Status At The Time Of Investigation

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

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 - C 60 KAMGAR NAGAR OPP DURGA MATA MANDIR RAIGARH (MH) MAHARASHTRA Address

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 Code

Name Of Hospital -

No Of Beds

Address Of Hospital Rohini Code

Hospital Type

Hospital Flag -

-

-

-

Location Of Hospital

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(1)	Trigger	Doubt
lan		POINT

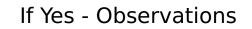
Trigger 1 Auto Remark

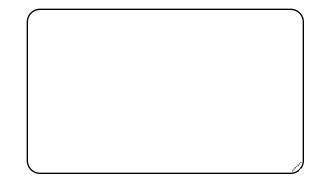
Investigation Finding (Hospital Verification)

Hospital Registration Number	Hospital	ОТ	yes
ICU/ICCU/ PICU/CCU	yes	Visit To Hospital	yes
Hospital Visit Date	01-12-2022	How Far From Member Address (Approx Km)	3
Any Relative Near Hospital Where Insured Stayed	yes	Comments	Hospital
IP Register Entry (Entry Found)	yes	If No – Reason	
If Yes	 Matching With Claim Document Not Matching with Claim Document 	If Not Matching – Observations	Hospital

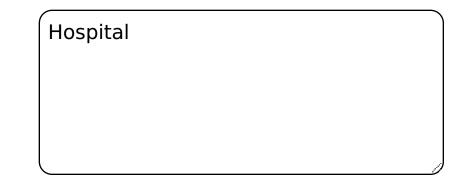


yes	
 -	





lf No - Reason



lf Yes, Any PED/Non- Disclosure Findings			
Any Other Discrepancy Noted	yes	If Yes	Hospital
TPR/BP/VITAL Charts	yes	lf Yes – Observations	
lf No – Reason	Case of Medical Management		
In Case Of Medical Mar	nagement		
Active Line Of Treatment			
In Case Of Surgical Ma	nagement		
Operative Notes		If Provided - Findings	

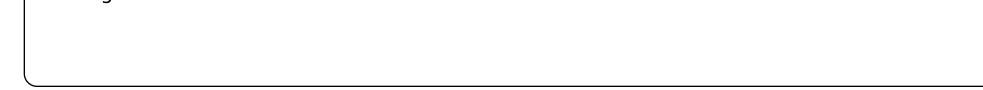
lf Not Provided - Reason			
Anaesthesia Notes	provided	If Provided - Findings	
If Not Provided - Reason	Case of Medical Management		
Any PED History	no		
Any Implants Used	yes	lf Yes – Invoice / Sticker Number	Case of Medical Managemen
Invoice Verified	no	Reason / Findings	

MLC Details

MLC Copy Received	no	If Yes - Date Of MLC	
If No	MLC Details		
Is MLC Verification Done		If Yes-Observations	
lf No – Reason			

FIR Details

FIR Copy Received	no		lf Yes - Date Of FIR	
Is FIR Verification Done			If Yes-Observations	
lf No – Reason				
Any alcohol /Drug Intoxication Found As Per Documents	yes		lf Yes – Details	Treating Doctor Visit
MRD Records checked	no)	If Yes-Observations	



Bill Book collected	no	If Yes-Observations	
lf No – Reason	Treating Doctor Visit		
Tariff Details Card Collected	yes	If Yes-Observations	
If No – Reason	Treating Doctor Visit		
Hospital Authority Statement	no	If Yes-Observations	

lf No - Reason

Treating Doctor Visit

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		
lf No – Reason		lf Yes – Any PED findings	no
Any discrepancy noted	no	If Yes-Observations	

Lab Verification Details

Lab Name	Lab	Lab Location	Lab
Lab Flag			
Inhouse	yes	If No, then Distance from hospital / Resident	
Lab Register Entry Verified	no	If Yes	 Matching With Claim Document Not Matching with Claim Document
If No			
Bill Book	yes	If Yes	 Matching With Claim Document Not Matching with Claim Document
lf No			



Lab Verification Summary

Lab

Lab Option

Chemist Verification

Visit Done	no	If No – Reason	Hospital
lf Yes – Visit Date		Pharmacy Name	
Inhouse		If No, then Distance from hospital / Resident	
Bill Book	yes	If Yes	 Matching With Claim Document Not Matching with Claim Document
lf Not Match			
Bill Records	software records	Findings	Hospital



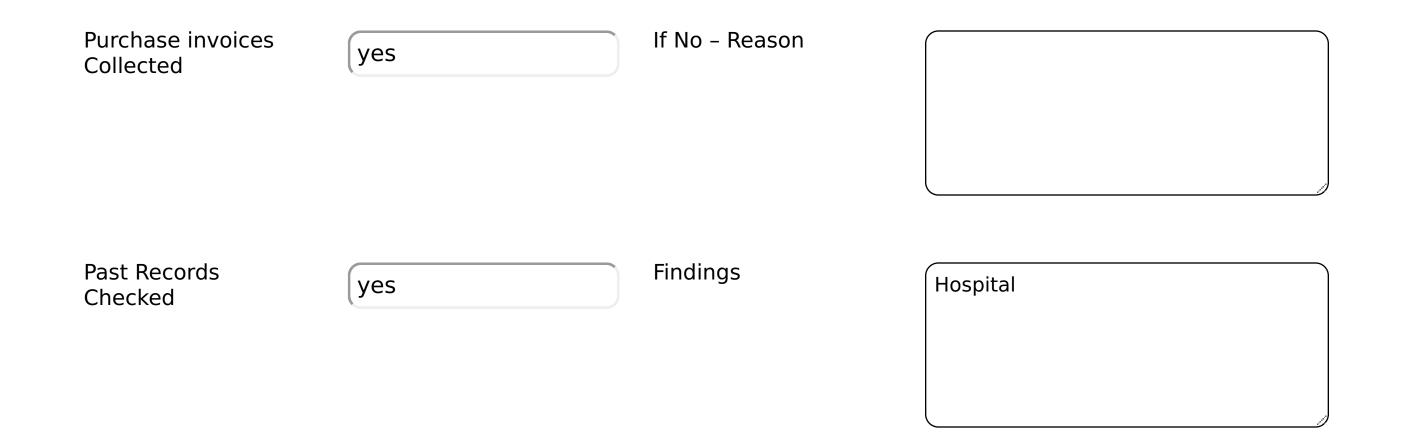
Chemist Statement Collected	no	If No – Reason	Hospital
If Yes – Findings		lf Yes – Any PED findings	
Overall Chemist Verification Summary	Hospital		
Past Records Details		Any Other Observations/Findings	
lf Yes – Any PED Findings			

Over All Hospital Virification Findings



Chemist Verification

Visit Done	yes	If No – Reason	
lf Yes – Visit Date	01-12-2022	Pharmacy Name	Hospital
Inhouse	no	If No, then Distance from hospital / Resident	5
Bill Book	yes	If Yes	 Matching With Claim Document Not Matching with Claim Document
lf Not Match	Hospital		
Bill Records	software records	Findings	Hospital

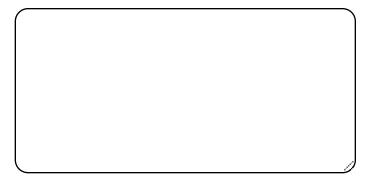


Chemist Statement Collected	no	If No – Reason	Hospital
If Yes – Findings		lf Yes – Any PED findings	
Overall Chemist Verification Summary	Hospital		
Past Records Details		Any Other Observations/Findings	
lf Yes – Any PED Findings			

Over All Hospital Virification Findings







If Yes - Visit Date	01-12-2022	Appointment Taken	No
If No - Reason	Reason	If Yes - Name of insured with whom appointment was taken	
Mobile no		Member Address	
Name of Patient	Reason	Date of Birth of Patient	12-12-2000
Gender	Other	Statement Collected	Yes
If No - Reason		If Yes - Finding	Reason



Any discrepancies

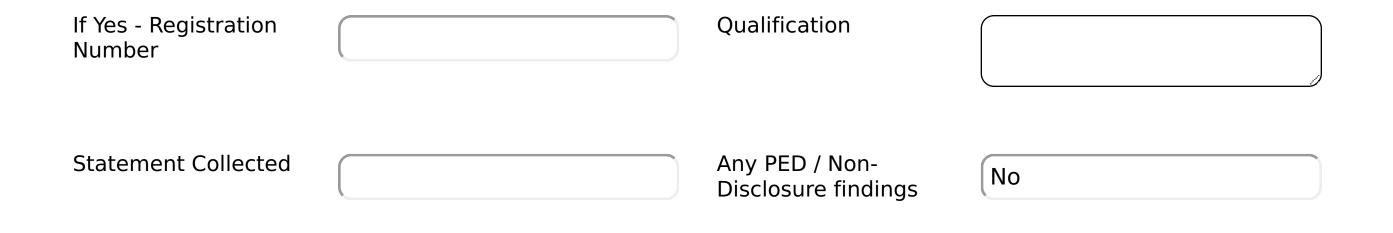


If Yes - Finding	Reason	Any PED / Non- Disclosure findings	No
Insured Habits			
Past documents collected	Yes	lf No - Reason	
lf Yes – please specify	Reason		
KYC Documents collected	No	lf No - Reason	Reason
If Yes	 Matching With Claim Document Not Matching with Claim Document 	lf No - Reason	

Vicinity verification

Visit done	No	lf No - Reason	Reason
If Yes – please specify		If Yes - Visit Date	
Visit to Family Physicia	n		

Name of Family Physician	Reason	Location	Reason
Contact number	6345435453	Distance from Insured Home	4
Visit to Family Physician	No	if No - Reason	Reason



In Cases of First Consultant / Referral doctor

Name of Family Physician	Reason	Location	Reason
Contact number	6356345345	Distance from Insured Home	4
Visit to Family Physician	No	if No - Reason	Reason
lf Yes - Registration Number		Qualification	
Statement Collected		Any PED / Non- Disclosure findings	No

Office / School / Collage Visit

Visit done	Yes	If No - Reason	Visit
lf Yes - Visit Date	01-12-2022	If Yes - Visit To	Office
Attandence 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 / Schiool 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	Yes	If Yes Then Finding	Visit	lf No Than Reason	
Any Other Observation	Yes	If YES – Findings	Visit		
Any PED / Non- Disclosure findings	No				
Any other Investigation findings	Visit				

External 3rd Party Investigation Final Conclusion

Investigators Final Observation & suggetion	test		
Investigators Final Conclusion	Payable	Investigators Final Recommenndation	Genuine