Investigation Finding (Hospital Verification)

Field	Value	Field	Value
Hospital Registration Number	576859	OT	yes
ICU/ICCU/ PICU/CCU	no	Visit To Hospital	yes
Hospital Visit Date	2022-12-06	How Far From Member Address (Approx Km)	3
Any Relative Near Hospital Where Insured Stayed	yes	Comments	Form Testing

Field	Value	Field	Value
IP Register Entry (Entry Found)	yes	If No – Reason	
If Yes	○ Matching With Claim Document ● Not Matching with Claim Document	If Not Matching – Observations	Form Testing

Field	Value	Field	Value
ICPs Collected	yes	If No – Reason	Form 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: Form Testing

In Case Of Medical Management

Active Line Of Treatment: Form 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

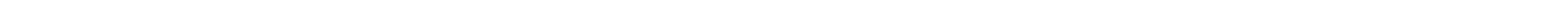
MLC Copy Received	no	If Yes - Date Of MLC	
If No	Form Testing		
Is MLC Verification Done		If Yes-Observations	
If No – Reason			

FIR Details

Field	Value	Field	Value
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	yes	If Yes – Details	Form Testing
If No – Reason			
MRD Records checked	yes	If Yes-Observations	
If No – Reason	Form Testing		

Bill Book collected	yes	If Yes-Observations	
If No – Reason	Form Testing		
Tariff Details Card Collected	no	If Yes-Observations	
If No – Reason	Form Testing		

Hospital Authority Statement	yes	If Yes-Observations	
If No – Reason	Form Testing	If Yes – Any findings	no



Treating Doctor Visit

Field	Value	Field	Value
Name of doctor	ANv	Qualification	MBBS
Registration Number	4567	Tariff Details Card Collected	yes
If No – Reason		If Yes – Any PED findings	no
Any discrepancy noted	no	If Yes-Observations	

Home Visit

Field	Value	Field	Value
Visit done	Yes	If No - Reason	
If Yes - Visit Date	2022-12-02	Appointment Taken	Yes
If No - Reason		If Yes - Name of insured with whom appointment was taken	DNG
Mobile no	6879687998	Member Address	

d.kjgoij

Name of Patient	DHG	Date of Birth of Patient	2022-12-05
Gender	Female	Statement Collected	Yes
If No - Reason		If Yes - Finding	Form Testing
Any discrepancies	Yes		

If Yes - Finding	Form Testing	Any PED / Non-Disclosure findings	No

Insured Habits

Past documents collected	Yes	If No - Reason	
If Yes – please specify	Form Testing		
KYC Documents collected	Yes	If No - Reason	
If Yes	○ Matching With Claim Document ◉ Not Matching with Claim Document	If No - Reason	Form Testing

Vicinity verification

Field	Value	Field	Value
Visit done	Yes	If No - Reason	
If Yes – please specify	Form Testing	If Yes - Visit Date	2022-12-05

Visit to Family Physician

Field	Value	Field	Value
Name of Family Physician	Form Testing	Location	Form Testing
Contact number	4565756676	Distance from Insured Home	3
Visit to Family Physician	Yes	if No - Reason	Form Testing
If Yes - Registration Number	Form Testing	Qualification	Form Testing
Statement Collected	Form Testing	Any PED / Non-Disclosure findings	No

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In Cases of First Consultant / Referral doctor

Field	Value	Field	Value
Name of Family Physician	Form Testing	Location	Form Testing
Contact number	6787886	Distance from Insured Home	5
Visit to Family Physician	No	if No - Reason	Form Testing
If Yes - Registration Number		Qualification	
Statement Collected		Any PED / Non-Disclosure findings	No

Office / School / Collage Visit

Visit done	Yes	If No - Reason	
If Yes - Visit Date	2022-12-05	If Yes - Visit To	School
Attandence Record Collected	Yes	If Yes Check Whether Patient Was Present In Office / School / Collage During Hospitalization Period	Form Testing
If Patient Is Employee - Then Check Employment Status If Patient Is Student In Collage / Schiool Then Check Enrolment Status	(•) Employee ( ) Student in College/School	Name Of Person With Whom Information Was Collected	Form Testing
Mobile Of Person With Whom Information Was Collected	7878786767	Address of Office / School / Collage	ggfghhg
Statement Collected	Yes	If No Than Reason / Yes Then Finding	

Any Other Observation	Yes	If YES – Findings	Form Testing
Any PED / Non-Disclosure findings	No		
Any other Investigation findings			

Pre-Exisiting Details