FORM NO. NL-48									
DISCLOSURES ON QUANTITATIVE A		IETERS OF HEALTH SE	RVICES RENDERED						
(A	NNUAL DISCLOSURE)								
Name of the Insurance Company: U	niversal Sompo General Ir	surance Co Ltd							
Information as at : 31/03/25									
a. Specify whether In-house Claim S	Settlement or Services re	ndered by IPA							
Name of the TPA - Universal Sompo	Consent to success Co. Land	talanca Haalah Claim							
Name of the TPA - Oniversal 30mpo	General insurance Co Etu	- IIIIIouse neaitii Ciaiiii	is ivianagement						
Validity of agreement with the TPA:	Not applicable								
,									
b. Number of policies and lives serv	vices in respect of which	public disclosures are	made:						
•	·								
Description		Individual	Group	Government					
Number of policies serviced		88498	134902	0					
Number of lives serviced		236052	327911	0					
c. Information with regard to the go	eographical area in which	n services are rendere	d by the TPAs/Insurer						
Name of the State	Name of the Districts								
PAN INDIA	PAN INDIA								
d. Data of number of claims process	end.								
u. Data of number of claims proces	seu.								
i.	Outstanding number of o	laims at the heginning	of the year		1382				
ii.	Number of claims receiv		, or the year		41808				
iii.	Number of claims paid d		% also in brackets)		36338 / 84%				
iv.			specify % also in brackets)		5390 / 12%				
	Number of claims outsta				1462				
e. Turn Around Time (TAT) for cash	less claims (in respect of	number of claims):							
			Policies (in %)	Group Poli					
S. No.	Description		TAT for discharge***	TAT for pre-auth**	TAT for discharge***				
1	Within <1 hour	75%	28%	74%	29%				
2	Within 1-2 hours	11%	34%	12%	40%				
3	Within 2-6 hours	14%	38%	13%	31%				
4	Within 6-12 hours	1%	0%	1%	0%				
5	Within 12-24 hours	0%	0%	0%	0%				
	>24 hours	0%	0%	0%	0%				
Total		100%	100%	100%	100%				
Percentage to be calculated on total	of the reconstitue column								
** reckoned from the time last nece			ichever is earlier) and till fi	nal nre-auth is issued to the	hospitals				
*** reckoned as final discharge sum				nai pre addirio issued to tin	Поэркиз				
	, ,								
f. Turn Around Time in case of payr	nent / repudiation of cla	ims:							
Description (to be reckoned from	Individ			oup	Governmer		Tota		
the date of receipt of last	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	
Within 1 month	21188	80%	11933	79%	0	0%	33121	79%	
Between 1-3 months	4885	18%	2951	19%	0	0%	7836	19%	
Between 3 to 6 months	480	2%	261	2%	0	0%	741	2%	
More than 6 months	25	0%	5	0%	0	0%	30	0%	-
Total	26578	100%	15150	100%	0	0%	41728	100%	
Percentage shall be calculated on to	tal of the respective salve	on.							
rescentage shall be calculated on to	tai oi the respective colur								
g. Data of grievances received again	nst the TPA:								
o w or proceduces received dgdll									
S. No.	Description			Number of Grievances					
1	Grievances outstanding a	it the beginning of vea	r	0					
2	Grievances received duri			289					
3	Grievances resolved duri			289					
4	Grievances outstanding a			0					
Refer Health TPA Regulations , as am	nended from time to time								

FORM NO. NL-48									
DISCLOSURES ON QUANTITATIVE A		TETERS OF HEALTH SE	RVICES RENDERED						
(A	NNUAL DISCLOSURE)								
Name of the Insurance Company: U	niversal Sompo General Ir	surance Co Ltd							
Information as at: 31/03/25									
- C		and and but TOA							
a. Specify whether In-house Claim S	settlement or services re	nuereu by TPA							
Name of the TPA - Ericson Insurance	TPA Put 1td								
reality Elegon insurance	11711 VI. LIG								
Validity of agreement with the TPA:	01-Apr-22 to 31-Mar-25								
,									
b. Number of policies and lives serv	vices in respect of which	public disclosures are	made:						
Description		Individual	Group	Government					
Number of policies serviced		0	4	0					
Number of lives serviced		0	3659	0					
c. Information with regard to the g	eographical area in which	h services are rendere	d by the TPAs/Insurer						
Name of the State	Name of the District								
Name of the State HARYANA	Name of the Districts GURUGRAM								
KARNATAKA	BENGALURU								
MAHARASHTRA	MUMBAI								
MAHARASHTRA	PALGHAR								
MAHARASHTRA	SATARA								
	TIRUNELVELI								
	RANGAREDDY								
d. Data of number of claims process	sed:								
	Outstanding number of o		of the year		10				
	Number of claims receiv				430				
	Number of claims paid d				413 / 94%				
			specify % also in brackets)		22 / 5%				
v.	Number of claims outsta	nding at the end of the	e year		5				
- T A d Time (TAT) for each									
e. Turn Around Time (TAT) for cash	iess ciaims (in respect of	number of claims):							
		Individua	l Policies (in %)	Group Po	olicies (in %)				
S. No.	Description	TAT for pre-auth**	TAT for discharge***	TAT for pre-auth**	TAT for discharge***				
1	Within <1 hour	0%	0%	99%	99%				
2	Within 1-2 hours	0%	0%	1%	0%				
	Within 2-6 hours	0%	0%	0%	0%				
4	Within 6-12 hours	0%	0%	0%	0%				
5	Within 12-24 hours	0%	0%	0%	0%				
6	>24 hours	0%	0%	0%	0%				
Total		0%	0%	100%	100%				
Percentage to be calculated on total	of the respective column								
** reckoned from the time last nece	ssary document is receive	ed by insurer / TPA (wh	nichever is earlier) and till f	inal pre-auth is issued to t	he hospitals				
*** reckoned as final discharge sum	mary sent to hospital fror	n the time discharge b	ill is received by TPA						
f T A		l							
f. Turn Around Time in case of payr	nent / repudiation of cla	IIIIS.							
Description (to be reckoned from	Individ	dual	Gr.	oup	Governmer	nt	Tota	ıl	
the date of receipt of last	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	
Within 1 month	0	0%	356	82%	0	0%	356	82%	
Between 1-3 months	0	0%	57	13%	0	0%	57	13%	
Between 3 to 6 months	0	0%	16	4%	0	0%	16	4%	
More than 6 months	0	0%	6	1%	0	0%	6	1%	
Total	0	0%	435	100%	0	0%	435	100%	
Percentage shall be calculated on to	tal of the respective colur	nn							
g. Data of grievances received again	nst the TPA:								
S. No.	Description			Number of Colour					
	Description	at the heginning of		Number of Grievances 0					
2	Grievances outstanding			8	+				
	Grievances received duri Grievances resolved duri			8	1				
	Grievances outstanding			0	+				
-	vances outstanding o	cho of the year							
Refer Health TPA Regulations , as am	ended from time to time								

COMMAN Med. DISCORRES ON QUANTITATIVE AND OQUALITATIVE PARAMETERS OF HEALTH SERVICES SERVICES (ANNUAL SECCIONARY) Under the Commission and 11 (1972) Under the Commission and 11 (1972) Under the Commission and Commission Services removed by TTA. Assert of the TTA Middle leafth from and 2 TPA. Visiting of agreement with the TTA Middle leafth from and TPA. Under of the Commission and the services in respect of which public disclosures are made. Discognition Dis											
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DECOUNTS ON QUANTITATIVE AND DUMINITATIVE AND DUMINITATIVE AND DUMINION OF MAIL PRODUCTS SHOCKED PRODUCTS OF MAIL PRODUCTS OF		FORM NO. NI48									
Name of the State Amend of State Amend for Districts A Specify whether in house Claim Settlement or Services rendered by TPA Name of the TPA. Videl Institution Searces TPA. Videl for agreement with the TPA. B. Oct. 22 to 10 Age; 25 Name of the State Amend of State Amend o		PORMI NO. NE-48									
Name of the insurance Company, towerout Scorgo General Songo General Son		DISCLOSURES ON QUANTITATIVE A	NID OLIALITATIVE DADAMETE	DC OF HEALTH CEDVICE	C DENIDERED						
Name of the insurance Company, Universal Songo General Insurance Co Ltd Information as at 12/(0.72) a Specify whether in house Claim Settlement or Services undered by TPA Name of the Town Subtractive Company, Universal Services Conducted by TPA Name of the Town Subtractive Company, Universal Services of which public disclassers are made: Name of the Town Subtractive Company, Universal Services of which public disclassers are made: Name of the Town Subtractive Company, Universal Services of the Subtractive Company of the Su				N3 OF HEALTH SERVICE	23 KENDEKED						
Information to at 3: 31,00/25 a. Sporty whether in house cash estimated or services rendered by TPA Name of the TPA. Valid Health havanus TPA. Name of the TPA. Valid Health havanus TPA. Valid get generate with the TPA. CO. CO. 20: 20: 30 Sept. 25. b. Nameber of policies and how services in respect of which public disclosures are made: Consistent of the CPA. Valid Health havanus TPA. In the Period TPA. TPA. In the Pe		(A	INNOAL DISCLOSURE)								
Information to at 3: 31,00/25 a. Sporty whether in house cash estimated or services rendered by TPA Name of the TPA. Valid Health havanus TPA. Name of the TPA. Valid Health havanus TPA. Valid get generate with the TPA. CO. CO. 20: 20: 30 Sept. 25. b. Nameber of policies and how services in respect of which public disclosures are made: Consistent of the CPA. Valid Health havanus TPA. In the Period TPA. TPA. In the Pe				0.1.1							
a. Specify whether in bissues Calon Sestimener or Services rendered by TPA Number of the TPA. Visibility of agreement with the TPA. 01, 04x12 to 10 56yes 25 Number of policies and lives services in respect of which public disclosures are mode: B. Number of policies and lives services in respect of which public disclosures are mode: Security of the services of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in the Services of the se		Name of the insurance Company: Ui	niversal Sompo General Insura	ince Co Lta							
a. Specify whether in bissues Calon Sestimener or Services rendered by TPA Number of the TPA. Visibility of agreement with the TPA. 01, 04x12 to 10 56yes 25 Number of policies and lives services in respect of which public disclosures are mode: B. Number of policies and lives services in respect of which public disclosures are mode: Security of the services of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in which services are rendered by the TPA. (Insurer of the services) of the prographical series in the Services of the se											
Name of the TPA - Void Health Insurance TPA Validity of agreement with the TPA QL Oct 22 to 10-Sept 25 5. Number of policies and fives services in respect of which public disclosures are moder Occupation Insurance of the TPA - QL Oct 22 to 10-Sept 25 Oct 133 8 Submitted of papers serviced O 133 8 Submitted of papers serviced O 1222 0 Submitted of the serviced Name of the Disclosure OCHIOLOGY OCHIOLo		Information as at : 31/03/25									
Name of the TPA - Void Health Insurance TPA Validity of agreement with the TPA QL Oct 22 to 10-Sept 25 5. Number of policies and fives services in respect of which public disclosures are moder Occupation Insurance of the TPA - QL Oct 22 to 10-Sept 25 Oct 133 8 Submitted of papers serviced O 133 8 Submitted of papers serviced O 1222 0 Submitted of the serviced Name of the Disclosure OCHIOLOGY OCHIOLo											
Validity of agreement with the TIPA. 03-Oct. 22 to 30 Sept. 25 8. Number of policies and hors services in respect of which public disclosures are made: Individual		a. Specify whether In-house Claim S	Settlement or Services rende	red by TPA							
Validity of agreement with the TIPA. 03-Oct. 22 to 30 Sept. 25 8. Number of policies and hors services in respect of which public disclosures are made: Individual											
S. Number of policies and lows services in respect of which public disclosures are moder: Obsorbition Number of policies are reviewed O 133 O 0 Number of policies serviced O 17228 O 0 C. Information with regard to the geographical area in which services are rendered by the TPA/Insurer C. Information with regard to the geographical area in which services are rendered by the TPA/Insurer Hame of the State Name of the Stat		Name of the TPA - Vidal Health Insur	rance TPA								
S. Number of policies and lows services in respect of which public disclosures are moder: Obsorbition Number of policies are reviewed O 133 O 0 Number of policies serviced O 17228 O 0 C. Information with regard to the geographical area in which services are rendered by the TPA/Insurer C. Information with regard to the geographical area in which services are rendered by the TPA/Insurer Hame of the State Name of the Stat											
Description Individual Group Government		Validity of agreement with the TPA:	01-Oct-22 to 30-Sept-25								
Description Individual Group Government											
Description Individual Group Government											
Number of policies serviced 0 13 0 0 1222 0 0 0 1222 0 0 0 1222 0 0 0 0 0 0 0 0 0		b. Number of policies and lives serv	ices in respect of which publ	ic disclosures are mad	e:						
Number of policies serviced 0 13 0 1722 0 0 0 0 0 0 0 0 0											
Number of politices serviced 0 13 0 1722 0 0 0 0 0 0 0 0 0											
c. Information with regard to the geographical area in which services are rendered by the TPAs/Insurer Name of the State Name of the Stat					13						
c. Information with regard to the geographical area in which services are rendered by the TPAs/Insurer Name of the State Name of the State Name of the Districts UNEXT CODAVARI HARATMAA GURUGRAM HARATMAA HARATM		Number of lives serviced		0	17228	0					
Name of the State											
Name of the State		c. Information with regard to the go	eographical area in which ser	vices are rendered by	the TPAs/Insurer						
ARDRAP PRACESH WEST CODAVARI											
ARDRAP PRACESH WEST CODAVARI		Name of the State	Name of the Districts								
MARIATARA SINGALURU		ANDHRA PRADESH	WEST GODAVARI								
MARIATARA SINGALURU		HARYANA	GURUGRAM								
PUNJAB		KARNATAKA	BENGALURU								
PUNJAB		KERALA	KOCHI								
TEANMANA RANGAREDDY											
TELANGANA RANGAREDOY CAUTAN BUDDHA NAGAR											
UTTAR PRADESH d. Data of number of claims processed: 1. Outstanding number of claims at the beginning of the year 1. Number of claims processed with the beginning of the year 1. Number of claims processed with the year (spece % site in brackets) 1. Number of claims pad during the year (spece % site in brackets) 2. Number of claims pad during the year (spece % site in brackets) 2. Number of claims pad during the year (spece % site in brackets) 2. Number of claims pad during the year (spece % site in brackets) 2. Number of claims pad during the year (spece % site in brackets) 2. Number of claims outstanding at the end of (specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets) 3. Number of claims outstanding at the end of specify % site in brackets of seciples (in %) 4. Turn Around Time in case of payment / repudiation of dalms: 4. Turn Around Time in case of payment / repudiation of dalms: 5. No. Outstanding at the end of the year 9. Data of grievances received against the TPA: 1. Turn Around Time in case of payment / repudiation of specify site in the specific outstanding at the end of the year 9. Data of grievances received against the TPA: 1. Turn Around Time in case of payment / repudiation of year 1. Outsta		TELANGANA	RANGAREDDY								
L		UTTAR PRADESH	GAUTAM BUDDHA NAGAR								
L											
L		d. Data of number of claims process	sed:								
II. Number of claims received during the year 3.418 III. Number of claims paid during the year (specify, % also in brackets) 3293/94% IV. Number of claims paid during the year (specify, % also in brackets) 89 / 3% IV. Number of claims rectangulated during the year (specify, % also in brackets) 89 / 3% IV. Number of claims outstanding at the end of the year 112 e- Turn Around Time (TAT) for cashless claims (in respect of number of claims): Individual Policies (in %) Group Policies (in %) S. No. Description TAT for pre-auth** TAT for pre											
II. Number of claims received during the year 3.418 III. Number of claims paid during the year (specify, % also in brackets) 3293/94% IV. Number of claims paid during the year (specify, % also in brackets) 89 / 3% IV. Number of claims rectangulated during the year (specify, % also in brackets) 89 / 3% IV. Number of claims outstanding at the end of the year 112 e- Turn Around Time (TAT) for cashless claims (in respect of number of claims): Individual Policies (in %) Group Policies (in %) S. No. Description TAT for pre-auth** TAT for pre		i.	Outstanding number of claim	s at the beginning of th	e vear		76				
III. Number of claims regulated uduring the year (specify % also in brackets) 8.89 / 3%											
N. Number of claims outstanding at the end of the year (specify % salos in brackets) 89/3%		iii.			so in brackets)						
Number of claims outstanding at the end of the year											
e. Turn Around Time (TAT) for cashless claims (in respect of number of claims): S. No. Description TAT for pre-auth** TAT for discharge*** TAT for pre-auth** TAT for discharge*** TAT for gre-auth** TAT for gre-aut											
Individual Policies (in %) Group Policies (in %) S. No. Description TAT for pre-auth** TAT for discharge*** TAT for gre-auth** TAT for discharge*** TAT for discharge** TAT for d				,							
S. No. Description TaT for pre-auth** TaT for discharge*** TaT for discharge**		e. Turn Around Time (TAT) for cash	less claims (in respect of nun	ber of claims):							
S. No. Description Taf for pre-auth** Taf for discharge***			(
S. No. Description Taf for pre-auth** Taf for discharge***				Individual	Policies (in %)	Group Polic	cies (in %)				
1 Within <1 hour		S. No.	Description								
2 Within 1-2 hours			Within <1 hour								
3 Within 2-6 hours		2		0%	0%	8%	30%				
A Within 6-12 hours											
S Within 12-24 hours											
Comparison Com											
Percentage to be calculated on total of the respective column. Percentage to be calculated on total of the respective column. Percentage to be calculated on total of the respective column. Percentage to be calculated on total of the respective column. Percentage to the calculated on total of the respective column. Percentage to the calculated on total of the respective column. Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage shall be calculated on total of the respective column Percentage shall be calculated on total of the respective column Percentage shall be calculated on total of the respective column Percentage shall be calculated on total of the respective column Percentage shall be calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the calculated on total of the respective column Percentage to the											
Percentage to be calculated on total of the respective column. ** reckoned from the time last necessary document is received by insurer / TPA (whichever is earlier) and till final pre-auth is issued to the hospitals ** reckoned from the time last necessary document is received by insurer / TPA (whichever is earlier) and till final pre-auth is issued to the hospitals ** reckoned from the time discharge bill is received by TPA ** reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge summary sent to hospital from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned from the time discharge bill is received by TPA ** reckoned by TPA ** received by TPA											
***reckoned from the time last necessary document is received by insurer / TPA (whichever is earlier) and till final pre-auth is issued to the hospitals ***reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA F. Turn Around Time in case of payment / repudiation of claims		iotai		U/0	J/6	200/0	200/0				
***reckoned from the time last necessary document is received by insurer / TPA (whichever is earlier) and till final pre-auth is issued to the hospitals ***reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA F. Turn Around Time in case of payment / repudiation of claims		Percentage to be calculated on total	of the respective column								
*** reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA f. Turn Around Time in case of payment / repudiation of claims: Description (to be reckoned from the date of receipt of last No. of Claims Percentage No. of Claims				insurer / TDA (whichou	ver is earlier) and till final r	re-auth is issued to the bor	nitals				
F. Turn Around Time in case of payment / repudiation of claims:		*** reckoned as final discharge sum	mary sent to hospital from the	time discharge bill is r	eceived by TPA	ric doctris issued to the HOS	picuis				
Description (to be reckoned from the date of receipt of last No. of Claims Percentage No. of Claims		. serones as milai discharge Sulli	, sent to nospital molli tili	c discharge bill IST							
Description (to be reckoned from the date of receipt of last No. of Claims Percentage No. of Claims		f Turn Around Time in case of navn	nent / renudiation of claims								
The date of receipt of last No. of Claims Percentage No. of Claims			, repairation of cidillis.								
The date of receipt of last No. of Claims Percentage No. of Claims		Description (to be reckaned from	Individu	al	C.	oun	Governmen	t	Total		
Within 1 month											
Between 1-3 months											
Between 3 to 6 months											
More than 6 months											
Total 0 0 0% 3382 100% 0 0% 3382 100% Percentage shall be calculated on total of the respective column											
Percentage shall be calculated on total of the respective column g. Data of grievances received against the TPA: S. No. Description S. No. Description Mumber of Grievances 1 Grievances outstanding at the beginning of year 2 Grievances received during the year 2 Grievances received during the year 3 Grievances received during the year 4 Grievances outstanding at the end of the year 0 1 Grievances outstanding at the end of the year 1 Grievances outstanding at the end of the year 1 Description 1 Description 1 Description 1 Description 1 Description 1 Description 2 Description 1 Description 2 Description 2 Description 3 Description 4 Description 1 Description 1 Description 2 Description 3 Description 4 Description 1 Description 1 Description 2 Description 2 Description 3 Description 4 Description 5 Description 5 Description 6 Description 7 Description 8 Description 9 Desc											
g. Data of grievances received against the TPA: S. No. Description Grievances outstanding at the beginning of year Grievances cevelved during the year Grievances received during the year Grievances outstanding at the end of the year Grievances outstanding at the end of the year			U	U70	3302	100%	U	U76	3304	100%	
g. Data of grievances received against the TPA: S. No. Description Grievances outstanding at the beginning of year Grievances cevelved during the year Grievances received during the year Grievances outstanding at the end of the year Grievances outstanding at the end of the year		Percentage shall be calculated t	tal of the recognitive column								
S. No. Description Number of Grievances 1 Grievances outstanding at the beginning of year 0 2 Grievances received during the year 2 3 Grievances received during the year 2 4 Grievances outstanding at the end of the year 0		rescentage shall be calculated on to	tar or the respective column								
S. No. Description Number of Grievances 1 Grievances outstanding at the beginning of year 0 2 Grievances received during the year 2 3 Grievances received during the year 2 4 Grievances outstanding at the end of the year 0		a Data of avious '	act the TDA:								
1 Grievances outstanding at the beginning of year 0 2 Grievances received during the year 2 3 Grievances received during the year 2 4 Grievances outstanding at the end of the year 0		g. Data of grievances received again	nst tile IPA:								
1 Grievances outstanding at the beginning of year 0 2 Grievances received during the year 2 3 Grievances received during the year 2 4 Grievances outstanding at the end of the year 0		C NI-	December			Number of Colours					
2 Grievances received during the year 2 3 Grievances resolved during the year 2 4 Grievances outstanding at the end of the year 0 0				- bardantan ef							
3 Grievances resolved during the year 2 4 Grievances outstanding at the end of the year 0											
4 Grievances outstanding at the end of the year 0											
· Other medical and a street of the year	\vdash										
Refer Health TPA Regulations , as amended from time to time		4	Grievances outstanding at the	e end of the year		0					
Reter Health IPA Regulations , as amended from time to time		a f ii bi mai c · · ·	1.16								
		Reter Health TPA Regulations, as an	nended from time to time								

(A the Insurance Company: U on as at : 31/03/25 y whether In-house Claim : the TPA - HealthIndia Insur f agreement with the TPA: er of policies and lives sen on of policies serviced of lives serviced		red by TPA	ES RENDERED					
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	MEHSANA							
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FORM NO. NL-48								
DISCLOSURES ON QUANTITATIVE AN		METERS OF HEALTH SE	RVICES RENDERED					
(At	NNUAL DISCLOSURE)							
Name of the language Community	-b							
Name of the Insurance Company: Un	niversai Sompo Generai i	nsurance Co Ltd						
Information as at : 31/03/25								
a. Specify whether In-house Claim S	Settlement or Services re	endered by TPA						
Name of the TPA - Medi Assist Insura	ince TPA Pvt. Ltd.							
Validity of agreement with the TPA: (01-Mar-23 to 28-Feb-26							
b. Number of policies and lives servi	ices in respect of which	public disclosures are	made:					
Description		to distant	C	6				
Description Number of policies consisted		Individual	Group 92	Government				
Number of policies serviced Number of lives serviced		0	175715	3 59782				
Number of lives serviced		U	1/3/13	33702				
c. Information with regard to the ge	eographical area in which	h services are rendere	d by the TPAs/Insurer					
to the ge	o- uprincur arca iii Willi	are remaded	, a.ca/illaule/					
Name of the State	Name of the Districts							
	ANANTAPUR							
	RANGAREDDY							
	SILVASSA							
DELHI	NEW DELHI							
GUJARAT	AHMEDABAD							
	GURUGRAM							
	REASI							
	RANCHI							
	BENGALURU							
	MYSURU							
	ERNAKULAM							
	THIRUVANANTHAPURAI BHOPAL	vi						
	MUMBAI							
	NAVI MUMBAI							
	PUNE							
	SATARA							
	BHUBANESWAR							
	JAIPUR							
	CHENNAI							
	COIMBATORE							
TAMIL NADU	KANCHIPURAM							
	TIRUVALLUR							
	HYDERABAD							
	RANGAREDDY							
	HOWRAH							
WEST BENGAL	KOLKATA							
1 Data of								
d. Data of number of claims process	sed:							
		laims at the heginning	of the year		89			
i.	Outstanding number of		of the year		89			
i. ii.	Outstanding number of Number of claims receiv	ed during the year			39886			
i. II. III.	Outstanding number of Number of claims receiv Number of claims paid d	ed during the year uring the year (specify	% also in brackets)		39886 34477 / 86%			
i. ii. iii. iv.	Outstanding number of Number of claims receiv Number of claims paid of Number of claims repud	ed during the year uring the year (specify iated during the year (s	% also in brackets) specify % also in brackets)		39886 34477 / 86% 2255 / 6%			
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i. ii. iii. iv.	Outstanding number of Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta	ed during the year uring the year (specify iated during the year (s inding at the end of the	% also in brackets) specify % also in brackets)		39886 34477 / 86% 2255 / 6%			
i. ii. iii. iii. iv. v. v.	Outstanding number of Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta	ed during the year uring the year (specify iated during the year (s inding at the end of the number of claims):	% also in brackets) specify % also in brackets) e year		39886 34477 / 86% 2255 / 6% 3243			
ii. iii. iv. v. e. Turn Around Time (TAT) for cashi	Outstanding number of number of claims receiv Number of claims paid of Number of claims repud Number of claims outstates claims (in respect of	ed during the year uring the year (specify lated during the year (s inding at the end of the number of claims): Individual	% also in brackets) specify % also in brackets) year Policies (in %)	Group Poli	39886 34477 / 86% 2255 / 6% 3243 cies (in %)			
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L. II. III. IV. V. e. Turn Around Time (TAT) for cashi S. No. 1 2 3 3 4 5 6 Total Percentage to be calculated on total ** reckoned from the time last neces **** reckoned as final discharge sum f. Turn Around Time in case of paym Description (to be reckoned from the date of receipt of last Within 1 month	Outstanding number of Number of claims receive Number of claims receive Number of claims seed Number of claims or reput Number of claims or reput Number of claims or reput Number of claims outstand Number of Claims Number of N	ed during the year uning the year (specify lated during the year)	% also in brackets) specify % also in brackets) specify % also in brackets) year Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% 0% 1% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%	TAT for pre-auth* 9% 9% 2% 1% 0% 0% 0% 100% 100% nnal pre-auth is issued to the	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235	Percentage 39% 39%	No. of Claims 18048 13195	Percentage 49% 36%
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L. II. III. IV. V. e. Turn Around Time (TAT) for cashi S. No. 1 2 3 3 4 5 6 Total Percentage to be calculated on total ** reckoned from the time last neces **** reckoned as final discharge sum f. Turn Around Time in case of paym Description (to be reckoned from the date of receipt of last Within 1 month	Outstanding number of Number of claims paid of Number of claims outstand Number of Claims of Number of Claims of Number	ed during the year uring the year (specify lated during the year (specify lated during the year) (and the end of the number of claims): Individual TAT for pre-auth** 0% 0% 0% 0% 0% 0% ow let by insurer / TPA (with the time discharge but the t	% also in brackets) specify % also in brackets) specify % also in brackets) year Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% ichever is earlier) and till fil lit is received by TPA Gr No. of Claims 9948 4960 879	TAT for pre-auth**	39886 34477/86% 2255/6% 3243 cies (in %) TAT for discharge*** 17% 17% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007	Percentage 39% 39% 19%	No. of Claims 18048 13195 4886	Percentage 49% 36% 13%
L III. III. III. III. III. III. III. II	Outstanding number of Number of claims paid of Number of claims paid of Number of claims paid of Number of claims received Number of claims of Number of Claims outstand Number of Claims of the Number of Number	ed during the year uning the year (specify lated during lated duri	% also in brackets) specify % also in brackets) specify % also in brackets) year Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% ichever is earlier) and till fi ill is received by TPA No. of Claims 9948 4960 879 54	TAT for pre-auth* 96% 2% 1% 0% 0% 0% 100% hnal pre-auth is issued to the pre-auth is issued to	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%
L. ii. iii. iv. v. e. Turn Around Time (TAT) for cash. S. No. 1 2 3 4 4 5 6 Total Percentage to be calculated on total *** reckoned from the time last neces *** reckoned as final discharge sum f. Turn Around Time in case of paym Description (to be reckoned from the date of receipt of last Within 1 month Between 13 months Between 13 months Between 13 months	Outstanding number of Number of claims paid of Number of claims paid of Number of claims paid of Number of claims received Number of claims of Number of Claims outstand Number of Claims of the Number of Number	ed during the year uning the year (specify lated during lated duri	% also in brackets) specify % also in brackets) specify % also in brackets) year Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% ichever is earlier) and till fi ill is received by TPA No. of Claims 9948 4960 879 54	TAT for pre-auth* 96% 2% 1% 0% 0% 0% 100% hnal pre-auth is issued to the pre-auth is issued to	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%
L II. III. III. IV. V. e. Turn Around Time (TAT) for cash! S. No. 1 2 3 4 5 6 Total Percentage to be calculated on total ** reckoned as final discharge sum f. Turn Around Time in case of paym Description (to be reckoned from the date of receipt of last Within 1 month Between 1-3 month Between 1-3 month Between 1-3 of month More than 6 months Total	Outstanding number of Number of claims paid of Number of claims per of Claims per of Claims per of Claims	ed during the year uning the year (specify lated during lated duri	% also in brackets) specify % also in brackets) specify % also in brackets) year Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% ichever is earlier) and till fi ill is received by TPA No. of Claims 9948 4960 879 54	TAT for pre-auth* 96% 2% 1% 0% 0% 0% 100% hnal pre-auth is issued to the pre-auth is issued to	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%
L III. III. III. III. III. III. III. II	Outstanding number of Number of claims paid of Number of claims per of Claims per of Claims per of Claims	ed during the year uning the year (specify lated during lated duri	% also in brackets) specify % also in brackets) specify % also in brackets) year Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% ichever is earlier) and till fi ill is received by TPA No. of Claims 9948 4960 879 54	TAT for pre-auth* 96% 2% 1% 0% 0% 0% 100% hnal pre-auth is issued to the pre-auth is issued to	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%
L. II. III. III. IV. V. e. Turn Around Time (TAT) for cashles and the control of the contr	Outstanding number of Number of claims paid of Number of claims perceived Number of claims perceived Number of claims of the Number of claims of the Number of claims outstand Number of Claims Of the respective column says of the respective column of the Number of Claims Of Claims Of Office of Claims Office o	ed during the year uning the year (specify lated during lated duri	% also in brackets) specify % also in brackets) specify % also in brackets) year Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% ichever is earlier) and till fi ill is received by TPA No. of Claims 9948 4960 879 54	TAT for pre-auth** 9%6 2% 1% 0% 0% 0% 100% 100% percentage 63% 31% 6% 0% 100%	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%
L. II. III. IV. V. e. Turn Around Time (TAT) for cashle S. No. 1 2 3 4 5 6 Total Percentage to be calculated on total ** reckoned from the time last neces *** reckoned from the time last neces *** reckoned as final discharge sum Description (to be reckoned from the date of receipt of last Within 1 month Between 13 to 6 months More than 6 months Total Percentage shall be calculated on total g. Data of grievances received again.	Outstanding number of Number of claims receive Number of claims receive Number of claims seed Number of claims reput Number of claims ore put Number of claims outstands (see See See See See See See See See See	ed during the year uning the year (specify lated during the year (specify lated during the year (nding at the end off she was the end of she was the end o	% also in brackets) specify % specif	TAT for pre-auth* 96% 2% 1% 0% 0% 0% 100% nal pre-auth is issued to the percentage 63% 31% 6% 0% 100%	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%
L. II. III. IV. V. e. Turn Around Time (TAT) for cashless of the control of	Outstanding number of Number of claims paid of Number of claims outstanding to the season of claims outstanding to the season of claims outstanding to the season of	ed during the year uning the year (specify lated during the year (specify lated during the year) (and the end of the number of claims): I midwidul TAT for pre-auth** O% O% O% O% O% O% O% O% O%	% also in brackets) specify % specif	TAT for pre-auth** 9%6 2% 1% 0% 0% 0% 100% 100% Percentage 63% 31% 6% 0% 100% Number of Grievances	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%
L. II. III. IV. V. e. Turn Around Time (TAT) for cashle S. No. 1 2 3 4 5 6 Total Percentage to be calculated on total ** reckoned from the time last neces *** reckoned as final discharge sum f. Turn Around Time in case of paym Description (to be reckoned from the date of receipt of last Within 1 month Between 13 to 6 months More than 6 months Total Percentage shall be calculated on tot g. Data of grievances received again S. No. 1	Outstanding number of Number of claims receive Number of claims receive Number of claims receive Number of claims repaid Number of claims repaid Number of claims or repaid Number of claims outstanding of claims outstanding outstanding of claims outstanding of rievances outstanding orievances outstanding orievances outstanding orievances ceceived outstanding orievances outstanding orievance	ed during the year uning the year (specify lated during the ye	% also in brackets) specify % specif	TAT for pre-auth** 9% 9% 1% 1% 0% 0% 0% 100% nal pre-auth is issued to the sisted to the si	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%
L II. III. III. IV. V. e. Turn Around Time (TAT) for cashle S. No. 1 2 3 4 5 6 Total Percentage to be calculated on total *** reckoned from the time last neces *** reckoned as final discharge summ f. Turn Around Time in case of paym Description (to be reckoned from the date of receipt of last Within 1 month Between 1-3 months Between 1-3 months Between 1-3 months Between 1-3 months Percentage shall be calculated on total Percentage shall be calculated on total S. No. 1 2 3 3	Outstanding number of Number of claims receive Number of claims receive Number of claims receive Number of claims receive Number of claims are provided in the control of t	ed during the year uning the year (specify lated during the year (specify lated during the year) (and ing at the end of the number of claims): Individual TAT for pre-auth** 0% 0% 0% 0% 0% 0% 0% ow at the time discharge b lims: Jual Percentage 0% 0% 0% 0% 0% at the beginning of year gift he year ang the year giftee year gif	% also in brackets) specify % specif	TAT for pre-auth* 96% 2% 1% 0% 0% 0% 0% 100% 100% Percentage 63% 6% 6% 100% Number of Grievances 0 12	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%
L II. III. III. IV. V. e. Turn Around Time (TAT) for cashle S. No. 1 2 3 4 5 6 Total Percentage to be calculated on total *** reckoned from the time last neces *** reckoned as final discharge summ f. Turn Around Time in case of paym Description (to be reckoned from the date of receipt of last Within 1 month Between 1-3 months Between 1-3 months Between 1-3 months Between 1-3 months Percentage shall be calculated on total Percentage shall be calculated on total S. No. 1 2 3 3	Outstanding number of Number of claims receive Number of claims receive Number of claims receive Number of claims repaid Number of claims repaid Number of claims or repaid Number of claims outstanding of claims outstanding outstanding of claims outstanding of rievances outstanding orievances outstanding orievances outstanding orievances ceceived outstanding orievances outstanding orievance	ed during the year uning the year (specify lated during the year (specify lated during the year) (and ing at the end of the number of claims): Individual TAT for pre-auth** 0% 0% 0% 0% 0% 0% 0% ow at the time discharge b lims: Jual Percentage 0% 0% 0% 0% 0% at the beginning of year gift he year ang the year giftee year gif	% also in brackets) specify % specif	TAT for pre-auth** 9% 9% 1% 1% 0% 0% 0% 100% nal pre-auth is issued to the sisted to the si	39886 34477/86% 2255/6% 3243 cles (in %) TAT for discharge*** 77% 5% 0% 0% 0% 100% e hospitals Governmer No. of Claims 8100 8235 4007 549	Percentage 39% 39% 19% 3%	No. of Claims 18048 13195 4886 603	Percentage 49% 36% 13% 2%

FORM NO. NL-48								
DISCLOSURES ON QUANTITATIVE A	ND QUALITATIVE PARAM	NETERS OF HEALTH SE	RVICES RENDERED					
(A	NNUAL DISCLOSURE)							
Name of the Insurance Company: Ur	niversal Sompo General I	surance Co Ltd						
Information as at : 31/03/25								
		L						
a. Specify whether In-house Claim S	Settlement or Services re	ndered by TPA						
Name of the TPA - Family Health Plan	n Insurance TPA Limited							
Validity of agreement with the TPA:	01-Oct-22 to 30-Sept-25							
b. Number of policies and lives serv	rices in respect of which	public disclosures are	made:					
Description		Individual	Group	Government				
Number of policies serviced		0	29	0				
Number of lives serviced		0	51291	0				
c. Information with regard to the ge	eographical area in whic	n services are rendere	ed by the TPAs/Insurer					
	Name of the Districts							
	RANGAREDDY		-					
	BHARUCH		-					
	BENGALURU		-					
	KOLAR		-					
	KOPPAL	L						
	THIRUVANANTHAPURA	1						
	PUNE							
	BHUBANESWAR							
ODISHA	DHENKANAL		-					
TAMIL NADU	CHENNAI		-	-	-			
TAMIL NADU	COIMBATORE							
TAMIL NADU	KANCHEEPURAM		-					
	HYDERABAD		-					
	SECUNDERABAD	<u> </u>	-					
	GORAKHPUR	<u> </u>	-					
WEST BENGAL	KOLKATA							
d. Data of number of claims process								
	Outstanding number of		g of the year		52			
	Number of claims receiv				4067			
	Number of claims paid d				3849 / 93%			
iv.	Number of claims repud	ated during the year ((specify % also in brackets)		164 / 4%			
V.	Number of claims outsta	nding at the end of th	e year		106			
e. Turn Around Time (TAT) for cash	less claims (in respect of	number of claims):						
		to all chalces	-I D-II-I (I- 0()	Carrie Dal	Inles (In 0/)			
			al Policies (in %)	Group Pol	icies (in %)			
S. No.	Description	TAT for pre-auth**	TAT for discharge***	TAT for pre-auth**	TAT for discharge***			
	Within <1 hour	0%	0%	86%	45%			
	Within 1-2 hours	0%	0%	8%	30%			
	Within 2-6 hours	0%	0%	5%	24%			
	Within 6-12 hours	0%	0%	1%	1%			
	Within 12-24 hours	0%	0%	0%	0%			
	>24 hours	0%	0%	0%	0%			
Total		0%	0%	100%	100%			
Percentage to be calculated on total ** reckoned from the time last nece *** reckoned as final discharge sum	ssary document is receive	ed by insurer / TPA (w	hichever is earlier) and till f bill is received by TPA	inal pre-auth is issued to th	e hospitals			
f. Turn Around Time in case of payn	nent / repudiation of cla	ims:						
Description (to be reckoned from	Indivi	dual	Gr	oup	Governmen	nt	Tota	ıl
the date of receipt of last	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage
Within 1 month	0	0%	2641	66%	0	0%	2641	66%
Between 1-3 months	0	0%	1167	29%	0	0%	1167	29%
Between 3 to 6 months	0	0%	152	4%	0	0%	152	4%
More than 6 months	0	0%	53	1%	0	0%	53	1%
	0	0%	4013	100%	0	0%	4013	100%
Total								
	al of the respective selve		+					
Percentage shall be calculated on to					1			
Percentage shall be calculated on to g. Data of grievances received again	nst the TPA:			Number of Grievances				
Percentage shall be calculated on too g. Data of grievances received again S. No.	nst the TPA: Description	at the haginning of		Number of Grievances				
Percentage shall be calculated on to g. Data of grievances received again S. No.	nst the TPA: Description Grievances outstanding		ır	0				
Percentage shall be calculated on tot g. Data of grievances received again S. No. 1 2	nst the TPA: Description Grievances outstanding: Grievances received dur	ing the year	31	0 6				
Percentage shall be calculated on tot g. Data of grievances received again S. No. 1 2 3	nst the TPA: Description Grievances outstanding . Grievances received dur Grievances resolved dur	ing the year ing the year	31	0 6 6				
Percentage shall be calculated on tot g. Data of grievances received again S. No. 1 2 3	nst the TPA: Description Grievances outstanding: Grievances received dur	ing the year ing the year	ar	0 6				

FORM NO. NL-48								
DISCLOSURES ON QUANTITATIVE A	ND QUALITATIVE PARAN	METERS OF HEALTH SE	RVICES RENDERED					
(A	NNUAL DISCLOSURE)							
Name of the Insurance Company: Ur	niversal Sompo General II	nsurance Co Ltd						
Information as at: 31/03/25								
a. Specify whether In-house Claim S	Settlement or Services re	endered by TPA						
ur specify whether in nouse claims	octacinent or services re	indered by 1174						
Name of the TPA - Volo Health Insur	anco TDA Dut Ltd							
Name of the TPA - Voio Health insul	ance TPA PVI LIU							
Validity of agreement with the TPA:	01 Apr 22 to 21 Mar 26							
validity of agreement with the TFA.	01-Api-25 to 51-iviai-26							
b. Number of policies and lives serv	ices in respect of which	public disclosures are	made:					
Description		Individual	Group	Government				
Number of policies serviced		0	8	0				
Number of lives serviced		0	7475	0				
c. Information with regard to the g	eographical area in whic	h services are rendere	ed by the TPAs/Insurer					
	Name of the Districts							
	CHENNAI							
	COIMBATORE	1						
	HYDERABAD							
	RANGAREDDY							
d. Data of number of claims process	sed:							
u. Data of flumber of claims proces	seu.							
		1.1	r.i.		4			
	Outstanding number of		of the year					
ii.	Number of claims receiv	ed during the year			361			
II.	Number of claims receiv Number of claims paid d	ed during the year luring the year (specify	% also in brackets)		361 348 / 95%			
ii. iii. iv.	Number of claims receiv Number of claims paid d Number of claims repud	ed during the year luring the year (specify lated during the year (% also in brackets) specify % also in brackets)		361 348 / 95% 9 / 2%			
ii. iii. iv.	Number of claims receiv Number of claims paid d	ed during the year luring the year (specify lated during the year (% also in brackets) specify % also in brackets)		361 348 / 95%			
ii. iii. iv. v.	Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta	ed during the year luring the year (specify iated during the year (anding at the end of the	% also in brackets) specify % also in brackets)		361 348 / 95% 9 / 2%			
ii. iii. iv.	Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta	ed during the year luring the year (specify iated during the year (anding at the end of the	% also in brackets) specify % also in brackets)		361 348 / 95% 9 / 2%			
ii. iii. iv. v.	Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta	ed during the year luring the year (specify lated during the year (anding at the end of the f number of claims):	% also in brackets) specify % also in brackets) e year		361 348/95% 9/2% 8			
ii. iii. iv. v. v. e. Turn Around Time (TAT) for cash	Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta less claims (in respect of	red during the year luring the year (specify iated during the year (anding at the end of the innumber of claims):	% also in brackets) specify % also in brackets) e year I Policies (in %)	Group Pol	361 348 / 95% 9 / 2% 8			
ii. iii. iv. v.	Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta	ed during the year luring the year (specify lated during the year (anding at the end of the f number of claims):	% also in brackets) specify % also in brackets) e year	Group Pol TAT for pre-auth**	361 348/95% 9/2% 8			
ii. iii. iv. v. e. Turn Around Time (TAT) for cash	Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta less claims (in respect of	red during the year luring the year (specify iated during the year (anding at the end of the innumber of claims):	% also in brackets) specify % also in brackets) e year I Policies (in %)		361 348 / 95% 9 / 2% 8			
ii. iii. iv. v. e. Turn Around Time (TAT) for cash	Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta less claims (in respect of Description	red during the year uring the year (specify lated during the year	% also in brackets) specify % also in brackets) e year I Policies (in %) TAT for discharge***	TAT for pre-auth**	361 348/95% 9/2% 8 cies (in %) TAT for discharge*** 53% 42%			
ii. iii. iv. v. e. Turn Around Time (TAT) for cash	Number of claims receiv Number of claims paid d Number of claims repud Number of claims outsta less claims (in respect of Description Within <1 hour Within 1-2 hours	red during the year uring the year (specify lated during the year	% also in brackets) specify % also in brackets) e year I Policies (in %) TAT for discharge*** 0%	TAT for pre-auth** 99% 1%	361 348/95% 9/2% 8 cies (in %) TAT for discharge*** 53% 42%			
ii. iii. iv. v. e. Turn Around Time (TAT) for cash S. No. 1 2 3	Number of claims receive Number of claims paid of Number of claims repud Number of claims outsta less claims (in respect of Description Within 1-1 hour Within 1-2 hours Within 1-6 hours	ed during the year furing the year (specify lated during the year (sinding at the end of the number of claims): Individua TAT for pre-auth** 0% 0% 0%	% also in brackets) specify % also in brackets) e year I Policies (in %) TAT for discharge*** 0% 0% 0%	TAT for pre-auth** 99% 1% 0%	361 348 / 95% 9 / 2% 8 8 Cies (in %) TAT for discharge*** 53% 42% 5%			
ii. iii. Nv. v. e. Turn Around Time (TAT) for cash S. No. 1 2 3 4	Number of claims receive Number of claims paid d Number of claims repud Number of claims outsta less claims (in respect of Description Within <1 hour Within 1-2 hours Within 1-2 hours Within 6-2 hours	ed during the year uring the year (specify inted during the year (seed the seed the seed of the number of claims): Individua TAT for pre-auth** 0% 0% 0% 0%	% also in brackets) specify % also in brackets) e year I Policies (in %) TAT for discharge*** 0% 0% 0% 0%	TAT for pre-auth** 99% 1% 0% 0%	361 348/95% 9/2% 8 8 cies (in %) TAT for discharge*** 53% 42% 5% 0%			
ii. iii. iv. v. e. Turn Around Time (TAT) for cash S. No. 1 2 3 4 5 5	Number of claims receive Number of claims paid d Number of claims repud Number of claims outsta less claims (in respect of Description Within <1 hour Within 1-2 hours Within 1-2 hours Within 1-24 hours Within 1-24 hours Within 1-24 hours	ed during the year uring the year (specify lated during the year (specify lated during the year (inding at the end of the number of claims): Individua TAT for pre-auth** 0% 0% 0% 0% 0%	% also in brackets] specify % also in brackets] year I Policies (in %) TAT for discharge*** 0% 0% 0% 0%	TAT for pre-auth** 99% 1% 0% 0% 0%	361 348 / 95% 9 / 2% 8 8 cies (in %) TAT for discharge*** 53% 42% 5% 0%			
ii. iii. iv. v. e. Turn Around Time (TAT) for cash S. No. 1 2 3 4 5 6	Number of claims receive Number of claims paid d Number of claims repud Number of claims outsta less claims (in respect of Description Within <1 hour Within 1-2 hours Within 1-2 hours Within 6-2 hours	ed during the year utring the year (specify lated during the year (specify lated during the year) (specify lated during the ye	% also in brackets) specify % also in brackets) year I Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0%	TAT for pre-auth** 99% 1% 0% 0% 0% 0% 0%	361 348 / 95% 9 / 2% 8 Cies (in %) TAT for discharge*** 33% 42% 5% 0% 0% 0%			
ii. iii. iv. v. e. Turn Around Time (TAT) for cash S. No. 1 2 3 4 5 5	Number of claims receive Number of claims paid d Number of claims repud Number of claims outsta less claims (in respect of Description Within <1 hour Within 1-2 hours Within 1-2 hours Within 1-24 hours Within 1-24 hours Within 1-24 hours	ed during the year uring the year (specify lated during the year (specify lated during the year (inding at the end of the number of claims): Individua TAT for pre-auth** 0% 0% 0% 0% 0%	% also in brackets] specify % also in brackets] year I Policies (in %) TAT for discharge*** 0% 0% 0% 0%	TAT for pre-auth** 99% 1% 0% 0% 0%	361 348 / 95% 9 / 2% 8 8 cies (in %) TAT for discharge*** 53% 42% 5% 0%			
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ii. iii. v. v. e. Turn Around Time (TAT) for cash S. No. 1 2 2 3 4 5 6 Total Percentage to be calculated on total ** reckoned from the time last nece *** reckoned as final discharge sum f. Turn Around Time in case of payr Description (to be reckoned from the date of receipt of last Within 1 month Between 1-3 months Between 3 to 6 months More than 6 months Total Percentage shall be calculated on to	Number of claims receive Number of claims paid of Number of claims paid of Number of claims outsta tess claims (in respect of Description Within 1-1 hours Within 1-2 hours Within 1-2 hours Within 6-12 hours Within 6-12 hours Within 6-12 hours Within 6-12 hours Within 12-6 hours Within 12-6 hours Nothin 12-6 hours Not	ed during the year uning the year (specify uning the year (specify uning the year (specify uning the year) (specify uning	% also in brackets) specify % also in brackets) a year I Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% Inchever is earlier) and till fill it is exceived by TPA Second of Claims 205 No. of Claims 205 109 30 13 357	TAT for pre-auth** 99% 11% 0% 0% 0% 0% 100% 100% 100% Percentage 57% 8% 4% 100% 100% Number of Grievances 0 0 0	361 348 / 95% 9 / 2% 9 / 2% 8 Cies (in %) TAT for discharge*** 5% 0% 0% 100% hospitals Governmer No. of Claims 0 0 0 0	Percentage 0% 0% 0% 0%	No. of Claims 205 109 30 13	Percentage 57% 31% 8% 4%
ii. iii. v. v. e. Turn Around Time (TAT) for cash S. No. 1 2 2 3 4 5 6 Total Percentage to be calculated on total ** reckoned from the time last nece *** reckoned as final discharge sum f. Turn Around Time in case of payr Description (to be reckoned from the date of receipt of last Within 1 month Between 1-3 months Between 3 to 6 months More than 6 months Total Percentage shall be calculated on to	Number of claims receive Number of claims paid of Number of claims paid of Number of claims paid of Number of claims outsta less claims (in respect of Description Within 4:1 hour Within 1-2 hours Individual to the color of the respective columns sary document is receive neent / repudiation of claims O O Individual to the respective columns O O O O O O O O O O O O O O O O O O O	ed during the year uning the year (specify uning the year (specify uning the year (specify uning the year) (specify uning	% also in brackets) specify % also in brackets) a year I Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% Inchever is earlier) and till fill it is exceived by TPA Second of Claims 205 No. of Claims 205 109 30 13 357	TAT for pre-auth** 99% 11% 0% 0% 0% 0% 100% 100% Inal pre-auth is issued to the state of the s	361 348 / 95% 9 / 2% 9 / 2% 8 Cies (in %) TAT for discharge*** 5% 0% 0% 100% hospitals Governmer No. of Claims 0 0 0 0	Percentage 0% 0% 0% 0%	No. of Claims 205 109 30 13	Percentage 57% 31% 8% 4%
ii. iii. v. v. e. Turn Around Time (TAT) for cash S. No. 1 2 2 3 4 5 6 Total Percentage to be calculated on total ** reckoned from the time last nece *** reckoned as final discharge sum f. Turn Around Time in case of payr Description (to be reckoned from the date of receipt of last Within 1 month Between 1-3 months Between 3 to 6 months More than 6 months Total Percentage shall be calculated on to	Number of claims receive Number of claims spaid of Number of claims paid of Number of claims outsta tess claims (in respect of Description Within 1-1 hours Within 1-2 hours Within 1-2 hours Within 1-2 hours Within 6-12 hours Within 6-12 hours Within 6-12 hours Within 12-24 hours > 24 hours of the respective columnssary document is receive many sent to hospital from nent / repudiation of claim No. of Claims o o o o o o tal of the respective columns state of the received of the respective columns of the respective columns of the respective columns of the respective columns of claims of o o o o o o o o o o o o o o o o o o	ed during the year uning the year (specify intended and the end of the number of claims): TAT for pre-auth** 0% 0% 0% 0% 0% 0% duplied by insurer / TPA (with time discharge by intended and time duplied and time duplied and time discharge by intended and time discharge by intended and time duplied and ti	% also in brackets) specify % also in brackets) a year I Policies (in %) TAT for discharge*** 0% 0% 0% 0% 0% 0% 0% Inchever is earlier) and till fill it is exceived by TPA Second of Claims 205 No. of Claims 205 109 30 13 357	TAT for pre-auth** 99% 11% 0% 0% 0% 0% 100% 100% 100% Percentage 57% 8% 4% 100% 100% Number of Grievances 0 0 0	361 348 / 95% 9 / 2% 9 / 2% 8 Cies (in %) TAT for discharge*** 5% 0% 0% 100% hospitals Governmer No. of Claims 0 0 0 0	Percentage 0% 0% 0% 0%	No. of Claims 205 109 30 13	Percentage 57% 31% 8% 4%

	FORM NO. NL-48									
	DISCLOSURES ON QUANTITATIVE A	ND OLIALITATIVE DADAMETE	DS OF HEALTH SERVIC	ES DENDEDED						
		NNUAL DISCLOSURE)	NO OF TIEMETTI SERVIC	L3 KENDEKED						
	Name of the Insurance Company: U	niversal Sompo General Insura	ince Co Ltd							
	Information as at : 31/03/25									
	a. Specify whether In-house Claim		d b TD4							
	a. specify whether in-nouse Claim	Settlement or Services rende	rea by IPA							
	Name of the TPA - Paramount Healt	h Services & Insurance TPA Pv	t. Ltd.							
	Validity of agreement with the TPA:	01-Oct-22 to 30-Sept-25								
	b. Number of policies and lives serv	vices in respect of which publ	ic disclosures are mad	ie:						
	Description		Individual	Group	Government					
	Number of policies serviced		0	68	0					
	Number of lives serviced		0	121620	0					
	c. Information with regard to the g	eographical area in which ser	vices are rendered by	the TPAs/Insurer						
	Name of the State	Name of the Districts								
	TELANGANA	HYDERABAD								
	DELHI	DELHI								
	GUJARAT	JAMNAGAR								
	GUJARAT	VADODARA								
	HARYANA	FARIDABAD								
	HARYANA	GURUGRAM								
-	KARNATAKA KARNATAKA	BENGALURU BIDADI								
	KARNATAKA	KOLAR								
	KARNATAKA	RAMANAGARA								
	MAHARASHTRA	MUMBAI								
	MAHARASHTRA	NASHIK								
	MAHARASHTRA	NAVI MUMBAI								
	MAHARASHTRA MAHARASHTRA	PALGHAR PUNE								
	MAHARASHTRA	THANE								
		BHUBANESWAR								
	PUNJAB	RUPNAGAR								
	RAJASTHAN	ALWAR								
	RAJASTHAN	JAIPUR								
	TAMIL NADU	CHENGALPATTU								
	TAMIL NADU	CHENNAI								
	TAMIL NADU UTTAR PRADESH	KANCHIPURAM GAUTAM BUDDHA NAGAR								
	UTTAR PRADESH	GHAZIABAD								
	UTTAR PRADESH	LUCKNOW								
	UTTARAKHAND	DEHRADUN								
	WEST BENGAL	DARJEELING								
	WEST BENGAL	KOLKATA								
	d. Data of number of claims proces	sed:								
	·									
	i.	Outstanding number of claim		ne year		57				
	ii.	Number of claims received d	uring the year			14160				
	iii.	Number of claims paid during	the year (specify % al	so in brackets)		13524 / 95% 321 / 2%				
		Number of claims repudiated Number of claims outstandin				372				
	٧.	remoter or cialitis outsidfidin	b as the end of the yea			3/2				
	e. Turn Around Time (TAT) for cash	less claims (in respect of num	ber of claims):							
	., ,									
				Policies (in %)	Group Poli					
	S. No.	Description		TAT for discharge***	TAT for pre-auth**	TAT for discharge***				
	2	Within <1 hour Within 1-2 hours	0%	0%	93% 4%	59% 33%				
	3	Within 2-6 hours	0%	0%	1%	7%				
	4	Within 6-12 hours	0%	0%	0%	0%				
	5	Within 12-24 hours	0%	0%	0%	0%				
	6	>24 hours	0%	0%	0%	0%				
	Total		0%	0%	100%	100%				
	Percentage to be calculated on total	of the respective solume								
	** reckoned from the time last nece	ssary document is received by	insurer / TPA (whicho	ver is earlier) and till final a	re-auth is issued to the boo	pitals				
	*** reckoned as final discharge sum	mary sent to hospital from the	time discharge bill is	received by TPA						
	f. Turn Around Time in case of payr	ment / repudiation of claims:								
	December to be 1					_		_		
	Description (to be reckoned from the date of receipt of last	Individu	Percentage		Percentage	Governmen No. of Claims	Percentage	Tota No. of Claims	Percentage	
	Within 1 month	No. of Claims	0%	No. of Claims 8933	81%	No. of Claims 1699	59%	No. of Claims 10632	77%	
	Between 1-3 months	0	0%	1658	15%	1141	40%	2799	20%	
	Between 3 to 6 months	0	0%	317	3%	30	1%	347	3%	
	More than 6 months	0	0%	67	1%	0	0%	67	0%	
	Total	0	0%	10975	100%	2870	100%	13845	100%	
	Dorsontago chall be selected	tal of the remo-thir								
	Percentage shall be calculated on to	tai of the respective column								
	g. Data of grievances received again	nst the TPA:								
	and an account of the control									
	S. No.	Description			Number of Grievances					
	1	Grievances outstanding at the			0					
	2	Grievances received during the			3					
	3	Grievances resolved during the Grievances outstanding at the			3 0					
	4	onevances outstanding at the	end of the year		U					
	Refer Health TPA Regulations , as an	nended from time to time								

FORM NO. NL-48									
DISCLOSURES ON QUANTIT	ATIVE AND QUALITATIVE PARA	METERS OF HEALTH SE	RVICES RENDERED						
	(ANNUAL DISCLOSURE)								
Name of the Insurance Com	pany: Universal Sompo General	Insurance Co Ltd							
Information as at : 31/03/25	:								
information as at : 31/03/2:	•								
a Specify whether In-hous	e Claim Settlement or Services I	rendered by TPA							
ar speerly whether in nous	commission of services	Chacrea by 11 A							
Name of the TPA - Genins In	dia Insurance TPA Limited								
Validity of agreement with t	he TPA: 10-Dec-22 to 09-Dec-25	5							
b. Number of policies and I	ives services in respect of which	public disclosures are	made:						
Description		Individual	Group	Government					
Number of policies serviced		0	2	0					
Number of lives serviced		0	4409	0	1				
c Information with regard	to the geographical area in whi	ch services are render	od by the TPAs/Insurer						
c. imormation with regard	www.eeograpilical area in Will	services die rendere	a of the it wollishing						
Name of the State	Name of the Districts								
DELHI	NEW DELHI								
UTTAR PRADESH	GAUTAM BUDDHA NAC	SAR							
d. Data of number of claim	s processed:								
i.	Outstanding number of	claims at the beginning	g of the year		10				
ii.	Number of claims recei				521				
iii.	Number of claims paid				496 / 93%				
iv.			specify % also in brackets)		32 / 6%				
V.	Number of claims outst	anding at the end of th	e year		3				
e Turn Around Time (TAT)	for cashless claims (in respect o	f number of claims):							
e. Turn Albuna Time (TAT)	Tor casmess claims (in respect o	i number of claims).							
		Individua	I Policies (in %)	Group Poli	icies (in %)				
S. No.	Description	TAT for pre-auth**	TAT for discharge***	TAT for pre-auth**	TAT for discharge***				
1	Within <1 hour	0%	0%	84%	91%				
2	Within 1-2 hours	0%	0%	11%	6%				
3	Within 2-6 hours	0%	0%	5%	3%				
4	Within 6-12 hours	0%	0%	0%	0%				
5	Within 12-24 hours	0%	0%	0%	0%				
6	>24 hours	0%	0%	0%	0%				
	Total	0%	0%	100%	100%				
	on total of the respective colum								
	ast necessary document is received			nal pre-auth is issued to th	e hospitals				
*** reckoned as final discha	rge summary sent to hospital fro	om the time discharge t	oill is received by TPA						
f Turn Around Time in case	of payment / repudiation of cl	aims.							
iii raiii Arbaila Tiille iii ease	or payment / repadiation of the	ums.							
Description (to be reckone	d from Indiv	idual	Gr	oup	Governmen	nt	Tota	al	
the date of receipt of I		Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	
Within 1 month	0	0%	227	43%	0	0%	227	43%	
Between 1-3 months	0	0%	230	44%	0	0%	230	44%	
Between 3 to 6 months	0	0%	49	9%	0	0%	49	9%	
More than 6 months	0	0%	22	4%	0	0%	22	4%	
Total	0	0%	528	100%	0	0%	528	100%	
	1	1							
Percentage shall be calculat	ed on total of the respective colu	ımn							
g. Data of grieven	and against the TDA:								
g. Data of grievances receiv	red against the IPA:								
S. No.	Description	1	1	Number of Grievances					
3. No.	Grievances outstanding	at the heginning of yes	ar	0					
2	Grievances received du			0					1
3	Grievances resolved du			0					
4	Grievances outstanding			0					
		,							
Refer Health TPA Regulation	s , as amended from time to tim	e							

				1	_		
FORM NO. NL-48							
DISCLOSURES ON QUANTITA	ATIVE AND QUALITATIVE PARAM	ETERS OF HEALTH SER	VICES RENDERED				
	(ANNUAL DISCLOSURE)						
Name of the Insurance Com	pany: Universal Sompo General In	surance Co Ltd					
Information as at: 31/03/25							
a. Specify whether In-house	Claim Settlement or Services re	ndered by TPA					
Name of the TPA - MDIndia I	Health Insurance TPA Pvt. Ltd.						
						T	
Validity of agreement with the	he TPA: 24-Jan-23 to 23-Jan-26					Т	
						Т	
b. Number of policies and li	ves services in respect of which	oublic disclosures are r	made:				
Danadatian		Individual	Group	Government			
					_	_	
			18	0	1		
Number of policies serviced		0	18 101430	0			
Number of policies serviced			18 101430	0			
Number of policies serviced Number of lives serviced	to the geographical area in which	0	101430				
Number of policies serviced Number of lives serviced	to the geographical area in which	0	101430				
Number of policies serviced Number of lives serviced c. Information with regard		0	101430				
Number of policies serviced Number of lives serviced c. Information with regard to Name of the State	Name of the Districts	0	101430				
Name of the State ANDHRA PRADESH	Name of the Districts KADAPA	0	101430				
Number of policies serviced Number of lives serviced c. Information with regard to Name of the State ANDHRA PRADESH DELHI	Name of the Districts KADAPA NEW DELHI	0	101430				
Number of policies serviced Number of lives serviced C. Information with regard I Name of the State ANDHRA PRADESH DELHI KARNATAKA	Name of the Districts KADAPA NEW DELHI BENGALURU	0	101430				
Number of policies serviced Number of lives serviced C. Information with regard to Name of the State ANDHRA PRADESH DELHI KARNATAKA KARNATAKA	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR	0	101430				
Number of policies serviced Number of lives serviced c. Information with regard ! Name of the State ANDHRA PRADESH DELHI KARNATAKA KARNATAKA KARNATAKA	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR ERNAKULAM	0	101430				
Number of policies serviced Number of lives serviced c. Information with regard to Name of the State ANDHRA PRADESH DELHI KARNATAKA KARNATAKA KERALA MAHARASHTRA	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR ERNAKULAM AURANGABAD	0	101430				
Number of policies serviced Number of lives serviced c. Information with regard to Name of the State ANDHRA PRADESH DELHI KARNATAKA KARNATAKA KERALA MAHARASHTRA	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR ERNAKULAM AURANGABAD MUMBAI	0	101430				
Number of policies serviced Number of lives serviced C. Information with regard to Name of the State DELHI KARNATAKA KERALA MAHARASHITRA MAHARASHITRA	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR ERNAKULAM AURANGABAD MUMBAI PUNE	0	101430				
Number of policies serviced Number of lives serviced C. Information with regard 1 Name of the State ANDHRA PRADESH DELHI KARNATAKA KARNATAKA KERALA MAHARASHTRA MAHARASHTRA MAHARASHTRA	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR ERNAKULAM AURANGABAD MUMBAI PUNE SATARA	0	101430				
Number of joilcies serviced Number of lives serviced L Information with regard 1 Name of the State AMDHRA PRADESH DELHI KARNATAKA KARNATAKA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR ERNAKULAM AURANGABAD MUMBAI PUNE SATARA ALWAR	0	101430				
Number of joilcies serviced Number of lives serviced Number of lives serviced Name of the State AMDIRA PRADESH DELHI KARNATAKA KARNATAKA KERALA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA RAJASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA	Name of the Districts KADAPA NEW DELHI BENGALUBU KOLAR ERNAKULAM AURANGABAD MUMBAI PUNE SATARA ALWAR CHENNAI	0	101430				
Number of joilcies serviced Number of lives serviced L Information with regard 1 Name of the State AMDHRA PRADESH DELHI KARNATAKA KARNATAKA KARNATAKA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA MAHARASHTRA TAMIL NADU TAMIL NADU	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR ERNAKULAM AURANGARAD MUMBAI PUNE SATARA ALWAR CHENNAI TRUNKEVELI	0	101430				
Number of policies serviced Number of lives serviced Number of lives serviced Name of the State AMDIRA PRADESH DELHI KARNATAKA KARNATAKA KERALA MAHARASHTRA MAHARA	Name of the Districts KADAPA NEW DELHI BENGALIBU KOLAR ERNAKULAM AURANGABAD MUMBAI PUNE SATARA ALWAR CHENNAI TRUNELVELI HYDERABAD	0 0 services are rendered	101430				
Number of policies serviced Number of lives serviced Number of lives serviced L. Information with regard 1 Name of the State ANDHRA PRADESH DELHI KARNATAKA KARNATAKA KERALA MAHARASHTRA MAHARASHTRA MAHARASHTRA RAJASHTRA RAJASHTRA RAJASHTRA RAJASHTRA ITAMIL NADU TAMIL NADU TELANGANA	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR ERNAKULAM AURANGARAD MUMBAI PUNE SATARA ALWAR CHENNAI TRUNKEVELI	0 0 services are rendered	101430				
Number of policies serviced Number of lives serviced Number of lives serviced Name of the State AMDIRA PRADESH DELHI KARNATAKA KARNATAKA KERALA MAHARASHTRA MAHARA	Name of the Districts KADAPA NEW DELHI BENGALIBU KOLAR ERNAKULAM AURANGABAD MUMBAI PUNE SATARA ALWAR CHENNAI TRUNELVELI HYDERABAD	0 0 services are rendered	101430				
Number of policies serviced Number of lives serviced Number of lives serviced L. Information with regard 1 Name of the State ANDHRA PRADESH DELHI KARNATAKA KARNATAKA KERALA MAHARASHTRA MAHARASHTRA MAHARASHTRA RAJASHTRA RAJASHTRA RAJASHTRA RAJASHTRA ITAMIL NADU TAMIL NADU TELANGANA	Name of the Districts KADAPA NEW DELHI BENGALURU KOLAR ERNAKULAM AURANGABAD MUMBAI PUNE SATARA ALWAR CHENNAI TRUNELVELI HYDERABAD GAUTAN BUDDHA NAGG	0 0 services are rendered	101430				

Data of number of claims proces	sed:							
i.	Outstanding number of	claims at the beginning	of the year		19			
ii.	Number of claims recei		, ,		5575			
iii.	Number of claims paid		% also in brackets)		4967 / 89%			
iv.			specify % also in brackets)	273 / 5%			
٧.		anding at the end of the			354			
. Turn Around Time (TAT) for cash	less claims (in respect o	f number of claims):						
			l Policies (in %)	Group Pol				
S. No.	Description	TAT for pre-auth**	TAT for discharge***	TAT for pre-auth**	TAT for discharge***			
1	Within <1 hour	0%	0%	94%	91%			
2	Within 1-2 hours	0%	0%	6%	8%			
3	Within 2-6 hours	0%	0%	0%	0%			
4	Within 6-12 hours	0%	0%	0%	0%			
5	Within 12-24 hours	0%	0%	0%	0%			
6	>24 hours	0%	0%	0%	0%			
Total		0%	0%	100%	100%			
* reckoned from the time last nece ** reckoned as final discharge sum	ssary document is recei- mary sent to hospital fro	ved by insurer / TPA (whom the time discharge b		final pre-auth is issued to th	e hospitals			
* reckoned from the time last nece ** reckoned as final discharge sum Turn Around Time in case of payr	ssary document is received mary sent to hospital from ment / repudiation of cl	ved by insurer / TPA (whom the time discharge baims:	ill is received by TPA					
ercentage to be calculated on total * reckoned from the time last nece ** reckoned as final discharge sum Turn Around Time in case of pays Description (to be reckoned from the date of receipt of last	ssary document is received mary sent to hospital from ment / repudiation of cl	ved by insurer / TPA (whom the time discharge b	ill is received by TPA	final pre-auth is issued to th	e hospitals Government No. of Claims	nt Percentage	Tot:	al Percentage
* reckoned from the time last nece ** reckoned as final discharge sum Turn Around Time in case of payr Description (to be reckoned from the date of receipt of last necessary document	resary document is received mary sent to hospital from ment / repudiation of cl	ved by insurer / TPA (whom the time discharge balaims: idual Percentage	ill is received by TPA	Fercentage	Governmen No. of Claims	Percentage	No. of Claims	Percentage
* reckoned from the time last nece ** reckoned as final discharge sum Turn Around Time in case of payr Description (to be reckoned from the date of receipt of last necessary document //thin 1 month	essary document is receivance sent to hospital from the following sent to hospital from the frequency of claims. Indiv. No. of Claims.	ved by insurer / TPA (whom the time discharge by the disc	ill is received by TPA O No. of Claims 4198	Percentage 80%	Government No. of Claims	Percentage 0%	No. of Claims 4198	Percentage 80%
* reckoned from the time last nece ** reckoned as final discharge sum Turn Around Time in case of pay Description (to be reckoned from the date of receipt of last necessary document with a month etween 1-3 months	essary document is received mary sent to hospital from the following ment / repudiation of clindiv No. of Claims 0 0 0	ved by insurer / TPA (whom the time discharge by the disc	No. of Claims	Percentage 80% 15%	Governmen No. of Claims 0 0	Percentage 0% 0%	No. of Claims 4198 803	Percentage 80% 15%
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