

## Case Details

### Status At The Time Of Investigation

Claim Number	-	20130000942	Claim Amount	-	22000
Claim Status	-	Open	Claim Sub Status	-	Processing

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### Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Processing
Claim Date	-		Settled Amount	-	

## Policy Details

Product Name	-	Kotak Group Health Care Non Employer Employee	Policy Number	-	1045355500
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	-	PRABHA NIVAS,MANAMBOOR, THOTTAKKADU PO,OPP RAMESHWARAM TEMPLE THIRUVANANTHAPURAM KERALA			

## Member Details

Member Name	-	Member ID	-	1001333120	
Certificate Number	-	1045355500-KGI-GHI	Relation	-	Self
Sum Insured	-	600000	Addition Effective Date	-	06/12/2021
First Policy Incept Data	-		Member Flag	-	
Member Contact Number	-	9111111111	Member Email Id	-	JEENAJANAND@GMAIL.COM

## Claim Details

Nature Of Loss	-	In patient treatment	Claim Type	-	
Diagnosis	-	33	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

# External 3rd Party Investigation Final Conclusion

Investigators Final  
Observation &  
suggetion

20130000942

Investigators Final  
Conclusion

Payable

Investigators Final  
Recommenndation

Fraud

## 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

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IP Register Entry (Entry Found)  If No - Reason

If Yes  Matching With Claim Document  Not Matching with Claim Document If Not Matching - Observations

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ICPs Collected  If Yes - Observations  If No - Reason

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

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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

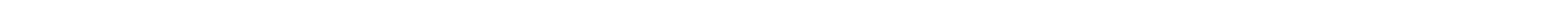
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Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings



## Treating Doctor Visit

Name of doctor

Hospital

Qualification

Hospital

Registration Number

Hospital

Tariff Details Card  
Collected

no

If No - Reason

20130000942

If Yes - Any PED  
findings

Any discrepancy  
noted

no

If Yes-Observations



Lab Verification Details

Lab Name  Lab Location

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 Option

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"/>
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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="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="20130000942"/>
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Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="20130000942"/>
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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

20130000942

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

20130000942

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

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Over All Hospital Virification Findings

