FORM NO. NL-48

Information As At

Name of the Insurance Company

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

| | | | nt or Services rendered by TPA - | |
|---|--|---|---|---------------------------|
| Name of | the TPA (If ser | rvices rendered b | y TPA) - | |
| Validity o | f agreement w | vith the TPA: fro | m dd/mm/yyyy to dd/mm/yyyy | |
| | | | of in-house claim settlements and rendered by TPA) | |
| b. Number of poli | cies and lives | s services in re | spect of which public disclosures | are made: |
| Description | Ind | ividual | Group | Government |
| Number of policies | | | | |
| serviced | | | | |
| | | | | |
| | | | | |
| Number of lives serviced | | | | |
| serviced | th regard to | the geographic | ral area in which convices are ren | dered by the TDAs/Insurer |
| serviced c. Information wi | | the geographic | cal area in which services are ren | |
| serviced | | the geographic | cal area in which services are ren Name of the Distr | |
| serviced c. Information wi | | the geographic | | |
| serviced c. Information wi | | the geographic | | |
| c. Information wi Name of the | e State | | | |
| Name of the d. Data of numbe i. Outstand | e State r of claims pring number of | rocessed: claims at the bea | Name of the Distr | |
| Name of the I. Data of numbe i. Outstand ii. Number of | e State r of claims pring number of claims received. | rocessed: claims at the beyond during the year | Name of the Distr ginning of the year ear | |
| Name of the i. Outstand ii. Number of iii. Number of iii. Number of iii. | e State r of claims pring number of claims received for claims paid of claims pa | rocessed: claims at the beyond during the year (| Name of the Distr ginning of the year ear specify % also in brackets) | |
| c. Information wi Name of the d. Data of numbe i. Outstand ii. Number of iv. Number of | e State r of claims pring number of claims received for claims paid of claims reputed for claims fo | rocessed: claims at the beyond during the year (| Name of the Distr ginning of the year ear specify % also in brackets) year (specify % also in brackets) | |

Date:

e. Turn Around Time (TAT) for cashless claims (in respect of number of claims):

| S. No. | | Individual | Policies (in %) | Group Policies (in %) | | |
|--------|--------------------|--------------------|----------------------|-----------------------|-------------------------|--|
| | Description | 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.

f. Turn Around Time in case of payment / repudiation of claims:

| Description (to be reckoned from the date of receipt of last necessary | Individual | | Group | | Government | | Total | |
|--|------------------|------------|---------------|------------|---------------|------------|---------------|------------|
| document | 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

^{**} 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

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