## ANNEXURE I: LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")

| SNO | LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")  | SUGGESTIONS                         |  |
|-----|--|-------------------------------------|--|
|     | TOILETRIES/COSMETICS/ PERSONAL COMFORT OR C  |                                     |  |
| 1   | HAIR REMOVAL CREAM   | Not Payable                         |  |
| 2   | BABY CHARGES (UNLESS SPECIFIED/INDICATED)  | Not Payable                         |  |
| 3   |  |                                     |  |
| 4   | BABY UTILITES CHARGES  | Not Payable                         |  |
| 5   | BABY SET   | Not Payable                         |  |
| 6   | BABY BOTTLES   | Not Payable                         |  |
| 7   | BRUSH  | Not Payable                         |  |
| 8   | COSY TOWEL   | Not Payable                         |  |
| 9   | HAND WASH  | Not Payable                         |  |
| 10  | M01STUR1SER PASTE BRUSH  | Not Payable                         |  |
| 11  | POWDER   | Not Payable                         |  |
| 12  | RAZOR  | Payable                             |  |
| 13  | SHOE COVER   | Not Payable                         |  |
| 14  | BEAUTY SERVICES  | Not Payable                         |  |
| 1   |  | Essential and may be paid           |  |
| 15  | BELTS/ BRACES  | specifically for cases who have     |  |
|     | DELITS OF THE CES  | undergone surgery of thoracic or    |  |
| 1.1 |  | lumbar spine.                       |  |
| 16  | BUDS   | Not Payable                         |  |
| 17  | BARBER CHARGES   | Not Payable                         |  |
| 18  | CAPS   | Not Payable                         |  |
| 19  | COLD PACK/HOT PACK   | Not Payable                         |  |
| 20  | CARRY BAGS   | Not Payable                         |  |
| 21  | CRADLE CHARGES   | Not Payable                         |  |
| 22  | COMB   | Not Payable                         |  |
| 23  | DISPOSABLES RAZORS CHARGES ( for site preparations)  | Payable                             |  |
| 24  | EAU-DE-COLOGNE / ROOM FRESHNERS  | Not Payable                         |  |
| 25  | EYE PAD  | Not Payable                         |  |
| 26  | EYE SHEILD   | Not Payable                         |  |
| 27  | EMAIL / INTERNET CHARGES   | Not Payable                         |  |
| 28  | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)  | Not Payable                         |  |
| 29  | FOOT COVER   | Not Payable                         |  |
| 30  | GOWN   | Not Payable                         |  |
|     | The same of the sa | Essential in bariatric and varicose |  |
| 31  | LEGGINGS   | vein surgery and should be          |  |
| "   | LISSING A A D D V  | considered for these conditions     |  |
|     |  | where surgery itself is payable.    |  |
| 32  | LAUNDRY CHARGES  | Not Payable                         |  |
| 33  | MINERAL WATER  | Not Payable                         |  |
| 34  | OIL CHARGES  | Not Payable                         |  |
| 35  | SANITARY PAD   | Not Payable                         |  |
| 36  | SLIPPERS   | Not Payable                         |  |
| 37  | TELEPHONE CHARGES  | Not Payable                         |  |
| 38  | TISSUE PAPER   | Not Payable                         |  |
| 39  | TOOTH PASTE  | Not Payable                         |  |
| 40  | TOOTH BRUSH  | Not Payable                         |  |
| 41  | GUEST SERVICES Not Payable   |                                     |  |
| 42  | BED PAN  | Not Payable                         |  |

| 42       | DED LINDED DAD CHARCES                              | Not Payable                              |  |
|----------|---|--|--|
| 43<br>44 | ,   |  |  |
| 44       | CLINIPLAST  | Not Payable                              |  |
| 45       | CLINIPLASI  | Not Payable  Not Payable/ Payable by the |  |
| 46       | CREPE BANDAGE                                       |  |  |
| 47       | 7 CURAPORE Not Payable                              |  |  |
| 48       | DIAPER OF ANY TYPE                                  | Not Payable                              |  |
| 46       | DIAPER OF AINT TIPE                                 | Not Payable ( However if CD is           |  |
| 49       | DVD, CD CHARGES                                     | specifically sought by In                |  |
| 43       | DVD, CD CHANGES                                     | surer/TPA then payable)                  |  |
| 50       | EYELET COLLAR                                       | Not Payable                              |  |
| 51       | FACE MASK   | Not Payable                              |  |
| 52       | FLEXI MASK  | Not Payable                              |  |
| 53       | GAUSE SOFT  | Not Payable                              |  |
| 54       | GAUZE   | Not Payable                              |  |
| 55       | HAND HOLDER   | Not Payable                              |  |
| 56       | HANSAPLAST/ADHESIVE BANDAGES                        | Not Payable                              |  |
| 57       | INFANT FOOD   | Not Payable                              |  |
| 37       | INTANTIOOD  | Reasonable costs for one sling in        |  |
| 58       | SLINGS  | case of upper arm fractures              |  |
| 36       | SLINGS  | should be considered                     |  |
| - /      | ITEMS SPECIFICALLY EXCLUDED IN THE F                |  |  |
| 59       | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES         | Not Payable                              |  |
| 33       | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS    | Not rayable                              |  |
| 60       | ETC.,   | Not Payable                              |  |
|          | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE       |  |  |
| 61       | HOSPITALISATION                                     | Not Payable                              |  |
| 62       | HORMONE REPLACEMENT THERAPY                         | Not Payable                              |  |
| 63       | HOME VISIT CHARGES                                  | Not Payable                              |  |
| 03       | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION      | 1 1 1 5 1 1                              |  |
| 64       | PROCEDURE PROCEDURE                                 | Not Payable                              |  |
| - \ 1    | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF     |  |  |
| 65       | EXCLUDED IN POLICY                                  | Not Payable                              |  |
| 66       | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS               | Not Payable                              |  |
| 67       | CORRECTIVE SURGERY FOR REFRACTIVE ERROR             | Not Payable                              |  |
| 68       | TREATMENT OF SEXUALLY TRANSMITTED DISEASES          | Not Payable                              |  |
| 69       | DONOR SCREENING CHARGES                             | Not Payable                              |  |
| 70       | ADMISSION/REGISTRATION CHARGES                      | Not Payable                              |  |
|          | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC          |  |  |
| 71       | PURPOSE   | Not Payable                              |  |
| 7.0      | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT    | N. I.B.                                  |  |
| 72       | TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED      | Not Payable                              |  |
|          | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH     |  |  |
| 73       | RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS   | Not Payable                              |  |
|          | DETECTED/ DIRECTLY OR INDIRECTLY                    | , ,                                      |  |
| 74       | STEM CELL IMPLANTATION/ SURGERY and storage         | Not Payable                              |  |
| IT       | EMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPA |  |  |
|          | PAYABLE BUT THE SERVICE IS                          |  |  |
| 75       | MARD AND THEATRE ROOMING CHARGES                    | Payable under OT Charges, not            |  |
| 75       | WARD AND THEATRE BOOKING CHARGES                    | separately                               |  |
|          |   | Rental charged by the Hospital           |  |
| 76       | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS                 | payable. Purchase of Instruments         |  |
|          |   | Not Payable.                             |  |
|          |   | •  |  |

| 77  | MICROSCOPE COVER  | Payable under OT Charges, not separately                                       |  |
|-----|---|--|--|
| 78  | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER                   | Payable under OT Charges, not separately                                       |  |
| 79  | SURGICAL DRILL  | Payable under OT Charges, not separately                                       |  |
| 80  | EYE KIT   | Payable under OT Charges, not separately                                       |  |
| 81  | EYE DRAPE   | Payable under OT Charges, not separately                                       |  |
| 82  | X-RAY FILM  | Payable under Radiology Charges, not as consumable                             |  |
| 83  | SPUTUM CUP  | Payable under Investigation<br>Charges, not as consumable                      |  |
| 84  | BOYLES APPARATUS CHARGES                                    | Part of OT Charges, not separately   |  |
| 85  | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES         | Part of Cost of Blood, not payable   |  |
| 86  | ANTISEPTIC OR DISINFECTANT LOTIONS                          | Not Payable - Part of Dressing<br>Charges                                      |  |
| 87  | BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES | Not Payable - Part of Dressing charges   |  |
| 88  | COTTON  | Not Payable -Part of Dressing<br>Charges                                       |  |
| 89  | COTTON BANDAGE  | Not Payable- Part of Dressing<br>Charges                                       |  |
| 90  | MICROPORE/ SURGICAL TAPE                                    | Not Payable – Part of Dressing<br>Charges                                      |  |
| 91  | BLADE   | Not Payable  |  |
| 92  | APRON   | Not Payable  |  |
| 93  | TORNIQUET   | Not Payable  |  |
| 94  | ORTHOBUNDLE, GYNAEC BUNDLE                                  | Not Payable, Part of Dressing<br>Charges                                       |  |
| 95  | URINE CONTAINER   | Not Payable  |  |
|     | ELEMENTS OF ROOM CHARGE                                     |  |  |
| 96  | LUXURY TAX  | Actual tax levied by government is payable. Part of room charge for sub limits |  |
| 97  | HVAC  | Part of room charge, Not Payable separately                                    |  |
| 98  | HOUSE KEEPING CHARGES                                       | Part of room charge, Not Payable separately                                    |  |
| 99  | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED           | Part of room charge, Not Payable separately                                    |  |
| 100 | TELEVISION & AIR CONDITIONER CHARGES                        | Part of room charge, Not Payable separately                                    |  |
| 101 | SURCHARGES  | Part of room charge, Not Payable separately                                    |  |
| 102 | ATTENDANT CHARGES   | Part of room charge, Not Payable separately                                    |  |
| 103 | IM IV INJECTION CHARGES                                     | Part of nursing charge, Not Payable separately                                 |  |
| 104 | CLEAN SHEET   | Part of Laundry / Housekeeping, Not Payable separately                         |  |

|                                 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH                   | Patient Diet provided by Hospital                           |  |
|---------------------------------|--|---|--|
| 105                             | FORMS PART OF BED CHARGE)                                      | is payable  |  |
|                                 | FORIVIS PART OF BED CHARGE)                                    |   |  |
| 106                             | BLANKET/WARMER BLANKET   | Part of room charge, Not Payable                            |  |
|                                 | A DA MANICED A TIME OR MORE A AEDICAL C                        | separately  |  |
| 407                             | ADMINISTRATIVE OR NON - MEDICAL C                              |   |  |
| 107                             | ADMISSION KIT  | Not Payable   |  |
| 108                             | BIRTH CERTIFICATE  | Not Payable   |  |
| 109                             | BLOOD RESERVATION CHARGES AND ANTE NATAL                       | Not Payable   |  |
|                                 | BOOKING CHARGES  | ·   |  |
| 110                             | CERTIFICATE CHARGES  | Not Payable   |  |
| 111                             | COURIER CHARGES  | Not Payable   |  |
| 112                             | CONVENYANCE CHARGES  | Not Payable   |  |
| 113                             | DIABETIC CHART CHARGES   | Not Payable   |  |
| 114                             | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES                | Not Payable   |  |
| 115                             | DISCHARGE PROCEDURE CHARGES                                    | Not Payable   |  |
| 116                             | DAILY CHART CHARGES  | Not Payable   |  |
| 117                             | ENTRANCE PASS / VISITORS PASS CHARGES                          | Not Payable   |  |
| 110                             | EVDENCES DEL ATED TO DESCRIPTION ON DISCUADOS                  | Payable under Post-   |  |
| 118                             | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE                  | Hospitalisation where admissible                            |  |
| 119                             | FILE OPENING CHARGES   | Not Payable   |  |
| 120                             | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)            | Not Payable   |  |
| 121                             | MEDICAL CERTIFICATE  | Not Payable   |  |
| 122                             | MAINTENANCE CHARGES  | Not Payable   |  |
| 123                             | MEDICAL RECORDS  | Not Payable   |  |
| 124                             | PREPARATION CHARGES  | Not Payable   |  |
| 125                             | PHOTOCOPIES CHARGES  | Not Payable   |  |
| 126                             | PATIENT IDENTIFICATION BAND / NAME TAG                         | Not Payable   |  |
| 127                             | WASHING CHARGES  | Not Payable   |  |
| 128                             | MEDICINE BOX   | Not Payable<br>Not Payable                                  |  |
| 128                             | WEDICINE BOX   | Payable up to 24 hrs, shifting                              |  |
| 129                             | MORTUARY CHARGES   | charges not payable   |  |
| 130                             | MEDICO LEGAL CASE CHARGES (MLC CHARGES)                        | Not Payable   |  |
| 130                             | EXTERNAL DURABLE DEVICES                                       | Not Fayable   |  |
| 131                             | WALKING AIDS CHARGES   | Not Povoblo   |  |
|                                 |  | Not Payable   |  |
| 132                             | BIPAP MACHINE  | Not Payable   |  |
| 133                             | COMMODE SOLUDIA FOLICA   | Not Payable   |  |
| 134                             | CPAP/ CAPD EQUIPMENTS  | Device not payable  |  |
| 135                             | INFUSION PUMP – COST   | Device not payable  |  |
| 136                             | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)               | Not Payable   |  |
| 137                             | PULSEOXYMETER CHARGES  | Device not payable  |  |
| 138                             | SPACER   | Not Payable   |  |
| 139                             | SPIROMETRE   | Device not payable  |  |
| 140                             | SP02 PROBE   | Not Payable   |  |
| 141                             | NEBULIZER KIT  | Not Payable   |  |
| 142                             | STEAM INHALER  | Not Payable   |  |
|                                 |  | •   |  |
| 143                             | ARMSLING   | Not Payable   |  |
|                                 |  | •   |  |
| 143                             | ARMSLING   | Not Payable   |  |
| 143<br>144                      | ARMSLING THERMOMETER   | Not Payable<br>Not Payable                                  |  |
| 143<br>144<br>145               | ARMSLING THERMOMETER CERVICAL COLLAR                           | Not Payable Not Payable Not Payable                         |  |
| 143<br>144<br>145<br>146        | ARMSLING THERMOMETER CERVICAL COLLAR SPLINT                    | Not Payable Not Payable Not Payable Not Payable             |  |
| 143<br>144<br>145<br>146<br>147 | ARMSLING THERMOMETER CERVICAL COLLAR SPLINT DIABETIC FOOT WEAR | Not Payable Not Payable Not Payable Not Payable Not Payable |  |

|            |  | onino.   |
|------------|--|--|
|            |  | spine.   |
|            |  | Payable for any ICU patient                              |
|            |  | requiring more than 3 days in                            |
| 151        | NIMBUS BED OR WATER OR AIR BED CHARGES             | ICU, all patients with paraplegia                        |
|            |  | /quadriplegia for any reason and                         |
|            |  | at reasonable cost of                                    |
| 450        | AAADUU ANGE COULAD                                 | approximately Rs 200/day                                 |
| 152        | AMBULANCE COLLAR                                   | Not Payable  |
| 153        | AMBULANCE EQUIPMENT                                | Not Payable  |
| 154        | MICROSHEILD  | Not Payable  |
|            |  | Essential and should be paid in                          |
|            |  | post-surgery patients of major                           |
| 155        | ADDOMINIAL DINIDED                                 | abdominal surgery including TAH,                         |
| 155        | ABDOMINAL BINDER                                   | LSCS, incisional hernia repair,                          |
|            | 10000  | exploratory laparotomy for intestinal obstruction, liver |
|            | 11/16-   | transplant etc.  |
|            | ITEMS PAYABLE IF SUPPORTED BY A PRES               |  |
|            | BETADINE / HYDROGEN PEROXIDE / SPIRIT /            | 1. 01.10.1   |
| 156        | DISINFECTANTS ETC                                  | Not Payable  |
| 457        | PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES   | N I D  |
| 157        | Post hospitalization nursing charges               | Not Payable  |
| 158        | NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET | Patient Diet provided by hospital                        |
| 128        | CHARGES  | is payable   |
| 1.4        |  | Payable -Sugar free variants of                          |
| 159        | SUGAR FREE Tablets                                 | admissible medicines are not                             |
|            |  | excluded   |
|            |  | Payable when prescribed                                  |
| 160        | CREAMS POWDERS LOTIONS                             | (Toiletries are not payable, only                        |
| 100        | CREATION TO WELLS ESTIGITED                        | prescribed medical                                       |
|            |  | pharmaceuticals payable)                                 |
| 161        | DIGESTION GELS                                     | Payable when prescribed                                  |
| 162        | ECG ELECTRODES                                     | One set every second day is                              |
|            |  | Payable.   |
| 163        | GLOVES STERILIZED                                  | Gloves payable / unsterilized                            |
|            | The Chart  | gloves not payable                                       |
| 164        | HIV KIT  | payable Pre-operative screening                          |
| 165        | LISTERINE/ ANTISEPTIC MOUTHWASH                    | Payable when prescribed                                  |
| 166        | LOZENGES   | Payable when prescribed                                  |
| 167        | MOUTH PAINT  | Payable when prescribed                                  |
| 168        | NEBULISATION KIT                                   | If used during Hospitalisation is                        |
| 169        | NOVARAPID  | Payable reasonably Payable when prescribed               |
| 170        | VOLINI GEL/ ANALGESIC GEL                          | Payable when prescribed  Payable when prescribed         |
| 170        | ZYTEE GEL  | Payable when prescribed                                  |
|            |  | Routine Vaccination not Payable /                        |
| 172        | VACCINATION CHARGES                                | Post Bite Vaccination Payable                            |
|            | PART OF HOSPITAL'S OWN COSTS AND NO                |  |
| 173        | AHD  | Not Payable - Part of Hospital's                         |
| 1/3        | ALID   | internal Cost  |
|            |  | Not Payable - Part of Hospital's                         |
| 17/        | ALCOHOL SWARES                                     |  |
| 174        | ALCOHOL SWABES                                     | internal Cost  |
| 174<br>175 | ALCOHOL SWABES  SCRUB SOLUTION/STERILLIUM          | 1  |

|     | OTHERS  |  |  |
|-----|---|--|--|
| 176 | VACCINE CHARGES FOR BABY  | Not Payable  |  |
| 177 | AESTHETIC TREATMENT / SURGERY   | Not Payable  |  |
| 178 | TPA CHARGES   | Not Payable  |  |
| 179 | VISCO BELT CHARGES  | Not Payable  |  |
| 180 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable  |  |
| 181 | EXAMINATION GLOVES  | Not payable  |  |
| 182 | KIDNEY TRAY   | Not Payable  |  |
| 183 | MASK  | Not Payable  |  |
| 184 | OUNCE GLASS   | Not Payable  |  |
| 185 | OUTSTATION CONSULTANT'S/ SURGEON'S FEES                                       | Not payable  |  |
| 186 | OXYGEN MASK   | Not Payable  |  |
| 187 | PAPER GLOVES  | Not Payable  |  |
| 188 | PELVIC TRACTION BELT  | Payable in case of PIVD requiring traction   |  |
| 189 | REFERAL DOCTOR'S FEES   | Not Payable  |  |
| 190 | ACCU CHECK (Glucometery/ Strips)  | Not payable pre Hospitalisation or post Hospitalisation / Reports and Charts required / Device not payable |  |
| 191 | PAN CAN   | Not Payable  |  |
| 192 | SOFNET  | Not Payable  |  |
| 193 | TROLLY COVER  | Not Payable  |  |
| 194 | UROMETER, URINE JUG   | Not Payable  |  |
| 195 | AMBULANCE   | Payable  |  |
| 196 | TEGADERM / VASOFIX SAFETY   | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs  |  |
| 197 | URINE BAG   | Payable where Medically Necessary - maximum 1 per 24 hrs   |  |
| 198 | SOFTOVAC  | Not Payable  |  |
| 199 | STOCKINGS   | Payable for case like CABG etc.  |  |

## ANNEXURE II: CONTACT DETAILS OF INSURANCE OMBUDSMEN

| Office of the<br>Ombudsman | Contact Details   | Areas of Jurisdiction  |
|----------------------------|---|--|
| AHMEDABAD                  | Insurance Ombudsman, 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 , UT of Dadra &<br>Nagar Haveli, Daman<br>and Diu                                    |
| BHOPAL                     | Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd 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 &<br>Chhattisgarh   |
| BHUBANESHWAR               | Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax: 0674-2596429 Email: ioobbsr@dataone.in  | Orissa   |
| CHANDIGARH                 | Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax: 0172-2708274 Email: ombchd@yahoo.co.in                                    | Punjab , Haryana,<br>Himachal Pradesh,<br>Jammu & Kashmir , UT<br>of Chandigarh              |
| CHENNAI                    | Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 / 5284 Fax: 044-24333664 Email: Chennaiinsuranceombudsman@gmail.com   | Tamil Nadu, UT–<br>Pondicherry Town and<br>Karaikal (which are part<br>of UT of Pondicherry) |