

Checklist for Beneficiary Audit (Live Audit-During Hospitalization)

Name of the Team Members: -

1.

2.

Team No. -

Date: -

Time: -

HOSPITAL NAME		HOSPITAL ID	
CASE NO.		CARD NO.	
HOSPITAL CONTACT NO.	PATIENT NAME		
PATIENT ADDRESS	PATIENT/ATTENDENT CONTACT NO.		
DIAGNOSIS	TREATMENT PLAN		
Sr. No.	Particulars	YES	NO
1.	PACKAGE BOOKED (Mention the name of Package Booked)		
2.	Name of the treating Doctor		
3.	Specialization of the treating doctor		
4.	Date and time of admission as per the hospital file		
5.	Date and time of discharge as per the hospital file		
6.	Type of treatment (Medical/Surgical)		
7.	Expected length of stay		
8.	Patient Ids collected		
9.	Patient photograph collected		
10.	What were the complaints presented at the time of admission?		
11.	Since when is he/she suffering from the symptoms		
12.	Was he/she referring from another hospital/ clinic/ doctor?		
13.	If yes, please name the hospital/clinic/doctor		
14.	When did the patient get admitted?		
15.	Is the patient admitted since then?		
16.	What diagnostic tests (if any) were performed on the patient?		
17.	Was any surgery conducted for the patient?		
18.	if yes, is there a scar on the body?		
19.	Has any money been charged so far?		
20.	If yes, how much?		
21.	Do they have receipts of the same		
22.	Is there any previous hospitalization of same patient at the same hospital?		
23.	Any other remark or observation		

ADDITIONAL DETAILS: -

Sr. No.	Particulars	YES	NO	REMARKS
1.	Is patients name /age in-door records, E card and investigation reports same			
2.	Are presenting symptoms matching the diagnosis			
3.	Is the package booked matching the diagnosis			
4.	Are investigation reports matching the diagnosis?			
5.	Are investigation reports signed by doctor/pathologist with registration no.			

Attached following documents along with audit report

S. No.	Document name	Tick	Remarks
1.	Patient photo with PMJAY card		
2.	Patient PMJAY card		
3.	Admission slip Discharge summary sheet (if any)		
4.	In case of out-of-pocket expenses: - If any money taken, a) attached receipt proof, b) Written and signed (or thumb impression) /video recording in cases of complaints of the beneficiary /attendant along with a witness (Contact numbers are also required)		
5.	Visit the pharmacy and check the registers for the medicines dispensed		
6.	Check the lab registers/X ray, USG for the sample collected and reports of the beneficiaries		

Whether Case is Genuine (YES/NO)-

Significant Findings

Recommendations

Signature of Team members