FORM NO.NL – 48
Public Disclosures on quantative and qualitative Parameters of Health services rendered Information as at 31/03/2023
Name of the Insurance Company: Reliance General Insurance Co. Ltd.

a.Validity of the SLA with the TPA						
Name of TPA	Service level Agreement number		To DD/MM/YYYY			
MEDI ASSIST INSURANCE TPA P		30-Sep-22	29-Sep-25			

b. Number of policies and lives serviced in respect of which publc disclosure is made:						
Description	Individual		Group	Government		
No of policies serviced		1	73	-		
No of lives serviced		1	1 10 570	_		

Sr. No.	Name of State	Name of District	Name of District		No. of lives serviced	
1	Pan India			74	1,19,583	
2	=	-	-	-	-	
3	E	-	-	-	-	
4	-	-	-	-	-	
5	=	-	-	-	-	
6	=	-	-	-	-	
7	=	-	-	-	-	
8	=	-	-	-	-	
9	-	-	-	-	-	
10	=	-	-	-	-	
11	-	-	-	-	-	

E	d. Data of number of claims proc	essed:						
Γ		No. of claims	No. of claims	No. of claims paid		No. of claims	Claims renudiation	No. of claims
ŀ	TPA	outstanding at the	received during the		Settlement ratio(%)	repudiated during		outstanding at the end
L		beginning of year	year	during the year		the year	%	of the year
Б	MEDI ASSIST INSURANCE TPA P	1195	12945	11288	80%	1268	00/	1584
L	LTD	1195	12945	11288	80%	1268	9%	1584

Overall Disposal Rate net of claims in UTR Awaited status and claims pending for Denial Concurrence : 94%

e. Turn Around Time (1	TAT) for cashless claims (in respe						
		Individual Policies (i	n %)	Group Policies (in %	Group Policies (in %)		
Sr. No.	Description	TAT for pre-auth**	TAT for discharge***	TAT for pre-auth**	TAT for discharge***		
1	Within <1 Hour			89.4%	82.4%		
2	Within 1-2 Hours			8.4%	14.2%		
3	Within 2-6 Hours			2.0%	3.1%		
4	Within 6-12 Hours			0.2%	0.3%		
5	Within 12-24 Hours			0.0%	0.0%		
6	>24 Hours						
Total		0.0%	0.0%	100.0%	100.0%		

^{**}Reckoned from the time last necessary document is received by insurer/TPA (whichever is earlier) and till final pre auth is issued in the hospital)

f. Turn Around Time (TAT) in res	pect of payment/ repudiat	ion of clams:						
Description (to be reckoned from the date of receipt of last	Individual		Group		Government		Total	
necessary document)	No. of claims	percentage (%)	No. of claims	percentage (%)	No. of claims	percentage (%)	No. of claims	percentage(%)
Within 1 Month	3	100%	11174	89%			11177	89%
Between 1-3 Months		0%	943	8%			943	8%
Between 3-6 Months		0%	355	3%			355	3%
More than 6 Months		0%	81	1%			81	1%
	3	100%	12553	100%	0		12556	100%

^{*}Percentage shall be calculated on total of respective column

Sr. No.	Description	No. of Grievances		
1	Grievances outstanding at the beginning of year	0		
2	Grievances received during the year	19		
3	Grievances resolved during the year	19		
4	Grievances outstanding at the end of the year	0		

Place : Bengaluru Date 24-Apr-23

Place : Mumbai Date: 30th June'23



Signature of CEO/Whole Time Director
Name of the Insurer: Reliance General Insurance Company Limited