List of Expenses Generally Excluded

List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	
TOILETRIES/ COSMETICS/ PERSONNEL IT	
HAIR REMOVAL CREAM	Not Payable
BABY CHARGES (UNLESS	Not Payable
SPECIFIED/INDICATED)	•
BABY FOOD	Not Payable
BABY UTILITES CHARGES BABY SET	Not Payable
BABY BOTTLES	Not Payable Not Payable
BRUSH	Not Payable
COSY TOWEL	Not Payable
HAND WASH	Not Payable
MOISTURISER PASTE BRUSH	Not Payable
POWDER	Not Payable
RAZOR	Payable
SHOE COVER	Not Payable
BEAUTY SERVICES	Not Payable
	Essential and should be
DEL TO/ DD 4 050	paid at least specifically
BELTS/ BRACES	for cases who have
	undergone surgery of thoracic or lumbar spine
BUDS	Not Payable
BARBER CHARGES	Not Payable Not Payable
CAPS	Not Payable
COLD PACK/HOT PACK	Not Payable
CARRY BAGS	Not Payable
CRADLE CHARGES	Not Payable
COMB	Not Payable
DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
EAU-DE-COLOGNÉ / ROOM FRESHNERS	Not Payable
EYE PAD	Not Payable
EYE SHEILD	Not Payable
EMAIL / INTERNET CHARGES	Not Payable
FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
FOOT COVER	Not Payable
GOWN	Not Payable
	Essential in bariatric
	and varicose vein
LEGGINGS	surgery and may be
220011100	considered for at least
	these conditions where
LAUNDRY CHARGES	surgery itself is payable. Not Payable
MINERAL WATER	Not Payable
OIL CHARGES	Not Payable
SANITARY PAD	Not Payable
SLIPPERS	Not Payable
TELEPHONE CHARGES	Not Payable
TISSUE PAPER	Not Payable
TOOTH PASTE	Not Payable
TOOTH BRUSH	Not Payable
GUEST SERVICES	Not Payable
BED PAN	Not Payable
BED UNDER PAD CHARGES	Not Payable
CAMERA COVER	Not Payable
CLINIPLAST	Not Payable
CREPE BANDAGE	Not Payable/ Payable by the patient
CURAPORE	Not Payable
DIAPER OF ANY TYPE	Not Payable
DVD OD OUADOES	Not Payable (However if
DVD, CD CHARGES	CD is specifically sought by Insurer/TPA

	I di	
EYELET COLLAR	then payable) Not Payable	
FACE MASK	Not Payable	
FLEXI MASK	Not Payable	
GAUSE SOFT	Not Payable	
GAUZE	Not Payable	
HAND HOLDER	Not Payable	
HANSAPLAST/ ADHESIVE BANDAGES	Not Payable	
INFANT FOOD	Not Payable	
	Reasonable costs for	
011100	one sling in case of	
SLINGS	upper arm fractures	
	may be considered	
ITEMS SPECIFICALLY EXCLUDE	D IN THE POLICIES	
WEIGHT CONTROL PROGRAMS/	Exclusion in policy	
SUPPLIES/ SERVICES	unless otherwise	
301 1 EIE3/ SEICVICES	specified	
COST OF SPECTACLES/ CONTACT	Exclusion in policy	
LENSES/ HEARING AIDS ETC.,	unless otherwise	
,	specified	
DENTAL TREATMENT EXPENSES	Exclusion in policy	
THAT DO NOT REQUIRE	unless otherwise	
HOSPITALISATION	specified	
	Exclusion in policy	
HORMONE REPLACEMENT THERAPY	unless otherwise	
	specified	
	Exclusion in policy	
HOME VISIT CHARGES	unless otherwise	
	specified	
INFERTILITY/ SUBFERTILITY/	Exclusion in policy	
ASSISTED CONCEPTION	unless otherwise	
PROCEDURE	specified	
OBESITY (INCLUDING MORBID	Exclusion in policy	
OBESITY) TREATMENT IF EXCLUDED	unless otherwise	
IN POLICY	specified	
PSYCHIATRIC & PSYCHOSOMATIC	Exclusion in policy	
DISORDERS	unless otherwise	
	specified	
CORRECTIVE SURGERY FOR	Exclusion in policy unless otherwise	
REFRACTIVE ERROR	specified	
	Exclusion in policy	
TREATMENT OF SEXUALLY	unless otherwise	
TRANSMITTED DISEASES	specified	
	Exclusion in policy	
DONOR SCREENING CHARGES	unless otherwise	
BONON CONCENTING OF MINOLO	specified	
ADAMONION/DE 010555 : 5:5:5:	Exclusion in policy	
ADMISSION/REGISTRATION	unless otherwise	
CHARGES	specified	
LICCOLTALICATION FOR EVALUATION	Exclusion in policy	
HOSPITALISATION FOR EVALUATION/	unless otherwise	
DIAGNOSTIC PURPOSE	specified	
EXPENSES FOR INVESTIGATION/	Not Payable Evaluaisa	
TREATMENT IRRELEVANT TO THE	Not Payable - Exclusion in policy unless	
DISEASE FOR WHICH ADMITTED OR	otherwise specified	
DIAGNOSED	Carlot Wide Specified	
ANY EXPENSES WHEN THE PATIENT		
IS DIAGNOSED WITH RETRO VIRUS +	Not payable as per	
OR SUFFERING FROM /HIV/ AIDS ETC	HIV/AIDS exclusion	
IS DETECTED/ DIRECTLY OR	The state of the s	
INDIRECTLY	N. D.	
OTEM OF LUNCK AND	Not Payable except	
STEM CELL IMPLANTATION/	Bone Marrow	
SURGERY AND STORAGE	Transplantation where	
ITEMS WILLOW FORM BART OF LIGHT	covered by policy	
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE	
	JI PATABLE BUI THE	
SERVICE IS	Payable under OT	
WARD AND THEATRE BOOKING	Payable under OT	
CHARGES	Charges, not payable separately	
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	Laundry/Housekeeping
EVERA PIET OF PATIENT/OTHER	not payable separately
EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF	Patient Diet provided by hospital is payable
BED CHARGE) BLANKET/WARMER BLANKET	Not Payable- part of
ADMINISTRATIVE OR NON-MED	room charges
ADMISSION KIT	Not Payable
BIRTH CERTIFICATE	Not Payable
BLOOD RESERVATION CHARGES	
AND ANTE NATAL BOOKING CHARGES	Not Payable
CERTIFICATE CHARGES	Not Payable
COURIER CHARGES	Not Payable
CONVENYANCE CHARGES	Not Payable
DIABETIC CHART CHARGES DOCUMENTATION CHARGES /	Not Payable
ADMINISTRATIVE EXPENSES	Not Payable
DISCHARGE PROCEDURE CHARGES	Not Payable
DAILY CHART CHARGES	Not Payable
ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
EXPENSES RELATED TO	To be claimed by patient
PRESCRIPTION ON DISCHARGE	under Post Hosp where admissible
FILE OPENING CHARGES	Not Payable
INCIDENTAL EXPENSES / MISC.	•
CHARGES (NOT EXPLAINED)	Not Payable
MEDICAL CERTIFICATE	Not Payable
MAINTAINANCE CHARGES	Not Payable
MEDICAL RECORDS	Not Payable
PREPARATION CHARGES	Not Payable
PHOTOCOPIES CHARGES	Not Payable
PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
WASHING CHARGES	Not Payable
MEDICINE BOX	Not Payable Payable upto 24 hrs,
MORTUARY CHARGES	shifting charges not payable
MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE I	
WALKING AIDS CHARGES	Not Payable
BIPAP MACHINE COMMODE	Not Payable Not Payable
CPAP/ CAPD EQUIPMENTS	Device not payable
INFUSION PUMP - COST	Device not payable Device not payable
OXYGEN CYLINDER (FOR USAGE	
OUTSIDE THE HOSPITAL)	Not Payable
PULSEOXYMETER CHARGES	Device not payable
SPACER	Not Payable
SPIROMETRE SPO2 PROBE	Device not payable
NEBULIZER KIT	Not Payable Not Payable
STEAM INHALER	Not Payable
ARMSLING	Not Payable
THERMOMETER	Not Payable (paid by
	patient)
L CERVICAL COLLAR	Not Pavable
CERVICAL COLLAR SPLINT	Not Payable Not Payable
SPLINT	Not Payable
SPLINT DIABETIC FOOT WEAR KNEE BRACES (LONG/ SHORT/	
SPLINT DIABETIC FOOT WEAR KNEE BRACES (LONG/ SHORT/ HINGED) KNEE IMMOBILIZER/SHOULDER	Not Payable Not Payable
SPLINT DIABETIC FOOT WEAR KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable Not Payable Not Payable
SPLINT DIABETIC FOOT WEAR KNEE BRACES (LONG/ SHORT/ HINGED) KNEE IMMOBILIZER/SHOULDER	Not Payable Not Payable Not Payable Not Payable
SPLINT DIABETIC FOOT WEAR KNEE BRACES (LONG/ SHORT/ HINGED) KNEE IMMOBILIZER/SHOULDER	Not Payable Not Payable Not Payable Not Payable Essential and should be paid at least specifically for cases who have
SPLINT DIABETIC FOOT WEAR KNEE BRACES (LONG/ SHORT/ HINGED) KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable Not Payable Not Payable Not Payable Essential and should be paid at least specifically for cases who have undergone surgery of
SPLINT DIABETIC FOOT WEAR KNEE BRACES (LONG/ SHORT/ HINGED) KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable Not Payable Not Payable Not Payable Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
SPLINT DIABETIC FOOT WEAR KNEE BRACES (LONG/ SHORT/ HINGED) KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable Not Payable Not Payable Not Payable Essential and should be paid at least specifically for cases who have undergone surgery of

	patients with
	paraplegia/quadriplegia
	for any reason and at
	reasonable cost of
	approximately Rs 200/
	day
AMBULANCE COLLAR	Not Payable
AMBULANCE EQUIPMENT	Not Payable
MICROSHEILD	Not Payable
	Essential and should be
	paid at least specifically
ABDOMINAL BINDER	for cases who have
	undergone surgery of
	lumbar spine.
ITEMS PAYABLE IF SUPPORTED E	BY A PRESCRIPTION
	May be payable when
BETADINE \ HYDROGEN	prescribed for patient,
PEROXIDE\SPIRIT\\DETTOL\SAVLON\	not payable for hospital
DISINFECTANTS ETC	use in OT or ward or for
	dressings in hospital
DDIVATE NUIDCEC CUADCEC	Post hospitalization
PRIVATE NURSES CHARGES-	nursing charges not
SPECIAL NURSING CHARGES	Payable
NUTRITION PLANNING CHARGES -	Patient Diet provided by
DIETICIAN CHARGES- DIET CHARGES	hospital is payable
	Payable -Sugar free
	variants of admissible
SUGAR FREE TABLETS	medicines are not
	excluded
CREAMS POWDERS LOTIONS	
(Toiletries are not payable, only	Payable when
prescribed medical pharmaceuticals	prescribed
payable)	,
DIOECTION OF C	Payable when
DIGESTION GELS	prescribed
	Upto 5 electrodes are
	required for every case
	visiting OT or ICU. For
FOO ELECTRODES	longer stay in ICU, may
ECG ELECTRODES	require a change and at
	least one set every
	second day must be
	payable.
	Sterilized Gloves
GLOVES	payable / unsterilized
	gloves not payable
HIV KIT	Payable - payable Pre
HIV KIT	operative screening
LISTERINE/ ANTISEPTIC	Payable when
MOUTHWASH	prescribed
	Payable when
LOZENGES	prescribed
MOLITLI DAINT	Payable when
MOUTH PAINT	prescribed
NEDI II ICATIONI IZIT	If used during
	hospitalization is
NEBULISATION KIT	payable reasonably
NOVARABIB	Payable when
NOVARAPID	prescribed
VOLINII 051 / ASSES 555	Payable when
VOLINI GEL/ ANALGESIC GEL	prescribed
ZYTEE GEL	Payable when
, -·· 	

	prescribed
	Routine Vaccination not
VACCINATION CHARGES	Payable / Post Bite
VACCINATION CHARGES	Vaccination Payable
PART OF HOSPITAL'S OWN COSTS	
FART OF HOSFITAL S OWN COSTS	Not Payable - Part of
AHD	
	Hospital's internal Cost Not Payable - Part of
ALCOHOL SWABES	
	Hospital's internal Cost
SCRUB SOLUTION/STERILLIUM	Not Payable - Part of
OTHERO	Hospital's internal Cost
OTHERS	I N . 1 B
VACCINE CHARGES FOR BABY	Not Payable
AESTHETIC TREATMENT / SURGERY	Not Payable
TPA CHARGES	Not Payable
VISCO BELT CHARGES	Not Payable
ANY KIT WITH NO DETAILS	
MENTIONED [DELIVERY KIT,	Not Payable
ORTHOKIT, RECOVERY KIT, ETC]	
EXAMINATION GLOVES	Not payable
KIDNEY TRAY	Not Payable
MASK	Not Payable
OUNCE GLASS	Not Payable
	Not payable, except for
OUTSTATION CONSULTANT'S/	telemedicine
SURGEON'S FEES	consultations where
	covered by policy
OXYGEN MASK	Not Payable
PAPER GLOVES	Not Payable
	Should be payable in
	case of PIVD requiring
PELVIC TRACTION BELT	traction as this is
	generally not reused
REFERAL DOCTOR'S FEES	Not Payable
	Not payable pre
	hospitilasation or post
	hospitalisation /
ACCU CHECK (Glucometery/ Strips)	Reports and Charts
	required/ Device not
	payable
PAN CAN	Not Payable
SOFNET	Not Payable
TROLLY COVER	Not Payable
	Not Payable
UROMETER, URINE JUG	
	Payable-Ambulance
	from home to hospital
AMBULANCE	or interhospital shifts is
	payable/ RTA as
	specific requirement is
	payable
	Payable - maximum of 3
TEGADERM / VASOFIX SAFETY	in 48 hrs and then 1 in
	24 hrs
	Payable where medicaly
URINE BAG	necessary till a
OTTIVE DAG	reasonable cost -
	maximum 1 per 24 hrs
SOFTOVAC	Not Payable
	Essential for case like
STOCKINGS	CABG etc. where it
	should be paid.

The list is dynamic and as per the standard list of excluded expenses stipulated by IRDA.