

**Raksha Health Insurance TPA Pvt Ltd..**

**Investigation Report**

**Insurer: Cigna TTK Health Insurance Company Limited**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Investigation** | | | | 2025-10-05 | | |
| **Cashless / Reimbursement/Domiciliary:** Cashless | | | | | **CCN:** CCN-789456 | |
| **Name of the Patient:** Rahul Sharma | | | | **MAID:** MAID-5678 | | |
| **Age : 42** | **Sex : Male** | | **Relationship with Insured:**  Self | | | |
| **Main Policy Number:** POL-99887766 | | | | | | **First Year Policy :** Yes |
| **Claimed Amount in Rs.** | | 125000 | | | | |
| **Hospital Benefit Policy No** | | HBP-332211 | | | | |
| **Past Claim history if any Mention #CCN** | | No previous claims | | | | |

Trigger for Investigation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Triggered by** | **Insurer** | **F&I tool** | **Self-Picked** | **Claim Processor** | **Others** |
| Insurer | Yes | No | No | No | No |
| **Trigger :**Hospital Verification | | | | | |

Hospital Verification (If required):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Hospital & Address** | | Apollo Hospitals, Pune | | | |
| **Date of Admission** | 2025-09-25 | **Date of Discharge** | 2025-09-29 | **Network/Non Network** | Network |
| **Ailment : Appendicitis** | | | | | |
| **Duration of Ailment:** 5 days | | | | | |
| **Past Medical history/Personal habits and Duration:** Non-smoker, no chronic illness | | | | | |
| **Procedure Done : ( Surgical / Conservative ) :** Laparoscopic Appendectomy (Surgical) | | | | | |
| **Room Type & Room Rent :** Private Room - ₹5000/day | | | | | |
| **Hospital Final Bill Amount in Rs :** 120000 | | | | | |

Outcome of Hospital Verification:

Findings: hamiltone

Laboratory/Pathologist Verification (If required):

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| --- | --- | --- | --- | --- |
| **Name of the Laboratory and Address** | | PathLabs Diagnostics, Pune | | |
| **Name of the Pathologist** | Dr. Neha Kulkarni | | **Registration number of Pathologist /Laboratory** | REG-99876 |
| **Name of the tests :** CBC, CRP, Liver Function Test | | | | |
| **Lab register Verified (Yes/No) if no reason** : Yes | | | | |

Outcome of Laboratory/Pathologist Verification:

Findings: BOB

Pharmacy Verification (If required):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Pharmacy and Address** | | MediCare Pharmacy, Pune | | |
| **GST/Registration number of Pharmacy** | GSTIN27AAJCM5678L1ZV | | **Name of the pharmacy Owner Name** | Ravi Patel |
| **Bills Verified (Yes/No) if no reason :** Yes | | | | |

Outcome of Pharmacy Verification:

Findings: bank\_account\_number\_verified

Patient Verification (if required):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Patient** | Rahul Sharma | | | | | | | |
| **Name of ID Proof Verified** | Aadhaar Card | | | | **ID Proof No** | | XXXX-XXXX-1234 | |
| **Name of the Patient Attender** | | Pooja Sharma | | | | **Relationship** | | Wife |
| **Presenting complaints** | | | Severe abdominal pain and fever | | | | | |
| **Duration of Complaints** | | | 2 Days | | | | | |
| **Past Medical History/Personal Habits and duration** | | | No chronic illness or surgery history | | | | | |
| **Patient Past Medical records Verified (Yes/No) and its remarks** | | | | Yes | | | | |
| **Bank Account Number Verified (Yes/No) and its remarks** | | | | Yes - Matched with policyholder account | | | | |

Outcome of Patient Verification:

Findings: BOB2

# Conclusion

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| --- | --- | --- |
| **Overall findings during Verification:**All verifications genuine, documents valid. | | |
| **Outcome of Investigation (Please highlight the reason)** | | |
| **If Genuine Please specify the reason** | **Admission Verified** | Yes |
| **Bills Verified** | Yes |
| **ICP Verified** | Yes |
| **Others** | N/A |
|  | | |
| **If Non Genuine Please Specify the reason** | **Fictitious Admission** | No |
| **Inflated Bills** | No |
| **Manipulation of Documents** | No |
| **Suppression of PED** | No |
| **Tampering of Genuine Bills** | No |
| **Conversion of Exclusion** | No |
| **Misrepresentation/suppression of**  **facts** | No |
| **Others (specify)** | N/A |

List of Documents collected

|  |  |
| --- | --- |
| **Patient Statement** | Collected and verified |
| **ID Proof of Patient** | Aadhaar Card copy attached |
| **Hospital Registration certificate copy** | Available and verified |
| **Treating Doctor statement** | Collected - Dr. Meena Patil (Surgeon) |
| **Indoor Case Paper copies** | Collected |
| **MLC Copy/AR copy/FIR Copy** | Not applicable |
| **Verified copy of Bills/Receipts** | All bills attached and verified |
| **Bank Details** | ICICI Bank - XXXX5678 |
| **Undelivered Register Post** | Not applicable |
| **Lab register copies** | Collected |
| **Pharmacy bill Back up** | Collected |
| **Photographs/Audio/Video** | Not required |
| **Letter from hospital/lab/Pharmacy** | Letter of cooperation received |
| **Others** | N/A |

Signature of the Investigator:

* Name of the Investigator: undefined Date: 2025-10-05