

**Minutes of the Pre-bid Meeting held on 07/07/2026 on Students Insurance
Tender No.IIDMK/2026-27/GSS/Students-Insurance/006 dated 01/07/2026 and
reply/clarifications sought by insurance companies through e-mail**

Following were present:

IIITDM, Kancheepuram S/Shri	Insurance company Representative (S/Shri)
E.Srikanth, Dy Registrar	1.Sridhar R, Asst Manager-Marketing IFFCO TOKIO 2.M.R.Shrinath, Chief Manager-Marketing IFFCO-TOKIO
A.Suresh, Consultant/GSS	
K.Chandrasekaran, IAO	

Query 1

Is the Policy a fresh policy or renewal of existing policy?

Reply:

It was clarified that the tender is for the renewal of the existing policy.

Query-2

Share the existing medical policy terms and conditions, personal accident policy, claim analysis and claim dump details:-

Reply:-

- (a) Existing Medical claim policy terms & conditions- Annexure-1
- (b) Existing Personal Accident policy terms & conditions -Annexure-2
- (c) Existing policy claim details. Annexure-3

Query-3

Whether OPD facility of Rs.5000/- per student existed in the last year policy?

Reply:-

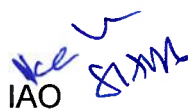
No. It is included in the present tender for the first time.

Query-4

As far as age profile mentioned in the tender document, last category of 26 to 35 & above needs clarification as to the approximate number of persons above 35 categories?

Reply:-

Sl.No	Age Range	No of Students
1	17-22	2040
2	23-25	90
3	26-35	96
4	Above 35	84

IAO 


Consultant-GSS


DR-Academics




5/7/26



GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

UIN : OICHLGP449V022021

Policy No. : 414890/48/2026/152	Prev. Policy No. : -
Cover Note No. : -	Cover Note Date : -
Insured's Code : AB0000047891	Issue Office Code : 414890
Insured's Name : IIITDM KANCHIPURAM (GSTIN: 33AACFI3667H2ZF)	Issue Office Name : BO SINGAPERUMAL KOIL (GSTIN: 33AAACT0627R3Z4)
Address : INDIAN INSTITUTE OF INFORMATION TECHNOLOGY DESIGN & MANUFACTURING (IIITDM) MELAKOTTAIYUR, OFF VANDALUR, KELAMBAKKAM ROAD, CHENNAI - 600 127 CHENNAI TAMIL NADU 600127	Address : Immediate Claim intimation(excluding Marine Hull and Health claim) be sent to 410011@orientalinsurance.co.in No: 4/5, Door No:6, Sabapathi Nilayam, Next to HP Gas office Railway station Road KANCHEEPURAM TAMIL NADU 603204
Tel./Fax/Email : / / 0 / administration@iiitdm.ac.in	Tel./Fax/Email : 9894102060 / / vimal.c@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000006989 DIRECT
Agent/Broker :
Address :
Tel/Fax/Email : ///

Period of Insurance : FROM 00:00 ON 31/08/2025 TO MIDNIGHT OF 30/08/2026

Collection No. & Dt. : CD A/C AB0000047891 GST INVOICE NO :3324430573 UIN :0

Gross Premium : 4,11,250 GST : 74,026 Stamp Duty : 1 Total: 4,85,276

Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000348
TPA Name : M/S MEDI ASSIST INSU
TPA Address : No.4/1, IBC Knowledge Park, Tower "D" 4th Floor, Bannerghatta Road, Bangalore
BANGALORE 560029
Telephone No : 1800 425 9449
Toll Free No : 1800 425 9449
Fax No : 1800 425 9559

Risk Details

Total Sum Insured in words : Indian Rupees Sixteen Crores Forty-Five Lakhs Only

Total Premium in words : Indian Rupees Four Lakhs Eighty-Five Thousand Two Hundred Seventy-Six Only

The insurance under this policy is subject to conditions, clauses, warranties,exclusions which are available on Company's website: www.orientalinsurance.org.in or on demand from policy issuing office.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy

Place : KANCHEEPURAM

Date : 30/08/2025



IRDA-REGNO-558



The Oriental Insurance Company Limited

Signer: Meera Parthasarathy
Date: Mon, Sep 1, 2025 12:17:46 IST
Reason: Signing Policy for OICL

Attached to and forming part of policy number 414890/48/2026/152

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

1. SELF ONLY POLICY FOR STUDENTS - SUM INSURED 1 LAKH ;
2. Pre- existing diseases/ Illness are to be covered from day one;
3. Waiver of 30 days waiting period;
5. 30/60 days pre & post hospitalization to be covered ;
6. Room Rent Restriction: 2% for Normal Room and 4% for ICU on sum insured; Proportionate clause applicable.
7. Corporate buffer covered upto a maximum of Rs.50,00,000/- with a sublimit of Rs.1,00,000/- per person.
8. Domicillary hospitalisation is not covered under the policy.
9. Disease wise capping is not applicable;
10. 50% copayment applicable for cyberknife treatment, stem cell transplantation and Robotic Surgery, Cochlear implant treatment is restricted to 50% of the sum insured.

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO SINGAPERUMAL KOIL (GSTIN: 33AAACT0627R3Z4) on 01-SEP-25

" In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office P.B.NO.1877 U.I.L BUILDING III FLOOR,NO.4, ESPLANADE OPP.ESPLANADE POLICE STN.,, The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002.

If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : P.VIMAL CHAKKARAVARTHY

Examined By : Ms VANITHA VENKATESH

Policy Printed By : 432831

IP :

Digitally Signed

Policy Printed On : 01-SEP-25 12:17:45

MAC :

By

Authorised Signatory

Place : KANCHEEPURAM

Date : 30/08/2025



IRDA-REGNO-556



The Oriental Insurance Company Limited


Signer: Meera Parthasarathy
Date: Mon, Sep 1, 2025 12:17:46 IST
Reason: Signing Policy for OICL

Attached to and forming part of policy number 414890/48/2026/152

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : KANCHEEPURAM

Date : 30/08/2025



IRDA-REGNO-556

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Attached to and forming part of policy number 414890/48/2026/152

CUSTOMER INFORMATION SHEET
(Description is Illustrative and not exhaustive)

SI. NO	TITLE	DESCRIPTION	Refer to Policy Clause No.
1.	Product Name	<u>MEDICLAIM INSURANCE</u> <u>POLICY (GROUP)</u>	
2.	What I am Covered For	a. Hospitalization expenses- Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.	1
		b. Sum Insured- Minimum sum insured is Rs 50,000/- and in multiples of Rs 25,000/- upto Rs 2, 00,000/-. Beyond the Sum Insured of Rs. 200000/- in multiples of Rs. 50000/- upto Rs 500000/-.	12
		c. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.	2a.
		I.C. Unit expenses not exceeding 2 % of the Sum Insured or Rs. 10,000 /- per day whichever is less. (Room including I.C.U. stay should not exceed total number of admission days).	2b.
		d. Road Ambulance Cover - 1% of the sum insured or Rs 2000/- whichever is less	2e.
		e. Telemedicine Expenses. f. AYUSH Coverage without any sub limits. g. Modern treatments and advanced surgeries. h. Mental illness cover Hospitalization expenses incurred for donating an organ by the donor (excluding cost of organ if any) to the insured person during the course of organ transplant will also be payable.	2B
j. Domiciliary Hospitalisation Benefit	2A		

Place : KANCHEEPURAM

Date : 30/08/2025



IRDA-REGNO-556



Attached to and forming part of policy number 414890/48/2026/152

3.	What are the Major exclusions in the policy	<p>a. Pre-Existing Diseases will be covered after a waiting period of thirty six (36) months of continuous coverage</p> <p>b. Admission primarily for investigation & evaluation</p> <p>c. Admission primarily for rest Cure, rehabilitation and respite care</p> <p>c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions</p> <p>d. Change-of-Gender treatments</p> <p>e. Listed 16 major diseases (For details refer policy document)</p> <p>f. Maternity</p> <p>g. Expenses related to correction of refractive error less than 7.5</p> <p>h. Unproven treatments</p> <p>i. Sterility and infertility</p> <p>j. Expenses for cosmetic or plastic surgery</p> <p>k. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports</p> <p>The above is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions</p>	
4.	Waiting period	<p>b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident.</p> <p>c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months</p> <p>d. Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months</p>	<p>4.1</p> <p>4.1</p> <p>4.1</p>
5.	Payment basis	Payment on indemnity basis(Cashless / Reimbursement)	5.5
6.	Loss sharing	<p>In case of a claim, this policy requires you to share the following costs: a. Expenses exceeding the following Sub-limits:</p> <p>i. Room Charges (Hospitalization):</p> <p>a. Room rent not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.</p> <p>b. I.C. Unit/ICCU expenses not exceeding 2 % of the Sum Insured or Rs. 10,000 /- per day whichever is less.</p> <p>c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.</p> <p>d. i. Disease wise capping for 20 (twenty) listed diseases. ii. Capping on 7 (seven) common procedures.</p>	<p>2.1 (I)</p> <p>2.1 (II)</p> <p>2.1 (a)</p>





The Oriental Insurance Company Limited

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Date: Mon, Sep 1, 2025 12:17:46 IST
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7.	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years and There will be no loading on renewals on Individual claims experience basis.	
8.	Renewal Benefits	<p>b. Benefit for coverage of diseases under time bound exclusions</p> <p>c. Eligible for Migration or portability as per regulatory provisions.</p>	
9.	Cancellation	<p>a. The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium as per the rates detailed in the policy terms and conditions.</p> <p>b. The Company may cancel the policy at any time on grounds of misrepresentation, non- disclosure of material facts, and fraud by the Insured Person by giving 30 days' written notice.</p>	5.14
10.	Claims/Claim Procedure	<p>For Cashless Service: Hospital Network Details are available at www.orientalinsurance.org.in</p> <p>For reimbursement of Claim: Policy issuing Office /TPA</p> <ul style="list-style-type: none"> * Cashless service for covered expenses in Network Hospitals * Reimbursement of admissible expenses <p>Web link for following:</p> <p>Network Hospital Detail:</p> <p>https://www.orientalinsurance.org.in/network-hospitals</p> <p>Helpline No :</p> <p>Toll free 1800118485/011- 33208485</p> <p>Hospital which are blacklisted or for no claims will be accepted here:</p> <p>https://www.orientalinsurance.org.in/network-hospitals</p> <p>Downloading/getting claim form</p> <p>https://www.orientalinsurance.org.in/policies-related-document</p>	5.6 (B)

Place : KANCHEEPURAM

Date : 30/08/2025



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Attached to and forming part of policy number 414890/48/2026/152

11.	Policy Servicing	<p>1. Company officials : Website: www.orientalinsurance.org.in</p> <p>2. . Toll free: 1800118485 Or 011-33208485</p> <p>3. Policy issuing office</p>	
	Grievances/Complaints	<p>* www.orientalinsurance.org.in E-mail: csd@orientalinsurance.co.in IRDAI Integrated Grievance Management System https://igms.irda.gov.in</p> <p>* Insurance Ombudsman - Contact details of the Insurance Ombudsman have been provided in Annexure 1 of the policy document.</p> <p>Ombudsman website: http://ecoi.co.in/ombudsman.html</p>	6.11 Annexure III
12.	Things to remember	<p>a. Free Look period of 30 days from the date of receipt of the policy shall be applicable at the inception Lifelong renewability (except on certain specific grounds) . B. Renewable Conditions</p> <p>* Grace period of 30 days * Policy is ordinarily renewable Adjustment of premium on renewal in lieu of OMP policy.</p> <p>c. Right to migrate from one product to another product of the company. www.orientalinsurance.org.in</p> <p>d. Right to port the policy from one company to another company - www.orientalinsurance.co.in</p> <p>e. Change in SI during the policy term or at the time of renewal (please contact the policy issuing office)</p> <p>Moratorium Period: After Completion of five continuous years under the policy no look back to be applied. This period of five year is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium period no health policy shall be contestable except for proven fraud and permanent exclusion specified in the policy contract</p>	6.2





The Oriental Insurance Company Limited

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Attached to and forming part of policy number 414890/48/2026/152

13.	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	
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Declaration by the Policy Holder :

I have read the above and confirm having noted the details

Place:

Date:

(Signature of the policyholder)

Note

i.Web-link where the product related documents including the Customer Information sheet are available:
<https://orientalinsurance.org.in/policies-related-document>

i.In case of any conflict, the terms and conditions mentioned in the policy document shall prevail

i.Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.

Place : KANCHEEPURAM

Date : 30/08/2025



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The Oriental Insurance Company Limited

Amended - 2

Signer: Meera Parthasarathy
Date: Mon, Sep 1, 2025 12:13
Reason: Signing Policy for OIC

GPA - NAMED POLICY SCHEDULE IRDA/NL-HLT/OIC/P-PV.1/457/13-14

Policy No. : 414890/48/2026/153 **Prev.Policy No.** : -
Cover Note No. : 41000035719 **Cover Note Date** : 29/08/2025
Insured's Code : AB0000047891 **Issue Office code** : 414890
Insured's Name : IIITDM KANCHIPURAM (GSTIN: 0) **Issue Office Name** : BO SINGAPERUMAL KOIL (GSTIN: 33AAACT0627R3Z4)
Address : INDIAN INSTITUTE OF INFORMATION TECHNOLOGY DESIGN & MANUFACTURING (IIITDM) MELAKOTTAIYUR, OFF VANDALUR KELAMBAKKAM ROAD, CHENNAI - 600 127 CHENNAI TAMIL NADU 600127
Address : Immediate Claim intimation(excluding Marine Hull and Health claim) be sent to 410011@orientalinsurance.co.in No: 4/5, Door No:6, Sabapathi Nilayam, Next to HP Gas office Railway station Road KANCHEEPURAM TAMIL NADU 603204
Tel./Fax/Email : / / 0 / administration@iiitdm.ac.in **Tel./Fax/Email** : 9894102060 / / vimal.c@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000006989 DIRECT

Agent/Broker :

Address :

Tel/Fax/Email : //,

Period of Insurance : FROM 00:00 ON 30/08/2025 TO MIDNIGHT OF 29/08/2026

Collection No & Dt : CD A/C AB0000047891 **GST INVOICE NO** :3324430804 **UIN** :0

Gross Premium : 2,22,075 **GST** : 39974 **Stamp Duty** : 250 **Total** : 2,62,049

Co-insurance Details : NIL

Number of persons covered : 1645

Total Sum Insured : 822500000

AOA Limit : 3000000

Details of Insured Persons :

Sr. No.	Emp No./ ID No.	Name	Age	Sex	Section/Cover	Sum Insured	Additional Covers
1	1822210 36	AMIT KUMAR ROUTH	22	M	Table of benefits II	5,00,000 5,00,000	NIL
2	1822210 39	TRIDEEP MAKAL	22	M	Table of benefits II	5,00,000 5,00,000	NIL
3	1822210	THUMATI VINEELA	21	F	Table of benefits II	5,00,000 5,00,000	NIL

Place : KANCHEEPURAM

Date : 30/08/2025



IRDA-REGNO-556

This report has been generated for the following policies:

Policy Number	Policy Holder	Policy Start Date	Policy End Date	Lives	Total Premium	Earned Premium	Policy Run Days
414890/48/2024/121	IIITDM KANCHIPURAM	September 1, 2023	August 31, 2024	1,890	₹584,010	₹584,010	366
Total				1,890	₹584,010	₹584,010	366



Medi Assist™

Portfolio Report

As of 05 Jul 2026, the portfolio covers 1,890 lives. Premium updated in our system is ₹5.84 Lakh. A total of claims have been reported, with Incurred Amount of . The Incurred Claims Ratio (ICR) is on premium updated and on Earned Premium. The claim incidence rate is (Incurred Hospitalization claims per 100 lives). Ratios based on premium in Insurer's System would prevail.

1.0 Policy Lives	Count
1.1 At Inception* & Addition	1,890
1.1.1 At Inception *	1,890
1.1.2 Addition	0
1.2 Deletion	0
Current Lives	1,890

2 Policy Premium	Amount (₹)
2.1 First Time	584,010
2.2 Addition	0
2.3 Deletion	0
2.4 Total Premium	584,010
2.5 Earned Premium (EP)	584,010

* Inception Lives inclusive of lives added with policy or subsequently, with coverage date from policy start date

3 By Claim Status	Claim Count	% Claim Count	Claimed Amount (₹)	% Claim Amount	Incurred Amount (₹)	% Incurred Amount
3.1 Paid						
3.2 Denied due to document shortfall						
3.3 Denied due to Policy Exclusion						
3.4 Processed						
3.5 In Process						
Total						

Claim Type	Claim Count	% Claim Count	Claimed Amount (₹)	% Claim Amount	Incurred Amount (₹)	% Incurred Amount
IP						
4 Cashless						
4.1 Paid						
4.2 Denied due to document shortfall						
4.3 Denied due to Policy Exclusion						
4.4 Processed						
4.5 In Process						
Subtotal						
5 Reimbursement						
5.1 Paid						
5.2 Denied due to document shortfall						
5.3 Denied due to Policy Exclusion						
5.4 Processed						
5.5 In Process						
Subtotal						
Total						
OP						
6 Cashless						
6.1 Paid						
6.2 Denied due to document shortfall						
6.3 Denied due to Policy Exclusion						
6.4 Processed						
6.5 In Process						
Subtotal						
7 Reimbursement						
7.1 Paid						
7.2 Denied due to document shortfall						
7.3 Denied due to Policy Exclusion						
7.4 Processed						
7.5 In Process						
Subtotal						
Grand Total						

8 IP Claim Type	8.1 No. of IP Claims	8.2 Claims made per 100 Lives Insured

As of 05 Jul 2026 , Claims with an Incurred amount of are pending. Out of them claims are under error log category

9 Claims Pending With	Medi Assist		Insurer		Member		Provider		Total	
	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)
9.1 IP										
9.1.1 Cashless										
9.1.2 Reimbursement										
9.2 OP										
9.2.1 Cashless										
9.2.2 Reimbursement										
Total										

10 Claims that are in Error	Claim Count
Total	

Savings Summary

Total Savings for the portfolio from Proportionate Deduction, Defined Benefit, Copay, Hospital Discounts , FWA, and Case Management is

Classification	Claim Count	Savings (₹)
<input type="checkbox"/> Policy Driven		
Proportionate Deduction		
Defined Benefit		
Copay		
<input type="checkbox"/> Others		
Hospital Discount		
Case Management		
*Fraud Waste and Abuse		

• Includes Claims awaiting for insurer concurrence

Top 10 Distribution Across Providers (In-Patient Claims)

Ranking name	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
Total				

*Based on Settled/Processed Hospitalization Claims Incurred

Top 10 Ailment Group wise Summary (In-Patient Claims)

Ailment Name	Claim Count	%Claim Count	Approved Amount (₹)	% Approved Amount
Total				

*Based on Settled/Processed Hospitalization Claims Counts

Distribution Across Beneficiary and Age Wise Summary (In-Patient Claims)

Relation Type	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
Self				
Spouse				
Child				
Parent				
Others				
Total				

Age Wise Summary (In-Patient Claims)

Age Band Bucket	Lives	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
0-5					
6-10					
11-15					
16-20					
21-25					
26-30					
31-35					
36-40					
41-45					
46-50					
51-55					
56-60					
61-65					
66-70					
71-more					
Not classified					
Total					

Utilization Report for Employees (In-Patient Claims)

No. of Claims	Employees Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Above 10				
Total				

Utilization Report for Dependents (In-Patient Claims)

No. of Claims	Dependents Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Above 10				
Total				

Distribution Across Amount Bands (In-Patient Cashless Claims)

Amount Band	Self		Spouse		Child		Parent		Others		Total	
	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	%Claim ...
Upto 10000												
10001 - 25000												
25001 - 50000												
50001 - 75000												
75001 - 100000												
100001 - 200000												
200001 - 300000												
300001 - 400000												
400001 - 500000												
500001 - 750000												
750001 - 1000000												
Above 1000000												
Total												

Distribution Across Amount Bands (In-Patient Reimbursement Claims)

Amount Band	Self		Spouse		Child		Parent		Others		Total	
	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	%Claim ...
Upto 10000												
10001 - 25000												
25001 - 50000												
50001 - 75000												
75001 - 100000												
100001 - 200000												
200001 - 300000												
300001 - 400000												
400001 - 500000												
500001 - 750000												
750001 - 1000000												
Above 1000000												
Total												

No. of Claims Pending with	Medi Assist	Insurer	Member	Provider	Total
IP					
Cashless					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Reimbursement					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Total					
OP					
Cashless					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Reimbursement					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Grand Total					

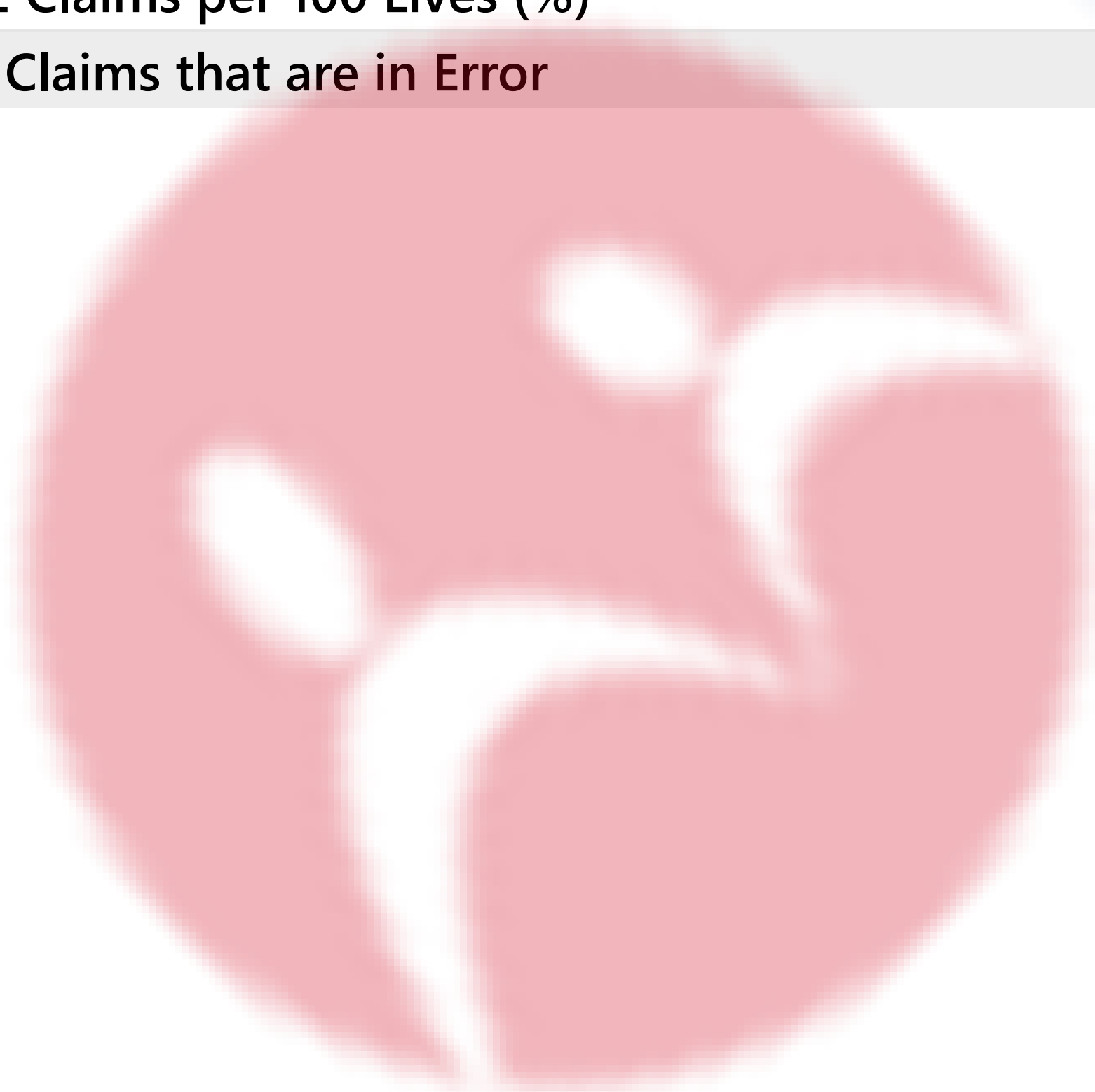
Particulars	Premium	Refund	Total
Opening Premium - Inception	584,010		584,010
Addition	0		0
Deletion		0	0
Closing Premium	584,010	0	584,010

Month	Particulars	Premium	Refund	Total
Month-1	Opening Premium - Inception	584,010		584,010
Month-1	Addition	0		0
Month-1	Deletion		0	0
Month-2	Addition	0		0
Month-2	Deletion		0	0
Month-3	Addition	0		0
Month-3	Deletion		0	0
Month-4	Addition	0		0
Month-4	Deletion		0	0
Month-5	Addition	0		0
Month-5	Deletion		0	0
Month-6	Addition	0		0
Month-6	Deletion		0	0
Month-7	Addition	0		0
Month-7	Deletion		0	0
Month-8	Addition	0		0
Month-8	Deletion		0	0
Month-9	Addition	0		0
Month-9	Deletion		0	0
Month-10	Addition	0		0
Month-10	Deletion		0	0
Month-11	Addition	0		0
Month-11	Deletion		0	0
Month-12	Addition	0		0
Month-12	Deletion		0	0
Closing Premium	Closing Premium	584,010	0	584,010



Glossary

Label	Description
1.0 Policy Lives	Details of insured members.
1.1 At Inception & Addition	Total lives at start and added during policy.
1.1.1 At Inception	lives covered from policy inception date.
1.1.2 Addition	Lives added via endorsement.
1.2 Deletion	Lives removed via endorsement.
1.3 Current Lives	At inception + additions - deletions.
2.0 Policy Premium	Breakdown of premium values.
2.1 First Time	Initial premium.
2.2 Addition	Premium added via endorsement.
2.3 Deletion	Premium reduced via endorsement.
2.4 Total Premium	First + Additions - Deletions.
2.5 Earned Premium	Premium applicable to elapsed policy period.
3.0 Claim Status	Indicates processing stage of claims.
4 IPD Cashless	In-patient claims where treatment cost is directly settled with the provider as per policy terms.
4.1 Paid	Payment completed and details available.
4.2 Denied – Document Shortfall	Denied due to missing documents.
4.3 Denied – Inadmissibility	Denied as per policy exclusions or inadmissible conditions.
4.4 Processed	Claims where processing is complete and ready for payment upload.
4.5 In Process	Under review, investigation, or awaiting inputs.
5 IPD Reimbursement	In-patient claims where the insured pays first and is reimbursed later as per policy terms.
6 OPD Cashless	Out-patient claims where the provider is paid directly.
7 OPD Reimbursement	Out-patient claims where the insured pays and is reimbursed.
9 Pending With	Claims pending with Medi Assist, Insurer, Member, or Provider.
9.1 IPD Pending	Count and amount of IPD claims pending.
9.1.1 Cashless	IPD claims processed as cashless.
9.1.2 Reimbursement	IPD claims processed as reimbursement.
9.2 OPD Pending	Count and amount of OPD claims pending.
9.2.1 Cashless	OPD claims processed as cashless.
9.2.2 Reimbursement	OPD claims processed as reimbursement.
8.1 IPD Claim Count	Total number of IPD claims.
8.2 Claims per 100 Lives (%)	Claim frequency per 100 insured lives.
10 Claims that are in Error	Claims that are in Error



This report has been generated for the following policies:

Policy Number	Policy Holder	Policy Start Date	Policy End Date	Lives	Total Premium	Earned Premium	Policy Run Days
414890/48/2025/200	IIITDM KANCHIPURAM	August 31, 2024	August 30, 2025	2,051	₹512,750	₹512,750	365
Total				2,051	₹512,750	₹512,750	365



Medi Assist™

Portfolio Report

As of 05 Jul 2026, the portfolio covers 2,051 lives. Premium updated in our system is ₹5.13 Lakh. A total of 7 claims have been reported, with Incurred Amount of ₹3.31 Lakh. The Incurred Claims Ratio (ICR) is 64.51% on premium updated and 64.51% on Earned Premium. The claim incidence rate is 0.29% (Incurred Hospitalization claims per 100 lives). Ratios based on premium in Insurer's System would prevail.

1.0 Policy Lives	Count
1.1 At Inception* & Addition	2,051
1.1.1 At Inception *	2,051
1.1.2 Addition	0
1.2 Deletion	0
Current Lives	2,051

2 Policy Premium	Amount (₹)
2.1 First Time	512,750
2.2 Addition	0
2.3 Deletion	0
2.4 Total Premium	512,750
2.5 Earned Premium (EP)	512,750

* Inception Lives inclusive of lives added with policy or subsequently, with coverage date from policy start date

3 By Claim Status	Claim Count	% Claim Count	Claimed Amount (₹)	% Claim Amount	Incurred Amount (₹)	% Incurred Amount
3.1 Paid	6	85.52%	₹435,501	91.69%	₹330,771	100.00%
3.2 Denied due to document shortfall	1	14.48%	₹39,451	8.31%	₹0	0.00%
3.3 Denied due to Policy Exclusion						
3.4 Processed						
3.5 In Process						
Total	7		₹474,952		₹330,771	

Claim Type	Claim Count	% Claim Count	Claimed Amount (₹)	% Claim Amount	Incurred Amount (₹)	% Incurred Amount
IP						
4 Cashless						
4.1 Paid	3	100.00%	₹229,898	100.00%	₹201,034	100.00%
4.2 Denied due to document shortfall						
4.3 Denied due to Policy Exclusion						
4.4 Processed						
4.5 In Process						
Subtotal	3	100.00%	₹229,898	100.00%	₹201,034	100.00%
5 Reimbursement						
5.1 Paid	3	74.84%	₹205,603	83.90%	₹129,737	100.00%
5.2 Denied due to document shortfall	1	25.16%	₹39,451	16.10%	₹0	0.00%
5.3 Denied due to Policy Exclusion						
5.4 Processed						
5.5 In Process						
Subtotal	4	100.00%	₹245,054	100.00%	₹129,737	100.00%
Total	7	100.00%	₹474,952	100.00%	₹330,771	100.00%
OP						
6 Cashless						
6.1 Paid						
6.2 Denied due to document shortfall						
6.3 Denied due to Policy Exclusion						
6.4 Processed						
6.5 In Process						
Subtotal						
7 Reimbursement						
7.1 Paid						
7.2 Denied due to document shortfall						
7.3 Denied due to Policy Exclusion						
7.4 Processed						
7.5 In Process						
Subtotal						
Grand Total	7	100.00%	₹474,952	100.00%	₹330,771	100.00%

8 IP Claim Type	8.1 No. of IP Claims	8.2 Claims made per 100 Lives Insured
Cashless	3	0.15%
Reimbursement	3	0.15%
Total	6	0.29%

As of 05 Jul 2026, Claims with an Incurred amount of are pending. Out of them claims are under error log category

9 Claims Pending With	Medi Assist		Insurer		Member		Provider		Total	
	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)
9.1 IP										
9.1.1 Cashless										
9.1.2 Reimbursement										
9.2 OP										
9.2.1 Cashless										
9.2.2 Reimbursement										
Total										

10 Claims that are in Error	Claim Count
Total	

Savings Summary

Total Savings for the portfolio from Proportionate Deduction, Defined Benefit, Copay, Hospital Discounts , FWA, and Case Management is ₹67,662

Classification	Claim Count	Savings (₹)
<input type="checkbox"/> Policy Driven		
Proportionate Deduction	4	₹54,243
Defined Benefit	0	₹0
Copay	0	₹0
<input type="checkbox"/> Others		
Hospital Discount	3	₹13,419
Case Management	0	₹0
*Fraud Waste and Abuse	0	₹0

• Includes Claims awaiting for insurer concurrence

Top 10 Distribution Across Providers (In-Patient Claims)

Ranking name	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
Tagore Medical College And Hospital	3	50.00%	₹134,868	40.77%
Continental Hospital	1	16.67%	₹99,800	30.17%
Kathir Memorial Hospital Pvt Ltd	1	16.67%	₹73,123	22.11%
MmrV Hospital	1	16.67%	₹22,980	6.95%
Total	6		₹330,771	

*Based on Settled/Processed Hospitalization Claims Incurred

Top 10 Ailment Group wise Summary (In-Patient Claims)

Ailment Name	Claim Count	%Claim Count	Approved Amount (₹)	% Approved Amount
DISORDERS OF THE GASTROINTESTINAL SYSTEM	3	50.00%	₹134,443	40.65%
DISORDERS OF THE EAR	1	16.67%	₹99,800	30.17%
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	1	16.67%	₹62,894	19.01%
DISORDERS OF THE MUSCULOSKELTAL SYSTEM	1	16.67%	₹33,634	10.17%
Total	6		₹330,771	

*Based on Settled/Processed Hospitalization Claims Counts

Distribution Across Beneficiary and Age Wise Summary (In-Patient Claims)

Relation Type	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
Self	6	100.00%	₹330,771	100.00%
Spouse				
Child				
Parent				
Others				
Total	6		₹330,771	

Age Wise Summary (In-Patient Claims)

Age Band Bucket	Lives	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
0-5					
6-10					
11-15					
16-20	2	2	33.33%	₹71,974	21.76%
21-25					
26-30	1	1	16.67%	₹99,800	30.17%
31-35	3	3	50.00%	₹158,997	48.07%
36-40					
41-45					
46-50					
51-55					
56-60					
61-65					
66-70					
71-more					
Not classified					
Total	6	6		₹330,771	

Utilization Report for Employees (In-Patient Claims)

No. of Claims	Employees Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
1	6	100.00%	₹330,771	100.00%
2				
3				
4				
5				
6				
7				
8				
9				
10				
Above 10				
Total	6		₹330,771	

Utilization Report for Dependents (In-Patient Claims)

No. of Claims	Dependents Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Above 10				
Total				

Distribution Across Amount Bands (In-Patient Cashless Claims)

Amount Band	Self		Spouse		Child		Parent		Others		Total			
	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	%Claim ...	Approved Amount	% Appro...
Upto 10000														
10001 - 25000														
25001 - 50000	1	₹38,340									1	33.33%	₹38,340	19.07%
50001 - 75000	1	₹62,894									1	33.33%	₹62,894	31.29%
75001 - 100000	1	₹99,800									1	33.33%	₹99,800	49.64%
100001 - 200000														
200001 - 300000														
300001 - 400000														
400001 - 500000														
500001 - 750000														
750001 - 1000000														
Above 1000000														
Total	3	₹201,034									3	100.00%	₹201,034	100.00%

Distribution Across Amount Bands (In-Patient Reimbursement Claims)

Amount Band	Self		Spouse		Child		Parent		Others		Total			
	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	%Claim ...	Approved Amount	% Appro...
Upto 10000														
10001 - 25000	1	₹22,980									1	33.33%	₹22,980	17.71%
25001 - 50000	1	₹33,634									1	33.33%	₹33,634	25.92%
50001 - 75000	1	₹73,123									1	33.33%	₹73,123	56.36%
75001 - 100000														
100001 - 200000														
200001 - 300000														
300001 - 400000														
400001 - 500000														
500001 - 750000														
750001 - 1000000														
Above 1000000														
Total	3	₹129,737									3	100.00%	₹129,737	100.00%

No. of Claims Pending with	Medi Assist	Insurer	Member	Provider	Total
IP					
Cashless					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Reimbursement					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Total					
OP					
Cashless					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Reimbursement					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Grand Total					

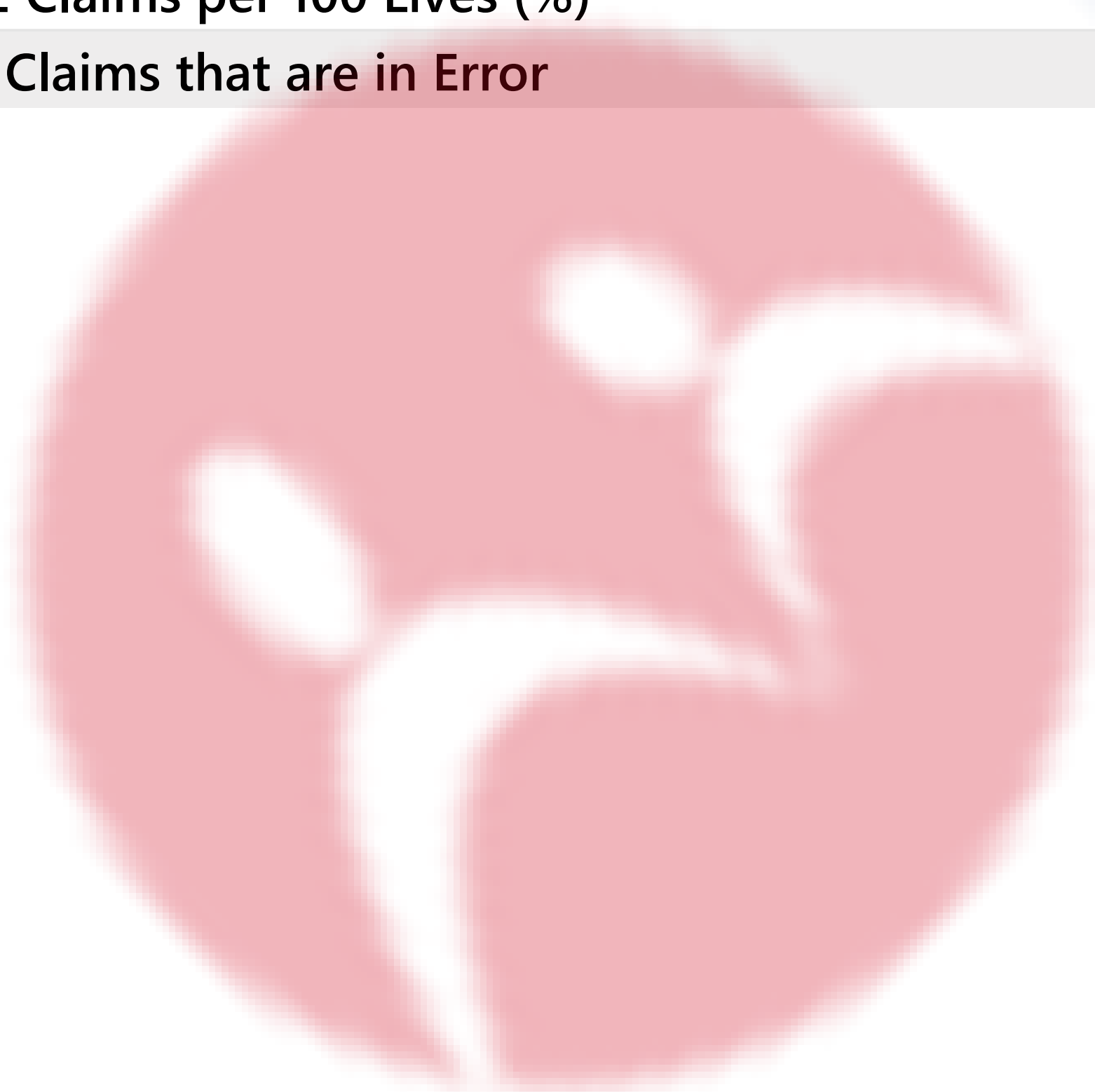
Particulars	Premium	Refund	Total
Opening Premium - Inception	512,750		512,750
Addition	0		0
Deletion		0	0
Post-Policy Expiry Addition	0		0
Post-Policy Expiry Deletion		0	0
Closing Premium	512,750	0	512,750

Month	Particulars	Premium	Refund	Total
Month-1	Opening Premium - Inception	512,750		512,750
Month-1	Addition	0		0
Month-1	Deletion		0	0
Month-2	Addition	0		0
Month-2	Deletion		0	0
Month-3	Addition	0		0
Month-3	Deletion		0	0
Month-4	Addition	0		0
Month-4	Deletion		0	0
Month-5	Addition	0		0
Month-5	Deletion		0	0
Month-6	Addition	0		0
Month-6	Deletion		0	0
Month-7	Addition	0		0
Month-7	Deletion		0	0
Month-8	Addition	0		0
Month-8	Deletion		0	0
Month-9	Addition	0		0
Month-9	Deletion		0	0
Month-10	Addition	0		0
Month-10	Deletion		0	0
Month-11	Addition	0		0
Month-11	Deletion		0	0
Month-12	Addition	0		0
Month-12	Deletion		0	0
Month-13	Post-Policy Expiry Addition	0		0
Month-13	Post-Policy Expiry Deletion		0	0
Closing Premium	Closing Premium	512,750	0	512,750



Glossary

Label	Description
1.0 Policy Lives	Details of insured members.
1.1 At Inception & Addition	Total lives at start and added during policy.
1.1.1 At Inception	lives covered from policy inception date.
1.1.2 Addition	Lives added via endorsement.
1.2 Deletion	Lives removed via endorsement.
1.3 Current Lives	At inception + additions - deletions.
2.0 Policy Premium	Breakdown of premium values.
2.1 First Time	Initial premium.
2.2 Addition	Premium added via endorsement.
2.3 Deletion	Premium reduced via endorsement.
2.4 Total Premium	First + Additions - Deletions.
2.5 Earned Premium	Premium applicable to elapsed policy period.
3.0 Claim Status	Indicates processing stage of claims.
4 IPD Cashless	In-patient claims where treatment cost is directly settled with the provider as per policy terms.
4.1 Paid	Payment completed and details available.
4.2 Denied – Document Shortfall	Denied due to missing documents.
4.3 Denied – Inadmissibility	Denied as per policy exclusions or inadmissible conditions.
4.4 Processed	Claims where processing is complete and ready for payment upload.
4.5 In Process	Under review, investigation, or awaiting inputs.
5 IPD Reimbursement	In-patient claims where the insured pays first and is reimbursed later as per policy terms.
6 OPD Cashless	Out-patient claims where the provider is paid directly.
7 OPD Reimbursement	Out-patient claims where the insured pays and is reimbursed.
9 Pending With	Claims pending with Medi Assist, Insurer, Member, or Provider.
9.1 IPD Pending	Count and amount of IPD claims pending.
9.1.1 Cashless	IPD claims processed as cashless.
9.1.2 Reimbursement	IPD claims processed as reimbursement.
9.2 OPD Pending	Count and amount of OPD claims pending.
9.2.1 Cashless	OPD claims processed as cashless.
9.2.2 Reimbursement	OPD claims processed as reimbursement.
8.1 IPD Claim Count	Total number of IPD claims.
8.2 Claims per 100 Lives (%)	Claim frequency per 100 insured lives.
10 Claims that are in Error	Claims that are in Error



Policy Start Date	Policy End Date	Subscriber Policy Code	Subscriber Name	Subscriber Grade	Subscriber	Subscriber Health Plan	Benefit Month	Benefit Amount	Benefit Name	Benefit Gender	Benefit Relation	Benefit Age	Benefit Address	Benefit Contact
8/31/2024	8/30/2025	14241003	XXXXXXXXXXXX		FAIR	10000	006728170		XXXXXXXXXXXX	Female	Self	28	51-02-4	PHONE DATA
8/31/2024	8/30/2025	1101007	XXXX X		FAIR	10000	006728123		XXXX X	Male	Self	33	51-01-1	PHONE DATA
8/31/2024	8/30/2025	1101004	XXXXXXXXXX X		FAIR	10000	006728182		XXXXXXXXXX X	Male	Self	32	51-02-2	PHONE DATA
8/31/2024	8/30/2025	12421051	XXXXXXXXXXXXXXXV		FAIR	10000	006728170		XXXXXXXXXXXXXXXV	Male	Self	17	51-21-4	PHONE DATA
8/31/2024	8/30/2025	14241051	XXXXXXXXXXXXXXXV		FAIR	10000	006728170		XXXXXXXXXXXXXXXV	Male	Self	17	51-21-4	PHONE DATA
<p>Claims Notification and Procedure - We have provided Section via list of relevant necessary / mandatory documents to be submitted at the time of claim. We shall not be liable to pay any claim in case all the relevant necessary / mandatory documents are not submitted to Us and further We shall settle or reject a claim as may be the case within stipulated time of stipulated these necessary of the relevant / mandatory document.</p> <p>Claim form MC sent as data submitted by the insured on the prescribed format - original</p> <p>Source: NA</p> <p>Eligible System: Claim No: 13407148</p> <p>NE: 31 00818008 3961</p>														
8/31/2024	8/30/2025	14241084	XXXXXXXXXXXXXXXV		FAIR	10000	006728170		XXXXXXXXXXXXXXXV	Male	Self	18	51-21-4	PHONE DATA
8/31/2024	8/30/2025	14241037	XXXXXXXXXX		FAIR	10000	006728184		XXXXXXXXXX	Male	Self	35	51-01-0	PHONE DATA

Benefit Sum Issued	Relative Sum Issued	Rate Sum Issued	Event ID	Claim ID	Invoice/Claim Ref No.	Pre-Admission ID	Pre-Admission Date	Claim Received Date	Claim Type	Claim Sub-Type	Claim Category	Claim Status	Claim Status	1. Facility/Category	Policy Or Office	Del. Ins.	Medicare	Medicaid	Status	Reassignment For Secondary Approval	Enk. ID	Issued In	Hospital Name	Accession No.	3. Hospital Network	Hospital A. In. No.	Claim Document Hospital	Del. Provider	Secondary	Issued City	Issued State	Hospital Provider
10000	200	10000	10597565	13830034	inv_614890/08/2021/0000048			9/11/2021	Facility	Facility	Facility	Settled	Settled	No	Policy	PO			NA	Yes	138300	Continental Hospital	00000010031	Network	PPN			Primary	Essexville	Tennessee	00034	
10000	7200	10000	1050571	1368571	inv_614890/08/2021/0000017	230801	11/21/2021	12/7/2021	Reimbursement	Reimbursement	Reimbursement	Settled	Settled	No	Office	PO			NA	Yes	138300	Morey Hospital	00000010018	Network	PPN			Secondary	Tomball	Texas	00017	
10000	2877	10000	1027254	1372104	inv_614890/08/2021/0000021	287200	7/27/2021	7/28/2021	Reimbursement	Reimbursement	Reimbursement	Settled	Settled	No	Office	PO			NA	Yes	138300	Kaiser Permanente Hospital Del Ltd	00000010005	Network	PPN			Secondary	Delaware	Texas	00117	
10000	6864	10000	1030060	1372670	inv_614890/08/2021/0000017			1/21/2021	Reimbursement	Reimbursement	Reimbursement	Settled	Settled	No	Office	PO			NA	Yes	138300	Texas Medical Center Acad Hospital	00000010097	Network	PPN			Primary	Delaware	Texas	00117	
10000	6864	10000	1030060	1372670	inv_614890/08/2021/0000017			8/10/2021	Reimbursement	Reimbursement	Reimbursement	Settled	Settled	No	Policy	PO			NA	Yes	138300	Texas Medical Center Acad Hospital	00000010097	Network	PPN			Primary	Delaware	Texas	00117	
10000	6160	10000	1032288	1374151	inv_614890/08/2021/0000017			1/18/2021	Facility	Facility	Facility	Settled	Settled	No	Office	PO			NA	Yes	138300	Texas Medical Center Acad Hospital	00000010097	Network	PPN			Primary	Delaware	Texas	00117	
10000	1710	10000	1043174	1384280	inv_614890/08/2021/0000011			9/26/2021	Facility	Facility	Facility	Settled	Settled	No	Office	PO			NA	Yes	138300	Texas Medical Center Acad Hospital	00000010097	Network	PPN			Primary	Delaware	Texas	00117	

Hospital Address	Date of Admission	Date of Discharge	Length of Stay	Room/Category	Primary ICD-9-CM	Primary Admitt. Name	Primary Admitt. Code	Treatment Type	Treatment Name	Transplant	Modern Treatment	Closed	Max. Days/Package	Cash Amount	Insured Amount	Claim Amount	Buffer Amount Paid	Bill Amount Received	Payable Amount Received	Bill Amount Nursing	Payable Amount Nursing	Bill Amount Int	Payable Amount Int	Bill Amount Supplement			
Unit No.3 Nookampada Gethilal	8/13/2014	8/14/2014	2	Single private room	DISORDERS OF THE EAR	Chronic otitis media with eff	863.21	Surgical	Mastoidectomy or Tympanoplasty	Allograft	No	0	FAIR	10000	9890	9890	0										
No.57C 3, Karadi Jethi	11/26/2014	11/28/2014	2	Single private room	DISORDERS OF THE GASTROINTESTINAL SYSTEM	Unspecified hemorroids	862.0	Surgical	hemorrhoidectomy procedures for hemorroids	Allograft	No	0	FAIR	6615	2280	2280	0	600	1200	900	321			2075			
No. 200 Mahalaxmi, Kalambhikun,Varadpur	7/2/2014	7/27/2014	4	Single private room	DISORDERS OF THE GASTROINTESTINAL SYSTEM	Acid reflux	531.0	Surgical	Fundus & Cholecyst	Allograft	No	0	FAIR	8810	7713	7713	0	3300	4607	3000	1000			1285			
Manikprasad Patil	11/26/2014	12/12/2014	17	General/Classics ward	DISORDERS OF THE MUSCULOSKELETAL SYSTEM	Other unspecified disc displacement, lumbar region	843.24	Surgical	Decompression of lumbar neural canal	Allograft	No	0	FAIR	54130	33614	33614	0								6915		
Manikprasad Patil	11/26/2014	12/12/2014	17	General/Classics ward	DISORDERS OF THE MUSCULOSKELETAL SYSTEM	Other unspecified disc displacement, lumbar region	843.24	Surgical	Decompression of lumbar neural canal	Allograft	No	0	FAIR	5014	0	0	0								5102		
Manikprasad Patil	1/24/2015	1/24/2015	9	Single private room	DISORDERS OF THE GASTROINTESTINAL SYSTEM	Acute pancreatitis	580.0	Non-Surgical	Conservative Management	Allograft	No	0	FAIR	25734	38180	38180	0	10000	12000						14015		
Manikprasad Patil	9/20/2014	9/20/2014	30	ICU	INFECTIOUS DISEASES (BACTERIAL / VIRAL / FUNGAL)	Septic hemorrhagic fever	851.0	Non-Surgical	Conservative Management	Allograft	No	0	FAIR	8140	6285	6285	0								3000	2001	2000

Payable Amount Insurance	Bill Amount Consultation	Payable Amount Consultation	Bill Amount Services	Payable Amount Services	Bill Amount Pharmacy	Payable Amount Pharmacy	Bill Amount Payroll	Payable Amount Payroll	Bill Amount Miscellaneous	Payable Amount Miscellaneous	Ambulance Charges Claimed	Ambulance Charges Paid	Other Hospital Charges Claimed	Other Hospital Charges Paid	Payable Amount Diet Consultation	Payable Amount Diet	Payable Amount Diagnostics	Payable Amount DNR	Payable Amount Vaccination	Payable Amount Health Checks	Deductions Amount Cash	Other Remarks	
	400	0					9580	9580	3820	0	0	0	9580	9580								0	
2875	3770	1388	1100	350	427				2574	184	0	0	3399	395								0	
1345	3130	2720			1650		4200	4200	1270	317	0	0	1270	1188								0	
1345	8000	3175			3813						0	0	0	0								0	
3420					38126						0	0	0	0								0	
18614	5000	3021			6117				300	0	0	0	12850	1790								0	
13640	500	300	300	0	1700				500	500	0	0	5000	3000								0	

File Document Attached Date	File Necessary Doc Rec Date	File Recd Date	Response Date	Claim Processor Tr. Revs	Ready For Payment Date	Left Doc Date	Payment Due	Claim Payment Tr. Revs	Settled Date	Acc No	File Date	Detail Class. ID	Detail Description	Response Remarks	Investigation	Facility With	Settled Accr Description	File With Facility Name Disburse	Management	Settled amount endorsed
	8/18/2025		8/27/2025	6	8/8/2025	8/15/2025	8/21/2025	11	8/27/2025	no. #188000005808811	8/21/2025				Settlement Error	NA	The access cannot access the file 71778 Claim libral@frontier.com. Unload#1055493 not because it is before used by another access. Claim No. 128828018	No		00000
	12/27/2024		12/30/2024	2	12/12/2024	12/11/2024	12/16/2024	4	12/27/2024	no. #188000005801318	12/16/2024				Settlement Error	NA	policy number - 1482000004841892/48/2025/000000140000007-Claim No. 128482873	NA	1	6825
	7/22/2025	2024 B	7/28/2025	1	7/28/2025	7/28/2025	7/30/2025	2	7/21/2025	no. #188000005801843	7/30/2025			Single-people investigation report supporting the diagnosis from Boston	Settlement Success	NA	Settlement Success Claim No. 131772656	NA		8900
	1/21/2025		1/21/2025	3	1/21/2025	1/26/2025	1/28/2025	2	1/20/2025	no. #1880000058056128	1/28/2025				Settlement Success	NA	Settlement Success Claim No. 137558781	NA		5128
	1/30/2025		1/30/2025	0	1/30/2025	1/31/2025	1/28/2025	1	1/30/2025	no. #1880000058058861	1/28/2025				Settlement Success	NA	Settlement Success Claim No. 137245021	No		4572
	10/20/2024		11/21/2024	31	11/25/2024	11/26/2024	11/27/2024	2	11/28/2024	no. #1880000058055138	11/27/2024			Please update title as per the new WINOY REPORT LA TEST BODMA TABLE OF INCIDENTS	Settlement Success	NA	Settlement Success Claim No. 128828062	No	1	8186



Insurer : The Oriental Insurance Co. Ltd.

Corporate :** IIITDM KANCHIPURAM

Report as on: 05 Jul 2026

Units in : Actuals

This report has been generated for the following policies:

Policy Number	Policy Holder	Policy Start Date	Policy End Date	Lives	Total Premium	Earned Premium	Policy Run Days
414890/48/2026/152	IIITDM KANCHIPURAM	August 31, 2025	August 30, 2026	2,375	₹589,046	₹498,672	309
Total				2,375	₹589,046	₹498,672	309



Medi Assist™

Portfolio Report

As of 05 Jul 2026, the portfolio covers 2,375 lives. Premium updated in our system is ₹5.89 Lakh. A total of 6 claims have been reported, with Incurred Amount of ₹2.86 Lakh. The Incurred Claims Ratio (ICR) is 48.50% on premium updated and 57.28% on Earned Premium. The claim incidence rate is 0.25% (Incurred Hospitalization claims per 100 lives). Ratios based on premium in Insurer's System would prevail.

1.0 Policy Lives	Count
1.1 At Inception* & Addition	2,375
1.1.1 At Inception *	1,645
1.1.2 Addition	730
1.2 Deletion	0
Current Lives	2,375

2 Policy Premium	Amount (₹)
2.1 First Time	411,250
2.2 Addition	177,796
2.3 Deletion	0
2.4 Total Premium	589,046
2.5 Earned Premium (EP)	498,672

* Inception Lives inclusive of lives added with policy or subsequently, with coverage date from policy start date

3 By Claim Status	Claim Count	% Claim Count	Claimed Amount (₹)	% Claim Amount	Incurred Amount (₹)	% Incurred Amount
3.1 Paid	5	83.05%	₹518,586	91.75%	₹245,692	86.01%
3.2 Denied due to document shortfall						
3.3 Denied due to Policy Exclusion						
3.4 Processed						
3.5 In Process	1	16.95%	₹46,650	8.25%	₹39,970	13.99%
Total	6		₹565,236		₹285,662	

Claim Type	Claim Count	% Claim Count	Claimed Amount (₹)	% Claim Amount	Incurred Amount (₹)	% Incurred Amount
IP						
4 Cashless						
4.1 Paid	3	74.79%	₹393,667	89.41%	₹176,206	81.51%
4.2 Denied due to document shortfall						
4.3 Denied due to Policy Exclusion						
4.4 Processed						
4.5 In Process	1	25.21%	₹46,650	10.59%	₹39,970	18.49%
Subtotal	4	100.00%	₹440,317	100.00%	₹216,176	100.00%
5 Reimbursement						
5.1 Paid	2	100.00%	₹124,919	100.00%	₹69,486	100.00%
5.2 Denied due to document shortfall						
5.3 Denied due to Policy Exclusion						
5.4 Processed						
5.5 In Process						
Subtotal	2	100.00%	₹124,919	100.00%	₹69,486	100.00%
Total	6	100.00%	₹565,236	100.00%	₹285,662	100.00%
OP						
6 Cashless						
6.1 Paid						
6.2 Denied due to document shortfall						
6.3 Denied due to Policy Exclusion						
6.4 Processed						
6.5 In Process						
Subtotal						
7 Reimbursement						
7.1 Paid						
7.2 Denied due to document shortfall						
7.3 Denied due to Policy Exclusion						
7.4 Processed						
7.5 In Process						
Subtotal						
Grand Total	6	100.00%	₹565,236	100.00%	₹285,662	100.00%

8 IP Claim Type	8.1 No. of IP Claims	8.2 Claims made per 100 Lives Insured
Cashless	4	0.17%
Reimbursement	2	0.08%
Total	6	0.25%

As of 05 Jul 2026 , 1 Claims with an Incurred amount of ₹39,970 are pending. Out of them claims are under error log category

9 Claims Pending With	Medi Assist		Insurer		Member		Provider		Total	
	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)	Claim Count	Incurred Amount (₹)
9.1 IP							1	₹39,970	1	₹39,970
9.1.1 Cashless							1	₹39,970	1	₹39,970
9.1.2 Reimbursement										
9.2 OP										
9.2.1 Cashless										
9.2.2 Reimbursement										
Total							1	₹39,970	1	₹39,970

10 Claims that are in Error	Claim Count
Total	

Savings Summary

Total Savings for the portfolio from Proportionate Deduction, Defined Benefit, Copay, Hospital Discounts , FWA, and Case Management is ₹1.89 Lakh

Classification	Claim Count	Savings (₹)
<input type="checkbox"/> Policy Driven		
Proportionate Deduction	3	₹159,821
Defined Benefit	0	
Copay	0	
<input type="checkbox"/> Others		
Hospital Discount	4	₹28,701
Case Management	0	₹0
*Fraud Waste and Abuse	0	₹0

• Includes Claims awaiting for insurer concurrence

Top 10 Distribution Across Providers (In-Patient Claims)

Ranking name	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
Dr Kamakshi Memorial Hospital	1	20.00%	₹100,000	40.70%
Virinchi Hospitals	1	20.00%	₹45,085	18.35%
One Health Hospital	1	20.00%	₹42,867	17.45%
Kasthuri Hospital	1	20.00%	₹31,121	12.67%
Tagore Medical College And Hospital	1	20.00%	₹26,619	10.83%
Total	5		₹245,692	

*Based on Settled/Processed Hospitalization Claims Incurred

Top 10 Ailment Group wise Summary (In-Patient Claims)

Ailment Name	Claim Count	%Claim Count	Approved Amount (₹)	% Approved Amount
INJURIES / FRACTURES / DISLOCATIONS	1	20.00%	₹100,000	40.70%
DISORDERS OF THE EAR	1	20.00%	₹45,085	18.35%
DISORDERS OF THE RESPIRATORY SYSTEM	1	20.00%	₹42,867	17.45%
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	1	20.00%	₹31,121	12.67%
DISORDERS OF THE GASTROINTESTINAL SYSTEM	1	20.00%	₹26,619	10.83%
Total	5		₹245,692	

*Based on Settled/Processed Hospitalization Claims Counts

Distribution Across Beneficiary and Age Wise Summary (In-Patient Claims)

Relation Type	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
Self	5	100.00%	₹245,692	100.00%
Spouse				
Child				
Parent				
Others				
Total	5		₹245,692	

Age Wise Summary (In-Patient Claims)

Age Band Bucket	Lives	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
0-5					
6-10					
11-15					
16-20	3	3	60.00%	₹171,704	69.89%
21-25					
26-30					
31-35	1	1	20.00%	₹42,867	17.45%
36-40	1	1	20.00%	₹31,121	12.67%
41-45					
46-50					
51-55					
56-60					
61-65					
66-70					
71-more					
Not classified					
Total	5	5		₹245,692	

Utilization Report for Employees (In-Patient Claims)

No. of Claims	Employees Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
1	5	100.00%	₹245,692	100.00%
2				
3				
4				
5				
6				
7				
8				
9				
10				
Above 10				
Total	5		₹245,692	

Utilization Report for Dependents (In-Patient Claims)

No. of Claims	Dependents Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Above 10				
Total				

Distribution Across Amount Bands (In-Patient Cashless Claims)

Amount Band	Self		Spouse		Child		Parent		Others		Total			
	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	%Claim ...	Approved Amount	% Appro...
Upto 10000														
10001 - 25000														
25001 - 50000	2	₹76,206									2	66.67%	₹76,206	43.25%
50001 - 75000														
75001 - 100000	1	₹100,000									1	33.33%	₹100,000	56.75%
100001 - 200000														
200001 - 300000														
300001 - 400000														
400001 - 500000														
500001 - 750000														
750001 - 1000000														
Above 1000000														
Total	3	₹176,206									3	100.00%	₹176,206	100.00%

Distribution Across Amount Bands (In-Patient Reimbursement Claims)

Amount Band	Self		Spouse		Child		Parent		Others		Total			
	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	Approved Amount	Claim Count	%Claim ...	Approved Amount	% Appro...
Upto 10000														
10001 - 25000														
25001 - 50000	2	₹69,486									2	100.00%	₹69,486	100.00%
50001 - 75000														
75001 - 100000														
100001 - 200000														
200001 - 300000														
300001 - 400000														
400001 - 500000														
500001 - 750000														
750001 - 1000000														
Above 1000000														
Total	2	₹69,486									2	100.00%	₹69,486	100.00%

No. of Claims Pending with	Medi Assist	Insurer	Member	Provider	Total
IP					
Cashless					
A.1.1 Documents awaited					
Intimated to Insurer				1	1
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal				1	1
Reimbursement					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Total				1	1
OP					
Cashless					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Reimbursement					
A.1.1 Documents awaited					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.2 In process - Decision pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.3 In process - Denial pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
A.1.4 In process - Payment pending					
Intimated to Insurer					
Intimation pending					
Member Addition					
Others					
Subtotal					
Grand Total				1	1

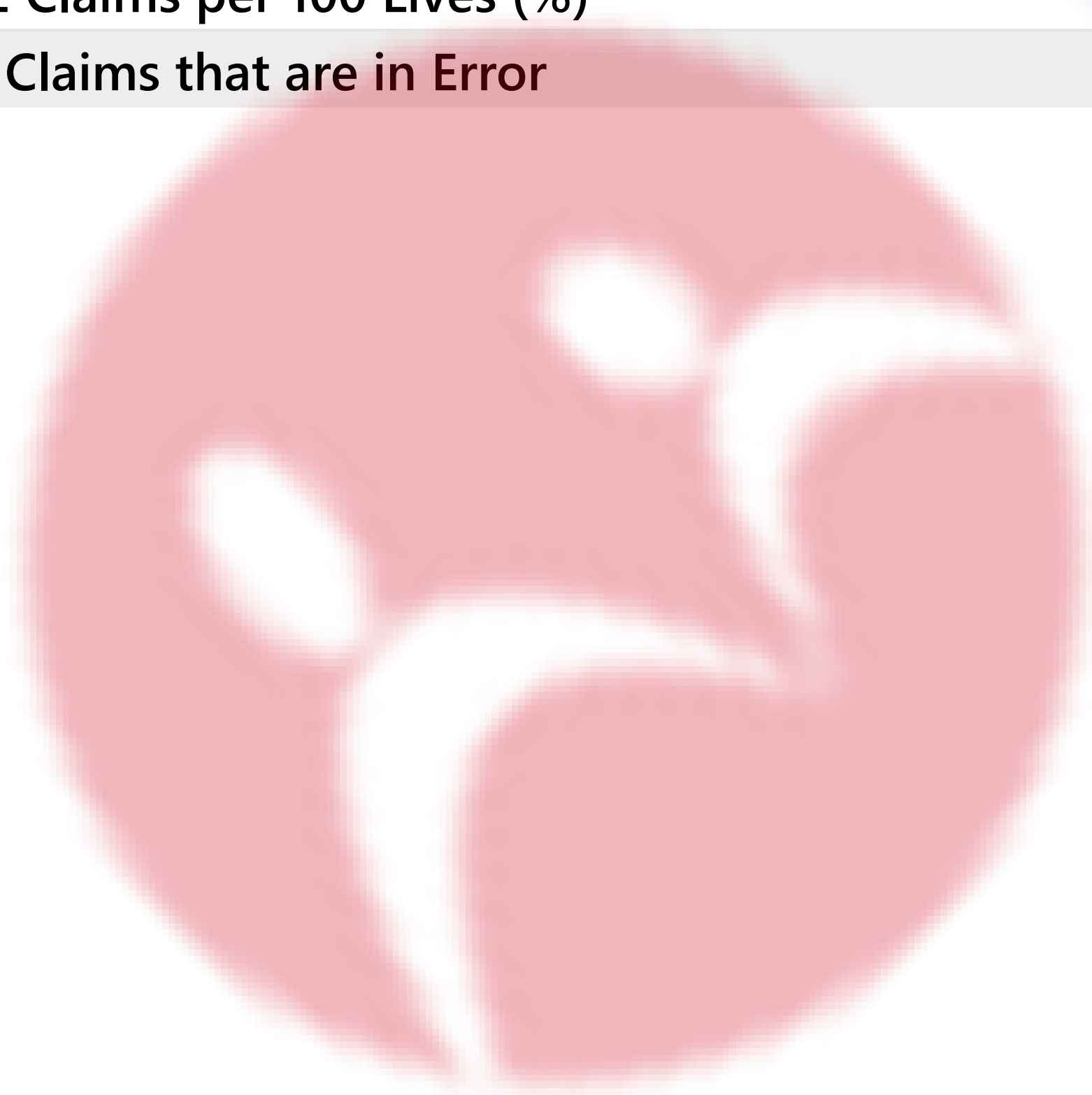
Particulars	Premium	Refund	Total
Opening Premium - Inception	411,250		411,250
Addition	177,796		177,796
Deletion		0	0
Post-Policy Expiry Addition	0		0
Post-Policy Expiry Deletion		0	0
Closing Premium	589,046	0	589,046

Month	Particulars	Premium	Refund	Total
Month-1	Opening Premium - Inception	411,250		411,250
Month-1	Addition	0		0
Month-1	Deletion		0	0
Month-2	Addition	0		0
Month-2	Deletion		0	0
Month-3	Addition	173,577		173,577
Month-3	Deletion		0	0
Month-4	Addition	0		0
Month-4	Deletion		0	0
Month-5	Addition	0		0
Month-5	Deletion		0	0
Month-6	Addition	0		0
Month-6	Deletion		0	0
Month-7	Addition	4,219		4,219
Month-7	Deletion		0	0
Month-8	Addition	0		0
Month-8	Deletion		0	0
Month-9	Addition	0		0
Month-9	Deletion		0	0
Month-10	Addition	0		0
Month-10	Deletion		0	0
Month-11	Addition	0		0
Month-11	Deletion		0	0
Month-12	Addition	0		0
Month-12	Deletion		0	0
Month-13	Post-Policy Expiry Addition	0		0
Month-13	Post-Policy Expiry Deletion		0	0
Closing Premium	Closing Premium	589,046	0	589,046



Glossary

Label	Description
1.0 Policy Lives	Details of insured members.
1.1 At Inception & Addition	Total lives at start and added during policy.
1.1.1 At Inception	lives covered from policy inception date.
1.1.2 Addition	Lives added via endorsement.
1.2 Deletion	Lives removed via endorsement.
1.3 Current Lives	At inception + additions - deletions.
2.0 Policy Premium	Breakdown of premium values.
2.1 First Time	Initial premium.
2.2 Addition	Premium added via endorsement.
2.3 Deletion	Premium reduced via endorsement.
2.4 Total Premium	First + Additions - Deletions.
2.5 Earned Premium	Premium applicable to elapsed policy period.
3.0 Claim Status	Indicates processing stage of claims.
4 IPD Cashless	In-patient claims where treatment cost is directly settled with the provider as per policy terms.
4.1 Paid	Payment completed and details available.
4.2 Denied – Document Shortfall	Denied due to missing documents.
4.3 Denied – Inadmissibility	Denied as per policy exclusions or inadmissible conditions.
4.4 Processed	Claims where processing is complete and ready for payment upload.
4.5 In Process	Under review, investigation, or awaiting inputs.
5 IPD Reimbursement	In-patient claims where the insured pays first and is reimbursed later as per policy terms.
6 OPD Cashless	Out-patient claims where the provider is paid directly.
7 OPD Reimbursement	Out-patient claims where the insured pays and is reimbursed.
9 Pending With	Claims pending with Medi Assist, Insurer, Member, or Provider.
9.1 IPD Pending	Count and amount of IPD claims pending.
9.1.1 Cashless	IPD claims processed as cashless.
9.1.2 Reimbursement	IPD claims processed as reimbursement.
9.2 OPD Pending	Count and amount of OPD claims pending.
9.2.1 Cashless	OPD claims processed as cashless.
9.2.2 Reimbursement	OPD claims processed as reimbursement.
8.1 IPD Claim Count	Total number of IPD claims.
8.2 Claims per 100 Lives (%)	Claim frequency per 100 insured lives.
10 Claims that are in Error	Claims that are in Error



	Insurance_Company	Insurer_Region_Name	Insurer_Ro_Code	Insurer_Do_Code	Insurer_Bo_Code	Tpa_Name	Broker	Agent	Development_Officer	Policy_Holder_Name	Policy_No	Ma_Policy_Id	Policy_Type
0	The Oriental Insurance Co. Ltd.	OIC Chennai RO	410000	414800	414890	Medi Assist Insurance TPA Pvt. Ltd.	None		NA0000006989	IIITDM KANCHIPURAM	pol_414890/48/2026/152	ma63347710	Group Policy
1	The Oriental Insurance Co. Ltd.	OIC Chennai RO	410000	414800	414890	Medi Assist Insurance TPA Pvt. Ltd.	None		NA0000006989	IIITDM KANCHIPURAM	pol_414890/48/2026/152	ma63347710	Group Policy
2	The Oriental Insurance Co. Ltd.	OIC Chennai RO	410000	414800	414890	Medi Assist Insurance TPA Pvt. Ltd.	None		NA0000006989	IIITDM KANCHIPURAM	pol_414890/48/2026/152	ma63347710	Group Policy
3	The Oriental Insurance Co. Ltd.	OIC Chennai RO	410000	414800	414890	Medi Assist Insurance TPA Pvt. Ltd.	None		NA0000006989	IIITDM KANCHIPURAM	pol_414890/48/2026/152	ma63347710	Group Policy
4	The Oriental Insurance Co. Ltd.	OIC Chennai RO	410000	414800	414890	Medi Assist Insurance TPA Pvt. Ltd.	None		NA0000006989	IIITDM KANCHIPURAM	pol_414890/48/2026/152	ma63347710	Group Policy
5	The Oriental Insurance Co. Ltd.	OIC Chennai RO	410000	414800	414890	Medi Assist Insurance TPA Pvt. Ltd.	None		NA0000006989	IIITDM KANCHIPURAM	pol_414890/48/2026/152	ma63347710	Group Policy

Policy_Subtype_Desc	Policy_Start_Date	Policy_End_Date	Pribenef_Employee_Code	Pribenef_Name	Pribenef_Grade	Pribenefisvip	Pribenef_Floater_Sum	Benef_Maid	Benef_Insurer_Id	Benef_Name	Benef_Gender	Benef_Relation	Benef_Age
Group Policy Tailor Made	8/31/2025	8/30/2026	172310004	AXXXoXXXX		FALSE	100000	4078612614		AXXXoXXXX	Male	Self	37
Group Policy Tailor Made	8/31/2025	8/30/2026	172531017	TXXxsXXX		FALSE	100000	4078612625		TXXxsXXX	Female	Self	18
Group Policy Tailor Made	8/31/2025	8/30/2026	1191007	RXXX X		FALSE	100000	4078612906		RXXX X	Male	Self	34
Group Policy Tailor Made	8/31/2025	8/30/2026	1191007	RXXX X		FALSE	100000	4078612906		RXXX X	Male	Self	34
Group Policy Tailor Made	8/31/2025	8/30/2026	182521059	JXXxtXXGXXsX		FALSE	100000	4078612951		JXXxtXXGXXsX	Male	Self	18
Group Policy Tailor Made	8/31/2025	8/30/2026	182521039	PXXmXXeXXaX		FALSE	100000	4080309446		PXXmXXeXXaX	Male	Self	17

Benefadddate	Benefcoveredthrough	Benef_Sum_Insured	Balance_Sum_Insured	Basic_Sum_Insured	Event_Id	Claim_Id	Insurer_Claim_Ref_No	Pre Intimation Id	Pre Intimation Date	Claim_Received_Date	Claim_Type	Claim_Sub_Type
32:21.5	Policy Data	100000	68879	100000	122461459	142599749	ins_414890/48/2027/00000016			6/11/2026	Cashless	Cashless
32:27.4	Endorsement	100000	0	100000	121773135	139399163	ins_414890/48/2026/00000051			3/8/2026	Cashless	Cashless
32:21.5	Policy Data	100000	17163	100000	122043495	140893570	ins_414890/48/2027/00000005			4/13/2026	Reimbursement	Reimbursement
32:21.5	Policy Data	100000	17163	100000	122510861	142837837	ins_414890/48/2027/00000019			6/18/2026	Cashless	Cashless
32:27.4	Endorsement	100000	73381	100000	120888104	135244612	ins_414890/48/2026/00000030			10/16/2025	Reimbursement	Reimbursement
50:48.0	Endorsement	100000	54915	100000	122278896	141777314	ins_414890/48/2027/00000012	36281879	5/16/2026	5/16/2026	Cashless	Cashless

Claim_Category	Claim_Stage	Claim_Status	Is_Cashlessanywhere	Online_Or_Offline	Opd_Ipd	Wallettype	Benefitname	Status_Recategorisation_For_Summary_Annexure	Risk_Id	Hospital_Id	Hospital_Name	Hosprohnicode
Cashless	Settled	Settled	No	Online	IPD			NA	Yes	65457	Kasthuri Hospital	8900080205482
Cashless	Settled	Settled	No	Online	IPD			NA	Yes	54105	Dr Kamakshi Memorial Hospital	8900080207400
Reimbursement	Settled	Settled	No	Offline	IPD			NA	Yes	358538	ONE HEALTH HOSPITAL	
Cashless	In Process	Information Awaited	No	Online	IPD			Documents awaited	Yes	396351	Hosmat Hospital Private Limited	8900080611016
Reimbursement	Settled	Settled	No	Offline	IPD			NA	Yes	158764	Tagore Medical College And Hospital	8900080340497
Cashless	Settled	Settled	No	Online	IPD			NA	Yes	200557	Virinchi Hospitals	8900080334717

Is_Hospital_Network	Hospital_Is_In_Ppn	Clinic_Doctorname_Hospital	Opd_Pincode	Hosptypeofcare	Hospital_City	Hospital_State	Hospital_Pincode	Hospital_Address	Date_Of_Admission	Date_Of_Discharge	Length_Of_Stay
Network	PPN			Secondary	CHENGALPATTU	Tamil Nadu	600045	No. 119, Shanmugam Road, West Tambaram	6/10/2026	6/13/2026	4
Network	Non PPN			Tertiary	CHENGALPATTU	Tamil Nadu	600100	No. 01, Radial Road, Pallikaranai, Chennai	3/5/2026	3/9/2026	5
Non_Network	Non Network				Chennai	Tamil Nadu	600048	GST ROAD , VANDALUR, CHENNAI	4/3/2026	4/5/2026	3
Network	PPN			Secondary	bengaluru	Karnataka	560080	18 ballery road	6/19/2026	6/20/2026	2
Network	PPN			Primary	CHENGALPATTU	Tamil Nadu	600127	Melakottaiyur Post	9/8/2025	9/12/2025	5
Network	PPN			Secondary	Hyderabad	Telangana	500034	D.No.: 6-3-2, 3/1, Road Number 1, Banjara Hills,	5/19/2026	5/21/2026	3

Roomcategory	Primary_Icd_Group	Primary_Ailment_Name	Primary_Ailment_Code	Treatment_Type	Treatment_Name
Single private room	INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	Diarrhoea & gastroenteritis of presumed infectious origin	A09.0	Non-Surgical	Conservative Management
Single private room	INJURIES / FRACTURES / DISLOCATIONS	Displaced trimalleolar fracture of left lower leg, initial encounter for closed fracture	S82.852A	Surgical	Excision of bone of knee or leg
Single private room	DISORDERS OF THE RESPIRATORY SYSTEM	Deviated nasal septum	J34.2	Surgical	Septoplasty-Repair of nasal septum
Single private room	DISORDERS OF BLOOD VESSELS	Haemorrhoids	I84.0	Surgical	haemorrhoidectomy-Procedures for haemorrhoids
General/Economy ward	DISORDERS OF THE GASTROINTESTINAL SYSTEM	Other acute appendicitis	K35.89	Surgical	Appendicectomy
Single private room	DISORDERS OF THE EAR	Chronic serous otitis media, left ear	H65.22	Surgical	Mastoidectomy cortical

Treatmentgroup	Modern_Treatment	Clmepd	Mce_Clmisdeathcase	Claim_Amount	Incurred_Amount	Claim_Approved_Amount	Buffer_Amount_Final	Bill_Amount_Roomrent	Payable_Amount_Roomrent	Bill_Amount_Nursing	Payable_Amount_Nursing
Allopathy	No	0	FALSE	40912	31121	31121	0	6000	6000		
Allopathy	No	0	FALSE	254122	100000	100000	0	22680	8000		
Allopathy	No	0	FALSE	90167	42867	42867	0	6000	2988	1000	498
Allopathy	No	0	FALSE	46650	39970	39970	0				
Allopathy	No	0	FALSE	34752	26619	26619	0				
Allopathy	No	0	FALSE	98633	45085	45085	0	7000	3221		

Bill_Amount_Icu	Payable_Amount_Icu	Bill_Amount_Investigation	Payable_Amount_Investigation	Bill_Amount_Consultation	Payable_Amount_Consultation	Bill_Amount_Surgery	Payable_Amount_Surgery	Bill_Amount_Pharmacy	Payable_Amount_Pharmacy
		19530	19530	4000	4000			7382	
		18830	18830	136540	50482	26000	5926	47867	
		5075	3065	38950	12880	18000	8963	14429	
		600	600					20152	
		920	920	55000	25077	2000	920	28219	

Bill_Amount_Package	Payable_Amount_Package	Bill_Amount_Miscellaneous	Payable_Amount_Miscellaneous	Ambulance_Charges_Claimed	Ambulance_Charges_Paid	Other_Hospital_Charges_Claimed	Other_Hospital_Charges_Paid
		4000	0	0	0	0	0
		2205	1800	0	0	0	0
		6713	1506	0	0	33	16
46650	39970			0	0	0	0
14000	14000			0	0	0	0
		5494	968	0	0	3353	968

Payable_Amount_Opd_Consultation	Payable_Amount_Dental	Payable_Amount_Diagnostics	Payable_Amount_Other	Payable_Amount_Vaccination	Payable_Amount_Health_Checkup	Deduction_Amount_Copay	Copay_Remarks
4000			0			0	
4167			1500			0	
1925			590	0		0	
			39970			0	
			14000			0	
1380						0	

Deduction_Amount_Excess_Of_Defined_Benefit	Deduction_Amount_Excess_Policy	Deduction_Amount_Prorata	Deduction_Amount_Hospital_Discount	Deduction_Amount_Paid_By_Patient	Deduction_Amount_Issurer_Approved
0	0	0	4799	0	0
0	8253	109492	12706	0	0
0	0	19605	0	0	0
0	0	0	0	0	0
0	0	0	7648	0	0
0	7986	30724	3548	0	0

Deduction_Amount_Deductible	Deduction_Amount_Intimation_Penalty	Proportionate_Deduction
0	0	0
0	0	109492
0	0	19605
0	0	0
0	0	0
0	0	30724

Claim_Payable_To_Name	First_Document_Attached_Date	Last_Necessary_Doc_Rec_Date	Info_Raised_Date	Processed_Date	Claim_Processing_Tat_Days	Ready_For_Payment_Date	Last_Dnr_Date
KXXhXXX XXXpXXI		6/20/2026		6/22/2026	1	6/23/2026	6/23/2026
DXXAXXXSXXMXXRXRX XXXPXXLXXTXXD		3/16/2026		3/20/2026	4	3/23/2026	3/23/2026
RXX X		4/13/2026		4/16/2026	3	4/16/2026	4/16/2026
HXXAXXXOXXTXXPXXLXX		6/29/2026	25:10.5	6/30/2026			
JXXdXXGXXsX		11/3/2025	53:10.0	11/6/2025	3	11/6/2025	11/20/2025
VXXNXXX XXXPXXLXXAXXXIXXXFXXRXXXHXEXEXHXXXRXXRXXTXXIXXXEXX		6/1/2026	24:05.1	6/26/2026	19	6/29/2026	6/29/2026

Payment_Date	Claim_Payment_Tat_Days	Settled_Date	Utr_No	Utr_Date	Denial_Clause_Id	Denial_Description	Documents_Remarks	Insurerstatus	Pending_With
6/25/2026	2	6/26/2026	utr_id:AXISCN1385793268	6/25/2026			Please provide INTERIM BILL for processing the claim	Settlement Success	NA
3/24/2026	1	3/25/2026	utr_id:AXISCN1291288778	3/24/2026			Clarification for discrepancy noted - - provide final bill & discharge summary	Settlement Success	NA
4/20/2026	2	4/21/2026	utr_id:AXISCN1318966349	4/20/2026				Settlement Success	NA
							Treating Doctor registration certificate	Intimation Success	Provider
11/21/2025	11	11/22/2025	utr_id:AXISCN1162568473	11/21/2025			Kindly provide detailed breakup of package charges PHARMACY-14228rs: LABORATORY-600	Settlement Error	NA
7/2/2026	3	7/3/2026	utr_id:AXISCN1392367176	7/2/2026			Self attested photo ID proof and address proof of the patient	Settlement Success	NA

Latest_Error_Description	Zero Wait Raksha Prime Discharge	MainEventID	claimed_amount_reckoned
Settlement Success:-Claim No :142599749	No	334645290001	40912
Settlement Success:-Claim No :139399163	No	334645300001	254122
Settlement Success:-Claim No :140893570	NA	334645310001	90167
IntimationSuccess:- ClaimId: 142837837	No	334645320001	46650
The process cannot access the file 'F:\TPA Claim Upload\ErrorLog\TPA_Upload\20112025.log' because it is being used by another process.:- Claim No :135244612	NA	334645330001	34752
Settlement Success:-Claim No :141777314	No	336599020001	98633