



## IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

### Policy Wordings-Group Medishield Insurance Policy

This POLICY is evidence of the contract between YOU and US. The proposal along with any written statement(s), declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnessed that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy, WE will insure the Insured Person(s) and accordingly. WE will pay to YOU or to insured person(s) or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU and/or Insured Person(s) have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

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

THE POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to YOUR or the Insured Person(s) right to recover under this POLICY.

#### Definition of Words

1. **Any One illness** It means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
2. **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.
3. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
4. **Congenital Anomaly**-- Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
  - a. **Internal Congenital Anomaly:** Anomaly which is not in the visible and accessible parts of the body
  - b. **External Congenital Anomaly:** Anomaly which is in the visible and accessible parts of the body
5. **Contribution** is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of the Sum Insured.
6. **Domiciliary Hospitalisation** means Medical treatment for an illness/ disease/ injury which in the normal course would require care and treatment at a *hospital*, but is actually taken while confined at home under any of the following circumstances:
  - a) Condition of the patient is such that he/she is not in a condition to be removed to a hospital or
  - b) The patient takes treatment at home on account of non availability of room in hospital.
7. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *medical practitioner* to prevent death or serious long term impairment of the insured person's health.
8. **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.
9. **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:



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

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- has qualified nursing staff under its employment round the clock;
- 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;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

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

1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
  2. The Bombay Nursing Homes Registration Act, 1949.
  3. The Delhi Nursing Homes Registration Act, 1953.
  4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistikaran TathaAnugyapan) Adhinyam, 1973.
  5. The Manipur Homes and Clinics Registration Act, 1992.
  6. The Nagaland Health Care Establishments Act, 1997.
  7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
  8. The Punjab State Nursing Home Registration Act, 1991.
  9. The West Bengal Clinical Establishments Act, 1950.
10. **Hospitalisation** means admission in a Hospital for a minimum period of 24 hours Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
11. **Illness** means a sickness or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
12. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
13. **Inpatient Care** means treatment for which the insured person has to stay in a *hospital* for more than 24 hours for a covered event.
14. **Insured Person:** The person named as insured person(s) in the schedule lodged with US by YOU.
15. **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.
16. **Maternity Expenses** shall include
- (a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization.
  - (b) expenses towards lawful medical termination of pregnancy during the Policy period.
17. **Medical Advice** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
18. **Medical Practitioner** is a person who holds valid registration from the Medical Council of any State or Medical Council of India or Council of 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. The registered Medical Practitioner should not be the Insured or close family member.



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19. **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
20. **Non- Network** means any *hospital*, day care centre or other provider that is not part of the *network*.
21. **Notification of Claim** is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
22. **Period of Insurance:** It means the duration of this policy as shown in the Schedule.
23. **Policy** It means the policy booklet, the Schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to Insured person (s), what is excluded from the cover and the conditions on which the policy is issued.
24. **Portability**-- Portability means transfer by an individual health insurance policy holder (including family cover) of the credit gained by the insured for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
25. **Post Hospitalisation Medical Expenses** means medical expenses incurred immediately after the Insured Person is discharged, provided that
  - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
26. **Pre-existing Disease** Any condition, ailment or injury ,or related condition (s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.
27. **Pre-Hospitalisation Medical Expenses** means medical expenses incurred immediately before the Insured Person is Hospitalized, provided that
  - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - b. The In-patient Hospitalization claim for such Hospitalization is admissible by Us
28. **Proposal** It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.
29. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
30. **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.
31. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
32. **Schedule** It means latest Schedule issued by US as part of the policy. It provides details of the policy of Insured person(s) which are in force and the level of cover Insured Person(s) have.
33. **Subrogation** shall mean the right o f the insurer to assume the rights o f the insured person to recover expenses paid out under the policy that may be recovered from any other source.



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- 34. **Sum Insured** It means the monetary amount shown against Insured Person.
- 35. **Surgery/Surgical Procedure** It means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
- 36. **Terrorism / Terrorist Incident** Means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity.  
Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism".
- 37. **Third Party Administrator** means any person who is licensed under the IRDA (Third Party Administrators - Health Services) Regulations,2001 by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.
- 38. **WE/OUR/US:** It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.
- 39. **YOU/YOUR:** It means the person(s)/the company/the entity named as Insured in the Schedule.
- 40. **Coverage**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person sustains injury or contracts any disease and upon advice of Medical Practitioner, he/she has to incur Hospitalisation Expenses then WE will pay for the following in Hospitalisation Expenses:</p> <ol style="list-style-type: none"> <li>1. Room, Boarding Expenses as provided by the Hospital/Nursing Home.</li> <li>2. Nursing Expense.</li> <li>3. Medical Practitioner/Anesthetist, Consultant fees</li> <li>4. Expense on Anesthesia, Blood, Oxygen, operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs, Cost of organs (hospitalisation expenses of donor) and similar expenses.</li> <li>5 Expenses on Vitamins and Tonics forming part of treatment as certified by the attending Medical Practitioner.</li> <li>6. WE will also pay for those of above relevant expenses in Domiciliary Hospitalisation.</li> <li>7. Pre-Hospitalization and Post Hospitalization expenses for 30 and 60 days respectively as defined under the Policy will also be reimbursed along with the aforesaid</li> </ol>	<p>WE will not pay for</p> <ol style="list-style-type: none"> <li>1.Any expense incurred for treatment of any pre-existing condition.</li> <li>2. Any Expense on Hospitalisation /Domiciliary Hospitalisation for any diseases other than those stated in Clause 3. Of "What is not covered" during first 30 days of commencement of this Insurance cover. This exclusion shall not however apply if in the opinion of Panel of Medical Practitioners constituted by US, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to US. This exclusion shall not, however, apply in case of the Insured Person having been covered under this Scheme or Group Insurance Scheme with any of Indian Insurance Companies for a continuous period of preceding 12 months without any break.</li> <li>3. In the first year of operation of Insurance Cover on treatment of disease such as: <ul style="list-style-type: none"> <li>· Cataract, Benign, Prostatic Hyperthropy, Hysterectomy for Menorrhagia or Fibromyoma</li> <li>· Hernia, Hydrocele, Congenital Internal Disease.</li> <li>· Fistula in anus, Piles, Sinusitis and related disorders.</li> </ul>                     If the above mentioned diseases are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.</li> <li>4. Circumcision except for disease not excluded here or Injury, Vaccination or Inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery except for relating to treatment of injury or illness.</li> <li>5. Cost of Spectacles and contact lens, hearing aids.</li> </ol>



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Hospitalization expenses subject to the overall Sum Insured limit of the Insured Person.

6. Convalescence, General Debility, Run down condition or rest cure, congenital External Disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of Intoxicating drugs /alcohols.
7. Any Expense of any treatment related to Human T.Cell Lymphotropic viruses Types III (11TLB-III) or Lymphadinspathy Associated viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome or any syndrome or a Condition of a similar kind referred to as AIDS.
8. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of sickness or injury falling within ambit of Hospitalisation or Domiciliary hospitalisation.
9. (a) Expenses on treatment as a consequence of pregnancy childbirth including caesarean section. (This exclusion will stand deleted where policy is extended to cover Maternity Benefits).  
(b) Voluntary Medical termination of pregnancy during the first 12 (twelve) weeks from the date of conception
10. Any Expenses on treatment of Insured person as outpatient in the Hospital.
11. Any Expenses on Naturopathy
12. Any Expenses under Domiciliary hospitalisation for
  - Pre and Post Hospitalisation treatment
  - Treatment of following diseases:
    - I. Asthma
    - II. Bronchitis
    - III. Chronic Nephritis and Nephritic Syndrome
    - IV. Diarrhoea and all type of Dysenteries including Gastro-enteritis
    - V. Diabetes Mellitus and Insipidus
    - VI. Epilepsy
    - VII. Hypertension
    - VIII. Influenza, Cough and Cold
    - IX. All types of Psychiatric or Psychosomatic Disorders
    - X. Pyrexia of unknown Origin for less than 20 days
    - XI. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
    - XII. Arthritis, Gout and Rheumatism
    - XIII. Dental Treatment or Surgery
13. Terrorism / Terrorist Incident of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
14. All non medical expenses including personal comfort and convenience items or services, such as telephone, aya/ barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc..

**General Conditions**

1. **Conditions Precedent**- Where this Policy requires You/your family member(s) named in the Schedule to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have



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under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You/your family member(s) named in the schedule will cooperate with Us at all times

**2. Reasonable Precautions** YOU/Insured Person shall take all reasonable precautions to prevent injury, illness, disease in order to minimize claims.

**3. Notice** YOU/Insured Person will give every notice and communication in writing to our office through which this insurance is effected.

**4. 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.

**5. Changes in Circumstances** YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation.

**6. Claim Procedure and Requirements**

**Notification of Claim:** An event which might become a claim under the policy must be reported to US as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from the Hospital except for in extreme cases of hardship where it is proved to our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease requiring Hospitalisation if and when WE may reasonably require.

**7. Fraud** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without YOUR knowledge or that of Insured Person, all benefit(s) under this Policy shall be forfeited.

**8. Contribution** is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion.

**9. Renewal** The renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods

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

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

Period of Cover up to	Refund of Annual Premium rate (%)
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding Six Months	NIL

**11.** WE will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. YOUR receipt or receipt of Insured Person shall in all cases be an effective discharge to US.

**12. Arbitration** Should any dispute arise between US and YOU on quantum of Amount payable (liability being admitted by US), such dispute will be referred to Arbitrator to be appointed in accordance with statutory provisions of the country in force at that time. Further, if



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when any dispute is referable or referred to arbitration, the making of an award by arbitration, shall be a condition precedent to any right of action by YOU against US.

**13. Disclaimer Clause** If WE shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

**14.** No sum payable under this policy shall carry any interest/ penalty.

**15.** The geographical scope of this policy will be India.

**16. Maternity Expenses Benefit** (Wherever applicable) This is an optional cover, which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

a. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

b. The maximum benefit allowable under this clause will be up to Rs.50,000/- or 20% of the Sum Insured opted by the member of the group whichever is lower.

**c. Special conditions applicable to Maternity Expenses Benefit Extension**

1. These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.

2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine Pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.

3. Claim in respect of only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.

4. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

**17. Free Look Period:** The free look period shall be applicable at the inception of the policy and

i. The insured will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable;

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

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

**18. Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.

**19. Withdrawal of Policy:** This product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.



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**20. Portability**

a. Portability shall be granted only to the Insured Person/s who is/are presently covered and were continuously covered without any lapses under any other similar health insurance plan with equivalent Deductible with an Indian Non life/Health insurer in the past.

b. In case portability is granted by us the proviso's regarding the waiting periods specified under Exclusion Nos 1,2 and 3 of the Policy stand modified as under in respect of such insured persons granted with portability.

i. The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy/Policies; AND

ii. If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall apply only to the extent of the Sum Insured under the previous health insurance policy.

iii. The reduction in the waiting period specified above shall be only if We have received the database and claim history from the previous Indian insurance company;

iv. We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

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**Health Insurance Guide Book**

**Contact Details:**

24 Hour Call Center Toll Free Number:	1800 103 5499 (Toll free)
24 hour call center Tel Number:	+91-124-4285499 (Chargeable)
9 AM to 9 PM Cashless Number:	+91-124-4722020 (Chargeable)
Fax Number:	+91-124-4722000 To 06

Group Medishield Insurance Policy  
UIN: IRDA/NL-HLT/ITGI/P-H/V.I/50/14-15  
Policy Wordings  
Iffco Tokio General Insurance Co. Ltd.



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E-Mail: [healthclaims@iffcotokio.co.in](mailto:healthclaims@iffcotokio.co.in)

Website: [www.iffcotokio.co.in](http://www.iffcotokio.co.in)

This docket contains:

1. Member ID cards.
2. List of Network Hospitals
3. **List of Excluded Hospitals/Medical Practitioners.**

***We have taken every care to ensure accuracy of information on the Cards. However you are requested to verify the same and in case of any discrepancy please get in touch with us through any of the above contact modes***

**Please read and understand the following carefully. This helps you to get best possible out of your policy and helps us in serving you better.**

#### General

1. **Excluded Hospitals / Medical Practitioners:** Please note that the policy does not pay for Cost of treatment (both cashless and reimbursement) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list attached to this Policy. The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre / nearest office for updated list of such excluded hospitals/ Medical Practitioner before admission/consultation.
2. Please keep your ID card and Policy copy handy with you. Quote the numbers in all your correspondence. Produce the same to the hospital authorities at the time of admission. **Please also carry any other valid Photo ID Proof with you and submit a photo copy of the same to the hospital.**

*If you are not in receipt of the ID card:*

- *Please call our call center and quote your policy number to get your member ID*
- *Visit our website [www.iffcotokio.co.in](http://www.iffcotokio.co.in), click on Health Insurance >>Claims >> Claims Serviced by IFFCO TOKIO directly >> Customer Login.*
- *Your member ID is your Login Id and password. Go to the face-sheet and click on the icon "print card". You will be able to print an E-CARD.*

*Please refer to the annexure attached for further information on access to Your Electronic Gateway.*



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

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3. Please inform **IFFCO-TOKIO** well in advance (at least 48 Hours before admission) about the hospitalization (Within 24 hours of admission, in case of Emergency Hospitalization). This ensures that the timely authorization for cashless is provided and the admission would be hassle free.
4. Provide all necessary details to **IFFCO-TOKIO**, which helps us in assessing the ailment and provide authorization quickly without a need to refer it back for clarification. Compulsorily provide your contact details to **IFFCO-TOKIO**.
5. **Please choose your hospital carefully.** Please note that the most popular one may not be the best for all procedures. Please also verify whether the hospital qualifies for admission in terms of the definition provided in the policy. Standard definition of the Hospital is provided here under for your ready reference.

**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 Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:*

- Has qualified nursing staff under its employment round the clock;
- 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;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**Registration under various other entities like Shop and Establishment Act , Certificate by Chief Medical officer (CMO) of the district hospital etc. will not be valid.**

**Enactments specified under the Schedule of section 56 (1) of the clinical Establishments (Registration and Regulation) Act, 2010 referred above.**

1. *The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.*
2. *The Bombay Nursing Homes Registration Act, 1949.*
3. *The Delhi Nursing Homes Registration Act, 1953.*
4. *The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistrikaran Tatha Anugyapan) Adhiniyam, 1973.*
5. *The Manipur Homes and Clinics Registration Act, 1992.*
6. *The Nagaland Health Care Establishments Act, 1997.*



IFFCO-TOKIO GENERAL INSURANCE CO. LTD  
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7. *The Orissa Clinical Establishments (Control and Regulation) Act, 1990.*
  8. *The Punjab State Nursing Home Registration Act, 1991.*
  9. *The West Bengal Clinical Establishments Act, 1950.*
6. **Please choose your room carefully within your entitled limit.** Most of the policies contain a Room Rent limit with proportionate deduction clause. In case you avail a room higher than your eligibility, not only the excess room rent, but many other expenses like diagnostic charges, consultant visits, OT charges etc will be proportionately deducted. Please check your policy for the room rent limit, if any.
  7. Try to negotiate the best possible rates with the hospital for your treatment as if you are un-insured. Please note that money saved for treatment will enhance your balance Sum Insured which may be useful in future.
  8. Please follow the instructions of the treating doctor meticulously and do not forget to visit the doctor again as advised even though you feel that the illness is fully cured
  9. Some common ailments / procedures not covered under the policy
    - a. Correction of vision (Lasik or other similar surgery) / Keratoconus etc and all types Laser treatments / surgeries for EYE which can be performed on OPD basis
    - b. Therapies Like Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy and similar, Hyperberic Oxygen Therapy and similar
    - c. External durables like (but not limited to): CPAP, Nebulizing machine, Oxygen cylinder, oxygen concentrator, ventilator
    - d. Intravitreal Injections / Interferon injections / Infiximab and like injections / Intra-articular injections.
    - e. Oral Chemotherapy and Intravenous Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting. For example: Intravenous Cyclophosphamide , Intravenous Methotraxamate, etc.  
*\* Kindly refer policy document for complete list of exclusions*

### **Cashless Claims:**

1. It is our endeavor to provide you cashless service all the time. However, please note that it may not be possible for IFFCO-TOKIO to provide authorization for Cashless facility at times due to various reasons like:



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

- Where the intimation of claim/hospitalization has not been given in time.
- Where sufficient medical /past insurance details are not available.
- Where the reported symptoms /available medical inputs are inadequate /incomplete to determine the liability of insurer.
- Where the reported ailment /treatment is excluded under the policy.
- Where the admission is primarily for investigation purpose.
- Where the admission is less than 24 hours duration except for day care treatment as specifically stated in the policy.
- In case of personal information, policy and the coverage description differs with records registered with us.
- Where the hospital is removed from the Network
- Where the hospital does not fit into the definition of hospital (Refer to definition of hospital in policy).
- Where any information has been concealed or misrepresented on proposal form available on record.

**This is only an indicative list of reasons but not exhaustive. Cashless authorization is done purely at the discretion of IFFCO TOKIO.**

*Please note that denial of cashless facility does not mean denial of treatment or denial of claim. You may go ahead with the treatment, settle the bills with hospital and claim for reimbursement of the expenses along with all necessary documents. IFFCO-TOKIO will consider the claim as per the terms and conditions of the policy and will settle the claim, if the same is admissible. (Please refer to Dos and Don'ts for Reimbursement Claims for more information)*

2. Please note that Cashless facility shall be provided only if the hospital is in IFFCO-TOKIO's Network **at the time of admission**. For the updated list please visit our website or call our call center or contact our nearest office.
3. In case your cashless authorization is delayed, please check with TPA desk of hospital whether any queries raised by the Insurance Company are pending for reply.
4. Demand for the copy of final cashless authorization / denial from insurance company before making any payment to hospital and verify the same.
5. Please Inform **IFFCO-TOKIO** about the date and time of discharge as soon as the same is confirmed by the hospital, so to facilitate smooth cashless final approval. Please note it may take up to 4 Hrs to accord final cashless settlement.



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Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

6. Please demand for and verify the duly completed Bill from the hospital and sign the same, even though the same will be paid by us directly to the Hospital. Any erroneous entry in the bill could eat away your precious sum insured for the rest of the policy period.
7. Please collect copies of the Discharge Summary, Diagnostic Reports, Medical advice, bill and Cash receipts from the hospital without fail for your record.

### Reimbursement Claims

1. Please collect and preserve Discharge Summary, Reports, Prescriptions, Bills and receipts in Original. Discharge summary and final bill should be as per the guidelines prescribed by IRDA. You may download the same from our website.
2. Please note that all Bills and cash memos should be supported by the doctor's prescription.
3. All bills towards diagnostics should be supported by reports.
4. Submit all the documents in one go along with a duly filled in claim form and a summary sheet **within 30 days from completion of treatment or 90 days from the date of discharge whichever is earlier.** Following is an indicative list of documents to be submitted:
  - a. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
  - b. Copy of Photo ID / Proof
  - c. Copy of Policy
  - d. Discharge Summary (Photo Copy in case of claim for Pre/Post Hospitalization only)
  - e. Hospital Bill (Original Only)
  - f. Hospital Receipt (Original Only)
  - g. Investigation Reports with supporting prescriptions
  - h. Investigation Bills (Original Only)
  - i. Pharmacy Bills (Original Only) with supporting prescriptions
  - j. Any other Bills with supporting documents (Pl specify) (Original Only)
  - k. Summary of claim made providing details of Bill No, Date, Name of the Biller and Amount
  - l. All previous treatment papers related to Ailment.
  - m. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under



IFFCO-TOKIO GENERAL INSURANCE CO. LTD  
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

- Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.
- n. KYC (know your customer) form, if claim is more than 1 lac
  - o. Any other document (Pl specify)
5. If IFFCO-TOKIO seeks any further clarification or documents in support of the claim, Please respond along with all supporting documents within **15 days** from the date of query.
6. Please quote Your ID card number and Policy Number in all correspondence.
7. Please carry a copy of Sample Claim Form (Form A) along with you and get it filled up by the hospital before discharge.

#### **EMERGENCY ASSISTANCE SERVICES (ASSIST AMERICA)**

**Assist America** is an emergency assistance service provider. In India, this service is provided by AAEMSIL – Assist America Medical Services (India) Private Limited. It provides identified emergency medical assistance and personal services to people travelling more than 150 kilometers from their declared place of residence in India. IFFCO TOKIO has tied up with AAEMSIL to provide some of the emergency assistance services to its Individual Medishield, Swasthya Kavach and Comprehensive Accidental Hospitalization Policy holders.

#### **Assist America takes care of following emergency assistance services, wherever the facility is extended under your policy**

Medical Consultation, Evaluation and Referral  
Emergency Medical Evacuation  
Medical Repatriation  
Transportation to Join Patient  
Care and/or Transportation of Minor Children  
Emergency Message Transmission  
Return of Mortal Remains  
Emergency Cash Coordination (Source of funds in solely responsibility of insured)

**Note:** The provision of the Emergency Medical or Personal Assistance Services to You during the Period of Insurance by **Emergency Assistance Service Provider** does not necessarily mean that the hospitalization claim is admissible under the Policy.

**EMERGENCY ASSISTANCE SERVICES (Assist America) Telephone No: +91-40-23300654 / 55**

For more details, you may visit [www.assistamerica.com](http://www.assistamerica.com) or call Toll Free 1800 425 2955



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**  
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

## YOUR HEALTH IS OUR HAPPINESS – WISHING YOU A LONG AND HEALTHY LIFE

Disclaimer - This communication is only informative. Please refer to policy document for full information and the wording of policy (English Version) will only hold good for all legal matters.

### GUIDE TO YOUR ELECTRONIC GATEWAY

In our Endeavour to serve you better, we have created an electronic gate way to all your requirements. This helps you to access most of your information with great ease like the following.

1. Viewing and Printing of E-Card
2. Information on your Policy Terms and conditions
3. Updated Status on Your Claim
4. Guide Book
5. Network Hospital List

and many more.....

### ANNEXURE

#### How to access the portal?

Please log in to our website – [www.iffcotokio.co.in](http://www.iffcotokio.co.in) -> Health Insurance -> Claims

The screenshot shows the IFFCO-TOKIO website interface. At the top, there is a navigation bar with links for Business Products, Micro & Rural Insurance, Specialty Insurance, About Us, Agents, Careers, and CSR. A search bar is also present. Below this, a secondary navigation bar lists various insurance categories: Motor Insurance, Health Insurance (circled in red), Travel Insurance, Home Insurance, Other Insurance, Customer Services, Claims (circled in red), and Contact Us. The main content area displays several insurance products, including Swasthya Kavach Policy, Individual Medishield Policy, Critical Illness Policy, and Individual Personal Accident Policy. Each product has a 'Calculate Premium' and 'Buy Online' button. At the bottom, there is a 'Compare All the Products' section and a 'Quick Link' bar with options like Service Requests, Request for Change in Policy, Lapsed Policies, and Claims (circled in red with a red arrow pointing to it). A feedback button is visible on the right side.



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**  
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

**Please Click on "Claims Serviced by IFFCO TOKIO directly"**

Motor Insurance Health Insurance Travel Insurance Home Insurance Other Insurance Customer Services Claims Contact Us

Home > Claims > Claim Procedure

### Claim Procedure

All insurance contracts are based on the information provided by the insured in the proposal form. The proposal form forms the basis of insurance contracts.

In view of varied nature of policies, certain points distinct to individual policies, in addition to the above, are listed below. (Please note that the documents mentioned are indicative and based on the circumstances of the claim, insurer may request for additional documents)

Health Motor Travel Others

Claims Serviced through External TPAs Claims Serviced by IFFCO TOKIO directly

You can apply for a Health Insurance claim in 2 ways. You can either go for Cashless Claim or get Reimbursement for your claim. Given below are the procedures to be followed:

Call us at **1-800-103-5499** (Toll free)

SMS 'CONTACT' at **56677**

**Quick Links**

- Pay Premium
- Contact Us
- Branch Locator
- Hospital Locator

Feedback

- Please click on the relevant link to download any of the documents listed.
- Please click on Customer Login Link to view your personal data or to print E-Card

Business Products | Micro & Rural Insurance | Specialty Insurance | About Us | Agents | Careers | CSR

Motor Insurance Health Insurance Travel Insurance Home Insurance Other Insurance Customer Services Claims Contact Us

Home > Claims > Claim Procedure > Claims Serviced by IFFCO TOKIO Directly

### Claims Serviced By IFFCO TOKIO Directly

**LOGIN**

- Customer Login
- Provider Login
- Corporate Login
- Intermediary Login & Insurer Login

**DOWNLOADS**

- Guidebook
- Claim Form
- Cashless Request Form

Call us at **1-800-103-5499** (Toll free)

SMS 'CONTACT' at **56677**

**Quick Links**

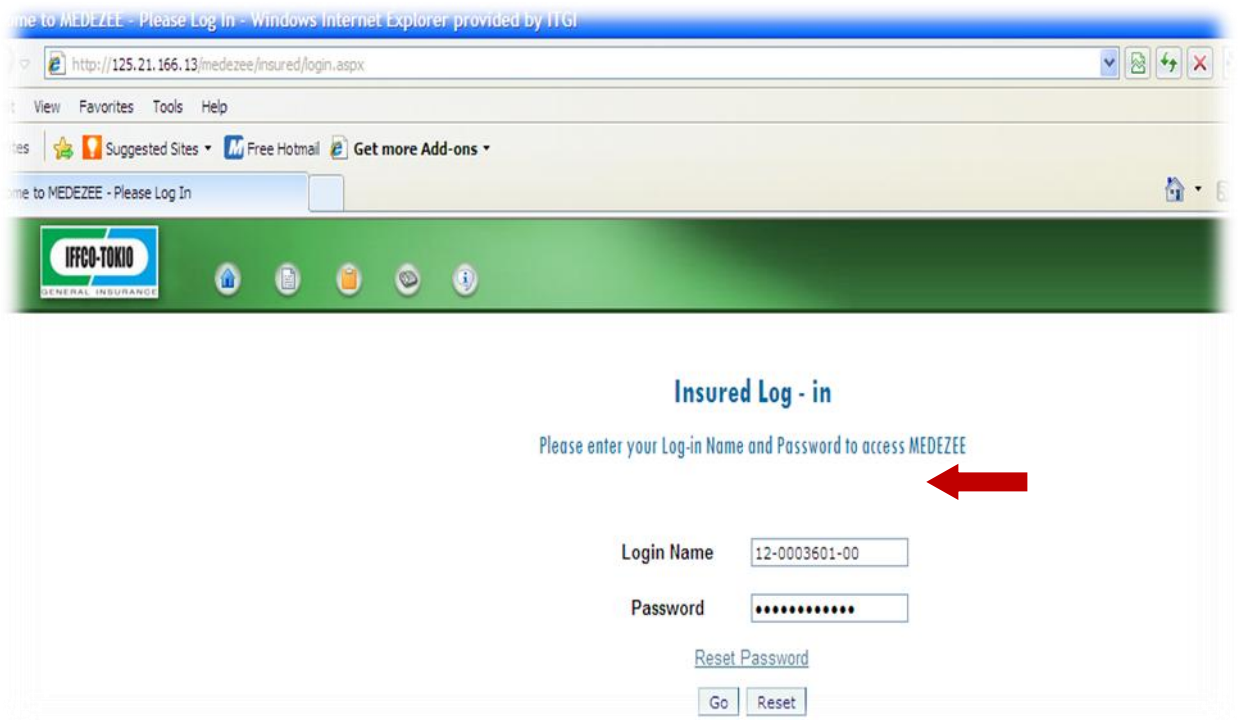
- Pay Premium
- Contact Us
- Branch Locator

Feedback



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Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

- a) Your Login Name is your ID card Number as displayed on your ID card. In case you do not have ID card Number, please contact our call centre at 18001035499.
- b) Please enter the same ID as Your Password, if you are logging in for the first time. You will be asked to change the password after the first log in. Please remember your password once it is changed. In case you forget the password please get in touch with our call center.





IFFCO-TOKIO GENERAL INSURANCE CO. LTD  
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

The screenshot shows a web browser window displaying the MEDEZEE member dashboard. The page is titled "MEDEZEE - Insured's Neighborhood" and includes a "Dashboard" header with a "LOG OUT" button. The main content area is divided into several sections:

- My Profile:** Displays member information for Munish, including Name, Address (Kovilambakkam, Chennai), Member ID (12-00036379-00), Date of Birth (06/03/1980), Phone, and Email.
- My Links:** Contains a link for "My FaceSheet".
- Cashless Approvals:** A section with a heading "My Recent Approvals" listing two approvals for conservative management at Max Super Speciality Hospital on 07 Mar 2012.
- My Claims:** A section with a heading "My Claims" listing one claim received for 10000.00 INR on 07 Mar 2012 for a visit to Max Super Speciality Hospital.
- My Visits:** A section with a heading "My Visits" listing two visits to Max Super Speciality Hospital on 07 Mar 2012, with total billed amounts of 27750.00 INR and 10000.00 INR.
- My Family:** A section listing family members: Neelu (Age 32, Spouse) and Nisha M (Age 10, Child).

Four red callout boxes with dashed arrows point to specific elements: "Demographic Details" points to the profile information; "Cashless Approvals" points to the "My Recent Approvals" section; "Claims' Update" points to the "My Claims" section; and "Click here for members' detail & E-card" points to the "My FaceSheet" link.



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

**STANDARD DISCHARGE SUMMARY:**

A discharge summary should cover following contents, so that the interpretation of the terms in the document and the information provided has uniformity.

**STANDARD CONTENTS OF DISCHARGE SUMMARY FORMAT:**

- a. Patient's Name\*:
- b. Telephone No / Mobile No\*:
- c. IPD No:
- d. Admission No:
- e. Treating Consultant/s Name, contact numbers and Department/Specialty:
- f. Date of Admission with Time:
- g. Date of Discharge with Time:
- h. MLC No/FIR No\*:
- i. Provisional Diagnosis at the time of Admission:
- j. Final Diagnosis at the time of Discharge:
- k. ICD-10 code(s) or any other codes, as recommended by the Authority, for Final diagnosis\*:
- l. Presenting Complaints with Duration and Reason for Admission:
- m. Summary of Presenting Illness:
- n. Key findings, on physical examination at the time of admission:
- o. History of alcoholism, tobacco or substance abuse, if any:
- p. Significant Past Medical and Surgical History, if any\*:
- q. Family History if significant/relevant to diagnosis or treatment:
- r. Summary of key investigations during Hospitalization\*:
- s. Course in the Hospital including complications if any\*:
- t. Advice on Discharge\*:
- u. Name & Signature of treating Consultant/ Authorized Team Doctor:
- v. Name & Signature of Patient / Attendant\*:

\* refer to guide notes below:

**GUIDE NOTES FOR FILLING DISCHARGE SUMMARY FORMAT:**

- a. The patient's name shall be the official name as appearing in the insurance policy document and the attendants should be made aware that it cannot be changed subsequently, because in some cases the attendants give the nick names which are different from documented names. As a matter of abundant precaution, all personal information should be shown to the patient/attendant and validated with their signatures.
- b. The contact numbers shall be specifically those of the patient and if pertaining to attendant, the same should be mentioned.
- c. Where applicable, copy of MLC/FIR needs to be attached
- d. Desirable not mandatory
- e. Significant past medical and surgical history shall be relevant to present ailment and shall provide the summary of treatment previously taken, reports of relevant tests conducted during that period. In case history is not given by patient, it should be specified as to who provided the same.
- f. Summary of key investigations shall appear chronologically consolidated for each type of investigation. If an investigation does not seem to be a logical requirement for the main disease/line of treatment, the admitting consultant should justify the reason for carrying out such test/investigation.
- g. The course in the hospital shall specify the line of treatment, medications administered, operative procedure carried out and if any complications arise during course in the hospital, the same should be specified. If opinion from another doctor from outside hospital is obtained, reason for same should be mentioned and also who decided to take opinion i.e. whether the admitting and treating consultant wanted the opinion as additional expertise or the patient relatives wanted the opinion for their reassurance.
- h. Discharge medication, precautions, diet regime, follow up consultation etc should be specified. If patient suffers from any allergy, the same shall be mentioned.
- i. The signatures/Thumb impression in the Discharge Summary shall be that of the patient because generally the patient is discharged after having improved. In other cases like Death summary or transfer notes in case of terminal illness, the attendant can sign, the inability of the patient to sign should be recorded by the attending doctor.

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

<b>DAY CARE PROCEDURES</b>	
<b>ENT: Operation of the ear</b>	<b>Procedures on the digestive tract</b>
1 Stapedotomy or Stapedectomy	82 Sclerotherapy
2 Myringoplasty (Type -I Tympanoplasty)	83 Therapeutic Ascitic Tapping
3 Tympanoplasty (closure of an eardrum perforation)	84 Endoscopic ligation /banding
4 Reconstruction and other Procedures of the auditory ossicles	85 Dilatation of digestive tract strictures
5 Myringotomy	86 Endoscopic ultrasonography and biopsy
6 Removal of a tympanic drain	
7 Mastoidectomy	<b>Replacement of Gastrostomy tube</b>
8 Reconstruction of the middle ear	87 Endoscopic decompression of colon
9 Fenestration of the inner ear	88 Therapeutic ERCP
10 Incision (opening) and destruction (elimination) of the inner ear	89 Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
	90 Endoscopic Gastrostomy
<b>ENT: Procedures on the nose &amp; the nasal sinuses</b>	91 Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
11 Excision and destruction of diseased tissue of the nose	92 Endoscopic Drainage of Pseudopancreatic cyst
12 Procedures on the turbinates (nasal concha)	93 Hernia Repair (Herniotomy / hernioraphy / hernioplasty)
13 Nasal sinus aspiration	<b>Procedures on the female sexual organs</b>
	94 Incision of the ovary
<b>ENT: Procedures on the tonsils &amp; adenoids</b>	95 Insufflation of the Fallopian tubes
14 Transoral incision and drainage of a pharyngeal abscess	96 Dilatation of the cervical canal
15 Tonsillectomy and / or adenoidectomy	97 Conisation of the uterine cervix
16 Excision and destruction of a lingual tonsil	98 Incision of the uterus (hysterotomy)
17 Quinsy drainage	99 Therapeutic curettage
	100 Culdotomy
<b>OPHTHALMOLOGY: Procedures on the eyes</b>	101 Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
18 Incision of tear glands	102 Procedures on Bartholin's glands (cyst)
19 Excision and destruction of diseased tissue of the eyelid	103 Endoscopic polypectomy
20 Procedures on the canthus and epicanthus	104 Myomectomy , hysteroscopic or laparoscopic biopsy or removal
21 Corrective surgery for entropion and ectropion	
22 Corrective surgery for blepharoptosis	<b>Procedures on the prostate &amp; seminal vesicles</b>
23 Removal of a foreign body from the conjunctiva	105 Incision of the prostate
24 Removal of a foreign body from the cornea	106 Transurethral excision and destruction of prostate tissue
25 Incision of the cornea	107 Open surgical excision and destruction of prostate tissue
26 Procedures for pterygium	108 Radical prostatovesiculectomy
27 Removal of a foreign body from the lens of the eye	109 Incision and excision of periprostatic tissue
28 Removal of a foreign body from the posterior chamber of the eye	
29 Removal of a foreign body from the orbit and eyeball	<b>Procedures on the scrotum &amp; tunica vaginalis testis</b>
30 Operation of cataract	110 Incision of the scrotum and tunica vaginalis testis
31 Chalazion removal	111 Operation on a testicular hydrocele
32 Glaucoma Surgery	112 Excision and destruction of diseased scrotal tissue
33 Surgery for Retinal detachment	113 Plastic reconstruction of the scrotum and tunica vaginalis testis
<b>Procedures on the skin &amp; subcutaneous tissues</b>	<b>Procedures on the testes</b>
34 Incision of a pilonidal sinus	114 Incision of the testes
35 Other incisions of the skin and subcutaneous tissues	115 Excision and destruction of diseased tissue of the testes



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Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

36 Surgical wound toilet (wound debridement)	116 Orchiectomy- Unilateral / Bilateral
37 Local excision or destruction of diseased tissue of the skin and subcutaneous tissues	117 Orchidopexy
38 Simple restoration of surface continuity of the skin and subcutaneous tissues	118 Abdominal exploration in cryptorchidism
39 Free skin transplantation, donor site	119 Surgical repositioning of an abdominal testis
40 Free skin transplantation, recipient site	120 Reconstruction of the testis
41 Revision of skin plasty	121 Implantation, exchange and removal of a testicular prosthesis
42 Restoration and reconstruction of the skin and subcutaneous tissues	
43 Chemosurgery to the skin	<b>Procedures on the spermatic cord, epididymis and Ductus Deferans</b>
44 Excision of Granuloma	122 Surgical treatment of a varicocele and hydrocele of spermatic cord
45 Incision and drainage of abscess	123 Excision in the area of the epididymis
	124 Epididymectomy
<b>Procedures on the tongue</b>	125 Reconstruction of the spermatic cord
46 Incision, excision and destruction of diseased tissue of the tongue	126 Reconstruction of the ductus deferens and epididymis
47 Partial glossectomy	
48 Glossectomy	<b>Procedures on the penis</b>
49 Reconstruction of the tongue	127 Procedures on the foreskin
	128 Local excision and destruction of diseased tissue of the penis
<b>Procedures on the salivary glands &amp; salivary ducts</b>	129 Amputation of the penis
50 Incision and lancing of a salivary gland and a salivary duct	130 Plastic reconstruction of the penis
51 Excision of diseased tissue of a salivary gland and a salivary duct	
52 Resection of a salivary gland	<b>Procedures on the urinary system</b>
53 Reconstruction of a salivary gland and a salivary duct	131 Cystoscopical removal of stones
	132 Lithotripsy
<b>Procedures on the mouth &amp; face</b>	133 Haemodialysis
54 External incision and drainage in the region of the mouth, jaw and face	134 PCNS (Percutaneous nephrostomy)
55 Incision of the hard and soft palate	135 PCNL (Percutaneous Nephro-Lithotomy)
56 Excision and destruction of diseased hard and soft palate	136 Tran urethral resection of bladder tumor
57 Incision, excision and destruction in the mouth	137 Suprapubic cystostomy
58 Plastic surgery to the floor of the mouth	
59 Palatoplasty	<b>Procedures of Respiratory System</b>
	138 Brochosopic treatment of bleeding lesion
<b>Trauma surgery and orthopaedics</b>	139 Brochosopic treatment of fistula /stenting
60 Incision on bone, septic and aseptic	140 Bronchoalveolar lavage & biopsy
61 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	141 Direct Laryngoscopy with biopsy
62 Suture and other Procedures on tendons and tendon sheath	142 Therapeutic Pleural Tapping
63 Reduction of dislocation under GA	
64 Arthroscopic knee aspiration	<b>Procedures of Heart and Blood vessels</b>
65 Aspiration of hematoma	143 Coronary angiography (CAG)
66 Excision of dupuytren's contracture	144 Coronary Angioplasty (PTCA)
67 Carpal tunnel decompression	145 Insertion of filter in inferior vena cava
68 Surgery for ligament tear	146 TIPS procedure for portal hypertension
69 Surgery for meniscus tear	147 Blood transfusion for recipient
70 Surgery for hemoarthrosis/pyoarthrosis	148 Therapeutic Phlebotomy
71 Removal of fracture pins/nails	149 Pericardiocentesis



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

72 Removal of metal wire	150 Insertion of gel foam in artery or vein
73 Joint Aspiration - Daignostic / therapeutic	151 Carotid angioplasty
	152 Renal angioplasty
<b>Procedures on the breast</b>	153 Varicose vein stripping or ligation
74 Incision of the breast	
75 Procedures on the nipple	<b>OTHER Procedures</b>
76 Excision of breast lump /Fibro adenoma	154 Radiotherapy for Cancer
	155 Cancer Chemotherapy
<b>Procedures on the digestive tract</b>	156 True cut Biopsy
77 Incision and excision of tissue in the perianal region	157 Endoscopic Foreign Body Removal
78 Surgical treatment of anal fistulas	158 Vaccination / Inoculation - Post Dog bite or Snake bite
79 Surgical treatment of haemorrhoids	159 Endoscopic placement/removal of stents
80 Division of the anal sphincter (sphincterotomy)	160 Tumor embolisation
81 Ultrasound guided aspirations	161 Aspiration of an internal abscess under ultrasound guidance

LIST OF NON PAYABLE ITEMS	
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1 HAIR REMOVAL CREAM	41 GUEST SERVICES

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

2 BABY CHARGES (UNLESS SPECIFIED/INDICATED)	42 BED PAN
3 BABY FOOD	43 BED UNDER PAD CHARGES
4 BABY UTILITES CHARGES	44 CAMERA COVER
5 BABY SET	45 CLINIPLAST
6 BABY BOTTLES	46 CREPE BANDAGE
7 BRUSH	47 CURAPORE
8 COSY TOWEL / TOWEL	48 DIAPER OF ANY TYPE
9 HAND WASH	49 DVD, CD CHARGES
10 M01STUR1SER PASTE BRUSH	50 EYELET COLLAR
11 POWDER	51 FACE MASK
12 RAZOR	52 FLEXI MASK
13 SHOE COVER	53 GAUSE SOFT
14 BEAUTY SERVICES	54 GAUZE
15 BELTS/ BRACES	55 HAND HOLDER
16 BUDS	56 HANSAPLAST/ADHESIVE BANDAGES
17 BARBER CHARGES	57 INFANT FOOD
18 CAPS	58 SLINGS
19 COLD PACK/HOT PACK	<b>ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES</b>
20 CARRY BAGS	59 WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
21 CRADLE CHARGES	60 COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC
22 COMB	61 DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
23 DISPOSABLES RAZORS CHARGES ( for site preparations)	62 HORMONE REPLACEMENT THERAPY
24 EAU-DE-COLOGNE / ROOM FRESHNERS	63 HOME VISIT CHARGES
25 EYE PAD	64 INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
26 EYE SHEILD	65 OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY
27 EMAIL / INTERNET CHARGES	66 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy unless
28 FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	67 CORRECTIVE SURGERY FOR REFRACTIVE ERROR
	68 TREATMENT OF SEXUALLY TRANSMITTED DISEASES
	69 DONOR SCREENING CHARGES

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Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

29 FOOT COVER	70 ADMISSION/REGISTRATION CHARGES
30 GOWN	71 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
31 LEGGINGS	72 EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
32 LAUNDRY CHARGES	73 ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
33 MINERAL WATER	74 STEM CELL IMPLANTATION/ SURGERY and storage
34 OIL CHARGES	<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>
35 SANITARY PAD	75 WARD AND THEATRE BOOKING CHARGES
36 SLIPPERS	76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
37 TELEPHONE CHARGES	77 MICROSCOPE COVER
38 TISSUE PAPER	78 SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
39 TOOTH PASTE	79 SURGICAL DRILL
40 TOOTH BRUSH	80 EYE KIT
81 EYE DRAPE	121 MEDICAL CERTIFICATE
82 X-RAY FILM	122 MAINTENANCE CHARGES
83 SPUTUM CUP	123 MEDICAL RECORDS
84 BOYLES APPARATUS CHARGES	124 PREPARATION CHARGES
85 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	125 PHOTOCOPIES CHARGES
86 Antiseptic or disinfectant lotions Not Payable	126 PATIENT IDENTIFICATION BAND / NAME TAG
87 BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	127 WASHING CHARGES
88 COTTON	128 MEDICINE BOX
89 COTTON BANDAGE	129 MORTUARY CHARGES
90 MICROPOR/ SURGICAL TAPE	130 MEDICO LEGAL CASE CHARGES (MLC CHARGES)
91 BLADE	<b>EXTERNAL DURABLE DEVICES</b>
92 APRON	131 WALKING AIDS CHARGES
93 TORNIQUET	132 BIPAP MACHINE
94 ORTHOBUNDLE, GYNAEC BUNDLE	133 COMMODE
95 URINE CONTAINER	134 CPAP/ CAPD EQUIPMENTS
<b>ELEMENTS OF ROOM CHARGE</b>	135 INFUSION PUMP
96 LUXURY TAX	136 OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)

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97 HVAC Part of room charge not	137 PULSEOXYMETER CHARGES
98 HOUSE KEEPING CHARGES	138 SPACER
99 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	139 SPIROMETRE
100 TELEVISION & AIR CONDITIONER CHARGES	140 SPO2 PROBE
101 SURCHARGES	141 NEBULIZER KIT
102 ATTENDANT CHARGES	142 STEAM INHALER
103 IM IV INJECTION CHARGES	143 ARMSLING
104 CLEAN SHEET	144 THERMOMETER
105 EXTRA DIET OF PATIENT	145 CERVICAL COLLAR
106 BLANKET/WARMER BLANKET	146 SPLINT
ADMINISTRATIVE OR NON-MEDICAL CHARGES	147 DIABETIC FOOT WEAR
107 ADMISSION KIT	148 KNEE BRACES ( LONG/ SHORT/ HINGED)
108 BIRTH CERTIFICATE	149 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
109 BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	150 LUMBOSACRAL BELT
110 CERTIFICATE CHARGES	151 NIMBUS BED OR WATER OR AIR BED CHARGES
111 COURIER CHARGES	152 AMBULANCE COLLAR
112 CONVENYANCE CHARGES	153 AMBULANCE EQUIPMENT
113 DIABETIC CHART CHARGES	154 MICROSHEILD
114 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	155 ABDOMINAL BINDER
115 DISCHARGE PROCEDURE CHARGES	<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>
116 DAILY CHART CHARGES	156 BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\ \DISINFECTANTS ETC
117 ENTRANCE PASS / VISITORS PASS CHARGES	157 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
118 EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	158 NUTRITION PLANNING CHARGES
119 FILE OPENING CHARGES	159 SUGAR FREE Tablets Payable -S u g a r free
120 INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	160 CREAMS POWDERS LOTIONS
161 Digestion gels	180 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
162 ECG ELECTRODES	181 EXAMINATION GLOVES
163 GLOVES Sterilized Gloves	182 KIDNEY TRAY
164 HIV KIT	183 MASK



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165 LISTERINE/ ANTISEPTIC MOUTHWASH	184 OUNCE GLASS
166 LOZENGES	185 OUTSTATION CONSULTANT'S/ SURGEON'S FEES
167 MOUTH PAINT	186 OXYGEN MASK
168 NEBULISATION KIT If used d u rin g	187 PAPER GLOVES
169 NOVARAPID	188 PELVIC TRACTION BELT
170 VOLINI GEL/ ANALGESIC GEL	189 REFERAL DOCTOR'S FEES
171 ZYTEE GEL	190 ACCU CHECK ( Glucometry/ Strips)
172 VACCINATION CHARGES Routine Vaccination not	191 PAN CAN
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE</b>	192 SOFNET
173 AHD	193 TROLLY COVER
174 ALCOHOL SWABES	194 UROMETER, URINE JUG
175 SCRUB SOLUTION/STERILLIUM	195 AMBULANCE
<b>OTHERS</b>	196 TEGADERM / VASOFIX SAFETY Payable - maximum o f 3
176 VACCINE CHARGES FOR BABY	197 URINE BAG
177 AESTHETIC TREATMENT / SURGERY	198 SOFTOVAC
178 TPA CHARGES	199 STOCKINGS Essential for case like
179 VISCO BELT CHARGES	CABG etc. where it should be paid