

**Bajaj Allianz General Insurance Company Limited**  
**GE Plaza, Airport Road, Yerewada, Pune-411006, Reg. no. 113**  
**CIN: U66010PN2000PLC015329**

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## **Extra Care Plus** **Policy Wordings**

### **Preamble**

Whereas the Insured described in the Schedule hereto (hereinafter called 'the Insured') by a Proposal and declaration which shall be the basis of this Contract and is deemed to be incorporated herein has applied to Bajaj Allianz General Insurance Company Limited (hereinafter called 'the Company') for the insurance hereinafter contained and has paid the premium as stated in the Schedule hereto as consideration for the indemnity hereinafter contained. This Policy records the entire agreement between us and sets out what we insure, how we insure it, and what we expect of you.

### **A. DEFINITIONS**

1. **Accident, Accidental –**  
An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Aggregate Deductible**  
Aggregate deductible is a cost sharing requirement under this policy that provides the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period
3. **Alternative treatments**  
Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
4. **Any one illness**  
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 may have been taken.
5. **Bajaj Allianz Network Hospitals / Network Hospitals**  
Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website [www.bajajallianz.com](http://www.bajajallianz.com).
6. **Bajaj Allianz Diagnostic Centre**  
Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request. For updated list please visit our website [www.bajajallianz.com](http://www.bajajallianz.com).
7. **Cashless facility**  
"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
8. **Co-Payment**  
A 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.
9. **Condition Precedent**  
Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**10. Congenital Anomaly**

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly  
Congenital anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly  
Congenital anomaly which is in the visible and accessible parts of the body

**11. Contribution**

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

**12. Day care centre**

A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner (s) in charge has a fully equipped operation theatre of its own where surgical procedures are carried out- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

**13. Day Care Treatment**

Day care treatment refers to medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. 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.

**14. Dental Treatment**

Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

**15. Disclosure to information norm**

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.

**16. Emergency Care**

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

**17. Grace Period**

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.

**18. Hospital**

A hospital 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 theatre 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

**19. Hospitalisation**

Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

**20. Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.

**21. Inpatient Care**

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**22. Injury/ Bodily Injury**

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**23. Intensive Care Unit**

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**24. Limit of Indemnity**

Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover and subject to the limits specified.

**25. Maternity Expenses**

Maternity expenses shall include—

Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).

Expenses towards lawful medical termination of pregnancy during the Policy period.

**26. Medical Advise**

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

**27. Medical expenses**

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**28. Medical Practitioner/ Physician/ Doctor:**

A 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 thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

**29. Medically Necessary**

Medically necessary treatment is defined as 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.

**30. Named Insured/ Insured:**

Insured means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 80years of age at the commencement of the Policy Period.

**31. Non- Network**

Any hospital, day care centre or other provider that is not part of the network.

**32. Notification of Claim**

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

**33. OPD treatment**

OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

**34. Portability**

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.

**35. Pre-Existing Disease**

Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.

**36. Pre-hospitalization Medical Expenses**

Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

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

**37. Post-hospitalization Medical Expenses**

Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that:

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

**38. Qualified Nurse**

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.

**39. Reasonable and Customary Charges**

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

40. **Room rent**  
Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
41. **Renewal**  
Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
42. **Surgery**  
Surgery or Surgical Procedure 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
43. **Schedule** means the schedule and any annexure to it.
44. **Unproven/Experimental treatment**  
Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
45. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.
46. **We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

## B. OPERATIVE PARTS

### Scope of Cover

The Company hereby agrees to pay in respect of an admissible claim amount in excess of Aggregate deductible, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

Any claim under this policy shall be payable by the Company only if the aggregate of covered Reasonable Medical Expenses during the policy period exceeds the aggregate deductible limit provided in the Policy Schedule, subject to a maximum of Sum Insured.

### Coverage

#### 1. **Medical Expenses**

If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred as below:-

##### **a. In patient Hospitalisation expenses:-**

- i. Room Rent/Boarding and Nursing Expenses
- ii. ICU Rent/Boarding and Nursing Expenses
- iii. Fees of Medical Practitioner, Surgeon , Anaesthetist, Nurses and Specialist Doctor
- iv. Operation theatre charges, Anesthesia, surgical appliances, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical process

##### **b. Pre-hospitalisation expenses**

The medical expenses incurred in the 60 days period immediately before you were hospitalised, provided that:

- i. Such medical expenses were incurred for the same condition requiring subsequent Hospitalisation, and;
- ii. We have accepted the claim under In-Patient Hospitalisation expenses

##### **c. Post-hospitalisation expenses**

The medical expenses incurred in the 90 days period immediately after you were discharged, provided that:

- i. Such medical expenses were incurred for the same condition requiring earlier Hospitalisation, and;

- ii. We have accepted the claim under In-Patient Hospitalisation expenses

**d. Day care treatment**

We will pay you the medical expenses as listed above under In-patient Hospitalisation Expenses for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. List of Day Care Procedures is given in the annexure I of Policy wordings.

**2. Maternity Expenses:**

We will pay the Medical Expenses related to pregnancy, childbirth or medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person as below:-

- i. We will cover the Medical expenses for maternity including complications of maternity over and above the aggregate deductible limit as specified under the policy schedule
- ii. We will also cover expenses towards lawful medical termination of pregnancy during the Policy period.
- iii. In patient Hospitalization Expenses of pre-natal and post-natal hospitalization
- iv. Waiting Period of 12 months from the date of inception of the first Extra Care Plus Policy with us. However this 12 months exclusion would not be applicable in case of continuous renewal of Extra Care Plus Policy without break in cover.

**3. Ambulance Expenses**

If a claim under Medical Expenses is accepted, We will also pay the ambulance expenses to a maximum of Rs3000/- per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.

**4. ORGAN DONOR EXPENSES**

We will pay for Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor provided that,

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
  - ii. The organ donated is for the use of the Insured Person, and
  - iii. We have accepted an inpatient Hospitalisation claim for the insured member under medical expenses section
- Specific exclusions applicable to Organ Donor Expenses:**
1. Claims which have NOT been admitted under Medical expenses section
  2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
  3. The organ donors Pre and Post-Hospitalisation expenses.

**Additional benefits (Additional benefits for which aggregate deductible is not applicable)**

**1. Free Medical Check-up**

At the end of every continuous period of 3 years during which You have held Extra Care Plus policy with us, We will reimburse free medical checkup expenses as below

- The actual amount of medical checkup expenses up to Rs. 1000/- for policy covering 1 member.
- The actual amount of medical checkup expenses up to Rs. 2000/- for policies covering more than 1 member under the same policy.

For the avoidance of doubt, We shall only be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.

**OPTIONAL COVER:**

**1. AIR AMBULANCE COVER**

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Extra Care Plus Policy is extended to pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the illness / accident to the nearest hospital during policy period which directly and independently of all other causes results in emergency life threatening health conditions provided such hospitalization claim is admissible under the Extra Care Policy. The claim would be reimbursed up to the actual expenses subject to a

maximum limit as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

**Specific Conditions applicable to Air Ambulance Cover:**

1. Return transportation to the Insured's home by air ambulance is excluded.
2. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s.
3. Deductible will not be applied on the claim admissible under Air Ambulance cover

**C. EXCLUSIONS- WHAT WE WILL NOT PAY UNDER THIS POLICY?**

1. We are not liable for claim(s) amount falling within Aggregate Deductible limit as opted and mentioned on the policy schedule.
2. Benefits will not be available for any Pre-existing condition, ailment or injury, which is declared on proposal form and accepted by us, until 12 months of continuous coverage have elapsed after the date of inception of the first Extra Care Plus policy with us.  
In case of enhancement of sum insured this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Extra Care Plus Policy without break in cover.
3. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.
4. We will also not pay for claims arising out of or howsoever connected to the following for the first 12 months of Extra Care Plus policy

1. Any types of gastric or duodenal ulcers,	12. Cataracts
2. Benign prostatic hypertrophy	13. Hernia of all types
3. All types of sinuses	14. Fistulae, Fissure in ano
4. Haemorrhoids	15. Hydrocele
5. Dysfunctional uterine bleeding	16. Fibromyoma
6. Endometriosis	17. Hysterectomy
7. Stones in the urinary and biliary systems	18. Surgery for any skin ailment
8. Surgery on ears/tonsils/adenoids/paranasal sinuses	19. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.
9. Hypertension its complications & related disorders	20. Diabetes its complications & related disorders
10. Cardiovascular disease its complications & related disorders	21. All Joint Replacement surgeries
11. Surgery for intervertebral disc disorders	

In case of enhancement of Sum Insured at the time of renewal, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Extra Care Plus policy with Us without break in cover.

5. We shall not be liable to make any payment under this Policy in connection with or in respect of maternity expenses within first 12 months from the date of inception of the first Policy with us. However the 12 months waiting period would not be applicable in case of continuous renewal of Extra Care Plus Policy without break in cover.
6. Any Medical Expenses of the new born baby
7. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth.

8. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
9. Circumcision unless required for the treatment of Illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
10. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
11. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.
12. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
13. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
14. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
15. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
16. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
17. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations
18. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.
19. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.
20. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
21. Experimental, unproven or non-standard treatment
22. Weight management services and treatment related to weight reduction programmes including treatment of obesity & treatment for arising direct or indirect complications of Obesity.
23. Treatment for any mental illness or psychiatric illness, Parkinson's disease.
24. All non-medical Items as per Annexure II
25. Any treatment received outside India.
26. Treatment for any other system other than modern medicine (also known as Allopathy)
27. Venereal disease or any sexually transmitted disease or sickness.



## **D. STANDARD TERMS AND CONDITIONS**

### **1. Conditions Precedent**

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

### **2. Incontestability and Duty of Disclosure**

The policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this policy

### **3. Insured**

Only those persons named as the insured in the Schedule shall be covered under this Policy.

### **4. Communications**

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown on the Schedule.

### **5. Claims Procedure**

All Claims will be settled by In House claims settlement team of the Company and TPA is engaged.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

#### **a. Cashless Claims Procedure:**

Cashless treatment is only available at a Network Hospital. In order to avail cashless treatment, the following procedure must be followed by You.

- i) Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre- authorization by way of the written form We will provide. Waiver of this condition shall be considered in case of emergency hospitalisation arising out of accidental bodily injury.

In the event of

- Planned Hospitalization- Insured member should intimate such admission at least 72 hours prior to the planned admission.
  - Emergency Hospitalization- the Insured member or his representative should intimate such admission within 24 hours of such admission
- ii) After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, a pre- authorization letter. The pre- authorization letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
  - iii) If the procedure above is followed, You will not be required to directly pay for the Medical Expenses above the Aggregate deductible in the Network Hospital that We are liable to indemnify under the policy and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

#### **b. Reimbursement Claim Procedure**

If pre-authorization under Cashless Claims Procedure mentioned above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then following procedure must be followed by You:

- i) You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization
- ii) You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii) You must take steps or measure to minimize the quantum of any claim that may be made under this Policy.

- iv) You must have Yourself examined by Our medical advisors if We ask for this, at the Our cost.
- v) You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation.
- vi) In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if conducted) within 30 days.
- vii) We shall make claim payment in Indian Rupees only.
- viii) In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the insured in writing, however we will retain the Photocopies of the claim documents.

**Note:** Waiver of conditions (i), (v) and (vi) may be considered where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.

\*Note: In case You are claiming for the same event under an indemnity based policy of other insurer and it is required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Photocopies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**Documents to be submitted for Claims**

- 1. First Consultation letter from the Doctor
- 2. Duly completed claim form and NEFT Form signed by the Claimant
- 3. Original Hospital Discharge Card
- 4. Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- 5. Original Money Receipt, duly signed with a Revenue Stamp
- 6. All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- 7. In case of a Cataract Operation, IOL Sticker will have to be enclosed
- 8. Claim decision letter from the other insurer in case of partial settlement
- 9. In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above.

**List of Claim Document Specific to Air Ambulance Cover (if Opted)**

- 1. Duly completed claim form signed by the Claimant
- 2. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider
- 3. In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above.

**All documents related to claims should be submitted to:**

Health Administration Team  
 Bajaj Allianz General Insurance Co. Ltd  
 2<sup>nd</sup> Floor, Bajaj Finserv Building  
 Viman Nagar, Pune 411014  
 Toll Free no: 1800 209 5858

**6. Paying a Claim**

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer 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 reviewed by it.
- iv. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection

shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under the policy.

#### 7. Basis of Claims Payment

- i) If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- ii) We shall not make any payment to You for any period of hospitalisation of less than 24 hours, except for the Day Care Procedures.
- iii) We shall make payment in Indian Rupees only.

#### 8. Nomination

The insured person is mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims under the policy in the event of death of insured person. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made.

#### 9. Consideration

The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt. The cover shall not be valid prior to the date and time of receipt of premium.

#### 10. Other Insurance/ Contribution/ Multiple Policies

If two or more policies are taken by an You/Your Family during a period from one or more insurers to indemnify treatment costs, the You/ Your Family have the right to require a settlement of Your/Your family's claim in terms of any of Your/Your family's policies.

1. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies
3. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, You/ Your Family have the right to choose insurers from whom You/ Your Family wants to claim the balance amount.
4. Where You/ Your Family has policies from more than one insurer to cover the same risk on indemnity basis, You/ Your Family shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

#### 11. Terms of Renewal

- i) Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud.
- ii) In case of Our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of 12 month waiting period. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- iii) For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.
- iv) Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- v) The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.

#### 12. Cancellation

- i. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.

- ii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

<b>Period in Risk</b>	<b>Premium Refund</b>
Up to 15 days	As per free look period clause
Exceeding 15 days but less than 2 months	75.00%
Exceeding 2 months but less than 4 months	60.00%
Exceeding 4 months but less than 6 months	45.00%
Exceeding 6 months but less than 8 months	30.00%
Exceeding 8 months but less than 10 months	15.00%
Exceeding 10 months but less than 12 months	0.00%

### 13. Free Look Period

You have a period of 15 days from the date of receipt of the policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal policies.

### 14. Discounts:

- **Employee Discount:**

20 % Discount applicable for policies issued to employees of Bajaj Allianz General Insurance Limited & its group companies.

### 15. Portability Conditions

- Retail Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life and health insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.
- Group Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were insured under Our Group Health Policy and are availing Our individual Health Plan. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Health Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular insured person leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

### 16. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

### 17. Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

### 18. Migration of policy:

- The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.

- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

#### 19. **Withdrawal of Policy**

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

#### 20. **Sum Insured Enhancement:**

- I. The Insured member can apply for enhancement of Sum Insured at the time of renewal only. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company. No midterm enhancement of Sum Insured during the currency of policy shall be allowed.
- II. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.

All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

#### 21. **Territorial Limits & Governing Law**

- a. We cover insured events arising during the Policy Period for treatment availed within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- b. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.
- c. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

#### 22. **Arbitration and Reconciliation**

- i. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties 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 the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.
- iii. 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 award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
- iv. It is also hereby 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 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, than the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- v. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

#### 23. **Fraudulent Claims**

If You make or progress any claim knowing it to be false or fraudulent in any way, than this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

**24. Applicable Law**

Indian law governs the construction, interpretation and meaning of the provisions of this Policy and the relationship between us. The section headings in this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

**25. 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. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

**26. Grievance Redressal Procedure**

**Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.**

Please read your policy and schedule.

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call our Branch office.

Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

**Bajaj Allianz General Insurance Co. Ltd**

**GE Plaza, Airport Road**

**Yerawada, Pune 411006**

**E-mail: [customercare@bajajallianz.co.in](mailto:customercare@bajajallianz.co.in)**

**Call :**

**1800-225858 (free calls from BSNL/MTNL lines only)**

**1800-1025858 ( free calls from Bharti users – mobile /landline ) or**

**020-30305858**

**Grievance Redressal Cell for Senior Citizens**

Senior Citizen Cell for Insured Person who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

**Health toll free number: 1800-103-2529**

**Exclusive Email address: [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in)**

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office Details	Jurisdiction of Office Union Territory, District
<p><b>AHMEDABAD -</b> Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in</p>	<p>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</p>

Office Details	Jurisdiction of Office Union Territory, District
<b>BENGALURU</b> Office of the Insurance Ombudsman, JeevanSoudhaBuilding, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, JanakVihar 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.
<b>BHUBANESHWAR</b> 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.
<b>CHANDIGARH -</b> 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.
<b>CHENNAI</b> 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).
<b>DELHI</b> 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.
<b>GUWAHATI</b> Office of the Insurance Ombudsman, JeevanNivesh, 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.
<b>HYDERABAD</b> 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.
<b>JAIPUR</b> 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.
<b>ERNAKULAM</b> 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.
<b>KOLKATA</b>	West Bengal,

Office Details	Jurisdiction of Office Union Territory, District
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	Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, 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, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, 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.
<b>NOIDA</b> Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 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, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA</b> 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.
<b>PUNE</b> 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 - 32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

**Note:** Address and contact number of Governing Body of Insurance Council

Secretary General - Governing Body of Insurance Council

JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054

Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: [inscoun@vsnl.net](mailto:inscoun@vsnl.net)

**Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 4000+ Network hospitals PAN India.**

**Please visit our website for list of network hospitals and network Diagnostic Centres , Website: [www.bajajallianz.com](http://www.bajajallianz.com) or get in touch with 24\*7 helpline number: 1800-103-2529 (toll free) / 020-30305858**



## Annexure I

### List of Day Care Procedures:

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure

41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b) Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
<b>Oncology</b>	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	
68 CCRT-Concurrent Chemo + RT	267 Excision of Cervical RIB
69 2D Radiotherapy	268 laparoscopic reduction of intussusception
70 3D Conformal Radiotherapy	269 Microdocheotomy breast
71 IGRT- Image Guided Radiotherapy	270 Surgery for fracture Penis
72 IMRT- Step & Shoot	271 Sentinel node biopsy
73 Infusional Bisphosphonates	272 Parastomal hernia
74 IMRT- DMLC	273 Revision colostomy
75 Rotational Arc Therapy	274 Prolapsed colostomy- Correction
76 Tele gamma therapy	275 Testicular biopsy
77 FSRT-Fractionated SRT	276 laparoscopic cardiomyotomy( Hellers)
78 VMAT-Volumetric Modulated Arc Therapy	277 Sentinel node biopsy malignant melanoma
79 SBRT-Stereotactic Body Radiotherapy	278 laparoscopic pyloromyotomy( Ramstedt)
80 Helical Tomotherapy	<b>Orthopedics</b>
81 SRS-Stereotactic Radiosurgery	279 Arthroscopic Repair of ACL tear knee

82 X-Knife SRS	280 Closed reduction of minor Fractures
83 Gammaknife SRS	281 Arthroscopic repair of PCL tear knee
84 TBI- Total Body Radiotherapy	282 Tendon shortening
85 intraluminal Brachytherapy	283 Arthroscopic Meniscectomy - Knee
86 Electron Therapy	284 Treatment of clavicle dislocation
87 TSET-Total Electron Skin Therapy	285 Arthroscopic meniscus repair
88 Extracorporeal Irradiation of Blood Products	286 Haemarthrosis knee- lavage
89 Telecobalt Therapy	287 Abscess knee joint drainage
90 Telecesium Therapy	288 Carpal tunnel release
91 External mould Brachytherapy	289 Closed reduction of minor dislocation
92 Interstitial Brachytherapy	290 Repair of knee cap tendon
93 Intracavity Brachytherapy	291 ORIF with K wire fixation- small bones
94 3D Brachytherapy	292 Release of midfoot joint
95 Implant Brachytherapy	293 ORIF with plating- Small long bones
96 Intravesical Brachytherapy	294 Implant removal minor
97 Adjuvant Radiotherapy	295 K wire removal
98 Afterloading Catheter Brachytherapy	296 POP application
99 Conditioning Radiotherapy for BMT	297 Closed reduction and external fixation
100 Extracorporeal Irradiation to the Homologous Bone grafts	298 Arthrotomy Hip joint
101 Radical chemotherapy	299 Syme's amputation
102 Neoadjuvant radiotherapy	300 Arthroplasty
103 LDR Brachytherapy	301 Partial removal of rib
104 Palliative Radiotherapy	302 Treatment of sesamoid bone fracture
105 Radical Radiotherapy	303 Shoulder arthroscopy / surgery
106 Palliative chemotherapy	304 Elbow arthroscopy
107 Template Brachytherapy	305 Amputation of metacarpal bone
108 Neoadjuvant chemotherapy	306 Release of thumb contracture
109 Adjuvant chemotherapy	307 Incision of foot fascia
110 Induction chemotherapy	308 calcaneum spur hydrocort injection
111 Consolidation chemotherapy	309 Ganglion wrist hyalase injection
112 Maintenance chemotherapy	310 Partial removal of metatarsal
113 HDR Brachytherapy	311 Repair / graft of foot tendon
<b>Plastic Surgery</b>	312 Revision/Removal of Knee cap
114 Construction skin pedicle flap	313 Amputation follow-up surgery
115 Gluteal pressure ulcer-Excision	314 Exploration of ankle joint
116 Muscle-skin graft, leg	315 Remove/graft leg bone lesion
117 Removal of bone for graft	316 Repair/graft achilles tendon
118 Muscle-skin graft duct fistula	317 Remove of tissue expander
119 Removal cartilage graft	318 Biopsy elbow joint lining
120 Myocutaneous flap	319 Removal of wrist prosthesis
121 Fibro myocutaneous flap	320 Biopsy finger joint lining
122 Breast reconstruction surgery after mastectomy	321 Tendon lengthening
123 Sling operation for facial palsy	322 Treatment of shoulder dislocation

124 Split Skin Grafting under RA	323 Lengthening of hand tendon
125 Wolfe skin graft	324 Removal of elbow bursa
126 Plastic surgery to the floor of the mouth under GA	325 Fixation of knee joint
<b>Urology</b>	326 Treatment of foot dislocation
127 AV fistula - wrist	327 Surgery of bunion
128 URSL with stenting	328 intra articular steroid injection
129 URSL with lithotripsy	329 Tendon transfer procedure
130 CystoscopicLitholapaxy	330 Removal of knee cap bursa
131 ESWL	331 Treatment of fracture of ulna
132 Haemodialysis	332 Treatment of scapula fracture
133 Bladder Neck Incision	333 Removal of tumor of arm/ elbow under RA/GA
134 Cystoscopy & Biopsy	334 Repair of ruptured tendon
135 Cystoscopy and removal of polyp	335 Decompress forearm space
136 Suprapubiccystostomy	336 Revision of neck muscle ( Torticollis release )
137 percutaneous nephrostomy	337 Lengthening of thigh tendons
139 Cystoscopy and "SLING" procedure.	338 Treatment fracture of radius & ulna
140 TUNA- prostate	339 Repair of knee joint
141 Excision of urethral diverticulum	Paediatric surgery
142 Removal of urethral Stone	340 Excision Juvenile polyps rectum
143 Excision of urethral prolapse	341 Vaginoplasty
144 Mega-ureter reconstruction	342 Dilatation of accidental caustic stricture oesophageal
145 Kidney renoscopy and biopsy	343 PresacralTeratomas Excision
146 Ureter endoscopy and treatment	344 Removal of vesical stone
147 Vesico ureteric reflux correction	345 Excision Sigmoid Polyp
148 Surgery for pelvi ureteric junction obstruction	346 SternomastoidTenotomy
149 Anderson hynes operation	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
150 Kidney endoscopy and biopsy	348 Excision of soft tissue rhabdomyosarcoma
151 Paraphimosis surgery	349 Mediastinal lymph node biopsy
152 injury prepuce- circumcision	350 High Orchidectomy for testis tumours
153 Frenular tear repair	351 Excision of cervical teratoma
154 Meatotomy for meatal stenosis	352 Rectal-Myomectomy
155 surgery for fournier's gangrene scrotum	353 Rectal prolapse (Delorme's procedure)
156 surgery filarial scrotum	354 Orchidopexy for undescended testis
157 surgery for watering can perineum	355 Detorsion of torsion Testis
158 Repair of penile torsion	356 lap.Abdominal exploration in cryptorchidism
159 Drainage of prostate abscess	357 EUA + biopsy multiple fistula in ano
160 Orchiectomy	358 Cystic hygroma - Injection treatment
161 Cystoscopy and removal of FB	359 Excision of fistula-in-ano
<b>Neurology</b>	<b>Gynaecology</b>
162 Facial nerve physiotherapy	360 Hysteroscopic removal of myoma
163 Nerve biopsy	361 D&C
164 Muscle biopsy	362 Hysteroscopic resection of septum
165 Epidural steroid injection	363 thermal Cauterisation of Cervix
166 Glycerol rhizotomy	364 MIRENA insertion

167 Spinal cord stimulation	365 Hysteroscopic adhesiolysis
168 Motor cortex stimulation	366 LEEP
169 Stereotactic Radiosurgery	367 Cryocauterisation of Cervix
170 Percutaneous Cordotomy	368 Polypectomy Endometrium
171 Intrathecal Baclofen therapy	369 Hysteroscopic resection of fibroid
172 Entrapment neuropathy Release	370 LLETZ
173 Diagnostic cerebral angiography	371 Conization
174 VP shunt	372 polypectomy cervix
175 Ventriculoatrial shunt	373 Hysteroscopic resection of endometrial polyp
<b>Thoracic surgery</b>	374 Vulval wart excision
176 Thoracoscopy and Lung Biopsy	375 Laparoscopic paraovarian cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	376 uterine artery embolization
178 Laser Ablation of Barrett's oesophagus	377 Bartholin Cyst excision
179 Pleurodesis	378 Laparoscopic cystectomy
180 Thoracoscopy and pleural biopsy	379 Hymenectomy( imperforate Hymen)
181 EBUS + Biopsy	380 Endometrial ablation
182 Thoracoscopy ligation thoracic duct	381 vaginal wall cyst excision
183 Thoracoscopy assisted empyema drainage	382 Vulval cyst Excision
<b>Gastroenterology</b>	383 Laparoscopic paratubal cyst excision
184 Pancreatic pseudocyst EUS & drainage	384 Repair of vagina ( vaginal atresia )
185 RF ablation for barrett's Oesophagus	385 Hysteroscopy, removal of myoma
186 ERCP and papillotomy	386 TURBT
187 Esophagoscope and sclerosant injection	387 Ureterocoele repair - congenital internal
188 EUS + submucosal resection	388 Vaginal mesh For POP
189 Construction of gastrostomy tube	389 Laparoscopic Myomectomy
190 EUS + aspiration pancreatic cyst	390 Surgery for SUI
191 Small bowel endoscopy (therapeutic)	391 Repair recto- vagina fistula
192 Colonoscopy ,lesion removal	392 Pelvic floor repair( excluding Fistula repair)
193 ERCP	393 URS + LL
194 Colonscopy stenting of stricture	394 Laparoscopic oophorectomy
195 Percutaneous Endoscopic Gastrostomy	<b>Critical care</b>
196 EUS and pancreatic pseudo cyst drainage	395 Insert non- tunnel CV cath
197 ERCP and choledochoscopy	396 Insert PICC cath ( peripherally inserted central catheter )
198 Proctosigmoidoscopy volvulus detorsion	397 Replace PICC cath ( peripherally inserted central catheter )
199 ERCP and sphincterotomy	398 Insertion catheter, intra anterior
200 Esophageal stent placement	399 Insertion of Portacath
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

**Note:**

- i) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

**Annexure II:- List of Non-Medical Items**

S. NO	Item Description	Payable/Not Payable
	<b>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable

41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by Insurer /TPA than payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
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 can not 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	Part of room charge not payable



	CHARGED	
		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	M 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	ENTRANCEPASS / 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	MAINTENANCE 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)	
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	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	S P0 2PRO B E	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	LUMBOSACRAL 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 for 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 -S u g a r 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	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, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PVI) requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / 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 inter hospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and than 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.