

ADDRESS OF ISSUING
OFFICE



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019



HEALTH PROTECTOR PLUS POLICY WORDING

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule or for any further period for which We may accept the payment for renewal of this Policy, We will insure the Insured Person(s) and accordingly We will pay to You or to Insured Person(s) or their legal representatives as the case may be, in respect of events occurring during the Period of Insurance in the manner and to the extent set-forth in the Policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/or Insured Person(s) have been met.

The Schedule shall form part of this Policy and for purposes policy wording and schedule shall be read together.

Any word or expression to which a specific meaning has been attached in any part of this Policy or Schedule shall bear such meaning wherever it may appear.

The Policy is based on information which have been given to Us about Insured Person(s) pertaining to risk insured under the Policy and the truth of this information shall be condition precedent to Your or the Insured Person's right to recover under this Policy.

SECTION I

DEFINITION OF WORDS :

1. **Accident** It is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Alternative treatments** It means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
3. **Any One Illness** It means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. **Cashless facility** It means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent of pre-authorization approved.
5. **Condition Precedent** It means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
6. **Congenital Anomaly** This refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly:** Congenital Anomaly which is not in the visible and accessible parts of the body.
 - b. **External Congenital Anomaly:** Congenital Anomaly which is in the visible and accessible parts of the body.
7. **Contribution** It is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of the Sum Insured.
8. **Day care centre** It means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
 - i. has qualified nursing staff under its employment.
 - ii. has qualified medical practitioner (s) in charge.
 - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out.
 - iv. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
9. **Day Care Treatment** It refers to medical treatment, and/or surgical procedure which:
 - I. Is undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - II. Which would have otherwise required a hospitalization of more than 24 hours.Treatment normally taken on an out-patient basis is not included in the scope of this definition.

The treatment will be considered to be taken under Hospitalization benefit for the processes listed as Day Care Treatment in the **Annexure** of the Policy.
10. **Deductible** It is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of

days/ hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.

The deductible shall be applicable on a per event basis in case of "Top Up" policy and on per year basis in case of "Super Top Up" policies.

11. **Dental Treatment** It is a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
12. **Disclosure to information norm** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
13. **Domiciliary Hospitalization** It means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
 - a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - b. the patient takes treatment at home on account of non availability of room in a hospital.
14. **Emergency Assistance Service Provider** It means the licensed entity which will provide identified Emergency Medical Assistance and Personal Services to people travelling more than 150 kilometres from their declared place of residence in India.
15. **Emergency Care** It means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
16. **Floater Benefit** It means the amount of Sum Insured mentioned in the Policy Schedule which is common to the whole family covered under the policy which will be the maximum amount payable under this policy for all the covered family members put together, during the policy period if opted to be a Floater policy.
17. **Grace Period** It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre- existing diseases. Coverage is not available for the period for which no premium is received.
18. **Hospital** It means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act OR complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

*** Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013. Please refer to the act for amendments, if any.**

1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
 2. The Bombay Nursing Homes Registration Act, 1949.
 3. The Delhi Nursing Homes Registration Act, 1953.
 4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistrikaran Tatha Anugyapan) Adhniyam, 1973.
 5. The Manipur Homes and Clinics Registration Act, 1992.
 6. The Nagaland Health Care Establishments Act, 1997.
 7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
 8. The Punjab State Nursing Home Registration Act, 1991.
 9. The West Bengal Clinical Establishments Act, 1950.
19. **Hospitalization** It mean admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
 20. **Illness** It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
 - a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests—it needs ongoing or long-term control

or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.

21. **Injury** It means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
22. **Inpatient Care** It means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
23. **Insured Person** The Person(s) named as Insured Person(s) in the Schedule attached to the policy.
24. **Intensive Care Unit** It 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.
25. **Maternity Expenses** This shall include:
 - a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization.
 - b. expenses towards lawful medical termination of pregnancy during the Policy period.
26. **Medical Advise** It means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
27. **Medical expenses** It means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
28. **Medical Practitioner** This is a person who holds a valid registration from the Medical Council of any State of India 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 his license. The registered Medical Practitioner should not be the Insured or close family member.
29. **Medical Services** This means the stipulated medical services offered by Emergency Assistance Service Provider during a medical emergency situation while You are away from home, consisting of medical consultation and evaluation, medical referrals, medically supervised repatriation.
30. **Medically Necessary** It means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
 - i. is required for the medical management of the illness or injury suffered by the insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a medical practitioner,
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
31. **Network Provider** It means hospitals or health care providers enlisted by an Insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
32. **Non- Network** It means any hospital, day care centre or other provider that is not part of the network.
33. **Notification of Claim** It is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
34. **OPD treatment** It means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
35. **Personal Services** It means the other emergency services offered by Emergency Assistance Service Provider during a medical emergency situation while You are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals.
36. **Policy** It means the Policy wording, the Schedule and any applicable endorsement or memoranda. The Policy contains details of the extent of cover available to Insured Person(s), what is excluded from the cover and the conditions on which the Policy is issued.
37. **Portability** It 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.
38. **Post-hospitalization Medical Expenses** It means Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:
 - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

39. **Pre-existing Disease** It means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer.
40. **Pre-hospitalization Medical Expenses** It means Medical Expenses incurred immediately before the Insured Person is Hospitalized, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by Us.
41. **Proposal** It means any signed proposal by filing up the questionnaires and declarations, written statements and any other information in addition thereto supplied to Us by You.
42. **Qualified Nurse** It means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
43. **Reasonable and Customary Charges** It means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
44. **Renewal** It defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
45. **Room Rent** It means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
46. **Schedule** It means the Schedule attached to the policy issued by us including amendments thereto by endorsement(s), if any.
47. **Subrogation** This shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
48. **Sum Insured** It means the monetary amount mentioned in the schedule as Sum Insured which is the limit of Indemnity.
49. **Surgery or Surgical Procedure** It 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.
50. **Terrorism/Terrorist Incident** It means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.
51. **Third Party Administrator (TPA)** It means a service provider as mentioned in the schedule of the Policy who is licensed by the Insurance Regulatory Development Authority as a TPA and is engaged for a fee or remuneration by us for the provision of health services under this Policy.
52. **Unproven/Experimental Treatment** It is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
53. **We/Our/Us/Company/Insurer** It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**
54. **You/Your** It means proposer, the Person(s) named as Insured in the Schedule, including all Insured Persons.

SECTION II
A. COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person contracts any Disease or sustains any Injury due to any accident (including any act of terrorism) and he/she has to incur Medically Necessary Hospitalization expenses, then We will pay Reasonable and Customary Charges of the following Hospitalization expenses:</p> <p>1. Room Rent (including Boarding and Nursing expense etc.)</p>	<p>1. Any payment unless the admissible Medical Expenses exceeding the Deductible.</p> <p>2. a) Any condition(s) defined as Pre-existing Disease in the Policy, until 48 (Forty eight) months of continuous coverage have elapsed, since inception of the first Policy with us for the first time, without any break in the insurance coverage.</p> <p>b) Any conditions which are directly attributable to or arising out of or aggravated by such pre-existing</p>

<p>2. Medical Practitioner/ Anesthetist, Consultant fees.</p> <p>3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses.</p> <p>4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.</p> <p>5. Ayurveda and/or Homeopathy and/or Unani hospitalization expenses incurred in Government recognized hospitals. Coverage also includes pre-hospitalization and post hospitalization expenses.</p> <p>6. Ambulance Charges: As per actual or Rs.3000/- (Three Thousand) per claim; whichever is less.</p> <p>7. An additional Daily Allowance amount equivalent to 0.10% of the Sum Insured for the duration of Hospitalization towards defraying of miscellaneous expenses.</p> <p>8. The above stated relevant expenses (except for clause 6 and 7), incurred for Domiciliary Hospitalisation, if Medically Necessary and at Reasonable and Customary Charges up to a maximum aggregate sub-limit of 20% (Twenty percent) of the Sum Insured.</p> <p>Note:</p> <p>(a) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the limit of overall Sum Insured of the Insured Person or floater Sum Insured of family. For the Donor, no payment will be made towards Pre and Post Hospitalization expenses.</p> <p>(b) Pre-Hospitalization and Post Hospitalization expenses for 60(Sixty) and 90(Ninety) days respectively as defined under the Policy will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified</p>	<p>conditions including diabetes and hypertension until 48 (Forty eight) months as in (a) above</p> <p>This exclusion will also apply to any complications arising from Pre- existing Disease/ Injury. Such complications will be considered as a part of the Pre-existing Disease.</p> <p>3. Any expense on Hospitalization for any Disease during first 30 (Thirty) days of commencement of this Insurance cover. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Group or Individual Medical Insurance Policy with any of Indian non life Insurance Companies for a continuous period of preceding 12(Twelve) months without interruption exceeding 30(Thirty) days.</p> <p>4. Any expense incurred during the first 2(two) continuous years of operation of the insurance cover on treatment of the following Diseases :</p> <ol style="list-style-type: none"> i. Cataract ii. Benign Prostatic Hypertrophy, iii. Hysterectomy (for other than due to carcinoma), Myomectomy, Endometriosis iv. Hernia, Hydrocele v. Fissures &/or Fistula in anus, Piles, pilonidal sinus vi. Sinusitis & related disorders vii. Stones in the urinary and biliary systems viii. Gastric and Duodenal Ulcers ix. Dilatation and Curettage x. Joint Replacement (other than caused by an accident) xi. Arthritis, Gout, Rheumatism and Spinal Disorders xii. Chronic Renal failure or End Stage Renal Failure. xiii. Any type of Cysts/Nodules/Polyps including breast lumps and any other benign growth xiv. Varicose Veins / Varicose Ulcers xv. Intervertebral disc diseases (other than caused by an accident) <p>However if these disease(s) is/are under Pre-existing Disease at the time of the first Proposal, then these will be falling under exclusion 2 (Two) and will be covered after 48 (Forty eight) months of continuous insurance.</p> <p>5. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not), performing duties as a serving member of a military or a police force.</p> <p>6. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury, vaccination (other than post bite), inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.</p> <p>7. Cost of spectacles, contact lens, hearing aids.</p> <p>8. Dental Treatment or surgery of any kind, unless due to Accident requiring Hospitalization.</p> <p>9. Treatment of mental illness, stress, psychiatric or psychological disorders, convalescence, general debility, run down condition or rest cure, Congenital Anomaly,</p>
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	<p>sterility, venereal disease, intentional self injury and treatment arising from use of intoxicating drugs/alcohols and treatment resulting from any criminal act.</p> <p>10. Any expense on treatment related to HIV, Acquired Immune Deficiency Syndrome (AIDS), and all related medical conditions.</p> <p>11. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the active treatment of Disease or Injury falling within ambit of Hospitalization claim.</p> <p>12. Any Hospitalization for evaluation purpose.</p> <p>13. Maternity Expenses (other than ectopic pregnancy), including expenses for miscarriage and its complications and any infertility, sub fertility or assisted conception treatment expenses.</p> <p>14. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</p> <p>15. Any Medical Expense on OPD Treatment.</p> <p>16. Any expense on naturopathy, Experimental/Unproven Treatment, and treatment including acupressure, acupuncture, magnetic and such other therapies etc.</p> <p>17. Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, flying other than as a passenger on a scheduled regular carrier, snow and ice sports and other adventure activities of similar hazard.</p> <p>18. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, Nebulizing machine, ventilator, etc.</p> <p>19. Genetic disorders and stem cell implantation/ surgery.</p> <p>20. All non medical expenses including personal comfort and convenience items or services, such as telephone, television, aya/ barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc.</p> <p>21. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.</p> <p>22. Pre-natal and post-natal expenses.</p> <p>23. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.</p> <p>24. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical Council.</p> <p>25. Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the hospital.</p>
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	<p>26. Any expense under Domiciliary Hospitalization for</p> <ul style="list-style-type: none"> ➤ Pre and Post Hospitalization treatment ➤ Treatment of following diseases: <ul style="list-style-type: none"> i. Asthma ii. Bronchitis iii. Chronic Nephritis and Nephritic Syndrome iv. Diarrhoea and all type of Dysenteries including Gastro-enteritis v. Diabetes Mellitus vi. Epilepsy vii. Hypertension viii. Influenza, Cough and Cold ix. All types of Psychiatric or Psychosomatic Disorders x. Pyrexia of unknown origin for less than 15(Fifteen) days xi. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis xii. Arthritis, Gout and Rheumatism xiii. Dental Treatment or Surgery xiv. Critical Illness <p>27. Non Medical expenses that are not covered as per Annexure.</p> <p>28. Excluded Hospitals: The policy does not pay for cost of treatment (both cashless and reimbursement) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list. The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. Any such change to the excluded hospital list will be notified at least 15 days in advance. We also suggest you to please check our website www.iffcotokio.co.in. or contact our call centre / nearest office for updated list of such excluded hospitals before admission.</p> <p>29. Correction of vision (Lasik or other similar surgery) / Keratoconus etc and all types Laser treatments / surgeries for EYE which can be performed on O.P.D. basis.</p> <p>30. Therapies Like Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy and similar, Hyperberic Oxygen Therapy and similar.</p> <p>31. Intravitreal Injections / Interferon injections / Infliximab and like injections / Intra-articular injections.</p> <p>32. Oral Chemotherapy and Intravenous Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting. For example : Intravenous Cyclophosphamide, Intravenous Methotrexamate , etc.</p>
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SECTION II

B. OPTIONAL COVER

WAIVER OF DEDUCTIBLE: The deductible is waived in case of loss or change of employment, if the policy is endorsed to waive the deductible at inception in consideration of additional premium. The proviso shall be subject to the following conditions:

- a) The cover is applicable only for insured persons who are in service (not for self employed) and are below 55 (Fifty Five) years of age and their dependents.
- b) The cover shall be subject to a maximum period of Waiver of Deductible (WOD) period mentioned in the schedule.
- c) In case of multiple job changes during the same policy period, aggregate number of days of coverage during all such breaks shall be subject to maximum of WOD period mentioned in the schedule.
- d) Letter of intent for utilization of WOD period should be given at least 15 (Fifteen) days before the date of relieving from the existing job. Intent letter should be supported with relevant documents like resignation/termination/ relieving letter or any other similar document.
 - i. Advance Notice of 15 days for Letter of intent to cover may be waived on merits by the underwriting authority on case to case base, provided the notice is given on or before the date of relieving.
 - ii. In case notice is given after date of relieving within a reasonable time, WOD may be granted from the date of notice, subject to confirmation of loss of job and of date of relieving, at the discretion of underwriter on case to case basis.
- e) The waiver shall be effective from the next day of date of relieving from the existing job.
- f) The cover will cease on the occurrence of any of the following events, whichever shall occur first:
 - i. expiry of Waiver of Deductible period.
 - ii. Request for termination of cover for WOD by the insured.

Request for termination of WOD cover should be given by the insured as soon as the cover under the Employee Health Benefit with the new employer or a new Health Insurance policy commences. In case of failure to give such notice to the company, the entire WOD period shall be deemed to have exhausted and no further waiver be allowed during the policy period.
- g) WOD cover for dependents will simultaneously cease along with the cover of proposer.
- h) All other terms and conditions will be applicable as per the coverage.

SECTION III

1. Basis of Payment:

I. TOP-UP COVER:

- a) Basis of claim payment shall be Medical expenses incurred for each event (hospitalization) incepting during each policy year payable under 'What is covered' and which exceed the Deductible mentioned in the Schedule of the Policy.
- b) Each event (hospitalization), if more than one, during the Policy period shall be separately subject to the specified Deductible mentioned in the Schedule of the Policy except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy where each Insured Person has a separate Sum Insured as well as for Policy based on single floater Sum Insured for whole family.
- c) In no case we shall be liable to pay any sum in excess of the Sum Insured during the period of the Policy.
- d) All the Bills, Receipts, Reports and Discharge summary etc in respect of the claim should be submitted to us.

II. SUPER TOP-UP COVER:

- a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization/s incepting during each policy year payable under 'What is covered' and which exceeds the Deductible mentioned in the Schedule of the Policy.
- b) Deductible shall be separately applicable on per year basis on aggregate of Medical expenses incurred under 'What is covered' for each Insured person in case of Individual Policy or Deductible shall be applicable on per year basis on aggregate of Medical expenses payable in 'What is covered' for all Insured persons in case Single floater Sum Insured is opted for the whole Family.
- c) In no case we shall be liable to pay any sum in excess of the Sum Insured during the period of the Policy
- d) All the Bills, Receipts, Reports and Discharge summary etc in respect of all the claims adding up to the aggregate including claims falling within the deductible should be carefully preserved and

submitted along with the claim to US whenever YOU are making a claim under Super Top Up Cover.

2. Option to buy Standard Health Policy with continuity of benefits:

We will offer the Insured with the option to buy the standard Health policy (Individual/floater Health product) without deductible with continuity of coverage in terms of waiver of waiting periods to the extent of deductible opted under this Policy provided

- the Top Up/ Super Top up health product has been purchased for the first time before 50(Fifty) years of age and
- Continuously renewed without break for a period of at least 4(Four) years.

In such case you will be offered continuity of coverage in terms of waiver of waiting periods to the extent of deductible opted under this Policy. In all other cases, no benefits shall accrue to any Insured Person by virtue of continuity of coverage in the event of discontinuation of this Policy at any point of time or shifting to any other health insurance Policy with Us

3. Free Look Period:

Policy has a free look period which shall be applicable at the inception of the policy and the insured will be allowed a period of at least 15(Fifteen) days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable. Free look period is applicable only in case of fresh policies.

If the insured has not made any claim during the free look period, the insured shall be entitled to:

- i. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
- ii. Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or ;
- iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period

SECTION IV

EMERGENCY ASSISTANCE SERVICES

1. This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services as described below. The services are provided when insured person(s) is/are traveling within India 150(one hundred and fifty) kilometers or more away from the residential address as mentioned in the policy schedule for less than 90(ninety) days. No claims for reimbursement of expenses incurred for services arranged by insured/insured person(s) will be entertained unless agreed by us or our authorized representative. **Wherever, it is not reasonably possible to ascertain if the reported situation was an emergency or not, the benefit of doubt shall be available to you in respect of the insured person.**

- a) **Medical consultation, evaluation and referral:** Insured person(s) has/have access to an operations center with multilingual medical staff on duty 24(twenty four) hours a day, throughout the policy period year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
- b) **Emergency medical evacuation:** If insured person(s) has/have a medical emergency and an adequate medical facility is not available (as determined by physician and the consultant physician) proximate to where insured person(s) is/are located, we/our representative will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
- c) **Medical repatriation:** When medically necessary, as determined by us / our physician and the consulting physician, repatriation under medical supervision to insured person(s)/your address as mentioned in the policy schedule at such time as insured person(s) is/ are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising insured person(s) medical condition. If the time period to receive medical clearance to travel by common carrier exceeds 14(fourteen) days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged by **us/our representative**, such as an air ambulance. Medical or non-medical escorts may also be provided, if necessary.
- d) **Transportation to join patient:** We will provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalisation, provided insured person (s) has/ have travelled alone and insured person(s) is/ are required to be hospitalized for more than seven consecutive days. At insured person (s) request, **we/our representative** will also provide assistance with regards to arrangements for the accommodation of family member or the friend. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
- e) **Care and/or transportation of minor children:** When insured person(s)'s minor child(ren) is/are left unattended as a result of insured person (s) medical situation, **we/our representative** will provide the child with transportation to home or to the home of a person designated by insured person (s) living in the same city as insured person (s) address. If appropriate, an attendant will escort the child.

- f) **Emergency message transmission:** **we/our representative** will receive and transmit emergency messages to/from home.
- g) **Return of mortal remains:** In the event of death of insured person, **we/our representative** will arrange and pay for the return of mortal remains. **we/our representative** will render any assistance necessary in the transport including locating a local, emergency assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
- h) **Emergency cash coordination:** **We/our representative** will assist in coordinating the transfer of emergency cash. Source of funds is solely your responsibility

Conditions: The emergency assistance services are available subject to certain limited exclusions as set forth below:

Emergency assistance service will not be provided in the following instances:

- a) Travel undertaken specifically for securing medical treatment
- b) Services sought outside India.
- c) Injuries resulting from participation in acts of war or insurrection
- d) Commission of unlawful act(s) with malafide intent.
- e) Attempt at suicide /self inflicted injuries
- f) Incidents involving the use of drugs, unless prescribed by a physician
- g) Transfer of the insured person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

We/our representative will not evacuate or repatriate an insured person in the following instances:

- a) Without medical authorization
- b) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent insured person (s) from continuing your trip or returning home
- c) With a pregnancy term of over six(6) months
- d) With mental or nervous disorders unless hospitalised

Specific exclusions:

- a) Trips exceeding 90(ninety) days from declared residence without prior notification to emergency assistance service provider.
- b) Students at home/school campus address (as they are not considered to be in travel status).

Legal actions arising hereunder shall be barred unless written notice thereof is received by **us**, within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We shall not be responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under our control. **We/our representative** are not responsible or liable for any malpractice committed by professionals rendering services to you.

SECTION V GENERAL CONDITIONS

1. **Conditions Precedent:** Where this Policy requires You/your family member(s) named in the Schedule to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You/your family member(s) named in the schedule will cooperate with Us at all times.
2. **Reasonable Precaution:** You shall take all reasonable precaution to prevent injury, illness, and disease in order to minimize claims.
3. **Notice:** You will give every notice and communication in writing and delivered by hand, post, facsimile or email to Our office through which this insurance is effected. Notice will be deemed served 7(Seven) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
4. **Disclosure to information norm:** In the case of fraud, misrepresentation, mis-description or non-disclosure of any material fact, the Policy shall be void and all premiums paid hereon shall be forfeited to the Company.
5. **Changes in Circumstances:** You must inform Us, as soon as reasonably possible of any change in information You have provided to Us about Insured Person(s) which may affect the insurance cover provided.
6. **Payment of Premium:** The premium payable shall be paid in advance before commencement of risk. No installment facility is available. No receipt for premium shall be valid except on Our official form signed by Our

duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official.

7. Portability:

The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2013 dated 16th February, 2013. For more information please refer to the page no.89 on the following URL of the IRDA website:

<http://www.policyholder.gov.in/uploads/CEDocuments/Health%20Insurance%20Regulations%202013.pdf>

The salient features mentioning the rights and obligations of the insurer and insured are as follows:

1. A policyholder desirous of porting his policy to another insurance company shall apply to such insurance company, to port the entire policy along with all the members of the family, if any, at least 45 days before the premium renewal date of his/her existing policy.
2. Insurer may not be liable to offer portability if policyholder fails to approach the new insurer at least 45 days before the premium renewal date.
3. Portability shall be opted by the policyholder only as stated in (a) above and not during the currency of the policy.
4. In case insurer is willing to consider the proposal for portability even if the policyholder fails to approach insurer at least 45 days before the renewal date, it may be free to do so.
5. Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal :
 - a. The existing policy shall be allowed to extend, if requested by the policyholder, for the short period by accepting a pro- rate premium for such short period, which shall be o f at least one month and
 - b. Shall not cancel existing policy until such time a confirmed policy from new insurer is received or at the specific written request of the insured.
 - c. The new insurer, in all such cases, shall reckon the date o f the commencement o f risk to match with date o f expiry o f the short period, wherever relevant.
 - d. If for any reason the insured intends to continue the policy further with the existing insurer, it shall be allowed to continue by charging a regular premium and without imposing any new condition.

8. Increase in Sum Insured or Reduction in Deductible: If You renew with Us or transfer from any other Insurer and increase the Sum Insured or reduce Your deductible, then the waiting periods mentioned under Exclusion numbers 2, 3 and 4 shall apply fresh in relation to the amount by which the Sum Insured has been increased or Deductible has been reduced.

9. Claim Procedure and Requirements:

- a. **Notification of Claim:** An event which might become a claim under the Policy must be reported to Us as soon as possible, but not later than 7(Seven) days from the date of Hospitalization. Such notification of claim is mandatory, even for claims falling within the deductible.

A written statement of the claim will be required and the claim must be filed as under except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Person or his/her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit.

- i. Hospitalization and Pre Hospitalization claim should be filed within 30(thirty) days from the date of discharge from the Hospital
- ii. Post Hospitalization claim should be filed within 90(ninety) days from the date of discharge from the hospital. Hospitalization and Post Hospitalization claims may be submitted together within 90(ninety) days from the date of discharge at the option of the insured.
- b. If IFFCO-TOKIO seeks any further clarification or documents in support of the claim, the same should be provided along with all supporting documents within 15(Fifteen) days from the date of such requirement from IFFCO-TOKIO.
- c. In case of covered Hospitalization, the costs of which were not initially estimated to exceed the Deductible but were subsequently found likely to exceed the Deductible, the intimation should be submitted along with details of intimation made to the other insurer/reimbursement provider immediately on knowing that the Deductible is likely to be exceeded.
- d. For cashless Hospitalization, the insured must contact the Third Party Administrator/Company at least 48(Forty eight) hours before a planned Hospitalization. In an emergency situation the Third Party Administrator/Company should be contacted within 24(twenty four) hours of Hospitalization.

- e. **Necessary documents:** The Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by Us in the manner and form as We may prescribe. In such claims, Our representative shall be allowed to carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalization if and when We may reasonably require.

The claim should be filed along with duly filled in claim form and all other documents supporting your claim as required by the company. Following is an indicative list of “**Necessary documents**” to be submitted along with the claim.

- i. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
- ii. Copy of Photo ID / Proof
- iii. Discharge Summary (Photo Copy in case of claim for Pre/Post Hospitalization only)
- iv. Hospital Bill (Original Only)
- v. Hospital Receipt (Original Only)
- vi. Investigation Reports with supporting prescriptions
- vii. Investigation Bills (Original Only)
- viii. Pharmacy Bills (Original Only) with supporting prescriptions
- ix. Bills including the relevant stickers for Implants
- x. All previous treatment papers related to Ailment.
- xi. All the above in respect of the previous hospitalizations adding up to the aggregate including claims falling within the deductible should be carefully preserved and submitted along with the claim to US whenever YOU are making a claim under Super Top Up Cover.
- xii. Copy/Copies of previous insurance policies if not provided already
- xiii. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.
- xiv. KYC (know your customer) form, if claim is more than 1(One) lakh
- xv. Any other documents in support of the claim (PI Specify).

Note:

- 1) When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organization/provider have to be submitted.
 - 2) If original bills, receipts, prescriptions, reports and other documents are submitted to Us and Insured Person requires same for claiming from other organization/provider, then on request from the Insured Person We will provide attested copies of the bills and other documents submitted by the Insured Person.
- 10. Electronic Transaction:** You /Insured Person agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of Us for and in respect of the Policy or its terms or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. However the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.
- 11. No Constructive Notice:** Any knowledge or information of any circumstances or condition in connection with You / Insured Person, in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of the premium.
- 12. Fraud:** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.
- 13. Contribution:** If, when any claim arises, there is in existence any other Insurance covering the same loss/liability, compensation, costs or expenses and where the Sum Insured is higher than the deductible specified in this policy then the claim amount over and above the deductible would be shared in ratable proportion We shall not be liable to pay or contribute more than rateable proportion of any claim.
- 14. Multiple Policies:** If two or more policies are taken by you/insured person(s) during a period from one or more insurers to indemnify treatment costs, we shall not apply the contribution clause, but you/insured person(s) shall have the right to require a settlement of your claim in terms of any of your policies.

- a) In all such cases we who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
- b) If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, you/insured person(s) shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
- c) Except in benefit policies, in cases where you/insured person(s) has/have policies from more than one insurer to cover the same risk on indemnity basis, you/insured person(s) shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.

15. Subrogation:

- a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;
- b) You shall not do or cause to be done anything that may cause any prejudice of Our right of Subrogation;
- c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.

16. Renewal:

- a) The Policy has to be renewed within the expiry date or within a grace period of 30(thirty) days from the expiry date, beyond which the continuity benefits (relating to Pre-existing Disease Exclusion, 30(thirty) days Waiting Period, First Year / Second year Disease Exclusions etc) will not be available and any insurance cover thereafter will be treated as fresh cover
- b) In any case, we shall not be liable to pay claim occurring during the period of break in insurance including grace period.
- c) Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided, however, that you apply for renewal and remit the requisite premium within the period stipulated under (a) above.
- d) The Premium applicable for renewal shall be based on the rating factors like Age, Sum Insured etc. However no loading shall be applied on individual claims experience.
- e) Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However the waiting periods will apply afresh for the enhanced suminsured.

- 17. Cancellation:** We will not ordinarily cancel the policy unless it is a case of mis-representation, concealment of material fact or fraudulent act of insured. In case of cancellation of the policy due to above reasons, policy shall be void and all premium paid hereon shall be forfeited to the Company and the same shall be communicated to you by sending a 15 (Fifteen) notice by registered Post to your last known address.

You may cancel the Policy by sending at least 15(Fifteen) days written Notice to Us under Registered Post. We will then allow a refund on following scale provided there is no claim. Where claim is preferred, no refund will be made.

Period of cover up to	Refund of Annual Premium Rate (%)
1 Month	75%
3 Months	50%
6 Months	25%
6 to 12 Months	NIL

- 18. Automatic Termination:** Your insurance under this Policy in respect of each relevant person shall terminate immediately on the earlier of the following events :

- Upon the death of the Insured person.
- Upon exhaustion of the Policy Sum Insured.

In case of individual Sum Insured Policy, where no claim has been made, and automatic termination takes place on account of death of the insured person, pro-rate refund of premium of the deceased Insured Person for the balance period of the Policy will be effected. In case of floater policy no refund shall be made on account of death of any one or more insured person/s, unless the entire policy is cancelled.

- 19. Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.
- 20. Withdrawal of Policy:** A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.
- 21.** WE will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.
- 22. Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30(Thirty) days of any party invoking arbitration the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and the 3rd arbitrator to be appointed by 2 such arbitrators and 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 herein before provided, if the company has disputed or not accepted liability under or in respect of this policy.

CONTACT DETAILS

AHMEDABAD

Office of the Insurance Ombudsman,
2nd floor, Ambica House,
Near C.U. Shah College,
5, Navyug Colony, Ashram Road,
Ahmedabad – 380 014
Tel.: 079-27546150/139
Fax:- 079-27546142
Email:- bimalokpal.ahmedabad@ecoi.co.in

BENGALURU

Office of the Insurance Ombudsman,
Jeevan Soudha Building,
PID No.57-27-N-19,
Ground Floor, 19/19, 24th Main Road,
JP Nagar, 1st Phase,
Bengaluru-560 078.
Tel.: 080-26652048 / 26652049
Email:- bimalokpal.bengaluru@ecoi.co.in

BHOPAL

Office of the Insurance Ombudsman,
Janak Vihar Complex,
2nd Floor, 6, Malviya Nagar,
Opp.Airtel Office,
Near New Market,
Bhopal – 462 033.
Tel.: 0755-2769200/201/202
Fax:- 0755-2769203
Email:- bimalokpalbhopal@ecoi.co.in

BHUBANESHWAR

Office of the Insurance Ombudsman,
62, Forest park,
Bhubneshwar – 751 009.
Tel.: 0674-2596461 / 2596455
Fax:- 0674-2596429

JURISDICTION

State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.

Karnataka.

States of Madhya Pradesh and Chattisgarh.

State of Orissa.

Email:- bimalokpal.bhubaneswar@ecoi.co.in

CHANDIGARH

Office of the Insurance Ombudsman,
S.C.O. No. 101, 102 & 103, 2nd
Floor,
Batra Building, Sector 17 – D,
Chandigarh – 160 017.
Tel.:- 0172-2706196/5861 / 2706468
Fax:- 0172-2708274
Email:- bimalokpal.chandigarh@ecoi.co.in

States of Punjab, Haryana, Himachal Pradesh, Jammu &
Kashmir and Union territory of Chandigarh.

CHENNAI

Office of the Insurance Ombudsman,
Fatima Akhtar Court,
4th Floor, 453 (old 312), Anna Salai,
Teynampet,
CHENNAI – 600 018.
Tel.:- 044-24333668 / 24335284
Fax:- 044-24333664
Email:- bimalokpal.chennai@ecoi.co.in

State of Tamil Nadu and Union Territories - Pondicherry Town
and Karaikal (which are part of Union Territory of Pondicherry).

DELHI

Office of the Insurance Ombudsman,
2/2 A, Universal Insurance Building,
Asaf Ali Road,
New Delhi – 110 002.
Tel.:- 011-23239611/7539/7532
Fax:- 011-23230858
Email:- bimalokpal.delhi@ecoi.co.in

State of Delhi

ERNAKULAM

Office of the Insurance Ombudsman,
2nd floor, Pulinat Building,
Opp. Cochin Shipyard,
M.G. Road,
Ernakulam - 682 015.
Tel.:- 0484-2358759/2359338
Fax:- 0484-2359336
Email:- bimalokpal.ernakulam@ecoi.co.in

Kerala, Lakshadweep, Mahe-a part of Pondicherry

GUWAHATI

Office of the Insurance Ombudsman,
'Jeevan Nivesh', 5th Floor,
Nr. Panbazar over bridge, S.S. Road,
Guwahati – 781001(ASSAM).
Tel.:- 0361- 2132204 / 2132205
Fax:- 0361-2732937
Email:- bimalokpal.guwahati@ecoi.co.in

States of Assam, Meghalaya, Manipur, Mizoram, Arunachal
Pradesh, Nagaland and Tripura.

HYDERABAD

Office of the Insurance Ombudsman,
6-2-46, 1st floor, "Moin Court"
Lane Opp. Saleem Function Palace,
A. C. Guards, Lakdi-Ka-Pool,
Hyderabad - 500 004.
Tel.:- 040-65504123/23312122
Fax:- 040-23376599
Email:- bimalokpal.hyderabad@ecoi.co.in

States of Andhra Pradesh, Telangana and Union Territory of
Yanam - a part of the Union Territory
of Pondicherry.

JAIPUR

Office of the Insurance Ombudsman,

State of Rajasthan.

Jeevan Nidhi-II Bldg.,
Ground Floor,
Bhawani Singh Marg,
Jaipur - 302005.
Tel.:- 0141-2740363
Email:- bimalokpal.jaipur@ecoi.co.in

KOLKATA

Office of the Insurance Ombudsman,
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4th floor, 4, CR Avenue,
Kolkata - 700 072.
Tel.:- 033-22124339 / 22124340
Fax:- 033-22124341
Email:- bimalokpal.kolkata@ecoi.co.in

States of West Bengal, Bihar, Sikkim and Union Territories of
Andaman and Nicobar Islands.

LUCKNOW

Office of the Insurance Ombudsman,
6th Floor, Jeevan Bhawan,
Phase-II, Nawal Kishore Road,
Hazratganj,
Lucknow-226 001.
Tel.:- 0522-2231330 / 2231331
Fax:- 0522-2231310.
Email:- bimalokpal.lucknow@ecoi.co.in

District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur,
Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra,
Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun,
Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich,
Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi,
Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur,
Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar,
Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.

MUMBAI

Office of the Insurance Ombudsman,
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S. V. Road, Santacruz (W),
Mumbai - 400 054.
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Email:- bimalokpal.mumbai@ecoi.co.in

States of Goa, Mumbai Metropolitan Region excluding Navi
Mumbai & Thane.

NOIDA

Office of the Insurance Ombudsman,
Bhagwan Sahai Palace,
4th Floor, Main Road,
Naya Bans, Sector-15,
Gautam Budh Nagar, Noida
Email:- bimalokpal.noida@ecoi.co.in

States of Uttaranchal and the following Districts of Uttar
Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun,
Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut,
Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah,
Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad,
Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj,
Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

PATNA

Office of the Insurance Ombudsman,
1st Floor, Kalpana Arcade Building,
Bazar Samiti Road,
Bahadurpur,
Patna - 800 006.
Email:- bimalokpal.patna@ecoi.co.in

States of Bihar and Jharkhand.

PUNE

Office of the Insurance Ombudsman,
Jeevan Darshan Building, 3rd Floor,
CTS Nos. 195 to 198,
NC Kelkar Road, Narayan Peth,
Pune - 411 030
Tel: 020 -32341320
Email:- bimalokpal.pune@ecoi.co.in

States of Maharashtra, Area of Navi Mumbai and Thane
excluding Mumbai Metropolitan Region.

23. **Policy Disputes:** The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and 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. All matters arising hereunder shall be determined in accordance with the law and practice of such Court within Indian Territory.
24. **Disclaimer Clause:** If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
25. **Protection of Policy Holder's Interest:** In the event of a claim, if the same is found admissible under the Policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and Investigation/ Assessment Report (if required). In case the claim is admitted, the claim proceeds shall be paid within 30(thirty) days of Your acceptance of Our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the Bank rate prevalent at the beginning of financial year in which the claim is received by Us.
26. The geographical scope of this Policy will be India and all claims shall be payable in Indian currency.
27. The Emergency Assistance Services-Medical and Personal are not available on reimbursement basis.
28. The provision of the Emergency Medical or Personal Assistance Services to You during the Period of Insurance does not necessarily mean that the hospitalization claim is admissible under the Policy.
29. **Grievance or Complaint:** You may register a grievance or complaint by visiting our website www.itgi.co.in. You may also contact the branches where from you have bought the policy or the Complaints coordinator who can be reached at our Corporate office.
30. **Insurance Ombudsman:** We shall endeavor to promptly and effectively address your grievances. In the event you are dissatisfied with the resolution of your grievance or complaint, you may approach the Insurance ombudsman located nearest to you. Details of the offices of the ombudsman across the Country is made available on our website www.iiffcotokio.co.in

SECTION VI LOADINGS

1. Loading for Predisposing Factors (PDF)

The loading structure for different PDFs is as follows:

Predisposing Factor	Loading on Base premium for each member
(A) Diabetes : Range of HbA1C Level	
> 6 and < 7	10% (Ten percent)
>= 7 and <= 8	15% (Fifteen percent)
More than 8	25% (Twenty Five percent)
(B) Hypertension	
	10% (Ten percent)
(C) Obesity : Range of Body Mass Index (BMI)	
> 28 and < 32	5% (Five percent)
>= 32 and <= 35	10% (Ten percent)
More than 35	25% (Twenty Five percent)

2. In case of Adverse Medical History / Pre-existing Diseases other than Pre-disposing factors (PDF) mentioned above- up to 20% loading will be applicable on base premium separately for each member.

Note: If there is more than one member having PDF or Adverse Medical history/Pre-existing diseases, the loading will apply on base premium separately for each member.

- Loadings as mentioned in (1) and (2) above will be applicable only if any of the above mentioned conditions are pre-existing at the time of inception of the first policy with the Company and will continue to be charged at every renewal.

However, No loading will be charged, if these conditions manifest after the inception of the first policy with the Company.

- Loadings for (1) and (2) for all factors put together will not exceed:
 - a) 50% of the basic premium per person for an Individual Sum Insured policy and
 - b) 35% of the basic premium per person for a Floater Sum Insured policy.
- Range of HbA1C Level and BMI will be reviewed after every three renewals, wherever loading is already applied for these factors at the time of inception of policy for the first time with the Company.

In case there is an improvement in HbA1C level and BMI, then the loading may be withdrawn or reduced according to the value of parameters. However no further loading shall be done for worsening of the situation.

DISCOUNTS

1. In case of Individual basis, a Family discount on total premium, depending upon the total number of insured persons covered under the policy at the inception of the cover is permissible as below:
 - For 2 (Two) Family Members- 5% discount on total premium.
 - For 3 and more Family Members- 10% discount on total premium.
 This family discount is offered on account of savings in management expenses and reduced probability of anti-selection.
2. For online purchase, a discount of 15% will be given on the total premium computed. This discount is in lieu of agency commission.

Annexure 1

List of Day Care Surgeries	
ENT: Operation of the ear	Procedures on the digestive tract
1 Stapedotomy or Stapedectomy	82 Sclerotherapy
2 Myringoplasty (Type -I Tympanoplasty)	83 Therapeutic Ascitic Tapping
3 Tympanoplasty (closure of an eardrum perforation)	84 Endoscopic ligation /banding
4 Reconstruction and other Procedures of the auditory ossicles	85 Dilatation of digestive tract strictures
5 Myringotomy	86 Endoscopic ultrasonography and biopsy
6 Removal of a tympanic drain	
7 Mastoidectomy	Replacement of Gastrostomy tube
8 Reconstruction of the middle ear	87 Endoscopic decompression of colon
9 Fenestration of the inner ear	88 Therapeutic ERCP
10 Incision (opening) and destruction (elimination) of the inner ear	89 Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
	90 Endoscopic Gastrostomy
ENT: Procedures on the nose & the nasal sinuses	91 Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
11 Excision and destruction of diseased tissue of the nose	92 Endoscopic Drainage of Pseudopancreatic cyst
12 Procedures on the turbinates (nasal concha)	93 Hernia Repair (Herniotomy / hernioraphy / hernioplasty)
13 Nasal sinus aspiration	Procedures on the female sexual organs
	94 Incision of the ovary
ENT: Procedures on the tonsils & adenoids	95 Insufflation of the Fallopian tubes
14 Transoral incision and drainage of a pharyngeal abscess	96 Dilatation of the cervical canal
15 Tonsillectomy and / or adenoidectomy	97 Conisation of the uterine cervix
16 Excision and destruction of a lingual tonsil	98 Incision of the uterus (hysterotomy)
17 Quinsy drainage	99 Therapeutic curettage
	100 Culdotomy
OPHTHALMOLOGY: Procedures on the eyes	101 Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
18 Incision of tear glands	102 Procedures on Bartholin's glands (cyst)

19 Excision and destruction of diseased tissue of the eyelid	103 Endoscopic polypectomy
20 Procedures on the canthus and epicanthus	104 Myomectomy , hysteroscopic or laparoscopic biopsy or removal
21 Corrective surgery for entropion and ectropion	
22 Corrective surgery for blepharoptosis	Procedures on the prostate & seminal vesicles
23 Removal of a foreign body from the conjunctiva	105 Incision of the prostate
24 Removal of a foreign body from the cornea	106 Transurethral excision and destruction of prostate tissue
25 Incision of the cornea	107 Open surgical excision and destruction of prostate tissue
26 Procedures for pterygium	108 Radical prostatovesiculectomy
27 Removal of a foreign body from the lens of the eye	109 Incision and excision of periprostatic tissue
28 Removal of a foreign body from the posterior chamber of the eye	
29 Removal of a foreign body from the orbit and eyeball	Procedures on the scrotum & tunica vaginalis testis
30 Operation of cataract	110 Incision of the scrotum and tunica vaginalis testis
31 Chalazion removal	111 Operation on a testicular hydrocele
32 Glaucoma Surgery	112 Excision and destruction of diseased scrotal tissue
33 Surgery for Retinal detachment	113 Plastic reconstruction of the scrotum and tunica vaginalis testis
Procedures on the skin & subcutaneous tissues	Procedures on the testes
34 Incision of a pilonidal sinus	114 Incision of the testes
35 Other incisions of the skin and subcutaneous tissues	115 Excision and destruction of diseased tissue of the testes
36 Surgical wound toilet (wound debridement)	116 Orchiectomy- Unilateral / Bilateral
37 Local excision or destruction of diseased tissue of the skin and subcutaneous tissues	117 Orchiopexy
38 Simple restoration of surface continuity of the skin and subcutaneous tissues	118 Abdominal exploration in cryptorchidism
39 Free skin transplantation, donor site	119 Surgical repositioning of an abdominal testis
40 Free skin transplantation, recipient site	120 Reconstruction of the testis
41 Revision of skin plasty	121 Implantation, exchange and removal of a testicular prosthesis
42 Restoration and reconstruction of the skin and subcutaneous tissues	
43 Chemosurgery to the skin	Procedures on the spermatic cord, epididymis and Ductus Deferans
44 Excision of Granuloma	122 Surgical treatment of a varicocele and hydrocele of spermatic cord
45 Incision and drainage of abscess	123 Excision in the area of the epididymis
	124 Epididymectomy
Procedures on the tongue	125 Reconstruction of the spermatic cord
46 Incision, excision and destruction of diseased tissue of the tongue	126 Reconstruction of the ductus deferens and epididymis
47 Partial glossectomy	
48 Glossectomy	Procedures on the penis
49 Reconstruction of the tongue	127 Procedures on the foreskin

	128 Local excision and destruction of diseased tissue of the penis
Procedures on the salivary glands & salivary ducts	129 Amputation of the penis
50 Incision and lancing of a salivary gland and a salivary duct	130 Plastic reconstruction of the penis
51 Excision of diseased tissue of a salivary gland and a salivary duct	
52 Resection of a salivary gland	Procedures on the urinary system
53 Reconstruction of a salivary gland and a salivary duct	131 Cystoscopic removal of stones
	132 Lithotripsy
Procedures on the mouth & face	133 Haemodialysis
54 External incision and drainage in the region of the mouth, jaw and face	134 PCNS (Percutaneous nephrostomy)
55 Incision of the hard and soft palate	135 PCNL (Percutaneous Nephro-Lithotomy)
56 Excision and destruction of diseased hard and soft palate	136 Tran urethral resection of bladder tumor
57 Incision, excision and destruction in the mouth	137 Suprapubic cystostomy
58 Plastic surgery to the floor of the mouth	
59 Palatoplasty	Procedures of Respiratory System
	138 Brochosopic treatment of bleeding lesion
Trauma surgery and orthopaedics	139 Brochosopic treatment of fistula /stenting
60 Incision on bone, septic and aseptic	140 Bronchoalveolar lavage & biopsy
61 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	141 Direct Laryngoscopy with biopsy
62 Suture and other Procedures on tendons and tendon sheath	142 Therapeutic Pleural Tapping
63 Reduction of dislocation under GA	
64 Arthroscopic knee aspiration	Procedures of Heart and Blood vessels
65 Aspiration of hematoma	143 Coronary angiography (CAG)
66 Excision of dupuytren's contracture	144 Coronary Angioplasty (PTCA)
67 Carpal tunnel decompression	145 Insertion of filter in inferior vena cava
68 Surgery for ligament tear	146 TIPS procedure for portal hypertension
69 Surgery for meniscus tear	147 Blood transfusion for recipient
70 Surgery for hemoarthrosis/pyoarthrosis	148 Therapeutic Phlebotomy
71 Removal of fracture pins/nails	149 Pericardiocentesis
72 Removal of metal wire	150 Insertion of gel foam in artery or vein
73 Joint Aspiration - Daignostic / therapeutic	151 Carotid angioplasty
	152 Renal angioplasty
Procedures on the breast	153 Varicose vein stripping or ligation
74 Incision of the breast	
75 Procedures on the nipple	OTHER Procedures
76 Excision of breast lump /Fibro adenoma	154 Radiotherapy for Cancer
	155 Cancer Chemotherapy
Procedures on the digestive tract	156 True cut Biopsy
77 Incision and excision of tissue in the perianal region	157 Endoscopic Foreign Body Removal
78 Surgical treatment of anal fistulas	158 Vaccination / Inoculation - Post Dog bite or Snake bite
79 Surgical treatment of haemorrhoids	159 Endoscopic placement/removal of stents
80 Division of the anal sphincter (sphincterotomy)	160 Tumor embolisation

81 Ultrasound guided aspirations

161 Aspiration of an internal abscess under ultrasound guidance

ANNEXURE 2
List of Expenses Generally Not Payable/Payable in Hospitalisation Policy



LIST OF NON PAYABLE ITEMS	
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1 HAIR REMOVAL CREAM	41 GUEST SERVICES
2 BABY CHARGES (UNLESS SPECIFIED/INDICATED)	42 BED PAN
3 BABY FOOD	43 BED UNDER PAD CHARGES
4 BABY UTILITES CHARGES	44 CAMERA COVER
5 BABY SET	45 CLINIPLAST
6 BABY BOTTLES	46 CREPE BANDAGE
7 BRUSH	47 CURAPORE
8 COSY TOWEL / TOWEL	48 DIAPER OF ANY TYPE
9 HAND WASH	49 DVD, CD CHARGES
10 M01STUR1SER PASTE BRUSH	50 EYELET COLLAR
11 POWDER	51 FACE MASK
12 RAZOR	52 FLEXI MASK
13 SHOE COVER	53 GAUSE SOFT
14 BEAUTY SERVICES	54 GAUZE
15 BELTS/ BRACES	55 HAND HOLDER
16 BUDS	56 HANSAPLAST/ADHESIVE BANDAGES
17 BARBER CHARGES	57 INFANT FOOD
18 CAPS	58 SLINGS
19 COLD PACK/HOT PACK	ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES
20 CARRY BAGS	59 WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
21 CRADLE CHARGES	60 COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC
22 COMB	61 DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
23 DISPOSABLES RAZORS CHARGES (for site preparations)	62 HORMONE REPLACEMENT THERAPY
24 EAU-DE-COLOGNE / ROOM FRESHNERS	63 HOME VISIT CHARGES
25 EYE PAD	64 INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE

26 EYE SHEILD	65 OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY
27 EMAIL / INTERNET CHARGES	66 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy unless
28 FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	67 CORRECTIVE SURGERY FOR REFRACTIVE ERROR
	68 TREATMENT OF SEXUALLY TRANSMITTED DISEASES
	69 DONOR SCREENING CHARGES
29 FOOT COVER	70 ADMISSION/REGISTRATION CHARGES
30 GOWN	71 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
31 LEGGINGS	72 EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
32 LAUNDRY CHARGES	73 ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
33 MINERAL WATER	74 STEM CELL IMPLANTATION/ SURGERY and storage
34 OIL CHARGES	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS
35 SANITARY PAD	75 WARD AND THEATRE BOOKING CHARGES
36 SLIPPERS	76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
37 TELEPHONE CHARGES	77 MICROSCOPE COVER
38 TISSUE PAPER	78 SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
39 TOOTH PASTE	79 SURGICAL DRILL
40 TOOTH BRUSH	80 EYE KIT
81 EYE DRAPE	121 MEDICAL CERTIFICATE
82 X-RAY FILM	122 MAINTENANCE CHARGES
83 SPUTUM CUP	123 MEDICAL RECORDS
84 BOYLES APPARATUS CHARGES	124 PREPARATION CHARGES
85 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	125 PHOTOCOPIES CHARGES
86 Antiseptic or disinfectant lotions Not Payable	126 PATIENT IDENTIFICATION BAND / NAME TAG
87 BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	127 WASHING CHARGES
88 COTTON	128 MEDICINE BOX
89 COTTON BANDAGE	129 MORTUARY CHARGES
90 MICROPOR/ SURGICAL TAPE	130 MEDICO LEGAL CASE CHARGES (MLC CHARGES)

91 BLADE	EXTERNAL DURABLE DEVICES
92 APRON	131 WALKING AIDS CHARGES
93 TORNIQUET	132 BIPAP MACHINE
94 ORTHOBUNDLE, GYNAEC BUNDLE	133 COMMODE
95 URINE CONTAINER	134 CPAP/ CAPD EQUIPMENTS
ELEMENTS OF ROOM CHARGE	135 INFUSION PUMP
96 LUXURY TAX	136 OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
97 HVAC Part of room charge not	137 PULSEOXYMETER CHARGES
98 HOUSE KEEPING CHARGES	138 SPACER
99 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	139 SPIROMETRE
100 TELEVISION & AIR CONDITIONER CHARGES	140 SPO2 PROBE
101 SURCHARGES	141 NEBULIZER KIT
102 ATTENDANT CHARGES	142 STEAM INHALER
103 IM IV INJECTION CHARGES	143 ARMSLING
104 CLEAN SHEET	144 THERMOMETER
105 EXTRA DIET OF PATIENT	145 CERVICAL COLLAR
106 BLANKET/WARMER BLANKET	146 SPLINT
ADMINISTRATIVE OR NON-MEDICAL CHARGES	147 DIABETIC FOOT WEAR
107 ADMISSION KIT	148 KNEE BRACES (LONG/ SHORT/ HINGED)
108 BIRTH CERTIFICATE	149 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
109 BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	150 LUMBOSACRAL BELT
110 CERTIFICATE CHARGES	151 NIMBUS BED OR WATER OR AIR BED CHARGES
111 COURIER CHARGES	152 AMBULANCE COLLAR
112 CONVENYANCE CHARGES	153 AMBULANCE EQUIPMENT
113 DIABETIC CHART CHARGES	154 MICROSHEILD
114 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	155 ABDOMINAL BINDER
115 DISCHARGE PROCEDURE CHARGES	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION
116 DAILY CHART CHARGES	156 BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\ \DISINFECTANTS ETC
117 ENTRANCE PASS / VISITORS PASS CHARGES	157 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
118 EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	158 NUTRITION PLANNING CHARGES
119 FILE OPENING CHARGES	159 SUGAR FREE Tablets Payable -S u g a r free
120 INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	160 CREAMS POWDERS LOTIONS


161 Digestion gels	180 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
162 ECG ELECTRODES	181 EXAMINATION GLOVES
163 GLOVES Sterilized Gloves	182 KIDNEY TRAY
164 HIV KIT	183 MASK
165 LISTERINE/ ANTISEPTIC MOUTHWASH	184 OUNCE GLASS
166 LOZENGES	185 OUTSTATION CONSULTANT'S/ SURGEON'S FEES
167 MOUTH PAINT	186 OXYGEN MASK
168 NEBULISATION KIT If used d u rin g	187 PAPER GLOVES
169 NOVARAPID	188 PELVIC TRACTION BELT
170 VOLINI GEL/ ANALGESIC GEL	189 REFERAL DOCTOR'S FEES
171 ZYTEE GEL	190 ACCU CHECK (Glucometry/ Strips)
172 VACCINATION CHARGES Routine Vaccination not	191 PAN CAN
PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE	192 SOFNET
173 AHD	193 TROLLY COVER
174 ALCOHOL SWABES	194 UROMETER, URINE JUG
175 SCRUB SOLUTION/STERILLIUM	195 AMBULANCE
OTHERS	196 TEGADERM / VASOFIX SAFETY Payable - maximum o f 3
176 VACCINE CHARGES FOR BABY	197 URINE BAG
177 AESTHETIC TREATMENT / SURGERY	198 SOFTOVAC
178 TPA CHARGES	199 STOCKINGS Essential for case like
179 VISCO BELT CHARGES	CABG etc. where it should be paid

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