

HOW TO SUBMIT DOCUMENTS FOR COMPENSATION ONLINE?

Step 1: Log in to INGO ARMENIA ICJSC's website https://ingoarmenia.am/?lang=en

Step 2: Select ONLINE SERVICES from the top right corner, or just follow the link below: <u>https://online.ingoarmenia.am/</u>



Retail Clients Corporate Clients	\$ +37410592121	Q 💥 Eng 🗸 ONLINE SERVICES
ИНГОАРМЕНИЯ Упдо Наториа	About Company Our Financial Reports Media Center Contacts	

Step 3:

Click Compensations → Apply for compensation → Medical insurance



Step 4: Fill in the information of the person who applied to the doctor or for whom the expenses were incurred.

 Passport details or ID card number
 Birth date (if filling with a mobile phone, it is necessary to select the year of birth first then the month and the day)
 Social card number

After filling the three specified fields, click **Search**. If anything does not match the information of the system, it will display a message on the screen: please follow the message. If it matches the information of the system, the application will proceed to the next step.

c	ALCULATORS	CONTRACT SIGNING	CONTRACTS	COMPENSATIONS		
			Applicati	on for medical insura	nce compensation	
						Form fill-in language 🧱 ENG 🛩
	RE Per	sonal Information	1			
	fill in the insur	ed person's details				
	Passport				Birthday	
					Day/Month/Year	
	SSN			_	Contract N	
	35/1			or	Commactive	
				SEARCH		



Step 5: In the Incident information window the data the insured person will pop out. If the data is correct, click Next. If the data is incorrect call 010 59 21 21.

INCIDENT INFORMATION

First name		Last name	Passport	
		u		
	This field is required	Field value must be written in English letters.		
APPLICANT IS				
• insured person				
\bigcirc another person				
				Next

Step 6: Fill in.

 The date of the incident, which is the date of the visit to the doctor or the date of the first expense presented by payment receipts,
 The compensation amount and currency.

Choose the contract from the available contracts section during which the incident occurred. The selection is made by clicking on the contract number, after which click Next.

INCIDENT	DATA				
Date Day/Month	n/Year	Presented expense	Cu	elect	
EXISTING (CONTRACTS				1
E	Contract Number Contract Date 15/06/2020 - 14/06/2021	Contract Number Contract Date 15/06/2021 - 14/06/2022	È	Contract Number Contract Date 01/02/2022 - 13/01/2023	
	Contract Number				L

Step 7: Fill in the data of the person receiving the compensation. For example, if one parent fills out an application for the child and the compensation must be transferred to one of the parents' bank account, then indicate another person and fill in the details of the person, who will receive the compensation.



Step 8: Attach the necessary documents in the window and click Next.

Ø	Documents attached to the application
Please at	ttach both sides of the documents
	Identification* Upload
MEDI	CAL JUSTIFICATION
	Reference Upload Not required if already submitted

Step 9: In the Conclusion window, fill in:

- 1. Mobile phone number,
- 2. E-mail address,
- 3. Confirm e-mail address,
- 4. It is not necessary to fill in the phone number field,

5. Indicate that you have read and agree with the conditions by checking the box,

Phone	Mobile phone
-mail address	E-mail confirmation
I hereby grant the medical institutions, to provide any and resolving and adjusting my claim. Hereby I confirm that all the documents and information in it.	all necessary documentation to "INGO ARMENIA" ICJSC in regards to my treatment and diagnosis, for the purposes of sclusive of any annexes provided with this Application is complete, correct, accurate and true and all annexes attached to

Click Submit. If everything went well, your will receive an e-mail that your application has been accepted. After submitting the application, within 3 working days, you will receive an SMS with the application number, which can help you track your application online.