|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hospital Name |  | | | | | | |
| Hospital Code |  | NW / NNW | | | |  | |
| City |  | Zone | |  | | | |
| Reason for Suspicion / Referral |  | | | | | | |
| Date of Referral |  | | | | | | |
| Claim Number |  | | Number of claims | | | |  |
| Claim Numbers and Details attached |  | | | | | | |
| Issues identified |  | | | | | | |
| Recommended Action |  | | | | | | |
| Name of the person escalating | ##### | Division | | | ##### | | |
| Employee ID | ##### |
| Command Head | #### | | | | | | |