

DISCLOSURES ON QUANTITATIVE AND QUALITATIVE PARAMETERS OF HEALTH SERVICES RENDERED  
(ANNUAL DISCLOSURE)Name of the Insurance Company: **Royal sundaram**Information as at **31-Mar-2022****a. Specify whether In-house Claim Settlement or Services rendered by TPA -**Name of the TPA (If services rendered by TPA) **Paramount Health Services & Insurance TPA Pvt. Ltd. (Retail)**Validity of agreement with the TPA: **01/04/2020 to 31/03/2023**

(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	<b>1,26,810</b>	<b>403</b>	
Number of lives serviced	<b>2,59,256</b>	<b>2,10,654</b>	

**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	
State/ UT	No. of policies serviced	No. of lives serviced
<b>Pan India</b>	<b>1,27,213</b>	<b>4,69,910</b>
<b>Total</b>	<b>1,27,213</b>	<b>4,69,910</b>

**d. Data of number of claims processed:**

		Individual		Group	
		Number	Amount	Number	Amount
i.	Outstanding number of claims at the beginning of the year	768	6,63,70,834	29	23,66,355
ii.	Number of claims received during the year	9,092	52,40,02,497	235	1,06,29,399
iii.	Number of claims paid during the year (specify % also in brackets)	7527(76%)	69,98,29,443	178(67%)	1,26,32,404
iv.	Number of claims repudiated during the year (specify % also in brackets)	1731(18%)	5,13,29,251	69(26%)	22,03,345
v.	Number of claims outstanding at the end of the year	602	5,87,11,740	17	10,61,263

**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	94%	90%	88%	82%
2	Within 1-2 hours	6%	9%	10%	15%
3	Within 2-6 hours	0%	1%	2%	3%
4	Within 6-12 hours	0%	0%	0%	0%
5	Within 12-24 hours	0%	0%	0%	0%
6	>24 hours	0%	0%	0%	0%
	<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

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	4271	99.42%	145	100.00%	0	0	4416	99.44%
Between 1-3 months	25	0.58%	0	0.00%	0	0	25	0.56%
Between 3 to 6 months	0	0.00%	0	0.00%	0	0	0	0.00%
More than 6 months	0	0.00%	0	0.00%	0	0	0	0.00%
<b>Total</b>	<b>4296</b>	<b>100.00%</b>	<b>145</b>	<b>100.00%</b>	<b>0</b>	<b>0</b>	<b>4441</b>	<b>100.00%</b>

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	0
2	Grievances received during the year	0
3	Grievances resolved during the year	0
4	Grievances outstanding at the end of the year	0

Refer Health TPA Regulations , as amended from time to time