

Family Health Optima Insurance Plan

Policy Clause

The proposal and declaration given by the proposer and other documents shall be the basis of this Contract and is deemed to be incorporated herein.

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

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

1.0

- A) Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home at 2% of the Sum Insured, subject to a maximum of Rs.5,000/- per day in Class "A" Cities, 1% of the Sum Insured, subject to a maximum of Rs.3,000/- per day in Class "B" Cities and 1% of the Sum Insured, subject to a maximum of Rs.2,000/- per day in other locations.
- B) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- D) Emergency ambulance charges up-to a sum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to

hospital for treatment provided such hospitalization claim is admissible as per the Policy.

- E) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- F) A sum equivalent to 7% of the hospitalization expenses incurred comprising of Nursing Charges, Surgeon/Consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs. 5,000/- per occurrence towards Post Hospitalization medical expenses wherever recommended by the attending Medical Practitioner.

Where Package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room and boarding charges at the applicable limits for the location as provided for in 1.0

Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for the treatments / procedures mentioned in the list at the end, taken in the Hospital / Nursing Home and the Insured are discharged on the same day.

Expenses incurred on treatment of cataract are limited to as per the following table

Sum Insured Rs 100000/and Rs 200000/ the limit will be Rs 12000/ for the entire policy period
Sum Insured Rs 300000/ Rs400000/and Rs 500000/ the limit will be Rs 20000/in respect of one eye and Rs30000/for entire policy period

Sum Insured Rs 1000000/ and Rs 1500000/ the limit will be Rs 30000/in respect of one eye and Rs40000/for the entire policy period.

Note: -Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum insured per family mentioned in the Schedule.

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

2. DEFINITIONS

Any one Illness

Any One Illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

Class A cities means Ahmedabad, Bangalore, Chennai, Hyderabad including Secunderabad, Kolkata, Mumbai including Thane, Pune, New Delhi including Noida, Gurgaon Ghaziabad and Faridabad (otherwise called as National Capital Region)

Class B cities means Allahabad, Amritsar, Agra, Baroda, Coimbatore, Cochin, Goa, Indore, Jalandhar , Kanpur , Kota, Ludhiana , Meerut, Nagpur ,Rajkot ,Surat and all State capitals other than those falling under Class A

Other locations means Rest of India not falling under Class A & Class B above

Claims ratio means the ratio of amounts paid (and outstanding) including claims cost, if any, to the premium paid

Company means Star Health and Allied Insurance Company Limited

Co-payment means the amount of claim to be borne by the insured.

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

Family means Insured Person, spouse, dependent children not over 25 years of age

Hospital, Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which

Either

a) has been registered as hospital or nursing home with the local authorities and is under the supervision of a registered and qualified **Medical Practitioner**.

Or

b) Should comply with minimum criteria as under.

1. It should have at least 15 inpatient beds.
2. Fully equipped operation theatre of its own wherever surgical operation is carried out
3. Fully **qualified nursing** staff under its employment round the clock
4. Fully qualified Doctor(s) should be in charge round the clock.

(N B: “in “Other locations” conditions of number of bed be reduced to 10)

The term “hospital / Nursing home” shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts, or place of alcoholics, a hotel or a similar place.

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

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

Limit Of Coverage Means Basic Sum Insured plus the No Claim Bonus earned wherever applicable.

Medical Practitioner means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of the respective State of India. The term Medical Practitioner would include Physician Specialist and Surgeon

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

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

Pre-Existing Disease Any Condition, ailment or injury or related condition (s) for which you had signs and symptoms, and/or received medical advice /treatment within 48 months prior to your first policy with any Indian insurer

Pre Hospitalization: Relevant medical expenses incurred during the period up to 30 days prior to hospitalization on disease/illness, injury sustained will be considered as part of claim .

Post Hospitalization: Medical Expenses incurred immediately after discharge from Hospital

Qualified Nurse means a person who holds a certificate of recognized Nursing Council and who is employed on recommendations of the attending medical practitioner.

Reasonable and Necessary expenses means a charge for medical care which shall be considered reasonable and necessary expenses to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease, illness, medical condition or injury.

Surgical Operation means manual and / or operative procedure for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

Sum Insured wherever it appears shall mean basic Sum Insured only, except otherwise expressed.

3. EXCLUSIONS

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

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage has elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for Preexisting Diseases under such Portability shall be limited to the Sum Insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group Insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the First two Years of continuous operation of Insurance cover, the expenses on treatment of Cataract, Hysterectomy for Menorrhagia or Fibromyoma, treatment for Knee and/or Joint (other than caused by an accident)Prolapse of intervertebral disc(other than caused by accident), Varicose veins and Varicose ulcers. If these are Pre-Existing at the time of proposal they will be covered subject exclusion No1 above.
- 4 .During the first year of operation of the Insurance cover the expenses on treatment of Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula / Fissure in anus, Piles, Sinusitis and related disorders, treatment for gallstones and renal stone . If these are Pre-Existing at the time of proposal they will be covered subject exclusion No1

The exclusions 3 and 4 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months / 24 months respectively without any break. However if increased benefits (higher Sum Insured) are offered and availed upon portability the increased benefits will not be available for such diseases/illness/disabilities contracted/suffered during the immediately preceding 12/24 months policy periods respectively.

The Claim for such illnesses/diseases/disabilities contracted /suffered if admitted will be processed as per the Sum Insured of immediately preceding 12month/24 months policy only.

5. Injury/ Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not).
6. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
7. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for post bite treatment.) or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
8. Cost of spectacles and contact lens, hearing aids, walkers, crutches, wheel chairs artificial limbs and such other aids.
9. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
10. Convalescence, general debility, Run-down condition or rest cure, Psychosomatic disorder ,Congenital external disease or defects or anomalies, infertility, venereal disease, intentional self injury and use of intoxicating drugs /alcohol.
11. Expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

12. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory Examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital / nursing home.
13. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
14. Treatment arising from or traceable to pregnancy (other than ectopic pregnancy) childbirth, miscarriage, abortion or complications of any of these including caesarean section.
15. Naturopathy Treatment.
16. Hospital registration charges, admission charges, record charges telephone charges and such other charges.
17. . Expenses incurred on Lasik Laser or Refractive Error Correction treatment.
18. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs.
19. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic.
20. 20% of each and every eligible claim amount for insured persons between 61years-65.years at entry level.

4. CONDITIONS:

1. Every notice or communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.
2. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
3. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.
4. Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: Conditions 3 & 4 are precedent to admission of liability under the policy.

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

5. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
6. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person/s in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company.

7. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation /non disclosure whether by the Insured Person/s or by any other person acting on his behalf.
8. If at the time when any claim arises under this policy, there is in existence any other health insurance whether it be effected by or on behalf of any Insured Person/s in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the liability of the Company shall not be more than a rate-able proportion.
9. **Renewal:** The policy will be renewed except on grounds of misrepresentation / fraud committed. A grace period of 15 days from the date of expiry of the policy is available for renewal. If renewal is made within this 15 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

However in respect of disease / sickness / illness the sum insured will be restricted to that policy sum insured when the signs or symptoms was diagnosed / received medical advice / treatment.

10. Automatic Restoration of Sum Insured

There shall be automatic restoration of the Basic Sum Insured immediately upon exhaustion of the limit of coverage which has otherwise been defined during the policy period subject to the following terms terms and extent thereof

	11.	% of
10.	Basic Sum Insured (Rs)	Restoration on the Basic Sum Insured
	13.	
12.	Upto 200000/-	Nil
14.	300000/-and above	15. 100%

It is made clear that such restored Sum Insured can be utilized for illness /disease unrelated to the illness /diseases for which claim/s was /were made. .

11. Bonus

The insured would be entitled to benefit of bonus over and above the basic sum Insured in terms of table here under, in respect of a claim free year, of Insurance.

Basic Sum Insured (Rs)	II nd Year	IIIrd Year additional %	Maximum Bonus Allowable
100000/	10%	5%	15%
200000/	10%	5%	15%
300000/	25%	10%	35%
400000/	25%	10%	35%
500000/	25%	10%	35%
1000000/	25%	10%	35%
1500000/	25%	10%	35%

It being however understood that such bonus shall be computed on the basic sum Insured, under the expiring policy and such benefit of bonus shall be available only upon timely renewal without a break or upon renewal within the grace period allowed. Such bonus so granted will be reduced by 50% in the event of a Claim. .If there is a claim in the successive year also the bonus will become Zero. The basic sum insured shall however not be reduced

12 Cancellation:

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

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

13. **Automatic Termination:** The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person
- ✓ Upon exhaustion of the Limit of coverage under the policy as a whole

14. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be

referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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

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

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

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

16. Package Charges: The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)

17 Policy disputes:

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

18. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044-28288826, Toll free no: 1800 425 2255 Email: info@starhealth.in

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

19. Customer Service

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

20. Grievances:

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

In the event of the following grievances:

1. any partial or total repudiation of claims by the Company
 2. any dispute in regard to premium paid or payable in terms of the policy;
 3. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
 4. delay in settlement of claims;
 5. Non-issuance of any insurance document to customer after receipt of the premium
- the Insured Person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited are located.

Addresses of the Ombudsman

Office of the Insurance Ombudsman, 2 nd floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD – 380 014 Tel.079- 27546150 Fax:079-27546142 E-mail: insombahd@rediffmail.com .	Office of the Insurance Ombudsman, 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool HYDERABAD – 500 004 Tel. 040-23325325 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in
Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd floor, Malviya Nagar, BHOPAL Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Office of the Insurance Ombudsman, 2 nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road , ERNAKULAM – 682 015 Tel: 0484-2358734 Fax:0484-2359336 E-mail: iokochi@asianetglobal.com
Office of the Insurance Ombudsman,62.Forest park Bhubaneshwar -751009 Tel- 0674-2596455 Fax- 0674-2596429 Email ioobbsr@dataone.in	Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road , 3 rd floor, KOLKATA – 700 001 . Tel.:033-22134869 Fax: 033-22134868 E-mail : iombkol@vsnl.net .
Office of the Insurance Ombudsman, Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI – 600 018 . Insurance Tel. 044-24333678,Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Office of the Insurance Ombudsman, Jeevan Bhawan, Phase 2, 6 th floor, Nawal Kishore Rd. Hazratganj, LUCKNOW – 226 001 Tel.:0522-2201188 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in
Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103 2 nd floor, Batra Building, Sector 17-D , CHANDIGARH – 160 017 Tel.: 0172-2706196 Fax: 0172-2708274 E-mail:	Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th floor, Nr. Panbazar Overbridge , S.S. Road, GUWAHATI – 781 001 . Tel. : 0361-2132204/5 Fax:0361-

ombchd@yahoo.co.in	2732937 E-mail: omb_ghy@sify.com .
Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg. Asaf Ali Road NEW DELHI – 110 002 . Tel. 011-23239633 Fax: 011-23239633 Fax 011 23230858	Office of Insurance ombudsman,III Floor Jeevan seva Annexe ,S.V.Road Santacruz(w) Mumbai-400054.Tel 022-26106928/Fax 022-26106052 Email ombudsmanmumbai@gmail.com

21. Important Note:

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

List of Day Care Procedures

ENT

Stapedotomy

Stapedectomy under LA

Revision of a stapedectomy

Endoscopic Stapedectomy

Stapedectomy under GA

Ossiculoplasty

Myringoplasty(Type I Tympanoplasty)

Tympanoplasty (Type II)

Tympanoplasty (Type III)

Tympanoplasty (Type IV)

Endolymphatic Sac Surgery for Meniere's Disease

Myringotomy with Grommet Insertion

Removal of Tympanic Drain under LA

Fenestration of the inner ear

Revision of the fenestration of the inner ear.

Labyrinthectomy for severe Vertigo

Vestibular Nerve section

Turbinectomy

Turbinoplasty

Conchoplasty

Septoplasty

Reduction of fracture of Nasal Bone

Pseudocyst of the Pinna - Excision

Incision and drainage - Haematoma Auricle

Keloid excision

Incision and drainage of perichondritis

Exision of Angioma Septum

Thyroplasty Type I

Thyroplasty Type II

Uvula Palato Pharyngo Plasty

Ophthalmology

Incision of tear glands

Other operation on the tear ducts

Incision of diseased eyelids

Exision and destruction of the diseased tissue of the eyelid

Operation on the canthus and epicanthus

Corrective surgery of the entropion and ectropion

Corrective surgery of blepharoptosis

Removal of foreign body from conjunctiva
Removal of Foreign body from cornea
Incision of the cornea
Operations for pterygium
Other operations on the cornea
Removal of foreign body from the lens of the eye.
Removal of foreign body from the posterior chamber of the eye
Removal of foreign body from the orbit and the eye ball.
Surgery for cataract

General Surgery

Incision of a pilonidal sinus abscess
Incision and drainage of Abscess
Wound debridement and Cover
Abscess-Decompression
Split Skin Grafting under RA.
Split Skin Grafting under GA
Excision of Ranula under GA
Partial glossectomy
Glossectomy
Reconstruction of the tongue
Excision of Pharyngeal Diverticulum
Doleman Procedure
Resection of submandibular salivary glands
Reconstruction of a salivary gland and salivary duct
Submandibular Sialolithotomy
Plastic surgery to the floor of the mouth.under GA
Rigid Oesophagoscopy for PV syndrome
Rigid Oesophagoscopy for FB removal
Rigid Oesophagoscopy for dilation of benign Strictures
Palatoplasty
Vocal Cord laterlisation Procedure
Transoral incision and drainage of a pharyngeal abscess
Tonsillectomy without adenoidectomy
Tonsillectomy with adenoidectomy
Incision & Drainage of Retro Pharyngeal Abscess
Incision & Drainage of Para Pharyngeal Abscess

Urology

Bladder Neck Incision
Cystoscopy & Biopsy
Cystoscopy and removal of polyp

Hydrocelectomy
Eversion of Sac
A) Unilateral
b) Bilateral
Lord's plication
Jaboulay's Procedure
Scrotoplasty
Debridement of Fournier's Gangrene
Surgical treatment of varicocele
Epididymectomy
Reconstruction of the spermatic cord
Reconstruction of the ductus deferens
Circumcision for Trauma
Amputation of the Penis
Meatoplasty
Partial amputation of the Penis
Cystoscopic Litholapaxy
ESWL
Haemodialysis
ONCOLOGY
Cancer Chemo therapy
EB RT - Telecobalt
EB RT - LINAC
EB RT - Rapid Arc
EB RT - IGRT
EB RT - SRS / SRT
Intra cavitary RT
Brachytherapy - HDR
Brachy therapy - LDR

The standard exclusions and waiting period period are applicable to all of the above mentioned day care procedure. Only 24 hrs hospitalisation is not mandatory.