

# Verification Report

**20120001218**

Product Name: Kotak Health Super Top Up

Report Dated: 02-03-2023

## Insured Details

Claim No.: 20120001218

Insured Name: AFREEN SHSAIKH

Insured Location:

**Prepare by**

**Disclaimer:**

The Verification report is being issued without prejudice, which is meant strictly confidential and subject to terms & condition of Insurance policy under which the subject claim is lodged.

## Case Details

## Status At The Time Of Investigation

Claim Number	Claim Amount	Claim Status	Claim Sub Status
20120001218	55000	Open	

## Policy Details

Product Name	Policy Number	Policy Type	Policy Start Date	Policy End Date	Policy Category	Policy Subtype
Kotak Health Super Top Up	1039974100	Individual Basis	29-09-2021	28-09-2022	Indemnity	

<b>Policy Holder Address</b>	ABC 12345, BVC, , 400097 - MALAD EAST MUMBAI, MUMBAI, MAHARASHTRA, India
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Imd Details	Imd name	Imd code	Imd flag
	DUMMY FOR TESTING	3169170000	<span style="color: green;">●</span>

## Member Details

Member Name	Member ID	Member Flag	Member Email Id
AFREEN SHSAIKH	1000961720	<span style="color: green;">●</span>	AFREEN.SHAIKH@KOTAK.COM

Certificate Number	Relation	Insured	Addition Effective Date	Deletion Effective Date	First Policy Incept Data
1039974100	Self	700000	29-09-2021		2021-09-29 00:00:00.0000000

## Claim Details

Nature Of Loss	Claim Type	Diagnosis	Claim Reported In Days	Date Of Admission	Date Of Discharge	Number Of Days Hospitalised
InPatient			26	25-10-2021	16-12-2022	417

## Hospital Details

Hospital Code	Rohini Code	Name Of Hospital	Hospital Type	No Of Beds	Hospital Flag
				25-10-2021	<span style="color: green;">●</span>

<b>Address Of Hospital</b>	
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<b>Location Of Hospital</b>	
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## Investigation Finding (Hospital Verification)

Hospital Registration Number	OT	ICU/ICCU/ PICU/CCU	Visit To Hospital	Hospital Visit Date	How Far From Member Address (ApproxKm)
hosp1	yes	yes	yes	2023-03-01	2

Any Relative Near Hospital Where Insured Stayed	Comments
yes	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec

IP Register Entry (Entry Found)	If Not Matching - Observations
yes	

ICPs Collected
yes

Any Other Discrepancy Noted
yes

<b>TPR/BP/VITAL Charts</b>
yes

<b>In Case Of Medical Management</b>	<b>Active Line Of Treatment</b>
	<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec</p>

In Case Of Surgical Management	Operative Notes	If Provided - Findings	If Not Provided - Reason	Anaesthesia Notes	If Provided - Findings	If Not Provided - Reason
				provided		<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec</p>

Any PED History	Any Implants Used	If Yes - Invoice / Sticker Number	Invoice Verified	Reason / Findings
no	yes	Invoice/Sticker Number	no	<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec</p>

**MLC Details**

MLC Copy Received	Is MLC Verification Done	If Yes - Observations	If No - Reason	Reason / Findings
yes		no		<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec</p>

**FIR Details**

<b>FIR Copy Received</b>
no

<b>Any alcohol /Drug Intoxication Found As Per Documents</b>	<b>MRD Records checked</b>
no	yes

<b>Bill Book collected</b>	<b>Tariff Details Card Collected</b>
yes	yes

<b>Hospital Authority Statement</b>	<b>If Yes - Any findings</b>
yes	no

**Treating Doctor Visit**

<b>Name of doctor</b>	<b>Qualification</b>	<b>Registration Number</b>
Name Of Doctor	Name Of Doctor	Name Of Doctor

Tariff Details Card Collected	If Yes - Any PED findings	If No - Reason	Any discrepancy noted	If Yes- Observations
	<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo</p>			

no	ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec		yes
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### Lab Verification Details

Lab Name	Lab Location	Inhouse	If No, then Distance from hospital / Resident
Name Of Empanelled Pathologist	Name Of Empanelled Pathologist	yes	

Lab Register Entry Verified	Bill Book	Report Validation
yes	yes	yes

Name Of Empanelled Pathologist	Reg Number	Visit Done	Visit Date	Finding
Name Of Empanelled Pathologist	Name Of Empanelled Pathologist	yes	2023-03-01	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec

Past Record Checked	Finding	Lab Verification Summary	Lab Option
yes		Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec	Pathology Lab

### Chemist Verification

Visit Done	Pharmacy Name	Inhouse	If No, then Distance from hospital / Resident
Yes	yes	Pharmacy Name	yes

Bill Book	Bill Records	Findings	Purchase invoices Collected	If No - Reason
yes	Not Matching with Claim Documents	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec	software records	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec

### Home Visit

Past Records Checked	Findings	Chemist Statement Collected
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Visit Done	If Yes - Visit Date	Appointment Taken	If No - Reason	Mobile no	Member Address
Yes	2023-03-01	No	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec		

Name of Patient	Date of Birth of Patient	Gender	Statement Collected	If Yes - Finding	If No - Reason
Sonali Mahadev Kailuke	2000-12-11	Female	Yes	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec	

Any discrepancies	If Yes - Finding	Any PED / Non-Disclosure findings	KYC Documents collected	If No - Reason	If Yes - Matching/Not Matching with Documents	If Not-Matching Reason
	Lorem ipsum dolor sit amet,			Lorem ipsum dolor sit amet, consectetur		

Yes	consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec	No	No	adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec		
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Past documents collected	If Yes - please specify	If No - Reason
No		Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec

**Vicinity verification**

Visit done	If Yes - Date	If Yes - please specify	If No - Reason
No			Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec

**Visit to Family Physician**

Name of Family Physician	Location	Contact number	Distance from Insured Home		
Visit to Family Physician	If Yes - Registration Number	If No - Reason	Qualification	Statement Collected	Any PED / Non-Disclosure findings
No		Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec			

**In Cases of First Consultant / Referral doctor**

Name of Family Physician	Location	Contact number	Distance from Insured Home		
Visit to Family Physician	If Yes - Registration Number	If No - Reason	Qualification	Statement Collected	Any PED / Non-Disclosure findings
No		Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec			

**Office / School / College Visit**

Visit done	If No - Reason	If Yes		Attendance Record Collected	If Yes Check Whether Patient Was Present In Office / School / Collage During Hospitalization Period
		Visit Date	Visit To		
Yes		2023-03-01	School	No	

Patient Occupation Status	Name Of person with whom information was collected	Mobile of person with whom information was collected	Address of Office / School / Collage
Other			

Statement	If Yes then Finding / If No than Reason	Any Other	If YES -	Any PED / NonDisclosure	Any other Investiaation
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Collected	Observation	Findings	findings	findings
No	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec	No		No