Investigation Finding (Hospital Verification)

Hospital Registration Number	sdasd112	OT	yes
ICU/ICCU/ PICU/CCU	yes	Visit To Hospital	yes
Hospital Visit Date	2022-11-02	How Far From Member Address (Approx Km)	2
Any Relative Near Hospital Where Insured Stayed	yes	Comments	Testing Flow for Accept

IP Register Entry (Entry Found)	yes	If No – Reason	
If Yes	In Case of Surgical Management	If Not Matching – Observations	Testing Flow for Accept

ICPs Collected	yes	If No – Reason	Testing Flow for Accept

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

yes

If Yes

Testing Flow for Accept

TPR/BP/VITAL Charts

yes

If Yes – Observations

If No – Reason

Testing Flow for Accept

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	provided	If Provided - Findings	

If Not Provided - Reason	Testing Flow for Accept		

Any PED History	yes

Any Implants Used	yes	If Yes – Invoice / Sticker Number	Testing Flow for Accept
Invoice Verified	yes	Reason / Findings	

MLC Details

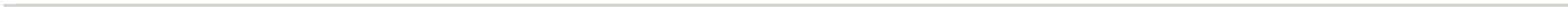|			
MLC Copy Received	yes	If Yes - Date Of MLC	2022-11-09

If No

Is MLC Verification Done | yes | If Yes-Observations

If No – Reason

Testing Flow for Accept

FIR Details

FIR Copy Received yes

If Yes - Date Of FIR 2022-11-09

Is FIR Verification Done yes

If Yes-Observations

If No – Reason Testing Flow for Accept

Any alcohol /Drug Intoxication Found As Per Documents yes

If Yes – Details Testing Flow for Accept

If No – Reason

MRD Records checked yes

If Yes-Observations

If No – Reason Testing Flow for Accept

Bill Book collected	yes	If Yes-Observations	

If No – Reason

Testing Flow for Accept

Tariff Details Card Collected	yes	If Yes-Observations	

If No – Reason

Testing Flow for Accept

Hospital Authority Statement	yes	If Yes-Observations	

If No – Reason	Testing Flow for Accept	If Yes – Any findings	yes

---
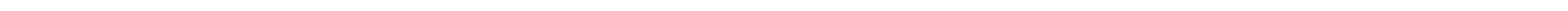
Treating Doctor Visit

Name of doctor

Testing Flow for Accept

Qualification

Testing Flow for Accept

Registration Number

Testing Flow for Accept

Tariff Details Card Collected

yes

If No – Reason

If Yes – Any PED findings

yes

Any discrepancy noted

yes

If Yes-Observations

Testing Flow for Accept

Home Visit

Visit done

Yes

If No - Reason

If Yes - Visit Date

2022-11-11

Appointment Taken

Yes

If No - Reason

If Yes - Name of insured with whom appointment was taken

Testing Flow for Accept

Mobile no

8976543533

Member Address

Nr. SST College

Name of Patient

Testing Flow for Accept

Date of Birth of Patient

2022-11-03

Gender

Male

Statement Collected

Yes

If No - Reason

If Yes - Finding

Testing Flow for Accept

Any discrepancies

Yes

If Yes - Finding	Testing Flow for Accept	Any PED / Non-Disclosure findings	Yes

Insured Habits

Past documents collected	Yes	If No - Reason	

If Yes – please specify	Testing Flow for Accept

KYC Documents collected	Yes	If No - Reason	

If Yes	○ Matching with Claim Document ○ Not Matching with Claim Document	If No - Reason	Testing Flow for Accept

Vicinity verification

Visit done
Yes

If No - Reason

If Yes – please specify
Testing Flow for Accept

If Yes - Visit Date
2022-11-01

Visit to Family Physician

Name of Family Physician
Testing Flow for Accept

Location
Testing Flow for Accept

Contact number
9987653457

Distance from Insured Home
2

Visit to Family Physician
Yes

if No - Reason

If Yes - Registration Number
Testing Flow for Accept

Qualification
Testing Flow for Accept

Statement Collected
Testing Flow for Accept

Any PED / Non-Disclosure findings
Yes

In Cases of First Consultant / Referral doctor

Name of Family Physician

Testing Flow for Accept

Location

Testing Flow for Accept

Contact number

9895234467

Distance from Insured Home

2

Visit to Family Physician

Yes

if No - Reason

If Yes - Registration Number

Testing Flow for Accept

Qualification

Statement Collected

Yes

Any PED / Non-Disclosure findings

Yes

Office / School / Collage Visit

Visit done	Yes	If No - Reason	
If Yes - Visit Date	2022-11-08	If Yes - Visit To	School
Attandence Record Collected	Yes	If Yes Check Whether Patient Was Present In Office / School / Collage During Hospitalization Period	Testing Flow for Accept
If Patient Is Employee - Then Check Employment Status If Patient Is Student In Collage / Schiool Then Check Enrolment Status	Student in College/School	Name Of Person With Whom Information Was Collected	Testing Flow for Accept
Mobile Of Person With Whom Information Was Collected	8896847869	Address of Office / School / Collage	Testing Flow for Accept
Statement Collected	Yes	If No Than Reason / Yes Then Finding	

Any Other Observation

Yes

If YES – Findings

Testing Flow for Accept

Any PED / Non-Disclosure findings

Yes

Any other Investigation findings

Pre-Exisiting Details

Anaesthesia

Pre Existing Disease	Since	Disclosed By	Relation With Patient	Reference Document Name	Detail Information
Test1	2022-11-01	Test1	Test1	Test1	Test1

Doctor Pre-Exisiting Details

Pre Existing Disease	Since	Disclosed By	Relation With Patient	Reference Document Name	Detail Information
Test3	2022-11-05	Test3	Test3	Test3	Test3

Hospital Authority Pre-Exisiting Details

Pre Existing Disease	Since	Disclosed By	Relation With Patient	Reference Document Name	Detail Information
Test2	2022-11-11	Test2	Test2	Test2	Test2

Insured Habits

Habits	Since(DD/MM/YYYY)	Quantity	Disclosed By	Relation With Patient	Reference Document Name	Detail Information
Test2	2022-11-10	Test2	Test2	Test2	Test2	Test2