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|  |  | |  | | --- | | **MEDI ASSIST INSURANCE TPA PVT LTD. INVESTIGATION REPORT**  **(THE ORIENTAL INSURANCE CO LTD )** | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Ref No:** | {{claim\_no}} | **Date :** 29-Mar-2024 |  | | | **Brief of the case** | **As per insured** | **As per investigation** | **Verified or Not** | **If NO, comments** | | Name of the Insured patient |  | {{patient\_name}} |  |  | | Date of Birth/Age |  | 73/Male |  |  | | Age proof |  |  |  |  | | Occupation |  |  |  |  | | **Policy Details** | | | | | | Policy No | 422800/48/2024/991 | | | | | Policy holder Name and Relation | Mr. Dinesh Kumar Patel Y B. , Father | | | | | Policy Type | Floater | | | | | **Claim details** | | | | | | Date and Time of Admission |  | | | | | Date and Time of Discharge |  | | | | | ICU Admission Details |  | | | | | Cashless/Non-cashless |  | | | | | Pre-Auth Details(Amount,Estimates,Medical History etc) |  | | | | | Diagnosis |  | | | | | Treatment |  | | | | | Hospital Name and Address | {{hospital\_name}} | | | | | Registration and Other details(Attach hospital information sheet and related documents |  | | | | | **Ailment details** | | | | | | Onset of symptoms |  | | | | | First consultation | Dr. Krishnamurthy H A | | | | | Referral Doctor's detail |  | | | | | Initial treatment Details | Surgical | | | | | Pre Hosp Inv and Treatment details |  | | | | | Post Hosp Inv and treatment details |  | | | | | Investigations Suggesting Diagnosis (Attach relevant copies) |  | | | | | Outcome | Genuine | | | | | | |
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| **INSURED'S ADDRESS DETAILS** |  | | | | |
| **OPINION** |  | | | | |
| **INSURED'S INTERVIEW** |  | | | | |
| **list OF DOCUMENTS COLLECTED**  IP Entry, Case sheet, Final bills, Pharmacy bills and Lab Reports | | | | | |
| **Signature** | ..\bl.jpg | **Date :** | **02-Mar-2024** | **Place** | Hyderabad |