

# Verification Report

**20130000850**

Product Name: Kotak Group Health Care Non Employer Employee

Report Dated: 09-03-2023

## Insured Details

Claim No.: 20130000850

Insured Name: test test

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
20130000850	34000	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	

<b>Policy Holder Address</b>	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
test test	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
Hospital Daily Cash Benefit			8	28-08-2021	16-12-2022	475

## Hospital Details

Hospital Code	Rohini Code	Name Of Hospital	Hospital Type	No Of Beds	Hospital Flag
				28-08-2021	

<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)
Not_applicable			no		

<b>Any Relative Near Hospital Where Insured Stayed</b>	<b>Comments</b>
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<b>IP Register Entry (Entry Found)</b>	<b>If Not Matching - Observations</b>
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<b>ICPs Collected</b>
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<b>Any Other Discrepancy Noted</b>
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**TPR/BP/VITAL Charts**

<b>In Case Of Medical Management</b>	<b>Active Line Of Treatment</b>
	Testing

<b>In Case Of Surgical Management</b>	<b>Operative Notes</b>	<b>If Provided - Findings</b>	<b>If Not Provided - Reason</b>	<b>Anaesthesia Notes</b>	<b>If Provided - Findings</b>	<b>If Not Provided - Reason</b>
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<b>Any PED History</b>	<b>Any Implants Used</b>	<b>If Yes - Invoice / Sticker Number</b>	<b>Invoice Verified</b>	<b>Reason / Findings</b>
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**MLC Details**

<b>MLC Copy Received</b>	<b>Is MLC Verification Done</b>	<b>If Yes - Observations</b>	<b>If No - Reason</b>
no	Testing		

**FIR Details**

<b>FIR Copy Received</b>
no

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

<b>Bill Book collected</b>	<b>Tariff Details Card Collected</b>
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<b>Hospital Authority Statement</b>	<b>If Yes - Any findings</b>
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**Treating Doctor Visit**

<b>Name of doctor</b>	<b>Qualification</b>	<b>Registration Number</b>
Testing	Testing	Testing

<b>Tariff Details Card Collected</b>	<b>If Yes - Any PED findings</b>	<b>If No - Reason</b>	<b>Any discrepancy noted</b>	<b>If Yes-Observations</b>
no	Testing		no	

**Lab Verification Details**

<b>Lab Name</b>	<b>Lab Location</b>	<b>Inhouse</b>	<b>If No, then Distance from hospital / Resident</b>
Lab Verification Details	Lab Verification Details	yes	

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

<b>Name Of Empanelled Pathologist</b>	<b>Reg Number</b>	<b>Visit Done</b>	<b>Visit Date</b>	<b>Finding</b>
Name Of Empanelled Pathologist	Name Of Empanelled Pathologist	yes	2023-02-01	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, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim.

<b>Past Record Checked</b>	<b>Finding</b>	<b>Lab Verification Summary</b>	<b>Lab Option</b>
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, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim.	MRI

**Lab Verification Details**

<b>Lab Name</b>	<b>Lab Location</b>	<b>Inhouse</b>	<b>If No, then Distance from hospital / Resident</b>		
<b>Lab Register Entry Verified</b>		<b>Bill Book</b>	<b>Report Validation</b>		
<b>Name Of Empanelled Pathologist</b>		<b>Reg Number</b>	<b>Visit Done</b>	<b>Visit Date</b>	<b>Finding</b>
			no		
<b>Past Record Checked</b>	<b>Finding</b>	<b>Lab Verification Summary</b>		<b>Lab Option</b>	

**Chemist Verification**

<b>Visit Done</b>	<b>Pharmacy Name</b>	<b>Inhouse</b>	<b>If No, then Distance from hospital / Resident</b>		
Yes	no				
<b>Bill Book</b>	<b>Bill Records</b>	<b>Findings</b>	<b>Purchase invoices Collected</b>	<b>If No - Reason</b>	

**External Third party**

<b>Past Records Checked</b>		<b>Findings</b>	<b>Chemist Statement Collected</b>		
<b>Investigators Final Observation &amp; Suggestion</b>		<b>Investigators Final Recommendation</b>	<b>Investigators Final Conclusion</b>	<b>Remark</b>	<b>Amount</b>
Testing		Payable	Fraudulent		