

FORM NO. NL-48

**DISCLOSURES ON QUANTITATIVE AND QUALITATIVE PARAMETERS OF HEALTH SERVICES RENDERED
(ANNUAL DISCLOSURE)**

Name of the Insurance Company

Date:

Information as at

a. Specify whether In-house Claim Settlement or Services rendered by TPA -

Name of the TPA (If services rendered by TPA) -

Validity of agreement with the TPA: **from** dd/mm/yyyy **to** dd/mm/yyyy

(Data shall be consolidated at insurer level in case of in-house claim settlements and at the level of concerned TPA in case of services rendered by TPA)

b. Number of policies and lives services in respect of which public disclosures are made:

Description	Individual	Group	Government
Number of policies serviced			
Number of lives serviced			

c. Information with regard to the geographical area in which services are rendered by the TPAs/Insurer

Name of the State	Name of the Districts

d. Data of number of claims processed:

i.	Outstanding number of claims at the beginning of the year	
ii.	Number of claims received during the year	
iii.	Number of claims paid during the year (specify % also in brackets)	
iv.	Number of claims repudiated during the year (specify % also in brackets)	
v.	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	Individual Policies (in %)		Group Policies (in %)	
		TAT for pre-auth**	TAT for discharge***	TAT for pre-auth**	TAT for discharge***
1	Within <1 hour				
2	Within 1-2 hours				
3	Within 2-6 hours				
4	Within 6-12 hours				
5	Within 12-24 hours				
6	>24 hours				
	Total				

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 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 necessary document)	Individual		Group		Government		Total	
	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage
Within 1 month								
Between 1-3 months								
Between 3 to 6 months								
More than 6 months								
Total								

Percentage shall be calculated on total of the respective column

g. Data of grievances received against the TPA:

S. No.	Description	Number of Grievances
1	Grievances outstanding at the beginning of year	
2	Grievances received during the year	
3	Grievances resolved during the year	
4	Grievances outstanding at the end of the year	

Refer Health TPA Regulations , as amended from time to time