

# Verification Report

**20130000838**

Product Name: KotakGroupHealthCare

Report Dated: Wed Feb 08 2023 10:34:50 GMT+0530 (India Standard Time)

## Insured Details

Claim No.: 20130000838

Insured Name: Megha Shinde

Insured Location:SOMAJIGUDA

## Prepare by

Investigator Name: Bhavik Patel

SOMAJIGUDA

### Disclaimer:

The Verification report is being issued without prejudice, which is meant strictly confidential and subject to terms & condition

Omkar Mahamuni  
null  
Mobile No. -null , Email -kgi.omkar-mahamuni@Kotak.com

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
20130000838	480000	Open	

#### Current Status from GIST

Claim Status	Claim Sub Status	Closure date	Settled amount
Close		08-02-2023	67281

#### Policy Details

Product Name	Policy Number	Policy Type	Policy Start Date	Policy End Date	Policy Category	Policy Subtype
KotakGroupHealthCare	1035261000	Floater	25-05-2021	24-05-2022	Indemnity	

<b>Policy Holder Address</b>	SION 400022, , , 400022 - CHUNABHATTI MUMBAI, MUMBAI, MAHARASHTRA, India
------------------------------	--------------------------------------------------------------------------

Imd Details	Imd name	Imd code	Imd flag
	BANC ASSURANCE A GST	1171360000	

#### Member Details


Member Name	Member ID	Member Flag	Member Email Id
Megha Shinde			KGI.GUNJAN-MAYEKAR@KOTAK.COM

Certificate Number	Relation	Insured	Addition Effective Date	Deletion Effective Date	First Policy Incept Data
1035261000					

#### Claim Details

Nature Of Loss	Claim Type	Diagnosis	Claim Reported In Days	Date Of Admission	Date Of Discharge	Number Of Days Hospitalised
Pre Hospitalization	CASHLESS + REIMBURSEMENT	Diseases of the nervous system	21	15-06-2021	01-01-1900	-44360

#### Hospital Details

Hospital Code	Rohini Code	Name Of Hospital	Hospital Type	No Of Beds	Hospital Flag
60000003		Yashoda Hospital	Private	15-06-2021	

<b>Address Of Hospital</b>	Raj Bhavan Road
----------------------------	-----------------

<b>Location Of Hospital</b>	SOMAJIGUDA
-----------------------------	------------

#### Claim Trigger Point

<b>Triager</b>	
----------------	--

<b>1 Auto Remark</b>			
<b>Trigger Remark</b>	<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus. Sed vel eleifend risus, a ornare urna. Maecenas purus nibh, hendrerit eget euismod ut, tincidunt vitae diam. Proin ac accumsan turpis. Donec lacus nisl, elementum quis vulputate ut, facilisis a diam. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia curae; Nunc erat sapien, imper</p>	<b>Trigger Remark</b>	<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus. Sed vel eleifend risus, a ornare urna. Maecenas purus nibh, hendrerit eget euismod ut, tincidunt vitae diam. Proin ac accumsan turpis. Donec lacus nisl, elementum quis vulputate ut, facilisis a diam. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia curae; Nunc erat sapien, imper</p>

**Investigation Finding (Hospital Verification)**

Hospital Registration Number	OT	ICU/ICCU/PICU/CCU	Visit To Hospital	Hospital Visit Date	How Far From Member Address (ApproxKm)
hosp123	yes	yes	yes	2023-02-01	2

Any Relative Near Hospital Where Insured Stayed	Comments
yes	<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.</p>

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

ICPs Collected
yes

Any Other Discrepancy Noted
yes

TPR/BP/VITAL Charts
no

In Case Of Medical Management	Active Line Of Treatment
	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.

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	Is MLC Verification Done	If Yes - Observations	If No - Reason
yes		yes	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.

#### FIR Details

FIR Copy Received
yes

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

Bill Book collected	Tariff Details Card Collected
yes	yes

Hospital Authority Statement	If Yes - Any findings
yes	no

#### Treating Doctor Visit

Name of doctor	Qualification	Registration Number
Sonali Kailuke	MD	123test

Tariff Details Card Collected	If Yes - Any PED findings	If No - Reason	Any discrepancy noted	If Yes-Observations
yes		no	yes	

#### Lab Verification Details

Lab Name	Lab Location	Inhouse	If No. then Distance from hospital / Resident
----------	--------------	---------	-----------------------------------------------

Omkar Mahamuni  
 null  
 Mobile No. -null , Email -kgi.omkar-mahamuni@Kotak.com

Pharmacy Name *	Mumbai	yes	
-----------------	--------	-----	--

<b>Lab Register Entry Verified</b>	<b>Bill Book</b>	<b>Report Validation</b>
yes	yes	yes

Name Of Empanelled Pathologist	Reg Number	Visit Done	Visit Date	Finding
Name Of Empanelled Pathologist	Pharmacy Name *	yes	2023-02-01	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.

Past Record Checked	Finding	Lab Verification Summary	Lab Option
no		Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.	X-Ray

### Chemist Verification

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

Bill Book	Bill Records	Findings	Purchase invoices Collected	If No - Reason
-----------	--------------	----------	-----------------------------	----------------

### Home Visit

Past Records Checked	Findings	Chemist Statement Collected
----------------------	----------	-----------------------------

Visit Done	If Yes - Visit Date	Appointment Taken	If No - Reason	Mobile no	Member Address
Yes	2023-02-01	No	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.		

Name of Patient	Date of Birth of Patient	Gender	Statement Collected	If Yes - Finding	If No - Reason
Name Of Patient *	1999-11-11	Female	Yes	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.	

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
Yes	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.	No	Yes		Not Matching with Claim Documents	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.

Past documents collected	If Yes - please specify	If No - Reason
--------------------------	-------------------------	----------------

Omkar Mahamuni  
 null  
 Mobile No. -null , Email -kgi.omkar-mahamuni@Kotak.com

Yes	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.
-----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Vicinity verification

Visit done	If Yes - Date	If Yes - please specify	If No - Reason
Yes	2023-02-01	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.

### 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
Yes	Pre-Existing Disease identified during investigation		Pre-Existing Disease identified during investigation	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.	No

### 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. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.				

### 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		2023-02-01	School	Yes	Office

Patient Occupation Status	Name Of person with whom information was collected	Mobile of person with whom information was collected	Address of Office / School / Collage
Student in College/School	Office	7536453454	

Statement Collected	If Yes then Finding / If No than Reason	Any Other Observation	If YES - Findings	Any PED / NonDisclosure findings	Any other Investigation findings
Yes		Yes	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.	No	

Omkar Mahamuni  
null  
Mobile No. -null , Email -kgi.omkar-mahamuni@Kotak.com



Omkar Mahamuni  
null  
Mobile No. -null , Email -kgi.omkar-mahamuni@Kotak.com

<b>Investigators Final Observation &amp; suggestion</b>	<b>Final Conclusion</b>	<b>Final Recommendation</b>	<b>Remark</b>	<b>Amount</b>
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.	Seems Genuine	Payable		

#### Pre-Existing Details

<b>Pre Existing Disease</b>	<b>Since</b>	<b>Disclosed By</b>	<b>Relation With Patient</b>	<b>Reference Document Name</b>	<b>Detail Information</b>
N.A					

#### Final Closure Comment

<b>Verification Manager Comment</b>	<b>Recommendation</b>	<b>Investigation Status</b>	<b>Closure Date</b>
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus in velit eu ex porta pretium ac ut massa. Quisque eu pellentesque lectus. Aliquam ac vestibulum lacus, et maximus lectus.	Seems Genuine	Close	08-02-2023