

STAR UNIQUE HEALTH INSURANCE POLICY

Unique Identification No: IRDA/NL-HLT/SHAI/P-H/V.I/135/13-14

The proposal, declaration and other documents if any given by the proposer forms the basis of this policy of insurance

In consideration of the premium paid in full and subject to the terms and conditions as set out in the Schedule with all its Parts, the Company by this Policy agrees as under :-

If during the period stated in the Schedule if the insured person shall contract any disease or suffer from any illness or sustain any bodily injury through accident and if such disease or injury shall require such insured Person, upon the advice of the 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 herein defined as an **inpatient**, the **Company** will pay to the Insured Person the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

1. COVERAGE

- Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home at 1% of the sum insured subject to a maximum of Rs. 3000/- per day.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and such other orthopaedic implants and similar expenses.
- Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalization claim is admissible as per the Policy.
- Relevant **Pre-Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalization, on the disease/illness, injury sustained following an admissible claim under the policy.
- A sum equivalent to 7% of the hospitalization expenses incurred comprising of Nursing Charges, Surgeon/Consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs.5000/- per occurrence towards **Post Hospitalization** medical expenses wherever recommended by the attending Medical Practitioner.

Where Package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at Rs.3000 per day.

Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for Dialysis, Chemotherapy, Radiotherapy, Cataract surgery, Lithotripsy, Tonsillectomy, Treatment of Fracture/Dislocation, Incision and Draining of Abscess, Liver Aspiration, Pleural Effusion Aspiration, Colonoscopy, Sclerotherapy, Dental Surgery following accident taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

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

Cataract surgery- Rs. 12,000/- in respect of one eye and Rs.24,000/- in the entire policy period

Lithotripsy	-	Rs.20,000/-
Tonsillectomy	-	Rs.15,000/-
Incision and Draining of Superficial Abscess	-	Rs.1,500/-
Incision and Draining of Deep seated Abscess	-	Rs.4,000/-
Liver Aspiration	-	Rs.2,000/-
Pleural Effusion Aspiration	-	Rs.2,000/-
Sclerotherapy	-	Rs.5,000/-
Treatment of Fracture/Dislocation	-	Rs.2,000/-
Chalazion	-	Rs.3,000/-
Tympanoplasty	-	Rs.20,000/-
Dialysis	-	Rs.1,200/- per sitting

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

Note:- Company's liability in respect of all claims for Pre Existing Diseases shall be limited to the amount as mentioned in the policy schedule. Admissible claims for angiogram would be limited to Rs. 8,000/- provided it is followed by a cardiac surgery.

The Sum Insured and sub limit is for every one year of insurance and shall not be cumulated, or carried forward.

2. DEFINITIONS

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

Any one Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment 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.

Company means Star Health and Allied Insurance Company Limited

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Reasonable and Customary Charges means a charge for medical care which shall be considered reasonable and customary 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.

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

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

3. EXCLUSIONS

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

1. **Pre-Existing Disease/ Condition (other than those listed in the policy for which specific waiting period has been defined)**, until 11 months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurance Company.
2. Any disease contracted by the Insured Person during the first 30 days from the date of commencement of the policy.
This condition no. 2 above shall not however apply in case of the Insured Person having been covered under this scheme or group health insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break
3. During the First two Years of continuous operation of Insurance cover the expenses on treatment of Cataract, Hysterectomy (abdominal and Vaginal), Myomectomy, Cystectomy, Treatment of Internal Derangement of Knee (other than caused by an accident), Treatment for Joints (other than caused by an accident), other Arthroscopic Surgeries, Inter-Vertebral Disc Prolapse (other than caused by an accident), Degenerative Vertebral and Disc diseases, Varicose veins and Varicose ulcers, Thyroiditis, Treatment of Goitre, Tympanoplasty, Mastoidectomy, Glaucoma are not payable irrespective of whether they are Pre-Existing or not.
4. During the first year of operation of the Insurance cover the expenses on treatment of Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal diseases/defects, Fistula in anus, Piles, Fissure in anus, Sinusitis and related disorders, Post trauma non union / mal union, Cholecystectomy and Renal Calculi are not payable. If these diseases (other than congenital internal disease /defects) are Pre-Existing at the time of proposal they will be covered after 12 months of continuous insurance with the any of the Indian Insurer.
5. During the first 48 months of continuous operation of this Insurance cover the expenses on Stapedectomy, Bone marrow transplant, Cirrhosis of liver with or without portal Hypertension, Hepatitis, Loss of vision partial / total including Retinopathy, Retinal Detachment, Macular degeneration and Papill Oedema, all types of Cancer, Nephropathy and Chronic Kidney diseases and Implant Removal shall not be payable if these are Pre-Existing at the commencement of this insurance.
6. 30% of admissible claim amount, in respect of each and every claim. This co-payment shall apply on the applicable sub-limits wherever provided.
7. Injury/ Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not)
8. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons /materials
9. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for post –bite treatment) or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
10. Cost of spectacles and contact lens, hearing aids, walkers, crutches, wheel chairs and such other aids.
11. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
12. Convalescence, general debility, Run-down condition or rest cure, Psychosomatic disorders, Congenital external disease or defects or anomalies, infertility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
13. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic Virus type III (HTLV-III) or Lymphadinopathy 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 the CD4 count is not less than 350.
14. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital / nursing home
15. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician
16. Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these (other than ectopic pregnancy)
17. Naturopathy Treatment
18. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
19. Expenses incurred on Lasik Laser or Refractive Error Correction treatment
20. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs
21. Expenses incurred for treatment of diseases/illness /accidental injuries by systems of medicines other than Allopathic shall be restricted to 25% of the sum insured per occurrence subject to an overall limit of Rs. 25000/- for each year of insurance.
22. Other expenses as detailed elsewhere in the policy.

4. CONDITIONS

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, 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, communication with full particulars shall be sent to the Company within 24 hours from the time of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: Condition number 2 & 3 above are conditions precedent to admission of liability under the policy.

However the company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

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

Documents to be submitted in support of claim are –

For reimbursement claims

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

For Cashless Treatment:

Prescriptions and receipts for Pre and Post-hospitalization

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

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

5. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier
7. 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 of health status whether by the insured Person or by any other person acting on his behalf.
8. **Renewal:** The Policy will be renewed except on grounds of misrepresentation/fraud committed. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal

It is a term of this contract that the instalment premium shall be paid on date due and in any case within the grace period of 30 days for benefit of continuity. In case any claim occurs in the first year of policy, subject to admissibility of claim, such instalment premium payable shall be deductible from the claim payable. If such claim sum is lesser than the instalment premium payable then the deficit shall be made good by the insured in terms of this contract of insurance. It is made clear that if the instalment premium was not paid at all then the policy of insurance shall stand lapsed after the first year itself.

However in respect of disease /sickness/illness for which claim/s has/have been made the sum insured will be restricted to that policy sum insured where the claim/s was/were first made

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

9. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

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

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

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

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

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of policy premium
Up to three Months	½ of policy premium
Exceeding three months	Full policy premium

12. **Automatic Termination:** This policy shall terminate immediately on the earlier of the following events:

- Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon exhaustion of the sum insured

13. **Arbitration:** 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.

14. 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.

15. **Package Charges:** The Company's liability in respect of package charges will be restricted to 80% of such amount. Where Package rates are charged the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at Rs. 3000/- per day. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)

16. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act 1961 in respect of the amount paid by any mode other than Cash.

17. **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.

18. **Important Note:** The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

The policy is for a two year period with an annual premium payment facility. Where a claim occurs in the first year, the applicable second instalment premium would be recovered from the claim amount. Where the claim amount is less than the second instalment premium recoverable, such balance would be recovered from the insured. But if the instalment premium was not paid at all then the policy shall stand lapsed after the first year itself.

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.

19. **Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, Vallurvar Kottam High Road, Nungambakkam, Chennai 600034 .Fax 044-28319100 Toll Free Fax No. 1800 425 5522 E-Mail :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.

20. **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

21. **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, Vallurvar Kottam High Road, Nungambakkam, Chennai-600034. Or Call 044-28288821 during normal business hours. Or Send e-mail to grievances@starhealth.in

In the event of the following grievances:

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

the Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

List of Ombudsman	
Contact Details	Areas of Jurisdiction
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C. U. Shah College, Ashram Road, AHMEDABAD-380 014 . Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat Union Territory of Dadra & Nagar Haveli Daman and Diu
Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023 . Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009 . Tel.:- 0674-2596455 Email iobbsr@dataone.in	Orissa
Office of the Insurance Ombudsman, 2nd Floor, Batra Building, S.C.O. No.101-103, Sector 17-D, CHANDIGARH-160 017 . Tel.:- 0172-2706468, Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana Himachal Pradesh, Jammu & Kashmir Union Territory of Chandigarh
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018 Tel.:- 044-24333668 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu Union Territory–Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)
Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002 . Tel.:- 011-23239633 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM) , Tel.:- 0361-2132204/5, Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur Mizoram, Arunachal Pradesh Nagaland and Tripura
Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 . Tel : 040-65504123 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh Karnataka and Union Territory of Yanam a part of the Union Territory of Pondicherry
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015 . Tel : 0484-2358759 / 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, KOLKATTA – 700 072 . Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar Jharkhand and Union Territory of Andaman & Nicobar Islands Sikkim
Office of the Insurance Ombudsman, Jeevan Bhawan, 6 th Floor, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001 . Tel : 0522 -2231331 / 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054 . Tel : 022-26106928 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

Other Excluded Expenses

TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS

1	Anne French Charges	56	Gause Soft
2	Baby Charges (unless Specified/indicated)	57	Gauze
3	Baby Food	58	Hand Holder
4	Baby Utilites Charges	59	Hansaplast/ Adhesive Bandages
5	Baby Set	60	Lactogen/ Infant Food
6	Baby Bottles	61	Slings (Except For Upper Arm Fractures In Which Case, Cost Of One Sling is Payable)
7	Bottle		
8	Brush		Items Specifically Excluded In The Policy
9	Cosy Towel	62	Weight Control Programs/ Supplies/ Services
10	Hand Wash	63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
11	Moisturiser Paste Brush	64	Dental Treatment Expenses That Do Not Require Hospitalisation
12	Powder	65	Hormone Replacement Therapy
13	Razor	66	Home Visit Charges
14	Towel	67	Infertility/ Subfertility/ Assisted Conception Procedure
15	Shoe Cover	68	Obesity (including Morbid Obesity) Treatment
16	Beauty Services	69	Psychiatric & Psychosomatic Disorders
17	Belts/ Braces (Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine)	70	Corrective Surgery For Refractive Error
18	Buds	71	Treatment Of Sexually Transmitted Diseases
19	Barber Charges	72	Donor Screening Charges
20	Caps	73	Admission/registration Charges
21	Cold Pack/hot Pack	74	Hospitalisation For Evaluation/ Diagnostic Purpose)
22	Carry Bags	75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed
23	Cradle Charges	76	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /hiv/ Aids Etc Is Detected/ Directly Or Indirectly (however Please See Specific Exclusion For This Purpose)
24	Comb	77	Stem Cell Implantation/ Surgery
25	Disposables Razors Charges (For Site Preparations)		Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is
26	Eau-de-cologne / Room Freshners	78	Ward And Theatre Booking Charges
27	Eye Pad	79	Arthroscopy & Endoscopy Instruments
28	Eye Sheild	80	Microscope Cover
29	Email / Internet Charges	81	Surgical Blades,harmonic Scalpel,shaver
30	Food Charges (other Than Patient's Diet Provided By Hospital)	82	Surgical Drill
31	Foot Cover	83	Eye Kit
32	Gown	84	Eye Drape
33	Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable)	85	X-ray Film
34	Laundry Charges	86	Sputum Cup
35	Mineral Water	87	Boyles Apparatus Charges
36	Oil Charges	88	Blood Grouping And Cross Matching Of Donors Samples
37	Sanitary Pad	89	Savlon
38	Slippers	90	Band Aids, Bandages, Sterile Injections, Needles, Syringes
39	Telephone Charges	91	Cotton
40	Tissue Paper	92	Cotton Bandage
41	Tooth Paste	93	Micropore/ Surgical Tape
42	Tooth Brush	94	Blade
43	Guest Services	95	Apron
44	Bed Pan	96	Torniquet
45	Bed Under Pad Charges	97	Orthobundle, Gynaec Bundle
46	Camera Cover	98	Urine Container Elements Of Room Charge
47	Care Free	99	Luxury Tax
48	Cliniplast	100	Hvac
49	Crepe Bandage	101	House Keeping Charges
50	Curapore	102	Service Charges Where Nursing Charge Also Charged
51	Diaper Of Any Type	103	Television & Air Conditioner Charges
52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For)	104	Surcharges
53	Eyelet Collar	105	Attendant Charges
54	Face Mask		
55	Flexi Mask		

106	Im Iv Injection Charges	158	Abdominal Binder (except For Post-surgery Patients Of Major Abdominal Surgery Including Tah, Lscs Incision Hernia Repair, Exploratory Laparotomy For Intestinal Obstructions , Liver Transplant Etc)
107	Clean Sheet		
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)		
109	Blanket/warmer Blanket		
	Administrative Or Non-medical Charges		
110	Admission Kit	159	Betadine \ Hydrogen Peroxide\spirit\dettol(payable When Prescribed For Patient, Not Payable For Hospital Use In Ot Or Ward Or For Dressings In Hospital)
111	Birth Certificate	160	Private Nurses Charges- Special Nursing Charges
112	Blood Reservation Charges And Ante Natal Booking Charges	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
113	Certificate Charges	162	Alex Sugar Free
114	Courier Charges	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
115	Convenyance Charges	164	Digene Gel/ Antacid Gel (payable When Prescribed)
116	Diabetic Chart Charges	165	Ecg Electrodes (except Upto 5 Electrodes For Every Case Visiting Ot Or Icu. For Longer Stay In Icu, Least One Set Every Second Day Payable.
117	Documentation Charges / Administrative Expenses	166	Gloves (except For Sterilized Gloves)
118	Discharge Procedure Charges	167	Hiv Kit
119	Daily Chart Charges	168	Listerine/ Antiseptic Mouthwash (except If Prescribed)
120	Entrance Pass / Visitors Pass Charges	169	Lozenges (except If Prescribed)
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)	170	Mouth Paint (except If Prescribed)
122	File Opening Charges	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
123	Incidental Expenses / Misc. Charges (not Explained)	172	Neosprin (except If Prescribed)
124	Medical Certificate	173	Novarapid (except If Prescribed)
125	Maintainance Charges	174	Volini Gel/ Analgesic Gel ((except If Prescribed))
126	Medical Records	175	Zytee Gel (except If Prescribed)
127	Preparation Charges	176	Vaccination Charges (except For Post Bite Treatment)
128	Photocopies Charges	177	Ahd
129	Patient Identification Band / Name Tag	178	Alcohol Swabes
130	Washing Charges	179	Scrub Solution/sterillium
131	Medicine Box	180	Vaccine Charges For Baby
132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)	181	Aesthetic Treatment / Surgery
133	Medico Legal Case Charges (mlc Charges)	182	Tpa Charges
	External Durable Devices	183	Visco Belt Charges
134	Walking Aids Charges	184	Any Kit With No Details Mentioned [delivery Kit,
135	Bipap Machine	185	Examination Gloves
136	Commode	186	Kidney Tray
137	Cpap/ Capd Equipments	187	Mask
138	Infusion Pump - Cost	188	Ounce Glass
139	Oxygen Cylinder (for Usage Outside The Hospital)	189	Outstation Consultant's / Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
140	Pulseoxymeter Charges	190	Oxygen Mask
141	Spacer	191	Paper Gloves
142	Spirometre	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
143	Spo2 Probe	193	Referral Doctor's Fees
144	Nebulizer Kit	194	Accu Check (Glucometry/ Strips)
145	Steam Inhaler	195	Pan Can
146	Armsling	196	Sofnet
147	Thermometer	197	Trolley Cover
148	Cervical Collar	198	Urometer, Urine Jug
149	Splint	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta)
150	Diabetic Foot Wear	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
151	Knee Braces (Long/ Short/ Hinged)	201	Urine Bag (payable Where Medicaly Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
152	Knee Immobilizer/shoulder Immobilizer	202	Softovac
153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)	203	Stockings (except For Case Like Cabg Etc.)
154	Nimbus Bed Or Water Or Air Bed Charges (except For Treatment Of Patients In ICU For More Than 6 Consecutive Days, Patients With Paraplegia /quadriplegia. Up To A Maximum Of Rs.200/- Per Day)		
155	Ambulance Collar		
156	Ambulance Equipment		
157	Microsheild		