


SINDH INSURANCE
POWER TO THE PEOPLE

SIL/HO/PC/2022-0576

31st October, 2022

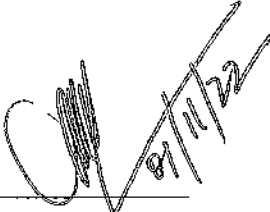
M/s Crescent Care (Pvt) Limited.
Room. 501, 5th Floor,
Beaumont Plaza,
Beaumont Road,
Karachi.

Sub: Letter of Award-Third Party Administrator For Health Insurance to Sindh Insurance Limited

Dear Sir,

The Sindh Insurance Limited is pleased to award the subject contract to **M/s Crescent Care (Pvt) Limited** for the tender reference # SIL/HO/TPA/2022 serial # T00013-21-0014 which was opened on 27th May, 2022.

Thanks & Regards


81/11/22

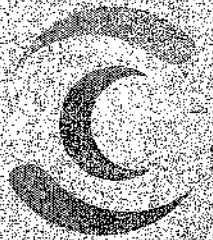
Nadeem Akhter
Head of Procurement Committee





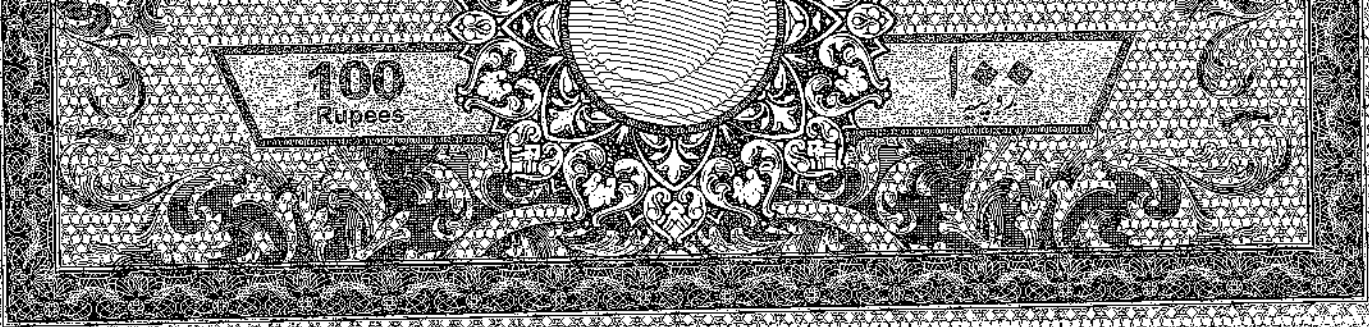
Third Party Administration

Services Agreement



Crescent Care (Pvt) Ltd

www.crescentcare.pk



IRFAN ALI ZAIID STAMP VENDOR
 Lic No. 17 C/O Seat # 34, Shed "A"
 City Court, Karachi Pakistan

S. No. 7020 DATE _____
 ISSUED TO WITH ADDRESS _____
 THROUGH WITH ADDRESS _____
 PURPOSE _____
 VALUE RS. _____ AT _____
 STAMP VENDOR SIGNATURES _____

12 DEC 2022

~~STAMP VENDOR SIGNATURES~~

SERVICES AGREEMENT

THIS SERVICES AGREEMENT ("Services Agreement"), is made and entered into as of this 1st Nov 2022 ("Effective Date"), by and between **Crescent Care (Pvt.) Ltd.** hereinafter referred to as Crescent Care, a Company incorporated under the Companies Act, 2017 & Third Party Administrator (TPA) for Health Insurance Regulations, 2014 of SECP, and having its registered office at 705, 7th Floor, Progressive Plaza, Beaumont Road, Karachi-75500

And

Sindh Insurance Limited hereinafter referred to as CLIENT and having its registered office at 1st floor, Imperial Court Building, Dr. Ziauddin Ahmed Road, Karachi-75530.

WITNESSETH

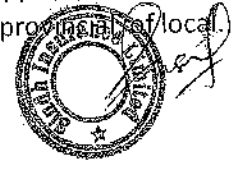
WHEREAS, Crescent Care provides Third Party Administration (TPA) services which includes administration of healthcare and ancillary services for a fee and on terms and conditions more particularly described in this Services Agreement;

WHEREAS, CLIENT desires to engage Crescent Care to provide third party administration services to its customers/covered members on the terms and conditions set forth in this Agreement; and

NOW, THEREFORE, in consideration of mutual covenants contained herein, the parties agree to the following:

ARTICLE 1 Representations of Crescent Care

1.1 Crescent Care represents that, to the best of its knowledge, as of the effective date of this Agreement, none of the activities to be performed hereunder, will violate any applicable law, regulation, order or rule of any governmental agency or court decision, whether federal, provincial or local.



[Handwritten signature]

To permit Crescent Care to perform the Services, CLIENT shall perform the following functions:

3.1 CLIENT shall provide framework of policies, interpretations, rules, practices & procedures in writing established by CLIENT for the provision of the TPA services by Crescent Care

3.2 CLIENT shall provide an authority letter to Crescent Care specifying Crescent Care to be its TPA and responsible for all communications/decision making with the network Providers/Hospitals

M/s Crescent Care ("Provider") shall ensure that all claims exceeding Rs. 300,000/- should separately be investigated either through personal visit or otherwise. Crescent Care shall ensure that all panel / network hospital have requisite services as declared by hospital. In addition, random physical survey of checking of admitted patient shall be conducted by Crescent Care

3.3 CLIENT shall intimate covered members about Crescent Care's Customer Service number and educate them about the protocols defined for preauthorization and reimbursement of claims

3.4 CLIENT acknowledges that it is solely financially responsible for the payment of all approved claims (hospitalization and reimbursement) and Crescent Care will act as a conduit and manage the payments for hospitalizations and reimbursements on behalf of CLIENT

3.5 For instances where payments against claims are being made directly by CLIENT, Crescent Care will be informed of these payments within three working days via the format mentioned in Exhibit C

3.6 CLIENT will be responsible to keep all insurance and claim documents in paper format as per its own document retention policies and practices. Crescent Care will forward all documentation to the CLIENT for this purpose and retain digital copies for archive/back-up purposes

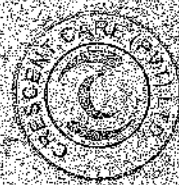
3.7 CLIENT will work with Crescent Care to establish an Electronic Data Interchange link that will ensure smooth data transfer required to provide TPA services

3.8 Payment of Claims to Providers and Primary Covered

a. In order to make timely payments to insured members of CLIENT and network hospitals, CLIENT shall authorize Crescent Care case to case basis for directly payment of all claims on its behalf. Crescent Care will send to CLIENT complete information of claims with original paperwork of hospital bills, patient summary, and treatment summary of patients along with other relevant documentation

b. CLIENT shall place a pool amount of Rs. 05 million with Crescent Care which will be used to pay the claims. The pool amount will be replenished back to Rs. 05 million upon 70% utilization within three days of receiving notification from Crescent Care. This pool amount will be revised on an as needed basis depending on the volume, utilization, and services rendered by Crescent Care. The pool shall be reconciled on quarterly basis

c. CLIENT shall be responsible for the payment of all claims (including without limitation all payments to Network Providers) and covered Persons (reimbursement) and any other party for healthcare services that are incurred before Crescent Care is notified of coverage termination. Crescent Care will be responsible for payments of those claims which are authorized and processed by Crescent Care after they have been informed of the termination by CLIENT



CLIENT shall be responsible for initial and ongoing verification of covered persons' eligibility for coverage or either through addition or deletion of insured member. This includes but not limited to, verification of employment status and dependent qualifications. CLIENT will be responsible for collection of any Overpayments to Providers as a result of benefits paid for persons not eligible for benefits under the provisions of the policy, which are not or otherwise covered in the policy but not conveyed to the provider.

3.11 Collection of member Health ID cards after Policy termination

CLIENT shall be responsible for the collection of member Health ID cards, once Covered Persons are no longer eligible for coverage and/or the Policy has terminated.

3.12 Provision of Documentation Required by Crescent Care

CLIENT agrees to provide Crescent Care with all information and documentation required to perform the administrative functions delegated under this Agreement.

3.13 CLIENT shall provide specific written instructions to Crescent Care for each new type of service requested and added to this Service Agreement and addition of a new Exhibit.

ARTICLE 4 Duties of Crescent Care

Crescent Care shall perform the following third party administrator services (the "Services") in accordance with the Service Levels set forth in Exhibit A attached hereto and incorporated herein by reference.

4.1 Crescent Care shall perform the following Services for the CLIENT:

4.1.1 Documents Scanning

Crescent Care will scan all the claims received from the CLIENT and Providers and upload them into ERP systems. These documents will be available to the CLIENT for retrieval.

4.1.2 Policy Administration Services

a. Assistance for Issuance of Standard Policy and Endorsement documents



Crescent Care shall assist in the maintenance of an up-to-date database containing details of the Policy Holders and covered persons on the basis of the underwriting data providing by CLIENT and other information submitted electronically via Data Sharing Form (Exhibit H) by CLIENT. Ownership of such data fully rests with CLIENT.

b. Call Centre Services for Policy Administration

Crescent Care will provide call center services to the covered members of CLIENT for:

- Employee status and individual coverage
- Basic policy coverage and exclusions
- Status of utilization
- Pre-Authorization Approval
- Any other matter related thereto



Crescent Care shall respond pre-authorizations request as mentioned in Exhibit A. Pre authorization request will be received on the format given in Exhibit J. The timeline for the aforementioned written feedback will be extended after working hours/public holidays to 24 hours.

All special facilitation outside the scope of the policy coverage will be entertained after receiving written request from the authorized personnel of CLIENT.

Medical Management Review

In order to determine whether or not a requested medical treatment is covered under the Health Insurance policy, Crescent Care may use the guidelines and parameters as mentioned in Exhibit B. Based on this medical management review, in addition to the benefit approval review, Crescent Care may authorize or deny the coverage benefits. A denial of authorization in no way means denial of treatment.

b. Claims Processing

Reimbursement Claims:

Claims documents for Covered benefits must be submitted by each Covered Person on the Personalized Claim Forms (Exhibit J). Crescent Care will determine whether benefit is payable under the plan provisions and eligibility.

In applying the Plan's provisions, Crescent Care will use claim procedures and standards that are developed for benefit of claim determination. CLIENT will delegate to Crescent Care the discretion to determine whether a benefit is payable or not in accordance with the policy terms, conditions and exclusions.

Crescent Care will follow the Turnaround Time (TAT) given in Exhibit C.

Network Claims:

Claim payments for healthcare services rendered by Network Providers will be equal to the amounts the Network Providers agreed to accept in the contractual arrangements with Crescent Care, governing their participation in the Provider Network.

Crescent Care will evaluate said claims on the basis of documents provided and has the right to reject a claim in case of mismanagement of preauthorization and other discrepancies found in the treatment provided in view of the policy restrictions.

Crescent Care will follow the Turn around Time (TAT) given in Exhibit C.

4.1.4 Crescent Care Customer Services

Calls will be attended by trained service associates available on a 24x7 basis. These associates will be equipped to manage all customer/provider queries including but not limited to pre authorization, benefits covered, claims status, complaints, and requirements.

Service associates will be trained and equipped to transfer the call to the appropriate department and/or personnel when needed.



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- i. Preauthorization Detail Report (Approved/Denial/Pending)
- ii. Claims Detail Report showing itemized claims and payment to Network Providers and/or Covered Persons
- iii. Pending Claims Report
- iv. Claims Aging Report
- v. Monthly Paid Claim Summary/Detailed Report
- vi. Claim Summary by Provider
- vii. Loss Ratio Report
- viii. Pool Utilization Report
- ix. Disease Trend Report

The format of all above reports are attached in Exhibit F. In addition to this, any customized reporting required by CLIENT will be make available as/when needed.

4.1.6 Training of Client Staff

As reasonably required by CLIENT, Crescent Care shall provide training to CLIENT staff for the following:

- Assist CLIENT in establishing adequate connectivity between CLIENT's network and Crescent Care ERP
- Training on beneficiary Network & benefit usage, inclusive of general administration and claims handling procedures
- Training on the use of Crescent Care ERP as well as on other facets of the integrated solution provided by Crescent Care under this Agreement

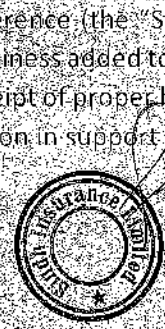
4.1.7 Crescent Care shall introduce CLIENT to its Hospitals/Provider Network for commencement of Cashless services. Crescent Care will provide the following information to CLIENT:

- Provide list of all hospitals/Provider Network and discount centers to CLIENT
- Provide updated Fee Schedules including negotiated discounted rates of Hospitals/Provider Network
- Laboratory network on discount / medicines

4.2 Crescent Care shall maintain the standards set forth in exhibit A attached hereto and incorporated herein by reference.

ARTICLE 5 Compensation



5.1 CLIENT shall pay Crescent Care a fee for Services provided hereunder in the amounts determined in accordance with Exhibit F attached hereto and incorporated herein by reference (the "Service Fees"). The CLIENT shall pay upfront Service Fees within fifteen days against each business added to the portfolio of CLIENT after premium is received against that account by CLIENT upon receipt of proper bill. With each upfront payment of Service Fees, CLIENT shall attach the Premium information in support of the Service Fees payable against the respective account.



ARTICLE 6 Termination

6.1 CLIENT may terminate this Agreement for cause if Crescent Care materially defaults in the performance of any duty or obligation imposed upon Crescent Care under this Agreement. In the event Crescent Care shall commit a material default in the performance of any duty or obligation imposed upon it by this Agreement, CLIENT shall provide Crescent Care with written notice ("Crescent Care Default Notice") specifying such material default. Crescent Care shall have thirty (30) days from receipt of the Crescent Care Default Notice ("Original Crescent Care Cure Period") to cure the specified default; provided however that if Crescent Care has commenced to cure the specified default within the Original Crescent Care Cure Period and the nature of the default requires additional time to cure, then so long as Crescent Care has (i) provided a written plan to cure the specified default to CLIENT and (ii) is diligently prosecuting the cure to completion, Crescent Care shall have up to sixty (60) days after the expiration of the Original Crescent Care Cure Period (the "Extended Crescent Care Cure Period") to complete the cure of the specified default. If CLIENT determines that Crescent Care has not cured the specified default within the Extended Crescent Care Cure Period or is not diligently prosecuting the cure to completion, CLIENT may terminate this Agreement by providing Crescent Care written notice of termination ("Crescent Care Termination Notice") in which case, the Agreement will terminate at the end of the Extended Crescent Care Cure Period unless Crescent Care has cured the specified default prior to the expiration of the Extended Crescent Care Cure Period. If Crescent Care cures all defaults described in a Crescent Care Default Notice within either the Original Crescent Care Cure Period or the Extended Crescent Care Cure Period, this Agreement shall not terminate but remain in full force and effect pursuant to its terms. Nothing in this Section shall limit Crescent Care's right to pursue any available remedies if it disagrees with CLIENT's conclusions concerning any claimed Crescent Care default or failure to cure.

6.2 Crescent Care may terminate this Agreement for cause if CLIENT materially defaults in the performance of any duty or obligation imposed upon CLIENT under this Agreement. In the event CLIENT shall commit a material default in the performance of any duty or obligation imposed upon it by this Agreement, Crescent Care shall provide CLIENT with written notice ("Client Default Notice") specifying such material default. CLIENT shall have thirty (30) days from receipt of the Client Default Notice ("Original Client Cure Period") to cure the specified default; provided however that if CLIENT has commenced to cure the specified default within the Original Client Cure Period and the nature of the default requires additional time to cure, then so long as CLIENT has (i) provided a written plan to cure the specified default to Crescent Care and (ii) is diligently is prosecuting the cure to completion, CLIENT shall have up to sixty (60) days after the expiration of the Original Client Cure Period (the "Extended CLIENT Cure Period") to complete the cure of the specified default. If Crescent Care determines that CLIENT has not cured the specified default within the Extended Client Cure Period or it is not diligently prosecuting the cure to completion, Crescent Care may terminate this Agreement by providing CLIENT a written notice of termination ("Client Termination Notice"), in which case, the Agreement will terminate at the end of the Extended Client Cure Period unless CLIENT has cured the specified default prior to the expiration of the Extended Client Cure Period. If CLIENT cures all defaults described in a Client Default Notice within either the Original Client Cure Period or the Extended Client Cure Period, this Agreement shall not terminate but remain in full force and effect pursuant to its terms. Notwithstanding the foregoing, if CLIENT defaults in the payment of Service Fees ("Monetary Default"), CLIENT shall have ten (10) days following its receipt of the Client Default Notice respecting to cure such Monetary Default by tendering payment of the Service Fees due to Crescent Care. If a Monetary Default is not cured in accordance with the foregoing provision, Crescent Care may immediately cease providing Services hereunder. Nothing in this section shall limit CLIENT's right to pursue any available remedies if it disagrees with Crescent Care's conclusions concerning any claimed CLIENT default or failure to cure.

[Handwritten signatures and initials over the stamps]

and methods constitute proprietary business information of Crescent Care and shall not be disclosed by the CLIENT to any third party without the written consent of Crescent Care.

7.2 Crescent Care acknowledges and agrees that the CLIENT's written procedures, manuals, software, and methods constitute proprietary business information of the CLIENT and shall not be disclosed by Crescent Care to any third party without the written consent of the CLIENT.

ARTICLE 8: Independent Contractor

It is mutually understood and agreed that at all times and in all respects in providing Services hereunder Crescent Care shall be acting and performing as an independent contractor. Nothing in this Agreement establishes or constitutes or should be construed as establishing or constituting the parties as a partner or co-ventures with one another or agents for one another for any purpose whatsoever or renders either party liable for any debts or obligations of the other.

ARTICLE 9: Amendments

This Agreement constitutes the entire Agreement of the parties hereto with respect to the subject matter hereof and there are no oral or written collateral representations, agreements, or understandings, except as provided herein. This Agreement may not be amended, altered, or modified except by written amendment executed by the parties.

ARTICLE 10: Notices

All notices required or permitted hereunder shall be in writing and will be deemed to have been given when delivered by hand or mailed by certified mail, return receipt requested, postage prepaid, to the address below or such other address as either party shall specify in a written notice to the other.

Notice to CLIENT: Faisal Siddiqui
Sindh Insurance Limited
1st Floor, Imperial Court Building
Dr. Ziauddin Ahmed Road
Karachi-74000

Notice to Crescent Care:
Mr. Muneer Ahmed Khan
Crescent Care (Pvt.) Ltd.
705, 7th Floor, Progressive Plaza
Beaumont Road
Karachi-75500

ARTICLE 11: Terms

This Agreement shall begin on November 1st, 2022 (the "Effective Date") and unless terminated earlier pursuant to this Agreement, shall continue in full force and effect for an initial term of one (01) year. This Agreement shall be renewed for additional renewal terms of three (03) year, unless either party notifies the other party at least ninety (90) days prior to the expiration of the initial or renewal term then in effect of its intent not to renew this Agreement. The "Term" of this Agreement shall mean the initial term plus any renewal terms.



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out of or in connection with this Agreement (including, without limitation, any question regarding its existence, validity or termination) between the Parties which cannot be resolved by good faith negotiations, then such dispute or difference will be referred to and finally resolved by arbitration in Pakistan before a two-member board of arbitrators. Such arbitration shall be decided pursuant to the Arbitration Act, 1940 or any re-enactment thereof. The Arbitrators will be appointed one by each party and in case of contrary decisions, the matter shall be referred to umpire, which either be appointed by the two arbitrators or by the Court of Law in accordance with the Arbitration Act. The Cost & Expense fee of Arbitrator shall be determined prior to appointment of the Arbitrator and is to be shared by parties equally. Time framework will also be fixed for completion of Arbitration. The decision of Arbitrator shall be final and binding on all parties to Arbitration. The decision shall determine the Liability of all the parties separately, payable by the party concerned. The venue of the Arbitration shall be Karachi and the arbitration shall be carried out in English language only.

ARTICLE 14 Indemnifications: Limitation of Liability

14.1 Either party shall defend and indemnify the other party against any and all claims, losses, costs and expenses, including reasonable attorneys' fees that the affected party may incur as a result of claims in any form by third parties arising from the negligent party's performance of Services hereunder provided.

14.2 Notwithstanding anything contained in this Agreement, Crescent Care's liability arising out of the performance of its obligations under this Agreement, including the performance of Services shall be limited to the Service Fees hereunder.

ARTICLE 15 Force Majeure

15.1 Neither Party shall be responsible for any delay or failure to perform its obligations hereunder, if such delay or failure is due to causes beyond its control or without its fault or negligence, including, without limitation, strikes, riots, wars, fires, flood, epidemics, quarantine restrictions, freight embargoes, unusually severe weather, earthquakes, explosions, acts of God or any public enemy, or acts mandated by any applicable laws, regulation or order (whether valid or invalid) of any governmental body or any other unforeseen circumstances.

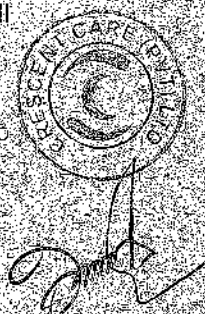
15.2 The Party seeking to rely on the Force Majeure event shall promptly notify the other Party within seven (7) days of its first occurrence and demonstrate the manner in which continued performance has become impracticable, failing which such Party shall be prevented from relying on that force majeure event. During the force majeure, the obligations of the Parties in terms of this Agreement shall remain suspended.

ARTICLE 16 Books and Records

16.1 Maintenance of Books and Records

Each party shall maintain such books and records, including but not limited to, payment records, notices, accounting and administrative records, necessary for the proper administration of this Agreement and for all regulatory purposes in electronic format and shall retain all such records for the longer of five (05) years or the time period required by law, records like copies of cheques / payment supports which shall be readily available if required by the CLIENT.

In case of any special audit, the provider shall be liable to provide of all the record & required support to the CLIENT.



16.3 Regulatory Compliance

Both parties must maintain and comply with all governmental, statutory, and other regulatory consents, licenses, and authorizations necessary or desirable for the conduct of its business pertaining the activities contemplated herein.

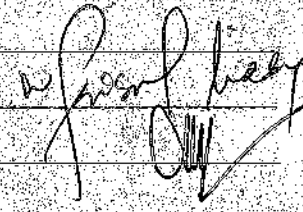
16.4 Performance Security

The Provider will provide the performance security in the form acceptable to Sindh Insurance Limited for 5% of the contract amount for 90 days from the date of completion of the contract. In case the Vendor does not fulfill its commitments, Sindh Insurance Limited reserves the right to enforce the performance security. The amount of performance security shall be Rs. 234,500/-

IN WITNESS WHEREOF, the Parties hereto have duly executed and delivered this Agreement.

Signed and delivered by the within named:

CLIENT: Sindh Insurance Limited

Through Mr./Ms. M. Faizal Siddiqui Signature 

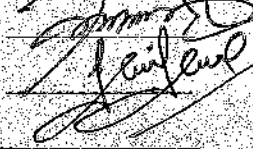
In presence of Mr./Ms. N.A. Arem Akhies Signature 

DATE: 18-11-2022



Service Provider: Crescent Care (Pvt.) Limited

Through Mr. Muneer Ahmed Khan (CEO) Signature 

In presence of Mr. Faizan Ahmed Khan (Operations Manager) Signature 

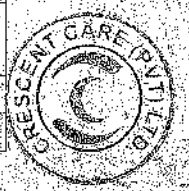
DATE: _____



EXHIBIT - A

Performance Metrics & Standards

Performance Metrics	Performance Standards
Document Scanning	Within 48 Hours
Health ID Cards Printing <ul style="list-style-type: none"> Up to 1000 Up to 5000 More than 5000 	<ul style="list-style-type: none"> Within 3 working days Within 5 working days Within 7 working days
Enrollments, Changes & Terminations	Within 48 Hours
Average Speed to Answer (ASA) Phone Calls TAT	Within 3 rings/bells
Pre-Authorization Entry in the ERP System	Within 30 minutes
Approval/Rejection/Requirement of Pre-Auth	Within 15 minutes during working hours. Within 24 hours during non-working hours/holidays
Claims Processing TAT (Panel/Reimbursements)	Standard claims processed within 3 working days
Claims Rejections/Requirements	Within 24-48 hours





limitations
 Prospective & concurrent review of certain inpatient healthcare services by requesting relevant documents or physical visits by the Case Manager to assess the medical necessity of the admission and the treatment provided.

Within 12-18 hours of admission

EXHIBIT - C

Claim Processing

Description	TAT
Reimbursement Claims: Crescent Care will use the claims procedures and standards defined to determine if the claim is payable.	Within 2 working days
Panel Network Claims: Crescent Care will use the Pre-Authorization guidelines defined to determine if the claim is payable.	Within 2 working days

EXHIBIT - D

Customer Services

Description	TAT
Call Receiving Time	Within 3 rings/bells
Call Resolution Time	Within 5 minutes for all routine queries

EXHIBIT - E

Management Reports

A. Loss Ratio Report



CRESCENT CARE
 Loss Ratio Report
 For the Month of 01/01/2021 to 04/08/2021

FROM: ALL HEALTH INSURANCE TO: ALL HEALTH INSURANCE
 FROM: ALL CLIENTS TO: ALL CLIENTS
 FROM: ALL PANELS TO: ALL PANELS/Non-Panel

Group Name	Claim Number	Outstanding Claim	Claims Settled	Claim Paid	Premium	Loss Ratio Settled Claim	Loss Ratio Paid Claim
Health Care Group	198,840	25,000	154,340	337,300,000	334,560,000	0.08	0.08
Total	198,840	25,000	154,340	337,300,000	334,560,000	0.08	0.08



C. Pool Utilization Report



Pool Utilization Report

for the period of 10/20/2021 to 10/30/2021

City of Santa Ana, CA
Crescenta Montessori School

Child Name	Service Code	Pool Utilization	Pool Balance	Percent
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Child Name



E. Benefit Limit Details

Benefit Limit Detail

Effective from 01/01/2012 to 01/06/2011

[Signature]

[Signature]

143,000	0	143,000
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143,000	0	143,000
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143,000	0	143,000
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143,000	0	143,000
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143,000	0	143,000
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143,000	0	143,000
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143,000	0	143,000
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143,000	0	143,000
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STAND INSURANCE - STAND INSURANCE
 All rights reserved. All rights reserved.
 All rights reserved. All rights reserved.

Paid Health Claims Register
For the Period From 01/01/2021 to 04/01/2021

PAID TO:	PAID DATE:
----------	------------

[Handwritten Signature]




G. List of Insured with Premium

CRESCENT CARE
LIST OF INSURED PERSON WITH PREMIUM

Midwestbank Group
MID-CORPORATE
For the Period From 01/01/2021 to 04/01/2021

MEMBER	RELATIONSHIP	PLAN	PLAN TYPE	STATUS	REASON	SEX	AGE	ONLINE	PREMIUM	START DATE
			CRESCENT CARE		SELF	Male	38.00		10.00	01/01/2021
			CRESCENT CARE		SELF	Female	38.00		10.00	01/01/2021
			CRESCENT CARE		SPOUSE	Male	38.00		10.00	01/01/2021
			CRESCENT CARE		SELF	Female	38.00		10.00	01/01/2021
			CRESCENT CARE		SELF	Male	40.00		10.00	01/01/2021
			CRESCENT CARE		SON	Male	18.00		10.00	01/01/2021
			CRESCENT CARE		SELF	Male	38.00		10.00	01/01/2021
			CRESCENT CARE		DAUGHTER	Female	18.00		10.00	01/01/2021
			CRESCENT CARE		DAUGHTER	Female	18.00		10.00	01/01/2021
			CRESCENT CARE		DAUGHTER	Female	18.00		10.00	01/01/2021
			CRESCENT CARE		DAUGHTER	Female	18.00		10.00	01/01/2021
			CRESCENT CARE		DAUGHTER	Female	18.00		10.00	01/01/2021

 *[Handwritten Signature]*

[Handwritten Signature]


EXHIBIT - F


Service Fee

Description	Pricing
Basic Administration Fees	6.70% of Total Yearly Gross Premium of CLIENT's each account payable in advance on quarterly basis. CLIENT will pay services fee of all its existing accounts if transferred to Crescent Care on pro-rata basis.

EXHIBIT - G

Payments made to Providers/Claimants

No.	Name of Provider	Name of Claimant	Policy Number	Claim Number	Crescent Care Pre-Auth Number	Name of Insured	Paid Amount	Date of Payment	Cheque Number	Bank Name	Cheque Date


[Handwritten Signature]

Contact Number _____

Company Email Address _____

CEO Name _____

Contact Number _____

Email Address _____

Head of Department Name _____

Contact Number _____

Email Address _____

Please specify if the following are being provided:

- 1. Policy wording with benefits and coverage details
- 2. Data sharing forms/files with covered member details (e.g. pdf format)
- 3. List of general exclusions with exceptions if any for each policy
- 4. List of specialized investigations covered
- 5. List of daycare surgeries allowed policy wise

HOSPITAL PRE-AUTHORIZATION APPROVAL FORM

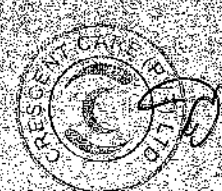
EMPLOYEE NAME _____
PATIENT NAME _____
EMPLOYEE GROUP _____
COMPANY NAME _____
HEALTH PLAN NUMBER _____
CONTACT NUMBER _____

PRESENTING COMPLAINTS/SYMPTOMS _____
INITIAL DIAGNOSIS _____
TREATMENT DESCRIPTION _____

TREATING PHYSICIAN _____
SIGNATURE DATE _____
EXPECTED COST _____
EXPECTED LENGTH OF STAY _____

HOSPITAL NAME _____
ADDRESS _____
CONTACT NUMBER _____
DATE _____
HOSPITAL STAMP _____

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CONSENT TO SETTLE
AND WAIVER OF
SUBROGATION

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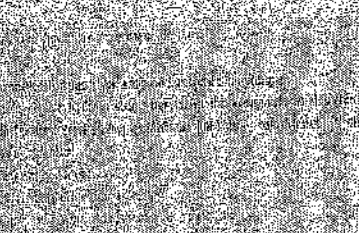
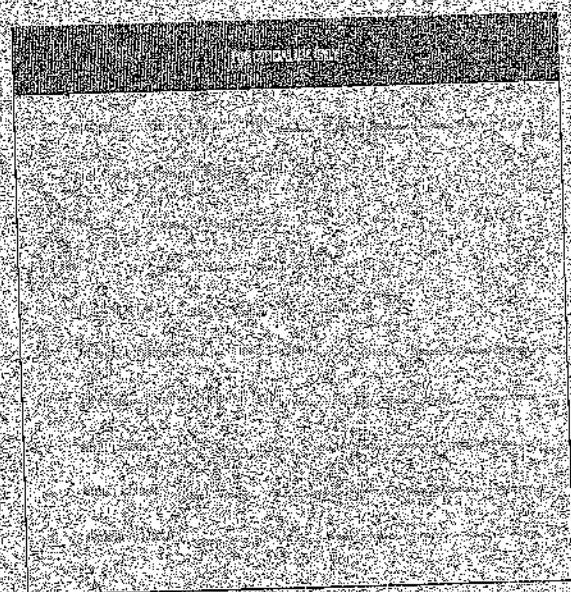
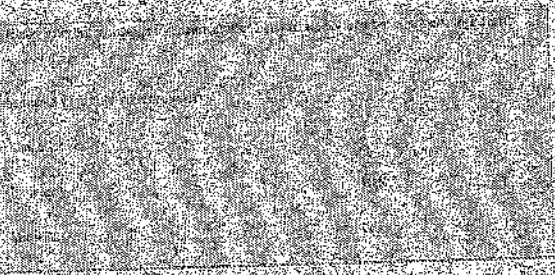
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Bid Evaluation Report

Third Party Administrator For Health Insurance

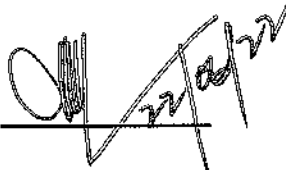
Procuring Agency	Sindh Insurance Ltd
Ref no.	SIL/HO/TPA/2022
of Procurement	Single Stage Two Envelopes
Description	SIL/HO/TPA FOR HEALTH INSURANCE
Published	SPPRA S.No. T00013-21-0014 Dated May, 11, 2022
ids Document Sold	3
ids Received	2
cal Bids Opening Date	27th May, 2022 11:00 am
ial Bids Opening Date	27th May, 2022 12:00 pm
Bids Technically Qualified	2
Rejected	-

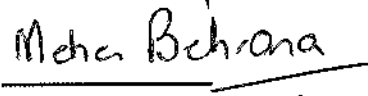
No	Company Name	Qualified/Disqualified in Technical / Eligibility Inspection	Cost of Bid Offered	Ranking In terms of Cost	Comparison With Estimated Cost (Rs. 6,000,000/-)	Reason for Acceptance/Rejection	Remarks
1	2	3	4	5	6	7	
1	M/s Crescent Care (Pvt) Limited	Technically qualified	Rs. 4,690,000 /-	1	Rs.1,310,000/- Below the Estimated Cost	Accepted being the qualified & lowest cost bidder	Accepted being the lowest cost bidder
2	M/s Health eConnex (Pvt) Limited	Technically qualified	Rs. 6,300,000 /-	2	Rs. 300,000/- Above the Estimated Cost	Not accepted due to higher cost	

Note:- The bid of M/s Crescent Care (Pvt) Limited is accepted for the tender of Third Party Administrator for Health Insurance Services being the qualified and lowest cost bidder.

Procurement Committee Members

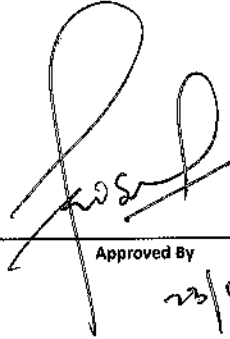
- 1 **Mr. Nadeem Akhter**
Sindh Insurance Ltd
CFO & Company Secretary
Head of Procurement Committee
- 2 **Ms. Meher Dinshaw Khory**
Sindh Insurance Ltd
Head-HR & Admin
Member
- 3 **Muhammad Adnan Shakeel**
Sindh Modaraba
CFO & Company Secretary
Independent Member

Signature 

Signature 

Signature 




 Approved By
 23/06/22

BIDDERS QUALIFICATION REPORT
THIRD PARTY ADMINISTRATOR FOR HEALTH INSURANCE

S. No	Descriptions	Total Marks	Health e Connex	Crescent Care	Remarks	Mandatory Evidence As Annexures
1	Third Party Administration Health Insurance Premium Portfolio	20	20		Rs. 100 Million & above	Party-wise Insurance Premium Portfolio Annexure-A
		15			Rs. 50 Million to Rs. 99 Million	
		10		10	Rs. 10 Million to Rs. 49 Million	
2	Number of Corporate Health Insurance Clients	20	20	20	08 & above	Corporate Clientele List As Annexure-B
		15			05 to 07	
		10			02 to 04	
3	Experience (Third Party Administration) of Health Insurance	10	10	-	05 years & above	TPA License issued by SECP As Annexure-C
		7		-	03 years to 04 years	
		5		-	01 year to 02 years	
4	Hospitals on Panel	15	15	15	200 & above	List of Hospitals on Company's Letterhead As Annexure-D
		10			150 to 199	
		7			100 to 149	
5	Numbers of Doctors	10	10	10	03 & above	List of Doctors on Company's Letterhead As Annexure-E
		5			2	
6	24 Hours Hotline & Call Centre Facility	15	15	15	Both	List of Hotline & Call Centre Numbers on Company's Letterhead As Annexure-F
		10			Any one	
7	Paid up Capital	10	10		Rs. 100 Million & above	Auditor's Certificate or Form-A As Annexure-G
		5		5	Rs. 50 Million to 99 Million	
Total Marks		100	100	75	Both the bidders have technically been qualified	



Mr. Nadeem Akhter
CFO & Company Secretary
Sindh Insurance Limited

Meher Behrana

Ms. Meher Dinshaw Khory
Head HR & Admin
Sindh Insurance Limited



Mr. Muhammad Adnan Shakeel
CFO & Company Secretary
Sindh Modaraba

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MINUTES OF THE OPENING OF THE TENDER (TECHNICAL / FINANCIAL PHASE)

TYPE OF PROCUREMENT ADMIN / IT / CONSULTANT / MEDIA

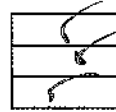
TENDER NAME Third Party Administrator for Health Insurance

TYPE OF TENDER SINGLE STAGE-ONE ENVELOPE / SINGLE STAGE-TWO ENVELOPE / TWO STAGE-TWO ENVELOPE

OPENING DATE 27-May-22

OPENING TIME 1100 Hours

ATTENDANCE MEMBER (PC) Mr. Nadeem Akhter
Ms. Meher Dinshaw Khory
Mr. Muhammad Adnan Shakeel



ATTENDANCE (REPS. OF BIDDERS)	NAME	FIRM
	<u>Faizan</u>	<u>M/s Coemul Cor.</u>
	<u>Shenzas</u>	<u>M/s Coemul Cor</u>
	<u>Mohsin Raza</u>	<u>M/s Heera & Coemul</u>
	<u>M. Dawais</u>	<u>M/s Heera & Coemul</u>
	_____	_____

TOTAL BIDS ACCEPTED FOR EVALUATION 02

TOTAL BIDS REJECTED -

REMARKS Both the bidders are technically qualified

PROCUREMENT COMMITTEE

Mr. Nadeem Akhter [Signature]

Ms. Meher Dinshaw Khory Meha Behrana

Mr. Muhammad Adnan Shakeel [Signature]
27/5/22

MINUTES OF THE OPENING OF THE TENDER (TECHNICAL / FINANCIAL PHASE)

TYPE OF PROCUREMENT ADMIN / IT / CONSULTANT / MEDIA

TENDER NAME Third Party Administrator for Health Insurance

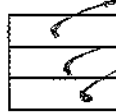
TYPE OF TENDER SINGLE STAGE-ONE ENVELOPE / SINGLE STAGE-TWO ENVELOPE / TWO STAGE-TWO ENVELOPE

OPENING DATE 27-May-22

OPENING TIME 1200 Hours

ATTENDANCE MEMBER (PC)

Mr. Nadeem Akhter
Ms. Meher Dinshaw Khory
Mr. Muhammad Adnan Shakeel



ATTENDANCE (REPS. OF BIDDERS)	NAME	FIRM
	<u>Mr. Mousi</u>	<u>M/S Health e Connect</u>
	<u>Mr. M. Ovais</u>	<u>M/S Health e Connect</u>
	<u>Ms. Faizan</u>	<u>M/S Crescent Care</u>
	<u>Mr. Sherys</u>	<u>M/S Crescent Care</u>
	<u> </u>	<u> </u>

TOTAL BIDS ACCEPTED FOR EVALUATION 02

TOTAL BIDS REJECTED —

REMARKS

M/S Crescent Care (Pvt) Ltd has offered lowest bid rate of 6.7%
M/S Health e Connect (Pvt) Ltd has offered the rate of 9%

PROCUREMENT COMMITTEE

Mr. Nadeem Akhter

Ms. Meher Dinshaw Khory

Mr. Muhammad Adnan Shakeel

Mousi
Meher Behara 27/5/22
Sherys 27/5/22

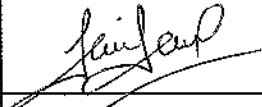



Sindh Insurance Limited

TENDANCE SHEET

ID OPENING (Tenders)

Date:- 27-May-22

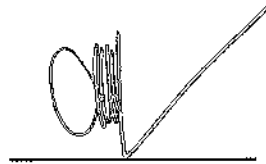
Third Party Administrator for Health Insurance

S.O.	Company Name	Name of Company Representative	Contact No.	Signature
1	Crescent Care	Faizan Ahmed	0345-2741438	
2	Crescent Care	Shahzaf Ahmed	0333-2118941	
3	Health Connect (Pvt) Ltd Muhammad Ovais	Muhammad Ovais	0346-278183	
4	HEALTH eConnex (Pvt) Ltd	MOHSIN RAZA RAJANI	0332-3089700	
5				

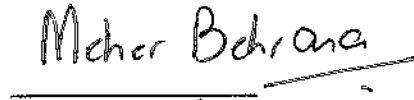


Signature of Procurement Committee

Mr. Nadeem Akhter
Head-Procurement Committee



Ms. Meher Dinshaw Khory
Member:-



Mr. Muhammad Adnan Shakeel
Independent Member






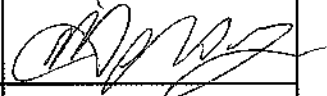
Sindh Insurance Limited

ATTENDANCE SHEET

MEETING (Financials)

Date:- 27-May-22

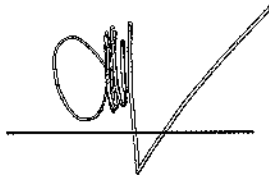
Third Party Administrator for Health Insurance

Sl. No.	Company Name	Name of Company Representative	Contact No.	Signature
1	Crescent Care	Faizan Ahmed	0345-2741438	
2	Crescent Care Pk	Shahzad Ahmad	0333-7112941	
3	Health Commerce Pk	Muhammad Ovais	0346-2781836	
4	Health Commerce (Pvt) Ltd.	Muhammad Raza Dajani	0332-3089900	
5				

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Signature of Procurement Committee

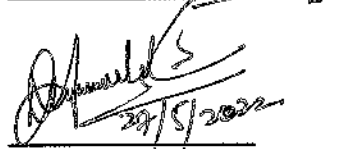
Mr. Nadeem Akhter
Head-Procurement Committee



Ms. Meher Dinshaw Khory
Member:-

Meher Behra

Mr. Muhammad Adnan Shakeel
Independent Member



29/5/2022

SINDH INSURANCE
POWER TO THE PEOPLE

**OPENING OF BIDS
FINANCIAL PROPOSALS**

Third Party Administrator for Health Insurance

re long
27/05/2022
Dated: 27/05/2022
mlc

S no	Company Name	Total	Signature of Company Representative	Remarks
1	M/S Health e Connect	6,300,000		/
2	M/S Crossin con.	4,690,000		/
3	/		/	/
4	/		/	/
5	/		/	/
6	/		/	/

Procurement Committee Memebers

1 **Mr. Nadeem Akhter**
Sindh Insurance Ltd
CFO & Company Secretary
Head Of Procurement Committee

27/05/22

2 **Ms. Meher Dinshaw Khory**
Sindh Insurance Ltd
Head HR & Admin
Member

Meher Behrana

3 **Mr. Muhammad Adnan Shakeel**
Sindh Mdaraba
CFO & Company Secretary
Independent Member

27/5/22

h- The Insurance company/ TPA client(s) undertakes to review and consider the rejected / disrupted / returned claims with in (30) thirty day, after receiving the same from the PROVIDER and if the said claims are again found to be non-payable, the same will be finally sent back to the Hospital by TPA with a covering letter detailing reasons.

Client Servicing:

- a- Call centre service (09am to 05pm) for claim queries.
- b- Hotline service 24/7 hrs to facilitate patient for panel hospital.

4 FINANCIAL PROPOSAL OF THIRD PARTY ADMINISTRATOR FOR HEALTH INSURANCE

PRICE SCHEDULE

(Applicable for the year _____)

Name of Bidder HealthConnex (Pvt) Ltd

Amount of Bid

Gross Premium per year Rs. 70,000,000

Rate at %

Net Services Charges per year Rs. 63,00,000/-


9%
27/5/22
27/5/22

Mdha Behra
27/5/22

Note

1. The above rates quoted are exclusive of taxes.
2. In addition to above also include detail of quotations, terms & condition, procedure to avail benefits and list of exclusions.
3. The contract may be extended for a period of three years more on the same rates / terms & condition on mutual understanding.

Signature & Stamp of Bidder

[Handwritten Signature]




FINANCIAL PROPOSAL FOR HEALTH INSURANCE

PRICE SCHEDULE

(Applicable for the year 2021)

Name of Bidder Crescent Care (Pvt.) Limited

Amount of Bid

Gross Premium per year Rs. 70,000,000

Rate at %

6.70%

Net Services Charges per year RS. 4,690,000

Handwritten signatures and dates:
27/5/2022
27/5/22
Mehar Behra
27/5/22

Note

1. The above rates quoted are excluding taxes.
2. In addition to above also include detail of quotations, terms & condition, procedure to avail benefits and list of exclusions.
3. The contract may be extended for a period of three years more on the same rates / terms & condition on mutual understanding.

Signature & Stamp of Bidder

Handwritten signature

