



## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

Phone : 044 - 2828 8800

CIN : U66010TN2005PLC056649 Email:info@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

### Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (Copy enclosed) 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 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.



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### CUSTOMER INFORMATION SHEET – SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.II/172/14-15

TITLE	Description	Clause no. of the policy
What am I covered for	a. <b>In-patient Treatment-</b> Covers hospitalisation expenses for period more than 24 hrs.	1(A)(B)(C)&(D)
	b. <b>Emergency Ambulance-</b> Up to Rs. 600/- per hospitalization for utilizing ambulance service for transporting insured person to hospital in case of an emergency subject to a maximum of Rs.1200/- per policy period	1(E)
	c. <b>Post-Hospitalisation-</b> Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs.5000/-	1(F)
	d. Out Patient consultations in networked hospitals. Minimum Rs.600/- Maximum Rs.1400/- based on the sum insured	1(G)
	e. Sub-limits for specific diseases:.	Refer table under Coverage
What are the major Exclusions	1. Any hospital admission primarily for investigation/diagnostic purposes	3(14)
	2. Pregnancy (other than ectopic pregnancy), infertility, congenital external disease/defects	3(9)
	3. Non Allopathic system of Medicine	3(19)
	4. Circumcision (except where medically necessary), Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	3(4), 3(20)
	5. 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(13), 3(5), 3(10)
	6. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS	3(6),3(11)
	7. Expenses incurred on High Intensity Focused Ultra Sound, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, Photodynamic therapy and such other similar therapies	3(12)
	8. War and nuclear perils	3(7)
	9. Naturopathy Treatment	3(16)
	10. Hospital registration charges, admission charges, record charges telephone charges and such other charges	3(18)
	11. Treatment outside India	4(16)
<b>The exclusions given above are only a partial list. Please refer the policy clause for the complete list.</b>		

TITLE	Description	Clause no. of the policy
Waiting Period	a. Diseases contracted during the first 30 days from the commencement date of the policy (not applicable on renewals or for accidents)	3(2)
	b. 24 months for specific illness during the first 2 years from the commencement date of the policy (not applicable for subsequent renewals)	3(3)
	c. <b>Pre existing diseases</b> : waiting period of 12 months	3(1)
Payout	Cashless or reimbursement of covered expenses up to the specified limit	1(A)(B)(C)&(D)
Cost Sharing	50% for all Pre-existing claims and 30% for all other claims	4(5)
	Room Rent : Exceeding 1% of the sum insured or Rs.6000/- per day	1 (A)
Renewal Conditions	Lifelong renewal subject to payment of renewal premium in full before the due date	4(10)
	Grace period of 30 days for renewing the policy .	
	In the event of policy withdrawn/modified with revised terms and/or premium with prior approval of the Competent Authority	
	Enhancement of sum insured at the time of renewal	
Renewal Benefits:	Cumulative Bonus/Health Check up	Renewal Benefits Not Available
Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, 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)

**(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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**SENIOR CITIZENS RED CARPET HEALTH INSURANCE POLICY**

Unique Id: IRDA/NL-HLT/SHAI/P-H/V.II/172/14-15

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, illness 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 but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

**1. COVERAGE:**

- A. Room, Boarding and nursing expenses as provided by the Hospital / Nursing Home at 1% of the sum insured subject to a maximum of Rs.6,000/- per day.
- B. ICU charges up to 2% of the sum Insured per day.
- C. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees subject to a maximum of 25% of the sum insured per hospitalisation
- D. Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses subject to a maximum of 50% of the sum insured per hospitalisation. 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.
- E. Emergency ambulance charges up-to a sum of Rs.600/- per hospitalisation and Rs.1,200/- 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 such hospitalisation claim is admissible under the Policy.
- F. A sum equivalent to 7% of the hospitalization expenses incurred comprising of Nursing Charges, Surgeon / Consultant fees, Diagnostic charges, Medicines and drugs only subject to a maximum of Rs.5,000/- per occurrence towards post hospitalization medical expenses wherever recommended by the attending Medical Practitioner
- G. Expenses on Medical Consultations as an Out Patient incurred in a Network Hospital up to the limits mentioned in the table given below with a limit of Rs.200/- per consultation. Payment under this benefit will not reduce the sum insured and is payable only when the policy is in-force.

Sum Insured (Rs.)	Limit per policy period (Rs.)
1,00,000	Not Available
2,00,000	
3,00,000	600
4,00,000	800
5,00,000	1000
7,50,000	1200
10,00,000	1400

**Note:** Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for Dialysis, Chemotherapy, Radiotherapy, Cataract surgery, Dental Surgery, Lithotripsy (Kidney stone removal) Tonsillectomy, Cutting and Draining of Abscess, Liver Aspiration, Pleural Effusion Aspiration, Colonoscopy, Sclerotherapy, taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

The amount payable respect of the following treatment is up-to the limit mentioned there-against:

Lithotripsy (Kidney stone removal) – Rs.20,000/-

Tonsillectomy- Rs.7,500/-

Cutting and Draining of Abscess- Rs.1,500/-

Liver Aspiration- Rs.2,000/-

Pleural Effusion Aspiration- Rs.2,000/-

Colonoscopy- Rs.2,000/-

Sclerotherapy – Rs.5,000/-

Note :

1. Chemotherapy / Radiotherapy shall form part of the sub-limits for treatment of cancer as mentioned below.

2. Dialysis shall form part of the sub-limits for treatment of Renal Complications as mentioned below.

Provided the waiver of the minimum period of 24 hours hospitalisation is limited to the above noted treatments only.

The expenses payable in during the entire policy period in respect of the following diseases/conditions is limited to the amount mentioned there against:

Sum Insured Rs.	1,00,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	7,50,000/-	10,00,000/-
<b>Particulars</b>	<b>Limit of Company's Liability Rs.</b>						
Cataract	15,000/-	15,000/-	18,000/-	20,000/-	21,500/-	23,000/-	25,000/-
Cerebro- vascular Accident	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
Cardiovascular Diseases	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
Cancer	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
Treatment for Breakage of Bones	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
Renal Complications	75,000/-	150,000/-	200,000/-	225,000/-	275,000/-	300,000/-	350,000/-
All other major surgeries	60,000/-	120,000/-	150,000/-	200,000/-	225,000/-	250,000/-	275,000/-

**Note:** 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.

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

## 2. DEFINITIONS

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

**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

**Cashless Service** means a facility extended by the insurer to the insured where the payments, of the cost 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

**Company** means Star Health and Allied Insurance Company Limited

**Condition Precedent** means the 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 visible and accessible parts of the body

**Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the insured will bear a specified percentage of the

admissible claim amount. A co-payment does not reduce the sum insured.

**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.

**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 personal

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

**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 norms** 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 premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period 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:

- a. Has qualified nursing staff under its employment round the clock;
- b. 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;
- c. Has qualified medical practitioner(s) in charge round the clock;
- d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**Hospitalization** means admission in a hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/treatment where such admission could be for a period of less than 24 consecutive hours.

**Illness** means 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.

**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.

**Insured Person** means the name/s of person/s 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.

**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.

**Major Surgery** means Intestinal obstruction – acute / sub acute / chronic, Bilo Pancreatic surgery, Gastro-Intestinal surgeries, Total Knee Replacement

surgery, Total Hip Replacement surgery, Other major surgeries of joints, Hemi-Orthro Plasty surgeries, Surgeries on Prostrate, Surgery related to Genito-Urinary Tract.

**Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

**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.

**Medically Necessary** means any treatment, tests, medication or stay in hospital or part of a stay in a 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 thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

**Network Hospital** means all such hospitals or other providers that the Company have 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 or other provider that is not part of the network

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

**Out patient 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 medial practitioner. The insured is not admitted as a day care or in-patient.

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

**Post Hospitalization:** means medical expenses incurred immediately after the insured person is discharged from the hospital provided that

- a. Such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**Portability** means transfer by an individual health insurance policy holder (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.

**Qualified Nurse** means 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

**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.

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

**Sum Insured** means the Sum Insured opted for and for which the premium is paid.

**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

**Unproven/Experimental treatment:** 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 12 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer.

2. Any disease contracted by the insured person during the first 30 days from the commencement date of this 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 this Senior Citizens Red Carpet Health Insurance Policy any expenses on
  - a) Cataract, Glaucoma, Diseases of the anterior segment and posterior segment of the eyes, All Diseases related to ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all diseases of Prostate, Stricture Urethra, all types of Hernia, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect.
  - b) Gall bladder and Pancreatic diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary disease including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genito-urinary tract calculi.
  - c) All treatments (conservative, interventional, laparoscopic and open) related to all diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Dysfunctional Uterine bleeding, Pelvic inflammatory diseases, Benign breast diseases.
  - d) Conservative, operative treatment and all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and joint [other than caused by accident]
  - e) Degenerative disc and Vertebral diseases including replacement of Bones and Joints and Degenerative diseases of the Musculo-skeletal system
  - f) Subcutaneous benign lumps, Sebaceous cyst, Dermoid cyst, Lipoma, Neurofibroma, Fibro adenoma, Ganglion and similar pathology
  - g) Any transplant and related surgery

This waiting period 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.
4. Circumcision (except where medically necessary), Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)
5. Dental treatment (unless necessitated due to accidental injuries and requiring hospitalization), any form of cosmetic surgery and / or implants
6. Convalescence, General debility, Run-down condition or rest cure, Nutritional deficiency states, Psychiatric, Mental and behavioural disorders, Congenital external disease or defects or anomalies, Venereal disease and Sexually Transmitted Diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing.
7. 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).
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment and all types of treatment for infertility and its complications thereof.
10. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders.
11. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph 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.
12. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion No.12.
13. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
14. 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.

15. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
16. Naturopathy Treatment, Unconventional, Untested, Unproven, Experimental therapies.
17. Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.
18. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
19. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy.
20. 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), all treatment for erectile dysfunctions.
21. Cost of spectacles and contact lens, hearing aids, Cochlear implants, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
22. Any specific time-bound or life time exclusions applied, specified and accepted by the insured.
23. 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 fulfilment 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 date 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.

Claim for post hospitalisation expenses are to be made within 15 days after discharge from the hospital.

4. The Insured Person/s 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.

Original 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
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

**Claims of Out Patient Consultations will be settled on a reimbursement basis on production of cash receipts issued by the networked hospital where the consultation was done**

For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255
- b. Inform the ID number for easy reference



- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit [www.starhealth.in](http://www.starhealth.in) or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

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

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

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. **Co-payment:** This policy is subject to co-payment of 50% of each and every claim arising out of Pre-Existing Diseases and 30% of each and every claim for all other claims.
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.
7. If at the time of claim under this policy, there is in existence any other similar health policy on indemnity basis covering the insured person and
  - a) Where such claim is payable in whole or part under such policy, the insured person has the right to choose the insurer(s) by whom the claim is to be settled.
  - b) Where the admissible claim after considering co-payment exceeds the sum insured, the Company may settle the claim with contribution clause.
8. 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 Company's cost.
9. 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.
10. **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, if any, fraud committed / moral hazard or non cooperation of the insured. 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.

#### **Enhancement of sum insured**

The sum insured can be enhanced at the time of renewal of this policy subject to no claim being lodged or paid under this policy, at the

discretion of the Company. If enhancement of sum insured is accepted by the Company, such enhancement is possible only for the immediately next higher sum insured.

Where the sum insured is enhanced, the amount of such additional sum insured shall be subject to the following terms:

Waiting period as under shall apply afresh from the date of such enhancement for the increased sum insured, that is, the difference in sum insured between the previous sum insured and the increased current sum insured.

- i) First 30 days as under Exclusion No. 2
- ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion No.3
- iii) 12 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under Exclusion No.1

The amount by which the sum insured is enhanced is subject to a waiting period of 12 months from the date of enhancement

- I. in respect of diseases / conditions for which claim is paid or admitted as payable in the previous policy period and / or
- II. for diseases / conditions diagnosed / treated, irrespective of whether any claim is made or not in the previous policy period.

The above applies to each relevant insured person.

11. **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-medical screening if any, 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.

12. **Portability:** This policy is portable and is subject to portability regulations. 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 +91-044-28288869

13. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and /or claim form at the time of claim or non-co-operation of the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address and no refund of premium will be made. 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

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of the annual premium
Up to three Months	½ of the annual premium
Up to six months	3/4th of the annual premium
Exceeding six months	full annual premium

14. **Automatic Termination:** This policy shall terminate immediately on the earlier of the following events:
- ✓ Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
  - ✓ Upon exhaustion of the sum insured

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 referred 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. Relief under Section 80-D: Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.
18. **Policy Dispute:** 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.
19. **Notice:** 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, Valluvarkottam High Road Nungambakkam Chennai 600034 Toll Free Fax No. 1800 425 5522 E-Mail [info@starhealth.in](mailto:info@starhealth.in)
20. The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti-fraud policy of the company for necessary compliance by all stake holders
21. **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.
22. **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, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034 **or** Call 044-28288821 during normal business hours. **or** Send e-mail to "[grievances@starhealth.in](mailto:grievances@starhealth.in)":

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 or office of Star Health and Allied Insurance Company Limited are located.
23. **IMPORTANT NOTE**

The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. 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

## List of Ombudsman

Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5,Navyug Colony, Ashram Road, <b>AHMEDABAD-380 014.</b> Tel.:- 079-27546150/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar,Opp. Airtel, Near New Market, <b>BHOPAL(M.P.)-462 003.</b> Tel.:- 0755-2769201/2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman, 62, Forest Park, <b>BHUBANESHWAR-751 009.</b> Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor,Batra Building, Sector 17-D, <b>CHANDIGARH-160 017.</b> Tel.:- 0172-2706196/2706468 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, <b>CHENNAI-600 018.</b> Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b>NEW DELHI-110 002.</b> Tel.:- 011-23239633/23237532 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, <b>GUWAHATI-781 001 (ASSAM).</b> Tel.:- 0361-2132204/2132205 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp.Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD-500 004.</b> Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM-682 015.</b> Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, 4, C.R. Avenue, <b>KOLKATA-700 072.</b> Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, <b>LUCKNOW-226 001.</b> Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <b>MUMBAI-400 054.</b> Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, <b>JAIPUR – 302005</b> Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	Office of the Insurance Ombudsman 3rd Floor, Jeevan Darshan Bldg, C.T.S.No195 to 198, N.C. Kelkar Road, Narayan peth, <b>PUNE – 411030.</b> Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in
Office of the Insurance Ombudsman, 19/19, Jeevan Soudha Bldg, PID No.57-27-N-19 Ground Floor, 24th Main Road, JP Nagar, 1st Phase, <b>Bengaluru – 560078.</b> Tel No: 080-26652048/26652049 Email: bimalokpal.bengaluru @gbic.co.in	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, <b>U.P-201301.</b> Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in
Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, <b>Patna 800 006.</b> Tel No: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	

### Other Excluded Expenses

SI. 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	83	SPUTUM CUP	Payable under Investigation charges, not as consumable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable	84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable	85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable	86	Antiseptic or disinfectant lotions	Not Payable Part of Dressing Charges
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable	87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable- Part of Dressing Charges
69	DONOR SCREENING CHARGES	Not Payable	88	COTTON	Not Payable Part of Dressing Charges
70	ADMISSION/REGISTRATION CHARGES	Not Payable	89	COTTON BANDAGE	Not Payable Part of Dressing Charges
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable	90	MICROPORE/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable	91	BLADE	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 as per HIV/AIDS exclusion	92	APRON	Not Payable Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy	93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
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	94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	95	URINE CONTAINER	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges, not separately.	ELEMENTS OF ROOM CHARGE		
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately	96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
79	SURGICAL DRILL	Payable under OT Charges, not separately	97	HVAC	Part of room charge not payable 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			

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
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>		
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
<b>EXTERNAL DURABLE DEVICES</b>		
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	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.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
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 (TOILETERIES 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
<b>ITEMS NOT PAYABLE AS PART OF HOSPITAL'S INTERNAL COST</b>		
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	REFERAL 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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