

## Case Details

### Status At The Time Of Investigation


Claim Number	-	20130000875	Claim Amount	-	2000
Claim Status	-	Open	Claim Sub Status	-	Finalization

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### Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Finalization
Claim Date	-	Thu Dec 15 2022 16:30:25 GMT+0530 (India Standard Time)	Settled Amount	-	

## Policy Details

Product Name	-	Kotak Group Health Care Non Employer Employee	Policy Number	-	1038511300
IMD NAME	-	BANC ASSURANCE A GST	IMD Code	-	1171360000
IMD Flag	-		Policy Type	-	Floater
Policy Start Date	-	01-01-1900	Policy End Date	-	01-01-1900
Policy Category	-		Policy Sub Type	-	
Policy Holder Address	-	C 60 KAMGAR NAGAR OPP DURGA MATA MANDIR RAIGARH (MH) MAHARASHTRA			

## Member Details

Member Name	-	test test	Member ID	-	1000786976
Certificate Number	-	1038511300-KGI-GHI	Relation	-	Husband
Sum Insured	-	0	Addition Effective Date	-	Invalid date
First Policy Incept Data	-		Member Flag	-	
Member Contact Number	-	8329250950	Member Email Id	-	KGI.DIPALI-PATIL@KOTAK.COM

## Claim Details

Nature Of Loss	-	Room Rent capping	Claim Type	-	
Diagnosis	-	31	Claim Reported In Days	-	
Date Of Admission	-	01-01-1900	Date Of Discharge	-	01-01-1900
Number Of Days Hospitalised	-				

## Hospital Details

Hospital Code	-		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	<input type="text" value="Hospital"/>	OT	<input type="text" value="yes"/>
ICU/ICCU/ PICU/CCU	<input type="text" value="yes"/>	Visit To Hospital	<input type="text" value="yes"/>
Hospital Visit Date	<input type="text" value="01-12-2022"/>	How Far From Member Address (Approx Km)	<input type="text" value="3"/>
Any Relative Near Hospital Where Insured Stayed	<input type="text" value="yes"/>	Comments	<input type="text" value="Hospital"/>

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IP Register Entry (Entry Found)	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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If Yes	<input type="radio"/> Matching With Claim Document <input checked="" type="radio"/> Not Matching with Claim Document	If Not Matching - Observations	<input type="text" value="Hospital"/>
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ICPs Collected	<input type="text" value="yes"/>	If Yes - Observations	<input type="text"/>
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If No - Reason	<input type="text" value="Hospital"/>
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If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

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TPR/BP/VITAL Charts

If Yes - Observations

If No - Reason

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**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

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Any PED History

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Any Implants Used

If Yes - Invoice / Sticker Number

Invoice Verified

Reason / Findings

MLC Details

MLC Copy Received

If Yes - Date Of MLC

If No

MLC Details

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

Treating Doctor Visit

Qualification

Treating Doctor Visit

Registration Number

Treating Doctor Visit

Doctor Flag

Treating Doctor  
Statement Collected

yes

If No - Reason

If Yes - Any PED  
findings

no

Any discrepancy  
noted

no

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

Lab Option

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text" value="Hospital"/>
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If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
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Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
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Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text"/>		
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Bill Records	<input type="text" value="software records"/>	Findings	<input type="text" value="Hospital"/>
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Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="Hospital"/>
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Past Records Checked	<input type="text" value="no"/>	Findings	<input type="text"/>
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Chemist Statement  
Collected

no

If No - Reason

Hospital

If Yes - Findings

If Yes - Any PED  
findings

Overall Chemist  
Verification  
Summary

Hospital

Past Records Details

Any Other  
Observations/Findings

If Yes - Any PED  
Findings

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Over All Hospital  
Virification Findings

Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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If Yes - Visit Date	<input type="text" value="01-12-2022"/>	Pharmacy Name	<input type="text" value="Hospital"/>
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Inhouse	<input type="text" value="no"/>	If No, then Distance from hospital / Resident	<input type="text" value="5"/>
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Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text" value="Hospital"/>		
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Bill Records	<input type="text" value="software records"/>	Findings	<input type="text" value="Hospital"/>
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Purchase invoices Collected	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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Past Records Checked	<input type="text" value="yes"/>	Findings	<input type="text" value="Hospital"/>
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Chemist Statement Collected

no

If No - Reason

Hospital

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

Hospital

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

## Home Visit

Visit done

Yes

If No - Reason

If Yes - Visit Date

Appointment Taken

If No - Reason

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

Date of Birth of Patient

Gender

Statement Collected

If No - Reason

If Yes - Finding

Any discrepancies

If Yes - Finding

Reason

Any PED / Non-Disclosure findings

No

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Insured Habits

Past documents collected

Yes

If No - Reason

Empty text box for reason if no past documents collected.

If Yes - please specify

Reason

KYC Documents collected

No

If No - Reason

Reason

If Yes

- Matching With Claim Document
- Not Matching with Claim Document

If No - Reason

Empty text box for reason if no matching documents.

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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

## Office / School / Collage Visit

Visit done

Yes

If No - Reason

Visit

If Yes - Visit Date

01-12-2022

If Yes - Visit To

Office

Attendance Record Collected

No

If Yes Check Whether Patient Was Present In Office / School / Collage During Hospitalization Period

If Patient Is Employee - Then Check Employment Status If Patient Is Student In Collage / School Then Check Enrolment Status

Employee  Student in College/School

Name Of Person With Whom Information Was Collected

Mobile Of Person With Whom Information Was Collected

Address of Office / School / Collage

Statement  
Collected

If Yes Then Finding

If No Than Reason

Any Other  
Observation

If YES - Findings

Any PED / Non-  
Disclosure findings

Any other  
Investigation  
findings

# External 3rd Party Investigation Final Conclusion

Investigators Final  
Observation &  
suggetion

test

Investigators Final  
Conclusion

Payable

Investigators Final  
Recommenndation

Genuine



