

**Bajaj Allianz General Insurance Company Limited**

**Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113**

**Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006**

**UIN: BAJHLIP20055V011920**

## Health Infinity Policy Wordings

### Preamble

Whereas as the Insured has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the Company), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured and subject always to the Limit of Indemnity against such loss as is herein provided.

### Policy period:

- Health Infinity : 1 year, 2 years or 3 years

## A) COVERAGE

### 1. In-patient Hospitalisation Treatment

If the Insured is Hospitalised on the advice of a Medical Practitioner (as defined under Policy) because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then the Company will pay the Insured, Reasonable and Customary Medical Expenses incurred for:

- i) Room and Boarding expenses as provided by the Hospital/ Nursing Home, maximum up to the per day room rent plan opted by the Insured
- ii) If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- iii) Nursing Expenses as provided by the hospital
- iv) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi) Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy
- vii) cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents
- viii) Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary-prescribed by the treating Medical Practitioner.

### 2. Pre-Hospitalisation

The Medical Expenses incurred during the 60 days immediately before the Insured was Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and the Company has accepted an inpatient Hospitalisation claim under "In-patient Hospitalisation Treatment" (Section A1).

### 3. Post-Hospitalisation

The Medical Expenses incurred during the 90 days immediately after the Insured was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and the Company has accepted an inpatient Hospitalisation claim under "In-patient Hospitalisation Treatment" (Section A1).

### 4. Road Ambulance

- a. The Company will pay the reasonable cost upto a maximum of Rs 5000/- per Hospitalisation incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.
- b. The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by the Company only when:

- I. Such life threatening emergency condition is certified by the Medical Practitioner, and
- II. The Company has accepted Insured's Claim under "In-patient Hospitalisation Treatment" (Section A1) or "Day Care Procedures" section (Section A5) of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.

## 5. Day Care Procedures

The Company will pay the Insured, medical expenses as listed above under “In-patient Hospitalisation Treatment” (Section A1) for Day Care medical treatment, and/or surgical procedure which is

- i. 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 Hospitalisation of more than 24 hours.

Exclusions specific to Day Care Procedures-

- i. Treatment normally taken on an out-patient basis
- ii. Any dental treatment or procedure

Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

## 6. Preventive Health Check Up

After continuously renewing the Health Infinity Policy for 3 years with us, You are eligible for a free Preventive Health check-up. We will reimburse the amount equal to per day room rent as opted by You, maximum up to Rs. 5000/-for each Insured Member covered under the Policy during the block of 3 years.

You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). Contact Email id- [healthcheck@bajajallianz.co.in](mailto:healthcheck@bajajallianz.co.in) .

## B) DEFINITIONS

### 1. Accident, Accidental –

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

### 2. Act of Terrorism:-

Means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who go or are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intent to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defence of India or in connection with any other purposes of the Government of India, any State Government or any of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

### 3. Bajaj Allianz Network Hospitals / Network Hospitals

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website.

### 4. Cashless facility

Cashless facility 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 pre-authorization approved.

### 5. Condition Precedent

Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional.

### 6. Congenital Anomaly

Congenital Anomaly means 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. Cumulative Bonus**

Cumulative Bonus means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

**8. Co-Payment-**

Co-payment means a cost sharing requirement under a health insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured

**9. Day care centre**

A day care centre 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:-

1. has qualified nursing staff under its employment
2. has qualified medical practitioner (s) in charge
3. has a fully equipped operation theatre of its own where surgical procedures are carried out-
4. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

**10. Day Care Treatment**

Day care treatment means to medical treatment, and/or surgical procedure which is:

- i. 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 Hospitalisation of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**11. Dental Treatment**

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**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. Emergency Care**

Emergency care means management for an 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's health.

**14. Grace Period**

Grace period 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.

**15. Hospital**

A hospital 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.

**16. Hospitalisation or Hospitalised**

Means admission in a Hospital for a minimum period of 24 Consecutive "In patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

#### 17. Illness

Illness 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:

- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires your rehabilitation or for you to be specially trained to cope with it
- iv. it continues indefinitely
- v. it comes back or is likely to recur

#### 18. Inpatient Care

Inpatient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

#### 19. Injury/ Bodily Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

**20. Insured/ Insured Member** means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period. **Insureds** may be construed accordingly.

#### 21. Intensive Care Unit (ICU)

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

#### 22. ICU Charges:

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

#### 23. Maternity expense

Maternity expenses means;

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);
- b) expenses towards lawful medical termination of pregnancy during the Policy Period.

#### 24. Medical Advice

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

#### 25. Medical expenses

Medical Expenses means those expenses that an Insured 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 had not been insured and no more than other hospitals or Medical Practitioners in the same locality would have charged for the same medical treatment.

#### 26. Medical Practitioner:

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

**27. Medically Necessary Treatment-**

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

1. is required for the medical management of the illness or injury suffered by the Insured;
2. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
3. must have been prescribed by a medical practitioner,
4. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**28. Non- Network Provider**

Any hospital, day care centre or other provider that is not part of the network.

**29. Notification of Claim**

Notification of claim is the process of intimating a claim to the insurer or TPA through any of the recognized modes of Communication.

**30. OPD treatment**

OPD treatment means one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

**31. Obesity** means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m<sup>2</sup>).

**The WHO definition is:**

BMI greater than or equal to 25 is overweight

BMI greater than or equal to 30 is obesity

**32. Policy** means the proposal, the **Health Infinity Policy Schedule**, the Policy documents, these Terms and Conditions and any endorsements attaching to or forming part hereof either on the Risk Inception Date ["RID"] or during the Policy Period.**33. Portability**

Portability means transfer by an individual health insurance Policyholder (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.

**34. Policy Period-**

The period between RID and RED shown in the Policy Schedule.

**35. Pre-Existing Disease**

Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first Policy issued by the insurer and renewed continuously thereafter.

**36. Pre-Hospitalisation Medical Expenses**

Pre-Hospitalisation Medical Expenses means Medical Expenses incurred during pre-defined number of days preceding the Hospitalisation of the Insured Person is Hospitalised, provided that:

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

**37. Post-Hospitalisation Medical Expenses**

Post-Hospitalisation Medical Expenses means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is Hospitalised, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured's Hospitalisation was required, and

- ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

**38. Qualified Nurse**

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

**39. Reasonable and Customary Charges**

Reasonable and Customary charges 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

**40. Room rent**

Room rent means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses.

**41. Renewal**

Renewal means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**42. Risk Inception Date [RID]** means the date and time of inception of risk as mentioned in the Policy Schedule.

**43. Risk End Date [RED]** means the date and time on which the risk as mentioned in the Policy Schedule comes to an end.

**44. Surgery or Surgical Procedure:**

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

**45. Policy Schedule or Schedule** means the Health Infinity Policy Schedule and any annexure attached to and forming part of this Policy.

**46. Unproven/Experimental treatment**

Unproven/Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

**47. You, Your, Yourself, Your Family** the Insured/ family members of Insured [in floater Policy] as set out in the Policy.

**48. We, Our, Ours, the Company,** means the Bajaj Allianz General Insurance Company Limited.

**C) EXCLUSIONS UNDER THE POLICY**

The Company will not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

**A. Waiting Period**

**All claims payable will be subject to the waiting periods specified below:**

1. We are not liable for any claim arising due to a condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy RID except claims arising due to an accident.
2. Pre-existing illness/conditions or symptoms would be covered after the completion of 36 months waiting period from Policy RID of the first Health Infinity Policy, provided such illness/conditions/symptoms are declared on the proposal form at the time of application & accepted by Us. If the Insured has not declared existence of such illness at the time of proposal, non-disclosure clause would trigger for such claims.  
In case of enhancement of per day room rent limit, this exclusion shall apply afresh to enhanced room rent limit & other related expenses.
3. We will also not pay for claims arising out of or howsoever connected to (medical as well as surgical management) to the following list of conditions or procedures, for 24 months from the first Policy inception date. After completion

of 24 months of continuous coverage, the maximum limit for each claim will be restricted to 100 times per day room rent limit for below listed conditions/procedures. Please note that the limit of indemnity will be applicable only for the procedures.

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth

If the insured has not declared existence of such illness at the time of proposal, non-disclosure clause would trigger for such claims.

In case of enhancement of per day room rent limit, the waiting periods shall apply afresh only to the extent of the amount by which the room rent has been increased (i.e. enhanced per day room rent limit) & other related expenses and if the policy is a renewal of Health Infinity policy with the Company without break in cover.

4. A waiting period of 36 months from the first Policy inception date will be applicable to the medical and surgical treatment of illness surgical procedures mentioned below. Even after 36 months of continuous coverage, the limit of indemnity for each claim will be restricted to 100 times per day room rent limit for the below listed conditions. Please note that the limit of indemnity will be applicable only for the procedures.

- a. Joint replacement surgery
- b. Surgery for vertebral column disorders (unless necessitated due to an accident)
- c. Surgery to correct deviated nasal septum
- d. Hypertrophied turbinate
- e. Congenital internal diseases or anomalies
- f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to +/-7

#### **B. Reduction in waiting periods**

5. If the proposed Insured is presently covered and has been continuously covered without any lapses as under:

- a. any health insurance indemnity plan with an Indian non-life insurer/health insurer as per guidelines on portability, OR
- b. any other similar health insurance indemnity plan from Us,  
Then:
  - a) The waiting periods specified in Section C -A1 of the Policy stand deleted
  - b) The waiting periods specified in the Section C –A-2, A-3 and A-4 shall be reduced by the number of continuous preceding years of coverage of the Insured under the previous health insurance Policy; Continuity / Credit of waiting periods would be extended up to the Sum Insured & Cumulative bonus of the previous Policy
  - c) The limits as mentioned under A-3 & A-4 and co-pay as mentioned in Point D 8- Cost Sharing shall also be applicable for all portability proposals

The above conditions would be applicable if the insured has applied for portability with us and the proposal is accepted and the policy is issued as per portability guidelines.

#### **C. GENERAL EXCLUSIONS**

##### **Non-Medical Exclusions**

6. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
7. Act of Terrorism where the Insured is directly involved in the Perpetration or Commission of any act of Terrorism

### Medical Exclusions

8. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth however this exclusion will not apply to:
  - a. Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.
9. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, routine dental procedures including but not limited to tooth extractions, root canal treatment, crowns, bridge, dental fillings unless requiring minimum 24 hours hospitalization
10. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock.
11. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
12. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
13. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
14. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
15. External medical equipment of any kind used at home as post Hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
16. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, stem cell implantation or surgery, or growth hormone therapy.
17. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
18. Ailments requiring treatment due to use or abuse of any substance including but not limited to tobacco in any form, drug or alcohol and treatment for de-addiction.
19. Medical Expenses relating to any Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
20. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner
21. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.
22. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Medical Practitioner
23. Experimental or unproven treatment
24. Weight management services and treatment related to weight reduction programmes including treatment of obesity
25. Treatment for Parkinson's disease.
26. Treatment for any other system other than modern medicine (also known as Allopathy).
27. All non-medical Items as per Annexure II
28. Any treatment received outside India is not covered under this Policy.

### D) Conditions

#### Conditions precedent to the contract

##### 1. Conditions Precedent

Where this Policy requires the Insured to do or not to do something, then the complete satisfaction of that requirement by the Insured or someone claiming on his/ her behalf is a precondition to any obligation the Company has under this Policy. If the Insured or someone claiming on his/ her behalf fails to completely satisfy that requirement, then the Company may refuse to consider his/ her claim.

##### 2. Eligibility:

- Indian nationals residing in India would be considered for this Policy.



- This Policy can be opted by Non-Resident Indians including PIOs (Persons of Indian Origin) and OCIs (Overseas citizens of India) also; however the Policy will be issued during their stay in India and premium paid in Indian currency and by Indian Account only.
- We will cover Insured for treatment availed in India. Our liability shall be to make payment within India and in Indian Rupees only.

### 3. **Non-Disclosure of any Material Information-**

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particular in the proposal, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this policy.

### 4. **Installment Premium**

If You have opted for a Policy on an instalment basis, as specified in the Schedule, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

1. In case of any Hospitalization claim during the active policy period or relaxation period, an amount equivalent to the balance of the instalment premiums payable for the Policy Period, would be recoverable from the insured prior to administration of claim, upon payment of balance instalment premiums the claim shall be processed taking into consideration the benefit/deductibles/co-payment.
2. Relaxation period for the policies with installment option would be as under

Installment Option	Relaxation Period
Half Yearly	15 days
Quarterly	15 days
Monthly	15 days

Note-

In case of instalment premiums not received within the relaxation period the Policy will get cancelled, a fresh application of health insurance may be submitted to Us and it would be processed as per a new business proposal.

## Conditions when a claim arises

### 5. **Claims Procedure**

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

If the Insured meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to the Company's liability, the Insured must comply with the following:

#### A. **Cashless Claims Procedure:**

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by the Insured:

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, the Insured/ his or her representative must call the Company and request pre-authorization by way of the written form.
- ii. In case of Planned Hospitalisation, the Insured/Insured's representative shall intimate such admission 48 hours prior to such Hospitalisation
- iii. In case of Emergency Hospitalisation, the Insured/Insured's representative shall intimate such admission within 24 hours of such Hospitalisation
- iv. On receipt of Insured's pre-authorization form duly filled and signed by the Insured/ his or her representative, the Company's representative then within 2 hours will respond with Approval, Rejection or an more information
- v. After considering the Insured's request and after obtaining any further information or documentation the Company has sought, the Company may, if satisfied, send the Insured or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to the Insured along with this Policy and any other information or documentation that the Company has specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured's admission to the same.
- vi. If the procedure above is followed, the Insured will not be required to directly pay for the bill amount in the Network Hospital that the Company is liable under Section A1 In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. The Company reserve the right to review each

claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

#### **B. Reimbursement Claims Procedure:**

If Pre-authorisation as per Cashless Claims Procedure above is denied by the Company or if treatment is taken in a Hospital other than a Network Hospital or if the Insured do not wish to avail cashless facility, then:

- i. The Insured or someone claiming on his/ her behalf must inform the Company in writing immediately within 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation
- ii. The Insured must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- iii. The Insured must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- iv. The Insured must have himself / herself examined by the Company's medical advisors if the Company ask for this, and as often as the Company consider this to be necessary at the Company's cost.
- v. The Insured or someone claiming on his/ her behalf must promptly and in any event within 30 days of discharge from a Hospital give the Company documentation as listed out in greater detail below and other information the Company ask for to investigate the claim or the Company's obligation to make payment for it.
- vi. In the event of the death of the Insured, someone claiming on his behalf must inform the Company in writing immediately and send the Company a copy of the post mortem report (if any) within 30 days\*

\*Note: In case the Insured is claiming for the same event under an indemnity based Policy of another insurer and is required to submit the original documents related to his/ her treatment with that particular insurer, then the Insured may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

\*\*Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to the Company's satisfaction that under the circumstances in which the Insured was placed, it was not possible for the Insured or any other person to give notice or file claim within the prescribed time limit.

#### **List of Claim documents:**

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers (Optional)
- Original copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.
- In cases where the information provided by the insured is incomplete or a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the Policy while issuance or in previous claim)

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

Please send the documents on below address

Bajaj Allianz General Insurance Company  
2nd Floor, Bajaj Finserv Building,  
Behind Weikfield IT park,  
Off Nagar Road, Viman Nagar  
Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

#### **6. Paying a Claim**

- i. The Insured agree that the Company need only make payment when the Insured or someone claiming on his/ her behalf has provided the Company with necessary documentation and information.
- ii. The Company will make payment to the Insured or his/ her Nominee. If there is no Nominee and the Insured is

incapacitated or deceased, the Company will pay the Insured's heir, executor or validly appointed legal representative and any payment the Company make in this way will be a complete and final discharge of the Company's liability to make payment.

- iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy terms and conditions, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. In the cases of delay in the payment, the Company shall be liable to pay interest at a rate which is 2% above the bank rate (prevalent at the beginning of the financial year in which the claim is reviewed by it) from the date of receipt of last necessary document to the date of payment of claim.
- iv. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If the Company, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured in writing within 30 days of the receipt of documents. The Insured may take recourse to the Grievance Redressal procedure stated under Policy.

## 7. Basis of Claims Payment

- i. The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
- ii. The Company shall make payment in Indian Rupees only.

## 8. Cost Sharing:

- i. If the Insured seeks admission in a room category exceeding the room rent plan opted at the time of Policy inception, then a proportionate co-payment would apply on all Hospitalization expenses incurred, which includes all expenses mentioned in Section A1, A2, A3, A4, A5. of policy wordings, excluding medicines, drugs and consumables.
- ii. The Policy covers all Hospitalisation expenses during the Policy period as per the Policy coverage, terms conditions, definitions & exclusions, however if the claim approved amount exceeds 100 times the room rent limit opted ( in a single claim or multiple claims on cumulative basis) then a co -payment of 15%/20%/25% as opted would apply on the claim amount.  
The co-payment would apply on the claim amount exceeding 100 times of the room rent limit and not on the complete claim.
- iii. The maximum limit of indemnity for ailments/conditions as mentioned in C-A-3 & C-A-4 will be restricted to 100 times the room rent limit opted for each claim. Claim amount exceeding 100 times of the room rent limit would be not be admissible under the policy and hence the co-payment as defined in point (ii) above shall not be applicable on such amount.

In event of a claim wherein both the co-payments as defined above are applicable then co-payment as defined under point (i) would apply first followed by that defined under point (ii)

The Co-payment will be applicable for claims for both Network and Non- Network Hospitals.

## Conditions for renewal of the contract.

## 9. Renewal

- i) Company shall not be bound to give notice that such renewal and renewal premium is due. If the Company agrees to renew the Cover Period every renewal premium (which shall be paid and accepted) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result in enhancement of the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company. On renewal, the indemnity benefits provided under the Policy and/or terms and conditions of the Policy including premium rate may change subject to IRDAI approval.
- ii) Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, suppression of material facts, fraud, or your non-cooperation. (Subject to Policy is renewed with us within the Grace period of 30 days from date of Expiry)
- iii) In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- iv) For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.

- v) Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- vi) We will not apply any additional loading on your Policy premium at renewal based on claim experience.

### Conditions applicable during the contract

#### 10. Communications

Any communication meant for the Company must be in writing and be delivered to the Company's address shown in the Schedule. Any communication meant for the Insured will be sent by the Company to Insured's address shown in the Policy.

#### 11. Fraud

If the Insured make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

#### 12. Multiple Policies

- i. In case of multiple policies which provide fixed benefits, on the occurrence of the covered event/s in accordance with the terms and conditions of the Policy, each Insurer shall make the claim payments independent of payments received under other similar policies.
- ii. If two or more Policies are taken by an Insured during a period from one or more insurers to indemnify treatment costs, the Insured shall have the right to require a settlement of his/her claim in terms of any of his/her Policies.
  - a. In all such cases the insurer who has issued the chosen Policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
  - b. Claims under other Policy/ies may be made after exhaustion of Sum Insured in the earlier chosen Policy / Policies.
  - c. If the amount to be claimed exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay, the Policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
  - d. Where an Insured has policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the medical expenses incurred in accordance with the terms, conditions and coverage's of the chosen Policy.
  - e. If Insured has multiple Policies, he/ she has the right to prefer claims from other Policy/Policies for the amounts disallowed under the earlier chosen Policy/ Policies, even if the Sum Insured is not exhausted. The Company shall settle the claim subject to the terms and conditions of the Policy.

#### 13. Cancellation

- i. The Policy may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts, if any false statement or declaration is made or used or non-cooperation. In cases of cancellation of Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, or if any false statement or declaration is made or used premium shall be forfeited and no refund of premium shall be made by the Company. In other cases of cancellation of Policy by the Company, premium will be refunded on pro-rata basis.
- ii. The Policy may be cancelled by the Insured at any time before the expiry of the Policy Period by giving at least 15 days written notice to the Company and if no claim has been made then the Company will refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

##### 1. Cancellation grid for premium received in lumpsum at the time of inception of Policy

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	Pro Rata Refund		
Exceeding 15 days but less than 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than 12 months	0.00%	45.00%	60.00%

Exceeding 12 months but less than 15 months		30.00%	50.00%
Exceeding 15 months but less than 18 months		20.00%	45.00%
Exceeding 18 months but less than 24 months		0.00%	30.00%
Exceeding 24 months but less than 27 months			20.00%
Exceeding 27 months but less than 30 months			15.00%
Exceeding 30 months but less than 36 months			0.00%

**Note:**

- The first slab of Number of days “within 15 days” in above table is applicable only in case of new business.
  - In case of renewal policies, period is risk “Exceeding 15 days but less than 3 months” should be read as “within 3 months”.
- iii. For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which this Policy is cancelled except in cases such cancellation is on account of Fraud, mis-representation or non-disclosure of material facts or non-co-operation by the Insured/Insured.

**2. Cancellation grid for premium received on instalment basis**

- i. For annual instalment payment mode, premium refunded will be as per table above with Policy Period 1 year. The premium received as annual instalment will be used to calculate refund.
- ii. For monthly/quarterly premium modes, no premium is refunded.
- iii. For half yearly premium payment mode, the premium will be refunded as per the below table:

Period in Risk (from latest instalment date)	Premium Refund Pro Rate
	% of Half Yearly Premium
Exceeding 15 days but less than 3 months	30%
Exceeding 3 months but less than 6 months	0%

**14. Free Look Period**

You have a period of 15 days from the date of receipt of the first Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, if the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal policies.

**15. Portability Conditions**

**Retail Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to Insured who were holding similar retail health insurance policies of other non-life insurers. The pre-Policy medical examination requirements and provisions for such cases shall remain similar to new proposals cases.

**Group Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to Insured who were insured under Our Group Health Policy and are availing the Company's individual Health Policy.

**16. Endorsements**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company. Any change that the Company make will be evidenced by a written endorsement signed and stamped by the Company.

**17. Revision/ Modification of the Policy:**

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing Insureds at least 3 months prior to the date of such revision/modification comes into the effect

**18. Migration of Policy:**

- The Insured can opt for migration of Policy to our other similar or closely similar products at the time of renewal
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous Policy years would be extended in the new Policy, provided the Policy has been maintained without a break

**19. Withdrawal of Policy**

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as the Company reserve right to do so with a intimation of 3 months to all the existing Insureds. In such an event of withdrawal of this product, at the time of Insured seeking renewal of the Master Policy, Insured can choose, among the Company's available similar and closely similar Health insurance products subject to underwriting Policy of the Company. Upon Insured so choosing the Company's new product, Insured and the Insureds will be charged the Premium as per the Company's Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if Insurer Person do not respond to the Company's intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to Insurer person for renewal on the renewal date and accordingly upon Insured seeking renewal of the Master Policy, Insured shall have to take a Master Policy under available new products of the Company subject to Insured paying the Premium as per the Company's Underwriting Policy for such available new product chosen by the Insured and also subject to Portability condition.

**20. Discounts:****A. Wellness discount:**

Insured member is eligible for 5% discount at each renewal provided he / she submits the below mentioned medical test reports & if all the reports are falling within normal range as specified below

- i. ECG of Normal Sinus Rhythm
- ii. Fasting Blood Sugar equal to or less than 120 Mg/dl
- iii. Serum Creatinine – within normal limits as defined in test reports
- iv. Lipid Profile – All parameters within normal limits
- v. BMI less than or equal to 25
- vi. No other adverse health conditions

**B. Family Discount:**

5% family discount shall be offered if 2 or more eligible family members are covered under a single Policy

**C. Long Term Policy Discount:**

- i 4 % discount is applicable if policy is opted for 2 years
- ii 8 % discount is applicable if policy is opted for 3 years

**D. Employee Discount**

20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the Policy is booked in direct office code.

(Note: Online/Direct Customer Discount is not applicable to Employees)

**E. Online Discount**

5% discount is extended for the policies purchased online/ through website/direct customers. This benefit is extended to direct customers in lieu of the commission.

**21. Per day Room Rent Enhancement:**

- i. The Insured can apply for enhancement of per day room rent at the time of renewal Insured can apply for enhancement of per day room rent by submitting a fresh proposal form to the company.

- ii. The acceptance of enhancement of per day room rent would be at the discretion of the company, based on the health condition of the Insured & claim history of the Policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced per day room rent limit from the effective date of enhancement of such per day room rent considering such Policy Period as the first Policy with the Company.
- iv. Cost sharing terms as specified under section D – 8 would be applicable to the enhanced room rent limit.

## 22. Addition /Deletion of Insured(s):

Midterm addition of Spouse within 6 months of marriage and New Born Child within 90 – 180 days from birth, can be allowed subject to his/her name has been notified by Insured in writing to the Company, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of Spouse/ New Born Child as an Insured.

## 23. Territorial Limits & Governing Law

- i. We cover Insured for treatment availed in India. Our liability shall be to make payment within India and in Indian Rupees only.
- ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.
- iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

## 24. Arbitration and Reconciliation

- i. If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy (liability/claim being otherwise admitted by the Company), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the Company and the Insured/Insured Member(s) who has made claim under this Policy or if they cannot agree upon a single arbitrator within 30 days of any party [the Company or the and the Insured/Insured Member(s) who has made claim under this Policy] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by the Insured/Family Member(s) who has made claim under this Policy, as the case may be and the Insurer, respectively, who are the parties to the dispute/ difference and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law, and the seat of arbitration and venue for all hearings shall be within India.
- ii. 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/admitted the liability/claim under the Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit read with this Policy that the award by such arbitrator/ arbitrators of the amount of the Loss or damage shall be first obtained.
- iv. It is also hereby further expressly agreed and declared that if the Company shall disclaim/repudiate the liability to the Insured for any claim under the Policy, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit in a court of law, then all benefits/indemnities under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the company shall also stand discharged.
- v. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other clauses herein.

## 25. Grievance Redressal Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, We have provided you with multiple platforms via which you can always reach one of our representatives.

#### Level 1

In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options:

- Our Website @ <https://general.bajajallianz.com/Corp/aboutus/general-insurance-customer-service.jsp>
- Call us on our Toll free no 1800 209 5858
- Mail us on bagichelp@bajajallianz.co.in
- Write to Bajaj Allianz General Insurance Co. Ltd.  
Bajaj Allianz House, Airport Road, Yerwada  
Pune- 411006

#### Level 2

In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in.

#### Level 3

If you are still not satisfied with the solutions provided, or have some feedback for us, write to the Head of Customer experience directly at head.customerservice@bajajallianz.co.in.

#### Grievance Redressal Cell for Senior Citizens

Bajaj Allianz introduces a dedicated team for all the senior citizens, so no more wait time, no more standing in long queue. Senior citizens can now contact us on **1800-103-2529** or write to us at [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in).

In case your complaint is not fully addressed by the insurer, You may use the Integrated Greivance Management System (IGMS) for escalating the complaint to IRDAI or call 155255 . Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website [www.irda.gov.in](http://www.irda.gov.in).

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

The contact details of the ombudsman offices are mentioned below. However, we request you to visit <http://www.gbic.co.in> for updated details

Office Details	Jurisdiction of Office (Union Territory, District)
<b>AHMEDABAD -</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU -</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka.



Office Details	Jurisdiction of Office Union Territory, District)
<b>BHOPAL - Office of the Insurance Ombudsman,</b> Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR - Shri/Smt.....</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	Orissa.
<b>CHANDIGARH -</b> 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 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
<b>CHENNAI -</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<b>DELHI -</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>	Delhi.
<b>GUWAHATI -</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD -</b> 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
<b>JAIPUR -</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a>	Rajasthan.

Office Details	Jurisdiction of Office Union Territory, District)
<b>ERNAKULAM -</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
<b>KOLKATA -</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW -</b> 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: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA -</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a>	State 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, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA -</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>	Bihar, Jharkhand.
<b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Note: Address and contact number of Governing Body of Insurance Council  
 Secretary General - Governing Body of Insurance Council  
 JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054  
 Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

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#### Annexure I: List of Day Care Procedures:

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy

38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b) Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
<b>Oncology</b>	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdocheotomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy( Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	

79 SBRT-Stereotactic Body Radiotherapy	278 laparoscopic pyloromyotomy( Ramstedt)
80 Helical Tomotherapy	<b>Orthopedics</b>
81 SRS-Stereotactic Radiosurgery	279 Arthroscopic Repair of ACL tear knee
82 X-Knife SRS	280 Closed reduction of minor Fractures
83 Gammaknife SRS	281 Arthroscopic repair of PCL tear knee
84 TBI- Total Body Radiotherapy	282 Tendon shortening
85 intraluminal Brachytherapy	283 Arthroscopic Meniscectomy - Knee
86 Electron Therapy	284 Treatment of clavicle dislocation
87 TSET-Total Electron Skin Therapy	285 Arthroscopic meniscus repair
88 Extracorporeal Irradiation of Blood Products	286 Haemarthrosis knee- lavage
89 Telecobalt Therapy	287 Abscess knee joint drainage
90 Telecesium Therapy	288 Carpal tunnel release
91 External mould Brachytherapy	289 Closed reduction of minor dislocation
92 Interstitial Brachytherapy	290 Repair of knee cap tendon
93 Intracavity Brachytherapy	291 ORIF with K wire fixation- small bones
94 3D Brachytherapy	292 Release of midfoot joint
95 Implant Brachytherapy	293 ORIF with plating- Small long bones
96 Intravesical Brachytherapy	294 Implant removal minor
97 Adjuvant Radiotherapy	295 K wire removal
98 Afterloading Catheter Brachytherapy	296 POP application
99 Conditioning Radiotherapy for BMT	297 Closed reduction and external fixation
100 Extracorporeal Irradiation to the Homologous Bone grafts	298 Arthrotomy Hip joint
101 Radical chemotherapy	299 Syme's amputation
102 Neoadjuvant radiotherapy	300 Arthroplasty
103 LDR Brachytherapy	301 Partial removal of rib
104 Palliative Radiotherapy	302 Treatment of sesamoid bone fracture
105 Radical Radiotherapy	303 Shoulder arthroscopy / surgery
106 Palliative chemotherapy	304 Elbow arthroscopy
107 Template Brachytherapy	305 Amputation of metacarpal bone
108 Neoadjuvant chemotherapy	306 Release of thumb contracture
109 Adjuvant chemotherapy	307 Incision of foot fascia
110 Induction chemotherapy	308 calcaneum spur hydrocort injection
111 Consolidation chemotherapy	309 Ganglion wrist hyalase injection
112 Maintenance chemotherapy	310 Partial removal of metatarsal
113 HDR Brachytherapy	311 Repair / graft of foot tendon
<b>Plastic Surgery</b>	312 Revision/Removal of Knee cap
114 Construction skin pedicle flap	313 Amputation follow-up surgery
115 Gluteal pressure ulcer-Excision	314 Exploration of ankle joint
116 Muscle-skin graft, leg	315 Remove/graft leg bone lesion
117 Removal of bone for graft	316 Repair/graft achilles tendon
118 Muscle-skin graft duct fistula	317 Remove of tissue expander
119 Removal cartilage graft	318 Biopsy elbow joint lining
120 Myocutaneous flap	319 Removal of wrist prosthesis
121 Fibro myocutaneous flap	320 Biopsy finger joint lining

122 Breast reconstruction surgery after mastectomy	321 Tendon lengthening
123 Sling operation for facial palsy	322 Treatment of shoulder dislocation
124 Split Skin Grafting under RA	323 Lengthening of hand tendon
125 Wolfe skin graft	324 Removal of elbow bursa
126 Plastic surgery to the floor of the mouth under GA	325 Fixation of knee joint
<b>Urology</b>	326 Treatment of foot dislocation
127 AV fistula – wrist	327 Surgery of bunion
128 URSL with stenting	328 intra articular steroid injection
129 URSL with lithotripsy	329 Tendon transfer procedure
130 CystoscopicLitholapaxy	330 Removal of knee cap bursa
131 ESWL	331 Treatment of fracture of ulna
132 Haemodialysis	332 Treatment of scapula fracture
133 Bladder Neck Incision	333 Removal of tumor of arm/ elbow under RA/GA
134 Cystoscopy & Biopsy	334 Repair of ruptured tendon
135 Cystoscopy and removal of polyp	335 Decompress forearm space
136 Suprapubiccystostomy	336 Revision of neck muscle ( Torticollis release )
137 percutaneous nephrostomy	337 Lengthening of thigh tendons
139 Cystoscopy and "SLING" procedure.	338 Treatment fracture of radius & ulna
140 TUNA- prostate	339 Repair of knee joint
141 Excision of urethral diverticulum	Paediatric surgery
142 Removal of urethral Stone	340 Excision Juvenile polyps rectum
143 Excision of urethral prolapse	341 Vaginoplasty
144 Mega-ureter reconstruction	342 Dilatation of accidental caustic stricture oesophageal
145 Kidney renoscopy and biopsy	343 PresacralTeratomas Excision
146 Ureter endoscopy and treatment	344 Removal of vesical stone
147 Vesico ureteric reflux correction	345 Excision Sigmoid Polyp
148 Surgery for pelvi ureteric junction obstruction	346 SternomastoidTenotomy
149 Anderson hynes operation	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
150 Kidney endoscopy and biopsy	348 Excision of soft tissue rhabdomyosarcoma
151 Paraphimosis surgery	349 Mediastinal lymph node biopsy
152 injury prepuce- circumcision	350 High Orchidectomy for testis tumours
153 Frenular tear repair	351 Excision of cervical teratoma
154 Meatotomy for meatal stenosis	352 Rectal-Myomectomy
155 surgery for fournier's gangrene scrotum	353 Rectal prolapse (Delorme's procedure)
156 surgery filarial scrotum	354 Orchidopexy for undescended testis
157 surgery for watering can perineum	355 Detorsion of torsion Testis
158 Repair of penile torsion	356 lap.Abdominal exploration in cryptorchidism
159 Drainage of prostate abscess	357 EUA + biopsy multiple fistula in ano
160 Orchiectomy	358 Cystic hygroma - Injection treatment
161 Cystoscopy and removal of FB	359 Excision of fistula-in-ano
<b>Neurology</b>	<b>Gynaecology</b>
162 Facial nerve physiotherapy	360 Hysteroscopic removal of myoma
163 Nerve biopsy	361 D&C
164 Muscle biopsy	362 Hysteroscopic resection of septum

165 Epidural steroid injection	363 thermal Cauterisation of Cervix
166 Glycerol rhizotomy	364 MIRENA insertion
167 Spinal cord stimulation	365 Hysteroscopicadhesiolysis
168 Motor cortex stimulation	366 LEEP
169 Stereotactic Radiosurgery	367 Cryocauterisation of Cervix
170 Percutaneous Cordotomy	368 Polypectomy Endometrium
171 Intrathecal Baclofen therapy	369 Hysteroscopic resection of fibroid
172 Entrapment neuropathy Release	370 LLETZ
173 Diagnostic cerebral angiography	371 Conization
174 VP shunt	372 polypectomy cervix
175 Ventriculoatrial shunt	373 Hysteroscopic resection of endometrial polyp
<b>Thoracic surgery</b>	374 Vulval wart excision
176 Thoracoscopy and Lung Biopsy	375 Laparoscopic paraovarian cyst excision
177 Excision of cervical sympathetic Chain Thorascopic	376 uterine artery embolization
178 Laser Ablation of Barrett's oesophagus	377 Bartholin Cyst excision
179 Pleurodesis	378 Laparoscopic cystectomy
180 Thoracoscopy and pleural biopsy	379 Hymenectomy( imperforate Hymen)
181 EBUS + Biopsy	380 Endometrial ablation
182 Thoracoscopy ligation thoracic duct	381 vaginal wall cyst excision
183 Thoracoscopy assisted empyaema drainage	382 Vulval cyst Excision
<b>Gastroenterology</b>	383 Laparoscopic paratubal cyst excision
184 Pancreatic pseudocyst EUS & drainage	384 Repair of vagina ( vaginal atresia )
185 RF ablation for barrett'sOesophagus	385 Hysteroscopy, removal of myoma
186 ERCP and papillotomy	386 TURBT
187 Esophagoscope and sclerosant injection	387 Ureterocoele repair - congenital internal
188 EUS + submucosal resection	388 Vaginal mesh For POP
189 Construction of gastrostomy tube	389 Laparoscopic Myomectomy
190 EUS + aspiration pancreatic cyst	390 Surgery for SUI
191 Small bowel endoscopy (therapeutic)	391 Repair recto- vagina fistula
192 Colonoscopy ,lesion removal	392 Pelvic floor repair( excluding Fistula repair)
193 ERCP	393 URS + LL
194 Colonscopy stenting of stricture	394 Laparoscopic oophorectomy
195 Percutaneous Endoscopic Gastrostomy	<b>Critical care</b>
196 EUS and pancreatic pseudo cyst drainage	395 Insert non- tunnel CV cath
197 ERCP and choledochoscopy	396 Insert PICC cath ( peripherally inserted central catheter )
198 Proctosigmoidoscopy volvulus detorsion	397 Replace PICC cath ( peripherally inserted central catheter
199 ERCP and sphincterotomy	398 Insertion catheter, intra anterior
200 Esophageal stent placement	399 Insertion of Portacath
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

Note:

- i) Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalisation due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions
- ii) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours Hospitalisation is not mandatory.

**Annexure II:- List of Non-Medical Items**

S. NO	List of Expenses ("Non-Medical") in Hospital Indemnity Policy -	REMARKS
	<b>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable for surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Payable for bariatric and varicose vein surgery if bariatric and varicose vein surgery is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable



36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by us then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures payable
	<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	HOME VISIT CHARGES	Not Payable
62	DONOR SCREENING CHARGES	Not Payable
63	ADMISSION/REGISTRATION CHARGES	Not Payable
64	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
65	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
66	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
67	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately
68	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
69	MICROSCOPE COVER	Payable under OT Charges , not separately
70	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges , not separately
71	SURGICAL DRILL	Payable under OT Charges , not separately

72	EYE KIT	Payable under OT Charges ,not separately
73	EYE DRAPE	Payable under OT Charges ,not separately
74	X-RAY FILM	Payable under Radiology Charges, not as consumable
75	SPUTUM CUP	Payable under Investigation Charges, not as consumable
76	BOYLES APPARATUS CHARGES	Part of OT Charges , not separately
77	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
78	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges
79	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
80	COTTON	Not Payable -Part of Dressing Charges
81	COTTON BANDAGE	Not Payable- Part of Dressing Charges
82	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
83	BLADE	Not Payable
84	APRON	Not Payable -P a r t of Hospital Services/ Disposable linen to be part of OT/ICU charges
85	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
86	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
87	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
88	LUXURY TAX	Actual tax levied by government is payable. P a r t of room charge for sub limits
89	HVAC	Part of room charge not payable separately
90	HOUSE KEEPING CHARGES	Part of room charge not payable separately
91	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
92	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
93	SURCHARGES	Part of Room Charge , Not payable separately
94	ATTENDANT CHARGES	Not Payable -part of Room Charges
95	M IV INJECTION CHARGES	Part of nursing charges, not payable
96	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
97	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
98	BLANKET/WARMER BLANKET	Not Payable- part of room charges

	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
99	ADMISSION KIT	Not Payable
100	BIRTH CERTIFICATE	Not Payable
101	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
102	CERTIFICATE CHARGES	Not Payable
103	COURIER CHARGES	Not Payable
104	CONVENYANCE CHARGES	Not Payable
105	DIABETIC CHART CHARGES	Not Payable
106	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
107	DISCHARGE PROCEDURE CHARGES	Not Payable
108	DAILY CHART CHARGES	Not Payable
109	ENTRANCEPASS / VISITORS PASS CHARGES	Not Payable
110	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
111	FILE OPENING CHARGES	Not Payable
112	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
113	MEDICAL CERTIFICATE	Not Payable
114	MAINTENANCE CHARGES	Not Payable
115	MEDICAL RECORDS	Not Payable
116	PREPARATION CHARGES	Not Payable
117	PHOTOCOPIES CHARGES	Not Payable
118	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
119	WASHING CHARGES	Not Payable
120	MEDICINE BOX	Not Payable
121	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
122	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	<b>EXTERNAL DURABLE DEVICES</b>	
123	WALKING AIDS CHARGES	Not Payable
124	BIPAP MACHINE	Not Payable
125	COMMODE	Not Payable
126	CPAP/ CAPD EQUIPMENTS	Device not payable
127	INFUSION PUMP - COST	Device not payable
128	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
129	PULSEOXYMETER CHARGES	Device not payable
130	SPACER	Not Payable
131	SPIROMETRE	Device not payable
132	S P0 2PRO B E	Not Payable
133	NEBULIZER KIT	Not Payable
134	STEAM INHALER	Not Payable
123	ARMSLING	Not Payable
124	THERMOMETER	Not Payable (paid by patient)
125	CERVICAL COLLAR	Not Payable
126	SPLINT	Not Payable
127	DIABETIC FOOT WEAR	Not Payable
128	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable

129	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
130	LUMBOSACRAL BELT	Payable for surgery of lumbar spine
c	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
132	AMBULANCE COLLAR	Not Payable
133	AMBULANCE EQUIPMENT	Not Payable
134	MICROSHEILD	Not Payable
135	ABDOMINAL BINDER	Payable in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
136	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
137	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	Payable when prescribed for patient , not payable for hospital use in OT or ward or for dressings in hospital
138	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post Hospitalisation nursing charges not Payable
139	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
140	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
141	CREAMS POWDERS LOTIONS (Toileteries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
142	Digestion gels	Payable when prescribed
143	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
144	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
145	HIV KIT	Payable - payable Pre-operative screening
146	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
147	LOZENGES	Payable when prescribed
148	MOUTH PAINT	Payable when prescribed
149	NEBULISATION KIT	If used during Hospitalisation is payable reasonably
150	NOVARAPID	Payable when prescribed
151	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
152	ZYTEE GEL	Payable when prescribed
153	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
154		

155	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
156	AHD	Not Payable - part of Hospital's internal Cost
157	ALCOHOL SWABES	Not Payable - part of Hospital's internal Cost
158	SCRUB SOLUTION/STERILLIUM	Not Payable - part of Hospital's internal Cost
159		
160	OTHERS	
161	VACCINE CHARGES FOR BABY	Not payable
162	TPA CHARGES	Not Payable
163	VISCO BELT CHARGES	Not Payable
164	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
165	EXAMINATION GLOVES	Not Payable
166	KIDNEY TRAY	Not Payable
167	MASK	Not Payable
168	OUNCE GLASS	Not Payable
169	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by Policy
170	OXYGEN MASK	Not Payable
171	PAPER GLOVES	Not Payable
172	PELVIC TRACTION BELT	Payable in case of PIVD
173	REFERAL DOCTOR'S FEES	Not Payable
174	ACCU CHECK (Glucometry/ Strips)	Not payable pre Hospitalisation or post Hospitalisation / Reports and Charts required / Device not payable
175	PAN CAN	Not Payable
176	SOFNET	Not Payable
177	TROLLY COVER	Not Payable
178	UROMETER, URINE JUG	Not Payable
179	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
180	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
181	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24hrs
182	SOFTOVAC	Not Payable
183	STOCKINGS	Payable for case like CABG etc.