

**a) Paramount Health Services & Insurance TPA Pvt Limited**

i) Validity of Agreement with the TPA: 25/08/2021 to 24/08/2024

**b) Number of Policies and lives serviced in respect of which public disclosures are made**

| Description                 | Individual | Group  | Government |
|-----------------------------|------------|--------|------------|
| Number of policies serviced | 0          | 694    | 0          |
| Number of Lives serviced    | 0          | 153519 | 0          |

**c) Information with Regards to Geographical area in which services are rendered by the TPA (State names -District names shall be provided) in respect of which public disclosures are made.**

| Name of the State | Name of the Districts |
|-------------------|-----------------------|
| Assam             | Guwahati              |
| Bihar             | Patna                 |
| Chandigarh        | Chandigarh            |
| Chhatisgarh       | Raipur                |
| Goa               | Panaji                |
| Gujarat           | Ahmedabad             |
| Gujarat           | Surat                 |
| Gujarat           | Vadodara              |
| Jharkhand         | Ranchi                |
| Karnataka         | Bengaluru             |
| Kerala            | Kochi                 |
| Madhya Pradesh    | Indore                |
| Maharashtra       | Mumbai                |
| Maharashtra       | Thane                 |
| Maharashtra       | Jalgaon               |
| Maharashtra       | Nagpur                |
| Maharashtra       | Nashik                |
| Mizoram           | Aizwal                |
| Nagaland          | Dimapur               |
| New Delhi         | Delhi                 |
| Odisha            | Bhubaneshwar          |
| Punjab            | Ludhiana              |
| Rajasthan         | Jaipur                |
| Tamil Nadu        | Chennai               |
| Telangana         | Hyderabad             |
| Uttar Pradesh     | Lucknow               |
| West Bengal       | Kolkata               |

**d) Data of Number of claims processed**

|                                                                     | Individual | Group      |
|---------------------------------------------------------------------|------------|------------|
| i) Outstanding number of claims at the beginning of the year: -     | 0          | 239        |
| ii) Number of claims received during the year: -                    | 0          | 9378       |
| iii) Number of claims paid during the year (also % in bracket)      | 0          | 7889 (82%) |
| iv) Number of claims repudiated during the year (also % in bracket) | 0          | 1027 (11%) |
| v) Number of claims outstanding at the end of the year              | 0          | 701        |

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

| Sr. 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       | 0%                         | 0%                    | 85%                   | 75%                   |
| 2       | within 1 to 2 hours   | 0%                         | 0%                    | 13%                   | 20%                   |
| 3       | within 2 to 6 hours   | 0%                         | 0%                    | 2%                    | 5%                    |
| 4       | within 6 to 12 hours  | 0%                         | 0%                    | 0%                    | 0%                    |
| 5       | within 12 to 24 hours | 0%                         | 0%                    | 0%                    | 0%                    |
| 6       | > 24 Hours            | 0%                         | 0%                    | 0%                    | 0%                    |
|         | <b>Total</b>          | 0%                         | 0%                    | 100%                  | 100%                  |

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

\*\* Reckoned from the time last necessary documents is received by the insurer / TPA (whichever is earlier) and till final pre-auth is issued to the hospital

\*\*\* Reckoned as final discharge summary send to hospital from the time discharge bills is received by TPA

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

| Description<br>(to be reckoned from the date of receipt of last necessary document) | Individual       |            | Group            |            | Government       |            | Total            |            |
|-------------------------------------------------------------------------------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|
|                                                                                     | Number of claims | Percentage | Number of claims | Percentage | Number of claims | Percentage | Number of claims | Percentage |
| Within 1 month                                                                      | 0                | 0          | 8702             | 98%        | 0                | 0          | 8702             | 98%        |
| Between 1 - 3 Months                                                                | 0                | 0          | 214              | 2%         | 0                | 0          | 214              | 2%         |
| Between 3 to 6 months                                                               | 0                | 0          | 0                | 0          | 0                | 0          | 0                | 0          |
| More than 6 months                                                                  | 0                | 0          | 0                | 0          | 0                | 0          | 0                | 0          |
| <b>Total</b>                                                                        | 0                | 0          | 8916             | 100        | 0                | 0          | 8916             | 100        |

Percentage shall be calculated on total of the respective column

**g) Data of the grievances received against the TPA**

| Sr. No. | Description                                        | Number of Grievances |
|---------|----------------------------------------------------|----------------------|
| 1       | Grievance outstanding at the beginning of the year | 0                    |
| 2       | Grievance received during the period               | 0                    |
| 3       | Grievance Resolved during the period               | 0                    |
| 4       | Grievance outstanding at the end of the year       | 0                    |

Refer Health TPA Regulations, as amended from time to time

RAJIVE  
KUMARASWAMI  
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Digitally signed by RAJIVE  
KUMARASWAMI  
Date: 2024.06.21 11:22:11  
+05'30'

Place: Mumbai

Signature of CEO /Whole Time Director

Date: 14/06/2024

**Name:** Rajive Kumaraswami

**Designation:** MD and CEO

**Name of the Insurer:** Magma HDI General Insurance Company Limited