

Verification Report

20130000849

Product Name: Kotak Group Health Care Non Employer Employee

Report Dated: 03-03-2023

Insured Details

Claim No.: 20130000849

Insured Name: DIPALI PATIL

Insured Location: ANDHERI HEAD POST OFFICE

Prepare by

ASHWINI ANIL PAWAR

ANDHERI HEAD POST OFFICE

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.

Status At The Time Of Investigation

Claim Number	Claim Amount	Claim Status	Claim Sub Status
20130000849	23000	Open	

Policy Details

Product Name	Policy Number	Policy Type	Policy Start Date	Policy End Date	Policy Category	Policy Subtype
Kotak Group Health Care Non Employer Employee	1039736200	Individual	20-08-2021	19-08-2022	Indemnity	

Policy Holder Address	SION 400022, , , 400022 - CHUNABHATTI MUMBAI, MUMBAI, MAHARASHTRA, India
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Imd Details	Imd name	Imd code	Imd flag
	BANC ASSURANCE A GST	1171360000	

Member Details

Member Name	Member ID	Member Flag	Member Email Id
DIPALI PATIL	1000786654		KGI.GUNJAN-MAYEKAR@KOTAK.COM

Certificate Number	Relation	Insured	Addition Effective Date	Deletion Effective Date	First Policy Incept Data
1039736200	Self	8000000	15-08-2021		2021-08-15 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
Pre Hospitalisation Medical Expenses	REIMBURSEMENT	Diseases of the digestive system	11	31-08-2021	16-12-2022	472

Hospital Details

Hospital Code	Rohini Code	Name Of Hospital	Hospital Type	No Of Beds	Hospital Flag
60000019	546546465	Kokilaben Dhirubhai Ambani Hospital	Private	31-08-2021	

Address Of Hospital	RAO SAHEB ACHUTRAO PATWARDHAN MARG,
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Location Of Hospital	ANDHERI HEAD POST OFFICE
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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)
Hospital1	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.

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

ICPs Collected
yes

Any Other Discrepancy Noted

TPR/BP/VITAL Charts

yes

In Case Of Medical Management	Active Line Of Treatment
	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.

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	Is MLC Verification Done	If Yes - Observations	If No - Reason
yes		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.

FIR Details

FIR Copy Received
yes

Any alcohol /Drug Intoxication Found As Per Documents	MRD Records checked
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. 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
Name Of Doctor	Qualification	Registration Number

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

Lab Verification Details

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

Lab Register Entry Verified	Bill Book	Report Validation
yes	yes	no

Name Of Empanelled Pathologist	Reg Number	Visit Done	Visit Date	Finding
Name Of Empanelled Pathologist	Name Of Empanelled Pathologist	yes	2023-03-02	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.

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.	X-Ray

Chemist Verification

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

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,	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.

Home Visit

Past Records Checked	Findings	Chemist Statement Collected
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Visit Done	If Yes - Visit Date	Appointment Taken	If Yes - Name of insured with whom appointment was taken	Mobile no	Member Address
Yes	2023-03-01	Yes	Name Of Insured	7564353545	ROOM NO 4 GROUND FLOOR PADMA DEEP BLDG, SHIVAJI MAHARAJ MARG, MAHIM WEST, 400037 - ANTOP HILL MUMBAI, MUMBAI, MAHARASHTRA, India

Name of Patient	Date of Birth of Patient	Gender	Statement Collected	If Yes - Finding	If No - Reason
Sonali Mahadev Kailuke	1999-12-12	Female	Yes	ROOM NO 4 GROUND FLOOR PADMA DEEP BLDG, SHIVAJI MAHARAJ MARG, MAHIM WEST, 400037 - ANTOP HILL MUMBAI, MUMBAI, MAHARASHTRA, India	

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
	ROOM NO 4 GROUND FLOOR PADMA DEEP BLDG, SHIVAJI				Not Matching	ROOM NO 4 GROUND FLOOR PADMA DEEP BLDG, SHIVAJI MAHARAJ MARG,

Yes	MAHARAJ MARG, MAHIM WEST, 400037 - ANTOP HILL MUMBAI, MUMBAI, MAHARASHTRA, India	No	Yes		with Claim Documents	MAHIM WEST, 400037 - ANTOP HILL MUMBAI, MUMBAI, MAHARASHTRA, India
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Past documents collected	If Yes - please specify	If No - Reason
Yes	ROOM NO 4 GROUND FLOOR PADMA DEEP BLDG, SHIVAJI MAHARAJ MARG, MAHIM WEST, 400037 - ANTOP HILL MUMBAI, MUMBAI, MAHARASHTRA, India	

Vicinity verification

Visit done	If Yes - Date	If Yes - please specify	If No - Reason
Yes	2023-03-01	ROOM NO 4 GROUND FLOOR PADMA DEEP BLDG, SHIVAJI MAHARAJ MARG, MAHIM WEST, 400037 - ANTOP HILL MUMBAI, MUMBAI, MAHARASHTRA, India	

Visit to Family Physician

Name of Family Physician	Location	Contact number	Distance from Insured Home
Name Of Family Physician	mumbai	7635643545	2

Visit to Family Physician	If Yes - Registration Number	If No - Reason	Qualification	Statement Collected	Any PED / Non-Disclosure findings
Yes	Registration Number		MD	ROOM NO 4 GROUND FLOOR PADMA DEEP BLDG, SHIVAJI MAHARAJ MARG, MAHIM WEST, 400037 - ANTOP HILL MUMBAI, MUMBAI, MAHARASHTRA, India	No

In Cases of First Consultant / Referral doctor

Name of Family Physician	Location	Contact number	Distance from Insured Home
Name Of Consultant	mumbai	8783564354	2

Visit to Family Physician	If Yes - Registration Number	If No - Reason	Qualification	Statement Collected	Any PED / Non-Disclosure findings
Yes	reg12445		MD	Yes	Yes

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		2023-03-02	School	Yes	School

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	Miss Priya Waghmare	7526452452	

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	ROOM NO 4 GROUND FLOOR PADMA DEEP BLDG, SHIVAJI MAHARAJ MARG, MAHIM WEST, 400037 - ANTOP HILL MUMBAI, MUMBAI, MAHARASHTRA, India	Yes	

External 3rd Party Investigation Final Conclusion

Investigators Final Observation & suggestion	Investigators Final Conclusion	Investigators Final Recommendation	Remark	Amount
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Pre-Existing Details

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

Final Closure Comment

Verification Manager Comment	Recommendation	Investigation Status	Closure Date
		Close	03-03-2023