

STAR WEDDING GIFT INSURANCE

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/133/13-14

The Proposal, Declaration and other documents if any given by the proposer forms the basis of this policy of insurance.

In consideration of the premium paid in full and subject to the terms and conditions as set out in the Schedule with all its Parts, the Company by this Policy agrees as under :-

If during the period stated in the Schedule the insured Person, upon the advice of the duly Qualified Physician/Medical Specialist /Medical Practitioner or of duly Qualified Surgeon incurs Hospitalization expenses for medical/surgical treatment at any Nursing Home / Hospital in India as an inpatient for any disease contracted or any illness suffered or bodily injury sustained through accident or for delivery of a baby, for which hospitalisation is necessary , the Company will pay to the Insured Person the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured stated in the schedule hereto.

1. COVERAGE

- A) Room, Boarding, Nursing Expenses as provided by the Hospital/Nursing Home up to Rs4000/- per day.
- B) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- D) Expenses for delivery of a baby either normal or by Caesarean up-to the limits mentioned in the schedule. (including pre-natal and post natal).
- E) Expenses incurred on treatment for complications to the insured mother post delivery. Note : Claim for Post Partum Haemorrhage admissible only where it is severe requiring hysterectomy and is payable only if there is an admissible claim under D above.
- F) Expenses up-to the limits mentioned in the Schedule, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries provided there is a admissible claim under D above.

Note : Where the New-Born is diagnosed to be affected by Down's syndrome or Cerebral Palsy the Company will pay as lump-sum the amount mentioned in the Schedule and the cover for the baby would continue for treatment of diseases other than for Down's Syndrome or Cerebral Palsy up-to the limits provided

- G) Emergency ambulance charges up-to a sum of Rs1000/- per hospitalisation and overall limit of Rs. 1500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalisation claim is admissible as per the Policy.
- H) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness, injury sustained following an admissible claim under the policy.
- I) A sum equivalent to 7% of the hospitalisation expenses incurred comprising of Nursing Charges, Surgeon/Consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs.5000/- per occurrence towards Post Hospitalisation medical expenses wherever recommended by the attending Medical Practitioner.

Note: Pre-Hospitalisation and Post Hospitalisation expenses shall not be payable where the hospitalisation is for delivery of a child.

Where Package rates are charged by the hospitals the Post-Hospitalisation benefit will be calculated after taking the room, boarding and nursing charges at Rs.4000/- per day.

Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for Dialysis, Chemotherapy, Radiotherapy, Cataract surgery, Dental Surgery following accident, Lithotripsy, Tonsillectomy, Treatment of Fracture/Dislocation, Incision and Draining of Abscess, Liver Aspiration, Pleural Effusion Aspiration, Sclerotherapy, Dental Surgery following accident taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

The amount payable in respect of the following treatment is up-to the limit mentioned there-against:

Cataract surgery- Rs.20000/- in respect of one eye and Rs.30000/- in the entire policy period

Lithotripsy	-	Rs. 20000/-
Tonsillectomy	-	Rs. 15000/-
Incision and Draining of Superficial Abscess	-	Rs. 1500/-
Incision and Draining of Deep seated Abscess	-	Rs. 4000/-
Liver Aspiration	-	Rs. 2000/-
Pleural Effusion Aspiration	-	Rs. 2000/-
Sclerotherapy	-	Rs. 5000/-
Treatment of Fracture/Dislocation	-	Rs. 2000/-
Chalazion	-	Rs. 3000/-
Tympanoplasty	-	Rs. 20000/-
Dialysis	-	Rs. 1200/- per sitting.

Test for detecting congenital abnormalities in the foetus Rs. 1000/- (payable only once after 27 months of continuous renewal with the Company)

Provided the waiver of the minimum period of 24 hours hospitalisation is limited to the above noted treatments only.

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

2. DEFINITIONS

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

Company means Star Health and Allied Insurance Company Limited.

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

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

Congenital External Congenital anomaly which is in the visible and accessible parts of the body.

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

Disclosure of information norm means 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.

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period 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

1. Has qualified nursing staff under its employment round the clock;
2. 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;
3. Has qualified medical practitioner(s) in charge round the clock.
4. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
5. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

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.

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

Medical Practitioner means 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.

Network Hospital means all such hospitals, day care centers or other providers that the Company has 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

New Born Baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Pre-Existing Disease/condition means any condition, ailment or injury or related condition (s) for which the insured had signs and 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 Hospitalisation means medical expenses incurred immediately before the Insured Person is Hospitalised, provided that :

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. 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:

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

Pre-Natal Expenses mean expenses incurred 12 weeks before child delivery and during pregnancy

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

Post-Natal Expenses mean expenses incurred 12 weeks post delivery.

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

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

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

3. EXCLUSIONS

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

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. 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 date of commencement of the policy.
This condition no. 2 above shall not however apply in case of the Insured Person having been covered under this scheme or any health insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break.
3. Expenses for delivery of a child within 36 months of continuous renewal from the date of commencement of this policy with the company .
4. During the First two Years of continuous operation of Insurance cover the expenses on treatment of Cataract, Hysterectomy, Dysfunctional Uterine Bleeding (DUB), Fibroid Uterus, Prolapsed Uterus, Treatment of Internal Derangement of Knee (other than caused by an accident), Treatment for Joints (other than caused by an accident), Intervertebral Disc Prolapse (other than caused by accident), degenerative Vertebral and Disc diseases, Varicose veins and Varicose ulcers. If these (other than congenital internal diseases/defects) are Pre-Existing at the time of proposal they will be covered subject to exclusion number 1 above.
5. During the first year of operation of the Insurance cover the expenses on treatment of Deviated Nasal Septum, Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, Piles, Fissure in anus, Sinusitis, and related disorders, Nasal Polyps, gall bladder calculi and renal calculi are not payable. If these diseases are Pre-Existing at the time of proposal they will be covered subject exclusion No1 above.
Note: Congenital disease/defects whether internal or external are covered for the Newborn.
6. The amount of claim indicated in the schedule to be borne by the Insured Person.
7. 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)
8. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for post-bite treatment) or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
9. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs and such other aids.
10. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
11. Convalescence, general debility, Run-down condition or rest cure, Psychosomatic disorders, Congenital external disease or defects or anomalies, infertility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
12. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
13. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital / nursing home.
14. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
15. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials
16. Treatment arising from or traceable to pregnancy (other than ectopic pregnancy), miscarriage, abortion or complications of any of these other than what is stated under clause 1
17. Naturopathy Treatment.
18. Hospital registration charges, record charges telephone charges and such other charges
19. Expenses incurred on Lasik Laser or Refractive Error Correction treatment
20. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs
21. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic shall be restricted to 25% of the sum insured per occurrence subject to an overall limit of Rs. 25000/- during the entire policy period.
22. 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 fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, 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, communication with full particulars as far as possible immediately upon hospitalisation, shall be sent to the Company. This is a condition precedent to admission of liability under the policy.

3. Claim must be filed with 15 days from the date of discharge from the Hospital.

Note: This is also another condition 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, and
- 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 and receipts for Pre and Post-hospitalization

Note: The Company reserves the right to 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 in case of any alleged injury or diseases or delivery requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company.

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 such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation, non disclosure of health status 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. In respect of disease/sickness/illness for which claim/s has/have been made the sum insured will be restricted to that policy sum insured where the claim/s was/were first made.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 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.

10. **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-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.

11. **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

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

SHORT PERIOD SCALE

For policy with one year term	
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
For policy with two year term	
Up to two-month	1/3rd of policy premium
Up to six months	½ of policy premium
Up to twelve months	3/4th of policy premium
Exceeding twelve months	Full policy premium

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

- ✓ Upon the death of the Insured Person
- ✓ Upon exhaustion of the sum insured under the policy as a whole

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

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

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

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

15. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.
16. **Package Charges** The Company's liability in respect of package charges will be restricted to 80% of such amount. Where Package rates are charged the Post-Hospitalisation benefit will be calculated after taking the room, boarding and nursing charges at Rs4000 per day. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)
17. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the premium paid by any mode other than Cash
18. **Important Note:** The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

The attention of the policy holder is drawn to our website : www.starhealth.in for anti fraud policy of the Company for necessary compliance by all stake holders.

19. **Policy Disputes** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.
20. **Notices** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044 28319100, Toll free no: 1800 425 2255 Email: info@starhealth.in

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

21. **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
22. **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 44-28288821 during normal business hours. Or Send e-mail to grievances@starhealth.in

In the event of the following grievances:

- any partial or total repudiation of claims by the Company
- any dispute in regard to premium paid or payable in terms of the policy;
- any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- delay in settlement of claims;
- non-issuance of any insurance document to customer after receipt of the premium.

the Insured Person may approach the Insurance Ombudsman at the address given below , within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited 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

103	Television & Air Conditioner Charges	156	Ambulance Equipment
104	Surcharges	157	Microsheild
105	Attendant Charges	158	Abdominal Binder (except For Post-surgery Patients Of Major Abdominal Surgery Including Tah, Lscs Incision Hernia Repair, Exploratory Laparotomy For Intestinal Obstructions , Liver Transplant Etc)
106	Im Iv Injection Charges		Items Payable If Supported By A Prescription
107	Clean Sheet	159	Betadine \ Hydrogen Peroxide\spirit\dettol (payable When Prescribed For Patient, Not Payable For Hospital Use In Ot Or Ward Or For Dressings In Hospital)
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	160	Private Nurses Charges- Special Nursing Charges
109	Blanket/warmer Blanket	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
	Administrative Or Non-medical Charges	162	Alex Sugar Free
110	Admission Kit	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
111	Birth Certificate	164	Digene Gel/ Antacid Gel (payable When Prescribed)
112	Blood Reservation Charges And Ante Natal Booking Charges	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.
113	Certificate Charges	166	Gloves (except For Sterilized Gloves)
114	Courier Charges	167	Hiv Kit
115	Conveyance Charges	168	Listerine/ Antiseptic Mouthwash (except If Prescribed)
116	Diabetic Chart Charges	169	Lozenges (except If Prescribed)
117	Documentation Charges / Administrative Expenses	170	Mouth Paint (except If Prescribed)
118	Discharge Procedure Charges	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
119	Daily Chart Charges	172	Neosprin (except If Prescribed)
120	Entrance Pass / Visitors Pass Charges	173	Novarapid (except If Prescribed)
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)	174	Volini Gel/ Analgesic Gel ((except If Prescribed))
122	File Opening Charges	175	Zytee Gel (except If Prescribed)
123	Incidental Expenses / Misc. Charges (not Explained)	176	Vaccination Charges (except For Post Bite Treatment)
124	Medical Certificate	177	Ahd
125	Maintainance Charges	178	Alcohol Swabes
126	Medical Records	179	Scrub Solution/sterillium
127	Preparation Charges	180	Vaccine Charges For Baby
128	Photocopies Charges	181	Aesthetic Treatment / Surgery
129	Patient Identification Band / Name Tag	182	Tpa Charges
130	Washing Charges	183	Visco Belt Charges
131	Medicine Box	184	Any Kit With No Details Mentioned [delivery Kit,
132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)	185	Examination Gloves
133	Medico Legal Case Charges (mlc Charges)	186	Kidney Tray
	External Durable Devices	187	Mask
134	Walking Aids Charges	188	Ounce Glass
135	Bipap Machine	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
136	Commode	190	Oxygen Mask
137	Cpap/ Capd Equipments	191	Paper Gloves
138	Infusion Pump - Cost	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
139	Oxygen Cylinder (for Usage Outside The Hospital)	193	Referral Doctor's Fees
140	Pulseoxymeter Charges	194	Accu Check (Glucometry/ Strips)
141	Spacer	195	Pan Can
142	Spirometre	196	Sofnet
143	Spo2 Probe	197	Trolley Cover
144	Nebulizer Kit	198	Urometer, Urine Jug
145	Steam Inhaler	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta)
146	Armsling	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1In 24 Hrs)
147	Thermometer	201	Urine Bag (payable Where Medicaly Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
148	Cervical Collar	202	Softovac
149	Splint	203	Stockings (except For Case Like Cabg Etc.)
150	Diabetic Foot Wear		
151	Knee Braces (Long/ Short/ Hinged)		
152	Knee Immobilizer/shoulder Immobilizer		
153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)		
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)		
155	Ambulance Collar		