FORM NO. NL-48

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

Date: 01-04-2024

Name of the Insurance Company- ${\bf Zuno}$ ${\bf General}$ ${\bf Insurance}$ ${\bf Ltd.}$

Information as at

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

Name of the TPA (If services rendered by TPA) - Good Health Insurance TPA Ltd.

Validity of agreement with the TPA: from 25-02-2023 to 24-02-2026

(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	0	2	0	
Number of lives serviced	0	174	0	

c. Information with regard to the geographical area in which services are rendered by the TPAs/Insurer

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Name of the State	Name of the Districts					
Maharashtra	Mumbai					

d. Data of number of claims processed:

	Description		Percentage
i.	Outstanding number of claims at the beginning of the year	0	
ii.	Number of claims received during the year	8	
iii.	Number of claims paid during the year (specify % also in brackets)	3	38%
iv.	Number of claims repudiated during the year (specify % also in brackets)	1	13%
٧.	Number of claims outstanding at the end of the year	4	50%

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

		Individual	Policies (in %)	Group Policies (in %)		
S. No.	Description	TAT for pre-auth**	TAT for discharge***	TAT for pre-auth**	TAT for discharge***	
1	Within <1 hour	0%	0%	100%	100%	
2	Within 1-2 hours	0%	0%	100%	100%	
3	Within 2-6 hours	0%	0%	100%	100%	
4	Within 6-12 hours	0%	0%	100%	100%	
5	Within 12-24 hours	0%	0%	100%	100%	
6	>24 hours	0%	0%	100%	100%	
	Total	0%	0%	100%	100%	

Percentage to be calculated on total of the respective column.

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

Description (to be reckoned from the date of receipt of last necessary	Individual		Group		Government		Total	
document	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage
Within 1 month	-	0%	4	100%	-	0%	4	100%
Between 1-3 months	-	0%	-	0%	-	0%	-	0%
Between 3 to 6 months	-	0%	-	0%	-	0%	-	0%
More than 6 months	-	0%	-	0%	-	0%	-	0%
Total	-	0%	4	100%	-	0%	4	100%

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

Refer Health TPA Regulations , as amended from time to time $% \left(1\right) =\left(1\right) \left(1\right)$

^{**} 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