

NAME OF THE HOSPITAL: _____

3). Acute Pancreatitis with Pseudocyst (Infected) 3 Weeks Stay-3 Weeks Stay: M14V1.11

1. Name of the Procedure: Acute Pancreatitis with Pseudocyst (Infected) 3 Weeks Stay
2. Indication: Acute Pancreatitis with Pseudocyst (Infected)
3. Did the patient present with symptoms of fever, abdominal pain and bloating, on examination finding of tender mass in abdomen: Yes/No
4. If the answer to question 3 is Yes is there evidence of elevated Serum Amylase/ Lipase levels: Yes/No (Upload Report)
5. If the answer to question 4 is Yes then is there evidence of Acute Pancreatitis with Pseudocyst formation on CECT Abdomen/ EUS/ MRI : Yes/No (Upload report & film)
6. If the answer to question 5 is Yes are the following test i.e CBC, renal function tests, liver function tests, blood and urine cultures (report submitted at the time of claim), coagulogram & arterial blood gas analysis being done: Yes/No (Upload reports)

For eligibility for Acute Pancreatitis with Pseudocyst (Infected) 3 Weeks Stay, the answer to question 6 should be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
