Case Details

Status At The Time Of Investigation

Claim Number	-	20130000892	Claim Amount	-	5000
Claim Status	-	Open	Claim Sub Status	-	Finalization

Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Finalization
Claim Date	-		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	-	Red	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	-		Member ID	-	1000786654
Certificate Number	-	1038511300-KGI-GHI	Relation	-	Self
Sum Insured	-	7800000	Addition Effective Date	-	15/08/2021
First Policy Incept Data	-		Member Flag	-	
Member Contact Number	-	8329250950	Member Email Id	-	KGI.DIPALI-PATIL@KOTAK.COM

Claim Details

Nature Of Loss	-	Mortal Remains/ Funeral expenses	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	-	60000077	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	

External 3rd PArty Investigation Final Conclusion

Investigators Final Observation & suggetion	20130000892		
Investigators Final Conclusion	Payable	Investigators Final Recommenndation	Genuine

Investigation Finding (Hospital Verification)

Hospital Registration Number	Testing	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	

IP Register Entry (Entry Found)	no	If No – Reason	Testing

If Yes

- ○ Matching With Claim Document
- ○ Not Matching with Claim Document

If Not Matching – Observations

ICPs Collected	no	If Yes - Observations		If No – Reason	Testing

If Yes, Any PED/Non-Disclosure Findings			
Any Other Discrepancy Noted	no	If Yes	

TPR/BP/VITAL Charts	no	If Yes – Observations	
If No – Reason	Testing		

In Case Of Medical Management

Active Line Of Treatment	Testing

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	no	If Yes - Date Of MLC	
If No	Testing		
Is MLC Verification Done		If Yes-Observations	
If No – Reason			

FIR Details

FIR Copy Received	no	If Yes - Date Of FIR	
Is FIR Verification Done		If Yes-Observations	
If No – Reason			

Any alcohol /Drug Intoxication Found As Per Documents	no	If Yes – Details	
If No – Reason			

MRD Records checked	no	If Yes-Observations	
If No – Reason	Testing		

Bill Book collected	no	If Yes-Observations	
If No – Reason	Testing		
Tariff Details Card Collected	no	If Yes-Observations	
If No – Reason	Testing		
Hospital Authority Statement	no	If Yes-Observations	
If No – Reason	Testing	If Yes – Any findings	

Treating Doctor Visit

Name of doctor		Qualification	
Registration Number		Tariff Details Card Collected	no
If No – Reason	Testing	If Yes – Any PED findings	
Any discrepancy noted	no	If Yes-Observations	

Lab Verification Details

Lab Name		Lab Location	
Inhouse	no	If No, then Distance from hospital / Resident	Testing
Lab Register Entry Verified	no	If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document
If No			
Bill Book	no	If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document
If No			
Report Validation	no	Name Of Empanelled Pathologist	
Reg Number		Visit Done	no
Visit Date		Finding	
Past Record Checked		Finding	
Lab Verification Summary		Lab Option	

Chemist Verification

Visit Done	no	If No – Reason	
If Yes – Visit Date		Pharmacy Name	
Inhouse		If No, then Distance from hospital / Resident	
Bill Book	no	If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document
If Not Match			
Bill Records	software records	Findings	
Purchase invoices Collected	no	If No – Reason	Testing
Past Records Checked	no	Findings	

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

Pre-Exisiting Details