List of Health Insurance Regulatory Returns (as revised in December 2014)

Forms	Description	Frequency
INPUT_HEALTH_1	Details of product performance for products with 1 year or less than 1 year term	Yearly
INPUT_HEALTH_1(a)	Details of product performance for products with more than 1 year term	Yearly
INPUT_HEALTH_1.1	Details of product performance in terms of claims development and aging	Yearly
INPUT_HEALTH_2	Details of product performance in terms of claims management w.r.t TPA	Yearly
INPUT_HEALTH_3	Details of product information - Channelwise	Yearly
INPUT_HEALTH_4.1	Details of new business and renewal business - Statewise	Yearly
INPUT_HEALTH_6.3	Details of claims data - state wise	Yearly
INPUT_HEALTH_9	Details of Large Claim by State wise	Yearly
INPUT_HEALTH_6.4	Performance of Government sponsored Health Insurance Scheme for the quarter	Quarterly
INPUT_HEALTH_7	State-wise Gross Premium	Quarterly
INPUT_HEALTH_8	State wise and channel wise claims reported	Quarterly
INPUT_HEALTH_INDIAN_OFFICE_1	Details of Indian Offices - for the quarter.	Quarterly
INPUT_HEALTH_FOREIGN_OFFICE_1	Details of foreign offices - upto the end of the quarter	Quarterly
INPUT_HEALTH_5	Details of Due payable to TPA	Monthly
INPUT_HEALTH_6	Details of Claims Handled directly- Individual & Group	Monthly

Details of product performance - Products with 1 year or less than 1 year term

Purpose and frequency

To collect product information for all products having term 1 year or less than 1 year

The frequency of the return is yearly and as and when.

Filters and Parameters

Year

Insurer Name

#	Particular		Product 1	Product 2	Product 3	Product 4	Product 5
		Column Code	a	b	c	d	e
	Product Details						
1	Product Name						
2	UIN						
3a	Scope of Cover(1)						
3b	Target Group						
4	Insured Type						
4a	Basis of Payout						
5	Date of clearance of product						
5a	Minimum Policy Period						
5b	Maximum Policy period						
6	Current Status of Product						
6a	Add-on covers included						
6b	No. of add on covers						
6c	Whether serviced by TPA?						
6d	Total no. of TPA involved						
	New Business Data						
7	No. of policies issued						
8	Gross Premium* Collected						
8.i	Total Premium Ceded						
9	No of persons/members/ lives covered						
10	Total Sum Insured						
11a	Reinsurance Commissions Received						
	Renewal Business Data						
7a	No. of policies due for renewal						

8a	No. of policies renewed						
9a	Total Renewal Premium Collected						
9a.i	Total Renewal Premium Ceded						
10a	No of persons/members/ lives covered						
12a	Total Sum Insured in renewal						
11b	Reinsurance Commissions Received						
Cancellation Data							
8b.i	No. of cancellation during the policy term	Out of New Business					
8b.ii		Out of Renewal Business					
Expected new business figures (for next year)							
6e	No. of policies						
6f	Gross Premium						
6g	Total no. of claims						
6h	Total amount of claims						
6i	Claims ratio						
6j	Combined ratio						

Note:

Claims Ratio = (Total Amount of Claims Incurred)/ GWP

$$ Combined Ratio = (Total Amount of Claims Incurred + Total Company Expenses Amount)/GWP.

* Gross premium does not include service tax on the premium.

Details of product performance - Products with more than 1 year term

Purpose and frequency

To collect product information for all products having term more than 1 year

The frequency of the return is yearly and as and when.

Filters and Parameters

Year

Insurer Name

#	Particular		Product 1	Product 2	Product 3	Product 4	Product 5
		Column Code	a	b	c	d	e
	Product Details						
1	Product Name						
2	UIN						
3a	Scope of Cover(1)						
3b	Target Group						
4	Insured Type						
4a	Basis of Payout						
5	Date of clearance of product						
5a	Minimum Policy Period						
5b	Maximum Policy period						
6	Current Status of Product						
6a	Add-on covers included						
6b	No. of add on covers						
6c	Whether serviced by TPA?						
6d	Total no. of TPA involved						
	New Business Data						
7	No. of policies issued						
8	Gross Premium* Collected						
8.i	Total Premium Ceded						
9	No of persons/members/ lives covered						
10	Total Sum Insured						
11a	Reinsurance Commissions Received						
	Renewal Business Data						
7a	No. of policies due for renewal						
8a	No. of policies renewed						
9a	Total Renewal Premium Collected						
9a.i	Total renewal premium ceded						
10a	No of persons/members/ lives covered						
11a	Total Sum Insured in renewal						
11b	Reinsurance Commissions Received						
	In-force Business Data						

7b	No. of policies						
9b	Gross Premium Income						
9b.i	Total premium ceded						
10b	No of persons/members/ lives covered						
11b	Total Sum Insured						
12b	Reinsurance Commissions Received						
		Cancellation Data					
7c	No. of cancellation in free look period	Out of New Business					
8c.i	No. of cancellation*** during the policy term	Out of New Business					
8c.ii		Out of Renewal Business					
		Expected new business figures (for next year)					
6e	No. of policies						
6f	Total Gross Premium						
6g	Total no. of claims						
6h	Total amount of claims						
6i	Claims ratio						
6j	Combined ratio						

Note:

Claims Ratio = (Total Amount of Claims Incurred)/ GWP

$$ Combined Ratio = (Total Amount of Claims Incurred + Total Company Expenses Amount)/GWP.

* Gross premium does not include service tax on the premium.

INPUT_HEALTH_1.1   <u>*Yearly*</u>

Details of product performance in terms of claims development and aging

Purpose and frequency

To collect claims movement and claims aging data

The frequency of the return is yearly and as and when.

Filters and Parameters

Year   Channel Type $

Insurer Name

#	Particular		Product 1	Product 2	Product 3	Product 4	Product 5
		Column Code	a	b	c	d	e
	Claims Data						
1.i	Claims pending at the beginning of the year	No.					
1.ii		Amount					
2.i	New claims registered	No.					
2.ii		Amount					
3.i	Claims repudiated	No.					
3.ii		Amount					
4.i	Claims Settled	**No.**					
4.ii		Amount					
5.i	Claims pending at the end of the year	No.					
5.ii		Amount					
6.i	Penal Interest Paid	No.					
6.ii		Amount					
7.i	Incurred Claims Ratio $	%					
7.ii	Combined Ratio $$	%					

$ Incurred Claims ratio = Total incurred claim/ Total Earned Premium.

$$ Combined Ratio = (Total claims paid+other operating expense)/total premium earned.

	Aging of pending claims*						
12.i	Claims pending for less than 1 month	No.					
12.ii		Amount					
13.i	Claims pending for greater than 1 month and less than 3 months	No.					
13.ii		Amount					
14.i	Claims pending for greater than 3 month and less than 6 months	No.					
14.ii		Amount					

15.i	Claims pending for greater than 6 month and less than 12	No.					
15.ii	months	Amount					
16.i	Claims pending for greater than 1 year and less than 2	No.					
16.ii	years	Amount					
17.i	Claims pending for more than 2 yrs	No.					
17.ii		Amount					

* Reckoned from date of first intimation

Aging of settled claims **							
12.i	Claims settled for less than 1 month	No.					
12.ii		Amount					
13.i	Claims settled for greater than 1 month and less than 3	No.					
13.ii	months	Amount					
14.i	Claims settled for greater than 3 month and less than 6	No.					
14.ii	months	Amount					
15.i	Claims settled for greater than 6 month and less than 12	No.					
15.ii	months	Amount					
16.i	Claims settled for greater than 1 year and less than 2	No.					
16.ii	years	Amount					
17.i	Claims settled for more than 2 yrs	No.					
17.ii		Amount					

** Reckoned from the date of receipt of last requirement

Aging of repudiated claims ***							
12.i	Claims repudiated for less than 1 month	No.					
12.ii		Amount					
13.i	Claims repudiated for greater than 1 month and less than	No.					
13.ii	3 months	Amount					
14.i	Claims repudiated for greater than 3 month and less than	No.					
14.ii	6 months	Amount					
15.i	Claims repudiated for greater than 6 month and less than	No.					
15.ii	12 months	Amount					
16.i	Claims repudiated for greater than 1 year and less than 2	No.					
16.ii	years	Amount					
17.i	Claims repudiated for more than 2 yrs	No.					
17.ii		Amount					

***Reckoned from date of receipt of last requirement

$ List of Various Channels are Direct Business - Internet, Direct Business - Other than Internet, Individual Agents, Banks, Corporate Agents - Other than Banks,Brokers, & Micro-Insurance Agents.

Yearly

Details of product performance in terms of claims management w.r.t TPA

Purpose and frequency

To capture the performance of the products in terms of claims management w.r.t TPA

The frequency of the return is yearly and as and when.

Filters and Parameters

Year [   ]   **Claims Handled Throu** Inshouse ◉ TPA

Insurer Name [   ]

In-House/ Name of the TPA in case of TPA $$ [   ]

#	Name of product	Product UIN	No. of policies serviced	No. of claims handled	Amount of claims handled	No. of claims settled	Amount of claims settled	No. of claims Pending	Amount of Pending claims
Column Code			a	b	c	d	e	f	g

$$: the data to be submitted separately for each of the TPAs.

Details of product performance in terms of channels

Purpose and frequency

    To capture the performance of the products in terms of distribution channels

    The frequency of the return is yearly and as and when.

Filters and Parameters

        Year

        Insurer Name

        Channel Type$

#	Name of product	No. of policies	Gross Premium	Commissions / Brokerage Payable	Other Acquisition Costs
	Column Code	a	b	c	d

Note:

All data has to be entered at individual Channel level.

$ List of Various Channels are Direct Business - Internet, Direct Business - Other than Internet, Individual Agents, Banks, Corporate Agents - Other than Banks, Brokers, Micro-Insurance Agents.

* Gross premium does not include service tax on the premium.

Details of new business and renewal business - Statewise

Purpose and frequency

To capture the statewise new business and renewal business activities for each insurer

The frequency of the return is yearly.

Filters and Parameters

Year

Insurer Name

#	State	New Business			Renewal Business			In-Force Business		
		No. of policies	Gross Premium Amount	Total Sum Assured	No. of policies	Gross Premium Amount	Total Sum Assured	No. of policies	Gross Premium Amount	Total Sum Assured
	Column Code	a	b	d	e	f	h	e	f	h
Individual Business										
1	Andhra Pradesh									
2	Arunachal Pradesh									
3	Assam									
4	Bihar									
5	Chhattisgarh									
6	Goa									
7	Gujarat									
8	Haryana									
9	Himachal Pradesh									
10	Jammu & Kashmir									
11	Jharkhand									
12	Karnataka									
13	Kerala									
14	Madhya Pradesh									
15	Maharasthra									
16	Manipur									
17	Meghalaya									
18	Mizoram									
19	Nagaland									
20	Orissa									
21	Punjab									
22	Rajasthan									
23	Sikkim									
24	Tamil Nadu									
25	Telangana									
26	Tripura									
27	Uttar Pradesh									
28	Uttrakhand									
29	West Bengal									
30	Andaman & Nicobar Is.									
31	Chandigarh									
32	Dadra & Nagra Haveli									
33	Daman & Diu									
34	Delhi									
35	Lakshadweep									
36	Puducherry									
	Total									

Group Business

#	State	New Business				Renewal Business				In-Force Business			
		No. of policies	No. of lives covered	Gross Premium Amount	Total Sum Assured	No. of policies	No. of lives covered	Gross Premium Amount	Total Sum Assured	No. of policies	Gross Premium Amount	Total Premium Amount	Total Sum Assured
	Column Code	a	b	c	e	f	g	h	j	f	g	h	j
1	Andhra Pradesh												
2	Arunachal Pradesh												
3	Assam												
4	Bihar												
5	Chhattisgarh												
6	Goa												
7	Gujarat												
8	Haryana												
9	Himachal Pradesh												
10	Jammu & Kashmir												
11	Jharkhand												
12	Karnataka												
13	Kerala												
14	Madhya Pradesh												
15	Maharasthra												
16	Manipur												
17	Meghalaya												
18	Mizoram												
19	Nagaland												
20	Orissa												
21	Punjab												
22	Rajasthan												
23	Sikkim												
24	Tamil Nadu												
25	Telangana												
26	Tripura												
27	Uttar Pradesh												
28	Uttrakhand												
29	West Bengal												
30	Andaman & Nicobar Is.												
31	Chandigarh												
32	Dadra & Nagra Haveli												
33	Daman & Diu												
34	Delhi												
35	Lakshadweep												
36	Puducherry												
#	*Total*												

* Gross premium does not include service tax on the premium.

Details of Claims for an Insurer- Statewise

Purpose and frequency

    The purpose of the form is to collect the information of the claims for an insurer.

    The frequency of the form is yearly

Filters and Parameters

    Year   [_____]   Insurer Name   [_____]

#	State	Indemnity						Benefit Based	
		Cashless		Reimbursement		Both Cashless & Reimbursement^^			
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	g	h
1	Andhra Pradesh								
2	Arunachal Pradesh								
3	Assam								
4	Bihar								
5	Chhattisgarh								
6	Goa								
7	Gujarat								
8	Haryana								
9	Himachal Pradesh								
10	Jammu & Kashmir								
11	Jharkhand								
12	Karnataka								
13	Kerala								
14	Madhya Pradesh								
15	Maharasthra								
16	Manipur								
17	Meghalaya								
18	Mizoram								
19	Nagaland								
20	Orissa								
21	Punjab								
22	Rajasthan								
23	Sikkim								
24	Tamil Nadu								
25	Telangana								
26	Tripura								
27	Uttar Pradesh								
28	Uttrakhand								
29	West Bengal								
30	Andaman & Nicobar Is.								
31	Chandigarh								
32	Dadra & Nagra Haveli								
33	Daman & Diu								
34	Delhi								
35	Lakshadweep								
36	Puducherry								
#	Total								

^^ where apart of the claim emanating from single claim has been paid in cashless and remaining as reimbursements.

Performance of Government sponsored Health Insurance Scheme - for the Quarter

Purpose and frequency

This form is used to capture the details of the Performance of Goverement Health Insurance sponsered Scheme

The frequency of the form is quarterly

Filters and Parameters

Year [   ] Quarter [   ]

Insurer Name [   ]

#	Product / Scheme	No. of policies issued	No.of BPL families covered	No of others covered in BPL Families	Total number of beneficiaries covered	Gross Premium (In 000s)	No.of claims reported	Amount of Claims reported
	Column Code	· a		b	c	d	e	f
1			1	4	5			
2								
3								
4								
5								
6								
7								
8								
9								
10								

$ Incurred Claims ratio = Total incurred claim/ Total Earned Premium.

Continuation of Columns

No.of claims repudiated	Amount of claims repudiated	No.of claims settled	Claim Amount settled	No. of claims O/s	Amount of Claims O/s.	Incurred $ Claim Ratio (%)
g	h	i	j	k	l	j

State-wise Gross Premium for the quarter

Purpose and Frequency

To collect State wise information on Gross Premium, No. of Policies and Total Sum Assured across Channels

The frequency of the form is quarterly

Filters and Parameters

Year [ ]   Quarter [ ]

Name of insurer [ ]   Division   ◯ Individual ◉ Group

#	State	Direct Business (Internet)			Direct Business (Other than Internet)			Individual Agents			Banks			Other corporate agents			Brokers			Microinsurance Agents(MFI, SHG, NGO)		
		No. of policies	Premium Amount	Total Sum Insured	No. of policies	Premium Amount	Total Sum Insured	No. of policies	Premium Amount	Total Sum Insured	No. of policies	Premium Amount	Total Sum Insured	No. of policies	Premium Amount	Total Sum Insured	No. of policies	Premium Amount	Total Sum Insured	No. of policies	Premium Amount	Total Sum Insured
	Column Code	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u
1	Andhra Pradesh																					
2	Arunachal Pradesh																					
3	Assam																					
4	Bihar																					
5	Chhattisgarh																					
6	Goa																					
7	Gujarat																					
8	Haryana																					
9	Himachal Pradesh																					
10	Jammu & Kashmir																					
11	Jharkhand																					
12	Karnataka																					
13	Kerala																					
14	Madhya Pradesh																					
15	Maharasthra																					
16	Manipur																					
17	Meghalaya																					
18	Mizoram																					
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22	Rajasthan																					
23	Sikkim																					
24	Tamil Nadu																					
25	Telangana																					
26	Tripura																					
27	Uttar Pradesh																					
28	Uttrakhand																					
29	West Bengal																					
30	Andaman & Nicobar Is.																					
31	Chandigarh																					
32	Dadra & Nagra Haveli																					
33	Daman & Diu																					
34	Delhi																					
35	Lakshadweep																					
36	Puducherry																					
#	*Total*																					

State wise and channel wise claims reported for the quarter

Purpose and Frequency

This return collects information on the claims reported in each state during the quarter.

The frequency of this return is quarterly

Filters and Parameters

Year [_____] Quarter [_____]

Name of insurer [_____] Division ○ Individual   ○ Group

#	State	Direct Business (Internet)		Direct Business (Other than Internet)		Individual Agents		Banks		Other Corporate Agents		Brokers		Microinsurance Agents(MFI, SHG, NGO)	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	g	h	i	j	k	l	o	p
1	Andhra Pradesh														
2	Arunachal Pradesh														
3	Assam														
4	Bihar														
5	Chhattisgarh														
6	Goa														
7	Gujarat														
8	Haryana														
9	Himachal Pradesh														
10	Jammu & Kashmir														
11	Jharkhand														
12	Karnataka														
13	Kerala														
14	Madhya Pradesh														
15	Maharasthra														
16	Manipur														
17	Meghalaya														
18	Mizoram														
19	Nagaland														
20	Orissa														
21	Punjab														
22	Rajasthan														
23	Sikkim														
24	Tamil Nadu														
25	Telangana														
26	Tripura														
27	Uttar Pradesh														
28	Uttrakhand														
29	West Bengal														
30	Andaman & Nicobar Is.														
31	Chandigarh														
32	Dadra & Nagra Haveli														
33	Daman & Diu														
34	Delhi														
35	Lakshadweep														
36	Puducherry														
	Total														

Details of Large Claim by State wise

Purpose and frequency

This form captures the claim details of large claims in for all insurers

The frequency of this form is yearly and as and when

Filters and Parameters

Year   [   ]

Insurer Name   [   ]

#	State	Reported Claims		Fully Settled claims		Partially settled claims		Outstanding Claims	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	g	h
1	Andhra Pradesh								
2	Arunachal Pradesh								
3	Assam								
4	Bihar								
5	Chhattisgarh								
6	Goa								
7	Gujarat								
8	Haryana								
9	Himachal Pradesh								
10	Jammu & Kashmir								
11	Jharkhand								
12	Karnataka								
13	Kerala								
14	Madhya Pradesh								
15	Maharasthra								
16	Manipur								
17	Meghalaya								
18	Mizoram								
19	Nagaland								

#									
20	Orissa								
21	Punjab								
22	Rajasthan								
23	Sikkim								
24	Tamil Nadu								
25	Telangana								
26	Tripura								
27	Uttar Pradesh								
28	Uttrakhand								
29	West Bengal								
30	Andaman & Nicobar Is.								
31	Chandigarh								
32	Dadra & Nagra Haveli								
33	Daman & Diu								
34	Delhi								
35	Lakshadweep								
36	Puducherry								
#	Total								

Note:

Definition of Large Claims

* In respect of Personal Accident business: Rs. 50 lakh and above per claim per insured.

* In respect of Travel Insurance business: Rs. 50 lakh and above per claim per insured.

* In respect of "Other Health Insurance" business: Rs. 50 lakh and above per claim per insured.

Details of Indian Offices - for the quarter.

Purpose and Frequency

This form collects the information on the office (Branch) details in each state for each insurer.

The frequency of the form is quarterly

The data on number of existing branches to be provided at the end of the Quarter.

Filters and Parameters

Year		Quarter	

Insurer Name	

Business within India

#	State	No. of branches at the beginning of the quarter	No. of branches inprinciple approved during the quarter	No. of branches opened during the quarter		No. of branches closed during the quarter	No of branches approved but not opened	No of branches at the end of the quarter	No. of offices relocated	No. of offices merged	No. of existing branches in Metro Areas	No. of existing branches in urban area	No. of existing branches in semi-urban area	No. of existing branches in rural area
				Out of approvals of previous quarter	Out of approvals of this quarter									
	Column Code	a	b	c	d	e	f	g	h	j	k	L	h	j
1	Andhra Pradesh													
2	Arunachal Pradesh													
3	Assam													
4	Bihar													
5	Chhattisgarh													
6	Goa													
7	Gujarat													
8	Haryana													
9	Himachal Pradesh													
10	Jammu & Kashmir													
11	Jharkhand													
12	Karnataka													
13	Kerala													
14	Madhya Pradesh													
15	Maharasthra													
16	Manipur													
17	Meghalaya													
18	Mizoram													
19	Nagaland													
20	Orissa													
21	Punjab													
22	Rajasthan													
23	Sikkim													
24	Tamil Nadu													
25	Telangana													
26	Tripura													
27	Uttar Pradesh													
28	Uttrakhand													
29	West Bengal													
30	Andaman & Nicobar Is.													
31	Chandigarh													
32	Dadra & Nagra Haveli													
33	Daman & Diu													
34	Delhi													
35	Lakshadweep													
36	Puducherry													
#	Total													

INPUT_HEALTH_Foreign_Office_1   *__Quarterly__*

Details of foreign offices - upto the end of the quarter

Purpose and Frequency

This form collects the information on the foreign offices classified as representative offices, branches, subsidiaries, agency offices

The frequency of the form is quarterly

Filters and Parameters

Year   [   ] Quarter   [   ]

Name of insurer   [   ] Country   [   ]

#	Particulars	No.	whether regulated by local authority
	Column Code	a	b
1	No. of representative branches * outside India		
2	No. of branches ** outside India		
3	No. of subsidiaries *** outside India		
4	No. of agency Offices **** outside India		
#	**Total No. of offices outside India**		

Note:

*   A representative office is an office established by a company to conduct marketing and other non-transactional operations, generally in a foreign country where a branch office or subsidiary is not warranted.

**   A branch of insurance companies is a retail location where an insurer offers a wide array of face to face and automated services to its

***   A subsidiary, in business matters, is an entity that is controlled by a separate higher entity

****   An agency office is an entity where the business is carried out by agents of the insurance companies

Details of Due payable to TPA

Purpose and frequency

To measure the effectiveness of functions of TPAs in terms of claim float and TPA Fees

The data to be submitted by insurers in respect of every TPA enrolled with them.

The frequency of the form is monthly

Filters and Parameters

Year | Month

Insurer Name | TPA Name

#	Particulars	Claims Float	TPA Fees	Total
	Column Code	a	b	c
1	Due outstanding at the beginning of month			
2	Payment request received during the month			
3	Due paid during the month			
4	Due outstanding at the end of the month			
5	**Due outstanding at the end of the month**			
5.i	More than 0- 7 days			
5.ii	More than 7-15 days			
5.iii	More than 15- 30 days			
5.iv	More than 1-2 months			
5.v	More than 2 months			
5.vi	More than 4 months			
5.vii	More than 6 months			

Details of Claims Handled directly- Individual & Group

Purpose and frequency

    The purpose of the form is to collect the information of the claims handled directly by insurers having health business for the individual & group business

    The frequency of the form is monthly

Filters and Parameters

Year		Month	
Insurer Name		Division $$	Individual or Group

Claims movement Details

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	g	h	i	j
1	Claims pending at the beginning of the month										
2	New Claims registered during the month										
3	Claims Settled During the Month										
4	Claims repudiated										
5	Claims pending at the end of the month										

Aging of pending claims *

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	e	f	g	h
1	Claims pending for less than 1 month										
2	Claims pending for 1-3 months										
3	Claims pending for 3-6 months										
4	Claims pending for 6-12 months										
5	Claims pending for 1-2 years										
6	claims pending for more than 2 years										

* Reckoned from date of first intimation

Aging of settled claims**

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	e	f	g	h
1	Claims settled within less than 1 month										
2	Claims settled within 1-3 months										
3	Claims settled within 3-6 months										
4	Claims settled within 6-12 months										
5	Claims settled within 1-2 years										
6	claims settled within more than 2 years										

** Reckoned from the date of receipt of last requirement

Aging of repudiated claims***

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Paid		Total	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	e	f	g	h
1	Claims repudiated within less than 1 month										
2	Claims repudiated within 1-3 months										
3	Claims repudiated within 3-6 months										
4	Claims repudiated within 6-12 months										
5	Claims repudiated within 1-2 years										
6	claims repudiated within more than 2 years										

*** Reckoned from the date of receipt of last requirement

Details of Claims Handled through TPA- Individual & Group

Purpose and frequency

The purpose of the form is to collect the information of the claims handled through TPA.

The **data** to be submitted by insurers in respect of every TPA enrolled with them.

The frequency of the form is monthly

Filters and Parameters

Year		Month	

Insurer Name		TPA Name	

Division $$	Individual or Group

Claims movement Details

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	g	h	i	j
1	Claims pending at the beginning of the month										
2	New Claims registered during the month										
3	Claims Settled During the Month										
4	Claims repudiated										
5	Claims pending at the end of the month										

Aging of pending claims *

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	g	h	i	j
1	Claims pending for less than 1 month										
2	Claims pending for 1-3 months										
3	Claims pending for 3-6 months										
4	Claims pending for 6-12 months										
5	Claims pending for 1-2 years										
6	claims pending for more than 2 years										

* Reckoned from date of first intimation

Aging of settled claims**

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	g	h	i	j
1	Claims settled within less than 1 month										
2	Claims settled within 1-3 months										
3	Claims settled within 3-6 months										
4	Claims settled within 6-12 months										
5	Claims settled within 1-2 years										
6	claims settled within more than 2 years										

** Reckoned from the date of receipt of last requirement

Aging of repudiated claims***

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Paid		Total	
		No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims	No. of claims	Amount of claims
	Column Code	a	b	c	d	e	f	g	h	i	j
1	Claims repudiated within less than 1 month										
2	Claims repudiated within 1-3 months										
3	Claims repudiated within 3-6 months										
4	Claims repudiated within 6-12 months										
5	Claims repudiated within 1-2 years										
6	claims repudiated within more than 2 years										

*** Reckoned from the date of receipt of last requirement

$$ data to be submitted separately for Individual & Group Businesses.