

**Public Disclosures on quantative and qualitative Parameters of Health services rendered**Information as at **31/03/2023**Name of the Insurance Company **Manipal Cigna Health Insurance Company Limited****a. Specify whether In-house Claim Settlement or Services rendered by TPA**

Name of TPA	Service level Agreement number/Licence Number	Valid FromDD/MM/YYYY	ToDD/MM/YYYY
Safeway Insurance TPA Pvt. Ltd.	026	7-Nov-22	6-Nov-25

**b. Number of policies and lives services in respect of which public disclosures are made:**

Description	Individual	Group	Government	Total
Number of policies serviced	0	2	0	2
Number of lives serviced	0	183	0	183

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

Sr. No.	Name of State	Name of District
1	Maharashtra	Pune, Mumbai
2	Kolkata	Kolkata

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

i.	Outstanding number of claims at the beginning of the year	0
ii.	Number of claims received during the year	0
iii.	Number of claims paid during the year (specify % also in brackets)	0
iv.	Number of claims repudiated during the year (specify % also in brackets)	0
v.	Number of claims outstanding at the end of the year	0

**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	0	0	0	0
2	Within 1-2 hours	0	0	0	0
3	Within 2-6 hours	0	0	0	0
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>	0	0	0	0

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	0	0	0	0	0	0	0	0
Between 1-3 months	0	0	0	0	0	0	0	0
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>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</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

Place: Mumbai  
Date:31-Mar-2023

Signature of CEO / Whole Time Director  
ManipalCigna Health Insurance Company Ltd