



RAJASTHAN RAJYA VIDYUT UTPADAN NIGAM LIMITED

Corporate Identity Number (CIN)-U40102RJ2000SGC016484

(Regd. Office: Vidyut Bhawan, Jan Path, Jyoti Nagar, Jaipur-302005)

Ph.No.0141-2742439; E-mail: rvun_control@rvun.co.in;

website: energy.rajasthan.gov.in/rvunl

No.RVUN/CCOA(HQ-II)/AO/Control/D. 110

Dated: 12/04/2022

CIRCULAR

Cashless medical treatment under RGHS in the approved private hospitals as well as Govt. Hospitals, is being provided to all the Nigam employees w.e.f.01/07/2021, who are a beneficiary of Medi-claim Policy of RVUN for the policy year 2021-22.

Recently, SI&PF Department has informed that offline reimbursement claims arose after 30/09/2021 against Medi-claim Policy of RVUN, shall not be entertained.

It is, enjoined upon all the beneficiaries of RVUN, who have submitted their reimbursement claim (in hard copy) for the above mentioned claim period to the SI&PF Dept., to collect their claim file from RGHS office and upload the same (in soft copy) through their SSO ID as per procedure attached herewith. It is also to be noted that reimbursement facility shall only be available for treatment taken in emergent conditions after 30/09/2021.

Encl.: As above.

By Order,

(Divya Jain)

Accounts Officer (Control)

Copy submitted/forwarded to the following for information & necessary action:

1. The Director (Finance/Technical/Project), RVUN, Jaipur.
2. The Chief Engineer/Addl./Dy. CE (), RVUN, _____.
3. The Chief Controller of Accounts (), RVUN, _____.
4. The Chief Personnel Officer, RVUN, Jaipur.
5. The JD (Corporate Affairs) cum Company Secretary, RVUN, Jaipur.
6. The Chief Accounts Officer/Sr. AO (), RVUN, _____.
7. The Superintending Engineer (), RVUN, _____.
8. The Joint Director/DDP (), RVUN, _____.
9. The AO/AAO-I (), RVUN, _____.

Accounts Officer (Control)



RGHS Reimbursement Software Application User Guide for Beneficiaries

20th Mar 2022





Important Note:


The Reimbursement request will be considered in case of Emergency and Referral only

Conditions:	IPD, Day Care and OPD
Validity:	Bills after 01.10.2021 will be accepted
Eligibility:	All RGHS Card holders

SSO Log in Page



❖ **Login through SSO ID:** User shall login through their respective SSO ID and password.

**Rajasthan Single Sign On** v23
One Digital Identity for all Applications

English | हिन्दी

G2G APPS

246

G2C/ G2B APPS

159

IDENTITIES

33737000

Login

Registration

Digital Identity (SSOID/ Username)

Digital Identity (SSOID/ Username) is required

Password

Password is required

789714

Enter Captcha

Login



I Forgot my Digital Identity (SSOID). [Click Here](#)

I Forgot my Password. [Click Here](#)

I have multiple SSOIDs [Click here to merge](#)

ification (authentication only) is mandatory for all state govt. employees. If your mobile number and/ or email address is not updated in Aadhaar (UID)/ Bhamashah/ JanAadhaar, please update at nearest Emitra Kiosk.

Site designed, developed & hosted by Department of Information Technology & Communication, Government Of Rajasthan
Helpdesk Details | Website Policies | Password Policy | FAQ | Sitemap
1,48,15,93,175 | 37,38,334



RGHS Icon Page




- ❖ **Link for RGHS (Icon):** RGHS icon will be displayed on SSO website, On clicking on RGHS icon which redirects user towards the RGHS menu page for **Reimbursement**.

RAJASTHAN SINGLE SIGN ON v12.9
GOVERNMENT OF RAJASTHAN

Citizen Apps (G2C)

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RGHS

CLEAR RECENT APPS

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☐ Bill Payments

☐ Development Apps

HELPDESK

Menu Page



- ❖ **Reimbursement** : User to click on “**Reimbursement**” Tab to proceed towards Reimbursement Request process in Rajasthan Government Health Scheme.

OPD Prescription Upload

Support Module

District Wise Report



Duplicate Payment in Floats



Serving/Pensioner Data Report



Empanelment Report



One Time DBT for Pensioner



Claims and Payments Monthly Report



Reimbursement



Reimbursement Module Page (1/8)



- ❖ **Reimbursement Module:** User can select “**New Claim**” option from the dropdown to file the request for new reimbursement
- ❖ User can select “**Track Your Claim**” from the dropdown to know about the current status of submitted claim.



← Back

Reimbursement Module

Please Select

Select

Select

New Claim

Track Your Claim

Reimbursement Module Page: New Claim (2/8)



- ❖ **STEP 1:** User must fill all the mandatory and non-mandatory information under the “**Basic Details**” section and scroll down on the same page to fill “**Details of Claim**”



← Back

Reimbursement Module

Please Select

New Claim

Basic Details

RGHS Card Number	Patient Name *	Beneficiary E-Mail	Beneficiary Mobile No *
	Select		
Patient Relationship with RGHS card Holder	Employee Category	Beneficiary Bank Name *	Name of Beneficiary *
Bank Account Number *	Branch Address *	IFSC Code *	IPD Limit
			As per rule applicable
IPD Used Amount	IPD Balance	OPD Limit	OPD Used Amount
	As per rule applicable	Not Eligible	
OPD Balance			

Reimbursement Module Page: New Claim (3/8)



- ❖ **STEP II: (In Case of IPD/Daycare)** User will fill all the mandatory and non-mandatory information under the “**Details of Claim**” section and scroll down on the same page to fill “**Itemwise Details**”

Details of Claim

Type of Reimbursement *

IPD / Daycare

Type of cases *

Select

Type of treatment *

Select

Hospital Name *

Address *

Hospital Contact

State *

Select State

District *

Select District

Place *

Pincode

Doctor Name *

Date of Admission

Date of Discharge

Reason for not availing the cashless facility in RGHS empanelled Hospital

Reimbursement Module Page: New Claim(4/8)



❖ **STEP III: (In Case of IPD/Daycare)** User will enter item-wise amount under the **“Itemwise Details”** section and upload all the mandatory documents on the right-side of the same screen **“Upload Documents”** (In Case of IPD/Day Care)

Itemwise Details

1

ICU/Room Charges	
Doctor Visit / Consultation Charges	
Investigation Charges	
Surgery Charges	
Blood Charges	
Other Procedure Charges	
Implant Charges	
Medicine Charges	
Other Bills	
Amount as per Items	

Upload Documents

2

Submitted Prescription

Choose File

No file chosen

Medical Bills

Choose File

No file chosen

Submitted Reports & Investigations

Choose File

No file chosen

Cancelled Cheque

Choose File

No file chosen

Discharge Summary

Choose File

No file chosen

Detailed Bill

Choose File

No file chosen

Payment Receipt

Choose File

No file chosen

Reimbursement Module Page: New Claim(5/8)



❖ **STEP II & III: (In Case of OPD)** User will select **OPD** to fill all the mandatory and non-mandatory information under the “**Details of Claim**” section and scroll down on the same page to fill “**Itemwise Details**” and “**Upload Documents**”

Details of Claim

Type of Reimbursement *

OPD

Select

IPD / Daycare

OPD

District *

Jaipur

Date of Admission

04-03-2022

Type of cases *

Emergency

Address *

Jaipur

City *

Jaipur

Date of Discharge

04-03-2022

Case Subtype

SWIN FLU

Hospital Contact

9311111088

Pincode *

300005

Type of treatment *

Non Surgical

State *

Rajasthan

Doctor Name *

Piyush

Reason for not availing the cashless facility in RGHS empanelled Hospital

Emergency Case

Itemwise Details

Doctor Visit / Consultation Charges	135
Investigation Charges	1800
Medicine Charges	1430
Amount as per Items	3365

Upload Documents

Submitted Prescription

Choose File

Test1.pdf

Medical Bills

Choose File

Test1.pdf

Submitted Reports & Investigations

Choose File

Test1.pdf

Reimbursement Module Page: New Claim (6/8)



- ❖ **STEP IV:** User will verify the “**Total Amount to be Claimed**” shown automatically based on amount filled in Step III “Itemwise Details” and Click on the consent tab to “**Submit**” the Reimbursement form

The diagram illustrates the final step of the reimbursement form. It shows a yellow background with a dashed green border. At the top, a dark blue box contains the text "Total Amount to be claimed". Below this, there is a light blue box with the same text, and a white input field with the same text. An orange arrow labeled "1" points to the input field. Below the input field, there is a checkbox labeled "I do hereby declare that all information provided above is true. I give my consent to receive the claim amount as per terms and conditions of RGHS policy." An orange arrow labeled "2" points to the checkbox. At the bottom, there is a dark blue button with a white checkmark and the text "Submit". An orange arrow labeled "3" points to the button.

Reimbursement Module Page: New Claim(7/8)



❖ **STEP V:** User need to click on “**OK**” tab for final submission.

103.203.139.247 says
Are you sure want to submit ?

OK Cancel

Investigation Charges	2500
Surgery Charges	4500
Blood Charges	700
Other Procedure Charges	4500
Implant Charges	21700
Medicine Charges	6853
Other Bills	4873
Amount as per Items	58658

Choose File Test1.pdf
Choose File Test1.pdf
Choose File Test1.pdf
Choose File Test1.pdf
Choose File Test1.pdf

file uploaded Successfully

Detailed Bill
Payment Receipt

Total Amount to be claimed

Total Amount to be claimed	58658
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☒ I do hereby declare that all information provided above is true. I give my consent to receive the claim amount as per terms and conditions of RGHS policy.

☒ Submit

Reimbursement Module Page: New Claim(8/8)



❖ **STEP VI** : Once the User will click on submit tab, a Pop-up message with Reimbursement ID will reflect on his/her screen and user will receive SMS/Email notification on the registered mobile number and e-mail address.

Investigation Charges	2500	<div>Submitted Reports & Investigations</div> <div>Cancelled Cheque</div> <div>Choose File Test1.pdf</div> <div>Choose File Test1.pdf</div> <div>Choose File Test1.pdf</div> <div>Choose File Test1.pdf</div> <div>Choose File Test1.pdf</div>
Surgery Charges	4500	
Blood Charges	700	
Other Procedure Charges	4500	
Implant Charges	21700	
Medicine Charges	6853	
Other Bills	4873	
Amount as per Items	58658	

SUCCESS

Congratulations !
Claim form has been successfully submitted. Your Reimbursement Id is :REM3550321172543

Close

Total Amount to be claimed

Total Amount to be claimed

58658

☒ I do hereby declare that all information provided above is true. I give my consent to receive the claim amount as per terms and conditions of RGHS policy.

Submit

Reimbursement Module Page: Track Your Claim (1/1)

❖ **Reimbursement Module:** User can select “**Track Your Claim**” from the dropdown to know about the current status of **New** submitted claim.

[← Back](#)

Reimbursement Module

Please Select

Track Your Claim

Select

New Claim

Track Your Claim

Track Claim By

Status

Status

New

🔍 Search

Your claim list

S No	Reimbursement Id	Patient Name	Claim Amount	Status	Claim Date	View Application
1	REM3550321172543	Nemi Chand Gupta	Rs. 58658	New	21-03-2022	View
2	REM3550316105535	Sushila Gupta	Rs. 405	New	16-03-2022	View
3	REM3550316105147	Sushila Gupta	Rs. 882	New	16-03-2022	View
4	REM3550316103056	Sushila Gupta	Rs. 1309	New	16-03-2022	View
5	REM3550316101250	Nemi Chand Gupta	Rs. 6650	New	16-03-2022	View
6	REM3550316094530	Sushila Gupta	Rs. 999	New	16-03-2022	View

Thank You

