

Case Details


Status At The Time Of Investigation

Claim Number	-	20130001093	Claim Amount	-	12000
Claim Status	-	Close	Claim Sub Status	-	Finalization


Current Status From GIST

Claim Status	-	Close	Claim Sub Status	-	Finalization
Closure Date	-	23-12-2022	Settled Amount	-	

Policy Details

Product Name	-	Kotak Group Health Care Non Employer Employee	Policy Number	-	1057542100
IMD NAME	-	BROKER B GST	IMD Code	-	3171400000
IMD Flag	-		Policy Type	-	Individual
Policy Start Date	-	01-01-1900	Policy End Date	-	01-01-1900
Policy Category	-		Policy Sub Type	-	
Policy Holder Address	-	C 12 ROHAN INSDUSTRIAL AREAD OPP DEVI TEMPLE BANGALORE KARNATAKA			

Member Details

Member Name	-	ANIL K	Member ID	-	1001493191
Certificate Number	-	1057542100-KGI-GHI	Relation	-	Customer
Sum Insured	-	1137000	Addition Effective Date	-	Invalid date
First Policy Incept Data	-		Member Flag	-	
Member Contact Number	-	9967126525	Member Email Id	-	SUJATA.WAGHMARE@KOTAK.COM

Claim Details

Nature Of Loss	-	Hospital Daily Cash Benefit	Claim Type	-	
Diagnosis	-	39	Claim Reported In Days	-	0
Date Of Admission	-	01-01-1900	Date Of Discharge	-	01-01-1900
Number Of Days Hospitalised	-	0			

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

Investigation Finding (Hospital Verification)

Hospital Registration Number	<input type="text" value="2811"/>	OT	<input type="text" value="no"/>
ICU/ICCU/ PICU/CCU	<input type="text" value="no"/>	Visit To Hospital	<input type="text" value="no"/>
Hospital Visit Date	<input type="text"/>	How Far From Member Address (Approx Km)	<input type="text"/>
Any Relative Near Hospital Where Insured Stayed	<input type="text" value="no"/>	Comments	<input type="text" value="testingg"/>

IP Register Entry (Entry Found)	<input type="text" value="no"/>	If No - Reason	<input type="text" value="testingg"/>
---------------------------------	---------------------------------	----------------	---------------------------------------

If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document	If Not Matching - Observations	<input type="text"/>
--------	--	--------------------------------	----------------------

ICPs Collected	<input type="text" value="no"/>	If Yes - Observations	<input type="text"/>
----------------	---------------------------------	-----------------------	----------------------

If No - Reason	<input type="text" value="testingg"/>
----------------	---------------------------------------

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

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

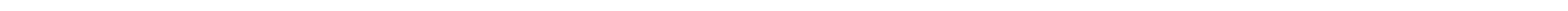
If No - Reason

Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings



Treating Doctor Visit

Name of doctor

testingg

Qualification

testingg

Registration Number

2811

Doctor Flag

Treating Doctor
Statement Collected

no

If No - Reason

testingg

If Yes - Any PED
findings

Any discrepancy
noted

no

If Yes-Observations

Lab Verification Details

Lab Name Lab Location

Lab Flag

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

testingg

Chemist Verification

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

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="testingg"/>
--------------	-------------------------------------	----------	---------------------------------------

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

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

Chemist Statement		If No - Reason	
-------------------	--	----------------	--

Collected

no

testingg

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

testingg

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

Over All Hospital Virification Findings

Home Visit

Visit done

No

If No - Reason

testingg

If Yes - Visit Date Appointment Taken

If No - Reason If Yes - Name of insured with whom appointment was taken

Mobile no Member Address

Name of Patient Date of Birth of Patient

Gender Statement Collected

If No - Reason If Yes - Finding

Any discrepancies

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	<input type="text" value="No"/>	If No - Reason	<input type="text" value="testingg"/>
If Yes - please specify	<input type="text"/>	If Yes - Visit Date	<input type="text"/>

Visit to Family Physician

Name of Family Physician	<input type="text" value="testingg"/>	Location	<input type="text" value="testingg"/>
Contact number	<input type="text" value="9764564354"/>	Distance from Insured Home	<input type="text" value="54"/>
Visit to Family Physician	<input type="text" value="No"/>	if No - Reason	<input type="text" value="testingg"/>
If Yes - Registration Number	<input type="text"/>	Qualification	<input type="text"/>
Statement Collected	<input type="text"/>	Any PED / Non-Disclosure findings	<input type="text" value="No"/>

In Cases of First Consultant / Referral doctor

Name of Family Physician	testingg	Location	testingg
Contact number	8765746356	Distance from Insured Home	45
Visit to Family Physician	No	if No - Reason	testingg
If Yes - Registration Number		Qualification	testingg
Statement Collected		Any PED / Non-Disclosure findings	No

Office / School / Collage Visit

Visit done

No

If No - Reason

testingg

If Yes - Visit Date

If Yes - Visit To

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 / School 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

No

If Yes Then Finding

If No Than Reason

testingg

Any Other Observation

No

If YES - Findings

Any PED / Non-Disclosure findings

No

Any other Investigation findings

testingg

External 3rd Party Investigation Final Conclusion

Investigators Final
Observation &
suggetion

testingg for email

Investigators Final
Conclusion

Payable

Investigators Final
Recommenndation

Genuine

