PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED

	1	CORPORAT	E PREMIUM DETAILS				
Corporate Name	orporate Name ODISHA STATE PSU (BBSR) EMPLOYEES WELFARE SOCIETY						
Insurance Company	Sbi General Insurance Comp	any Ltd.					
Broker Name	DIRECT BUSINESS						
Policy Number	4101230700000127-00		Daliay Pariad	Policy From	30/06/2023		
Policy Run Days		334	Policy Period	Policy upto	29/06/2024		
Inception Lives		1,421	Inception Premium				
Lives Added		4,888	Additional Premium				
Lives Deleted		0	Deletion Premium				
Present Lives Covered		6,309	Current Total Premium				
			Premium Type	FULL PREMIUM			

CORPORATE PREMIUM VS CLAIMS RATIO						
Earned Premium	0	Premium Per Life (Per Capita Premium)	00			
Incurred Amt IPD	2,97,88,601	Incurred Amt OPD	0			
Claim Frequency IPD	7%	Average Claim Size - IPD	69,587			
Claim Frequency OPD	0%	Average Claim Size - OPD	0			
Claim Ratio (Actual) - IPD	0%	Claim Ratio (Pro-rata) - IPD	0%			
Claim Ratio (Actual) - OPD+IPD	0%	Claim Ratio (Pro-rata) - OPD+IPD	0%			
CORPORATE FLOAT SUM INSURED ALLOTTED			50,00,000			
CORPORATE FLOAT SUM INSURED UTILISED			0			
BALANCE AMOUNT OF CORPORATE FLOAT SUM INSUR	ED		50,00,000			

	CLAIMS REPORTED SUMMARY							
Type of Claims	Cash	nless	Reimbu	rsement	OPD		Total No. of Claims	Total Amt of Claims
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	TOTAL NO. OF CLAIMS	Total Ailit of Claims
Paid	310	2,28,97,805	83	44,49,819	0	0	393	2,73,47,624
Declined	18	16,93,677	7	4,19,358	0	0	25	21,13,035
Outstanding	21	22,59,482	5	1,81,495	0	0	26	24,40,977
Reported	349	2,68,50,964	95	50,50,672	0	0	444	3,19,01,636

	CLAIMS PAID SUMMARY							
Claims Status	Cash	nless	Reimbursement		0	PD	Total No. of Claims	Total Amt of Claims
Ciaillis Status	No. of Claims	Amt of Claims No. of Claims Amt of Claims		No of Claims	Amt of Claims	TOTAL NO. OF CIAILIS	Total Amit of Claims	
Paid Main	310	2,25,56,823	83	44,19,516	0	0	393	2,69,76,339
Paid Pre Post	24	3,40,982	1	30,303	0	0	25	3,71,285
Total	310	2,28,97,805	83	44,49,819	0	0	393	2,73,47,624

	CLAIMS DECLINED SUMMARY							
Claims Status	Casi	hless	Reimbursement		OPD		Total No. of Claims	Total Amt of Claims
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of Claims	Total Ailit of Claims
Rejected Main	0	0	3	1,18,094	0	0	3	1,18,094
Rejected Pre Post	0	0	0	0	0	0	0	0
Deficient, Closed Main	0	0	4	3,01,264	0	0	4	3,01,264
Deficient, Closed Pre Post	0	0	0	0	0	0	0	0
Total	0	0	7	4,19,358	0	0	7	4,19,358

CASHLESS DENIAL SUMMARY								
Cashless Request Denied	18	16,93,677	0	0	0	0	18	16,93,677
Cashless Request Closed	0	0	0	0	0	0	0	0
Total	18	16,93,677	0	0	0	0	18	16,93,677

	CLAIMS OUTSTANDING SUMMARY								
Claims Status	Casl	nless	Reimbu	rsement	0	PD	Total No. of Claims	f Claims Tatal Aust of Claims	
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	TOTAL NO. OF CLAIMS	Total Amt of Claims	
Processed	2	5,25,650	0	0	0	0	2	5,25,650	
Under Deficiency	0	0	5	1,81,495	0	0	5	1,81,495	
Under Process	2	3,57,809	0	0	0	0	2	3,57,809	
Bills Not Received	17	13,76,023	0	0	0	0	17	13,76,023	
Pre Post	0	0	0	0	0	0	0	0	
Total	21	22,59,482	5	1,81,495	0	0	26	24,40,977	

GUIDELINES FOR CORPORATE OVERVIEW					
Earned Premium	Net Premium/Policy Period x Policy Run Days				
Premium Per Life (Per Capita premium)	Net Premium/ No. of Lives as on report date				
Claim Frequency	No. of Reported Claims/ No. of Lives as on report date				
Average Claim Size	Amt of Claims Paid (OPD/IPD)/ No. of Claims Paid				
Claim Ratio (Actual)	Amt of Incurred Claims (OPD/IPD)/ Net Premium				
Claim Ratio (Pro-rata)	Amt of Incurred Claims (OPD/IPD) / Earned Premium				

GUIDELINES FOR CORPORATE SUMMARY

"Declined" claims in "Claims Reported Summary" includes Rejected and Closed deficient claims.

"Deficient, Closed" claims in "Claims Declined Summary" includes claims closed due to deficient documents not received within stipulated time period.

"Cashless Requests Denied" and "Cashless Requests Closed" are not included under "Reported Claims"

"Cashless Requests Closed" under "Cashless Denial Summary" includes cashless requests issued but not utilised by the member.

"Processed" in "Claim Outstanding Summary" includes Claims processed and awaiting confirmation or approval from insurance company and awaiting payout from insurance company.

"Under Deficiency" claims in "Claims Outstanding Summary" includes deficient claims and claims awaiting for confirmation from insurance company, corporate, broker.

"Under Process" claims in "Claims Outstanding Summary" includes under process with PHS, under investigation and pending for PHS interdepartmental confirmation.

"Bill Not Received" in "Claims Outstanding Summary"includes cashless claims for which hospital bill is not received.

Total of "Claims Paid Summary", "Claims Declined Summary" and "Claims Outstanding Summary" respectively does not include the number of Pre-post claims, however amount of pre-post claims is included in total.