

Case Details


Status At The Time Of Investigation

Claim Number	-	20110001162	Claim Amount	-	35000
Claim Status	-		Claim Sub Status	-	Finalization


Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Finalization
Closure Date	-	16-12-2022	Settled Amount	-	

Policy Details

Product Name	-	Kotak Health Care	Policy Number	-	1043075000
IMD NAME	-	BANC ASSURANCE A GST	IMD Code	-	1171360000
IMD Flag	-		Policy Type	-	Individual
Policy Start Date	-	01-01-1900	Policy End Date	-	01-01-1900
Policy Category	-		Policy Sub Type	-	
Policy Holder Address	-	ROOM NO. 8, BUILDING SECTOR 9, KOPER KAIRANE THANE MAHARASHTRA			


Member Details

Member Name	-	NIKHIL KUMAR BUGADE	Member ID	-	1000376246
Certificate Number	-		Relation	-	Self
Sum Insured	-	500000	Addition Effective Date	-	Invalid date
First Policy Incept Data	-		Member Flag	-	
Member Contact Number	-	6789087677	Member Email Id	-	NOEMAIL@KOTAK.COM

Claim Details

Nature Of Loss	-	Hospital Daily Cash	Claim Type	-	
Diagnosis	-	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	Claim Reported In Days	-	
Date Of Admission	-	01-01-1900	Date Of Discharge	-	01-01-1900
Number Of Days Hospitalised	-				

Hospital Details

Hospital Code	-	60000019	Rohini Code	-	
Name Of Hospital	-		Hospital Type	-	
No Of Beds	-		Hospital Flag	-	
Address Of Hospital	-		Location Of Hospital	-	

Claim Trigger Point

Trigger 1 Auto
Remark

Investigation Finding (Hospital Verification)

Hospital Registration Number

123456

OT

no

ICU/ICCU/ PICU/CCU

no

Visit To Hospital

no

Hospital Visit Date

How Far From Member Address (Approx Km)

Any Relative Near Hospital Where Insured Stayed

no

Comments

Testing

IP Register Entry (Entry Found)

no

If No - Reason

Testing

If Yes

- Matching With Claim Document
- Not Matching with Claim Document

If Not Matching - Observations

ICPs Collected

no

If Yes - Observations

If No - Reason

Testing

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

TPR/BP/VITAL Charts

If Yes - Observations

If No - Reason

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

Any PED History

Any Implants Used

If Yes - Invoice / Sticker Number

Invoice Verified

Reason / Findings

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

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

Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings

Treating Doctor Visit

Name of doctor

Qualification

Registration Number

Doctor Flag

Treating Doctor
Statement Collected

If No - Reason

If Yes - Any PED
findings

Any discrepancy
noted

If Yes-Observations



Lab Verification Details

Lab Name Lab Location

Lab Flag

Inhouse If No, then Distance from hospital / Resident

Lab Register Entry Verified If Yes Matching With Claim Document Not Matching with Claim Document

If No

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

If No

Report Validation Name Of Empanelled Pathologist

Reg Number Visit Done

Visit Date Finding

Past Record Checked Finding

Lab Verification
Summary

Lab Option

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

Testing

If Yes - Findings

[Empty text box]

If Yes - Any PED findings

[Empty text box]

Overall Chemist Verification Summary

[Empty text box]

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

Testing

If Yes - Visit Date

Appointment Taken

No

If No - Reason

Testing

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

Testing

Date of Birth of Patient

13-12-2022

Gender

Female

Statement Collected

No

If No - Reason

Testing

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

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

External 3rd Party Investigation Final Conclusion

Investigators Final
Observation &
suggetion

Testing

Investigators Final
Conclusion

Payable

Investigators Final
Recommenndation

MIS-Representation

