

STUDY: THIRD PARY ADMINISTRATORS AND HEALTH INSURANCE IN INDIA – PERCEPTION OF POLICYHOLDERS

INTRODUCTION AND INFORMED CONSENT

Hello, my name is..... And I am a student of International Institute of Health Management Research, New Delhi. I am conducting a survey about TPA’s and Health insurance including the information of your awareness regarding their functions roles and your satisfaction level with their services. We would very much appreciate the participation of your house hold in the survey.

I would like to ask you some questions about your household. The survey usually takes 20 minutes. Whatever information you are providing would be kept confidential. Your household is selected on the basis of systematic random sampling. Participation in the questionnaire is voluntary. You may choose not to respond to any or all of the questions. However, we hope you will participate in this survey since your participation is important.

In case you require any further information you may contact at

Signature of the respondent.....

1. NAME

2. ADDRESS
.....
.....

3. AGE

4. OCCUPATION

5. GENDERMALEFEMALE

6. INCOME

7. EDUCATION(please tick)
a) Primary b)Secondary c) Higher secondary d) graduate e) post graduate

8. What kind of insurance do you have?

Health insurance ☐

life insurance ☐

none ☐

9. What kind of policy cover do you have?

Individual policy cover ☐

family policy cover ☐

don't know ☐

10. Total number of the family member who are insured under the policy?

.....

Don't know.....

11. Since how many years you have been insured?

1 -2 3 -4 5 and above don't know

12. How many claims you have incurred since you have been insured?

1 -2 3 - 4 5 and above don't know

13. Whom do you contact for settling out the claims?

TPA Agent insurance company don't know

14. Are you aware about TPA?

.....yesNoDon't know

15. What is the name of your TPA service provider?

.....

16. Did they provide you the following services?

Awareness about information to be provided by TPA:

Does your tpa provided you with the following	yes	No	Don't know
Knowledge about the diseases covered			
Information about the diseases that are not covered			
Information about cashless services			
List of network hospitals			
Illness outside city permissible			

17. Awareness regarding the services provided by your TPA:

Did they provide you with the following services	Yes	No	Don't know
Arrangement of specialized consultation			
Asking about treatment protocol			
Auditing and scrutinizing of bills			
Enquiry about test/room rates			
Do they ever come to assist you at the time of hospitalization			
Did they enquired about the length of stay			

18. Are you aware of other value added services that TPA's have to provide?

..... yes No Don't Know

19. Were the claims settled in the standard time?

.....YES No Don't know

20. Did they charge you extra at the time of service?

.....yes No Don't know

21. Do you think Networking with TPA's for claim settlement is beneficial?

..... yes No Can't say

22. Tick the appropriate level of satisfaction with your TPA

Highly dissatisfied	dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	satisfied	Highly satisfied
1	2	3	4	5	6	7

23. Any other comments on TPA services

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THANK YOU FOR YOUR CO-OPERATION

