

Investigation Finding (Hospital Verification)

Hospital Registration Number

OT

ICU/ICCU/ PICU/CCU

Visit To Hospital

Hospital Visit Date

How Far From Member Address (Approx Km)

Any Relative Near Hospital Where Insured Stayed

Comments

IP Register Entry (Entry Found)

If No - Reason

If Yes

In Case of Medical Management

If Not Matching - Observations

ICPs Collected

If No - Reason

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

TPR/BP/VITAL Charts

If Yes - Observations

If No - Reason

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

Any PED History

Any Implants Used

If Yes - Invoice / Sticker Number

Invoice Verified

Reason / Findings

MLC Details

MLC Copy Received

If Yes - Date Of MLC

If No

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

If No - Reason

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

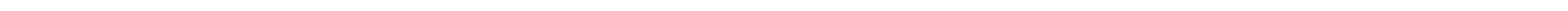
If No - Reason

Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings



Treating Doctor Visit

Name of doctor

Qualification

Registration Number

Tariff Details Card Collected

If No - Reason

If Yes - Any PED findings

Any discrepancy noted

If Yes-Observations

Lab Verification Details

Lab Name	<input type="text" value="t"/>	Lab Location	<input type="text" value="t"/>
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Inhouse	<input type="text" value="no"/>	If No, then Distance from hospital / Resident	<input type="text" value="t"/>
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Lab Register Entry Verified	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Bill Book	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Report Validation	<input type="text" value="no"/>	Name Of Empanelled Pathologist	<input type="text" value="t"/>
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Reg Number	<input type="text" value="t"/>	Visit Done	<input type="text" value="no"/>
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Visit Date	<input type="text"/>	Finding	<input type="text"/>
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Past Record Checked	<input type="text" value="no"/>	Finding	<input type="text"/>
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Lab Verification Summary	<input type="text" value="t"/>	Lab Option	<input type="text"/>
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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="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
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Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
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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="nun344"/>		
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Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
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Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
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Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>
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Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
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Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
---------	---------------------------------------	---	---------------------------------------

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="nun344"/>		
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Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
--------------	----------------------------------	----------	--

Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
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Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>
----------------------	------------------------------------	----------	---------------------------------------

Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text" value="yes"/>
If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If Not Match	<input type="text" value="nun344"/>		
Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>

Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text" value="yes"/>
If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If Not Match	<input type="text" value="nun344"/>		
Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>

Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

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Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text"/>
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If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
---------------------	----------------------	---------------	----------------------

Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
---------	----------------------	---	----------------------

Bill Book	<input type="text" value="no"/>	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="d"/>
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Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="d"/>
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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

d

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

d

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text"/>
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If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
---------------------	----------------------	---------------	----------------------

Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
---------	----------------------	---	----------------------

Bill Book	<input type="text" value="no"/>	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="t"/>
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Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="t"/>
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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

t

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

t

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

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

Chemist Statement Collected

no

If No - Reason

t

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

t

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done If No - Reason

If Yes - Visit Date Pharmacy Name

Inhouse If No, then Distance from hospital / Resident

Bill Book If Yes Matching With Claim Document Not Matching with Claim Document

If Not Match

Bill Records Findings

Purchase invoices Collected If No - Reason

Past Records Checked Findings

Chemist Statement Collected

yes

If No - Reason

[Empty text box for reason]

If Yes - Findings

v

If Yes - Any PED findings

no

Overall Chemist Verification Summary

v

Past Records Details

[Empty text box for past records details]

Any Other Observations/Findings

[Empty text box for other observations]

If Yes - Any PED Findings

[Empty text box for PED findings]

Over All Hospital Virification Findings

[Empty text box for overall findings]

Home Visit

Visit done

No

If No - Reason

testing

If Yes - Visit Date

Appointment Taken

No

If No - Reason

testing

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

testing

Date of Birth of Patient

2022-12-08

Gender

Female

Statement Collected

No

If No - Reason

testing

If Yes - Finding

Any discrepancies

No

If Yes - Finding

Any PED / Non-Disclosure findings

Insured Habits

Past documents collected

If No - Reason

If Yes - please specify

KYC Documents collected

If No - Reason

If Yes

- Matching with Claim Document
- Not Matching with Claim Document

If No - Reason

Vicinity verification

Visit done

No

If No - Reason

testing

If Yes - please specify

If Yes - Visit Date

Visit to Family Physician

Name of Family Physician

testing

Location

testing

Contact number

9768457326

Distance from Insured Home

54

Visit to Family Physician

No

if No - Reason

testing

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

No

In Cases of First Consultant / Referral doctor

Name of Family Physician	testing	Location	testing
Contact number	6574563222	Distance from Insured Home	54
Visit to Family Physician	No	if No - Reason	testing
If Yes - Registration Number		Qualification	testing
Statement Collected		Any PED / Non-Disclosure findings	No

Investigation Finding (Hospital Verification)

Hospital Registration Number

t

OT

no

ICU/ICCU/ PICU/CCU

no

Visit To Hospital

no

Hospital Visit Date

How Far From Member Address (Approx Km)

Any Relative Near Hospital Where Insured Stayed

no

Comments

t

IP Register Entry (Entry Found)

no

If No - Reason

t

If Yes

In Case of Medical Management

If Not Matching - Observations

ICPs Collected

no

If No - Reason

t

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

TPR/BP/VITAL Charts

If Yes - Observations

If No - Reason

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

Any PED History

Any Implants Used

If Yes - Invoice / Sticker Number

Invoice Verified

Reason / Findings

MLC Details

MLC Copy Received

If Yes - Date Of MLC

If No

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

If No - Reason

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

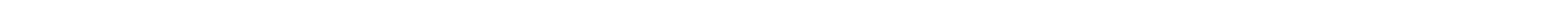
If No - Reason

Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings



Treating Doctor Visit

Name of doctor

Qualification

Registration Number

Tariff Details Card Collected

If No - Reason

If Yes - Any PED findings

Any discrepancy noted

If Yes-Observations

Lab Verification Details

Lab Name	<input type="text" value="t"/>	Lab Location	<input type="text" value="t"/>
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Inhouse	<input type="text" value="no"/>	If No, then Distance from hospital / Resident	<input type="text" value="t"/>
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Lab Register Entry Verified	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Bill Book	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Report Validation	<input type="text" value="no"/>	Name Of Empanelled Pathologist	<input type="text" value="t"/>
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Reg Number	<input type="text" value="t"/>	Visit Done	<input type="text" value="no"/>
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Visit Date	<input type="text"/>	Finding	<input type="text"/>
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Past Record Checked	<input type="text" value="no"/>	Finding	<input type="text"/>
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Lab Verification Summary	<input type="text" value="t"/>	Lab Option	<input type="text"/>
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Chemist Verification

Visit Done If No - Reason

If Yes - Visit Date Pharmacy Name

Inhouse If No, then Distance from hospital / Resident

Bill Book If Yes Matching With Claim Document Not Matching with Claim Document

If Not Match

Bill Records Findings

Purchase invoices Collected If No - Reason

Past Records Checked Findings

Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
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Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
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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="nun344"/>		
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Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
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Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
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Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>
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Chemist Statement Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED findings

yes

Overall Chemist Verification Summary

cdfcfvc

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text" value="yes"/>
If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If Not Match	<input type="text" value="nun344"/>		
Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>

Chemist Statement
Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED
findings

yes

Overall Chemist
Verification
Summary

cdfcfvc

Past Records Details

Any Other
Observations/Findings

If Yes - Any PED
Findings

Over All Hospital
Virification Findings

Chemist Verification

Visit Done	<input type="text" value="yes"/>	If No - Reason	<input type="text" value="yes"/>
If Yes - Visit Date	<input type="text" value="10-10-2022"/>	Pharmacy Name	<input type="text" value="ravi"/>
Inhouse	<input type="text" value="nbufsuub"/>	If No, then Distance from hospital / Resident	<input type="text" value="sfsufbsu"/>
Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If Not Match	<input type="text" value="nun344"/>		
Bill Records	<input type="text" value="yes"/>	Findings	<input type="text" value="sfuybybdybw"/>
Purchase invoices Collected	<input type="text" value="sufbsf"/>	If No - Reason	<input type="text" value="unhusbnfu"/>
Past Records Checked	<input type="text" value="bfysf"/>	Findings	<input type="text" value="udhfshfh"/>

Chemist Statement
Collected

dsfbyfy

If No - Reason

fyfsufbaufb

If Yes - Findings

yes

If Yes - Any PED
findings

yes

Overall Chemist
Verification
Summary

cdfcfvc

Past Records Details

Any Other
Observations/Findings

If Yes - Any PED
Findings

Over All Hospital
Virification Findings

Chemist Verification

Visit Done If No - Reason

If Yes - Visit Date Pharmacy Name

Inhouse If No, then Distance from hospital / Resident

Bill Book If Yes Matching With Claim Document Not Matching with Claim Document

If Not Match

Bill Records Findings

Purchase invoices Collected If No - Reason

Past Records Checked Findings

Chemist Statement Collected

no

If No - Reason

d

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

d

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text"/>
------------	---------------------------------	----------------	----------------------

If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
---------------------	----------------------	---------------	----------------------

Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
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Bill Book	<input type="text" value="no"/>	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="t"/>
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Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="t"/>
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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

t

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

t

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text"/>
------------	---------------------------------	----------------	----------------------

If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
---------------------	----------------------	---------------	----------------------

Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
---------	----------------------	---	----------------------

Bill Book	<input type="text" value="no"/>	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="others"/>	Findings	<input type="text" value="t"/>
--------------	-------------------------------------	----------	--------------------------------

Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="t"/>
-----------------------------	---------------------------------	----------------	--------------------------------

Past Records Checked	<input type="text" value="no"/>	Findings	<input type="text"/>
----------------------	---------------------------------	----------	----------------------

Chemist Statement Collected

no

If No - Reason

t

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

t

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done If No - Reason

If Yes - Visit Date Pharmacy Name

Inhouse If No, then Distance from hospital / Resident

Bill Book If Yes Matching With Claim Document Not Matching with Claim Document

If Not Match

Bill Records Findings

Purchase invoices Collected If No - Reason

Past Records Checked Findings

Chemist Statement Collected

yes

If No - Reason

[Empty text box]

If Yes - Findings

v

If Yes - Any PED findings

no

Overall Chemist Verification Summary

v

Past Records Details

[Empty text box]

Any Other Observations/Findings

[Empty text box]

If Yes - Any PED Findings

[Empty text box]

Over All Hospital Virification Findings

[Empty text box]

Home Visit

Visit done

No

If No - Reason

testing

If Yes - Visit Date

Appointment Taken

No

If No - Reason

testing

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

testing

Date of Birth of Patient

2022-12-08

Gender

Female

Statement Collected

No

If No - Reason

testing

If Yes - Finding

Any discrepancies

No

If Yes - Finding

Any PED / Non-Disclosure findings

Insured Habits

Past documents collected

If No - Reason

If Yes - please specify

KYC Documents collected

If No - Reason

If Yes

- Matching with Claim Document
- Not Matching with Claim Document

If No - Reason

Vicinity verification

Visit done

No

If No - Reason

testing

If Yes - please specify

If Yes - Visit Date

Visit to Family Physician

Name of Family Physician

testing

Location

testing

Contact number

9768457326

Distance from Insured Home

54

Visit to Family Physician

No

if No - Reason

testing

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

No

In Cases of First Consultant / Referral doctor

Name of Family Physician	testing	Location	testing
Contact number	6574563222	Distance from Insured Home	54
Visit to Family Physician	No	if No - Reason	testing
If Yes - Registration Number		Qualification	testing
Statement Collected		Any PED / Non-Disclosure findings	No

Office / School / Collage Visit

Visit done

No

If No - Reason

testing

If Yes - Visit Date

If Yes - Visit To

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

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

No

If No Than Reason / Yes Then Finding

testing

Any Other
Observation

If YES - Findings

Any PED / Non-
Disclosure findings

Any other
Investigation
findings

Pre-Existing Details

Chemist

Pre Existing Disease	Since	Disclosed By	Relation With Patient	Reference Document Name	Detail Information
test test	2022-11-03	test tset	test strtsg	tytgsggsr	trdrds trsfdsdfcs5r
test test	2022-11-03	test tset	test strtsg	tytgsggsr	trdrds trsfdsdfcs5r

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