

Preamble: The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder / Insured Members and Religare Health insurance Company Ltd. (also referred as Company), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the references to the female; and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

In return for premium paid, the Company will pay the Insured in case a valid claim is made:

In consideration of the premium paid by the Policy Holder, subject to the terms & conditions contained herein, the Company agrees to pay/indemnify the Insured Member(s), the amount of such expenses that are reasonably and necessarily incurred up to the limits specified against respective benefit in any Cover Period.

Policy Terms & Conditions

For the purposes of interpretation and understanding of this Policy the Company has defined, below some of the important words used in this Policy. Words not defined below are to be construed in the usual English language meaning as contained in Standard English language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority of India (“Authority”) and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

1. Definitions

- 1.1. **Accidental / Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means
- 1.2. **Age** means the completed age of the Insured Member as on his last birthday
- 1.3. **Annexure** means the document attached and marked as Annexure to this Policy
- 1.4. **Any One Illness (not applicable for Travel and Personal Accident Insurance)** means a continuous period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where the treatment was taken
- 1.5. **Break in Policy** occurs at the end of the existing Policy term, when the premium due date for Renewal on a given policy is not paid on or before the premium Renewal date or within 30 days thereof
- 1.6. **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 is approved
- 1.7. **Certificate of Insurance** means the certificate the Company issues to an Insured Member evidencing cover under the Policy
- 1.8. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of specified benefits in respect of the Insured Member as covered under the Policy
- 1.9. **Company** (also referred as We/Us) means the Religare Health Insurance Company Limited
- 1.10. **Condition Precedent** shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon
- 1.11. **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.
 - i. **Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body
 - ii. **External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body

- 1.12. 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
- 1.13. Cover End Date** means the date specified in Annexure 'A' (Certificate of Insurance) for the respective Insured Member on which the Insured Member's cover under the Policy expires
- 1.14. Cover Period** means the period commencing from the Cover Start Date and ending on the Cover End Date for each Insured Member as specified in Annexure 'A' (Certificate of Insurance)
- 1.15. Cover Start Date:** means the date specified in Annexure 'A' (Certificate of Insurance) for the respective Insured Member on which the Insured Member's cover under the Policy commences
- 1.16. Cumulative Bonus** shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium
- 1.17. Day Care Centre** means any institution established for day care treatment of Illness and/or injuries or a medical setup 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—
- i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has a fully equipped operation theatre of its own where Day Care treatment are carried out;
 - iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel
- 1.18. Day Care Treatment** means 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 consecutive hours 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
- 1.19. Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- 1.20. Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- 1.21. Disclosure to information norm** means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
- 1.22. Domiciliary Hospitalization** means medical treatment for an Illness/disease/Injury which in the normal course would require care or treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
- i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - ii. The patient takes treatment at home on account of non-availability of a room in a Hospital.
- 1.23. Emergency care (Emergency)** means management for an 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 Member's health

- 1.24. Family** means a unit comprising of husband, wife, dependent parents, dependent parents-in-law and maximum of three dependent children and who is named in the Certificate of Insurance as an Insured Member
- 1.25. Grace Period** means the specified period of time immediately following the premium due date during which 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
- 1.26. Hazardous Activities** mean any sport or activity, which is potentially dangerous to the Insured Member whether he is trained or not. Such sport/activity includes racing and competition or stunt activity of any kind, adventure racing, base jumping, biathlon, big game hunting, rafting of any kind, BMX stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, vave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting, wrestling of any kind and activities of similar nature
- 1.27. Hospital** (not applicable for Overseas Travel Insurance) 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:
- i. has qualified nursing staff under its employment round the clock;
 - ii. 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;
 - iii. has qualified Medical Practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the Our authorized personnel.
- 1.28. Hospitalization** (not applicable for Overseas Travel Insurance) means admission in a Hospital for a minimum period of 24 consecutive In-patient Care hours except for specified procedures / treatments, where such admission could be for a period of less than 24consecutive hours
- 1.29. ICU Charges** or (Intensive care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 1.30. Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function 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:
- (a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;

- (b) It needs ongoing or long-term control or relief of symptoms;
 - (c) It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - (d) It continues indefinitely;
 - (e) It recurs or is likely to recur.
- 1.31. 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
- 1.32. In-patient Care** (not applicable for Overseas Travel Insurance) means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for a covered event
- 1.33. Insured Member (Insured)** means a member whose name specifically appears under Insured in the Certificate of Insurance and is a covered group member.
- 1.34. Intensive Care Unit (ICU)** 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
- 1.35. Maternity Expense / Treatment** shall include—
- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - ii. expenses towards lawful medical termination of pregnancy during the Policy Period.
- 1.36. Medical Advice** means any consultation or advice from a Medical Practitioner including issue of any prescription or follow-up prescription
- 1.37. Medical Expenses** means those expenses that an Insured Member 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 Member had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment
- 1.38. Medically necessary** (not applicable for Overseas Travel Insurance) means a treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- i. Is required for the medical management of the Illness or Injury suffered by the Insured Member;
 - ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. Must have been prescribed by a Medical Practitioner;
 - iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India
- 1.39. Medical Practitioner** (not applicable for Overseas Travel Insurance) means 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
- 1.40. Network Provider** (not applicable for Overseas Travel Insurance) means the Hospitals enlisted by an insurer, TPA or jointly by a TPA and insurer to provide medical services to an Insured by a Cashless Facility
- 1.41. New Born Baby** means baby born during the Policy Period and is aged upto 90 days
- 1.42. Non-Network** means any Hospital, Day Care Centre or other provider that is not part of the network
- 1.43. Notification of Claim (Intimation)** is the process of notifying a Claim to the insurer or TPA through any of the recognized modes of communication

- 1.44. Out-Patient Treatment (OPD Treatment)** is one in which the Insured Member 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 Member is not admitted as a day care or in-patient
- 1.45. Policy** means these Policy Terms & Conditions, the Proposal Form / data sheet, Policy Certificate and Annexures which form part of the policy contract and shall be read together
- 1.46. Policy Certificate** is a certificate attached to and forming part of this Policy
- 1.47. Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof
- 1.48. Policyholder** also referred as You) means the member or entity, who is the Group Administrator and named in the Policy Certificate as the Policyholder
- 1.49. Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date of the Policy as specifically appearing in the Policy Certificate
- 1.50. Policy Period End Date** means the date on which the Policy expires, as specifically appearing in the Policy Certificate
- 1.51. Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy Certificate
- 1.52. 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
- 1.53. Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
 - ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company
- 1.54. Pre-existing Diseases** (not applicable for Overseas Travel Insurance) means any condition, ailment or Injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which Medical Advice / treatment was received within 48 months prior to the first Policy issued by the insurer and renewed continuously thereafter
- 1.55. Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that :
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Company.
- 1.56. Primary Insured Member** means a member of the group who satisfies and continues to satisfy the eligibility criteria as specified in Policy Certificate and who is named in Annexure 'A' (Certificate of Insurance) to the Policy as an Insured Member
- 1.57. Qualified Nurse** (not applicable for Overseas Travel Insurance) means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India
- 1.58. Reasonable and Customary Charges** (not applicable for Overseas Travel Insurance) 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
- 1.59. Renewal** means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods

- 1.60. Room Rent** shall mean the amount charged by a Hospital towards Room & Boarding expenses and shall include associated Medical Expenses
- 1.61. Senior Citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy
- 1.62. Subrogation** (Applicable to other than Health Policies and health sections of Travel and PA policies) shall mean right of the insurer to assume the rights of the Insured Member to recover expenses paid out under the Policy that may be recovered from any other source
- 1.63. Sum Insured** means the amount specified in the Policy Certificate which represents the company's maximum, total and cumulative liability for that Insured Member for any and all Claims incurred in respect of that Insured Member during the Cover Period
Whereas in case of Floater, **Sum Insured** means the amount specified in the Policy Certificate which represents the company's maximum, total and cumulative liability for all Insured Members for any and all Claims incurred during the Cover Period
- 1.64. Surgery/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 a Day Care Centre by a Medical Practitioner
- 1.65. TPA** or Third Party Administrator, means any person who is licensed under the IRDA (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and engaged, for a fee or remuneration by an insurer for the purposes of providing health services
- 1.66. Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

2. Scope of Cover

General Conditions applicable to all Benefits:

- a) All Claims shall be payable subject to the terms, conditions, exclusions and wait periods of the Policy and subject to availability of the Sum Insured.
- b) Claim under Benefit 1 (Hospitalization Expenses) can be admissible only if treatment is taken in any of the Network Provider empanelled specifically for this Product (As per Annexure – III to Policy Terms & Conditions) both on Cashless basis and Reimbursement basis.
- c) Any Claim paid or payable for Benefit 1 (Hospitalization Expenses) shall reduce the Sum Insured of Benefit 1 (Hospitalization Expenses) for the Cover Period and only the balance shall be available for all the future claims for the unexpired Cover Period.
- d) Admissibility of a Claim under Benefit 2.1.1 (In-patient Care) is a pre-condition to the admission of a Claim for Benefit 2.1.3 (Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses). The event giving rise to a Claim under Benefit 2.1.1 (In-patient Care) should occur within the Cover Period for the Claim to be accepted under Benefit 2.1.3 (Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses).
- e) Claim documents as specified in Clause 4.3 is applicable to each and every claim. Additional Claim documents related to specific Benefit are mentioned against respective Benefit.
- f) Any Claim made under Benefit 1 (Hospitalization Expenses) shall always be subject to Clause 4.5 (Claim Assessment).
- g) Scope of cover under the Benefit 2 – Personal Accident is available only to Primary Insured Member and his/her Spouse. Coverage under Benefit 2(Personal Accident) is available for Spouse only if Primary Insured Member is covered under Benefit 2(Personal Accident)
- h) Option of Mid-term inclusion of a Member in the Policy will be only upon marriage or childbirth.
- i) Policyholder can opt either for Benefit 1(Hospitalization Expenses) or Benefit 2(Personal Accident) or both
- j) Coverage under Benefit 2(Personal Accident) is available on Individual basis
- k) In case, any claim is paid for Primary Insured Member or his/her spouse under Benefit 2(Personal Accident), coverage for that Insured Member under this benefit shall terminate for that Cover Period.

2.1 Benefit 1: Hospitalization Expenses

If an Insured Member is diagnosed with an Illness or suffers an Injury (including pre-existing diseases covered from the inception of the Policy subject to exclusions as per Clause-3) which requires the Insured Member to be admitted in a Network Provider in India, which should be Medically Necessary, during the Cover Period and while the Policy is in force for:

2.1.1 In-patient Care

The Company will indemnify the Insured member for Medical Expenses incurred on Hospitalization up to the Sum Insured specified in the Certificate of Insurance provided that the Hospitalization is for a minimum period of 24 consecutive hours and was on the advice of a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were necessarily incurred.

2.1.2 Day Care Treatment

The Company will indemnify the Insured member for Medical Expenses incurred on Day Care Treatment up to the Sum Insured specified in the Certificate of Insurance provided that:

- a) the Day Care Treatment is listed as per the Annexure-I to Policy Terms & Conditions; and

- b) the period of treatment of the Insured Member in a Network Provider does not exceed 24 hours; and
- c) the Day Care Treatment was taken on the advice of a Medical Practitioner; and
- d) the Medical Expenses incurred are Reasonable and Customary Charges that were necessarily incurred.

2.1.3 Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

- a) The Company will indemnify the Medical Expenses up to the Sum Insured specified in the Certificate of Insurance provided that is incurred for the Insured Member:
 - i. As Pre-hospitalization Medical Expenses, for a period of 1 day immediately prior to the Insured Member's date of admission to the Network Provider.
 - ii. As Post-hospitalization Medical Expenses, for a maximum period of 5 days immediately following the date of the Insured Member's discharge from Network Provider.

Provided that the Medical Expenses relate to the Illness/Injury for which the Company has accepted the Insured Member's Claim and which falls within the Cover Period.

- b) If the provisions of Clause 4.6(c) is applicable to a Claim, then:
 - i. The date of admission to Network Provider for the purpose of this Benefit shall be the date of the first admission to the Network Provider for the Illness deemed to be Any One Illness; and
 - ii. The date of discharge from Network Provider for the purpose of this Benefit shall be the date of discharge from the Network Provider in relation to the Illness deemed to be Any One Illness.
 - iii. The date of admission to Network Provider for the purpose of this Benefit shall be the date of the first admission to the Network Provider for the Injury.
 - iv. The date of discharge from Network Provider for the purpose of this Benefit shall be the date of discharge from the Network Provider in relation to the Injury.

2.1.4 Maternity Expenses:

- a) The Company will indemnify for the Medical Expenses incurred in respect of the Hospitalization of the Insured Member up to the Sum Insured for treatment taken in a Network Provider arising from pregnancy including Normal Delivery / Caesarean/ Miscarriage and / or abortion induced by accident or other medical emergency.

Specific Conditions applicable to this Benefit:

- i. Claims under this benefit are admissible only if the expenses are incurred in Network Provider for Normal Delivery / Caesarean/ Miscarriage and or abortion induced by accident or other medical emergency as an in-patient.
- ii. Claims under this benefit are admissible only after the completion of waiting period of 9 months as specified in clause 3.1 (b) (Maternity wait period).
- iii. The Company shall cover pre-natal and post-natal expenses under this benefit, provided that the condition necessitates treatment in a Network Provider and the Insured Member is hospitalized.
- iv. Claim in respect of only first two living children will be considered in respect of any one insured member covered under the policy or any renewal thereof.

- v. Congenital Diseases (internal & external) of new born child is covered under this Benefit.

b) Exclusions applicable to Benefit-2.1.4 –Maternity Expenses:

- i. Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Benefit except induced by accident or other medical emergency to save the life of mother.

2.1.5 Reinstatement of Sum Insured:

- a) If a Claim is payable under the Policy, then the Company agrees to make the re-instatement of the Sum Insured for all Insured Members once for that Cover Period, provided that:
 - i. The Reinstated amount shall be utilized only after the Sum Insured has been completely exhausted in that Cover Period.
 - ii. Reinstatement of Sum Insured is applicable only for Benefit 2.1.1, Benefit 2.1.2, Benefit 2.1.3 and Benefit 2.1.4
 - iii. The Reinstated amount shall be available only for all future Claims and not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Member during that Cover Period.
 - iv. The total amount of Reinstatement shall not exceed the Sum Insured for that Cover Period.
 - v. Any unutilized Reinstated amount cannot be carried forward to any subsequent Cover Period.
 - vi. If the Policy is issued on a Floater basis, then the Reinstatement will also be available only on Floater basis.
 - vii. For any single Claim during a Policy Year the maximum Claim amount payable shall be the Sum Insured.
 - viii. During the Cover Period, the aggregate Claim amount payable under Benefit 1 (Hospitalization Expenses) subject to admissibility of the Claim, shall not exceed the sum of:
 - I The Sum Insured under Hospitalization Expenses
 - II Reinstatement of Sum Insured
 - ix. The balance of the Reinstated amount shall be available during the Cover Period till it is exhausted completely.

Note:

- i. 'Reinstatement of Sum Insured' benefit can be taken by Policyholder/ Insured member either:
 - at the inception of Policy or at the time of Renewal on payment of additional premium; or
 - can be availed once the sum insured is exhausted during the Cover Period (pro-rated premium will be charged based on the remaining cover period). This additional premium should be received by the company within 15 days of exhaustion of Sum Insured under Benefit 1 (Hospitalization Expenses) for any future claim to be payable.

2.2 Benefit 2: Personal Accident

If the Primary Insured Member and/or his/her Spouse as specified in the Certificate of Insurance suffers an Injury during the Cover Period solely and directly due to an Accident that occurs during the Cover Period which results in an Insured Event within twelve calendar months from the Injury, the company will pay to the Primary Insured Member and/or his/her Spouse (or Nominee or Legal Heir), the amount specified against the benefits in the certificate of Insurance subject always to the terms and conditions of the Policy and the availability of the Sum Insured and while the policy is in force for:

2.2.1 Accidental Death

a) If the Primary Insured Member and/or his/her Spouse as specified in the Certificate of Insurance suffers an Injury during the Cover Period, which directly results in the Primary Insured Member's and/or his/her Spouse death within 12 months from the date of Accident (including date of Accident), the Company will pay the Sum Insured as specified in the Certificate of Insurance against this Benefit

b) Documents to be submitted for any Claim under this Benefit-2.2.1:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Documents as specified in Clause 4.3(a).
- ii. Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided, Admission and Death Summary, Accident Report
- iii. Original Death Certificate
- iv. Post Mortem Report(if applicable), Inquest Panchnama Report issued by the Police(if applicable), F.I.R (First Information Report) (if applicable)
- v. Legal Heir Certificate or Succession Certificate (if no nomination has been made)
- vi. Investigation Reports (Lab tests, X-Ray, MRI, etc.), Medical Bills and Cash receipts
- vii. Chemical Analysis Report (if available), Newspaper cutting (if available)
- viii. Bank details of the claimant seeking compensation

2.2.2 Permanent Total Disablement

a) If the Primary Insured Member and/or his/her Spouse as specified in the Certificate of Insurance suffers an Injury during the Cover Period, which directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury, the company will pay the amount specified against this Benefit in the Certificate of Insurance:

S.No	Insured Events	Amount payable = % of the Benefit 2 (Personal Accident) Sum Insured specified in the Certificate of Insurance
1	<ul style="list-style-type: none"> i. Total and irrecoverable loss of sight of both eyes, or speech or hearing of both ears or ii. Actual loss by physical separation of two entire hands or two entire feet or One entire hand and one entire foot or 	100%

	iii. Total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	
2	Paraplegia or Quadriplegia or Hemiplegia	100%

b) For the purpose of this Benefit only:

- (i) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- (ii) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- (iii) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

Notes:

- 1) Physical separation of a hand or foot shall mean separation of the hand at or above the wrist and of the foot at or above the ankle.
- 2) Total loss of functional use of a body part or organ has continued for at least 180 days from the onset of such disability and the Company is satisfied that there is no reasonable medical hope of improvement.

Insured Event means an event that is covered under the Policy and which is in accordance with the Policy Terms & Conditions.

c) **Documents to be submitted for any Claim under this Benefit-2.2.2:**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Documents as specified in Clause 4.3(a)
- ii. Disability Certificate issued by CMO (Chief Medical Officer) as appointed by the Hospital Authorities
- iii. Accident Report, Copy of F.I.R (First Information Report)
- iv. Details of treatment taken by the patient/injured after accident, Medical Bills and Cash receipts, Investigation Reports (Lab tests, X-Ray, MRI, etc.)
- v. Admission/Discharge summary
- vi. A newspaper cutting about accident (if available)
- vii. Bank details of the claimant seeking compensation.

3. Exclusions

3.1. Waiting Periods:

- (a) **30-Day waiting period (applicable only for Benefit 1 (Hospitalization Expenses))**
Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days from the Cover Start Date shall not be admissible, except those Medical Expenses incurred directly as a result of an Injury taking place within the Cover Period.
- (b) **Maternity wait period (applicable only for Benefit 2.1.4- Maternity Expenses of Benefit 1 (Hospitalization Expenses))**
Claims will not be admissible for any expenses incurred for diagnosis / treatment related to any Maternity Expenses until 9 months since the inception of the first Policy with the company.
- (c) The above Waiting Periods shall not apply for subsequent renewals provided that there is no Break in Policy for that Insured Member and that the Policy has been renewed with the Company for that Insured Member within the Grace Period.
- (d) The Waiting Periods as defined in Clauses 3.1 (a) and 3.1 (b) shall be applicable individually for each Insured Member and Claims shall be assessed accordingly.

3.2. General Exclusions:

Any Claim in respect of any Insured Member for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any condition or treatment as specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
- ii. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- iii. Treatment of mental illness or psychological disorders.
- iv. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- v. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Member with any criminal intent.
- vi. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs and alcohol or hallucinogens.
- vii. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- viii. Any claim related to Hazardous Activities.
- ix. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - I Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal,

release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

- II Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- III Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

3.3. Additional Exclusions applicable to Benefit-1 –Hospitalization Expenses

Any Claim in respect of any Insured Member for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- ii. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- iii. Any condition that do not require hospitalization such as Outpatient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under Day Care procedures or Inpatient hospitalization.
- iv. The Company shall not admit any Claim in relation to the Alternative Treatment.
- v. Charges incurred in connection with cost of routine eye and ear examinations, spectacles and contact lens, hearing aids, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment except those necessitated due to an Injury or disease which requires hospitalization for treatment and mentioned in Annexure-I (List of Day Care Procedures).
- vi. Any diagnosis or treatment of an Illness or Injury which does not require Hospitalization.
- vii. Unproven/Experimental or investigational treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.
- viii. Expenses incurred on High Intensity Focused Ultra Sound, Balloon Sinuplasty, Enhanced External Counter Pulsation Therapy and related therapies. Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Robotic Surgery, Holmium Laser Enucleation of Prostate, KTP Laser surgeries, Femto laser surgeries.
- ix. Any expenses incurred on prosthesis, corrective devices, external durable medical / Non-medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints,

braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.

- x. Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, Run-down condition, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- xi. Treatment of any external Congenital Anomalies or Illness or defects or anomalies or treatment relating to external birth defects. However, Congenital Diseases (internal & external) of new born child shall be covered during the currency of the policy only.
- xii. Any Dental treatment, Aesthetic treatment, cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury or disease which requires hospitalization for treatment and mentioned in Annexure-I (List of Day Care Procedures).
- xiii. Any treatment/surgery for change of sex or gender reassignments including any complication arising from these treatments.
- xiv. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- xv. All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment).
- xvi. Expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending Physician.
- xvii. All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- xviii. Non-allopathic treatment.
- xix. Any OPD Treatment.
- xx. Treatment received outside India.
- xxi. Charges incurred at Hospital 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 Illness or Injury, for which In-patient Care/ Day Care Treatment is required.
- xxii. Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
- xxiii. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- xxiv. Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the Hospital under whatever head.
- xxv. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products

3.4. Additional Exclusions applicable to Benefit-2 –Personal Accident

Any Claim in respect of Primary Insured Member and/or his/her Spouse for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any pre-existing injury or disability;

- ii. An Insured Member operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline or any airline personal;
- iii. An Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
- iv. Sexually transmitted conditions, mental or nervous conditions, insanity, disorder or depression
- v. Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor;
- vi. A complication of infection with Human Immune Deficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC) or venereal disease;
- vii. Training for or participating in professional sport of any kind;
- viii. The Primary Insured Member and/or his/her Spouse serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces;
- ix. Primary Insured Member and/or his/her Spouse working in or with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs or ship crew services or as jockeys or circus personnel or aerial photography or engaged in any Hazardous Activities as specified under Clause 1.26
- x. Impairment of the Primary Insured Member's and/or his/her Spouse intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance;
- xi. Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover period.
- xii. Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
- xiii. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- xiv. Treatments rendered by a Doctor who shares the same residence as an Insured Member or who is a member of an Insured Member's family.
- xv. As a result of any curative treatments or interventions that the Insured Member has carried out or have carried out on the Insured Member's body.

4. CLAIM INTIMATION, ASSESSMENT AND MANAGEMENT

Upon the occurrence of any event that may give rise to a Claim under this Policy, then as a condition precedent to Company's liability under the Policy, the Policyholder or Insured Member (or the Nominee or legal heir if the Insured Member is deceased) shall undertake in addition to any specific requirements specified within the Benefit under which the Claim is made:

4.1. Claims Intimation

- a. If any Illness is diagnosed or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Policyholder or Insured Member (or the Nominee or legal heir if the Insured Member is deceased), shall notify the Company either at the Company's call center or in writing immediately and in any event within the timeframe (if any) specified in the Benefit under which the Claim is made.
- b. If the Insured Member is to undergo planned Hospitalization, the Insured Member shall give written intimation to the company of the proposed Hospitalization at least 24 hours prior to the planned date of admission to Network Provider.
- c. In case of an Emergency Hospitalization, the Company shall be notified either at the Company's call center or in writing immediately and in any event within 24 hours of admission to Network Provider. Health card will need to be produced and authenticated within 24 hours of admission and no pre-authorization is required in case of emergency hospitalization.
- d. It is agreed and understood that the following details are to be provided to the Company at the time of intimation of the Claim:
 - i. Policy Number;
 - ii. Name of Primary Insured Member;
 - iii. Name of the Insured Member in whose relation the Claims is being made;
 - iv. Nature of Illness or Injury or contingency for which Claim has been made and the Benefit under which the Claim is being made;
 - v. Date and place of Injury or Death and/or Date of admission to Network Provider or proposed date of admission to Network Provider for planned Hospitalization;
 - vi. Name and address of the attending Medical Practitioner and Hospital;
 - vii. Any other information, documentation or details requested by the Company.

4.2. Claim Procedure

- a. **Cashless:** Cashless treatment facilities are available only at Network Provider. The Insured Member can avail of this cashless facility at the time of admission into a Network Provider by completing the following procedure.
 - i. Pre-authorization: The Policyholder/ Insured Member must call the Company's call centre number as specified in the Policy Certificate and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least within 24 hours of admission to the Network Provider.
 - ii. Present the health card provided by the Company under this Policy along with a valid photo identification document (Voter ID card / Driving License / Aadhar card / Passport / PAN Card or any other identification documentation as approved by the Company).
 - iii. The Company will process the request for authorization after having obtained accurate and complete information for the Illness or Injury for which cashless facility for is

sought to be availed. The Company will confirm in writing authorization or rejection of authorization to avail cashless facility for the Insured Member's Hospitalization.

- iv. If the request for availing cashless facility is authorized by the Company, then payment for the Medical Expenses incurred in respect of the Insured Member shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing cashless facility.
 - v. In case Policyholder/Insured Member cannot avail the cashless facility, payment for the treatment will have to be made by the Policyholder or Insured Member to the Network Hospital, following which a Claim for reimbursement may be made to the Company which will be considered by the Company subject to the Policy terms and conditions.
- b. It is agreed and understood that:
- i. When authorizing the availing of cashless facility under this Policy, the Company may authorize the Policyholder's or Insured Member's request for direct settlement of admissible Claims resulting from the Hospitalization in accordance with the agreed charges and the terms and conditions between the Network Provider and the Company. If this authorization is provided then, the Company will directly pay all amounts payable in accordance with the terms and conditions of the Policy to the Network Provider to the extent the Claim is admissible under the Policy.
 - ii. The Company may modify or add to the list of Network Provider or modify or restrict the extent of cashless facilities that may be availed at any particular Network Provider. The updated list would be available at the Company's website or call centre.
 - iii. Before availing the cashless facility, the Policyholder or the Insured Member is required to check the applicable list of Network Provider for the area where he intends to avail the cashless facility through the call centre number as provided in the Policy Certificate.
- c. **Reimbursement :**
- i. It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified against the Benefit and Clause 4.3 below shall be submitted (at the Insured Member's expense) to the Company immediately and in any event within 30 days of Insured Member's discharge from Network Provider or completion of treatment or date of loss, whichever is later.
 - ii. No claim can be made under this Policy, if the treatment is taken in Non-Network Provider.

4.3. Claim Documentation

The Policyholder or Insured Member (or Nominee or legal heir if the Primary Insured Member is deceased) shall (at his expense) give the documentation specified below and any additional information or documentation specified in the Benefit provision under which the Claim is being made to the Company immediately and in any event within 30 days of the occurrence of the Injury.

- a) The following information and documentation shall be submitted to the company in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy in respect of all Claims:
- i. Duly completed and signed Claim form, in original;
 - ii. Copy of Health Card;
 - iii. Medical Practitioner's referral letter advising Hospitalization;

- iv. Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;
- v. Original bills, receipts and discharge card from the Hospital / Medical Practitioner;
- vi. Original bills from pharmacy / chemists;
- vii. Original pathological / diagnostic test reports and payment receipts;
- viii. Indoor case papers

Note:

- i. Additional documents as specified against any benefit shall be submitted to the company.
- ii. The company may seek any other document as required to assess the Claim.
- iii. The company will only accept bills/invoices which are made in the Insured Member's name.
- iv. Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, the company will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

4.4. POLICYHOLDER'S OR INSURED MEMBER'S OR CLAIMANT'S DUTY AT THE TIME OF CLAIM

It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:

- a. The Insured Member shall check the updated list of Network Provider before availing Cashless Facility
- b. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- c. Intimation of the claim, notification of the claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy and the specific procedures and timeframes specified under the Benefit under which the Claim is being made.
- d. The Insured Member will, at the request of the Company, submit himself / herself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
- e. The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Member's medical and hospitalization records and to investigate the facts and examine the Insured Member.
- f. The Company shall be provided with complete documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

4.5. CLAIM ASSESSMENT

- a. All admissible Claims under this Policy shall be assessed by the company.

- b. The Claim amount assessed would be deducted from the following amounts in the following progressive order:
 - i. Sum Insured;
 - ii. Reinstatement of Sum Insured (if applicable).

4.6. Payment terms

- a. This Policy covers treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- b. For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- c. If the Insured Member suffers a relapse within 45 days of the date of discharge from the Network Provider for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim.
- d. For Reimbursement Claims, the Company will make payment to the Insured Member unless specified otherwise in the Certificate of Insurance. In the event of Primary Insured Member's death, the Company will make payment to the Nominee (as named in Certificate of Insurance) and in case of no Nominee to the legal heir of the Primary Insured Member whose discharge shall be treated as full and final discharge of the Company's liability under the Policy.
- e. On payment of renewal premium, the Primary Insured Member shall give written notice to the company of any disease, physical defect or infirmity or change in occupation or profession.
- f. The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Member during the Cover Period, once Sum of Sum Insured and Reinstatement of Sum Insured (if applicable) for that Insured Member is exhausted.
- g. The Company shall settle any Claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder an offer of settlement of Claim and upon acceptance of such offer by the Policyholder the Company shall make payment within 7 days from the date of receipt of such acceptance. However, if a claim warrants an investigation in the opinion of the Company, then the Company shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines, the Company shall pay additional amount as interest from the date of receipt of last necessary document to the date of payment of claim 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. 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. General Terms and Conditions

5.1 Disclosure to Information Norm

If any untrue or incorrect statements are made or there has been a misrepresentation, misdescription or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder, the Insured Member or any one acting on his or their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company on cancellation of the Policy.

5.2 Observance of Terms and Conditions

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Member, shall be condition precedent to the Company's liability under the Policy.

5.3 Material Change

It is a condition precedent to the Company's liability under the Policy that the Policyholder/ Insured Member shall immediately notify the Company in writing of any material change in the risk on account of change in occupation or business of any Insured Member at his own expense. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly.

5.4 Records to be maintained

The Policyholder and Insured Member shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Member shall furnish such information as the Company may require under this Policy at any time during the Policy Period or Cover Period or until final adjustment (if any) and resolution of all Claims under this Policy.

5.5 No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Member which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

5.6 Complete Discharge

Payment made by the Company to the Policyholder or Insured Member or the Nominee or the legal heir of the Insured Member, as the case may be, under the Policy shall in all cases be complete and construed as an effectual discharge in favor of the Company.

5.7 Multiple Policies

- a. In case any Insured Member is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder/Insured Member shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the sum insured of such Policy.
- b. In case the Claim amount under a single policy exceeds the Sum Insured, then Policyholder/Insured Member shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder/Insured Member shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.
- c. This clause shall not apply to any Benefit offered on a fixed benefit basis.

5.8 Free Look Period

- a. The Policyholder/Insured may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- b. If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- c. Provision for Free look period is not applicable and available at the time of renewal of the Policy.

5.9 Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

5.10 Renewal Notice

- a. The Coverage will automatically terminate on the Cover End Date. All renewal applications and requisite premium shall be given to the company on or before the Cover End Date provided the policy is in force and in any event before the expiry of the Grace Period. The Policyholder shall give the company written notice along with the renewal application of any material changes to the risk insured under the Policy. If no such written notice is received by the company along with the renewal application, it shall be deemed that there is no material change to the risk.

For the purpose of this provision, Grace Period means a period of 30 days immediately following the Cover End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period. This Clause is applicable at member level.

- b. The company will ordinarily not refuse to renew the Policy except on grounds of fraud, moral hazard or misrepresentation or non-co-operation by the Insured.

The Company may revise the premium payable under the Policy provided that revisions to the premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Change in rates will be applicable only post approval by the Authority and be effective from the date of launch of the revised Product and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.

- c. Renewal shall be offered lifelong. The Insured Member shall be given an option to port this Policy into any other health insurance product of the Company and credit shall be given for number of years of continuous coverage under this Policy for the standard waiting periods.
- d. This product may be withdrawn / modified by the company after due approval from the IRDAI. In case this product is withdrawn / modified by the company, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved product. The company shall duly intimate Policyholder atleast three months prior to the date of such withdrawal / modification of this product and the options available to Insured Member at the time of renewal of this policy.
- e. No loading based on individual claim experience shall be applicable on renewal premium payable, but renewal premium can be changed based on the experience of the group.

5.11 Cancellation / Termination

- a. The Company may at any time, cancel this Policy on grounds as specified in Clause 5.1 and the Company shall have no liability to make payment of any claims and the premium paid shall be forfeited to the Company and no refund of premium shall be effected by the company, by giving 15 days’ notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder or Insured Member at his last known address.
- b. The Policyholder may also give 15 days’ notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received

Cancellation date from Cover Start Date	Policy Tenure – 1 Year
Up to 1 month	75.0%
1 month to 3 months	50.0%
3 months to 6 months	25.0%
6 months to 12 months	0.0%

- c. In case of demise of the Primary Insured Member,
 - i. Where the Policy covers only the Primary Insured Member, this Policy shall stand null and void from the date and time of demise of the Primary Insured Member.
 - ii. Where the Policy covers other Insured Members, this Policy shall continue till the end of Cover Period for the other Insured Members. If the other Insured Members wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a Primary Insured Member provided that:
 - I. Written notice in this regard is given to the Company before the Cover End Date; and
 - II. A Person who satisfies the Company’s criteria to become a Primary Insured Member. The criteria being:

- (a) He / She should become a member of the Group against whom the Master policy is issued.
 - (b) He / She should satisfy the age limit criteria as mentioned in the product.
 - (c) In case of all the surviving members being aged above 70 years, criteria as per Clause 5.11 (c) (ii) (II) (b) need not be required to be met.
- d. The Primary Insured Member may also give 15 days' notice in writing, to the Company, for the cancellation of the Certificate of Insurance, in which case the Company shall from the date of receipt of the notice, cancel the Certificate of Insurance and refund the premium for the unexpired Cover Period on pro-rata basis.

5.12 Limitation of liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder/Insured Member proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond its/his control.

5.13 Communication

- a. Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Certificate/ Certificate of Insurance. Any communication meant for the Policyholder or Insured Member will be sent by the Company to his last known address or the address as shown in the Policy Certificate/ Certificate of Insurance.
- b. All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Certificate/ Certificate of Insurance. Agents are not authorized to receive notices and declarations on the Company's behalf.
- c. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

5.14 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company.

- 5.15 Out of all the details of the various benefits provided in the Policy Terms and Conditions, only the details pertaining to benefits chosen by policyholder as per Policy Certificate shall be considered relevant

5.16 Electronic Transactions

The Policyholder and Insured Member agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Any terms and conditions related to electronic transactions shall be within the approved Policy Terms and Conditions

5.17 Portability and Continuity Benefits

The company will grant continuity of benefits which were available to the Insured Members under a group insurance policy in the immediately preceding Cover period provided that:

- i. The company shall be liable to provide continuity of only those benefits (for e.g: Initial wait period, wait period for Maternity Expenses payable)which are applicable under the Policy;
- ii. The Insured Members to whom continuity benefits will be provided under this Policy were covered under that group insurance policy;
- iii. Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by the company and the credit for wait periods would be given in the opted individual health insurance policy or a family floater policy offered by the company. Application for this Policy is made within 45 days before, but not earlier than 60 days from the expiry of that group insurance policy
- iv. Insured Member can apply only at the time of renewal of the group Policy.

5.18 Nominee

The Primary Insured Member can at the inception or at any time before the expiry of the Policy make the nomination for the purpose of payment of Claims.

Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement to the Policy is made by the company.

In case of any Insured Member other than the Primary Insured Member under the Policy, for the purpose of payment of Claims in the event of death, the default nominee would be the Primary Insured Member.

5.19 Grievances

The Company has developed proper procedures and effective mechanism to address complaints by the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

- (a) If the Policyholder / Insured Member has a grievance that the Policyholder / Insured Member wishes the Company to redress, the Policyholder / Insured Member may contact the Company with the details of the grievance through:

Website: www.religarehealthinsurance.com

Email: customerfirst@religarehealthinsurance.com

Contact No.:1800-200-4488

Fax: 1800-200-6677

Courier: Any of Our Branch Office or corporate office

The Policyholder/Insured Member may also approach the grievance cell at any of the Company's branches with the details of his/her grievance during the Company's working hours from Monday to Friday.

Exclusively for Senior Citizens, the Company has a separate extension on the Customer Service Toll Free Number. This separate customer service channel prioritizes and routes any kind of request / grievance raised by Senior Citizens through various fast

track internal escalations leading to lesser Turn-Around-Time (TAT) for request / grievance

(b) If the Policyholder / Insured Member is not satisfied with the Company's redressal of the Policyholder's / Insured Member's grievance through one of the above methods, the Policyholder / Insured Member may contact the Company's Head of Customer Service at:

Head – Customer Services,
 Religare Health Insurance Company Limited,
 Vipul Tech Square, Tower C,
 3rd Floor, Golf Course Road, Sector - 43,
 Gurgaon, Haryana – 122009

(c) If the Policyholder / Insured Member is not satisfied with the Company's redressal of the Policyholder's / Insured Member's grievance through one of the above methods, the Policyholder / Insured Member may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsmen offices are mentioned below:

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 E-mail : bimalokpal.ahmedabad@gbic.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU		Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL		Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR		Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa
CHANDIGARH		Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh

		Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	
CHENNAI		Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI		Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI		Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD		Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR		Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM		Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA		Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW		Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur,

		Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	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.
MUMBAI		Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA		Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand
NOIDA		Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PUNE		Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.religarehealthinsurance.com or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council –

Office of the 'Governing Body of Insurance Council'

Secretary General / Secretary,
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai – 400 054.
Tel : 022-26106245/889/671
Fax : 022-26106949
Email- inscoun@gbic.co.in

Annexure –I: List of Day Care Procedures / Surgeries

Category	Procedure / Surgery Name
Dental	Apisectomy including LA
Dental	Cyst under LA (Large)
Dental	Cyst under LA (Small)
Dental	Flap operation per Tooth
Dental	Fracture wiring including LA
Dental	Gingivectomy per Tooth
Dental	Flap operation involving 1-3 teeth
Dental	Flap operation involving 4-6 teeth
Dental	Flap operation involving 7-11 teeth
Dental	Gingivectomy involving 1-3 teeth
Dental	Gingivectomy involving 4-6 teeth
Dental	Gingivectomy involving 7-11 teeth
Ear	Ear lobe repair – single
Ear	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage
Ear	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only
Throat	Retro pharyngeal abscess - Drainage
General Surgery	Corn - Large - Excision
General Surgery	Dermoid Cyst - Large - Excision
General Surgery	Dermoid Cyst - Small - Excision
General Surgery	Dorsal Slit and Reduction of Paraphimosis
General Surgery	Drainage of large Abscess
General Surgery	Epidymal Cyst
General Surgery	Excision of Small Growth from Tongue
General Surgery	Excision of Large Swelling in Hand
General Surgery	Excision of Small Swelling in Hand
General Surgery	Ganglion - Small - Excision
General Surgery	Growth – Excision
General Surgery	Nodular Cyst
General Surgery	Lipoma
General Surgery	Sebaceous Cyst - Excision
General Surgery	Dressing under GA
General Surgery	Excision of Corns
General Surgery	Excision of Molluscumcontagiosum
General Surgery	Excision of Sebaceous Cysts
General Surgery	Excision of Superficial Lipoma
General Surgery	Excision of Superficial Neurofibroma
General Surgery	Phimosis Under LA
General Surgery	Urthral Dilatation
General Surgery	Vasectomy
General Surgery	Heamodialysis

Gynaecology	Bartholin abscess I & D
Gynaecology	Bartholin cyst removal
Gynaecology	Cyst – Labial
Gynaecology	Cyst -Vaginal Enucleation
Gynaecology	D&C (Dilatation & curretage)
Gynaecology	Electro Cauterisation Cryo Surgery
Gynaecology	Fractional Curretage
Gynaecology	Haemato Colpo/Excision - Vaginal Septum
Gynaecology	Perineal Tear Repair
Gynaecology	Vaginal Tear -Repair
Gynaecology	D&C (dilatation & Curretage) upto 12 wks
Gynaecology	D&C (Dilatation & curretage)upto 8 wks
Gynaecology	Insertion of IUD Device
Endoscopic procedures	Ablation of Endometriotic Spot
Endoscopic procedures	Cyst Aspiration
Endoscopic procedures	Esophageal Sclerotherapy for varies first sitting
Endoscopic procedures	Esophageal Sclerotherapy for varies subseqent sitting
Endoscopic procedures	Upper GI endoscopy
Endoscopic procedures	Upper GI endoscopy with biopsy
Hysteroscopic	Ablation of Endometrium
Hysteroscopic	Polypectomy
Ophthalmology	Abscess Drainage of Lid
Ophthalmology	Cataract – Unilateral
Ophthalmology	Cataract + Pterygium
Ophthalmology	Corneal Grafting
Ophthalmology	Cyclocryotherapy
Ophthalmology	Cyst
Ophthalmology	Pterigium + Conjunctival Autograft
Ophthalmology	Exentration
Ophthalmology	Ectropion Correction
Ophthalmology	Intraocular Foreign Body Removal
Ophthalmology	Limbal Dermoid Removal
Ophthalmology	Pterygium (Day care)
Ophthalmology	Ptosis
Ophthalmology	Small Tumour of Lid - Excision
Ophthalmology	Iridectomy
Ophthalmology	Acid and alkali burns
Ophthalmology	Cataract with IOL by Phoco emulsification tech. unilateral
Ophthalmology	Cataract with IOL with Phoco emulsification Bilateral
Ophthalmology	Cauterisation of ulcer/subconjunctival injection - both eye
Ophthalmology	Cauterisation of ulcer/subconjunctival injection - One eye
Ophthalmology	Chalazion - both eye
Ophthalmology	Chalazion - one eye
Ophthalmology	Conjuntival Melanoma
Ophthalmology	Dacryocystectomy (to be removed duplicated)
Ophthalmology	Dacryocystectomy (DCY)

Ophthalmology	DCR (Dacryocystorhinostomy)
Ophthalmology	Entropion correction
Ophthalmology	Epicantuhus correction
Ophthalmology	Epilation
Ophthalmology	Laser for retinopathy
Ophthalmology	Laser inter ferometry
Ophthalmology	Lid tear
Orthopaedic	Dislocation - Elbow
Orthopaedic	Dislocation - Shoulder
Orthopaedic	Drainage of Abscess Cold
Orthopaedic	Hip Spica
Orthopaedic	Shoulder Jacket
Orthopaedic	Trigger Thumb
Orthopaedic	Wound Debridiment
Orthopaedic	Application of Skeletal Traction
Orthopaedic	Application of Skin Traction
Orthopaedic	Aspiration & Intra Articular Injections
Urology	Reduction of Paraphimosis
Oncology	Chemotherapy - Per sitting
Oncology	Radiotherapy - Per sitting
Oncology	Chemotherapy - per sitting plus cost of injections subject to approval for Insurance administrator
Other commonly used procedures	Upto 30% burns first dressing
Other commonly used procedures	Upto 30% burns subsequent dressing

Sr. No.	Annexure – II List of Expenses Excluded ("Non-medical") in Hospital Indemnity Policy
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
3	BABY FOOD
4	BABY UTILITES CHARGES
5	BABY SET
6	BABY BOTTLES
7	BRUSH
8	COSY TOWEL
9	HAND WASH
10	MOISTURISER PASTE BRUSH
11	POWDER
12	RAZOR
13	SHOE COVER
14	BEAUTY SERVICES
15	BELTS/ BRACES
16	BUDS
17	BARBER CHARGES
18	CAPS
19	COLD PACK/HOT PACK
20	CARRY BAGS
21	CRADLE CHARGES
22	COMB
23	DISPOSABLES RAZORS CHARGES (for site preparations)
24	EAU-DE-COLOGNE / ROOM FRESHNERS
25	EYE PAD
26	EYE SHEILD
27	EMAIL / INTERNET CHARGES
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
29	FOOT COVER
30	GOWN
31	LEGGINGS
32	LAUNDRY CHARGES
33	MINERAL WATER
34	OIL CHARGES
35	SANITARY PAD
36	SLIPPERS
37	TELEPHONE CHARGES
38	TISSUE PAPER
Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
39	TOOTH PASTE
40	TOOTH BRUSH
41	GUEST SERVICES

42	BED PAN
43	BED UNDER PAD CHARGES
44	CAMERA COVER
45	CLINIPLAST
46	CREPE BANDAGE
47	CURAPORE
48	DIAPER OF ANY TYPE
49	DVD, CD CHARGES
50	EYELET COLLAR
51	FACE MASK
52	FLEXI MASK
53	GAUSE SOFT
54	GAUZE
55	HAND HOLDER
56	HANSAPLAST/ ADHESIVE BANDAGES
57	LACTOGEN/ INFANT FOOD
58	SLINGS
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
62	HORMONE REPLACEMENT THERAPY
63	HOME VISIT CHARGES
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES
69	DONOR SCREENING CHARGES
70	ADMISSION/REGISTRATION CHARGES
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
74	STEM CELL IMPLANTATION/ SURGERY and storage

Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
77	MICROSCOPE COVER
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
79	SURGICAL DRILL
80	EYE KIT
81	EYE DRAPE
82	X-RAY FILM
83	SPUTUM CUP
84	BOYLES APPARATUS CHARGES
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
86	SAVLON
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
88	COTTON
89	COTTON BANDAGE
90	MICROPORE/ SURGICAL TAPE
91	BLADE
92	APRON
93	TORNIQUET
94	ORTHOBUNDLE, GYNAEC BUNDLE
95	URINE CONTAINER
ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX
97	HVAC
98	HOUSE KEEPING CHARGES
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
100	TELEVISION & AIR CONDITIONER CHARGES
101	SURCHARGES
102	ATTENDANT CHARGES
103	IM IV INJECTION CHARGES
104	CLEAN SHEET
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
106	BLANKET/WARMER BLANKET
ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT
108	BIRTH CERTIFICATE
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
110	CERTIFICATE CHARGES
111	COURIER CHARGES
112	CONVENYANCE CHARGES
113	DIABETIC CHART CHARGES

114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
115	DISCHARGE PROCEDURE CHARGES
116	DAILY CHART CHARGES
117	ENTRANCE PASS / VISITORS PASS CHARGES
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
119	FILE OPENING CHARGES
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
121	MEDICAL CERTIFICATE
122	MAINTAINANCE CHARGES
123	MEDICAL RECORDS
124	PREPARATION CHARGES
125	PHOTOCOPIES CHARGES
126	PATIENT IDENTIFICATION BAND / NAME TAG
127	WASHING CHARGES
128	MEDICINE BOX
129	MORTUARY CHARGES
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)
EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES
132	BIPAP MACHINE
133	COMMODE
134	CPAP/ CAPD EQUIPMENTS
135	INFUSION PUMP - COST
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
137	PULSEOXYMETER CHARGES
138	SPACER
139	SPIROMETRE
140	SPO2 PROBE
141	NEBULIZER KIT
142	STEAM INHALER
143	ARMSLING
144	THERMOMETER
145	CERVICAL COLLAR
146	SPLINT
147	DIABETIC FOOT WEAR
Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
148	KNEE BRACES (LONG/ SHORT/ HINGED)
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
150	LUMBO SACRAL BELT
151	NIMBUS BED OR WATER OR AIR BED CHARGES
152	AMBULANCE COLLAR
153	AMBULANCE EQUIPMENT
154	MICROSHEILD
155	ABDOMINAL BINDER

ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
159	SUGAR FREE Tablets
160	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed medical pharmaceuticals payable)
161	Digestion gels
162	ECG ELECTRODES
163	GLOVES
164	HIV KIT
165	LISTERINE/ ANTISEPTIC MOUTHWASH
166	LOZENGES
167	MOUTH PAINT
168	NEBULISATION KIT
169	NOVARAPID
170	VOLINI GEL/ ANALGESIC GEL
171	ZYTEE GEL
172	VACCINATION CHARGES
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD
174	ALCOHOL SWABES
175	SCRUB SOLUTION/STERILLIUM OTHERS
176	VACCINE CHARGES FOR BABY
177	AESTHETIC TREATMENT / SURGERY
178	TPA CHARGES
179	VISCO BELT CHARGES
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
181	EXAMINATION GLOVES
182	KIDNEY TRAY
183	MASK
Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
184	OUNCE GLASS
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
186	OXYGEN MASK
187	PAPER GLOVES
188	PELVIC TRACTION BELT
189	REFERAL DOCTOR'S FEES
190	ACCU CHECK (Glucometry/ Strips)
191	PAN CAN
192	SOFNET
193	TROLLY COVER
194	UROMETER, URINE JUG
195	AMBULANCE
196	TEGADERM / VASOFIX SAFETY

197	URINE BAG
198	SOFTOVAC
199	STOCKINGS

Note: Items mentioned under sub heading “Items payable if supported by a Prescription” will be payable only if supported by Medical Practitioner’s prescription. All other items mentioned are excluded under this Policy.

Annexure-III - List of Network Provider

S.No.	Hospital Name	Address Line 1	Address Line 2	Location	City	District	State	Zone	Pincode
1	Guru Nanak Hospital	Sham Nagar, Near L.I.C. Office,	Rajpura,	Shyam Nagar	Rajpura	Patiala	Punjab	North	140401
2	Simrita Nursing Home	68,	Dalima Vihar,	Rajpura Township	Rajpura	Patiala	Punjab	North	140401
3	Avasthi Bone & Joint Clinic & Hospital	No.135, Green Park,	Opposite Prince Hostel,	Civil Lines	Ludhiana	Ludhiana	Punjab	North	141001
4	Bassi Nursing Home Pvt. Ltd.	No.970/B, Near Dhobhi Ghat,	Rajpura Road,	Civil Lines	Ludhiana	Ludhiana	Punjab	North	141001
5	Kapil Hospital	Near New Courts, Opposite Commissioners Office,	Industrial Area,	Near New Courts	Jalandhar	Jalandhar	Punjab	North	144001
6	Gursimran Hospital	Naloian Chowk,	Dasuya Road,	Hoshiarpur City	Hoshiarpur	Hoshiarpur	Punjab	North	146001
7	Garg Mission Hospital	7, Dhillon Marg,		Model Town	Patiala	Patiala	Punjab	North	147001
8	Athena Hospital	Athena Hospital Complex,	Falnir Road,	Falnir	Mangalore	Dakshin Kannada	Karnataka	South	575001
9	Cheema Medical Complex	Phase -4, Near Telephone Exchange,	S.A.S.Nagar,	Mohali	Mohali	Mohali	Punjab	North	160059
10	Indus Hospital	S.C.F.98-100,	Phase 3B2. Mohali,	Phase 3B2	Mohali	Mohali	Punjab	North	160059
11	Thareja Nursing Home	No.1,	Ram Khirteer Company Bagh Road,	Alwar	Alwar	Alwar	Rajasthan	North	301001
12	Dhami Eye Care Hospital	82-B,		Kichlu Nagar	Ludhiana	Ludhiana	Punjab	North	141001
13	Sirish Hospital	B-XX,1140,		Krishna Nagar	Ludhiana	Ludhiana	Punjab	North	141001
14	Chugh Eye Surgery Centre	L-637,	Near Deep Hospital,	Model Town	Ludhiana	Ludhiana	Punjab	North	141002
15	Dr Om Parkash Eye Institute Pvt.Ltd.	117-A, Mall Road,	Near Novelty Omaxe,	Mall Mandi	Amritsar	Amritsar	Punjab	North	143001
16	Maharishi Dayanand Hospital & MRC	228-BC Road,	Rehari Chugi,	Reharimohalla	Jammu	Jammu	Jammu & Kashmir	North	180005
17	Omega Hospitals Pvt Ltd	Mahaveera Circle,		Kankanady	Mangalore	Dakshin Kannada	Karnataka	South	575002
18	Thind Eye Hospital	701-L,	Mall Road,	Model Town	Jalandhar	Jalandhar	Punjab	North	144003
19	Behgal Hospital	S.F.C.11, Phase - 5,	S.A.S Nagar, Near PTL Chowk,	Mohali	Mohali	Mohali	Punjab	North	160059
20	Jeevan Jot Hospital	Peer Khanna Road,		Khanna HO	Khanna	Ludhiana	Punjab	North	141401
21	Indus Super Speciality Hospital	Opposite D.C. Office,	Phase-1,	S.A.S.Nagar	Mohali	Mohali	Punjab	North	160055
22	KMC Hospital	Attavar,		Attavar	Mangalore	Dakshin Kannada	Karnataka	South	575001
23	Jyoti Nursing Home Pvt Ltd	Road No.4,	Opp. SBI Bank,	Vishvakarma Industrial Area	Jaipur	Jaipur	Rajasthan	North	302013
24	Mitra Hospital	Mitra Priya,	Old Post Office Road,	Udupi	Udupi	Udupi	Karnataka	South	576102
25	Kolhapur Cancer Centre Pvt Ltd	R.S. 238, Gokul Shirgaon,	Opp. Mayur Petrol Pump,	Karveer	Kolhapur	Kolhapur	Maharashtra	West	416234
26	Bansal Eye Hospital & Laser Centre	41,	Khalsa Road,	Bank Colony	Patiala	Patiala	Punjab	North	147101
27	Ohri Hospital	G.T. Road,	Opp. Railway Workshop,	Putlighar	Amritsar	Amritsar	Punjab	North	143001
28	Med Card Multispeciality Hospital	Tarn Taran Road,		Amritsar	Amritsar	Amritsar	Punjab	North	143022
29	Harish Hospital Pvt. Ltd.	1, Raghu Commercial Complex,	Near Jail Circle,	Vijay Mandir Road	Alwar	Alwar	Rajasthan	North	301001
30	Ramjanam Sulakshana	Kothal More,	Gumla Road,	Ranchi	Ranchi	Ranchi	Jharkhand	East	835303

	Pandey Cancer Hospital						d		
31	Sri Devi Nursing Home	Opp. Gandhi Park,	Voderhobli,	Kundapura	Udupi	Udupi	Karnataka	South	576201
32	Sri Manjunatha Hospital	Main Road,	Kundapura Taluk,	Kundapura	Udupi	Udupi	Karnataka	South	576201
33	Choudhary ENT Maternity and General Health Care	Near Old SBI,		Katra Khazana	Amritsar	Amritsar	Punjab	North	143001
34	Rana Hospital	688 F,	Saheed Bhagat Singh Nagar,	Pakhowal Road	Ludhiana	Ludhiana	Punjab	North	141002
35	Chinmayi Hospital	Church Road,		Kundapura	Udupi	Udupi	Karnataka	South	576201
36	Hitech Medicare Hospital	NH 66,		Ambalpady	Udupi	Udupi	Karnataka	South	576103
37	Shoor Hospital	I/S,Khazana Gate,		Amritsar	Amritsar	Amritsar	Punjab	North	143001
38	Kiran Nursing Home	Dashmesh Nagar,		Ropar	Ropar	Ropar	Punjab	North	140001
39	R R M Central Hospital	Street No. 03,	Central Town,	Hoshiarpur	Hoshiarpur	Hoshiarpur	Punjab	North	146001
40	Joshi Hospital	Kapurthala Chowk,		Jalandhar	Jalandhar	Jalandhar	Punjab	North	144001
41	Hind Hospital	Bhai Bir Singh Gurudwara Road,		Ahmedgarh	Sangrur	Sangrur	Punjab	North	148021
42	Adarsha Hospital	Near Market Yard,	NH 66,	Kundapura	Udupi	Udupi	Karnataka	South	576201
43	Shrinath Superspeciality Health Centre Pvt. Ltd.	3rd & 4th Floor, Joshi Hospital,		Anuj Tower	Jalandhar	Jalandhar	Punjab	North	144001
44	Ambay Eye Care	917, Main Gill Road,	ST No. 6,	Dashmesh Nagar	Ludhiana	Ludhiana	Punjab	North	141003
45	Pawan Hospital Pvt Ltd	27 E, Govind Puri,	New Ramgarh Mode,	Amer Road	Jaipur	Jaipur	Rajasthan	North	302002
46	Benaka Health Centre	Near Ernodi Bridge,	Main Road,	Ujire	Ujire	Dakshina Kannada	Karnataka	South	574240
47	Jindal Eye Hospital	10/62, Chitrakoot Scheme,	Opp. Chitrakoot Stadium,	Vaishali Nagar	Jaipur	Jaipur	Rajasthan	North	302021
48	Pragathi Speciality Hospital	Main Road,		Bolpur	Puttur	Dakshin Kannada	Karnataka	South	574201
49	Balaji Medicare Hospital	132-A,	Basti Sheikh Road,	Ashok Nagar	Jalandhar	Jalandhar	Punjab	North	144002
50	Mudhale Nursing Home & Kolhapur Endoscopy Centre	204K/30B,	New Shahupuri,	Behind Tourist Hotel	Kolhapur	Kolhapur	Maharashtra	West	416001
51	Vardhan Children Hospital	Sykes Extension,	Near Railway Phatak,	Behind Kotak Mahindra bank	Kolhapur	Kolhapur	Maharashtra	West	416001
52	Walia Hospital	33-B,	Near Malhar Road,	Sarabha Nagar	Ludhiana	Ludhiana	Punjab	North	141002
53	Neelam Hospital & Maternity Home	15-16 E,		Gobind Colony	Rajpura	Patiala	Punjab	North	140401
54	Dr. Shakeen Singh Eyes & Dental Hospital	391-Green Avenue,	Kacheri Chowk,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
55	Hariram Memorial Medical Centre	Kambla Cross Road,	Near Kudroli Temple,	Kadri	Mangalore	Dakshin Kannada	Karnataka	South	575003
56	Karan Hospital & Maternity Home	Heon Road,	Near Bus Stand,	Heo Road	Banga	Shahid Bhagat Singh Nagar	Punjab	North	144505
57	Sharma Eye Hospital & Laser Centre	Near Radha Soami Satsang Ghar,		Zail Singh Nagar	Ropar	Ropar	Punjab	North	140001
58	Modi Nursing Home	Near Prabhat Chowk,		Hoshiarpur	Hoshiarpur	Hoshiarpur	Punjab	North	146001
59	Dr. Naresh Hospital & Heart Centre	Kacha College Road,		Barnala	Barnala	Barnala	Punjab	North	148101
60	Sareen Hospital	Sandhu Avenue,	Near Auto Piston, Batala Road,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
61	Aastha Hospital	Dutt Road,		Moga	Moga	Moga	Punjab	North	142001

62	Hi-Tech Hospital	4,	Ambedkar Circle,	Krishna Colony	Alwar	Alwar	Rajasthan	North	301001
63	Janaki Multispeciality Hospital	2018 E Ward,	Rajarampuri 3rd Lane,Bus Route,	Behind Janata Bazar	Kolhapur	Kolhapur	Maharashtra	West	416008
64	Dr. Ramesh Super Speciality Eye & Laser Centre	65-A,	Ferozepur Road,	B.R.S Nagar	Ludhiana	Ludhiana	Punjab	North	141012
65	Apex Hospital	Batala Road,	Near Rishab Auto,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
66	Chethana Hospital	Near Shree Mahamaya Temple,	Dakshina Kannada,	Puttur	Puttur	Dakshin Kannada	Karnataka	South	574201
67	Dr. Daljit Singh Eye Hospital	1-Radha Soami Road,		Amritsar	Amritsar	Amritsar	Punjab	North	143001
68	Dr. Punj Artemis Hospital	898/8,	Circular Road,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
69	Pulse Hospital	Maqbool Pura Chowk,	Mehta Road,Near Alfa One Mall,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
70	Oxford Hospital Pvt Ltd	305,	Bhagwan Mahavir Marg,Near Nakodar Chowk,	Lajpat Nagar	Jalandhar	Jalandhar	Punjab	North	144001
71	Mangala Hospital	Vajra Hills,	Kadri,	Mangalore	Mangalore	Dakshin Kannada	Karnataka	South	575003
72	Ranjit Hospital	G.T Road,	Putlighar,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
73	Dr. N.R Acharya Memorial Hospital	N.H-66,	Koteshwara Kundapura Taluk,	Koteshwara	Udupi	Udupi	Karnataka	South	576222
74	Chikitsa ENT Hospital	60, Pink Plaza,	O/S Hall Gate,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
75	Father Muller Hospital	Thumbe,	Bantwal,	Mangalore	Mangalore	Dakshin Kannada	Karnataka	South	574143
76	Dhaliwal Hospital	3-Batala Road,		Amritsar	Amritsar	Amritsar	Punjab	North	143001
77	Dr. Manpreet's Global Eye Hospital	SCF-36,	Opp.Gurudwara Singh Sabha,Rajpura Road,	S.S.T Nagar	Patiala	Patiala	Punjab	North	147001
78	Puttur City Hospital Pvt Ltd	Madhavabhag,AP MC Road,	Puttur Taluk,	Puttur	Puttur	Dakshina Kannada	Karnataka	South	574201
79	Kapoor Bone & Children Hospital	Pathankot Bye Pass Chowk,		Jalandhar	Jalandhar	Jalandhar	Punjab	North	144001
80	Life Line Hospital	Guru Angad Nagar,	Gali No.5,Chandigarh Road,	Nawanshahr	Nawanshahr	Nawanshahr	Punjab	North	144514
81	Sangha Hospital	Giani Zail,	Singh Nagar,	Ropar	Rupnagar	Rupnagar	Punjab	North	140001
82	Ashwini Hospital	Hosamajalu,	Kowkrady Post,	Nellyady	Puttur	Dakshin Kannada	Karnataka	South	574229
83	Bhardwaj Hospital	Link Road,	Bagru,Sanganer	Sanganer	Jaipur	#N/A	Rajasthan	North	303007
84	Tyagi Eye Hospital	A-100,	Prince Road,Ajmer Road,Bhan Nagar	Bhan Nagar	Jaipur	#N/A	Rajasthan	North	302006
85	Chomu Mahila And Eye Hospital Pvt Ltd	Pakka Bandha,Samod Moad,	Ringus Road,Chomu	Chomu	Jaipur	Jaipur	Rajasthan	North	303702
86	Sethi Children Hospital	19,	Vijay Mandir Road,Lajpat Nagar	Lajpat Nagar	Alwar	#N/A	Rajasthan	North	301001
87	Madhuri Hospital	30,	Panchwati Sechm No.7,Alwar	Alwar	Alwar	#N/A	Rajasthan	North	301001
88	Saraswathi Nursing Home	15/A,	Thyagaraj Road,Bantwal	Bantwal	Dakshina Kannada	#N/A	Karnataka	South	574211
89	Tarini Cancer Hospital & Research Institute	E.I.-2,	M.I.A.,Near Lohiya Ka Tibara,Alwar	Alwar	Alwar	#N/A	Rajasthan	North	301030
90	Shri Krishna Hospital	Kakkinje,	Belthangady	Belthangady	Dakshina Kannada	#N/A	Karnataka	South	574228

91	Singla Nursing & Eye Hospital	Fauji Road,	Near Railway Station Over Bridge,	Kotkapura	Kotkapura	Kotkapura	Punjab	North	151204
92	J.P.Eye Hospital	35,	Phase-7,	Mohali	Mohali	Mohali	Punjab	North	160062
93	Sachdeva Netralaya	3-B,	Extention Gandhi Nagar,	Gandhi Nagar	Jammu	Jammu	Jammu & Kashmir	North	180004
94	Rana Nursing Home	BDO Office Road,		Sirhind	Sirhind	Sirhind	Punjab	North	140406
95	Virk Hospital And Maternity Home	192,	Hargobind Nagar,	Phagwara	Phagwara	Phagwara	Punjab	North	144401
96	Mahajan Eye Hospital & Maternity Home	111,	Shaheed Udham Singh Nagar,	Shaheed Udham Singh Nagar	Jalandhar	Jalandhar	Punjab	North	144001
97	Aastha Kidney And Superspeciality Hospital	B-20,1197/1,	Civil Lines,	Krishna Nagar	Ludhiana	Ludhiana	Punjab	North	141001
98	Sanjeevani Hospital	Garh Colony,	Garh Colony,	Kotputli	Jaipur	Jaipur	Rajasthan	North	303108
99	Vedanta Hospital	Thela by Pass Choraha,	Rajgarh,	Rajgarh	Alwar	Alwar	Rajasthan	North	301408
100	Kakkar Eye Hospital	35,Bank Colony,	ITO Road Near Amar Hospital,	Bank Colony,	Patiala	Patiala	Punjab	North	147001
101	Sankara Eye Hospital	Vipul World,Village Bhanohar,	Post Dhaka,Near Wadi Haveli,	Ferozepur Road	Ludhiana	Ludhiana	Punjab	North	141101
102	Ashwini Hospital	767 KH, 'E' Vishal Chamber,	Near Venus Corner, Konda Lane,	Laxmipuri	Kolhapur	Kolhapur	Maharashtra	West	416001
103	North Star Super Specialty Hospital	2804/R/94, Opp IT Park,	Near Vishcapandhari Road,	Padamawati Nagar	Kolhapur	Kolhapur	Maharashtra	West	416012
104	Ganesh Hospital	922/923,	B' Azad Chowk,	Ravivarpeth	Kolhapur	Kolhapur	Maharashtra	West	416012
105	Mahalaxmi Hospital	1932/A,	12th Lane,	Rajarampuri	Kolhapur	Kolhapur	Maharashtra	West	416008
106	Kolhapur Institute Orthopaedic & Trauma	204 KH, Near CBS Stand,	Behind Tourist Hotel,	Shahupuri	Kolhapur	Kolhapur	Maharashtra	West	416001
107	Kuju Nursing Home	Datma More Main Road,		Kuju	Ramgarh	Ramgarh	Jharkhand	East	825316
108	Brindavan Hospital And Reseach Centre	Ranchi Road,	Near State Bank of India Marar Branch,	Marar	Ramgarh	Ramgarh	Jharkhand	East	829117
109	Ganga Hospital	Akhilesh Park,	Near NH4 Kagal,	Kolhapur	Kolhapur	Kolhapur	Maharashtra	West	416216
110	Vinay Jyoti Hospital	S K Patil College Road,	Kurundwad,	Kurundwad	Kolhapur	Kolhapur	Maharashtra	West	416106
111	Magdum Hospital	Akhilesh Park,	Plot No-18,NH-4 Highway,	Kagal	Kolhapur	Kolhapur	Maharashtra	West	416216
112	Chougale Neurology Centre & Nursing Home	1697/FF-05,A Ward,	Kedar Plaza,Sakoli Cornor-Ramkalavesh Road,	Kolhapur	Kolhapur	Kolhapur	Maharashtra	West	416012
113	Rukade Fracture Accident & Orthopedic Hospital	Plot No.110,Akhilesh Park,	Kagal,	Kagal	Kolhapur	Kolhapur	Maharashtra	West	416216
114	Mahatma Gandhi Hospital	New Pargaon,		Hatkangale	Kolhapur	Kolhapur	Maharashtra	West	416137
115	Amte Hospital	1877,'c',		Laxmipuri	Kolhapur	Kolhapur	Maharashtra	West	416002
116	Hira Nursing Home	232/A,E-Ward,	Near Telecom Bhavan,Tarabai Park,	Chandawani Path	Kolhapur	Kolhapur	Maharashtra	West	416003
117	Choudhari Hospital	Behind Hotel Shree Natraj,	Near Kadage Mala,Jaysingpur - Dharangutti Road,	Jaysingpur	Jaysingpur	Jaysingpur	Maharashtra	West	416101
118	Shraddha Surgical Hospital	17/432/1/2,	Near Panchawati Theatre,	Ichalkaranji	Kolhapur	Kolhapur	Maharashtra	West	416115
119	Vijay Hospital And	659 E-Ward,	Shahupuri 3rd	Karveer	Kolhapur	Kolhapur	Maharashtra	West	416001

	Medical Care Centre		Lane,				htra		
120	Pristine Womens Hospital	995/2E Ward,	Near Basant Bahar Talkies Asembly Road,	Kolhapur	Kolhapur	Kolhapur	Maharashtra	West	416001
121	Shri Venkateshwara Hospital	946,'B' Ward Tembe Road,	Near Savitribai Phule Hospital,	Kolhapur	Kolhapur	Kolhapur	Maharashtra	West	416012
122	Bharat Memorial Hospital	18/1,	Near Gouri Nagar Main Road,	Shyam Nagar	Indore	Indore	Madhya Pradesh	West	452001
123	Kanke General Hospital And Research Centre Pvt Ltd	At-Block Chowk Kanke,	Po+PS-Kanke,	Kanke	Ranchi	Ranchi	Jharkhand	East	834006
124	Mahaveer Hospital	204/31/3,	Opp.Govt Girls School,Indore Road,	Depalpur	Indore	Indore	Madhya Pradesh	West	453115
125	Kukreja Nursing Home	232,A3B/2,	Near Telephone Bhavan,Near Chandwani Hall,	Kolhapur	Kolhapur	Kolhapur	Maharashtra	West	416003
126	Asha Bal & Netra Rugnalaya Polyclinic	12/188,Bahgla Road,	Near Rani Bag,	Ichalkaranji	Ichalkaranji	Ichalkaranji	Maharashtra	West	416115
127	Safalya Fertility And Medical Care Centre	9/26,	Sangli Road,	Ichalkaranji	Kolhapur	Ichalkaranji	Maharashtra	West	416115
128	Sushildatta Orthopedic Centre	Mahasatta Chook,	Near Mahasatta Office,	Sangli Road	Ichalkaranji	Ichalkaranji	Maharashtra	West	416115
129	Patil Institute Of Orthopaedic Sciences And Multispeciality Hospital	Near ST Stand Jaysingpur,	Near Zele Pump Sangls,	Kolhapur Highway	Jaysingpur	Jaysingpur	Maharashtra	West	416101
130	Mane Care Hospital	10th Lane Lakshmi Road,	Behind ST Stand Javsingpur,	Shirol	Jaysingpur	Jaysingpur	Maharashtra	West	416101
131	Yashwant Dharmarth Rugnalaya	Kodoli,	Tal-Panhala	Kodoli	Kolhapur	Kolhapur	Maharashtra	West	416114
132	Galaxy Hospitals Ltd	Nivrutti Colony,	Warananagar,	Warananagar	Kolhapur	Kolhapur	Maharashtra	West	416113
133	Pragati Netra Rugnalaya	1982 E Ward,	9th Lane,	Rajarampuri	Kolhapur	Kolhapur	Maharashtra	West	416008
134	Prashanti Hospital	124,	Simrol Road,	Mhow	Indore	Indore	Madhya Pradesh	West	453441
135	Shrinath Hospitals	13,Betma Road,	Sagore Kuti Chouraha,	Pithampur	Dhar	Dhar	Madhya Pradesh	West	454774
136	Malwa Hospital & Research Centre Pvt Ltd	Agrawal Tower,	Mhow Neenuch Road,	Pithampur	Dhar	Dhar	Madhya Pradesh	West	454775
137	Preet Hospital	Fatehgarh Churian Road,	Rattan Singh Chowk,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
138	Chandan Hospital	No. 891, Phase 7,	Dilawari Street,	Putligarh	Amritsar	Amritsar	Punjab	North	143001
139	Rippan Hospital	Ramdass Road,Gujjar Pura,	Near Ajnala,	Ajnala	Amritsar	Amritsar	Punjab	North	143102
140	Dr. Karan Singh Memorial Ortho & Multispeciality Hospital	16-A,	Doctor Avenue,	Circular Road	Amritsar	Amritsar	Punjab	North	143001
141	Dr Heena Nursing Home	Village Sur Singh,	Tehsil Patti,	Tarn-Taran	Tarn Taran	Tarn Taran	Punjab	North	143302
142	Smt. Shanti Seth Hospital	3,	Albert Road,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
143	Sh Bawa Lal Dyal Hospital	Jammu Jalandhar Bye Pass,	Raghunath Nagar,	Raghunath Nagar	Pathankot	Pathankot	Punjab	North	145001
144	Badrinath Hospital	Fatehgarh Churian Road,		Amritsar	Amritsar	Amritsar	Punjab	North	143001
145	Naveen Hospital	Lane No.5,Vijay Nagar,	Batala Road,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
146	Carewell Heart & Super Speciality Hospital	Model Town,	GT Road,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
147	Loona Nursing Home	Sito Road,		Abohar	Abohar	Abohar	Punjab	North	152116
148	Kumar Hospital	Main Bazar,		Nurpur Bedi	Rupnagar	Rupnagar	Punjab	North	140117
149	Dhawan Nursing Home	Khalra Road,	Bhikhiwind,	Patti	Tarn Taran	Tarn Taran	Punjab	North	143303
150	Bhatia Hospital	Neewan Bazaar,	Bagh Jallianwala,	Amritsar	Amritsar	Amritsar	Punjab	North	143006

151	Jai Kamal Eye Hospital	Opp. Sandhu Colony,	G.T Road,	Chheharta	Amritsar	Amritsar	Punjab	North	143105
152	Shergill Multispeciality Hospital	Opp.Canara Bank,	Majitha Road,	Amritsar	Amritsar	Amritsar	Punjab	North	143001
153	Rahat Nursing Home	Near Veena Talkies,	Main Road,	Patratu	Patratu	Patratu	Jharkhand	East	829118
154	K G T Hospital And Research Centre	NH-33,College Road,	In Front Of Reliance Petrol Pump,	Ramgarh	Ramgarh	Ramgarh	Jharkhand	East	829122
155	Prime Hospital	Gola Road,	Kaitha,	Kaitha	Ramgarh	Ramgarh	Jharkhand	East	829122
156	Matrika Sadan	NH-23,Murubanda,	Near Petrol Pump Chotke Pona,	Thana Rajrappa Project	Ramgarh	Ramgarh	Jharkhand	East	825101
157	Sai Janki Hospital	7 Gulab Bagh Colony,	Near Dewaj Naka,	Indore	Indore	Indore	Madhya Pradesh	West	452010
158	Adityaj Hospital	Sco 18,Phase-1,	First Floor,	SAS Nagar	Mohali	Mohali	Punjab	North	160062
159	Gomti Thapar Hospital	G.T Road,	Opp. Dana Mandi,	Moga	Moga	Moga	Punjab	North	142001
160	Anil Baghi Hospital	Martyr Anil Baghi Road,	Ferozepur	Ferozepur	Ferozepur	Ferozepur	Punjab	North	152002
161	Kamal Hospital	Amritsar Road,	Tarn Taran,	Tarn Taran	Tarn Taran	Tarn Taran	Punjab	North	143401
162	Karan Hospital Multispeciality Centre	Plot No.6,Shiv Enclave,	Machhiwale Road,	Samrala	Samrala	Samrala	Punjab	North	141114
163	Baath Eye Care Centre	78,Adarsh Nagar,	Ferozepur Road,	Zira	Zira	Zira	Punjab	North	142047
164	Kalyani Hospital	A B College Road,	Near Radha Swami Satsang Bhawan,	Pathankot	Pathankot	Pathankot	Punjab	North	145001
165	Neelkanth Hospital	Near Springdale School,	Fatehgarh Churin Road,	Bye Pass	Amritsar	Amritsar	Punjab	North	143001
166	Arora Nursing Home	Chowk Baba Than Ji,	Samrala Road,	Ludhiana	Ludhiana	Ludhiana	Punjab	North	141008
167	Aastha Hospital	Faridkot Road,	Mandi Guruharsahai,	Ferozepur	Ferozepur	Ferozepur	Punjab	North	152022
168	Longia Eye Hospital	#54,	Guru Nanak Colony,	Rajpura	Patiala	Patiala	Punjab	North	140401
169	Jeevan Eye & Maternity Hospital	33,	G.T.B Market,	Khanna	Khanna	Khanna	Punjab	North	141401
170	Bharat Surgical & Maternity Centre	Guru Teg Bahadur Nagar,	ST No.5 Handiaya Road,	Barnala	Barnala	Barnala	Punjab	North	148101
171	Deep Eye Care centre	481-R,	Model Town,	Ludhiana	Ludhiana	Ludhiana	Punjab	North	141002
172	Nirmal Nursing Home	1273/B,	Mirajkar Tikti,	Mangalwar Peth	Kolhapur	Kolhapur	Maharashtra	West	416002
173	Amandeep Hospital	Dalhousie Road,	Mamoon,	Mamoon	Pathankot	Pathankot	Punjab	North	145001
174	Sai Nursing Home	Main Road Patratu,	PO-Patratu,	Patratu	Ramgarh	Ramgarh	Jharkhand	East	829118
175	Geetai Nursing Home	S T Stand Road,	Amravati,	Amravati	Amravati	Amravati	Maharashtra	West	444601
176	Hi-Tech Multispeciality Hospital & Reseach Centre	Near Nanda Market,	Rajapeth Squar,	Amravati	Amravati	Amravati	Maharashtra	West	444606
177	Mazimay Hospital	By Pass Chandur Railway,	Amravati,	Amravati	Amravati	Amravati	Maharashtra	West	444904
178	Milke Orthocare Hospital	Co Durge Hospital VMV Road,	Vidhyut Nagar,	Amravati	Amravati	Amravati	Maharashtra	West	444604
179	Dr Vijay Agrawal Eye Hospital	Near Sahkar Bhavan,	Morshi Road,	Amravati	Amravati	Amravati	Maharashtra	West	444601
180	Shree Netralaya	301,	City Centre Complex,	Amravati	Amravati	Amravati	Maharashtra	West	444603
181	CITY MULTISPECIALITY HOSPITAL & CRITICAL CARE CENTRE	Critical Care Centre,	Kalyan Care Centre,	Amravati	Amravati	Amravati	Maharashtra	West	444606
182	Dr. Barabde Hospital And Critical Care	Dr. Barabde Hospital Camp Road,	Near Holly Cross School,	Amravati	Amravati	Amravati	Maharashtra	West	444601

183	Belokar Hospital	Vijay Colony,	Rukhmini Nagar,	Amravati	Amravati	Amravati	Maharashtra	West	444606
184	Matruchhaya Hospital	Near Nanda Market,	Rajapeth,	Amravati	Amravati	Amravati	Maharashtra	West	444605
185	Parashree Speciality Hospital	Khaparde Bagichha,	Near Ushania Masjid	Amravati	Amravati	Amravati	Maharashtra	West	444601
186	Samriti Seva Sadan	Near Mgm Medical College,	Dimnalake Road,	Jamshedpur	Jamshedpur	Jamshedpur	Jharkhand	East	831018
187	YASH NETRALAYA & CHILD HOSPITAL	VIJAY COLONY,	RUKHMINI NAGAR,	Amravati	Amravati	Amravati	Maharashtra	West	444606
188	Poly Eye Hospital	1560,Urban Estate Phase II,	Local Point,	Jamalpur	Ludhiana	Ludhiana	Punjab	North	141010
189	Ekta Hospital	Akot Road,	Banosa-Daryapur,	Daryapur	Amravati	Amravati	Maharashtra	West	444803
190	Godawari Hospital	Akot Road,	Banosa-Daryapur,	Daryapur	Amravati	Amravati	Maharashtra	West	444803
191	Pushpak Hospital	Gandhi Chowk,	Banosa-Daryapur,	Daryapur	Amravati	Amravati	Maharashtra	West	444803
192	GD Hospital	80 Feet Road,	Ratanpuri,	Ratlam	Ratlam	Ratlam	Madhya Pradesh	West	457001
193	Sanjeevani Hospital	126,	Station Road,	Ratlam	Ratlam	Ratlam	Madhya Pradesh	West	457001
194	Shah Hospital	124,	Katju Nagar,	Ratlam	Ratlam	Ratlam	Madhya Pradesh	West	457001
195	Malviya Hospital And Surgical Nursing Home	Omkar Colony,	Dhamnod	Dhamnod	Dhamnod	Dhamnod	Madhya Pradesh	West	454552
196	Shri Shankar Hospital	Near New Prakash Nagar,	A B Road,	Dhamnod	Dhamnod	Dhamnod	Madhya Pradesh	West	454552
197	Ritwik Hospital And Reseach Centre	Jawahar Marg,	Sanawad,	Sanwad	Sanwad	Sanwad	Madhya Pradesh	West	451111
198	Malwa Nursing Home	1774 Abdul Gaffur Road,	Mhow,	Mhow	Mhow	Mhow	Madhya Pradesh	West	453441
199	Vijay Laxmi Nursing Home & Maternity Center	Laxmi Complex,	Jaycees Chouraha,	Jaunpur	Jaunpur	Jaunpur	Uttar Pradesh	North	222002
200	Tirthraj Hospital	17A,Subhash Nagar,	Malgaon Road,	Miraj	Miraj	Sangli	Maharashtra	West	416410
201	Shri Gajanan Hospital	Near Bus Stand,	Karanja Lad	Karanja Lad	Karanja Lad	Washim	Maharashtra	West	444105
202	Mauli Hospital	Green Park Road,	Godway Layout	Arni	Yavatmal	Yavatmal	Maharashtra	West	445103
203	Bhansali Multispeciality Hospital	Vakil Line, Paratwada,	Achapur	Paratwada	Paratwada	Amravati	Maharashtra	West	444805
204	Rajoriya Eye Hospital	Pandhurna Chowk,	Warun	Warud	Warud	Amravati	Maharashtra	West	444906
205	Shiv Clinic and Hospital Arni	Main Road,	Opp. Bus Stand,	Arni	Arni	Yavatmal	Maharashtra	West	445103
206	Joshi ENT and Maternity Hospital	Near IDBI BANK	Opp. Mankeshwar Theatre	Islampur	Islampur	Sangli	Maharashtra	West	415409
207	Varad Hospital	More Colony	Opp.S.T Stand Tal-walwa	Islampur	Islampur	Sangli	Maharashtra	West	415409
208	Pawar Hospital	Behind ST STAND	OLD SHIRAIYA NAKA ROAD	GANESH NAGAR	Islampur	Sangli	Maharashtra	West	415409
209	Pukhratan Hospital	14/3 Vikas Nagar	Neemuch	Neemuch	Neemuch	Neemuch	Madhya Pradesh	West	458441
210	SISHODIYA NURSING HOME	59 JAWAHAR NAGAR	Dr AMBEDGAR MARG	Neemuch	Neemuch	Neemuch	Madhya Pradesh	West	458441
211	SUSHRUT HOSPITAL	A/P TASGAOV	SANGALI	Sangli	Sangli	Sangli	Maharashtra	West	416312
212	SASTE HOSPITAL	NEAR LONAND SATARA ROAD	LONAND	LONAND	LONAND	SATARA	Maharashtra	West	415519
213	CHAITANYA HOSPITAL	NEAR GRUMPANCHAYAT OFFICE	LONAND	LONAND	LONAND	SATARA	Maharashtra	West	415519
214	SHREE GURUDEO HOSPITAL	Shiv ameri Chowk	Main Road Arni	Arni	Arni	Yavatmal	Maharashtra	West	445103
215	Sangole Eye Hospital	Bramhansabha Paratwada	Achalpur	Achalpur	Achalpur	Achalpur	Maharashtra	West	444806

216	Rawat Orthopaedic Hospital	Opp. Cotton market,	Achalpur Road	Paratwada	Amravati	Amravati	Maharashtra	West	444805
217	Alka Surgical Hospital	Behind Ionand nagarpanc Hayat	Tal khandala	Lonand	LONAND	Satara	Maharashtra	West	415521
218	Mhaske hospital	Opp. Ionand Shirval Naka	Khandala	Khandala	LONAND	Satara	Maharashtra	West	415521
219	Jayanant Mulanche Hospital	Jadhav aali	Lonand	Lonand	LONAND	Satara	Maharashtra	West	415519
220	Prakash Memorial Clinic	Near Ganesh Bhaji Mandai	Islampur	Walwa	Sangli	Sangli	Maharashtra	West	415409
221	Swanand Netralaya	Near Sidheshwar Mandir	Opp. Rajmane Medical	Siddheshwar	Tasgaon	Tasgaon	Maharashtra	West	416312
222	BHARATI HOSPITAL SANGALI	Sangli Miraj Road	Wanlesswadi Sangali	Sangli	Sangli	Sangli	Maharashtra	West	416414
223	Deshmukhsatre Charitable Hospital	Islampur Infront of Shivparvatital	Tel Walwa	Sangli	Sangli	Sangli	Maharashtra	West	415409
224	KAMLA HOSPITAL	NEAR JESSISS CROSSING	OPP. SIDDHARTH UPAWAN	Jaunpur	Jaunpur	Jaunpur	Uttar Pradesh	North	222002
225	SUNITA HOSPITAL	SRI KRISHNAPURAM NAIGANU	JAUNPUR	JAUNPUR	JAUNPUR	Jaunpur	Uttar Pradesh	North	222001
226	Tanya Hospital And Reseach Centre	Machhali Shahar Parav,	Idgah Ke Samne,	JAUNPUR	JAUNPUR	Jaunpur	Uttar Pradesh	North	222001
227	Shree Aum Mutli Speciality Hospital	Ashiana Complex Treth Morh,	Bari Brahmana Jammu,	Samba	Jammu	Jammu	Jammu & Kashmir	North	181133
228	CENTRE FOR EYE SIGHT	228 BC Road Rehari Chungi,	Near Maharishi Dayanand Hospital,	Near Maharishi Dayanand Hospital	Jammu	Jammu	Jammu & Kashmir	North	180005
229	Care N Cure Nursing Home	78/8/ New Bye Pass Road,	Near Railway Station Trikuta Nagar,	Near Railway Station Trikuta Nagar	Jammu	Jammu	Jammu & Kashmir	North	180012
230	S H S MEMORIAL HOSPITAL	32 Rehari Chungi Road ,	Near Khalagidar Gurudwara,	Near Khalagidar Gurudwara,	Jammu	Jammu	Jammu & Kashmir	North	180005
231	Sudan Heart Care Centre	Rohi Morh,	Satwari R.S Pura Road,	Satwari R.S Pura Road	Jammu	Jammu	Jammu & Kashmir	North	181101
232	72 BPM Healthcare	73 Stadium Lane By Pass Channi,	Himmat Behind Jammu Darbar,	Darbar	Jammu	Jammu	Jammu & Kashmir	North	180015
233	KLMS Rotary Eye And ENT Hospital	Housine Colony Udhampur,	Housine Colony Udhampur,	Housine Colony	Udhampur	Udhampur	Jammu & Kashmir	North	182101
234	Sood Eye Care	67/6,	Trikuta Nagar,	Trikuta Nagar	Jammu	Jammu	Jammu & Kashmir	North	180012
235	Triveni Nursing Home	8 CC Gandhi Nagar,	Gandhi Nagar	Gandhi Nagar	Jammu	Jammu	Jammu & Kashmir	North	180004
236	Gupta Hospital And Research Centre	Managed By Chuni Lal Memorial,	Trust National Highway Kalibari Kathua,	Trust National Highway Kalibari Kathua	Kathua	Jammu	Jammu & Kashmir	North	184101
237	Kalindi Nursing Home	Opp. Govt Qtrs,	Subash Nagar,	Subash Nagar	Jammu	Jammu	Jammu & Kashmir	North	180005
238	Nephro Care Dialysis Centre	228 BC Road,	Rehari,	Rehari	Jammu	Jammu	Jammu & Kashmir	North	180001
239	Choudhary Hospital	Near Kameshwar Mandir	Grif Road Akhnoor	Akhnoor	Akhnoor	Akhnoor	Jammu & Kashmir	North	181201
240	MERIDIAN NURSING HOME AND HOSPITAL Pvt Ltd	LEDHUPUR POWER HOUSE VARANASI	VARANASI	VARANASI	VARANASI	VARANASI	UTTAR PRADESH	NORTH	221007
241	GURUMAULI SPECIALITY HOSPITAL	GAJANAN VYAPAR SANKUL	PETROL PUMP CHOWK	TIWASA	Amravati	Amravati	Maharashtra	West	444903

	TIWASA								
242	VIVEKANAND HOSPITAL & RESEARCH CENTRE	452 AVAS VIKASH COLONY	MIRZAPUR	MIRZAPUR	MIRZAPUR	MIRZAPUR	UTTAR PRADESH	NORTH	231001
243	SHWETA HOSPITAL AND TRAUMA CENTER	WARD NO-16, NEAR CANARA BANK	AKHADA MOHAL BY PASS ROAD	ROBERTSGANJ	ROBERTSGANJ	ROBERTSGANJ	UTTAR PRADESH	NORTH	231216
244	NAVJEEVAN HOSPITAL	KAILAHAT CHUMAR MIRZAPUR	NEAR ALLAHABAD BANK	MIRZAPUR	MIRZAPUR	MIRZAPUR	UTTAR PRADESH	NORTH	231305
245	KIRTIPOLY HOSPITAL PVT LTD	PIPARI ROAD	ROBERTGANJ	SONEBHAD	ROBERTSGANJ	ROBERTGANJ	UTTAR PRADESH	NORTH	231216
246	SUYASH HOSPITAL	NEW PLOT KACHERI ROAD	NEAR AMALNER RAILWAY STATION	AMALNER	AMALNER	JALGAON	Maharashtra	West	425401
247	SAISEVA HOSPITAL	INFRONT OF NEW COURT	NEW PLOT	AMALNER	AMALNER	JALGAON	Maharashtra	West	425401
248	SHREE GANESH EYE HOSPITAL	KACHERI ROAD	NEAR AXIS BANK	AMALNER	AMALNER	JALGAON	Maharashtra	West	425401
249	SHRI NRUSINHA HOSPITAL PVT LTD	NEAR GANPATI MANDIR	MAIN ROAD	CHOPDA	CHOPDA	JALGAON	Maharashtra	West	425107
250	MALATI MULTISPECIALITY HOSPITAL	PLOT NO-3	NARMADA NAGAR	CHOPDA	CHOPDA	JALGAON	Maharashtra	West	425107
251	MEWAR HOSPITAL PVT LTD	GALI NO-4, SHYAM COLONY	UDAIPUR ROAD	BANSWARA	BANSWARA	BANSWARA	RAJASTHAN	NORTH	327001
252	ANANAD BALRUGNALYA	SUDIP COMPLEX	AMALNER	AMALNER	AMALNER	JALGAON	Maharashtra	West	425401
253	LADDHA HOSPITAL	BEHIND NEW BUSSTAND	SINAH COLONY	BANSWARA	BANSWARA	BANSWARA	RAJASTHAN	NORTH	327001
254	NIRMAY ACCIDENT HOSPITAL	VIVEKANAND NAGAR	BHADGAON ROAD	AT/PO-PACHORA	JALGAON	JALGAON	Maharashtra	West	424201
255	VEDANT HOSPITAL	OPP. ULHAS CINEMA, V P ROAD	DESHMUKH WADI	PACHORA	PACHORA	JALGAON	Maharashtra	West	424201
256	SUSHRUT HOSPITAL	06 MAHESH NAGAR	NEAR BUS STAND	SHIRPUR	SHIRPUR	SHIRPUR	Maharashtra	West	425405
257	NAVJEEVAN ACCIDENT HOSPITAL	MAHARAJA COMPLEX	MAIN ROAD	SHIRPUR	SHIRPUR	DHULE	Maharashtra	West	425405
258	HARICHHAYA HOSPITAL	CHAMPA BAUG SAKRI ROAD	DHULE	DHULE	DHULE	DHULE	Maharashtra	West	424001
259	DR MAHABIR SINGH HOSPITAL & RESEARCH CENTRE	MISHRA NEURI	KADAMCHAURHA	BALLIA	BALLIA	BALLIA	UTTAR PRADESH	NORTH	277201
260	SEETA HOSPITAL & FRACTURE CLINIC	IC TASIL CHAURHA	MIRZAPUR	MIRZAPUR	MIRZAPUR	MIRZAPUR	UTTAR PRADESH	NORTH	231001
261	SHIVAM HOSPITAL	NEAR DISTRICT WOMEN HOSPITAL ROAD	BALLIA	BALLIA	BALLIA	BALLIA	UTTAR PRADESH	NORTH	277001
262	HOLISTIC CURE	OPP. WOMEN DISTRICT HOSPITAL	GNK CHHAPRA	BALLIA	BALLIA	BALLIA	UTTAR PRADESH	NORTH	277001
263	HOLY CITY HOSPITAL & TRAUMA CENTRE	5A-6/186, E-1	SRINAGAR COLONY	PAHARIYA	VARANASI	VARANASI	UTTAR PRADESH	NORTH	221007
264	DR RD MEMORIAL HOSPITAL	GT ROAD	NEAR OLD DM OFFICE	CHANDAU LI	CHANDAU LI	CHANDAU LI	UTTAR PRADESH	NORTH	232104
265	MAHASHETA HOSPITAL PVT LTD	5-10/6 A-3A-P	MAR ROAD, OPP DISTRICT JAIL	CHAU KAGHAT	VARANASI	VARANASI	UTTAR PRADESH	NORTH	221002
266	DR AVI LOK HOSPITAL PVT LTD	DR VP SINGH STREET	CHAKIA	CHANDAU LI	CHANDAU LI	CHANDAU LI	UTTAR PRADESH	NORTH	222440
267	NEW GONDIA HOSPITAL	BAJARANG NAGAR	ASHOK COLONY	GONDIA	GONDIA	GONDIA	Maharashtra	West	441601
268	GAYATRI HOSPITAL	NEAR MHALASDEVI	MAIN ROAD	SHIRPUR	SHIRPUR	SHIRPUR	Maharashtra	West	425405

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269	MUTHA ACCIDENT HOSPITAL	3551 SAKRI ROAD	OPP CHAMPA BAUG	DHULE	DHULE	DHULE	Maharashtra	West	424001
270	SUMAN HOSPITAL	SAKRI ROAD	DHULE	DHULE	DHULE	DHULE	Maharashtra	West	424001
271	GONDIA CARE HOSPITAL	CIVIL LINE	MAMA SQUARE	GONDIA	GONDIA	GONDIA	Maharashtra	West	441601
272	JAI SANKAR HOSPITAL And RESEARCH CENTRE	PIUTALIGHAR	MIRZAPUR	MIRZAPUR	MIRZAPUR	MIRZAPUR	UTTAR PRADESH	NORTH	231001
273	CHIRAG BALRUGNALAYA AND MATERTITY HOME	BEHIND AMBEDKAR STATUE	MADHUR SHOPPING COMPLEX	DHULE	DHULE	DHULE	Maharashtra	West	424001
274	ANAND MEMORIAL HEATH CARE CENTRE	R CHUNAR	MIRZAPUR	MIRZAPUR	MIRZAPUR	MIRZAPUR	UTTAR PRADESH	NORTH	231304
275	MRITUNJAY HOSPITAL	BELTAR ROAD	BADALI KATARA	MIRZAPUR	MIRZAPUR	MIRZAPUR	UTTAR PRADESH	NORTH	231001
276	CHINTAMANI HOSPITAL	DESHMUK WADI	NEAR ANAND NETHALAY	PACHORA	PACHORA	JALGAON	Maharashtra	West	424201
277	DOWABA HOSPITAL	SRI GAYA KUSUM KUNJ BAIRIA	NEAR SHAHEED SAMARAK BAIRIA	BALLIA	BALLIA	BALLIA	UTTAR PRADESH	NORTH	277201
278	SARTHAK SURGICAL CENTRE	5A6/174 A-B	5A6/174 A-B	AKHTA PAHADIYA	VARANASI	VARANASI	UTTAR PRADESH	NORTH	221007
279	DIRGHAYU HOSPITAL And SURGICAL CENTRE	ASHAPUR	PAHARIA ROAD	MAUAIYA	VARANASI	VARANASI	UTTAR PRADESH	NORTH	221007
280	PATIL HOSPITAL	NARAYAN WADI,	COLLEGE ROAD	CHOPDA	CHOPDA	JALGAON	Maharashtra	West	425107
281	Neelam Hospital Pvt ltd	Jodhadih More	Main Road	Chas Bokaro	Bokaro	Bokaro	Jharkhand	East	827013
282	Brindavan Nursing Home	Jb-09	City Centre	Bokaro Steel city	Bokaro	Bokaro	Jharkhand	East	827004
283	Ayush Health Care	1330 Ah Chakia Road	Alinagar Mughal Sarai	Chandauli	Mughalsarai	Mughalsarai	Uttar Pradesh	North	232101
284	Vijay Laxmi Nursing Home And Maternity centre	Laxmi Complex	Jaycess Crossing	Jaunpur	Jaunpur	Jaunpur	Uttar Pradesh	North	222002
285	Maa tara hospital	Muradganj	Jaunpur	Jaunpur	Jaunpur	Jaunpur	Uttar Pradesh	North	222001
286	Shah Memorial Charitable hospital	GT Road	Saidabad Handia	Allahabad	Allahabad	Allahabad	Uttar Pradesh	North	221508
287	Sanjivani Hospiat	Mulchand Marg	55 Nemuch	Neemuch	Neemuch	Neemuch	Madhya Pradesh	West	458441
288	Get Well Hospital And Maternity Home	Near Hotel Man Singh	Opp lic Colony	Asc Road	Ajmer	Ajmer	Rajasthan	North	305001
289	Lokpriya Hospital	54/4 Muir road	Rajapur	Allahabad	Allahabad	Allahabad	Uttar Pradesh	North	211001
290	Ayushman Hospital And Trauma Centre	J25/59	Aliapur, G.T Road	Varanasi	Varanasi	Varanasi	Uttar Pradesh	North	221110
291	Ayushman Hospital	4,6 Girinagr	Mahmoodganj	Varanasi	Varanasi	Varanasi	Uttar Pradesh	North	221001
292	SHYAM CHARTABLE	Sahnti Market	Koraon	Allahabad	Allahabad	Allahabad	Uttar Pradesh	North	212306
293	Ramniwas Airan Hospital	10 Shastri nagar	Neemuch	Neemuch	Neemuch	Neemuch	Madhya Pradesh	West	458441
294	Santushti Hospital Pvt Ltd	N-8/180	B-51 Newada	Sunderpur	Varanasi	Varanasi	Uttar Pradesh	North	221005
295	Mansarovar Hospital	GT ROAD	Ali nagar	Mughalsari	Chandauli	Chandauli	Uttar Pradesh	North	232101
296	Jain hospital	61,Lowther Road	George town	George town	Allahabad	Allahabad	Uttar Pradesh	North	211002
297	Prachi Hospital Pvt ltd	C-105 S	Shantipuram Phaphamau	Allahabad	Allahabad	Allahabad	Uttar Pradesh	North	211013
298	Sanjivani Hospital	Opp. Old 2d	Near Mantral park	Washim	Washim	Washim	Maharashtra	West	444505

299	Saboo Hospital	Opp. Old 2d	Zeela Parisad Akola	Naka Road	Washim	Washim	Maharashtra	West	444505
300	Bhutada Multispeciality hospital	Renuka Nagar	Panduruna Square	Warud	Warud	Amravati	Maharashtra	West	444906
301	Jawahar Multispeciality	Opp. Jilha	Madhyavarti Bank	Mutijapur Road	Karanja Lad	Washim	Maharashtra	West	444105
302	Orbit speciality eye hospital	Near Vishwa Hotel, Ambedkar Chowk bus stand	Chawne Complex	Ambedkar Chowk bus stand	Karanja Lad	Washim	Maharashtra	West	444105
303	NIMS Medical College Hospital	Jaipur Delhi	Highway	Shobha Nagar	Jaipur	Jaipur	Rajasthan	North	303121
304	Sharda Hospital	Teekhampur	Ballia	Ballia	Ballia	Ballia	Uttar Pradesh	North	277001
305	SHANTI HOSPITAL AND SURGICAL CENTRE	MAJHAULI	Ballia	Ballia	Ballia	Ballia	Uttar Pradesh	North	277203
306	SAI POLYCLINIC AND NURSING HOME	RAMNI NAGAR	ZONE NO-3, BIRSA NAGAR, NEAR VIJAYA GARDEN	Jamshedpur	Jamshedpur	Jamshedpur	Jharkhand	East	831010
307	LAXMI NURSING HOME	BIRSHA NAGAR	ZONE-1/B, PO-BIRSHA NAGAR TELCO, NEAR SHISHU MANDIR	Jamshedpur	Jamshedpur	Jamshedpur	Jharkhand	East	831018
308	Navale General & Surgical Hospital	At/Po-Lonand	Tal-Khandala	Satara	Satara	Satara	Maharashtra	West	415521
309	Ashata Hospital And Sonography	Pratapgath	Chittorgarh	Pratapgarh	Pratapgarh	Pratapgarh	Rajasthan	North	312605
310	Gold Rush Hospital	Bypass Road	Near Realiance Mart	Kharadi	Kharadi	Pune	Maharashtra	West	411014
311	Shahara Life Care Hospital	Jatharpeth Road,	Durga Chwock,	Akola	Akola	Akola	Maharashtra	West	444001
312	Sushrut Netrashalayas Chikitsalay	Kata Road,	Kata Road,	Washim	Washim	Washim	Maharashtra	West	444505
313	Dal Hospital	Sindhi Camp Washim,	Patani chawk to akola Maka Road,	Patani	Washim	Washim	Maharashtra	West	444505
314	Pardeshi Hospital	Near New Admin Building,	Shashtri Nagar,	Shashtri Nagar	Islampur	Islampur	Maharashtra	West	415409
315	Moraya Eye Hospital	Near St Stand Islampur,	Tal Walwa,	Sangali	Sangali	Sangali	Maharashtra	West	415409
316	Zenith Medicare Pvt Ltd	15/2A/2A,	Opp. Vaibhav Theater ,Solapur Road,	Hadapsar	Pune	Pune	Maharashtra	West	411028
317	Mayuri Surgical Hospital	C T Road,	Dholpur	Dholpur	Dholpur	Dholpur	Rajasthan	North	323001
318	Ayushman Hospital	Near Ghantaghar,	Gaurav Path	Dholpur	Dholpur	Dholpur	Rajasthan	North	328001
319	Rini Hospital	Santar Road,	Dholpur	Dholpur	Dholpur	Dholpur	Rajasthan	North	328001
320	Varad Hospital and ICU	Madhav Nagar Road,	Opp. Old Dr Ghatege Hospital,	Sangli	Sangli	Sangli	Maharashtra	West	416416
321	Chintamani Hospital	Dr Yelnae Ortho Hospital,	Near Bank Of India	Datta Chwock	Yavatmal	Yavatmal	Maharashtra	West	445001
322	Datta Netralaya	Datta Chwock,	Near Bank Of India	Yavatmal	Yavatmal	Yavatmal	Maharashtra	West	445001
323	Tawade Hospital	Tiwari Chowck,	Awadhutwadi	Yavatmal	Yavatmal	Yavatmal	Maharashtra	West	445001
324	Shri Datta Heart Hospital	Veer Umarrao Chowck,	Dr Sora Old Hospital	Yavatmal	Yavatmal	Yavatmal	Maharashtra	West	445001
325	Gujar Maternity Home	21, Mahavir Nagar,	Darwha Road	Yavatmal	Yavatmal	Yavatmal	Maharashtra	West	445001
326	Pir Panchal Hospital	Lower Iqbal Nagar,	Surankot	Poonch	Jammu	Jammu	Jammu & Kashmir	North	185121
327	Remedy Hospital	218 ,Ramanand Complex,	Hadadsar	Pune	Pune	Pune	Maharashtra	West	411028
328	Jeevan Jyoti & Maternity Nursing Home	SHUKLAHA CHAURAHA,	MIRZAPUR,	Mirzapur	Mirzapur	Mirzapur	Uttar Pradesh	North	231001

329	Ruma Hospital	SADAR CHAURAHA,	PRATAPGARH	PRATAPGARH	PRATAPGARH	PRATAPGARH	Uttar Pradesh	North	230001
330	Gayatri hospital	3/1,Tularam Bagh,	Infront Of Geeta,	Niketan Mandir	Allahabad	Allahabad	Uttar Pradesh	North	211006
331	Adarsh Clinic & Surgical Center	GT ROAD,	HANUMANGANJ	HANUMANGANJ	Allahabad	Allahabad	Uttar Pradesh	North	221505
332	Muraka Hospitals	Durga Chowk,	Jatharpath Road,	Akola	Akola	Akola	Maharashtra	West	444001
333	Shri Gajanan Netralaya	Achalpur Road,	Near Gulab Bag Pal ACE,	Paratwada	Paratwada	Paratwada	Maharashtra	West	444805
334	Maa Gayatri hospital	159 Shastri Nagar,	Chittorgarh	Chittorgarh	Chittorgarh	Chittorgarh	Rajasthan	North	312001
335	Shree Gurunank Hospital & Research centre	18,	Ghansmandi Chauraha,	Freeganj	Ujjain	Ujjain	Madhya Pradesh	West	456001
336	Sarvoday Hospital & Research Centre	864 Napier Town,	Rassul Chowk,	Rassul chowk	Jabalpur	Jabalpur	Madhya Pradesh	West	482001
337	Aryan Hospital & Research Center	2298 Sector D,	Sudama Nagar,	Ring Road	Indore	Indore	Madhya Pradesh	West	452009
338	Ashish Hospital	1309 Home Science,	College Road,	Napier Town	Jabalpur	Jabalpur	Madhya Pradesh	West	482003
339	Yashlok Hospital	2335 Sector E,	Sudama Nagar,	Sudama Nagar	Indore	Indore	Madhya Pradesh	West	452009
340	Purvee Hospital	205 Sahjivan Nagar,	Gopur Chowki,	Gopur Chowki	Indore	Indore	Madhya Pradesh	West	452001
341	Thakare Multispeciality Hosdpital	Near LIC Office,	Achalpur Road,	Paratwada	Amravati	Amravati	Maharashtra	West	444805
342	Indore Eye Hospital	Mog Lines,	Dhar Road,	Indore	Indore	Indore	Madhya Pradesh	West	452002
343	Damoh Hospital	Near Teen Gulli Station Road	Damoh	Damoh	Damoh	Damoh	Madhya Pradesh	West	470661
344	Nagpur Hospital	Shivnandanam Complex, Char Fatak	Narsingpur Road	Chhindwara	Chhindwara	Chhindwara	Madhya Pradesh	West	480001
345	Usha Maternity And Surgical Centre	Maa Vaisno Colony	Bihar Road	Kunda	Pratapgarh	Pratapgarh	Uttar Pradesh	North	230201
346	Mahamrityunjay Hospital	Mahamrityunjay Hospital Anjad,	Naka Barwani	Naka Barwani	Barwani	Barwani	Madhya Pradesh	West	451551
347	Shukla's Nursing Home	Mahu Neemuch Road	Opp. Shuchitra Takige	Mandsaur	Mandsaur	Mandsaur	Madhya Pradesh	West	458001
348	Shree Sai Baba Jeevandhara Hospital	Infront Of Krishi Upaj Mandi	Rajghat Road	Barwani	Barwani	Barwani	Madhya Pradesh	West	451551
349	Sai Ram Hospital	Bhagat Singh Ward	Behind Dalsagar Talab	Seoni	Seoni	Seoni	Madhya Pradesh	West	480661
350	Sharada Hospital And ICU	Meera Society Road	Shalimar Chowk, Daund	Daund	Daund	Pune	Maharashtra	West	413801
351	Jaykar Accident And Fracture Hospital	Savarkarnagar	Near Gaund College	Daund	Pune	Pune	Maharashtra	West	413801
352	Sulochana Netralaya	Nira Satara Road	Lonand	Lonand	Lonand	Lonand	Maharashtra	West	415521
353	Deepakjyot Dental Clinic	Opp. Civil Hospital,Kankariya Tower	Sakri RD ,Dhule	Dhule	Dhule	Dhule	Maharashtra	West	424001
354	Sanchit Hospital	#18/2, Near Market Vard	Opp. HP Petrol Pump Indarpur Road	Baramati	Baramati	Pune	Maharashtra	West	413102
355	Tejomaya Eye Hospital	Opp. Cosmos Bank	Bhiewan Chowk, Dr K L Kolakar Road	Baramati	Baramati	Pune	Maharashtra	West	413102
356	Gurukrupa Children Hospital	Veer Sahukar Nagar	Near Daund College	Daund	Daund	Daund	Maharashtra	West	413801
357	Bhagya Laxmi Eye Hospital	Opp. Civil Hospital	Kanria Tower	Dhule	Dhule	Dhule	Maharashtra	West	424001
358	Krishna Drishti Eye Hospital	Behind S.T Stand	Ring Road	Baramati	Baramati	Pune	Maharashtra	West	413102
359	Matoshree Hospital	Balaji Tower	Maltai Square	Warud	Warud	Warud	Maharashtra	West	444906
360	Deore Eye Ent Hospital And Shriram chandra	Ganpati Mandir Road	N.R Oswal Jain Boarding	Dhule	Dhule	Dhule	Maharashtra	West	424002

	Netralaya								
361	Ozone Hospital	2,Srinath Colony	Diversion Colony	Khargone	Khargone	Khargone	Madhya Pradesh	West	451001
362	Kedare Hospital	Nanekarwadi,	Chakan,Rajgur Nagar,	Chakan	Pune	Chakan	Maharashtra	west	410501
363	Shree Hospital	Mahalaxmi Complex Manik Chowk,	Old Pune Nashik Highway,Chakan	Chakan	Pune	Chakan	Maharashtra	west	410501
364	Omkar Accident Hospital	Pune Nashik Highway,	Talgaon Chowk,Tal-Khed,	Chakan	Pune	Pune	Maharashtra	west	410501
365	Arekar Hospital and Nursing Home	Vivekanad Colony,	At/Po/Tal-Newasa,	Tal-Newasa	Newasa	Ahemadnagar	Maharashtra	west	414603
366	Shubham Hospital	Near Kale Medical, Mukindpur,	Newasa Road, Newasa Phata,	Tal-Newasa	Ahmednagar	Ahemadnagar	Maharashtra	west	414603
367	Hemraj Hospital	Station Road,	Rahuri	Rahuri	Rahuri	Ahemadnagar	Maharashtra	west	413705
368	Yash Netralaya	Nagar Manmad Haiwey,	Near Bus Stand Rahuri,	Rahuri	Rahuri	Ahemadnagar	Maharashtra	west	413705
369	Sinare Hospital	Nagar Manmad Raod,	Rahuri,	Rahuri	Rahuri	Ahemadnagar	Maharashtra	west	413705
370	Shrikrishna Accident Hospital	Gokul Colony,	Rahuri,	Tal-Rahuri	Rahuri	Ahemadnagar	Maharashtra	west	413705
371	Shinde Hospital And Prasutigrah	Opposite MSEB Office,	Old Market Yard,	Shirur	Pune	Pune	Maharashtra	West	412210
372	Mane Hospital	Gopalwadi Road,	Daund,	Daund	Daund	Daund	Maharashtra	West	413801
373	Moraya Orthopedic Hospital	Chatrapati Colony,	In Front Of Old Market Ward,	Shirur	Shirur	Pune	Maharashtra	West	412210
374	Vision Care Centre	Revenue Colony,	Opposite Rural Hospital,	Shirur	Shirur	Pune	Maharashtra	West	412210
375	Patel Hospital	Navin Nagar Road	Sangamner	Sangamner	Sangamner	Ahemadnagar	Maharashtra	West	422605
376	Dr Getheshri Gangagiri Superspeciality Hospital	2nd Floor, Madhukunj Complex	Navin Nagar Road	Sangamner	Sangamner	Ahemadnagar	Maharashtra	West	422605
377	Chaitanya Hospital	At /Po-New Nagar Road	Tajana Mala, Infront Of Nagare Hospital	Sangamner	Sangamner	Ahemadnagar	Maharashtra	West	422605
378	Phadke Multispeciality Hospital	Dharangaon Road	Near Gautam Bank	Kopargaon	Kopargaon	Ahemadnagar	Maharashtra	West	423601
379	Dr Boob Hospital surgical And Maternity Home	Dharangaon Road	Near Sambhaji Chowk	Kopargaon	Kopargaon	Ahemadnagar	Maharashtra	West	423601
380	Kshatriya Eye Hospital	Pragat Complex Main Road	Kopargaon	Kopargaon	Kopargaon	Ahemadnagar	Maharashtra	West	423601
381	Dr Umbarkar Accident Hospital	Kasilwal Comound	Near Bus Stand	Kopargaon	Kopargaon	Ahemadnagar	Maharashtra	West	423601
382	Mitali Maternity & Surgical Nursing Home	Ward No-22,C.H Road	Balghat	Balghat	Balghat	Balghat	Madhya Pradesh	West	481001
383	SaiShrddha Multispeciality Hospital	Arni Road, Near Wadgaon Grampanchyat	Wadgaon	Yavatmal	Yavatmal	Yavatmal	Maharashtra	West	445001
384	Kamlaben	AB Road Dhamnod	Dhar	Dhar	Dhamnod	Dhar	Madhya Pradesh	West	4545552
385	Shubham Hospital	11,Scheme No-2 Road	No-5 Behind Dashpur Kunj	Mandsaor	Mandsaor	Mandsaor	Madhya Pradesh	West	458002
386	Khare Eye Hospital	1476 B	Mangalwar Peth	Kolhapur	Kolhapur	Kolhapur	Maharashtra	West	416012
387	Mangalmoorti Hospital	Opp Hotel Savera Talegaon Chwock,	Chakan ,Tal-Khed	Pune	Pune	Pune	Maharashtra	West	410501
388	Dr Bhondave Hospital & Maternity Home	Jay Building, Opp-Old Market Yard	Shirpur	Shirpur	Shirpur	Shirpur	Maharashtra	West	412210
389	Om Surgical Hospital	Plot No-1,Kashiram Nagar	Mandal Road	Shirpur	Shirpur	Shirpur	Maharashtra	West	425405

Notes:

- For an updated list of Network Provider empanelled specifically for this product, please visit the Company's website.

