

NAME OF THE HOSPITAL: _____

1). SLE with Sepsis 4 Weeks Stay: M12T6.1

1. Name of the Procedure: SLE with Sepsis 4 Weeks Stay
2. Indication: SLE with Sepsis
3. Does the patient presented with evidence of skin, gastrointestinal, respiratory, central nervous system infection: Yes/No
4. If the answer to question 3 is Yes then is there evidence of SLE on ANA/dsDNA test: Yes/No (Upload report either old or new)
5. If the answer to question 4 is Yes is there evidence of source of infection documented through investigations like CBC/ C3 C4/ Evidence of Infection (Blood culture/ X ray chest/ Sputum examination/ urine culture): Yes/No (Upload reports) – Culture report and C3 C4 can be submitted at the time of claim.

For Eligibility for SLE with Sepsis the answer to question 5 must be YES

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

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NAME OF THE HOSPITAL: _____

2). Scleroderma 7 Days Stay: M12T6.2

1. Name of the Procedure: Scleroderma 7 Days Stay
2. Indication: Scleroderma
3. Does the patient presented with Skin tightening/ pinched nose/ arthritis/ sclerodactyly of fingers/ shiny or puffy hands/ salt and pepper pigmentation over skin/ rash/ fever low grade/ history of Raynaud's phenomenon: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes then are the following tests being done ANA & Anti SCL 70 antibody/ Skin Biopsy: Yes/No (Upload reports either old or new)

For Eligibility for Scleroderma the answer to question 4 must be YES

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NAME OF THE HOSPITAL: _____

3) MCTD Mixed Connective Tissue Disorder 7 Days Stay: M12T6.3

1. Name of the Procedure: MCTD Mixed Connective Tissue Disorder 7 Days Stay
2. Indication: MCTD Mixed Connective Tissue Disorder
3. Does the patient presented with skin tightening/ pinched nose/ arthritis/ sclerodactyly of fingers/ shiny or puffy hands/ rash/ arthritis/ alopecia/ muscle weakness: Yes/No (Upload clinical photograph)
4. If the answer to question 3 is Yes then are the following tests being done ANA, Anti U1 RNP/ Renal biopsy/ CPK, RA: Yes/No (Upload reports either old or new) Anti U1 RNP, Renal biopsy can be submitted at the time of claim.

For Eligibility for MCTD Mixed Connective Tissue Disorder the answer to question 4 must be YES

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NAME OF THE HOSPITAL: _____

4) Primary Sjogren's Syndrome 7 Days Stay: M12T6.4

1. Name of the Procedure: Primary Sjogren's Syndrome 7 Days Stay
2. Indication: Primary Sjogren's Syndrome
3. Does the patient presented with Dryness of Mouth and Eyes: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done ANA, Anti SSA (Anti Ro) & Anti SSB (Anti La): Yes/No (Upload reports either old or new)

For Eligibility for Primary Sjogren's Syndrome the answer to question 4 must be YES

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NAME OF THE HOSPITAL: _____

5) Vasculitis 10 Days Stay: M12T6.5

1. Name of the Procedure: Vasculitis 10 Days Stay
2. Indication: Vasculitis
3. Does the patient presented with skin rash/ palpable purpura/ respiratory symptoms/ renal symptoms: Yes/No (Upload clinical photograph)
4. If the answer to question 3 is Yes then are the following tests being done ANCA(c or p), ANA / Renal biopsy/ Skin biopsy, Urine routine, ESR, CT or MRI Angiography: Yes/No (Upload reports) – CT or MRI Angiography can be optional
Renal biopsy/ Skin biopsy can be submitted at the time of claim.

For Eligibility for Vasculitis the answer to question 4 must be YES

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NAME OF THE HOSPITAL: _____

6) SLE (Systemic Lupus Erythematosus) 10 Days Stay: M12T6.6

1. Name of the Procedure: SLE (Systemic Lupus Erythematosus) 10 Days Stay
2. Indication: SLE (Systemic Lupus Erythematosus)
3. Does the patient presented with fever/ malar rash/ arthritis/ alopecia/ photosensitivity/ recurrent oral ulcers/ neuropsychiatric/ hematological manifestations/ renal symptoms/ serositis: Yes/No (Upload clinical photograph)
4. If the answer to question 3 is Yes then is there evidence of SLE ascertained through tests like 24 Hour urine protein, ACL Antibodies/ ANA/ Anti DSDNA/ C3 C4: Yes/No (Upload reports either old or new) – 24 hour urine protein estimation report can be submitted at the time of claim

For Eligibility for SLE (Systemic Lupus Erythematosus) the answer to question 4 must be YES

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

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