**Global Insurance Claim Solutions – Final Report**

|  |  |
| --- | --- |
| Insured Name | {pname} |
| Claim number | {claimno} |
| Hospital name | {hname}, {hplace} |
| Trigger | {triggers} |
| D O Intimation | {doi} |
| DOJ | {doj} |
| DOA | {doa} |
| DOD | {dod} |
| Insured  / Doctor Finding | Claimant statement:   * Admitted with C/o. * Don’t have any other health issue like DM / SHT / TB / BA / CAD / Arthritis Etc., * No previous Hospitalization in the past * Hospitalized from {doa} to {dod}   Doctor statement: |
| Hospital records | **{hname}, {hplace}:**  Hospitalization from {doa} to {dod}   * Admitted with C/o.   Course of Treatment |
| Other findings |  |
| Evidences attached | * Insured part, Hospital part, Bill verification Etc., |
| FINAL RECOMMENDATION | **Rejection / Payable – PID : {doj}.**  **Decision to be taken by the higher authorities as per available**  **documents, policy terms and conditions** |

