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| **Insured Details** | |
| **Insurer** | LOMBARD GIC Ltd. |
| **Insured Name** |  |
| **Contact Number** |  |
| **Present Policy Number** |  |
| **Present policy Start & End date** | Start : - End :- |
| **Claim No** | 000000000000 |
| **Claim Amount** |  |

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| **Hospital Details** | |
| **Hospital Name** |  |
| **Hospital City** |  |
| **Hospital Contact Number** |  |

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| **Patient Claims Details** | |
| **Patient Name** |  |
| **Patient Age / Sex** | Years/ Male Female |
| **Relation With insured** |  |
| **D. O. A & Time** |  |
| **D. O. D & Time** |  |
| **Address and Witness Name** | Add-  Witness name- |
| **I.P.D No** | Not Provided |
| **Room Category** | Not Provided |
| **Presenting Complaint with duration** | As per Procured ICPs, Patient admitted with C/O |
| **Medical / Surgical History with Duration** | Patient had |
| **Any Previous History of similar complaints?** | NA |
| **Diagnosis** |  |
| **Family Dr. Name** | Not Provided |
| **Treating Doctor Name and Reg. No.** | Dr.  Reg No:- |
| **Triggers &Points of Reference** |  |
| **ACCIDENT RELATED CLAIMS** | |
| **Exact Date and time of Accident/ Injury** |  |
| **Detailed narration of how the incident/injury happened** |  |
| **Is the insured holding any PA Policy with us or With any other insurers?** |  |
| **FIR/MLC done or not?** |  |
| **Scar Mark Verification** |  |
| **Any alcoholism factor noted** |  |
| **Accident / Assault / Suicidal Attempt?** |  |
| **Whether stay justified or prolonged with reasons** |  |
| **Attending Doctors opinion about the cause of injury and whether alcoholism was involved.** |  |
| **Any Previous History of similar complaints?** |  |

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| **Brief description of the Case covering Findings of the Investigator, Details of past Claims of same Insured, whatever applicable. Findings of the Claims Processing** |
| We visited Hospital & procured photos of hospital, which confirms the hospital exists.  **Hospital details:** Not Provided   * Total beds: beds * Operation theatre: Yes/Not Provided * Number of RMO’s: * Number of doctors: * Number of Nurses :   **Hospital registration Certificate:** Not Provided   * Reg. no: * Validity:   **Hospital Tariff card :** Not Provided   * Tariff card provided by hospital.   **HOSPITAL VISIT FINDINGS :-**  **Hospital visit:-**  Hospital visit was done. Document like C form, Discharge Summary, IPD Register, ICP’s, Hospital Photo, Lab Photo, Lab Report, Treating Dr. Statement, Hospital Statement, Bills and receipts and Tariff card were collected.  **As Per Discharge Summary, ICP’s And Treating Doctor Statement:-**  Years Male/Female patient was admitted on with C/O since. Patient was diagnosed as a case of and was treated conservatively by Dr. . Patient was discharged on No H/O any major illness.  Years Male/Female patient was admitted on with C/O/ Patient was diagnosed as a case of and underwent LSCS by Dr. under SA, GA. Patient was discharged on at am/pm/ No H/O any major illness.  Years Male/Female patient was admitted on with C/O/ Patient was diagnosed as a case of and underwent LSCS. Under SA, GA by Dr surgeon and anesthetist.................... On dd/mm/yyy . Patient was discharged on at am/pm/ No H/O any major illness.  **As per OPD paper dated on 22/04/2021:-**  Patient was with C/O fever with chills, giddiness and swelling since 4-5 days. Consulted Doctor advised to medicines.  Patient was first consulted with Dr. On 12/05/2021/ OPD papers were collected.    **As per IPD register:-**  Patient name, age, IPD no , Address, DOA, Treating Doctor Name confirmed and verified.  **As per Hospital Statement:-**  Hospital is bedded with beds in ICU with Registration number hospital is having in house facility OT major /minor, like lab, medical store ventilator.  **Pharmacy visit:-**  Pharmacy visit was done. Pharmacy Bills and Pharmacy Statement were collected.  **As Per Pharmacy Statement:-**  Patient was visiting in Om Medical store since 13/02/2021 till date.  **As per Pathologist statement:-**  Patient underwent investigations on under MD Pathologist Dr. He paid Rs./ - as a final bill in cash. Test was done.  **RESIDENCE VISIT FINDINGS :-**  **Home visit:-**  Home visit was done/ Document like ID proof, patient Photo, Insured Statement, Bills & Receipts, Discharge Summary and Lab Report were collected.  **As per Insured Statement:-**  Insured was suffering from since days hence got admitted on under care of Dr/ in single bedded room which cost Rs. /- per day/ Final hospital bill was Rs. /- which was paid in cash. Insured was discharged on . Insured is K/C/O DM and HTN since years on treatment/ No H/O any major illness.  **Lab Name :**  XYZ center Lab: External: Verified the reports: Location  AB Lab :In- House : Verified the reports: Location  **As per Lab Report:-**  Dated on:-  SARS-COV2-RT-PCR : NOT DETECTED  **Completed Blood Count**  Hb  WBC  RBC  PLT  **Pharmacy Name :**  ABC Medical: External: Verified the bills : Location  XYZ Hospital medical: In-house: Verified the bills : Location  All Medicine Bills and Lab Report Bills were confirmed and verified.  **Employment Visit :**  **Vicinity check:**  We approached neighbors, nearby labs, medical but nothing significant information was found. |

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| **Discrepancy** |
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| **Recommendations:-Repudiated/Substandard/No – Opinion/**  **The claim to be processed as per terms and conditions of the policy** |
| **Conclusion** |
| Final Decision can be taken by the Insurance Company on observations submitted.  **Thanks and Regards,**  **Dr Bhushra**  **Ericson Insurance TPA PVT. Ltd** |

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| **EVIDENCES / ENCLSOURES** |
| **From Hospital and Home**   * **ICP’s** * **Discharge Summary** * **Hospital Statement** * **Treating Dr. Statement** * **Final Bill** * **Bills & Receipts** * **Lab Report** * **Insured Statement** * **Patient Photo** * **ID Proof** |