

NAME OF THE HOSPITAL: _____

9). Neuroinfections - Pyogenic Meningitis - Min 10 Days - ICU, 7 Days - Ward Stay: M9T3.6

1. Name of the Procedure: Neuroinfections - Pyogenic Meningitis - Min 10 Days - ICU, 7 Days - Ward Stay

2. Indication: Neuroinfections - Pyogenic Meningitis

3. Does the patient presented with fever/ headache/ altered sensorium/ convulsion/ coma: Yes/No

4. If the answer to question 3 is Yes then is there evidence of Meningitis documented on CT/ MRI with or without contrast: Yes/ No (Upload reports)

5. If the answer to question 4 is Yes is there evidence of Neutrophilicpleocytosis and gram staining showing bacteria on CSF examination: Yes/ No (Upload reports)

(CSF culture – optional – report submitted at the time of claim)

For Eligibility for Neuroinfections - Pyogenic Meningitis - Min 10 Days - ICU, 7 Days - Ward Stay the answer to question 5 must be YES

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

Treating Doctor Signature with Stamp
