

FORM NO. NL-48

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

Name of the Insurance Company: United India Insurance Company Limited

Information as at 31/03/2024

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

a.1 **TPA NAME** Anmol Medicare Insurance TPA Ltd.  
**Validity of agreement** From 01-04-2021 To 31-03-2024

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

Description	Retail	Group	Govt.
No. of Policies serviced	12,350	6	-
No. of Lives Covered	29,672	293	-

**c. Geographical Area in which services are rendered by the TPA (As per Annexure A)****d. Data of number of claims processed:**

Description	No.	Percentage
i Outstanding number of claims at the beginning of the year:	346	NA
ii Number of claims received during the year	4,384	NA
iii Number of claims paid during the year: (Number & Percentage)	3,989	84.33%
iv Number of Claims repudiated during the year: (Number & Percentage)	348	7.36%
v Number of claims outstanding at the end of the year:	393	NA

**e. Turn Around Time \***

TAT for cashless claims (in respect of number of claims):

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	68.16%	74.23%	100.00%	50.00%
2 Within 1-2 hours	20.00%	18.71%	0.00%	50.00%
3 Within 2-6 hours	10.65%	6.77%	0.00%	0.00%
4 Within 6-12 hours	1.19%	0.30%	0.00%	0.00%
5 Within 12-24 hours	0.00%	0.00%	0.00%	0.00%
6 >24 hours	0.00%	0.00%	0.00%	0.00%
Total	100.00%	100.00%	100.00%	100.00%

\*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. TAT 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	3,910	90.83%	31	95.65%	-	0.00%	3,941
Between 1-3 months	337	7.83%	1	4.35%	-	0.00%	338	7.79%
Between 3-6 months	50	1.15%	-	0.00%	-	0.00%	50	1.15%
More than 6 months	8	0.18%	-	0.00%	-	0.00%	8	0.18%
Total	4,305	100.00%	32	100.00%	-	0.00%	4,337	100.00%

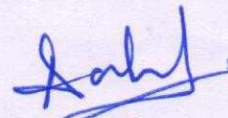
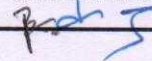
\*Percentage to be calculated on total of the respective column

**g. Data of grievances received against the TPA:**

Description	NO.
1 Grievance outstanding as on 01/04/2023	0
2 Grievances received during 2023-24	207
3 Grievances resolved during 2023-24	207
4 Grievance outstanding as on 31/03/2024	0

Place: Chennai  
Date :

Signature of the CMD  
United India Insurance Co Ltd.

TPA PUBLIC DISCLOSURE 2023-24

Annexure A

TPA Name : ANMOL MEDICARE INSURANCE TPA LTD.

Geographical Area in which services are rendered by the TPA

Sr.no.	Statename	District Name
1	Gujarat	Ahmedabad Vadodara Anand Panchmahal Nadiad Kheda Dakor Kapadwanj

युनाइटेड इंडिया  
UNITED INDIA  
HEAD OFFICE