



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

Phone : 044 - 2828 8800 Fax : 044 - 2831 9100 Website : www.starhealth.in

CIN : U68010TN2005PLC056649 Email:info@starhealth.in Website:www.starhealth.in IRDA Regn. No: 129

STAR CARDIAC CARE INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHA/P-HV.II/397/13-14

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

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

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

1. SECTION 1

- A. Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 2% of the sum insured, subject to a maximum of Rs.5,000/- per day
- B. Surgeon, anesthetist, medical practitioner, consultants, specialist fees.
- C. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy and similar expenses.
- D. Emergency ambulance charges, actual subject to a maximum of Rs. 750/- per hospitalization and overall limit of Rs.1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment. Provided however there is an admissible claim under the policy.
- E. Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease / illness, injury sustained following an admissible claim under the policy.
- F. Post-Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs5,000/- per hospitalization. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken.

Where package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at Rs 5,000/- per day.

The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours. However this time limit will not apply to the **day-care treatments** detailed elsewhere in the policy.

The expenses incurred on treatment of cataract are payable up-to the limits mentioned in the schedule.

The expenses incurred for treatment of any cardiac related ailments shall be payable only under Section 2.

SECTION 2

Subject to limits indicated in the schedule, the Company will pay

Under Silver Plan:-For expenses as listed under A to F above incurred as an inpatient for treatment in respect of all cardiac related complications that necessitate surgery/intervention after 90 days of coverage under this policy.

Under Gold Plan:- For expenses as listed under A to F above incurred as an inpatient for treatment in respect of all cardiac related complications that necessitates admission for medical management, surgery/intervention after 90 days of coverage under this policy

In so far as stenting is concerned, under both the plans, the company will pay such amount up to the extent of the cost of bare metal stent/drug eluting cobalt chromium stent/drug eluting stainless steel stent.

2. DEFINITIONS

Accident/Accidental means a sudden unforeseen involuntary event caused by external violent and visible means.

Any one illness 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 has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

CABG means Coronary Artery Bypass Graft

Company means Star Health and Allied Insurance Company Limited

Co-payment is a cost-sharing requirement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital External means congenital anomaly which is not in the visible and accessible parts of the body.

Congenital Internal means congenital anomaly which is not in the visible and accessible parts of the body.

Day Care treatment means medical treatment and/or surgical procedure which is :-

- a. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and
- b. Which would have otherwise required a hospitalization of more than 24 hours

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

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

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

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

Disclosure to information norm: The Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

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.

Hospital / Nursing Home 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:

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

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

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

Intervention means accessing the blood supply to the heart or heart chambers by the intra vascular route.

Medical Management means managing complications related to Heart Disease with appropriate drugs in Intensive Care Unit/High Dependency Unit/Wards. This does not include doing any procedure under Anesthesia.

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 there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

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

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

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

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

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

Pre-Existing Disease means any condition, ailment or injury or related condition (s) for which the insured had signs or symptoms, and/or were diagnosed, and/or received medical advice /treatment within 48 months prior to the Insured's first policy with any Indian insurer

Pre Hospitalization 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 the Insurance Company

Post Hospitalization means Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

- a. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

PTCA means Percutaneous Transluminal Coronary Angioplasty

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

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

Room Rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.

Surgery/Surgical Operation 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.

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

3. EXCLUSIONS

Applicable to Section I

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

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer except to the extent specifically provided under Section 2. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group Insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the first two years of continuous operation of insurance cover, the following are not payable
 - a. The expenses for treatment of cataract, glaucoma, retinal detachment/ macular degeneration, prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, benign prostatic hypertrophy, deviated nasal septum, sinusitis, tonsillitis, nasal polyps, Chronic Suppurative Otitis Media and related disorders, stapedectomy, thyroid diseases, hernia, hydrocele, fistula/fissure in ano and hemorrhoids congenital internal disease/defect .
 - b. All treatments (conservative, interventional, laparoscopic and open) for Hepatobiliary gall bladder and pancreatic calculi and genitourinary calculi.
 - c. All treatments (conservative, interventional, laparoscopic and open) for uterine prolapse, dysfunctional uterine bleeding, fibroids, pelvic inflammatory diseases, all diseases of fallopian tubes and ovaries,
 - d. Conservative and operative treatment of joint diseases [other than caused by an accident]
 - e. All types of joint replacement
 - f. Degenerative disc and vertebral diseases and degenerative diseases of the musculo-skeletal systemIf these are Pre-Existing at the time of proposal they will be covered subject to the waiting period mentioned in Exclusion 1 above
The exclusion 3 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break. The claim for such illnesses/diseases /disabilities contracted / suffered if admitted will be processed as per the sum insured of immediately preceding 24 months policy only and where there is a change in the sum insured in the second continuous policy year the lower of the sum insured will apply.
4.
 - a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident,
 - b) Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
 - c) Inoculation or change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness).
5. Cost of spectacles and contact lens, hearing aids including cochlear implants, walkers, and crutches wheel chairs including CPAP, CAPD, infusion pump and such other similar aids.
6. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization.
7. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychosomatic, mental and behavioral disorders, Congenital external disease or defects or anomalies, venereal disease, intentional self injury and use of intoxicating drugs/alcohol smoking and tobacco chewing
8. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic gestation pregnancy), family planning treatment. All types of treatment for infertility
9. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of eye disorders requiring intra vitreal injections.
10. Expenses incurred on weight control services including surgical procedures for treatment of obesity and medical treatment for weight control

11. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic
12. 10% of each and every claim amount for insured persons beyond 60 years of age at entry level and renewals thereafter.

Applicable to Section II

13. **Expenses incurred for treatment in respect of all cardiac related complications during the first 90 days of continuous coverage under this policy.**

Common exclusions applicable for Section I & Section II

14. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
15. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
16. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
17. Charges incurred at Hospital or Nursing Home primarily for diagnostic purpose, (X-ray or laboratory tests) not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
18. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
19. Naturopathy treatment unconventional, untested/unproven/experimental therapies or treatments
20. Hospital registration charges, admission charges, record charges telephone charges and such other charges.
21. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy and such other similar therapies.
22. Stem cell transplantation and/or therapy, Immunotherapy.
23. Other expenses as detailed elsewhere in the policy.

4. CONDITIONS

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

Note: Conditions 2 & 3 are precedent to admission of liability under the policy.

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

4. The Insured Person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim

Documents to be submitted in support of claim are –

For reimbursement claims

- a. Duly completed claim form,
- b. Pre-admission investigations and treatment papers
- c. Discharge summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

For Cashless Treatment:

Prescriptions, receipts and reports for Pre and Post-hospitalization

Note: The Company may call for additional documents wherever required.

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, 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 approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

5. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.
7. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
8. **Renewal:** The policy will be renewed except on grounds of misrepresentation / fraud committed, non disclosure of material facts as declared in the proposal form.

If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured, then the restrictions as applicable to a fresh policy will apply to the additional sum insured as if a separate policy has been issued for the difference.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 15 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

9. **Free Look Period :** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy

10. **Portability:** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

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

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of annual premium
Up to three Months	½ of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium

12. **Automatic Termination:** The insurance under this policy with respect to each relevant insured person policy shall terminate immediately upon the death of the Insured Person

13. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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

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

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

14. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.
15. **Package Charges:** The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the hospital). This is applicable only for Section 1
16. **Policy disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusion contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.
17. **Notice:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1 New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax: 044-28319100 Toll Free Fax No. 1800 425 5522, E-Mail : info@starhealth.in
Notice and instructions will be deemed served 7 days after posting or **immediately** upon receipt in the case of hand delivery, facsimile or e-mail.
18. **Customer Service** If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours
19. **Grievances:** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

Grievance Department,

Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.
or Call 044-28288821 during normal business hours or Send e-mail to grievances@starhealth.in

In the event of the following grievances:

- 1 any partial or total repudiation of claims by an insurer;
- 2 any dispute in regard to premium paid or payable in terms of the policy;
- 3 any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- 4 delay in settlement of claims;
- 5 Non-issuance of any insurance document to customer after receipt of the premium

the Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

List of Ombudsman	
Contact Details	Areas of Jurisdiction
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 . Tel.: 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat Union Territory of Dadra & Nagar Haveli Daman and Diu
Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023 . Tel.: 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009 . Tel.: 0674-2596455 Email ioobbsr@dataone.in	Orissa
Office of the Insurance Ombudsman, 2nd Floor, Batra Building, S.C.O. No.101-103, Sector 17-D, CHANDIGARH-160 017 . Tel.: 0172-2706468, Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana Himachal Pradesh, Jammu & Kashmir Union Territory of Chandigarh
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018 Tel:- 044-24333668 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu Union Territory-Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)
Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002 . Tel.: 011-23239633 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM) . Tel:- 0361-2132204/5, Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur Mizoram, Arunachal Pradesh Nagaland and Tripura
Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 . Tel : 040-65504123 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh Karnataka and Union Territory of Yanam a part of the Union Territory of Pondicherry
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015 . Tel : 0484-2358759 / 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072 . Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar Jharkhand and Union Territory of Andaman & Nicobar Islands Sikkim
Office of the Insurance Ombudsman, Jeevan Bhawan, 6 th Floor, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001 . Tel : 0522 -2231331 / 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054 . Tel : 022-26106928 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

List of Day Care Treatments

ENT	
1 Stapedotomy	13 Removal of Tympanic Drain under LA
2 Stapedectomy under LA	14 Fenestration of the inner ear
3 Revision of a stapedectomy	15 Revision of the fenestration of the inner ear.
4 Endoscopic Stapedectomy	16 Labyrinthectomy for severe Vertigo
5 Stapedectomy under GA	17 Vestibular Nerve section
6 Ossiculoplasty	18 Turbinectomy
7 Myringoplasty(Type I Tympanoplasty)	19 Turbinoplasty
8 Tympanoplasty (Type II)	20 Conchoplasty
9 Tympanoplasty (Type III)	21 Septoplasty
10 Tympanoplasty (Type IV)	22 Reduction of fracture of Nasal Bone
11 Endolymphatic Sac Surgery for Meniere's Disease	23 Pseudocyst of the Pinna - Excision
12 Myringotomy with Grommet Insertion	24 Incision and drainage - Haematoma Auricle
	25 Keloid excision

26 Incision and drainage of perichondritis

27 Exision of Angioma Septum

28 Thyroplasty Type I

29 Thyroplasty Type II

30 Uvula Palato Pharyngo Plasty

Ophthalmology

31 Incision of tear glands

32 Other operation on the tear ducts

33 Incision of diseased eyelids

34 Exision and destruction of the diseased tissue of the eyelid

35 Operation on the canthus and epicanthus

36 Corrective surgery of the entropion and ectropion

37 Corrective surgery of blepharoptosis

38 Removal of foreign body from conjunctiva

39 Removal of Foreign body from cornea

40 Incision of the cornea

41 Oprations for pterygium

42 Other operations on the cornea

43 Removal of foreign body from the lens of the eye.

44 Removal of foreign body from the posterior chamber of the eye

45 Removal of foreign body from the orbit and the eye ball.

46 Surgery for cataract

General Surgery

47 Incision of a pilonidal sinus abcess

48 Incision and drainage of Abscess

49 Wound debridement and Cover

50 Abscess-Decompression

51 Split Skin Grafting under RA.

52 Split Skin Grafting under GA

53 Exision of Ranula under GA

54 Partial glossectomy

55 Glossectomy

56 Reconstruction of the tongue

57 Excision of Pharyngeal Diverticulam

58 Doleman Procedure

59 Resection of submandibular salivary glands

60 Reconstruction of a salivary gland and salivary duct

61 Submandibulor Sialolithotomy

62 Plastic surgery to the floor of the mouth.under GA

63 Rigid Oesophagoscopy for PV syndrome

64 Rigid Oesophagoscopy for FB removal

65 Rigid Oesophagoscopy for dilation of benign Strictures

66 Palatoplasty

67 Vocal Cord laterisation Procedure

68 Transoral incision and drainage of a pharyngeal abcess

69 Toncillectomy without adenoidectomy

70 Tonsillectomy with adenoidectomy

71 Incision & Drainage of Retro Pharyngeal Abcess

72 Incision & Drainage of Para Pharyngeal Abcess

Urology

73 Bladder Neck Incision

74 Cystoscopy & Biopsy

75 Cystoscopy and removal of polyp

76 Hydrocoelectomy

77 Eversion of Sac

A) Unilateral

b)Bilateral

78 Lord's plication

79 Jaboulay's Procedure

80 Scrotoplasty

81 Debridement of Fournier's Gangrene

82 Surgical treatment of varicocele

83 Epididymectomy

84 Reconstruction of the spermatic cord

85 Reconstruction of the ductus deferens

86 Circumcision for Trauma

87 Amputation of the Penis

88 Meatoplasty

89 Partial amputation of the Penis

90 Cystoscopic Litholapaxy

91 ESWL

92 Haemodialysis

ONCOLOGY

93 Cancer Chemo therapy

94 EB RT - Telecobalt

95 EB RT - LINAC

96 EB RT - Rapid Arc

97 EB RT - IGRT

98 EB RT - SRS / SRT

99 Intra cavityory RT

100 Brachytherapy - HDR

101 Brachy therapy - LDR

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

Other Excluded Expenses
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS

1	Anne French Charges	44	Bed Pan
2	Baby Charges (unless Specified/indicated)	45	Bed Under Pad Charges
3	Baby Food	46	Camera Cover
4	Baby Utilites Charges	47	Care Free
5	Baby Set	48	Cliniplast
6	Baby Bottles	49	Crepe Bandage
7	Bottle	50	Curapore
8	Brush	51	Diaper Of Any Type
9	Cosy Towel	52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For)
10	Hand Wash	53	Eyelet Collar
11	Moisturiser Paste Brush	54	Face Mask
12	Powder	55	Flexi Mask
13	Razor	56	Gause Soft
14	Towel	57	Gauze
15	Shoe Cover	58	Hand Holder
16	Beauty Services	59	Hansaplast/ Adhesive Bandages
17	Belts/ Braces (Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine)	60	Lactogen/ Infant Food
18	Buds	61	Slings (Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable)
19	Barber Charges		Items Specifically Excluded In The Policy
20	Caps	62	Weight Control Programs/ Supplies/ Services
21	Cold Pack/hot Pack	63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
22	Carry Bags	64	Dental Treatment Expenses That Do Not Require Hospitalisation
23	Cradle Charges	65	Hormone Replacement Therapy
24	Comb	66	Home Visit Charges
25	Disposables Razors Charges (For Site Preparations)	67	Infertility/ Subfertility/ Assisted Conception Procedure
26	Eau-de-cologne / Room Freshners	68	Obesity (Including Morbid Obesity) Treatment
27	Eye Pad	69	Psychiatric & Psychosomatic Disorders
28	Eye Sheild	70	Corrective Surgery For Refractive Error
29	Email / Internet Charges	71	Treatment Of Sexually Transmitted Diseases
30	Food Charges (other Than Patient's Diet Provided By Hospital)	72	Donor Screening Charges
31	Foot Cover	73	Admission/registration Charges
32	Gown	74	Hospitalisation For Evaluation/ Diagnostic Purpose)
33	Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable)	75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed
34	Laundry Charges	76	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /hiv/ Aids Etc Is Detected/ Directly Or Indirectly (however Please See Specific Exclusion For This Purpose)
35	Mineral Water	77	Stem Cell Implantation/ Surgery
36	Oil Charges		Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is
37	Sanitary Pad	78	Ward And Theatre Booking Charges
38	Slippers	79	Arthroscopy & Endoscopy Instruments
39	Telephone Charges	80	Microscope Cover
40	Tissue Paper	81	Surgical Blades,harmonic Scalpel,shaver
41	Tooth Paste	82	Surgical Drill
42	Tooth Brush		
43	Guest Services		

83	Eye Kit	128	Photocopies Charges
84	Eye Drape	129	Patient Identification Band / Name Tag
85	X-ray Film	130	Washing Charges
86	Sputum Cup	131	Medicine Box
87	Boyles Apparatus Charges	132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)
88	Blood Grouping And Cross Matching Of Donors Samples	133	Medico Legal Case Charges (mlc Charges)
89	Savlon		External Durable Devices
90	Band Aids, Bandages, Sterile Injections, Needles, Syringes	134	Walking Aids Charges
91	Cotton	135	Bipap Machine
92	Cotton Bandage	136	Commode
93	Micropore/ Surgical Tape	137	Cpap/ Capd Equipments
94	Blade	138	Infusion Pump - Cost
95	Apron	139	Oxygen Cylinder (for Usage Outside The Hospital)
96	Tomiquet	140	Pulseoxymeter Charges
97	Orthobundle, Gynaec Bundle	141	Spacer
98	Urine Container Elements Of Room Charge	142	Spirometre
99	Luxury Tax	143	Spo2 Probe
100	Hvac	144	Nebulizer Kit
101	House Keeping Charges	145	Steam Inhaler
102	Service Charges Where Nursing Charge Also Charged	146	Armsling
103	Television & Air Conditioner Charges	147	Thermometer
104	Surcharges	148	Cervical Collar
105	Attendant Charges	149	Splint
106	Im Iv Injection Charges	150	Diabetic Foot Wear
107	Clean Sheet	151	Knee Braces (Long/ Short/ Hinged)
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	152	Knee Immobilizer/shoulder Immobilizer
109	Blanket/warmer Blanket	153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)
	Administrative Or Non-medical Charges	154	Nimbus Bed Or Water Or Air Bed Charges (except For Treatment Of Patients In Icu For More Than 6 Consecutive Days, Patients With Paraplegia /quadriplegia. Up To A Maximum Of Rs.200/- Per Day)
110	Admission Kit	155	Ambulance Collar
111	Birth Certificate	156	Ambulance Equipment
112	Blood Reservation Charges And Ante Natal Booking Charges	157	Microshield
113	Certificate Charges	158	Abdominal Binder (except For Post-surgery Patients Of Major Abdominal Surgery Including Tah, Lscs Incision Hemia Repair, Exploratory Laparotomy For Intestinal Obstructions , Liver Transplant Etc)
114	Courier Charges		Items Payable If Supported By A Prescription
115	Convenyance Charges	159	Betadine \ Hydrogen Peroxide\spirit\delto\ (payable When Prescribed For Patient, Not Payable For Hospital Use In Ot Or Ward Or For Dressings In Hospital)
116	Diabetic Chart Charges	160	Private Nurses Charges- Special Nursing Charges
117	Documentation Charges / Administrative Expenses	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
118	Discharge Procedure Charges	162	Alex Sugar Free
119	Daily Chart Charges	163	Creams Powders Lotions (toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
120	Entrance Pass / Visitors Pass Charges	164	Digene Gel/ Antacid Gel (payable When Prescribed)
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)	165	Ecg Electrodes (except Upto 5 Electrodes For Every Case Visiting Ot Or Icu. For Longer Stay In Icu, Least One Set Every Second Day Payable.
122	File Opening Charges		
123	Incidental Expenses / Misc. Charges (not Explained)		
124	Medical Certificate		
125	Maintainance Charges		
126	Medical Records		
127	Preparation Charges		

166	Gloves (except For Sterilized Gloves)	186	Kidney Tray
167	Hiv Kit	187	Mask
168	Listerine/ Antiseptic Mouthwash (except If Prescribed)	188	Ounce Glass
169	Lozenges (except If Prescribed)	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
170	Mouth Paint (except If Prescribed)	190	Oxygen Mask
171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)	191	Paper Gloves
172	Neosprin (except If Prescribed)	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
173	Novarapid (except If Prescribed)	193	Referral Doctor's Fees
174	Volini Gel/ Analgesic Gel ((except If Prescribed))	194	Accu Check (Glucometry/ Strips)
175	Zytee Gel (except If Prescribed)	195	Pan Can
176	Vaccination Charges (except For Post Bite Treatment)	196	Sofnet
177	Ahd	197	Trolley Cover
178	Alcohol Swabs	198	Urometer, Urine Jug
179	Scrub Solution/sterillium	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta)
180	Vaccine Charges For Baby	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
181	Aesthetic Treatment / Surgery	201	Urine Bag (payable Where Medically Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
182	Tpa Charges	202	Softovac
183	Visco Belt Charges	203	Stockings (except For Case Like Cabg Etc.)
184	Any Kit With No Details Mentioned [delivery Kit,		
185	Examination Gloves		

