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| **Closure Report: Secure Mind Critical Illness** | | | |
| **Insured’s Name:** | | **Policy No**: | |
| **Claim No:** | | **Sum Insured:** | |
| **Policy Inception**: | | **Nature Of Loss:** | |
| **City:** | | **State:** | |
| **ICLM Recommendation**: Repudiate / Payable/ Query | | | |
| **Insured Visit** | **Insured Details:**  **Name:**  **Age / Sex:**  **Address:**  **Mob:** | | |
| **Detailed narration of the CI event including Onset, Duration and Progression:** | | |
| **Details of Past History / Treatment:** | | |
| **Details of CI:** | | |
| **Employment Details** | **Employer Name:** | | |
| **Address:** | | |
| **GHI Policy:** | | |
| **Industry Check: -** | | |
| **Medical Leave Details:** | | |
| **Other Insurance Policy** | **Policy** **Details**: | | |
| **UCV:** | | |
| **Treating Doctor Visit** | **Doctor Details:**  **Name:**  **Designation:**  **Registration Number:** -  **Hospital Name:** | | |
| **Detailed narration of the CI event:** | | |
| **Details of Past History / Treatment:** | | |
| **Details of CI:** | | |
| **Family Doctor Visit** | **Doctor details:** | | |
| **Hospital Verification Details** | **Hospital Name: City:** | | |
| **Hospitalization Details:**  **DOA / DOD**:  **Diagnosis**:  **ICP Findings**: ICP Not provided from the Hospital.  As per Discharge summary insured was admitted on July 10, 2023 with C/O Loose stools from yesterday 15-20 times after 8am vomiting 5-10 times with general weakness and back pain treated for the same in Poly Clinic 6pm -2 am treated with Antibiotics and IVF and diagnosed to have Acute GE with Pre Renal Azotemia with MODS. His Serum Creatinine levels elevated so he was referred to higher centre. | | |
| 2nd Admission **Hospital Name:** ST. John’s Hospital , City: Sarjapura Road, Bangalore | | |
| **DOA / DOD**: Insured was admitted on July 12, 2023 till July 20, 2023  **Diagnosis**: AKI- AKIN 3 initiated on HD I/V/O Uremia and Metabolic Acidosis VIA R IJ, Acute Gasteroenteritis, S/P-4 sessions of HD, Improving Renal Function at present.  **ICP Findings**: Visited two times to the Hospital to collect ICP and Doctor Statement but they denied to share the details, insured was recently discharged from the Hospital so they can’t able to provide now itself. They will provide on August 3, 2023. | | |
| **OPD details** | **Insured consulted at SVS Nursing Home on July 8, 2023**  **Details :** As per Treating Doctor letter 43 years Male was presented with C/O Multiple episodes of Diarrhoea for past 2 days, Nausea, General Malaise and severe lumbo sacral region pain, He was Known DM, HTN( Dr Not known about exact duration of issues). BP- Was not recordable, GRBS-180mg/dl, SPO2-93% managed with IVF and oral rehydration salts for 2 to 3 hours. Then he was referred to Higher Centre. | | |
|  | **No past Hospitalization Histories** | | |
| **Investigations Done and Findings** | Done and reports are not available with them, all are submitted in Hospital they will provide on date of Review. | | |
| **Conclusion**:  DOJ 2-9-2022. Trigger:- Claim sent for investigation in intimation stage and check list of documents. As per submitted document, 20 Yrs/ Male patient was admitted in city hospital on 19-6-2023 under care of Dr. vilas for the C/O-fever. Diagnosed as Enteric fever and was treated conservatively. Discharged on 27-6-2023. As per insured, admitted in city hospital from 19-6-2023 to 27-6-2023 in general ward for the fever and cold since 5 days. Paid approx. 15300/- against final hospital bill by cash. No H/O- any illness and past hospitalization. As per insured all documents submitted in insurance company. Hospital visit was done they are delaying to give the details only confirmed the admission details as the concern staff is not available. Hospital is 20 bedded with 1 RMO, 4 doctors and 10 nurses. As per our past records genuine hospital, No any suspected findings and fraud noted in past. No any nexus involved. Based on findings, query raised for ICP’s. | | | |
| **Date of Intimation** | | |  |
| **Date of Closure** | | |  |
| **Central TAT** | | |  |
| **State Managers Name / Investigators Name** | | |  |
| **Central Managers Name** | | |  |