

Group Health Insurance

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

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

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

1.0 Coverage

- A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home up to the limits mentioned in the schedule
- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses
- D) Emergency ambulance charges up to the limits mentioned in the schedule for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.
- E) Relevant Pre-Hospitalization and Post-Hospitalization medical expenses up to the limits mentioned in the schedule

Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours. However this time limit will not apply for the treatments / procedures mentioned in the list of Day Care treatments taken in the Hospital / Nursing Home and the Insured is discharged on the same day. The company's liability for specified ailment / surgical procedure / day-care treatment is up to the limits mentioned in the schedule

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

Co-payment: Claims payable subject to copayment as stated in the schedule.

2. DEFINITIONS

1. **Accident / Accidental** – means a sudden unforeseen and involuntary event caused by external, visible and violent means.
2. **Any One Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.
3. **Condition Precedent** means the policy term or condition upon which the insurer's liability under the policy is conditional upon.
4. **Congenital Internal** means congenital anomaly which is not visible and accessible parts of the body.
5. **Congenital External** means congenital anomaly which is visible and accessible parts of the body
6. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policy holder/insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum Insured.
7. **Company** means Star Health and Allied Insurance Company Limited
8. **Day Care Centre** means any institute 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 and qualified medical practitioner AND must comply with all minimum criteria as under
9. **Day Care Treatment** means medical treatment and or surgical procedure which is: - undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and - which would have otherwise required a hospitalization of more than 24 hours.
Treatment normally taken on an outpatient basis is not included in the scope of this definition.
10. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
11. **Dependent Child** means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 30 years
 - Has qualified nursing staff under its employment
 - Has qualified medical practitioner/s in charge
 - Has fully equipped operation theatre of its own where surgical procedures carried out
 - Maintains daily records of patients and will make these accessible to the company's authorized personnel
12. **Diagnosis** means Diagnosis by a registered medical practitioner, supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

13. **Disclosure to information norm** means the policy shall be void and all premium paid hereon shall forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact
14. **Hospital/Nursing Home** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - a. Has qualified nursing staff under its employment round the clock;
 - b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in- patient beds in all other places;
 - c. Has qualified medical practitioner(s) in charge round the clock.
 - d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
15. **Insured Person** means the name/s of persons shown in the schedule of the Policy
16. **Intensive Care Unit means** an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards
17. **In-Patient** means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.
18. **Medically Necessary** means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which
 - is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a *medical practitioner*;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India
19. **Maternity expense** shall include a) Medical Expenses traceable to child birth (including complicated deliveries and caesarean sections) incurred during Hospitalization b) expenses towards the lawful medical termination of pregnancy during the Policy Period.
20. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

21. **Network Hospital** means all such hospitals, day care centers or other providers that the Company have mutually agreed with, to provide services like cashless access to policyholders. The list is available with the Company and subject to amendment from time to time.
22. **Non Network Hospital** means any hospital, day care centre or other provider that is not part of the network
23. **Newborn baby** means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
24. **Notification of Claim** is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.
25. **Out-patient treatment** is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medial practitioner. The insured is not admitted as a day care or in-patient.
26. **Pre-Existing Disease** means ailment or injury or related condition(s) for which the insured person had signs or symptoms and/or was diagnosed and/or received medical advice /treatment within 48 months prior to insured person's first policy with the Company.
27. **Pre Hospitalization** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that :
 - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
28. **Post Hospitalization** means Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:
 - c. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
 - d. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
29. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India
30. **Reasonable and Customary charges** means a charge for medical care which shall be considered reasonable and necessary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease, illness, medical condition or injury.
31. **Room Rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.
32. **Sum Insured** wherever it appears shall mean the amount of insurance for which the premium has been paid. Where coverage is on individual basis / family floater basis the sum insured is the amount shown against each individual / family unit respectively

33. **Surgery/Surgical Operation** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
34. **Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

3. **EXCLUSIONS**

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

1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
2. During the first year of operation of the Insurance cover, the expenses on treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi, all types of management for kidney and genitourinary tract calculi., all Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano, Piles, Sinusitis and related disorders, If these are Pre-Existing at the time of proposal they will be covered subject to exclusion number 4 mentioned below.
3. During the first two years of continuous operation of Insurance Policy, any expenses on
 - a) Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
 - b) Desmoid tumour of anterior abdominal wall.
 - c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.
 - d) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
 - e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
 - f) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology

g) Any transplant and related surgery

Note : If these are pre-existing at the time of proposal, they will be covered subject to exclusion number 4 mentioned below

4. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed under this Group Health Insurance policy since inception of the first policy with the Company.

Note : In the event of this Group Health Insurance not being renewed or when the Individual member (including family if covered) of the group migrates to any individual health insurance policy or a family floater policy on indemnity basis offered by the Company, the continuity of benefits with respect to waiting periods under exclusions 1, 2, 3 and 4 will be given in the individual health insurance policy or family floater policy.

5. Circumcision, Preputio plasty, Frenuloplasty, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)
6. Congenital External diseases/condition defects or anomalies
7. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
8. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states, Psychiatric, mental and behavioral disorders, Venereal disease and Sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
9. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
10. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
11. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
12. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment and all types of treatment for infertility and its complications thereof.

13. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for genetic and endocrine disorders, treatment for sleep apnea
14. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no14
15. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
16. Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory Tests not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
17. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
18. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
19. Stem cell Therapy, Chondrocyte Implantation, Immunotherapy without proper indication.
20. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
21. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
22. Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.
23. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
24. Other expenses as detailed under “Other Excluded Expenses”

4. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.

3. Claim must be filed within 15 days from the date of discharge from the Hospital.

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

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

Documents to be submitted in support of claim are –

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For Reimbursement claims:

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

For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals

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

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

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

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

5. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
6. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation /non disclosure at the time of proposal / at the time of claim, whether by the Insured Person/s or by any other person acting on his behalf.
7. **Renewal:** The policy may be renewed subject to mutual consent and mutually agreed terms and conditions. The Company, however, shall not be bound to give notice that the policy is due for renewal.
8. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, Moral Hazard, non disclosure of material fact as declared at the inception of the policy / at the time of claim, or non-co-operation by the insured entity, by sending the insured entity 30 days notice by registered letter to its last known address. Where the misrepresentation, fraud, moral hazard, non disclosure either at inception or at the time of claim is by the insured beneficiary, then the insurance cover in respect of such insured beneficiary and his / her family will cease immediately. The insured entity may at any time cancel this policy and in such event the Company shall allow refund only for those insured beneficiary who have not made claim as on the date of cancellation, after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of annual premium
Up to three Months	1/2 of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium

9. **Automatic Termination:** The insurance under this policy with respect to each relevant insured person policy shall terminate immediately on the earlier of the following events:
1. Upon the death of the Insured Person
 2. Upon exhaustion of the sum insured
10. If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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

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

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

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

12. **Important Note:**

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

Where the policy is on floater basis the sum insured floats among each member of the family

The policy, Schedule and endorsements are part of the contract and must be read together.

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

13. **Policy disputes:**

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

14. **Notices**

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai – 600034.

Phone : 044 – 28288800 Telefax : 044 – 28260062 Website : www.starhealth.in

Corporate Identity Number U66010TN2005PLC056649 IRDAI Reg. No. 129

Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044-28319100, Toll free no: 1800-425-2255, Toll free fax no: 1800-425-5522 Email: info@starhealth.in

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

15. Customer Service

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

16. Grievances:

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

Grievance Department,

Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28288821 during normal business hours. or Send e-mail to grievance@starhealth.in

In the event of the following grievances:

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

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

List of Ombudsman

Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546150/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 003. Tel.:- 0755-2769201/2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706196/2706468 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633/23237539 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/2132205 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	Office of the Insurance Ombudsman, 6-2-46, 1 st 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
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	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4 th Floor, C.R. Avenue, KOLKATA-700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Road, JAIPUR – 302005 Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	Office of the Insurance Ombudsman 2 nd Floor, Jeevan Darshan Bldg, C.T.S.No195 to 198, N.C. Kelkar Road, Narayan peth, PUNE – 411030. Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in
Office of the Insurance Ombudsman,	

19/19, Jeevan Soudha Bldg, PID No.57-27-N-19 Ground Floor, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru – 560078. Tel No: 080-26652048/26652049 Email: bimalokpal.bengaluru@gbic.co.in	
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Sl.No.	Other Excluded Expenses	
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable

29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable

63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable except to the extent provided under exclusion no.12
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately.
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable-Part of Dressing Charges
88	COTTON	Not Payable-Part of Dressing Charges
89	COTTON BANDAGE	Not Payable-Part of Dressing Charges
90	MICROPOR/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as

		Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable-Part of Hospital Services/Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable-Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not payable-part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible

119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not Payable
135	INFUSION PUMP - COST	Device not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not Payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not Payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs.200/day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable

154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU, For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable/unsterilized gloves not payable
164	HIV KIT	Payable - payable pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not payable/Post Bite Vaccination payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable-Part of Hospital's internal Cost

174	ALCOHOL SWABES	Not Payable-Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable-Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not Payable pre hospitalization or post hospitalization/ Reports and Charts required/Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable-maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost-maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc, where it should be paid

List of Day Care Procedures

	ENT
1	Stapedotomy
2	Myringoplasty(Type I Tympanoplasty)
3	Revision stapedectomy
4	Labyrinthectomy for severe Vertigo

5	Stapedectomy under GA
6	Ossiculoplasty
7	Myringotomy with Grommet Insertion
8	Tympanoplasty (Type III)
9	Stapedectomy under LA
10	Revision of the fenestration of the inner ear.
11	Tympanoplasty (Type IV)
12	Endolymphatic Sac Surgery for Meniere's Disease
13	Turbinectomy
14	Removal of Tympanic Drain under LA
15	Endoscopic Stapedectomy
16	Fenestration of the inner ear
17	Incision and drainage of perichondritis
18	Septoplasty
19	Vestibular Nerve section
20	Thyroplasty Type I
21	Pseudocyst of the Pinna - Excision
22	Incision and drainage - Haematoma Auricle
23	Tympanoplasty (Type II)
24	Keratinosis removal under GA
25	Reduction of fracture of Nasal Bone
26	Excision and destruction of lingual tonsils
27	Conchoplasty
28	Thyroplasty Type II
29	Tracheostomy
30	Excision of Angioma Septum
31	Turbinoplasty
32	Incision & Drainage of Retro Pharyngeal Abscess
33	Uvulo Palato Pharyngo Plasty
34	Palatoplasty
35	Tonsillectomy without adenoidectomy
36	Adenoidectomy with Grommet insertion
37	Adenoidectomy without Grommet insertion
38	Vocal Cord lateralisation Procedure
39	Incision & Drainage of Para Pharyngeal Abscess
40	Transoral incision and drainage of a pharyngeal abscess
41	Tonsillectomy with adenoidectomy
42	Tracheoplasty
	Ophthalmology
43	Incision of tear glands

44	Other operation on the tear ducts
45	Incision of diseased eyelids
46	Excision and destruction of the diseased tissue of the eyelid
47	Removal of foreign body from the lens of the eye.
48	Corrective surgery of the entropion and ectropion
49	Operations for pterygium
50	Corrective surgery of blepharoptosis
51	Removal of foreign body from conjunctiva
52	Biopsy of tear gland
53	Removal of Foreign body from cornea
54	Incision of the cornea
55	Other operations on the cornea
56	Operation on the canthus and epicanthus
57	Removal of foreign body from the orbit and the eye ball.
58	Surgery for cataract
59	Treatment of retinal lesion
60	Removal of foreign body from the posterior chamber of the eye
	Oncology
61	IV Push Chemotherapy
62	HBI-Hemibody Radiotherapy
63	Infusional Targeted therapy
64	SRT-Stereotactic Arc Therapy
65	SC administration of Growth Factors
66	Continuous Infusional Chemotherapy
67	Infusional Chemotherapy
68	CCRT-Concurrent Chemo + RT
69	2D Radiotherapy
70	3D Conformal Radiotherapy
71	IGRT- Image Guided Radiotherapy
72	IMRT- Step & Shoot
73	Infusional Bisphosphonates
74	IMRT- DMLC
75	Rotational Arc Therapy
76	Tele gamma therapy
77	FSRT-Fractionated SRT
78	VMAT-Volumetric Modulated Arc Therapy
79	SBRT-Stereotactic Body Radiotherapy
80	Helical Tomotherapy

81	SRS-Stereotactic Radiosurgery
82	X-Knife SRS
83	Gammaknife SRS
84	TBI- Total Body Radiotherapy
85	intraluminal Brachytherapy
86	Electron Therapy
87	TSET-Total Electron Skin Therapy
88	Extracorporeal Irradiation of Blood Products
89	Telecobalt Therapy
90	Telecesium Therapy
91	External mould Brachytherapy
92	Interstitial Brachytherapy
93	Intracavity Brachytherapy
94	3D Brachytherapy
95	Implant Brachytherapy
96	Intravesical Brachytherapy
97	Adjuvant Radiotherapy
98	Afterloading Catheter Brachytherapy
99	Conditioning Radiotherapy for BMT
100	Extracorporeal Irradiation to the Homologous Bone grafts
101	Radical chemotherapy
102	Neoadjuvant radiotherapy
103	LDR Brachytherapy
104	Palliative Radiotherapy
105	Radical Radiotherapy
106	Palliative chemotherapy
107	Template Brachytherapy
108	Neoadjuvant chemotherapy
109	Adjuvant chemotherapy
110	Induction chemotherapy
111	Consolidation chemotherapy
112	Maintenance chemotherapy
113	HDR Brachytherapy
	Plastic Surgery
114	Construction skin pedicle flap
115	Gluteal pressure ulcer-Excision
116	Muscle-skin graft, leg
117	Removal of bone for graft
118	Muscle-skin graft duct fistula
119	Removal cartilage graft

120	Myocutaneous flap
121	Fibro myocutaneous flap
122	Breast reconstruction surgery after mastectomy
123	Sling operation for facial palsy
124	Split Skin Grafting under RA
125	Wolfe skin graft
126	Plastic surgery to the floor of the mouth under GA
	Urology
127	AV fistula - wrist
128	URSL with stenting
129	URSL with lithotripsy
130	Cystoscopic Litholapaxy
131	ESWL
132	Haemodialysis
133	Bladder Neck Incision
134	Cystoscopy & Biopsy
135	Cystoscopy and removal of polyp
136	Suprapubic cystostomy
137	percutaneous nephrostomy
138	Ureterocoele decompression
139	Cystoscopy and “SLING” procedure.
140	TUNA- prostate
141	Excision of urethral diverticulum
142	Removal of urethral Stone
143	Excision of urethral prolapse
144	Mega-ureter reconstruction
145	Kidney renoscopy and biopsy
146	Ureter endoscopy and treatment
147	Vesico ureteric reflux correction
148	Surgery for pelvi ureteric junction obstruction
149	Anderson hynes operation
150	Kidney endoscopy and biopsy
151	Paraphimosis surgery
152	injury prepuce- circumcision
153	Frenular tear repair
154	Meatotomy for meatal stenosis
155	surgery for fournier's gangrene scrotum
156	surgery filarial scrotum
157	surgery for watering can perineum
158	Repair of penile torsion
159	Drainage of prostate abscess

160	Orchiectomy
161	Cystoscopy and removal of FB
	Neurology
162	Facial nerve physiotherapy
163	Nerve biopsy
164	Muscle biopsy
165	Epidural steroid injection
166	Glycerol rhizotomy
167	Spinal cord stimulation
168	Motor cortex stimulation
169	Stereotactic Radiosurgery
170	Percutaneous Cordotomy
171	Intrathecal Baclofen therapy
172	Entrapment neuropathy Release
173	Diagnostic cerebral angiography
174	VP shunt
175	Ventriculoatrial shunt
	Thoracic surgery
176	Thoracoscopy and Lung Biopsy
177	Excision of cervical sympathetic Chain Thoracoscopic
178	Laser Ablation of Barrett's oesophagus
179	Pleurodesis
180	Thoracoscopy and pleural biopsy
181	EBUS + Biopsy
182	Thoracoscopy ligation thoracic duct
183	Thoracoscopy assisted empyaema drainage
	Gastroenterology
184	Pancreatic pseudocyst EUS & drainage
185	RF ablation for barrett's Oesophagus
186	ERCP and papillotomy
187	Esophagoscope and sclerosant injection
188	EUS + submucosal resection
189	Construction of gastrostomy tube
190	EUS + aspiration pancreatic cyst
191	Small bowel endoscopy (therapeutic)
192	Colonoscopy ,lesion removal
193	ERCP
194	Colonscopy stenting of stricture
195	Percutaneous Endoscopic Gastrostomy
196	EUS and pancreatic pseudo cyst drainage
197	ERCP and choledochoscopy

198	Proctosigmoidoscopy volvulus detorsion
199	ERCP and sphincterotomy
200	Esophageal stent placement
201	ERCP + placement of biliary stents
202	Sigmoidoscopy w / stent
203	EUS + coeliac node biopsy
	General Surgery
204	infected keloid excision
205	Incision of a pilonidal sinus / abscess
206	Axillary lymphadenectomy
207	Wound debridement and Cover
208	Abscess-Decompression
209	Cervical lymphadenectomy
210	infected sebaceous cyst
211	Inguinal lymphadenectomy
212	Incision and drainage of Abscess
213	Suturing of lacerations
214	Scalp Suturing
215	infected lipoma excision
216	Maximal anal dilatation
217	Piles
	A)Injection Sclerotherapy
	B)Piles banding
218	liver Abscess- catheter drainage
219	Fissure in Ano- fissurectomy
220	Fibroadenoma breast excision
221	Oesophageal varices Sclerotherapy
222	ERCP - pancreatic duct stone removal
223	Perianal abscess I&D
224	Perianal hematoma Evacuation
225	Fissure in ano sphincterotomy
226	UGI scopy and Polypectomy oesophagus
227	Breast abscess I& D
228	Feeding Gastrostomy
229	Oesophagoscopy and biopsy of growth oesophagus
230	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
231	ERCP - Bile duct stone removal
232	Ileostomy closure
233	Colonoscopy

234	Polypectomy colon
235	Splenic abscesses Laparoscopic Drainage
236	UGI SCOPY and Polypectomy stomach
237	Rigid Oesophagoscopy for FB removal
238	Feeding Jejunostomy
239	Colostomy
240	Ileostomy
241	colostomy closure
242	Submandibular salivary duct stone removal
243	Pneumatic reduction of intussusception
244	Varicose veins legs - Injection sclerotherapy
245	Rigid Oesophagoscopy for Plummer vinson syndrome
246	Pancreatic Pseudocysts Endoscopic Drainage
247	ZADEK's Nail bed excision
248	Subcutaneous mastectomy
249	Excision of Ranula under GA
250	Rigid Oesophagoscopy for dilation of benign Strictures
251	Eversion of Sac
	A) Unilateral
	b) Bilateral
252	Lord's plication
253	Jaboulay's Procedure
254	Scrotoplasty
255	Surgical treatment of varicocele
256	Epididymectomy
257	Circumcision for Trauma
258	Meatoplasty
259	Intersphincteric abscess incision and drainage
260	Psoas Abscess Incision and Drainage
261	Thyroid abscess Incision and Drainage
262	TIPS procedure for portal hypertension
263	Esophageal Growth stent
264	PAIR Procedure of Hydatid Cyst liver
265	Tru cut liver biopsy
266	Photodynamic therapy or esophageal tumour and Lung tumour
267	Excision of Cervical RIB
268	laparoscopic reduction of intussusception
269	Microdocheotomy breast
270	Surgery for fracture Penis

271	Sentinel node biopsy
272	Parastomal hernia
273	Revision colostomy
274	Prolapsed colostomy- Correction
275	Testicular biopsy
276	laparoscopic cardiomyotomy(Hellers)
277	Sentinel node biopsy malignant melanoma
278	laparoscopic pyloromyotomy(Ramstedt)
	Orthopedics
279	Arthroscopic Repair of ACL tear knee
280	Closed reduction of minor Fractures
281	Arthroscopic repair of PCL tear knee
282	Tendon shortening
283	Arthroscopic Meniscectomy - Knee
284	Treatment of clavicle dislocation
285	Arthroscopic meniscus repair
286	Haemarthrosis knee- lavage
287	Abscess knee joint drainage
288	Carpal tunnel release
289	Closed reduction of minor dislocation
290	Repair of knee cap tendon
291	ORIF with K wire fixation- small bones
292	Release of midfoot joint
293	ORIF with plating- Small long bones
294	Implant removal minor
295	K wire removal
296	POP application
297	Closed reduction and external fixation
298	Arthrotomy Hip joint
299	Syme's amputation
300	Arthroplasty
301	Partial removal of rib
302	Treatment of sesamoid bone fracture
303	Shoulder arthroscopy / surgery
304	Elbow arthroscopy
305	Amputation of metacarpal bone
306	Release of thumb contracture
307	Incision of foot fascia
308	calcaneum spur hydrocort injection
309	Ganglion wrist hyalase injection
310	Partial removal of metatarsal

311	Repair / graft of foot tendon
312	Revision/Removal of Knee cap
313	Amputation follow-up surgery
314	Exploration of ankle joint
315	Remove/graft leg bone lesion
316	Repair/graft achilles tendon
317	Remove of tissue expander
318	Biopsy elbow joint lining
319	Removal of wrist prosthesis
320	Biopsy finger joint lining
321	Tendon lengthening
322	Treatment of shoulder dislocation
323	Lengthening of hand tendon
324	Removal of elbow bursa
325	Fixation of knee joint
326	Treatment of foot dislocation
327	Surgery of bunion
328	intra articular steroid injection
329	Tendon transfer procedure
330	Removal of knee cap bursa
331	Treatment of fracture of ulna
332	Treatment of scapula fracture
333	Removal of tumor of arm/ elbow under RA/GA
334	Repair of ruptured tendon
335	Decompress forearm space
336	Revision of neck muscle (Torticollis release)
337	Lengthening of thigh tendons
338	Treatment fracture of radius & ulna
339	Repair of knee joint
	Paediatric surgery
340	Excision Juvenile polyps rectum
341	Vaginoplasty
342	Dilatation of accidental caustic stricture oesophageal
343	Presacral Teratomas Excision
344	Removal of vesical stone
345	Excision Sigmoid Polyp
346	Sternomastoid Tenotomy
347	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
348	Excision of soft tissue rhabdomyosarcoma
349	Mediastinal lymph node biopsy

350	High Orchidectomy for testis tumours
351	Excision of cervical teratoma
352	Rectal-Myomectomy
353	Rectal prolapse (Delorme's procedure)
354	Orchidopexy for undescended testis
355	Detorsion of torsion Testis
356	lap.Abdominal exploration in cryptorchidism
357	EUA + biopsy multiple fistula in ano
358	Cystic hygroma - Injection treatment
359	Excision of fistula-in-ano
	Gynaecology
360	Hysteroscopic removal of myoma
361	D&C
362	Hysteroscopic resection of septum
363	thermal Cauterisation of Cervix
364	MIRENA insertion
365	Hysteroscopic adhesiolysis
366	LEEP
367	Cryocauterisation of Cervix
368	Polypectomy Endometrium
369	Hysteroscopic resection of fibroid
370	LLETZ
371	Conization
372	polypectomy cervix
373	Hysteroscopic resection of endometrial polyp
374	Vulval wart excision
375	Laparoscopic paraovarian cyst excision
376	uterine artery embolization
377	Bartholin Cyst excision
378	Laparoscopic cystectomy
379	Hymenectomy(imperforate Hymen)
380	Endometrial ablation
381	vaginal wall cyst excision
382	Vulval cyst Excision
383	Laparoscopic paratubal cyst excision
384	Repair of vagina (vaginal atresia)
385	Hysteroscopy, removal of myoma
386	TURBT
387	Ureterocolic repair - congenital internal
388	Vaginal mesh For POP
389	Laparoscopic Myomectomy

390	Surgery for SUI
391	Repair recto- vagina fistula
392	Pelvic floor repair(excluding Fistula repair)
393	URS + LL
394	Laparoscopic oophorectomy
Critical care	
395	Insert non- tunnel CV cath
396	Insert PICC cath (peripherally inserted central catheter)
397	Replace PICC cath (peripherally inserted central catheter)
398	Insertion catheter, intra anterior
399	Insertion of Portacath
Dental	
400	Splinting of avulsed teeth
	Suturing lacerated lip
401	
402	Suturing lacerated lip oral mucosa
403	Oral biopsy in case of abnormal tissue presentation
404	FNAC
405	Smear from oral cavity
Admissibility will be determined as per the policy terms , conditions and exclusions	