

**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 31/03/2023

**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	11203	5	0
No. of Lives Covered	27316	492	0

**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:	195	NA
ii Number of claims received during the year	3718	NA
iii Number of claims paid during the year: (Number & Percentage)	3343	85.43%
iv Number of Claims repudiated during the year: (Number & Percentage)	224	5.72%
v Number of claims outstanding at the end of the year:	346	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	57.32%	65.94%	50.00%	0.00%
2 Within 1-2 hours	28.21%	23.07%	50.00%	50.00%
3 Within 2-6 hours	12.64%	10.44%	0.00%	50.00%
4 Within 6-12 hours	1.83%	0.55%	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	3188	90.00%	23	91.00%	0	0.00%	3211	90.02%
Between 1-3 months	319	9.00%	2	9.00%	0	0.00%	321	9.00%
Between 3-6 months	35	1.00%	0	0.00%	0	0.00%	35	0.98%
More than 6 months	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	3542	100.00%	25	100.00%	0	0.00%	3567	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 01/04/2022	0
2 Grievances received during 2022-23	216
3 Grievances resolved during 2022-23	216
4 Grievance outstanding as on 31/03/2023	0

Place: Chennai  
Date: 10-07-2023

Signature of the CMD  
United India Insurance Co Ltd

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
2	Gujarat	Vadodra
3	Gujarat	Anand
4	Gujarat	Panchmahal
5	Gujarat	Rajkot
6	Gujarat	Kheda