

## Investigation Finding (Hospital Verification)

Hospital Registration Number

1

OT

yes

ICU/ICCU/ PICU/CCU

yes

Visit To Hospital

no

Hospital Visit Date

How Far From Member Address (Approx Km)

Any Relative Near Hospital Where Insured Stayed

yes

Comments

1

IP Register Entry (Entry Found)

yes

If No - Reason

If Yes

In Case of Medical Management

If Not Matching - Observations

ICPs Collected

yes

If No - Reason

1

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

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TPR/BP/VITAL Charts

If Yes - Observations

If No - Reason

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**In Case Of Medical Management**

Active Line Of Treatment

**In Case Of Surgical Management**

Operative Notes

If Provided - Findings

If Not Provided - Reason

Anaesthesia Notes

If Provided - Findings

If Not Provided - Reason

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Any PED History

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Any Implants Used

If Yes - Invoice / Sticker Number

Invoice Verified

Reason / Findings

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MLC Details

MLC Copy Received

If Yes - Date Of MLC

If No

Is MLC Verification Done

If Yes-Observations

If No - Reason



FIR Details

FIR Copy Received

If Yes - Date Of FIR

Is FIR Verification Done

If Yes-Observations

If No - Reason

Any alcohol /Drug Intoxication Found As Per Documents

If Yes - Details

If No - Reason

MRD Records checked

If Yes-Observations

If No - Reason

Bill Book collected

If Yes-Observations

If No - Reason

Tariff Details Card Collected

If Yes-Observations

If No - Reason

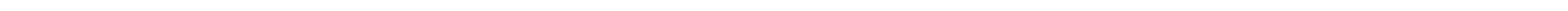
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Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings



## Treating Doctor Visit

Name of doctor

Sonali

Qualification

1

Registration Number

1

Tariff Details Card  
Collected

yes

If No - Reason

If Yes - Any PED  
findings

no

Any discrepancy  
noted

yes

If Yes-Observations

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Lab Verification Details

Lab Name	<input type="text" value="v"/>	Lab Location	<input type="text" value="v"/>
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Inhouse	<input type="text" value="no"/>	If No, then Distance from hospital / Resident	<input type="text" value="8"/>
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Lab Register Entry Verified	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Report Validation	<input type="text" value="yes"/>	Name Of Empanelled Pathologist	<input type="text" value="v"/>
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Reg Number	<input type="text" value="v"/>	Visit Done	<input type="text" value="no"/>
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Visit Date	<input type="text"/>	Finding	<input type="text"/>
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Past Record Checked	<input type="text" value="no"/>	Finding	<input type="text"/>
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Lab Verification Summary	<input type="text" value="v"/>	Lab Option	<input type="text"/>
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Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
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Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
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Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text" value="nun344"/>		
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Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
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Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
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Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>
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Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
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Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
---------	---------------------------------------	-----------------------------------------------	---------------------------------------

Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text" value="nun344"/>		
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Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
--------------	----------------------------------	----------	------------------------------------------

Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
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Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>
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Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text" value="yes"/>
If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If Not Match	<input type="text" value="nun344"/>		
Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>

Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text" value="yes"/>
If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If Not Match	<input type="text" value="nun344"/>		
Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>

Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings



Chemist Verification

Visit Done  If No - Reason

If Yes - Visit Date  Pharmacy Name

Inhouse  If No, then Distance from hospital / Resident

Bill Book  If Yes  Matching With Claim Document  Not Matching with Claim Document

If Not Match

Bill Records  Findings

Purchase invoices Collected  If No - Reason

Past Records Checked  Findings

Chemist Statement Collected

no

If No - Reason

d

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

d

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text"/>
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If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
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Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
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Bill Book	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text"/>		
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Bill Records	<input type="text" value="software records"/>	Findings	<input type="text" value="t"/>
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Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="t"/>
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Past Records Checked	<input type="text" value="no"/>	Findings	<input type="text"/>
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Chemist Statement Collected

no

If No - Reason

t

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

t

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text"/>
If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
Bill Book	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If Not Match	<input type="text"/>		
Bill Records	<input type="text" value="others"/>	Findings	<input type="text" value="t"/>
Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="t"/>
Past Records Checked	<input type="text" value="no"/>	Findings	<input type="text"/>

Chemist Statement Collected

no

If No - Reason

t

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

t

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text"/>
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If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
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Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
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Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text"/>		
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Bill Records	<input type="text" value="carbon copies"/>	Findings	<input type="text" value="v"/>
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Purchase invoices Collected	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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Past Records Checked	<input type="text" value="no"/>	Findings	<input type="text"/>
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Chemist Statement Collected

yes

If No - Reason

[Empty text box]

If Yes - Findings

v

If Yes - Any PED findings

no

Overall Chemist Verification Summary

v

Past Records Details

[Empty text box]

Any Other Observations/Findings

[Empty text box]

If Yes - Any PED Findings

[Empty text box]

Over All Hospital Virification Findings

[Empty text box]

Home Visit

Visit done

No

If No - Reason



v

If Yes - Visit Date

Appointment Taken

No

If No - Reason

v

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

v

Date of Birth of Patient

2022-11-28

Gender

Other

Statement Collected

No

If No - Reason

v

If Yes - Finding

Any discrepancies

No

If Yes - Finding

Any PED / Non-Disclosure findings

Insured Habits

Past documents collected

If No - Reason

If Yes - please specify

KYC Documents collected

If No - Reason

If Yes

- Matching with Claim Document
- Not Matching with Claim Document

If No - Reason

Vicinity verification

Visit done

If No - Reason

If Yes - please specify

If Yes - Visit Date

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Visit to Family Physician

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings



In Cases of First Consultant / Referral doctor

Name of Family Physician	<input type="text" value="v"/>	Location	<input type="text" value="v"/>
Contact number	<input type="text"/>	Distance from Insured Home	<input type="text"/>
Visit to Family Physician	<input type="text" value="Yes"/>	if No - Reason	<input type="text"/>
If Yes - Registration Number	<input type="text" value="v"/>	Qualification	<input type="text" value="v"/>
Statement Collected	<input type="text" value="Yes"/>	Any PED / Non-Disclosure findings	<input type="text" value="No"/>

## Investigation Finding (Hospital Verification)

Hospital Registration Number	<input type="text" value="1"/>	OT	<input type="text" value="yes"/>
ICU/ICCU/ PICU/CCU	<input type="text" value="yes"/>	Visit To Hospital	<input type="text" value="no"/>
Hospital Visit Date	<input type="text"/>	How Far From Member Address (Approx Km)	<input type="text"/>
Any Relative Near Hospital Where Insured Stayed	<input type="text" value="yes"/>	Comments	<input type="text" value="1"/>

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IP Register Entry (Entry Found)	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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If Yes	In Case of Medical Management	If Not Matching - Observations	<input type="text"/>
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ICPs Collected	<input type="text" value="yes"/>	If No - Reason	<input type="text" value="1"/>
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If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

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TPR/BP/VITAL Charts

If Yes - Observations

If No - Reason

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**In Case Of Medical Management**

Active Line Of Treatment

**In Case Of Surgical Management**

Operative Notes

If Provided - Findings

If Not Provided - Reason

Anaesthesia Notes

If Provided - Findings

If Not Provided - Reason

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Any PED History

---

Any Implants Used

If Yes - Invoice / Sticker Number

Invoice Verified

Reason / Findings

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MLC Details

MLC Copy Received

If Yes - Date Of MLC

If No

Is MLC Verification Done

If Yes-Observations

If No - Reason





FIR Details

FIR Copy Received

If Yes - Date Of FIR

Is FIR Verification Done

If Yes-Observations

If No - Reason

Any alcohol /Drug Intoxication Found As Per Documents

If Yes - Details

If No - Reason

MRD Records checked

If Yes-Observations

If No - Reason

Bill Book collected

If Yes-Observations

If No - Reason

Tariff Details Card Collected

If Yes-Observations

If No - Reason

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Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings



## Treating Doctor Visit

Name of doctor

Sonali

Qualification

1

Registration Number

1

Tariff Details Card Collected

yes

If No - Reason

If Yes - Any PED findings

no

Any discrepancy noted

yes

If Yes-Observations

Lab Verification Details

Lab Name	<input type="text" value="v"/>	Lab Location	<input type="text" value="v"/>
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Inhouse	<input type="text" value="no"/>	If No, then Distance from hospital / Resident	<input type="text" value="8"/>
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Lab Register Entry Verified	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Report Validation	<input type="text" value="yes"/>	Name Of Empanelled Pathologist	<input type="text" value="v"/>
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Reg Number	<input type="text" value="v"/>	Visit Done	<input type="text" value="no"/>
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Visit Date	<input type="text"/>	Finding	<input type="text"/>
------------	----------------------	---------	----------------------

Past Record Checked	<input type="text" value="no"/>	Finding	<input type="text"/>
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Lab Verification Summary	<input type="text" value="v"/>	Lab Option	<input type="text"/>
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Chemist Verification

Visit Done  If No - Reason

If Yes - Visit Date  Pharmacy Name

Inhouse  If No, then Distance from hospital / Resident

Bill Book  If Yes  Matching With Claim Document  Not Matching with Claim Document

If Not Match

Bill Records  Findings

Purchase invoices Collected  If No - Reason

Past Records Checked  Findings

Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

Chemist Verification

Visit Done  If No - Reason

If Yes - Visit Date  Pharmacy Name

Inhouse  If No, then Distance from hospital / Resident

Bill Book  If Yes  Matching With Claim Document  Not Matching with Claim Document

If Not Match

Bill Records  Findings

Purchase invoices Collected  If No - Reason

Past Records Checked  Findings

Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

---

Over All Hospital Virification Findings



Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text" value="yes"/>
If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If Not Match	<input type="text" value="nun344"/>		
Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>

Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text" value="yes"/>
If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If Not Match	<input type="text" value="nun344"/>		
Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>

Chemist Statement  
Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED  
findings

yes

Overall Chemist  
Verification  
Summary

cdfcfvc

Past Records Details

Any Other  
Observations/Findings

If Yes - Any PED  
Findings

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Over All Hospital  
Virification Findings

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text"/>
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If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
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Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
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Bill Book	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text"/>		
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Bill Records	<input type="text" value="software records"/>	Findings	<input type="text" value="d"/>
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Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="d"/>
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Past Records Checked	<input type="text" value="no"/>	Findings	<input type="text"/>
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Chemist Statement Collected

no

If No - Reason

d

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

d

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text"/>
------------	---------------------------------	----------------	----------------------

If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
---------------------	----------------------	---------------	----------------------

Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
---------	----------------------	-----------------------------------------------	----------------------

Bill Book	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text"/>		
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Bill Records	<input type="text" value="software records"/>	Findings	<input type="text" value="t"/>
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Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="t"/>
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Past Records Checked	<input type="text" value="no"/>	Findings	<input type="text"/>
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Chemist Statement Collected

no

If No - Reason

t

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

t

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings



Chemist Verification

Visit Done  If No - Reason

If Yes - Visit Date  Pharmacy Name

Inhouse  If No, then Distance from hospital / Resident

Bill Book  If Yes  Matching With Claim Document  Not Matching with Claim Document

If Not Match

Bill Records  Findings

Purchase invoices Collected  If No - Reason

Past Records Checked  Findings

Chemist Statement Collected

no

If No - Reason

t

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

t

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

---

Over All Hospital Virification Findings

Chemist Verification

Visit Done  If No - Reason

If Yes - Visit Date  Pharmacy Name

Inhouse  If No, then Distance from hospital / Resident

Bill Book  If Yes  Matching With Claim Document  Not Matching with Claim Document

If Not Match

Bill Records  Findings

Purchase invoices Collected  If No - Reason

Past Records Checked  Findings

Chemist Statement Collected

yes

If No - Reason

If Yes - Findings

v

If Yes - Any PED findings

no

Overall Chemist Verification Summary

v

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

## Home Visit

Visit done

No

If No - Reason

v

If Yes - Visit Date

Appointment Taken

No

If No - Reason

v

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

v

Date of Birth of Patient

2022-11-28

Gender

Other

Statement Collected

No

If No - Reason

v

If Yes - Finding

Any discrepancies

No

If Yes - Finding

Any PED / Non-Disclosure findings

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Insured Habits

Past documents collected

If No - Reason

If Yes - please specify

KYC Documents collected

If No - Reason

If Yes

- Matching with Claim Document
- Not Matching with Claim Document

If No - Reason



Vicinity verification

Visit done

If No - Reason

If Yes - please specify

If Yes - Visit Date

Visit to Family Physician

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

In Cases of First Consultant / Referral doctor

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings



# Office / School / Collage Visit

Visit done

Yes

If No - Reason

If Yes - Visit Date

2022-11-30

If Yes - Visit To

Office

Attendance Record Collected

Yes

If Yes Check Whether Patient Was Present In Office / School / Collage During Hospitalization Period

v

If Patient Is Employee - Then Check Employment Status If Patient Is Student In Collage / School Then Check Enrolment Status

Student in College/School

Name Of Person With Whom Information Was Collected

v

Mobile Of Person With Whom Information Was Collected

7654534345

Address of Office / School / Collage

v

Statement Collected

Yes

If No Than Reason / Yes Then Finding

Any Other  
Observation

If YES - Findings

Any PED / Non-  
Disclosure findings

Any other  
Investigation  
findings

## Pre-Existing Details

### Chemist

Pre Existing Disease	Since	Disclosed By	Relation With Patient	Reference Document Name	Detail Information
test test	2022-11-03	test tset	test strtsg	tytgsggsr	trdrds trsfdsdfcs5r
test test	2022-11-03	test tset	test strtsg	tytgsggsr	trdrds trsfdsdfcs5r

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