

**Internship Training**  
**At**  
**Vipul Medcorp Tpa Gurgaon**



**Submitted By**  
**A Study On Evaluating Issues Arising In Settlement Of**  
**Reimbursement Claims In TPA.**

**By**  
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Under the guidance of Dr.A.K.Agarwal

**Post Graduate Diploma in Hospital and Health Management**  
**Year 2013-2015**



**International Institute of Health Management Research, New**  
**Delhi**

VIPUL MED CORP TPA PRIVATE LIMITED

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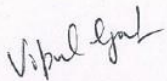
**A STUDY ON EVALUATING ISSUES ARISING IN SETTLEMENT OF  
REIMBURSEMENT CLAIMS IN TPA**


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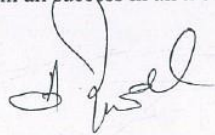
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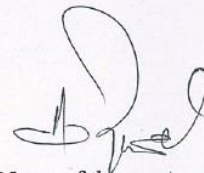
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The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



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Dean, Academics and Student Affairs  
IIHMR, New Delhi



Name of the mentor  
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for award of Postgraduate Diploma in Hospital and Health Management of the Institute  
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## FEEDBACK FORM

Name of the Student: Priyanka Gupta

Dissertation Organisation: Vipul Med Corp. TPA Private Limit

Area of Dissertation: MMG

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Strengths: Dedicated worker.

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Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Vipul Gupta

Date: 15/5/15



# **Internship Report**

**Post Graduate Diploma in Hospital & Health Management**

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## 1. INTRODUCTION TO ORGANISATION

Vipul Medcorp TPA is promoted by Vipul group of india, a diversified business group having presence in Automobile Dealerships. Real Estate, Information Technologies, Smart Card related services and in Health and wellness domain.

**Vipul MedCorp TPA Pvt. Ltd.**, is an ISO 9001:2008 certified and an IRDA Licensed, Third Party Administrator (Health).

### Promoters & Management

Management The Company has appointed, Mr. Rajan Subramaniam, a Management graduate and a qualified Insurance professional, as its CEO. He has wide experience in the TPA Industry and is assisted by qualified professionals from the field of Insurance and Healthcare.

### Infrastructure

Headquartered in Gurgaon with branch offices in New Delhi, Noida, Faridabad, Brindavan Jaipur, Mumbai, Kolkata, Bangalore, Chennai & Cochin others.

- Medical Network of over 6000 + hospitals/Nursing Homes.
- Operates a 24/7 Assistance Centre.
- Tailor-made software developed in-house with full web-based access for Claims Tracking, On-Line Access and Querying.
- Professional manpower presenting our clients with benefits derived from our knowledge & experience of the medical network, TPA & Insurance fields.

### PRODUCTS & SERVICES

**Cashless Medical Service Facilitation** at Network Hospitals upto limit authorized by Hospitalization Insurance.

**Claim processing** and reimbursement, for non network Hospitals

**Enrollment** of data and Health Card issuance to Insured.

**Cost Containment** services for Insurance Companies & Insured with inadequate insurance

**Online assistance** to Insured during hospitalization .

**MIS/Reports** (online/offline) to Insurance co and Insured

## **ORGANISATIONAL STRUCTURE**

### **TOP LEVEL MANAGEMENT:-**

**CEO / COO / MD / CAO/ HR HEAD**

### **MIDDLE LEVEL MANAGEMENT:-**

**GM / AGM / AM / RM**

### **LOWER LEVEL MANAGEMENT:-**

**EXECUTIVES/ BDO**



## Operational Flow

Insurance company

Corporate

Retail

Enrollment

**Vipul Med Corp**

(Health card & Guide book)

Assistance

Pre-Authorization

Hospitalization

Emergency

Planned

Network Hospital

Non  
networkhospital

Cashless service

Reimbursement

Bill collection

Scrutiny/ Re pricing

Bill Settlement



## **VARIOUS DEPARTMENTS IN VIPUL**

### **1.HR DEPARTMENT**

- Recruitment of employee(quality check right person at right place )
- Development of employee(feedback and training)
- Performance appraisal (promotion, increments)
- coordination with other departments.
- Guidelines and system process for over all development of the organisation and employee.

### **2.ACCOUNTS /FINANCE DEPATMENT**

Maintain cash in flow and out flow

### **3.ENROLLMENT DEPARTMENT**

- Recieve claims
- Bill entry
- scaning
- upload

### **4.CORPORATE / RETAIL DEPARTMENT**

- Claim processing

-cashless

-reimbursement

### **5. NETWORKING DEPARTMENT**

- Empanellment
- relation mangement with network hospital
- relation mangement with corporates



## **STUDY OF CLAIM SETTLEMENT**

### **Health Insurance Claims Settlement Process:**

In most cases, the Insurance companies appoint a Third Party Administrator (TPA) for claims processing. That means once the health insurance policy is sold, the insurer passes on the complete details to the TPA. In case of a claim, the insured has to get in touch with the TPA for all verification and formalities.

Two ways by which health insurance claims are settled

#### **A.Cashless:**

For planned hospitalization at authorized network hospitals, the TPA has to be notified in advance for availing cashless treatment or within the stipulated time limits for emergencies. The insurance desk at hospitals will generally help with all the paper work. The TPA has to approve the claim amount and the hospital settles the amount with the TPA / Insurer. There will be exclusions which will have to be settled directly at the hospital by the insured

#### **B Reimbursement:**

Reimbursement facility can be availed at both the network and non-network hospitals. The hospital bills are directly settled at the hospital after the insured avails the treatment. The insured can then claim reimbursement for hospitalization by submitting relevant bills / documents for the claimed amount to the TPA.

The TPA mode of claims settling has its own problems. The TPA is incentivized to limit insurance claims and they are not the ones who sell the policy. There are many cases where the insured had a tough time to claim for his hospital expenses. So before taking a health insurance policy, check who the TPA is and how good they are when it comes to claims processing. Internet search and a friendly chat with the hospital staff can give you good insight on the insurer / TPA. There are also some health insurance providers who do not employ TPAs and manage claims settlement directly which is called In-House TPA



### KEY- LEARNINGS

- Process of claim received in the organisation
  - Through online
  - courier
  - By hand(personl)
- Introduction to the standard policy of PSU
- Process of bill entry and scanning
- Investigation process in case of any doubt (fraud)
- Process of networking
- Learned the terms and conditions of policies
- Proces of cashless
- Process of reimbursement
  - Medical addmissibility
  - Necessary Documents.
  - Non payable items
  - Investigation reports and films



## **ACKNOWLEDGEMENT**

I Chose Vipul Medcorp Tpa Gurgoan for my dissertation with anticipation for learning & Hands on Experience. I had a feeling that the office bearers would provide me with immense guidance & support. I felt extremely privileged when I found that all my dreams have come true at Vipul.

At this juncture of time this Report would be incomplete if I forget to thank all people who made my learning a possibility & an unforgettable experience.

At the outset I would like to thank the **Almighty, Founders of Vipul Medcorp Tpa Gurgoan & IIHMR** for providing me with such unique learning experience.

I heartily thank **(CEO), (Chairman and cofounder)** who provided me support and guidance for my learning as well as project in the TPA. In addition to that I extend my thanks to **( HR Head)** who supported me during my training period in the hospital. In the end, I thank all the Vipul Med Corp **Staff** who provided me excellent guidance during my departmental visit and helped me enhancing my knowledge about practical working.

I also want to thank my **Family** and A Special thank to my **Husband** (Dr. Atul Gupta) for all his support at my tough times

In the end, gratification to **Dr.Ashok kr. Agarwal (mentor) (Dean- IIHMR)** for guiding me about the various aspects of my study

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### ACRONYMS/ABBREVIATIONS

CGHS – Central Government Health Scheme

CSSD - Central Sterile Supply Unit

HR – Human Resource

ICU – Intensive Care Unit

IPD – Inpatient Department

MRD – Medical Records Department

NICU – Neonatal Intensive Care Unit

OT – Operation Theatre

OPD – Out Patient Department

TPA – Third Party Administrator

BLS - Basic life support



## **About Vipul Medcorp Tpa Private Limited**

Vipul Medcorp TPA is promoted by Vipul group of india, a diversified business group having presence in Automobile Dealerships. Real Estate, Information Technologies, Smart Card related services and in Health and wellness domain.

### **Promoters & Management**

Management The Company has appointed, Mr. Rajan Subramaniam, a Management graduate and a qualified Insurance professional, as its CEO. He has wide experience in the TPA Industry and is assisted by qualified professionals from the field of Insurance and Healthcare.

**Vipul MedCorp TPA Pvt. Ltd.**, is an ISO 9001:2008 certified and an IRDA Licensed, Third Party Administrator (Health).

### **Infrastructure**

Headquartered in Gurgaon with branch offices in New Delhi, Noida, Faridabad, Brindavan Jaipur, Mumbai, Kolkata, Bangalore, Chennai & Cochin.

Medical Network of over 6000 + hospitals/Nursing Homes.

Operates a 24/7 Assistance Centre.

Tailor-made software developed in-house with full web-based access for Claims Tracking, On-Line Access and Querying.

Professional manpower presenting our clients with benefits derived from our knowledge & experience of the medical network, TPA & Insurance fields.

## PRODUCTS & SERVICES

### Services:

Cashless medical service facilitation at network hospital up to the limit authorized by mediclaim/hospitalization Insurance  
Claim processing & reimbursement, for non-network hospitals  
Computerized Medical History records  
Online assistance to Insured during hospitalization & filing of claim documents  
Hospitals/ nursing Homes all over India

### Service Level Agreements:

Vipul MedCorp TPA are a group of professionals dedicated to our mission of providing excellent services to our clients (Corporate as well as Retail). For deliverance of services the SLA (Service Level Agreements) are in place, which would be signed with various Insurance companies and the corporate groups. These broadly define the Turn around Time (TAT) for the deliverance of the following services:

#### **ID Cards Printing and Dispatch**

Vipul MedCorp TPA TAT for the Delivery of cards is within seven (7) days of the receipt of the complete data of insured members and the details of the policy from the insurance company

#### **Cashless Authorization / Rejection**

Cashless authorization requests are to be scrutinized and the decision of acceptance or rejection is to be conveyed to the service provider within 24 hrs. of the receipt of the Pre Hospitalization Authorization Form.

In case where a query has been raised the query has to be satisfied by the concerned party and the authorization will be given within 24 hrs. of the receipt of the reply.

#### **Claims Settlement / Reimbursement**

Turnaround Time (TAT) of settlement of reimbursement claims is generally upto 15 days and subject to full documentation compliance.

#### **Customer Grievance Redressal**

TAT for response is max. 2 working days, for any queries or grievance raised by the client.

#### **Call Center Responses**

Vipul MedCorp TPA operates a 24 \* 7 / 365 days Call center to provide instant accessibility to the clients for all information required for medical services facilitation and claims status.

#### **MIS Reports**

Weekly/ Monthly MIS are prepared for the following:

Claims Paid /Outstanding

Premium Collection

ID Cards Processed & Dispatched

Special reports annually for disease wise analysis, total age wise claim incidences etc.

#### **Adequate Coverage of Network Hospitals**

Providing a comprehensive coverage of network hospitals at all locations of client operations.

Vipul MedCorp TPA has service level agreement for all the above-defined parameters and the same can be incorporated in the client agreement.

## **Claim Management & Control**

### **Cashless Facilitation Procedure**

Receipt & Record of Data & Member Enrollment (Issuance of Photo ID Card)  
Pre-Admission Authorisation after checking Doctor Prescription, Admission Form, Hospital Information  
Claim form is submitted with Original bills along with Doctor Prescription, Diagnostic Reports & Discharge summary

### **Claim Reimbursement**

When Cash Less Facility is not accorded or Insured goes to a Non Network Hospital then following documents are required :

Claim Forms  
Original bills with Diagnostic reports  
Doctor's First prescription  
Discharge summary/certificate

### **Claims Control**

Original Bills are verified & scrutinised against Standard Discounted Tariff  
Cost Containment by Medical procedure audit & Bill scrutiny  
2nd Medical opinion taken for complicated cases  
Repricing done on case to case basis.

### **Cost Containment**

Cash Less medical services lead to: :  
Bill Scrutiny before release of payment  
Discounted Rates  
Eliminates Reimbursement Frauds  
Medical Procedure Audit / Elimination of unnecessary prescriptions

## **EMPANELLEMENT**

- New India Assurance Co Ltd.
- National Insurance CO Ltd.
- United Insurance Co Ltd
- Oriental Insurance CO Ltd
- Reliance General Insurance Co Ltd
- ICICI Lombard General Insurance
- Apollo Munich Health Insurance
- HDFC Ergo Insurance
- Star Health & Allied Gen Insurance
- IFFCO Tokyo General Insurance
- Bharti Axa General insurance
- Universal Sompo Gen Ins Co
- Max Bupa General Insurance Co
- Religare General Insurance Co
- LIC of India

Vipul Group is in the process of integrating its Medical Network all over Asian and Gulf region and has set up following affiliates.

**Muscat (Oman) :** JV company , Vipul Better Care Management services LLC. Offers TPA



services and Health Tourism in Oman and entire Gulf countries.

**Dubai (UAE) :** Vipul MedCare our associate Company has launched its set up in Dubai and is starting office in Abu Dhabi soon.

**Malaysia :** MOU with M/s **CompuMed** Services, a leading local TPA. We are in the process of creating a 50:50 JV for Health Care Facilitation and Medical Tourism in Malaysia, Singapore and Thailand.)

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## **CHAPTER 1: BACKGROUND AND JUSTIFICATION**

### **1.1 Introduction**

This document is a report on On Evaluating Issues and challenges Arising In Settlement Of Reimbursement Claims In TPA .The document is organized in chapters and sections, such that, chapter one gives the study background, problem statement, study purpose and specific objectives. Chapter two provides relevant literature and is followed by chapter three which reports the methodology used including study design, sample selection, instruments, data collection process, data management and study limitations. Chapter four outlines results of the study. Discussion of the results, conclusions and recommendations, form parts of chapter five which is also the last chapter of the document. All the study instruments and letters of permission are included in the appendices.

### **1.2 Study Background**

In case insured choose to or are required to avail of hospitalization facilities at a non-network hospital, your medical expenses can be claimed through TPA This is called Reimbursement. Reimbursement claims may be filed in the following circumstances

1. Hospitalization at a non-network hospital
2. Post-hospitalization and pre-hospitalization expenses
3. Denial of preauthorization on application for cashless facility at a network hospital

Claim intimation - a notice of claim with full particulars of the hospitalization has to be sent to the Insurance Company/TPA within 7 days from the date of admission. Claim intimation can be registered through Call Centre / mail to TPA website.

Claim documents should be submitted within 30 days from the date of discharge from hospital

Reimbursement claims can be submitted to TPA through registered post / courier.

The documents that INSURED need to submit for a hospitalization reimbursement claim are:

1. Original hospital final bill
2. Original numbered receipts for payments made to the hospital
3. Complete breakup of the hospital bill
4. Original discharge summary
5. All original investigation reports
6. All original medicine bills with relevant prescriptions

7. Original signed claim form
8. Copy of the TPA ID card or current policy copy and previous years' policy copies (if any)
9. Covering letter stating your complete address, contact numbers and email address (if available).

In Current Practices Vipul medcorp.TPA Provides full information on how to apply for reimbursement procedure, what all necessary document will be required But there are many lacunas found in the reimbursement claims, therefore the study is focused on evaluating the lacunas which are found by processing doctors in the reimbursement claims, gap analysis will help in making flow of claim processing smooth and TAT can be maintained.

### **1.3 Problem Statement**

There are a great deal of inconsistencies and violations in the health insurance industry, which are directly detrimental to the interests, health and financial well being of Cores of Indian consumers. The fight between the hospitals and insurers and their third party administrators (TPAs) should not impact consumers.

There is another sore point with health insurance claimants, that while Insurance Companies were rejecting claims on mere technical grounds of delayed claim submission or no intimation, as per policy wordings; they were not following the timeline in the same policy wording, regarding settlement of claims. Most policy wordings of Health Insurance products have a timeline of settling claims in 21 days post submission of the documents, which is hardly ever met. Most Claims are delayed by repeated demand of additional documents.

Hospitals today are giving a knee jerk reaction for an issue or problem, responsibility for which they need to own up too. Instead of creating better & workable understanding or framework, they are looking at banning the TPA. Its same like Insurer's approach of dropping the TPAs. The payment delay is majorly due to delay for payment from Insurers to TPA as well as disputes in billings where the hospitals ask for authorization on basis of information provided during admission and the actual diagnosis/treatment is totally different.

Various issues which occurs at the time of settlement of reimbursement claim can be resolved by this study and vipul medcorp TPA will be ready to face all the challenges in near future so that it can have an competitive advantage.

### **1.4 Purpose of the Study.**

The study is focused on evaluating issues and challenges arising in settlement of reimbursement claims in TPA. The purpose of this study is to identify the gaps, perform root cause analysis of issues arising in settlement of reimbursement claims.



Based on these recommendation would be provided to make the process of claim settlement smooth and minimize the turn around time of claim settlement process.

## **1.5 Objectives**

### **General:**

TO Evaluate Issues and challenges Arises In Settlement Of Reimbursement Claims In TPA.

### **Specific:**

1. To find out which are the common lacunas in the reimbursement claims
2. Reason why claims are being rejected
3. Issues which arises due to incomplete documents of reimbursement claims.

## **1.6 Significance of the Study**

This study will give insight of various issues and challenges arises in settlement of reimbursement claim, the delay in settlement of claims is a serious concern for TPA. Based on this study proper actions can be taken which will increase the rate of settlement of claims and reduces the TAT for the claim process. Based on this study vipul TPA can take proper actions and made needful changes in the claim process, which can be implemented on all of its branches.

## CHAPTER 2: LITERATURE REVIEW

### INTRODUCTION

India's health insurance market has experienced a significant regulatory and institutional change since the insurance industry was opened to private sector participation in 2000.

The Government of India's Insurance Regulatory and Development Authority (IRDA) has been working extensively to build strong enabling environment for health insurance by developing efficient regulations on products and policy holders protection, and assisting in the development of information infrastructure. Presently, 4 Public, 24 Private and 4 standalone Joint venture companies have been providing healthcare financing facilities to the policy holders.

The Central and State governments are working closely with insurance companies to develop and implement affordable health insurance plans for the vulnerable sections of the society in India. The number of persons covered (penetration) PHI has grown from 0.69 million in 2001-02 to 2.048 million in 2013-14. However, it is still a very small percentage of the population (only 0.16 %) during the reference period. The health insurance density has gone up from USD 13 in 2004 to USD146 in 2014. Similarly non-life insurance density has surged from USD 3.5 in 2004 to USD 10.5 in 2013. It indicates that the quantum of health insurance premium is more than in any other general insurance.(1)

### CLAIMS

A health insurance claim is a bill for health care services and health care provider turns in to the insurance company for payment. In the competitive environment, efficient claims management is vital to the success of both insurance companies and policy holders, and health care service providers. One side, customer expects a company to settle claims quickly by avoiding any litigation. On the other side, Insurance provider (Third party administrator) sees that claim settles at minimum rate.

### **What is TPA (Third Party Administrators)?**

TPA stands for Third Party Administrator. TPA is a middleman between Insurer and the Customer. At the time of claim, the customer can directly deal with the TPA and the TPA will help them with all the process of claim settlement. A TPA is a specialized health service provider providing a variety of services like networking with hospitals, arranging for hospitalization and claim processing and settlement. The concept was introduced by the Insurance Regulatory and Development Authority of India (IRDA) for the benefit of both the insured and the insurer. While the insured is benefited by quicker & better health service, insurers are benefited by reduction in their administrative costs, fraudulent claims and

ultimately bringing down the claim ratios. An insurance company can have more than one TPA and a TPA can serve more than one insurance company.

Some of the services provided by the TPA are:

Maintaining database of policyholders

Issuing of ID cards to all policyholders

Providing ambulance service

Providing information to policyholders about hospitals

Checking various investigations

Providing cashless service

Processing claims.(2)



## CHAPTER 3: METHODOLOGY

### 3.1 Type of Research Study

Exploratory and descriptive study involving qualitative and quantitative analysis of Reimbursement claims.

### 3.2 Study Place, Population and Sampling

**Location** = Vipul Medcorp TPA .

**Sampling** =. simple random sampling technique was used to get desired sample size

**Sample Size**= 50 files

### 3.3 Data Collection Tools

#### Primary Data Collection:-

- Direct observation.

#### Secondary Data Collection:-

- Internal organization records.
- Vipul medcorp website.

### 3.4 Key Research Questions

Are reimbursement claims processed timely, if yes, to what extent and if no than why?

### 3.5 Expected Outcome

By the end of the study I will be able to understand Extent of Issues which arises in settlement of reimbursement claims and why there is delay in settlement.

### 3.6 Study Limitations

Sample Size is small because it is difficult to cover all claims.

Shortage of time.

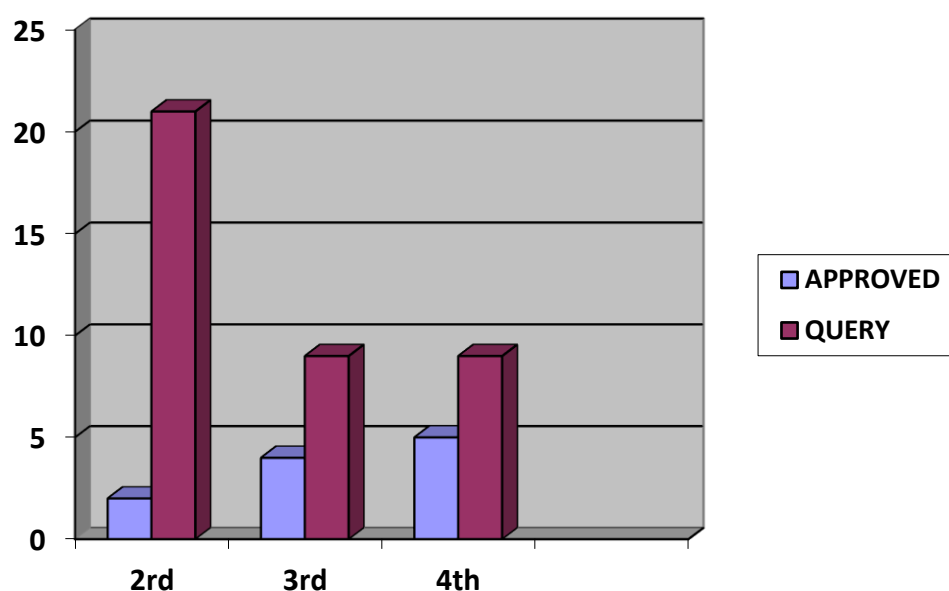
Difficulty in access to some of the relevant data.

## CHAPTER 4: RESULTS

**4.1 Description** of reimbursement claim files. 50 claim files were randomly selected as follows:-

DATE	APPROVED	QUERY	TOTAL FILES
2/03/15	2	20	23
3/03/15	9	4	13
4/03/15	9	5	14

TABLE NO.4.1



### 4.2 INTERPRITATION OF CHART:-

Query Files Contains Files Which Are:-

- **Pending For Payment** Means Fund Is Awaited From Insurance Company All Other Processing Has Been Done At Tpa's End.
- **Audit Query** Means Pending For Finance Departments End Either Query Has Been Raised To Insured For Demand Of A Cancel Check.
- The Most Concern Part Is The Files Which Are Still Under Process That Means Files

Has Not Been Seen Once By Processing Doctor Or File Has Not Been Reach To Processing Department(1 File In 50 Is Under Process)

- Query Which Are Raised To Insured Are Due To Lack Of Some Documents/Delay In Submission/For Some Medical Admisibility.
- Query Raised To Underwritter For Approval/For Delay Condonation/Rejection Under Policy T&C.
- Files Which Are Approved Are Setelled Claims.

#### **4.3 TERN AROUND TIME OF FILES.**

<b>DATE</b>	<b>BELOW 7 DAYS</b>	<b>BETWEEN 10 TO 20</b>	<b>ABOVE 20 DAYS</b>
<b>2/03/15</b>	<b>1</b>	<b>3</b>	<b>19</b>
<b>3/03/15</b>	<b>-</b>	<b>1</b>	<b>12</b>
<b>4/03/15</b>	<b>-</b>	<b>1</b>	<b>13</b>

**TABLE NO.4.2**

#### **4.4 INTERPRETITION :-**

**EXCELLENT EFFICIENCY- TAT BELOW 7 DAYS**

**EXPECTED EFFICIENCY- BELOW 20 DAYS**

**POOR EFFICIENCY-ABOVE 21 DAYS (EFFICIENCY IN TERMS OF WORK FLOW OF TPA).**



## **CHAPTER 5: DISCUSSION**

As per guidelines given by IRDA the maximum TAT of settlement of claim file should not exceed 21 days but the result which is shown in table 4.2 is that majority of the claims already exceeded the TAT of above 20 days and still the files are not settled the majority of claims are in query mode which can also take more time to settle, as seen in table 4.1. The reason behind the increased TAT of file are multiple which are as follows:

- At Doctors end
- Bill entry/enrolments end
- Insured's end
- Underwriter end

## **CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS**

The study evaluates issues which cause delay in reimbursement claim settlement. The significance of study is to find out reasons which causes delay in settlement of claims in tpa so that we can resolve them and maintain the TAT of claims. The study says there are many reasons for delay of settlement of claim which are from enrollment and bill entry's end, processing doctor's end , accounts and finance end, insured's end, underwriter end.

The recommendations for reducing the delay in claim settlement :-

- Their should be sessions in corporate which we are serving about the documents necessary and process of reimbursement.
- Emphasis on clients to go for cashless facility.
- Making clients realize the importance of submitting the documents on time frame given by their policy.
- Attrition in TPA is very high specially of processing doctors, reducing that will reduce time on training.
- Training to processing doctor's, so that avoidance of unnecessary raised query's.
- Their should be proper backup, so that we can avoid server failures.
- Regular meeting of processing teams so that knowledge and problem sharing could be done.
- Proper training should be given to bill entry and enrolment team.

## CHAPTER 6: REFERENCE

1. <https://www.irda.gov.in/ADMINCMS/cms/Uploadedfiles/January%202015%20issue.pdf>
2. <http://www.medindia.net/patients/insurance/health-insurance-in-india-an-introduction-third-party-administrator.htm#ixzz3ZoE7285t>
3. Irda Journal
4. <https://www.vipulmedcorp.com/>



## CHAPTER 7: APPENDIX

The data used in the study:-

DATE-02/03/15

FileNo	Disease	BillReceivedDate	CurrentStatus	LastAccessDate	TAT
15RB08 NAK143 6	NOT SPECIFIED	02/03/ 2015	Under Process	04/03/ 2015	2
15RB01L VA0331	OTHER DISORDERS OF NOSE AND NASAL SINUSES	02/03/ 2015	Pending For Payment	12/03/ 2015	10
15RB01 OIC1202 2	LEUKAEMIA OF UNSPECIFIED CELL TYPE	02/03/ 2015	Pending For Payment	16/03/ 2015	14
15RB04 UIK1333	PUERPERAL SEPSIS	02/03/ 2015	Audit Query	21/03/ 2015	19
15RB01 OIC1202 0	RHEUMATIC AORTIC VALVE DISEASES	02/03/ 2015	Pending For Payment	30/03/ 2015	28
15RB01 NAA747 8	BENIGN NEOPLASM OF COLON, RECTUM, ANUS AND ANAL CANAL	02/03/ 2015	Query	13/04/ 2015	42
15RB01 NAC145 93	TYPHOID AND PARATYPHOID FEVERS	02/03/ 2015	Query	17/04/ 2015	46
15RB01 NIA1264	SINGLE DELIVERY BY CAESAREAN SINGLE	02/03/ 2015	Query	20/04/ 2015	49
15RB01B AA0729	FRACTURE AT WRIST AND HAND LEVEL	02/03/ 2015	Query	22/04/ 2015	51
15RB01B AA0723	OTHER AND UNSPECIFIED INJURIES OF HEAD	02/03/ 2015	Query	22/04/ 2015	51
15RB01 OIC1205 9	FRACTURE OF FOOT, EXCEPT ANKLE	02/03/ 2015	Query	24/04/ 2015	53
15RB08 UIE0688	CHRONIC ISCHAEMIC HEART DISEASE	02/03/ 2015	Query	25/04/ 2015	54
15RB10 UIG1575	SPONDYLOSIS	02/03/ 2015	Query	25/04/ 2015	54
15RB01 NAC146 62	SINGLE DELIVERY BY CAESAREAN SINGLE	02/03/ 2015	Query	29/04/ 2015	58
15RB01 NAC145 99	OTHER DISEASES OF LIVER	02/03/ 2015	Query	02/05/ 2015	61

15RB09 NAJ3906	OTHER DISORDERS OF URINARY SYSTEM	02/03/ 2015	Pending For Payment	05/05/ 2015	64
15RB09 NAJ3905	UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	02/03/ 2015	Pending For Payment	05/05/ 2015	64
15RB01B AA0725	SINGLE SPONTANEOUS DELIVERY	02/03/ 2015	Query	05/05/ 2015	64
15RB01 NAC145 86	LEIOMYOMA OF UTERUS	02/03/ 2015	Pending	06/05/ 2015	65
15RB01 NAA746 0	DIARRHOEA AND GASTROENTERITIS OF PRESUMED INFECTIOUS ORIGIN	02/03/ 2015	Approved	09/05/ 2015	68
15RB01 NAA747 4	OTHER DISORDERS OF NOSE AND NASAL SINUSES	02/03/ 2015	Approved	09/05/ 2015	68
15RB01 NAR023 3	CHOLELITHIASIS	02/03/ 2015	Pending For Payment	09/05/ 2015	68

DATE-03/03/15

FileNo	Disease	BillRec eiveDat e	CurrentSt atus	LastAcc essDat e	TAT
15RB04 UIK1342	OTHER COMPLICATIONS OF SURGICAL AND MEDICAL CARE, NOT ELSEWHERE CLASSIFIED	03/03/ 2015	Audit Query	23/03/ 2015	20
15RB01B AA0730	OTHER ACUTE ISCHAEMIC HEART DISEASES	03/03/ 2015	Approved	10/04/ 2015	38
15RB01 NAC146 45	SINGLE DELIVERY BY CAESAREAN SINGLE	03/03/ 2015	Query	13/04/ 2015	41
15RB01 NAR023 8	SINGLE SPONTANEOUS DELIVERY	03/03/ 2015	Query	13/04/ 2015	41
15RB01 NAR023 9	PROLONGED PREGNANCY	03/03/ 2015	Query	17/04/ 2015	45
15RB01 NAC146 70	PREGNANCY EXAMINATION AND TEST	03/03/ 2015	Query	23/04/ 2015	51
15RB01 NIR0127	ANGINA PECTORIS	03/03/ 2015	Query	28/04/ 2015	56
15RB09 NAJ3935	ESSENTIAL (PRIMARY) HYPERTENSION	03/03/ 2015	Query	28/04/ 2015	56
15RB01 NAC146 67	SINGLE SPONTANEOUS DELIVERY	03/03/ 2015	Pending For Payment	30/04/ 2015	58
15RB08 NAK141 5	SINGLE DELIVERY BY CAESAREAN SINGLE	03/03/ 2015	Pending For Payment	01/05/ 2015	59
15RB01 NAR024 4	PILONIDAL CYST	03/03/ 2015	Query	05/05/ 2015	63
15RB01 NIR0126	OTHER ACUTE ISCHAEMIC HEART DISEASES	03/03/ 2015	Query	06/05/ 2015	64
15RB01 UIJ1575	OTHER SYMPTOMS AND SIGNS INVOLVING GENERAL SENSATIONS AND PERCEPTION	03/03/ 2015	Query	07/05/ 2015	65



DATE-04/03/15

FileNo	Disease	BillRec eiveDat e	CurrentSt atus	LastAcc essDat e	TAT
15RB04 UIK1355	SINGLE DELIVERY BY CAESAREAN SINGLE	04/03/ 2015	Audit Query	21/03/ 2015	17
15RB04 UIK1353	SINGLE DELIVERY BY CAESAREAN SINGLE	04/03/ 2015	Audit Query	23/03/ 2015	19
15RB08 NAK144 2	OTHER DISORDERS OF EYE AND ADNEXA	04/03/ 2015	Query	26/03/ 2015	22
15RB07 UID3647	TYPHOID AND PARATYPHOID FEVERS	04/03/ 2015	Query	31/03/ 2015	27
15RB01 NAR024 6	SINGLE SPONTANEOUS DELIVERY	04/03/ 2015	Audit Query	09/04/ 2015	36
15RB01L VA0339	UNSPECIFIED DIABETES MELLITUS	04/03/ 2015	Query	13/04/ 2015	40
15RB04 UIK1350	SINGLE SPONTANEOUS DELIVERY	04/03/ 2015	Audit Query	16/04/ 2015	43
15RB01 NAA751 0	OTHER CATARACT	04/03/ 2015	Pending For Payment	20/04/ 2015	47
15RB01B AA0734	DISORDERS OF IRIS AND CILIARY BODY IN DISEASES CLASSIFIED ELSEWHERE	04/03/ 2015	Query	22/04/ 2015	49
15RB01 NAR024 5	UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	04/03/ 2015	Pending For Payment	27/04/ 2015	54
15RB01 NAC146 87	SINGLE DELIVERY BY CAESAREAN SINGLE	04/03/ 2015	Query	28/04/ 2015	55
15RB01 NAA750 6	SENILE CATARACT	04/03/ 2015	Query	29/04/ 2015	56
15RB04 UIK1357	FEVER OF UNKNOWN ORIGIN	04/03/ 2015	Query	07/05/ 2015	64
15RB07 OII0707	SINGLE DELIVERY BY CAESAREAN SINGLE	04/03/ 2015	Query	07/05/ 2015	64

