Verification Report 20130000884

Product Name: Kotak Group Health Care Non Employee Employee

Report Dated: 03-02-2023

Insured Details

Claim No.: 20130000884

Insured Name: DIPALI PATIL

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
20130000884	23000	Open	

Policy Details

Product Name	Policy	Policy	Policy Start	Policy End	Policy	Policy
	Number	Type	Date	Date	Category	Subtype
Kotak Group Health Care Non Employer Employee	1039759800	Floater	25-08-2021	24-08-2022	Indemnity	

Policy Holder Address SION 400022, , , 400022 - CHUNABHATTI MUMBAI, MUMBAI, MAHARASHTRA, India

local Data !!a	Imd name	Imd code	Imd flag
Imd Details	BANC ASSURANCE A GST	1171360000	

Member Details

М	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
1039759800	Self	0	25-08-2021		2021-08-25 00:00:00.0000000

Claim Details

Nature Of Loss	re Of Loss Claim Type Diagnosis		Claim Reported In Date Of Admission		Date Of Discharge	Number Of Days Hospitalised	
Day Care Treatment			7	01-09-2021	01-01-1900	-44438	

Hospital Details

Hospital Code	Rohini Code	Name Of Hospital	Hospital Type	No Of Beds	Hospital Flag
				01-09-2021	

Address Of Hospital

Location Of Hospital

Investigation Finding (Hospital Verification)

Hospital Registration Number	ОТ	ICU/ICCU/ PICU/CCU	Visit To Hospital	Hospital Visit Date	How Far From Member Address (ApproxKm)
Not applicable			no		

Any Relative Near Hospital Where Insured Stayed	Comments

IP Register Entry (Entry Found)	If Not Matching - Observations
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ICPs Collected

Any Other Discrepancy Noted

		TP	R/BP/VITAL Cha	rts						
In Case	In Case Of Medical Management						Active Line Of Treatment			
	TE									
In Case Of Surgical Management	Operative Notes	If Provided - Findings	If Not Provide Reason		sthesia otes	If Provided Findings	- If Not Provided - Reason			
Any PED History Any	y Implants U	sed If Yes -	Invoice / Sticke	r Number	r Invo	ice Verified	Reason / Findings			
MLC Details										
MLC Copy Received	d ls	MLC Verification	on Done	If Yes	s - Obser	vations	If No - Reason			
no	TEST									
FIR Details										
		FI	R Copy Receiv	ed						
			no							
Any alcoh	ol /Drug Into	xication Found	As Per Docum	ents		MRD Re	cords checked			
		no								
Bill Book	collected			Tariff D	etails Ca	rd Collected				
Hos	spital Author	ity Statement				If Yes - Any f	indings			
Tuestine Destau Visit										
Treating Doctor Visit										
Name of doctor Qualification					R	egistration N	umber			
Tariff Details Card Coll	ected If Yes	- Any PED find	ings If No - Re	eason An	y discrep	oancy noted	If Yes-Observations			

Lab Verification	Detail	s							
Lab Name	La	ab Location	Inhouse			If No, then Distance from hospital / Resident			
	Lab R	Register Entry	Verified			Bill Boo	ok	Report Valida	ation
Name	Of En	npanelled Patl	nologist		Reg	g Number	Visit Done	Visit Date	Finding
							no		
Past Re	cord (Checked	Findi	ng		Lab Verific	cation Summary		Lab Option
Chemist Verifica	ition								
Visit Done Pharmacy Name Inhouse If No, then Distance from hospital / Resident Yes no							dent		
Bill Book	Rill	Records	Findings		Pu	rchase invoid	ces Collected	If No	o - Reason
	5111		· manigs			. c.i.a.sc iiivoit		11 140	
Home Visit									
Past	Recor	ds Checked		Find	ings		Chemist State	ment Collecte	d
Visit Done No		If No - Reason TEST	n	Appo	intmen	t Taken	Mobile no	Member	r Address
								f No. Bosson	
Name of Patie	ent	Date of Birth	or Patient	Gei	nder	Statement C	offected if fes	5 - Finding	f No - Reason
,	If Yes Findin	, , , , , , , , , , , , , , , , , , ,		_	ocumei llected	nts If No - Reason	If Yes - Matc Matching with		If Not- Matching Reason
Pas	t docu	ments collect	ed		l	f Yes - pleas	e specify	If No	- Reason
Vicinity verificat	tion			_					
Visit done		If Yes - D	Date		If Y	es - please s	pecify	If No -	Reason
No								Т	EST
Visit to Family P	hysici	an							
Name of	Family	/ Physician	Locat	ion	Cont	act number	Distan	ce from Insure	ed Home
Visit to Fam Physician	•	If Yes - Reg Numb			No -	Qualification	Statement Collected	-	on-Disclosure dings
No					ST				
In Cases of First	: Consi	ultant / Referra	l doctor						
Name of	Family	/ Physician	Locat	ion	Cont	act number	Distan	ce from Insure	ed Home
		If N	No - Qualification Statement		Statement Collected	Any PED / Non-Disclosure findings			
No		1101111			1111		-0.100104		y-
Office / School /	Colleg	je Visit							
Minit 16 bi	11	f Yes	alass s = D		16 17	Charle May 11	an Daliana Mar		/ Cala / /
Visit If No - done Reason	Vis	it Visit (dence Reco Collected	ord	IT Yes (er Patient Was P During Hospitali		,

No

TEST111

Date

To

Rasika Jadhav 2||2-206||infinity 21||film city raod Mobile No. -123456789 , Email -kgi.Rashika-jadhav@Kotak.com

Patient Occupation Status	Name Of person with information was co			person with whom tion 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 / NonDisclosure findings	Any other Investigation findings

External 3rd Party Investigation Final Conclusion

Investigators Final Observation & suggetion	Investigators Final Conclusion	Investigators Final Recommenndation	Remark Amount	
TEST1111	Policy Exclusion	Payable		

Pre-Exisiting 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
Nulla mollis suscipit eros in rhoncus. Proin egestas urna augue, non volutpat turpis suscipit sagittis. Aliquam hendrerit, felis convallis pulvinar aliquam, ligula mi luctus magna, et fringilla turpis nulla ac tellus. Curabitur mollis ut magna ut fringilla. Nunc tincidunt bibendum suscipit. Etiam suscipit elementum tortor fringilla commodo. Fusce vehicula bibendum consectetur. Pellentesque elementum leo suscipit porttitor aliquam. Donec placerat sollicitudin condimentum.		Close	10-02- 2023