

THE ORIENTAL INSURANCE COMPANY LIMITED

A-25/27, Asaf Ali Road, New Delhi

HEAD OFFICE

DEPTT: HEALTH

DATE: 20.06.2019

Expression of Interest for TPA Empanelment

We are inviting the expression of interest from all licensed non-empanelled TPAs for servicing our Retail and Group Health Insurance business. All non-empanelled Third Party Administrator licensed by & registered with the Insurance Regulatory and Development Authority under the *IRDAI (Third Party Administrator- Health Services) Regulation 2016* as amended from time to time can submit their expression of interest. With their expression of interest, TPA has to submit the data in the formats A-G, signed and stamped by the CEO, CFO and statutory Auditors of the TPA. Along with these formats TPA has to submit the presentation (Annexure-2) on the following points:

- (i) Hospitalization Service & Cash less Service
- (ii) Enrolment & ID Card Service
- (iii) Call Centre & SMS Service
- (iv) Claims Processing Service
- (v) Investigation Service & Fraud and Abuse Management Service
- (vi) Customer Relations and Contact Management (CRCM) & Grievance Management Service.
- (vii) Management Information System (MIS) Service
- (viii) Health checkup services & Services in Wellness & Health Promotion Management Service

(ix) Legal Assistance and other specified services by the Insurer

Presentation should contain the objective details related to the above mentioned parameters. The selection of the TPAs will be based on the following points:

1. Data submitted in Format A-G
2. Soft copy of the presentation submitted as Annexure-1
3. Declaration Form as Annexure-2
4. Copy of the License and Certificate of Registration from IRDAI-Annexure-3
5. Details of TPA –Annexure-4
6. Physical interaction of the TPA with the TPA Empanelment Committee

The date of the physical presentation will be communicated by e-mail to each interested TPA to the CEO and CFO at the e-mail Id's shared in Annexure-4. TPA has to also provide the Authorization Letter for the Authorized Signatory, signing the expression of interest document as

Signature of the authorized person with seal

Date.....Name of the Authorized Signatory.....

Place.....

Authorization letter should be attached as Annexure-5.

All interested non-empanelled TPAs are requested to submit these requirements by 28.6.2019 for consideration on smita@orientalinsurance.co.in and meena.kalra@orientalinsurance.co.in.

In case of any query regarding this Expression of Interest, TPA can send them on smita@orientalinsurance.co.in and meena.kalra@orientalinsurance.co.in.

