STEP

After logging in and selecting your role click on 'eClaim'. Read the disclaimer then close the pop up to continue.

Sagıcor 👟 😑	Mer Disclaimers For E-Claim Submission	P	Sagicor Connect Demo
Claims Status	Settlement of the claim will be subject to the following conditions:		
Request Replacement Card	 1. Submission of all relevant details related to the claim 2. Submission of copy of the receipt/proof of payment 3. The service undertaken must be covered by the policy 		
😫 Self Enrollment	4. The Policy is active and paid up to date5. The patient is eligible for coverage at the date of service		
Soluntary Insurance	 6. Co-ordination of Benefits will be applied where applicable 7. The Explanation of Benefits (EOB) from the primary insurer must be submitted with 		
eCard	the claim, where benefits are being co-ordinated with a carrier other than Sagicor, along with all related documents		
Laim	 8. The claim must be submitted within ninety (90) days of the service(s) being incurred 9. The balance available from the patient's annual or lifetime maximum at the time the claim is processed 	_	Add
	Close		







STEP

5

Enter your claims details by populating the fields with the requested information. After completion, click the blue button labeled next to continue.



STEP

6

Upload your Supporting Document/s by clicking the blue button labeled add documents. Click next to continue.



STEP

7

Review all the information you have provided to ensure you have entered the correct information. Click the blue button labeled submit to submit your claim.



STEP 8

Your Claim is Successfully submitted when the conformation box appears on screen. You can then choose to submit another claim.

or ၖ 😑	Member	Confirmation	×	Sagicor Connect Demo User	~
s Status est Replacement Card	Claim Type	Your Claim has been submitted! Do you want to add another claim?			
nrollment tary Insurance I	🗾 Review	Yes No		Expand / Minimize	
n	Patient, Ty	pe of Service & Provider		~	
	Claim Deta	ails		~	
	Previous			Submit	