

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

**Investigation Report**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Investigation** | | | | {{date\_of\_investigation}} | | |
| **Cashless / Reimbursement/Domiciliary:** {{cashless\_reimbursement\_domiciliary}} | | | | | **CCN:** {{ccn}} | |
| **Name of the Patient:** {{name\_of\_the\_patient}} | | | | **MAID:** {{maid}} | | |
| **Age : {{age}}** | **Sex : {{sex}}** | | **Relationship with Insured:**  {{relationship\_with\_insured}} | | | |
| **Main Policy Number:** {{main\_policy\_number}} | | | | | | **First Year Policy :** {{first\_year\_policy}} |
| **Claimed Amount in Rs.** | | {{claimed\_amount\_in\_rs}} | | | | |
| **Hospital Benefit Policy No** | | {{hospital\_benefit\_policy\_no}} | | | | |
| **Past Claim history if any Mention #CCN** | | {{past\_claim\_history}} | | | | |

Trigger for Investigation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Triggered by** | **Insurer** | **F&I tool** | **Self-Picked** | **Claim Processor** | **Others** |
| {{triggered\_by}} | {{triggered\_by\_insurer}} | {{f\_and\_i\_tool}} | {{self\_picked}} | {{claim\_processor}} | {{triggered\_by\_others}} |
| **Trigger :**{{triggered}} | | | | | |

Hospital Verification (If required):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Hospital & Address** | | {{hospital\_name\_and\_address}} | | | |
| **Date of Admission** | {{date\_of\_admission}} | **Date of Discharge** | {{date\_of\_discharge}} | **Network/Non Network** | {{network\_non\_network}} |
| **Ailment : {{ailment}}** | | | | | |
| **Duration of Ailment:** {{duration\_of\_ailment}} | | | | | |
| **Past Medical history/Personal habits and Duration:** {{past\_medical\_history\_personal\_habits\_and\_duration}} | | | | | |
| **Procedure Done : ( Surgical / Conservative ) :** {{procedure\_done}} | | | | | |
| **Room Type & Room Rent :** {{room\_type\_and\_room\_rent}} | | | | | |
| **Hospital Final Bill Amount in Rs :** {{hospital\_final\_bill\_amount\_in\_rs}} | | | | | |

Outcome of Hospital Verification:

Findings: {{findings\_hospital}}

Laboratory/Pathologist Verification (If required):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Laboratory and Address** | | {{laboratory\_name\_and\_address}} | | |
| **Name of the Pathologist** | {{name\_of\_the\_pathologist}} | | **Registration number of Pathologist /Laboratory** | {{registration\_number\_of\_pathologist\_or\_laboratory}} |
| **Name of the tests :** {{name\_of\_the\_tests}} | | | | |
| **Lab register Verified (Yes/No) if no reason** : {{lab\_register\_verified}} | | | | |

Outcome of Laboratory/Pathologist Verification:

Findings: {{findings\_lab}}

Pharmacy Verification (If required):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Pharmacy and Address** | | {{pharmacy\_name\_and\_address}} | | |
| **GST/Registration number of Pharmacy** | {{gst\_or\_registration\_number\_of\_pharmacy}} | | **Name of the pharmacy Owner Name** | {{pharmacy\_owner\_name}} |
| **Bills Verified (Yes/No) if no reason :** {{bills\_verified}} | | | | |

Outcome of Pharmacy Verification:

Findings: {{findings\_pharmacy}}

Patient Verification (if required):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Patient** | {{patient\_name\_verification}} | | | | | | | |
| **Name of ID Proof Verified** | {{id\_proof\_verified}} | | | | **ID Proof No** | | {{id\_proof\_no}} | |
| **Name of the Patient Attender** | | {{patient\_attender\_name}} | | | | **Relationship** | | {{relationship\_attender}} |
| **Presenting complaints** | | | {{presenting\_complaints}} | | | | | |
| **Duration of Complaints** | | | {{duration\_of\_complaints}} | | | | | |
| **Past Medical History/Personal Habits and duration** | | | {{patient\_past\_medical\_history}} | | | | | |
| **Patient Past Medical records Verified (Yes/No) and its remarks** | | | | {{patient\_past\_medical\_records\_verified}} | | | | |
| **Bank Account Number Verified (Yes/No) and its remarks** | | | | {{bank\_account\_number\_verified}} | | | | |

Outcome of Patient Verification:

Findings: {{findings\_patient}}

# Conclusion

|  |  |  |
| --- | --- | --- |
| **Overall findings during Verification:**{{overall\_findings\_during\_verification}} | | |
| **Outcome of Investigation (Please highlight the reason)** | | |
| **If Genuine Please specify the reason** | **Admission Verified** | {{admission\_verified}} |
| Bills Verified | {{bills\_verified}} |
| **ICP Verified** | {{icp\_verified}} |
| **Others** | {{others\_if\_any}} |
|  | | |
| **If Non Genuine Please Specify the reason** | **Fictitious Admission** | {{fictitious\_admission}} |
| **Inflated Bills** | {{inflated\_bills}} |
| **Manipulation of Documents** | {{manipulation\_of\_documents}} |
| **Suppression of PED** | {{suppression\_of\_ped}} |
| **Tampering of Genuine Bills** | {{tampering\_of\_genuine\_bills}} |
| **Conversion of Exclusion** | {{conversion\_of\_exclusion}} |
| **Misrepresentation/suppression of**  **facts** | {{misrepresentation\_suppression\_of\_facts}} |
| **Others (specify)** | {{others\_specify\_non\_genuine}} |

List of Documents collected

|  |  |
| --- | --- |
| **Patient Statement** | {{patient\_statement}} |
| **ID Proof of Patient** | {{id\_proof\_of\_patient}} |
| **Hospital Registration certificate copy** | {{hospital\_registration\_certificate\_copy}} |
| **Treating Doctor statement** | {{treating\_doctor\_statement}} |
| **Indoor Case Paper copies** | {{indoor\_case\_paper\_copies}} |
| **MLC Copy/AR copy/FIR Copy** | {{mlc\_ar\_fir\_copy}} |
| **Verified copy of Bills/Receipts** | {{verified\_copy\_of\_bills\_receipts}} |
| **Bank Details** | {{bank\_details}} |
| **Undelivered Register Post** | {{undelivered\_register\_post}} |
| **Lab register copies** | {{lab\_register\_copies}} |
| **Pharmacy bill Back up** | {{pharmacy\_bill\_backup}} |
| **Photographs/Audio/Video** | {{photographs\_audio\_video}} |
| **Letter from hospital/lab/Pharmacy** | {{letter\_from\_hospital\_lab\_pharmacy}} |
| **Others** | {{others\_documents}} |

Signature of the Investigator:

* Name of the Investigator: {{investigator\_name}} Date : {{investigator\_date}}