

**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** Volo Health Insurance TPA Pvt. 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	2,416	15	-
No. of Lives Covered	5,592	27,678	-

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:	490	NA
ii Number of claims received during the year	24,722	NA
iii Number of claims paid during the year: (Number & Percentage)	23,646	93.79%
iv Number of Claims repudiated during the year:(Number & Percentage)	912	3.62%
v Number of claims outstanding at the end of the year:	654	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	75.00%	72.05%	85.42%	82.33%
2 Within 1-2 hours	8.04%	16.15%	6.68%	11.36%
3 Within 2-6 hours	8.04%	9.32%	3.95%	5.19%
4 Within 6-12 hours	6.25%	1.86%	2.26%	0.42%
5 Within 12-24 hours	2.68%	0.00%	1.36%	0.19%
6 >24 hours	0.00%	0.62%	0.33%	0.51%
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

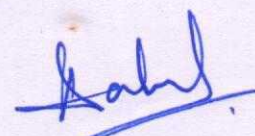
Description (to be reckoned from the date of receipt of last necessary document)	Individual		Group		Government		Total	
	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage
	Within 1 Month	66	38.95%	21,317	87.50%	-	0.00%	21,383
Between 1-3 months	75	44.74%	2,512	10.30%	-	0.00%	2,587	10.53%
Between 3-6 months	15	8.95%	439	1.80%	-	0.00%	454	1.85%
More than 6 months	12	7.37%	122	0.50%	-	0.00%	134	0.55%
Total	168	100.00%	24,390	100.10%	-	0.00%	24,558	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	1
3 Grievances resolved during 2023-24	1
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 : Volo Health Insurance TPA Private Limited

Geographical Area in which services are rendered by the TPA

Sr.no.	Statename	District Name
1	Andhra Pradesh	Vizag
2	Delhi	Delhi
3	Karnataka	Bangalore
4	West Bengal	Kolkata
5	Maharashtra	Mumbai
6	Rajasthan	Jodhpur
7	Telangana	Hyderabad

सुनिश्चित सुरक्षा
UNITED INDIA
HEAD OFFICE