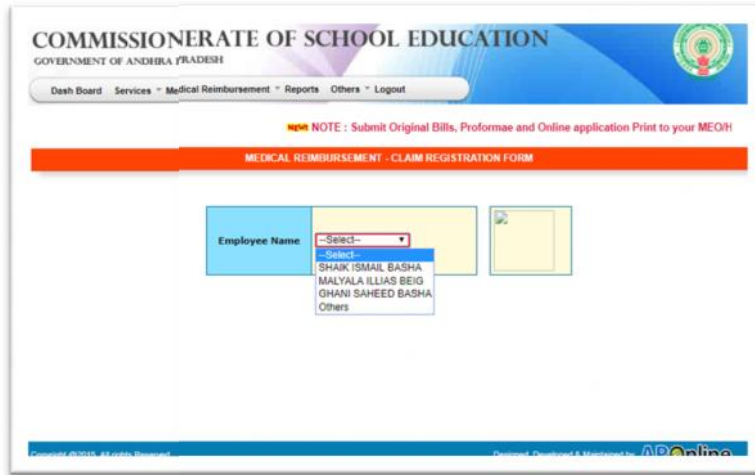


Figure 7: Employee Name

8. In the form which is displayed below fill all fields and upload appropriate documents then click on submit button.

COMMISSIONERATE OF SCHOOL EDUCATION  
GOVERNMENT OF ANDHRA PRADESH

NOTE: Submit Original Bills, Proforma and Online application Print to your MEOR

MEDICAL REIMBURSEMENT - CLAIM REGISTRATION FORM

Employee Name: MALYALA ILLIAS

**School Details**

District Name	WARRANGAL	Financial Name	WARRANGAL
Village Name	WARRANGAL	Local Name	WARRANGAL

**Personal Details**

Treasury Code	000001	Name of the Employee	MALYALA ILLIAS BEIG
Gender	Male	Date Of Birth (DD/MM/YYYY)	01/08/1975
Empid Number	---	Mobile Number	949 404356
Andhar Number	011340/0000	ATD/SRO/PAC Name	---

**Employee Address Details**

House Number	---	Street Name	---
District Name	---	Financial Name	---

**(DPO Declaration Form) Teacher working in High school only**

EDC Declaration Form (PDF)  No file chosen

**Other Relevant Documents (Proof in support of claim)**

Other Relevant Document 1 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen	Other Relevant Document 2 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen
Other Relevant Document 3 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen	Other Relevant Document 4 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen

**Other Documents (Proof in support of claim)**

Other Document 1 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen	Other Document 2 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen
Other Document 3 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen	Other Document 4 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen

**Upload AP Bill Documents (Proof in support of claim)**

AP Bill 1 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen	AP Bill 2 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen
AP Bill 3 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen	AP Bill 4 (PDF SIZE 400 to 450)	<input type="checkbox"/> No file chosen

Submit

Figure 8: Claim Form



- 9. On Successful submission of the claim application, a unique claim id will be generated as shown below and you will receive an SMS to the registered mobile number. Click on the Print button to get the printed copy of your claim application.

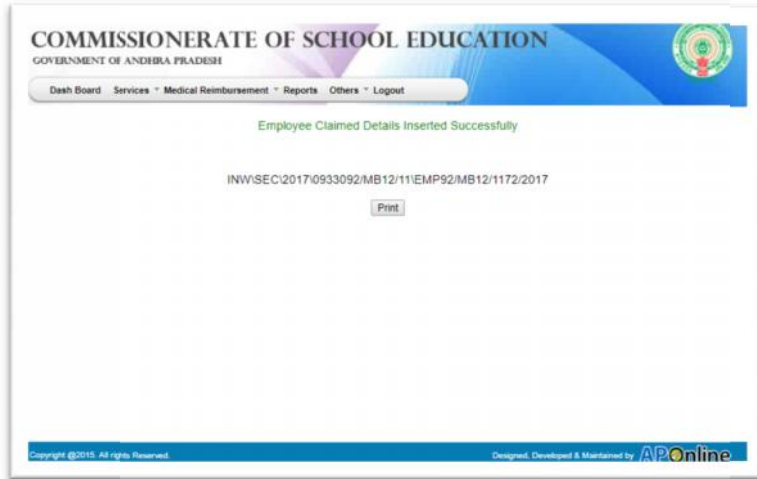


Figure 9: Unique ID

- 10. Make sure printer connected to the system and Click on **Print** button to get the hard copy of your claim application

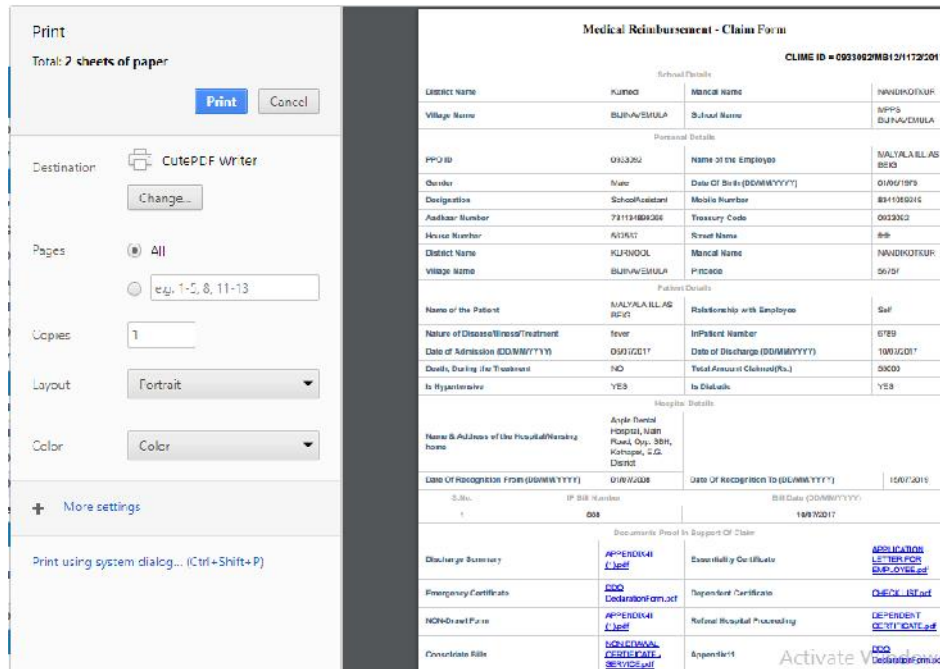


Figure 10: Print Page



Process 2: Applying Claim procedure for Retired Employees.

11. Step 1: Select Claim Form for Retired Employees option in the Medical Reimbursement Menu.

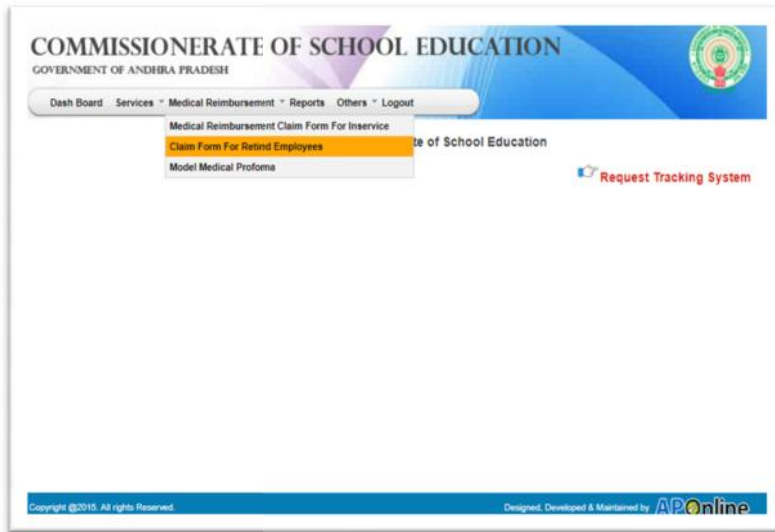


Figure 11: Claim Selection Page

12. On selection of menu a form is displayed as shown below. Fill all fields and upload appropriate documents then click on submit button.

Figure 12: Claim Form Page

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- 13. On Successful submission of the claim application, a unique claim id will be generated as shown below and you will receive an SMS to the registered mobile number. Click on the Print button to get the printed copy of your claim application.

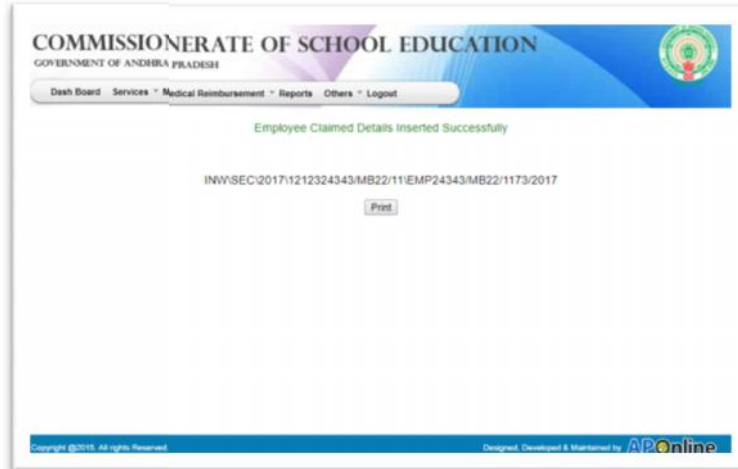


Figure 13: Unique ID

- 14. Make sure the printer is connected to the system and Click on Print button to get the hard copy of your claim application.

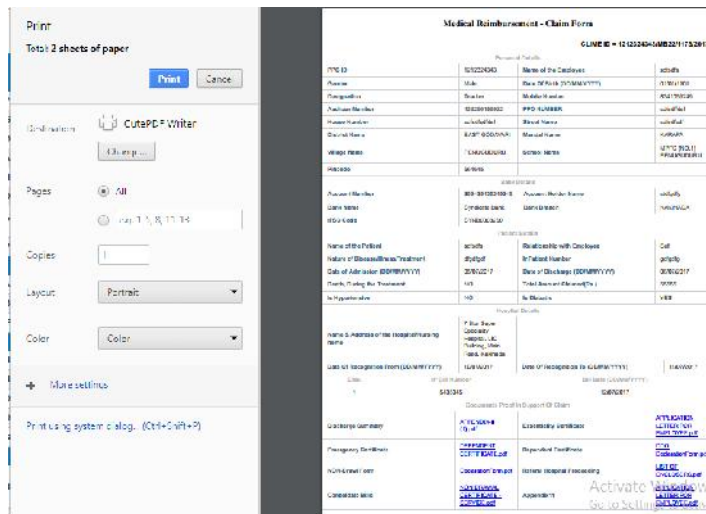


Figure 14: Print Page



### 7. Change Management procedures

This document is meant for usage by the Department of School Education team and shall be the basis for preparing the test case, incident, log and the final report. Any changes made to the requirements in future shall have to go through a formal change approval process, wherever necessary and shall not make any alterations without the permission of the client and the development team.

### 8. Approvals

Table 3: Approvals

<b>Inspected By</b>	<b>Date</b>	<b>Signature</b>
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<b>Approved By</b>	<b>Date</b>	<b>Signature</b>
B.Bala Kishore	24.07.2017	