Family Health Plan Insurance TPA Limited FHPL-MI-FT-01					
Corporate Name:	orporate Name: Kerala Water Authority : 001				
Policy No:	0906002823P101704953`	0906002823P101704953`			
Policy Plan Period:	d: 16 Apr 2023 TO 15 Apr 2024				
Claim Analysis Report As on: 13-Jul-23					
CLAIM STATUS WISE ANALYSIS					
Status		Number	Amount		
REPORTED		948	5,72,82,608		
SETTLED		294	1,58,77,145		
OUTSTANDING		586	3,04,45,962		
Registration		0	0		
For Bill Entry		0	0		
Under Query		75	35,83,887		
Query Response (M)		0	0		
Query Response (H)		0	0		
For Adjudication		1	12,249		
Refer to Insurer		18	9,32,487		
Insurer Response		0	0		
For Investigation		0	0		
Investigation Done		0	0		
Refer to CRM		29	16,58,674		
From CRM		41	18,72,757		
For Audit		10	4,74,838		
Audit Return		0	0		
For Payment		18	11,74,488		
For Settlement		202	1,11,73,596		
Open Preauths		192	95,62,986		
REJECTED & CLOSED)	68	31,59,154		
	MAIN MEMBERS	S Vs DEPENDANTS			
status		Number	Amount		
MAIN MEMBER		156	84,94,580		
DEPENDANT		724	3,78,28,527		
TOTAL		880	4,63,23,107		
	GENDER WISE ANALYSIS				
Gender		Number	Amount		
Male		441	2,42,56,518		
Female		439	2,20,66,589		
		1			

TOTAL	880	4,63,23,107
F	RELATION WISE ANALYSIS	
Relation	Number	Amount
Self	156	84,94,580
Husband	37	25,24,721
Wife	117	59,11,219
Son	73	29,53,221
Daughter	46	16,77,114
Father/ Father In law	218	1,20,28,240
Mother/ Mother In law	233	1,27,34,012
Others	C	0
TOTAL	000	4 (2 22 107
TOTAL	AGE WISE ANALYSIS	4,63,23,107
AGEWISE	Number	Amount
0-10	75	
11-20	34	
21-30	51	
31-40	101	49,97,187
41-50	106	
51-60	96	
61-70	172	
Above 70	245	
TOTAL	880	4,63,23,107
	CLAIM TYPE ANALYSIS	
CLAIMTYPE	Number	Amount
Reimbursement	123	41,03,260
Cashless	757	4,22,19,847
TOTAL	880	4,63,23,107
	INCURRED CLAIMS RATIO	1,00,20,107
Status	Number	Amount
PAID	294	1,58,77,145
OUTSTANDINGS	586	3,04,45,962
Prorata Premium		4,73,14,474
Prorated ICR(In %)		98%
Inception Premium		19,67,85,200

Addition Premium	0
Deletion Premium	0
Total Premium	19,67,85,200
Total ICR(In %)	24%