

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

Customer Information Sheet - MEDICLASSIC INSURANCE POLICY (INDIVIDUAL)

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.II/400/13-14

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
Coverage	a. In-patient Treatment- Covers hospitalisation expenses for period more than 24 hrs.	1.0 (A) (B) & (C)
	b. Emergency Ambulance- Up to Rs. 750/- per hospitalization for utilizing ambulance service for transporting insured person to hospital in case of an emergency.	1.0 (D)
	c. Pre-Hospitalisation- Medical Expenses incurred up to 30 days prior to hospitalisation,	1.0 (E)
	d. Post-Hospitalisation- Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs. 5000/-	1.0 (F)
	e. Day-Care procedures- Medical Expenses for enlisted 101 Day care procedures	Attached
	f. Cost of engaging one attendant Rs.400/- per day for each completed day	1.0 (H)
	g. Cash benefit for each completed day of hospitalisation Rs.1000/- for each completed day	1.0 (I)
	h. Restoration of Sum Insured : Automatic restoration of sum insured once during the currency of the policy period on exhaustion of the sum insured	4 (12)
Major Exclusions	1. Any hospital admission primarily for investigation/diagnostic purposes	3(11)
	2. Pregnancy (other than ectopic pregnancy) infertility, congenital external disease/defects	3(13)
	3. Non Allopathic Medicine (Covered upto 25% of sum insured subject to a maximum of Rs.25000/- per policy period)	3(20)
	4. Treatment out side India	4(16)
	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	3(6)
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs	3(8), 3(16) & 3(17)
	7. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS HIV	3(9), 3(10)
	8. War and nuclear perils	3(4)
	9. Naturopathy Treatment	3(14)

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
Major Exclusions	10.Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy	3(18)
	11.Hospital registration charges, admission charges, record charges telephone charges and such other charges	3(15)
	The exclusions given above is only a partial list. Please refer the policy clause for the complete list.	
Waiting Period	a. Pre existing diseases will be covered after a waiting period of 48 months	3 (1)
	b. Diseases contracted during the first 30 days from the commencement date of the policy (not applicable for subsequent renewals)	3 (2)
	c. 24 months for specific illness during the first 2 years from the commencement date of the policy (not applicable for subsequent renewals)	3 (3 [a,b,c,d,e,f,])
Payout	Cashless or reimbursement of covered expenses upto the specified limit	1(A)(B)& (C)
Co-payment	10% of each and every claim for persons beyond 60 years at entry level and their subsequent renewals	3 (21)
Renewal Condition	Life long renewal subject to payment of renewal premium in full before the due date	4 (8)
	Grace period of 30 days for renewing the policy is provided	
Renewal Benefit	Cost of Health Checkup – 1% of the average sum insured for every block of 4 claim free years Bonus eligibility : 5% subject to a maximum of 25% of the basic sum insured for every claim free year	1.0(G) 4(9)
Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	4(13)
Claim under 2 policy periods	If any admissible claim falls under 2 policy period, the renewal policy sum insured also shall be taken into account for claims settlement	4(6)

Mediclassic Insurance Policy (Individual)

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.II/400/13-14

(LEGAL DISCLAIMER) NOTE : The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD (also known as Customer Information Sheet) and the policy document the terms and conditions mentioned in the policy document shall prevail



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MEDICLASSIC INSURANCE POLICY (INDIVIDUAL)

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.II/400/13-14

The proposal and declaration given by the proposer and other documents if any shall be the basis of this Contract and is deemed to be incorporated herein.

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or injury shall require the insured Person/s, upon the advice of a duly Qualified Physician/Medical Specialist /**Medical Practitioner** or of duly **Qualified Surgeon** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **in-patient**, the **Company** will pay to the **Insured Person/s** the amount of such expenses as are **reasonably and necessarily** incurred up-to the limits indicated in the schedule but not exceeding the **sum insured** in aggregate in any one period stated in the schedule hereto.

1.0 Coverage

- A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the Sum Insured, subject to a maximum of Rs.5,000/- per day
- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.
- D) Emergency ambulance charges up-to a sum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.
- E) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- F) Post –Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs5000/- per hospitalization. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken
- G) Expenses incurred towards Cost of Health check-up up-to 1% of the average Sum Insured of the eligible block subject to a maximum of Rs 5000/- is payable. This benefit is available for sum insured of Rs 200000/- and above only. The insured person becomes eligible for this benefit after continuous coverage under this policy after every block of 4 claim free years with the Company and payable on renewal
- H) The cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day.

This benefit is applicable only for insured persons above 60 years of age and becomes payable only upon a valid claim for hospitalization.
- I) Cash Benefit of Rs 1000/-for each completed day of hospitalization subject to a maximum of 7 days per occurrence and 14 days per policy period, is payable, provided however there is a valid claim for hospitalization. For the purpose of cash benefit the days of admission and discharge will not be taken into account.

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

Note: Benefits given under H and I above are optional and effective only if specifically opted for and shown in the Policy Schedule.

Where Package rates are charged by the hospitals, the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at Rs 5000/- per day.

The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours. However this time limit will not apply to the day-care treatments detailed elsewhere in the policy.

The expenses incurred on treatment of cataract are payable up-to the limits mentioned hereunder:-

Sum Insured Rs.	Limit for Cataract Surgery Rs.
Up to 2,00,000/-	12,000/- per person per policy period
3,00,000/- to 5,00,000/-	20,000/- per eye per person and not exceeding 30,000/- per policy period
Above 5,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per policy period

Expenses relating to the hospitalization will be considered in proportion to the **room rent** stated in the policy.

Company's liability in respect of all claims admitted during the period of insurance shall not exceed the sum insured per person mentioned in the schedule.

2. DEFINITIONS

Accident/Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Attendant means any person other than a relative of the Insured Person who is engaged for the sole purpose of attending to the Insured Person

Any one Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

Basic Sum Insured means the sum insured opted for and for which the premium is paid.

Company means Star Health and Allied Insurance Company Limited

Condition Precedent shall mean a policy term or condition upon which the insurer's liability under the policy is conditional upon

Congenital Internal means congenital anomaly which is not in the visible and accessible parts of the body

Congenital External means congenital anomaly which is in the visible and accessible parts of the body

Co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder / insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

Day means a period of 24 consecutive hours.

Day Care Treatment means medical treatment, and/or surgical procedure which is:- undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and - which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

Disclosure to information norm means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

Hospital / Nursing Home means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped operation theater of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Insured Person means the name/s of persons shown in the schedule of the Policy

In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

Limit of Coverage means Basic Sum Insured plus the Bonus earned wherever applicable.

Medically Necessary means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

Network Hospital means all such hospitals, day care centers or other providers that the Company has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the Company and subject to amendment from time to time.

Non Network Hospital means any hospital, day care centers or other provider that is not part of the network

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another

Pre-Existing Disease means any condition, ailment or injury or related condition (s) for which the insured had signs or symptoms and/or were diagnosed and/or received medical advice /treatment within 48 months prior to the Insured's first policy with any Indian insurer

Pre Hospitalization means Medical Expenses incurred immediately before the Insured Person is Hospitalized, provided that :

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Post Hospitalization means Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .

Room Rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.

Sum Insured wherever it appears shall mean Basic Sum Insured only, except otherwise expressed

Surgery/Surgical Operation means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Zone 1 means Delhi (including Noida, Gurgaon Ghaziabad and Faridabad) Mumbai (including Thane) Pune and the State of Gujarat

Zone 2 means rest of India (other than those mentioned in Zone 1)

Unproven / Experimental means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

3. EXCLUSIONS

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the First two Years of continuous operation of insurance cover,
 - a. The expenses for treatment of cataract, glaucoma, retinal detachment / macular degeneration, prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, sinusitis, tonsillitis, nasal polyps, Chronic Suppurative Otitis Media and related disorders, stapedectomy, hernia, hydrocele, fistula / fissure in ano and hemorrhoids, congenital internal disease/defect .
 - b. All treatments (conservative, interventional, laparoscopic and open) for Hepatobiliary gall bladder and pancreatic calculi and genitourinary calculi.
 - c. All treatments (conservative, interventional, laparoscopic and open) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
 - d. Conservative and operative treatment of joint diseases [other than caused by accident]
 - e. All types of joint replacement (other than caused by accident)
 - f. Degenerative disc and vertebral diseases and degenerative diseases of the musculo-skeletal system

This exclusion 3 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break.

The claim for such illnesses/diseases/disabilities contracted/suffered if admitted will be processed as per the sum insured of immediately preceding 24 months policy only and where there is a change in the sum insured in the second continuous policy year the lower of the sum insured will apply.

If these are pre-existing at the time of proposal they will be covered subject to the waiting period mentioned in exclusion 1 above

4. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
5. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
6.
 - a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
 - b) Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
 - c) Inoculation or change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness).
7. Cost of spectacles and contact lens, hearing aids including cochlear implants, walkers, crutches, wheel chairs including CPAP, CAPD, infusion pump and such other similar aids.
8. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization.
9. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.

11. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
13. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic gestation pregnancy), family planning treatment. All types of treatment for infertility
14. Naturopathy treatment, unconventional, untested/unproven therapies
15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of eye disorders requiring intra-vitreous injections.
17. Expenses incurred on weight control services including surgical procedures for treatment of obesity and medical treatment for weight control
18. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies.
19. Stem cell implantation and / or therapy
20. Expenses incurred for treatment of diseases/illness/accidental injuries by system of medicines other than allopathic shall be restricted to 25% of the sum insured subject to a maximum of Rs 25000/- during entire policy period.
21. 10% of each and every claim amount for insured persons beyond 60 years at entry level and their renewals thereafter.
22. Other expenses as detailed elsewhere in the policy.

4. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the time of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: Conditions 2 and 3 are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

4. The Insured Person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim

Documents to be submitted in support of claim are –

For reimbursement claims

- a. Duly completed claim form and
- b. Pre-admission investigations and treatment papers
- c. Discharge summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

For Cashless Treatment:

Prescriptions and receipts for Pre and Post-hospitalisation.

Note: The Company reserves the right to call for additional documents wherever required

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

5. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier. However this will not apply to the Cash benefit under 1.0 above.
7. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
8. **Renewal:** The policy will be renewed except on grounds of misrepresentation/fraud committed, non-disclosure of material facts as declared in the proposal form.

If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured then the waiting period as applicable to a fresh policy will apply to additional sum insured as if a separate policy has been issued for the difference. In other words the enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy periods.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

9. **Bonus:** The insured person will be eligible for Bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25%. Such bonus will be available on that part of the basic sum insured which is continuously renewed without any break. In the event of a claim, the Bonus will be reduced by 5% of the basic sum insured. However the basic sum insured will not be reduced.
10. **Free Look Period :** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy

11. **Portability:** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-2828869

12. Automatic restoration of sum insured

There shall be automatic restoration of the basic sum insured by 200%, once during the policy period, immediately upon exhaustion of the limit of coverage which has otherwise been defined.

It is made clear that such restored sum insured can be utilized only for illness /disease directly or remotely unrelated to the illness /diseases for which claim/s was /were made. This facility is not available for Family Package Plan. Further, this restoration will cease to operate upon the expiry of this policy.

- 13. Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

For policies with one year term	
PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3 rd of annual premium
Up to three months	1/2 of annual premium
Up to six months	3/4 th of annual premium
Exceeding six months	Full annual premium
For policies with 2 years term	
Up to two-month	1/3 rd of policy premium
Up to six months	1/2 of policy premium
Up to twelve months	3/4 th of policy premium
Exceeding twelve months	Full policy premium

- 14. Automatic Termination:** The insurance under this policy with respect to each relevant insured person policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person
- ✓ Upon exhaustion of the sum insured under the policy

- 15.** If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

- 16.** All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.

- 17. Package Charges:** The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)

- 18.** Special conditions applicable to Family Package Plan

- ◆ Family means the Insured Person, insured spouse and insured dependent children not exceeding two in numbers.
- ◆ The sum insured is to be equally apportioned among all the persons insured.
- ◆ Each family member is covered up-to his/her limit only.
- ◆ No transfer of unutilized balance sum insured to other insured persons is permissible.

- ◆ Health check-up benefit will be calculated on the policy sum insured and equally divided among all the insured persons.
- ◆ Where any insured member has made a claim then he/she would not be eligible for his/her share of Health check-up benefit. However the other insured members can avail the health check-up benefit up-to their respective share.
- ◆ The automatic restoration of sum insured facility is not applicable for this Plan.
- ◆ Bonus is not applicable for this plan.
- ◆ The insurance with respect to each relevant person shall terminate immediately on earlier of the following events:
 - ✓ Upon death of the insured person
 - ✓ Upon exhaustion of the sum insured with respect to that insured person

19. **Important Note:** The terms conditions and exceptions that appear in the policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

Note 1: It is hereby made clear that in such contracts of insurance which are issued for a period of two years, the Sum Insured mentioned in the Schedule shall be limited to the sum mentioned, for each of the two years, without any carry over benefit thereof.

Note 2: In so far as the benefits which are relatable to policy periods, such benefits shall be available for both years but limited to such sums mentioned, for each year.

The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.

20. **Policy disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

21. **Notices :** Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to **Star Health and Allied Insurance Company Limited**, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Toll Free Fax No.: 1800-425-5522, Toll Free No.:1800-425-2255 / 1800-102-4477, E-Mail : support@starhealth.in.

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

22. **Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours

23. **Grievances:** In case the Insured Person is aggrieved in any way, the insured may contact the Company at the specified address, during normal business hours.

Grievance Department : Star Health and Allied Insurance Company Limited, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, Phone: 044-28243921 during normal business hours. or Send e-mail to grievances@starhealth.in. Senior Citizens may Call 044-28243923.

In the event of the following grievances:

- a. any partial or total repudiation of claims by the Company
- b. any dispute in regard to premium paid or payable in terms of the policy;
- c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d. delay in settlement of claims;
- e. non-issuance of any insurance document to customer after receipt of the premium

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch office of Star Health and Allied Insurance Company Limited are located.

LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg., Near S.V. College, Relief Road, Ahmedabad - 380001. Phone: 079 - 25501201-02-05-06 Email ID : bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 -2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 -2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 –D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 -2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 -24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 -23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati –781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 -2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 -23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 -2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 -22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 -2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 -26106552 / 26106960 Fax: 022 -26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane ex- cluding Mumbai Metropolitan Region.

List of Day Care Treatments

ENT

- 1 Stapedotomy
- 2 Stapedectomy under LA
- 3 Revision of a stapedectomy
- 4 Endoscopic Stapedectomy
- 5 Stapedectomy under GA
- 6 Ossiculoplasty
- 7 Myringoplasty(Type I Tympanoplasty)
- 8 Tympanoplasty (Type II)
- 9 Tympanoplasty (Type III)
- 10 Tympanoplasty (Type IV)
- 11 Endolymphatic Sac Surgery for Meniere's Disease
- 12 Myringotomy with Grommet Insertion
- 13 Removal of Tympanic Drain under LA
- 14 Fenestration of the inner ear
- 15 Revision of the fenestration of the inner ear.
- 16 Labyrinthectomy for severe Vertigo
- 17 Vestibular Nerve section
- 18 Turbinectomy
- 19 Turbinoplasty
- 20 Conchoplasty
- 21 Septoplasty
- 22 Reduction of fracture of Nasal Bone
- 23 Pseudocyst of the Pinna - Excision
- 24 Incision and drainage - Haematoma Auricle
- 25 Keloid excision
- 26 Incision and drainage of perichondritis
- 27 Exision of Angioma Septum
- 28 Thyroplasty Type I
- 29 Thyroplasty Type II
- 30 Uvula Palato Pharyngo Plasty

Ophthalmology

- 31 Incision of tear glands
- 32 Other operation on the tear ducts
- 33 Incision of diseased eyelids
- 34 Exision and destruction of the diseased tissue of the eyelid
- 35 Operation on the canthus and epicanthus
- 36 Corrective surgery of the entropion and ectropion
- 37 Corrective surgery of blepharoptosis
- 38 Removal of foreign body from conjunctiva
- 39 Removal of Foreign body from cornea
- 40 Incision of the cornea
- 41 Operations for pterygium
- 42 Other operations on the cornea
- 43 Removal of foreign body from the lens of the eye.
- 44 Removal of foreign body from the posterior chamber of the eye
- 45 Removal of foreign body from the orbit and the eye ball.
- 46 Surgery for cataract

General Surgery

- 47 Incision of a pilonidal sinus abscess
- 48 Incision and drainage of Abscess
- 49 Wound debridement and Cover
- 50 Abscess-Decompression
- 51 Split Skin Grafting under RA.
- 52 Split Skin Grafting under GA

- 53 Exision of Ranula under GA
- 54 Partial glossectomy
- 55 Glossectomy
- 56 Reconstruction of the tongue
- 57 Excision of Pharyngeal Diverticulum
- 58 Doleman Procedure
- 59 Resection of submandibular salivary glands
- 60 Reconstruction of a salivary gland and salivary duct
- 61 Submandibular Sialolithotomy
- 62 Plastic surgery to the floor of the mouth.under GA
- 63 Rigid Oesophagoscopy for PV syndrome
- 64 Rigid Oesophagoscopy for FB removal
- 65 Rigid Oesophagoscopy for dilation of benign Strictures
- 66 Palatoplasty
- 67 Vocal Cord laterisation Procedure
- 68 Transoral incision and drainage of a pharyngeal abscess
- 69 Tonsillectomy without adenoidectomy
- 70 Tonsillectomy with adenoidectomy
- 71 Incision & Drainage of Retro Pharyngeal Abscess
- 72 Incision & Drainage of Para Pharyngeal Abscess

Urology

- 73 Bladder Neck Incision
- 74 Cystoscopy & Biopsy
- 75 Cystoscopy and removal of polyp
- 76 Hydrocelectomy
- 77 Eversion of Sac
 - A) Unilateral
 - b)Bilateral
- 78 Lord's plication
- 79 Jaboulay's Procedure
- 80 Scrotoplasty
- 81 Debridement of Fournier's Gangrene
- 82 Surgical treatment of varicocele
- 83 Epididymectomy
- 84 Reconstruction of the spermatic cord
- 85 Reconstruction of the ductus deferens
- 86 Circumcision for Trauma
- 87 Amputation of the Penis
- 88 Meatoplasty
- 89 Partial amputation of the Penis
- 90 Cystoscopic Litholapaxy
- 91 ESWL
- 92 Haemodialysis

ONCOLOGY

- 93 Cancer Chemo therapy
- 94 EB RT - Telecobalt
- 95 EB RT - LINAC
- 96 EB RT - Rapid Arc
- 97 EB RT - IGRT
- 98 EB RT - SRS / SRT
- 99 Intra cavity RT
- 100 Brachytherapy - HDR
- 101 Brachy therapy - LDR

The standard exclusions and waiting period are applicable to all of the above mentioned day care procedure. Only 24 hrs hospitalization is not mandatory.

Other Excluded Expenses

Sl. No.	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		32	LAUNDRY CHARGES	Not Payable
1	HAIR REMOVAL CREAM	Not Payable	33	MINERAL WATER	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable	34	OIL CHARGES	Not Payable
3	BABY FOOD	Not Payable	35	SANITARY PAD	Not Payable
4	BABY UTILITES CHARGES	Not Payable	36	SLIPPERS	Not Payable
5	BABY SET	Not Payable	37	TELEPHONE CHARGES	Not Payable
6	BABY BOTTLES	Not Payable	38	TISSUE PAPER	Not Payable
7	BRUSH	Not Payable	39	TOOTH PASTE	Not Payable
8	COSY TOWEL	Not Payable	40	TOOTH BRUSH	Not Payable
9	HAND WASH	Not Payable	41	GUEST SERVICES	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable	42	BED PAN	Not Payable
11	POWDER	Not Payable	43	BED UNDER PAD CHARGES	Not Payable
12	RAZOR	Payable	44	CAMERA COVER	Not Payable
13	SHOE COVER	Not Payable	45	CLINIPLAST	Not Payable
14	BEAUTY SERVICES	Not Payable	46	CREPE BANDAGE	Not Payable / Payable by the patient
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine	47	CURAPORE	Not Payable
16	BUDS	Not Payable	48	DIAPER OF ANY TYPE	Not Payable
17	BARBER CHARGES	Not Payable	49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
18	CAPS	Not Payable	50	EYELET COLLAR	Not Payable
19	COLD PACK/HOT PACK	Not Payable	51	FACE MASK	Not Payable
20	CARRY BAGS	Not Payable	52	FLEXI MASK	Not Payable
21	CRADLE CHARGES	Not Payable	53	GAUSE SOFT	Not Payable
22	COMB	Not Payable	54	GAUZE	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable	55	HAND HOLDER	Not Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
25	EYE PAD	Not Payable	57	INFANT FOOD	Not Payable
26	EYE SHEILD	Not Payable	58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
27	EMAIL / INTERNET CHARGES	Not Payable	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable	59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
29	FOOT COVER	Not Payable	60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
30	GOWN	Not Payable	61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable	62	HORMONE REPLACEMENT THERAPY	Not Payable
			63	HOME VISIT CHARGES	Not Payable

64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERINGFROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable, except to the extent provided under exclusion no : 10
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately.
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable

83	SPUTUM CUP	Payable under Investigation charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable- Part of Dressing Charges
88	COTTON	Not Payable Part of Dressing Charges
89	COTTON BANDAGE	Not Payable Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately

98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry / Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not payable part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable

120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMUNE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not Payable
135	INFUSION PUMP - COST	Device not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not Payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not Payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.

151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs.200/day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable or hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed

161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU, For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable/ unsterilized gloves not payable
164	HIV KIT	Payable - payable pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not payable/Post Bite Vaccination payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable Part of Hospital's internal Cost

OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERRAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not Payable pre hospitalization or post hospitalization/ Reports and Charts

		required/Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable Ambulance from home to hospital or interhospital shifts is payable /RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost-maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc, where it should be paid

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