

RELIANCE SPECIALLY ABLED HEALTH INSURANCE - POLICY WORDING

SECTION 1: PREAMBLE

This Policy is a contract of insurance issued by Reliance General Insurance Co. Ltd. (hereinafter called the 'Company') to the policy holder mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the "Insured Persons). The policy is based on the statements and declaration provided in the Proposal Form by the policy holder and is subject to receipt of the requisite premium.

This policy is specially designed for:

- A) Covering Persons with Disability as per The Rights of Persons with Disabilities Act, 2016 and The Mental Healthcare Act, 2017. The cover under this policy is available for persons with the following disability/disabilities as defined under the Rights of Persons with Disabilities Act, 2016 and any subsequent additions / modifications to the list in the Act.

1. Blindness	12. Thalassemia
2. Muscular Dystrophy	13. Intellectual Disability
3. Low vision	14. Haemophilia
4. Chronic Neurological conditions	15. Mental Illness
5. Leprosy Cured persons	16. Sickle Cell disease
6. Specific Learning Disabilities	17. Autism spectrum disorder
7. Hearing Impairment (deaf and hard of hearing)	18. Multiple Disabilities including deaf/ blindness
8. Multiple Sclerosis	19. Cerebral Palsy
9. Locomotor Disability	20. Acid Attack victim
10. Speech and Language disability	21. Parkinson's disease
11. Dwarfism	

- a) It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Medical Board appointed by the government for certifying Disability.
- b) Disability for the purpose of this policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Medical Board appointed by the government for certifying Disability.

Or / and

- B) Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

SECTION 2: OPERATIVE CLAUSE

If during the Policy Period an Insured Person is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically necessary,

expenses towards the Coverage mentioned in the Policy Schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims paid under indemnity and/or benefit basis, during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

SECTION 3: DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and other gender and references to any statutory enactment includes subsequent changes to the same.

3.1 Standard Definitions

- 1. **Accident** means sudden, unforeseen, and involuntary event caused by external, visible, and violent means.
- 2. **Any one Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment was taken.
- 3. **AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- 4. **AYUSH Hospital** means an AYUSH Hospital is a healthcare facility wherein medical / surgical / para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - i. Central or State Government AYUSH Hospital; or
 - ii. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/ Central Council for Homeopathy; or
 - iii. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - a) Having at least 5 in-patient beds.
 - b) Having qualified AYUSH Medical Practitioner in charge round the clock;
 - c) Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out;
 - d) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

- 5. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment

procedures and medical or surgical / para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner in charge round the clock;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 6. Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof
- 7. 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 is approved.
- 8. Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 9. Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure, or position.
- i. Internal Congenital Anomaly— Congenital Anomaly which is not in the visible and accessible parts of the body.
 - ii. External Congenital Anomaly— Congenital Anomaly which is in the visible and accessible parts of the body
- 10. Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
- 11. Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under:
- i. has qualified nursing staff under its employment.
 - ii. has qualified medical practitioner/s in charge.
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 12. Day Care Treatment** means medical treatment, and/or surgical procedure which is
- i. Undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and
 - ii. which would have otherwise required hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 13. Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions, and surgery.
- 14. Disclosure of information norm** means the policy shall

be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

- 15. Emergency Care** means management for an illness 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.
- 16. 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.
- 17. Hospital** means any institution established for In-patient Care and Day Care Treatment of diseases, injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock,
 - ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - iii. has qualified Medical Practitioner(s) in charge round the clock,
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - v. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 18. Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 19. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible, and evident means which is verified and certified by a Medical Practitioner.
- 20. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- i. Acute condition - Acute condition is a disease, Illness that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness which leads to full recovery
 - ii. Chronic condition - A chronic condition is defined as a disease, Illness that has one or more of the following characteristics:
 - a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - b. it needs ongoing or long-term control or relief of symptoms
 - c. it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it
 - d. it continues indefinitely.
 - e. it recurs or is likely to recur.
- 21. In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

- 22. Insured Person** means person(s) named in the schedule of the Policy.
- 23. 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.
- 24. ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 25. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.
- 26. Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 27. Medical Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of stay in Hospital which:
- i. Is required for the medical management of the illness or injury suffered by the Insured Person.
 - ii. Must not exceed the level of care necessary to provide safe, adequate, and appropriate medical care in scope, duration, or intensity.
 - iii. Must have been prescribed by a medical practitioner.
 - iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 28. 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 thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- 29. Migration** means the right accorded to health insurance policyholders (including all members under Family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- 30. Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.
- 31. New born Baby** means baby born during the Policy Period and is aged up to 90 days.
- 32. Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the Network.
- 33. Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 34. OPD Treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 35. Pre-Hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, 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.
- 36. Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury, or disease.
- i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 37. Post-Hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 38. Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- 39. 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.
- 40. Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.
- 41. 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.
- 42. Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 43. Surgery or Surgical Procedures** 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 from suffering and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.
- 44. Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

3.2 Specific Definitions

- 1. Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his profession whether he / she is trained or not.

- 2.** **Age** means completed years on last birthday as on Commencement Date.
- 3.** **Ambulance** means a motor vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- 4.** **Antiretroviral therapy (ART)** is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.
- 5.** **Associated Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner. In case of copayment associated with room rent higher than the entitled room rent limit, Associated Medical Expenses will not include:
- a. Cost of pharmacy and consumables.
 - b. Cost of implants and medical devices
 - c. Cost of diagnostics
- 6.** **Alternative /AYUSH Treatment** refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- 7.** **Biological Attack or Weapons** means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- 8.** **Chemical attack or weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- 9.** **Claims** means a demand made by the Policyholder/Insured Person or on his behalf, for payment of Medical Expenses under any other Benefit, as covered under the Policy.
- 10.** **Commencement Date** means the date of inception of first policy with Us as specified in the Policy Schedule.
- 11.** **Company** means Reliance General Insurance Co. Ltd.
- 12.** **CD4 cells** are a type of white blood cells, also called as CD4 T lymphocytes or 'helper T cells' which serve as primary receptor for HIV.
- 13.** **Diagnostic Centre** means a place where diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition are done.
- 14.** **Person with Disability/Disability/Disabled** means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.
- 15.** **HIV** means Human Immunodeficiency Virus
- 16.** **Insured Person/You/Your** means the person named in the Policy Schedule who is insured under the Policy and is citizen of India, in respect of whom the applicable premium has been received by the Company.
- 17.** **Life-threatening emergency** shall mean a serious medical condition or symptom, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.
- 18.** **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- 19.** **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
- 20.** **Medical practitioner for treatment of mental illnesses** means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognized by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;
- 21.** **Mental Health Establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends;
- 22.** **Policy means** these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the Insured Person, applicable exclusions, and the terms & conditions applicable under the Policy.
- 23.** **Policy Period** means the period between the Commencement Date and either the Expiry Date specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
- 24.** **Policyholder** means the entity or person named as such in the Schedule.
- 25.** **Policy Schedule** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- 26.** **Policy Year** means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Policy Schedule.

27. Proposal Form means a form to be filled in by the Prospectus in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

28. Sub-limit means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit. The Sub- limit as applicable under the Policy is specified in the Policy Schedule against the relevant Cover in force under the Policy.

29. Sum Insured means the pre-defined limit specified in the Policy Schedule and represents the maximum, total and cumulative liability for any and all claims made under the Policy in respect of each insured person as mentioned in the Policy Schedule.

30. Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the Waiting Period, diseases/ treatments shall be covered provided the Policy has been continuously renewed without any break.

31. We/Our/Us/Company means the Reliance General Insurance Co. Ltd.

SECTION 4: BASE COVER

Hospitalization Cover

4.1 Inpatient Care:

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of to 2% of Sum Insured per day.
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

Other expenses

- i. Expenses incurred on treatment of cataract subject to the sub limits.
- ii. Dental treatment necessitated due to disease or injury (for inpatient care only).
- iii. Plastic surgery necessitated due to disease or injury.
- iv. All day care treatments

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
2. The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.

4.2 AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 50% of sum insured

as specified in the policy schedule in any AYUSH Hospital.

4.3 Pre-Hospitalization Medical Expenses:

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.

Conditions:

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2(AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
- ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

4.4 Post-Hospitalization Medical Expenses:

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.

Conditions:

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2(AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
- ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

4.5 Emergency Ground Ambulance

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

Specific Conditions:

The Company will reimburse payments under this Benefit provided that:

- i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.
- ii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.
- iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.
- iv. The original Ambulance bills and payment receipt is submitted to the Company.
- v. The Company has accepted a claim under Section 4.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 4.2(AYUSH Treatment) or Section 4.7 (Modern Treatments).
- vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

4.6 Cataract Treatment

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.

4.7 Modern Treatment:

The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.

- a. Uterine Artery Embolization and HIFU (High intensity

- a. focused ultrasound)
- b. Balloon Sinuplasty
- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection.
- f. Intra Vitreal injections
- g. Robotic surgeries
- h. Stereotactic radio Surgeries
- i. Bronchial Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM- (Intra Operative Neuro Monitoring)
- l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

SECTION 5: WAITING PERIOD

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

A. Waiting Periods

1. Pre-Existing Diseases (Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability/ 48 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. First 30 days waiting period- Code- Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. Specified disease/procedure waiting period- Code- Excl02

- a) Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

24 Months waiting period.

- 1. Benign ENT disorders
- 2. Tonsillectomy
- 3. Adenoidectomy
- 4. Mastoidectomy
- 5. Tympanoplasty
- 6. Hysterectomy
- 7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
- 8. Benign prostate hypertrophy
- 9. Cataract and age-related eye ailments
- 10. Gastric/ Duodenal Ulcer
- 11. Gout and Rheumatism
- 12. Hernia of all types
- 13. Hydrocele
- 14. Non-Infective Arthritis
- 15. Piles, Fissures and Fistula in anus
- 16. Pilonidal sinus, Sinusitis and related disorders
- 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
- 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
- 19. Varicose Veins and Varicose Ulcers

SECTION 6: SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH DISABILITY

The Company will indemnify reasonable and customary charges for medical expenses incurred towards Inpatient Hospitalisation arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons With Disabilities Act, 2016 subject to the terms and limits mentioned below.

- i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.
- ii. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy.

SECTION 7: SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH HIV-AIDS

The Company will indemnify the Reasonable and Customary Charges for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided,

Conditions

- i. This cover will exclude cost for any Anti-Retroviral Treatment.

SECTION 8: EXCLUSIONS

8.1 Standard Exclusions

1. Investigation & Evaluation- Code- Excl04

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation, and respite care- Code- Excl05

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor.
- 2) The surgery/Procedure conducted should be supported by clinical protocols.
- 3) The member must be 18 years of age or older and
- 4) Body Mass Index (BMI).
 - a) Greater than or equal to 40 or
 - b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl12

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

Code - Excl13

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code - Excl14**

12. Refractive Error: Code - Excl15

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments: Code - Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: Code - Excl17

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

15. Maternity: Code Excl18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

8.2 Specific Exclusions

- 1. Any medical treatment taken outside India.
- 2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
- 3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
 - a. Any nuclear fuel or from any nuclear waste; or
 - b. From the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
 - c. Nuclear weapons material.
 - d. Nuclear equipment or any part of that equipment.
- 4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- 5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
- 6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
- 7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
- 8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
- 9. Vaccination or inoculation except as post bite treatment for animal bite.
- 10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.

11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
13. Venereal/ Sexually Transmitted disease
14. Stem cell storage.
15. Any kind of service charge, surcharge levied by the hospital.
16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

SECTION 9: GENERAL TERMS AND CONDITIONS

9.1 Standard terms & Conditions

1. Disclosure of Information

The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Insured Person.

2. Condition Precedent to Admission of Liability

The Due observance and fulfillment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

3. Claim Settlement (provision for Penal interest)

- i. The Company shall settle or reject a claim as the case may be, 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

4. Complete Discharge

Any payment to the Insured Person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

5. Multiple Policies

- i. In case of multiple policies taken by an Insured person during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies/ even if the

Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.

- iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured Beneficiary shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
- iv. Where an Insured person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.
- v. Under this product, no insured can take more than one policy from any or all insurers.
- vi. In case of this product, the maximum liability of all policies put together from all insurers cannot exceed the maximum sum insured under this product.

6. Fraud

If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

- a) The suggestion, as a fact of that which is not true and which the Insured person does not believe to be true;
- b) The active concealment of a fact by the Insured person having knowledge or belief of the fact;
- c) Any other act fitted to deceive; and
- d) Any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7. Cancellation

The Insured may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund %

Refund of Premium (basis Policy Period)

Timing of Cancellation	1 Yr
Up to 30 days	75.00%
31 to 90 days	50.00%
91 days to 180 days	25.00%
181 days to 365 days	0.00%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by You under this Policy.

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus (as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.
- iii. Migration under this product shall be allowed only due to withdrawal of the product subject to IRDAI Regulations

For Detailed Guidelines on Migration, kindly refer the link -
https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

9. Portability

The Insured Person will have the option to port the Policy to same product of other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the link -
https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

10. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

11. Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalments basis i.e. Half Yearly, Quarterly or Monthly, as

mentioned in Your Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. Grace Period of 15 days would be given to pay the installment premium due for the Policy.
- ii. During such grace period, Coverage will not be available from the installment premium payment due date till the date of receipt of premium by Company.
- iii. The Benefits provided under — "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the grace Period, the Policy will get cancelled.

12. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

13. Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three (3) months before the changes are affected.

14. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals of the Policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

15. Redressal of Grievance

Grievance—In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link <http://ecoi.co.in/ombudsman.html>

IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Insurance Ombudsman —The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I

No loading shall apply on renewals based on individual claims

experience.

16. Nomination

The policy holder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policy holder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy Schedule/ endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

9.2 Specific Conditions

I. Condition Precedent to the contract

a. Arbitration clause

- i. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, 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 who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996) as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. 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.
- iii. 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 expenses shall be first obtained.

b. Change of Sum Insured

Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.

c. Material Change

The Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the Proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

d. Notice and Communication

- i. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate of insurance.

e. Records to be Maintained.

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the

Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

f. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

g. Eligibility Criteria

All Persons with Disability who have at least one of the disabilities as defined under Specified Disability under The Rights Of Persons With Disabilities Act, 2016 with valid disability certificate are eligible to enroll this product

II. Conditions applicable during the contract

a. Alterations in the Policy

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

b. Revision and Modification of the Policy Product-

- i. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

c. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule be deemed to form part of the Policy and shall be read together as one document.

SECTION 10: CLAIM PROCEDURE

10.1 Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA,
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

10.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit

the necessary documents to Company within the prescribed time limit as specified hereunder.

S. No.	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and prehospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from of post hospitalization treatment

10.3 Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

10.4 Documents to be submitted

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Duly Completed claim form.
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission.
- iv. Original bills with itemized break-up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/invoices of the Implants, wherever applicable.
- x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate, wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.
- 1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
- 2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
- 3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

10.5 Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible

and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

10.6 Proportionate Deductions

Subject to the other Terms and Conditions of this Policy, the Associate Medical Expenses (and the Room Rent) incurred by the Insured Person pertaining to a Hospitalization shall be proportionately reduced in deriving at the payable amount of the corresponding Claim, in the event of (as the case maybe):

- i. The Insured Person chooses a higher room category than the category that is eligible as per the terms and conditions of the Policy. In this case, higher room category means a room category in which the room rent expenses charged by the Hospital is more expensive than the eligible room category as per the terms and conditions of the Policy.
- ii. The Insured Person chooses a room category in which the room rent charges are more than the applicable Sum Insured sub-limit (in percentage or Rupee terms) on the room rent as per the Policy terms and conditions.

The proportional reduction will be done in a manner consistent with the below table:

Sr. No.	Header	Explanation
I	Actual Room Rent	Room Rent (Including items to be subsumed under Room Rent as defined under Annexure A)
II	Eligible Room Rent Limit	Room Rent allowed as per policy is Single Private A.C Room (upto Deluxe Room)
A	Actual Medical Bills Incurred	As per submitted documents
(-)	Any expense not covered under Policy Benefits	
B	= Covered Medical Expenses	
(-)	cost of Pharmacy and consumables, implants and medical devices and diagnostics	
D	= Covered Medical Expenses which shall be subject to Proportionate Deduction	
(*)	Actual Medical Bills Incurred	As per submitted documents
E	= Claim after Proportionate Deduction	If Actual Room Rent is within eligibility, then no deduction to be applied [E=D]
(+)	cost of Pharmacy and consumables, implants and medical devices and diagnostics	
F	= Assessed Claim amount	
(-)	Deduction for Co-pay	
G	= Ground up claim amount	
(-)	Deductions for Policy Deductibles and Limits*	
H	= Payable claim amount	

Proportionate Deduction is subject to the following:

- i. Apart from the Associate Medical Expenses, no other

- expenses will be proportionately reduced
- If the given Hospital do not follow differential billing or if there are items in the claim for which the Hospital do not follow differential billing, the Insurer shall not be proportionately reducing the Claims. This shall be applied in case of admissions in Government Hospitals and the Network Hospitals of the Insurer.
 - ICU charges shall not be proportionately reduced

10.7 Services Offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

- Claim settlement and claim rejection.
- Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company

10.8 Services Offered by TPA

All claims under the Policy shall be payable in Indian currency only.

SECTION 11: TABLE OF BENEFITS

Name	Model Policy for Reliance General Insurance Co. Ltd.	Sublimit for Room/ Medical Practitioner's fee	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/ Nursing Home up to maximum of 1% of the sum per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day.
Coverage Basis	Individual basis only	Cataract Treatment	Up to Rs.40,000/-, per each eye in one policy year
Category of Cover	Indemnity	Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care
Sum insured	On Individual basis - SI shall apply to each individual member	Emergency Ground Ambulance	Expenses covered up to Rs. 2000 per hospitalisation
Sum insured available(in INR)	4 lacs and 5 lacs	AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 50% of sum insured, during each Policy year as specified in the policy schedule
Policy Period	1 Year	Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.
Eligibility	Policy can be availed by availed on Individual basis. Age eligibility for adults: 18 years to 55 years Age eligibility for Children: 1 year to 17 years	Initial Waiting period	30 days for all claims except resulting from Accident and 90 days for lumpsum benefit under Section 7
Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace. Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.	PED waiting period	48 months (For pre-existing diseases other than the pre-existing Disability and HIV/ AIDS covered)
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs shall not apply in respect of Day Care Treatment.	Specific Disease/ illness waiting period	24 months
Pre-Hospitalisation	For 30 days prior to the date of hospitalization	Waiting Period and specific Sublimit for HIV AIDS Cover	For HIV/AIDS cover: a. Initial waiting period of 30 days will be applicable for Indemnity basis cover b. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy.
Post Hospitalisation	For 60 days from the date of discharge from the hospital	Waiting Period and specific Sublimit for Disability Cover	For Disability Cover: 24 months initial waiting period is applicable for the pre-existing Disability covered under the policy.
		Co-pay	20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same

ANNEXURE I - LIST OF OMBUDSMAN DETAILS

The updated details of Insurance Ombudsman are available on - IRDAI website: www.irdai.gov.in, on the website of Office of Executive Council of Insurers: <https://www.cioins.co.in> and our website <https://www.sbigeneral.in/> or from any of our offices.

Jurisdiction	Office Address
Gujarat, Dadra & Nagar Haveli, Daman and Diu.	AHMEDABAD - Shri Kuldip Singh Gujarat, Dadraurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in

Karnataka	BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N- 19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Rajasthan	JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in
Madhya Pradesh Chattisgarh	BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry	ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in
Orissa	BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands	KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annex, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017 Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdara, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santakabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)	CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Delhi	DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Goa, Mumbai, Metropolitan Region excluding Navi Mumbai & Thane	MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annex, S. V. Road, Santa Cruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry	HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in		

State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodha Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur Bihar, Jharkhand	NOIDA - Shri Chandra Shekhar Prasad	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Dist: Gautam Buddh Nagar, U.P. - 201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	15 GUEST SERVICES 16 CREPE BANDAGE 17 DIAPER OF ANY TYPE 18 EYELET COLLAR 19 SLINGS 20 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES 21 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED 22 Television Charges 23 SURCHARGES 24 ATTENDANT CHARGES 25 EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) 26 BIRTH CERTIFICATE 27 CERTIFICATE CHARGES 28 COURIER CHARGES 29 CONVEYANCE CHARGES 30 MEDICAL CERTIFICATE 31 MEDICAL RECORDS 32 PHOTOCOPIES CHARGES 33 MORTUARY CHARGES 34 WALKING AIDS CHARGES 35 OXYGEN CYLINDER FOR USAGE OUTSIDE THE HOSPITAL 36 SPACER 37 SPIROMETRE 38 NEBULIZER KIT 39 STEAM INHALER 40 ARMSLING 41 THERMOMETER 42 CERVICAL COLLAR 43 SPLINT 44 DIABETIC FOOTWEAR 45 KNEE BRACES LONG/ SHORT/ HINGED 46 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER 47 LUMBO SACRAL BELT 48 NIMBUS BED OR WATER OR AIR BED CHARGES 49 AMBULANCE COLLAR 50 AMBULANCE EQUIPMENT 51 ABDOMINAL BINDER 52 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES 53 SUGAR FREE Tablets 54 CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable 55 ECG ELECTRODES 56 GLOVES
	PATNA - Shri N. K. Singh	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	
	PUNE - Shri Vinay Sah	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030 Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	

ANNEXURE II – NON-MEDICAL EXPENSES

List I - Items for which coverage is not available in the policy

SI No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES

15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER FOR USAGE OUTSIDE THE HOSPITAL
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOTWEAR
45	KNEE BRACES LONG/ SHORT/ HINGED
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable
55	ECG ELECTRODES
56	GLOVES

57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC)
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLEY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II— Items that are to be subsumed into Room charges

No.	Item
1	BABY CHARGES UNLESS SPECIFIED/INDICATED
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH-PASTE
13	TOOTH-BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	1M IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WWARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES

30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES NOT EXPLAINED
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III - Items that are to be subsumed into Procedure Charges

No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	CAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST

8	HYDROGEN PEROXIDE/SPIRIT/DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

ANNEXURE III – INDICATIVE LIST OF DAY CARE PROCEDURES

SR	Procedure Name
1	Coronary Angiography
2	Suturing Oral Mucosa
3	Myringotomy With Grommet Insertion
4	Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of the Auditory Ossicles)
5	Removal Of a Tympanic Drain
6	Keratosis Removal Under Ga
7	Operations On the Turbinates (nasal Concha)
8	Removal Of Keratosis Obturans
9	Stapedotomy To Treat Various Lesions In Middle Ear
10	Revision Of A Stapedectomy
11	Other Operations On The Auditory Ossicles
12	Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty)
13	Fenestration Of The Inner Ear
14	Revision Of A Fenestration Of The Inner Ear
15	Palatoplasty
16	Transoral Incision And Drainage Of A Pharyngeal Abscess
17	Tonsillectomy Without Adenoideectomy
18	Tonsillectomy With Adenoideectomy
19	Excision And Destruction Of A Lingual Tonsil
20	Revision Of A Tympanoplasty
21	Other Microsurgical Operations On The Middle Ear
22	Incision Of The Mastoid Process And Middle Ear
23	Mastoidectomy
24	Reconstruction Of The Middle Ear
25	Other Excisions Of The Middle And Inner Ear
26	Incision (opening) And Destruction (elimination) Of The Inner Ear
27	Other Operations On The Middle And Inner Ear
28	Excision And Destruction Of Diseased Tissue Of The Nose
29	Other Operations On The Nose – (other operation of the nose is very broad if any drainage of local pus will be considered as OPD)
30	Nasal Sinus Aspiration
31	Foreign Body Removal From Nose (if same is removed without using any anaesthesia at OPD)
32	Other Operations on The Tonsils And Adenoids
33	Adenoideectomy
34	Labyrinthectomy For Severe Vertigo
35	Stapedectomy Under Ga
36	Stapedectomy Under La
37	Tympanoplasty (Type IV)
38	Endolymphatic Sac Surgery for Meniere's Disease
39	Turbinectomy
40	Endoscopic Stapedectomy
41	Incision And Drainage of Perichondritis
42	Septoplasty
43	Vestibular Nerve Section
44	Thyroplasty Type I
45	Pseudocyst Of The Pinna - Excision
46	Incision And Drainage - Haematoma Auricle
47	Tympanoplasty (Type II)
48	Reduction Of Fracture Of Nasal Bone
49	Thyroplasty (Type II)
50	Tracheostomy
51	Excision Of Angioma Septum
52	Turbinoplasty
53	Incision & Drainage Of Retro Pharyngeal Abscess
54	Uvulo Palato Pharyngoplasty
55	Adenoideectomy With Grommet Insertion
56	Adenoideectomy Without Grommet Insertion
57	Vocal Cord Lateralisation Procedure
58	Incision & Drainage Of Para Pharyngeal Abscess
59	Tracheoplasty
60	Cholecystectomy
61	Choledocho-jejunostomy
62	Duodenostomy
63	Gastrostomy
64	Exploration Common Bile Duct
65	Esophagoscopy.
66	Gastroscopy
67	Duodenoscopy with Polypectomy
68	Removal of Foreign Body
69	Diathermy Of Bleeding Lesions
70	Pancreatic PseudocystEus& Drainage
71	Rf Ablation For Barrett's Oesophagus

72	Ercp And Papillotomy	114	Axillary Lymphadenectomy
73	Esophagoscope And Sclerosant Injection	115	Wound Debridement And Cover
74	Eus + Submucosal Resection	116	Abscess-decompression
75	Construction Of Gastrostomy Tube	117	Cervical Lymphadenectomy
76	Eus + Aspiration Pancreatic Cyst	118	Infected Sebaceous Cyst
77	Small Bowel Endoscopy (therapeutic)	119	Inguinal Lymphadenectomy
78	Colonoscopy, lesion Removal – (only for investigation purpose is considered under investigation purpose)	120	Infected Lipoma Excision
79	ERCP	121	Maximal Anal Dilatation
80	Colonoscopy Stenting Of Stricture	122	Piles
81	Percutaneous Endoscopic Gastrostomy	123	A) Injection Sclerotherapy
82	Eus And Pancreatic Pseudo Cyst Drainage	124	B) Piles Banding
83	ERCP And Choledochoscopy	125	Liver Abscess - Catheter Drainage
84	Proctosigmoidoscopy Volvulus Detorsion	126	Fissure In Ano - Fissurectomy
85	ERCP And Sphincterotomy	127	Fibroadenoma Breast Excision
86	Esophageal Stent Placement	128	Oesophageal Varices Sclerotherapy
87	ERCP + Placement Of Biliary Stents	129	ERCP - Pancreatic Duct Stone Removal
88	Sigmoidoscopy W / Stent	130	Perianal Abscess I&d
89	Eus + Coeliac Node Biopsy	131	Perianal Hematoma Evacuation
90	UgiScope And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	132	UgiScope And Polypectomy Oesophagus
91	Incision Of A Pilonidal Sinus / Abscess	133	Breast Abscess I & D
92	Fissure In Ano Sphincterotomy	134	Feeding Gastrostomy
93	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	135	Oesophagoscopy And Biopsy Of Growth Oesophagus
94	Orchidopexy	136	ERCP - Bile Duct Stone Removal
95	Abdominal Exploration In Cryptorchidism	137	Ileostomy Closure
96	Surgical Treatment Of Anal Fistulas	138	Polypectomy Colon
97	Division Of The Anal Sphincter (sphincterotomy)	139	Splenic Abscesses Laparoscopic Drainage
98	Epididymectomy	140	Ugi Scopy And Polypectomy Stomach
99	Incision Of The Breast Abscess	141	Rigid Oesophagoscopy For Fb Removal
100	Operations On The Nipple	142	Feeding Jejunostomy
101	Excision Of Single Breast Lump	143	Colostomy
102	Incision And Excision Of Tissue In The Perianal Region	144	Ileostomy
103	Surgical Treatment Of Hemorrhoids	145	Colostomy Closure
104	Other Operations On The Anus	146	Submandibular Salivary Duct Stone Removal –
105	Ultrasound Guided Aspirations	147	Pneumatic Reduction Of Intussusception
106	Sclerotherapy, Etc	148	Varicose Veins Legs - Injection Sclerotherapy
107	Laparotomy For Grading Lymphoma With Splenectomy.	149	Rigid Oesophagoscopy For Plummer Vinson Syndrome
108	Laparotomy For Grading Lymphoma with Liver Biopsy	150	Pancreatic Pseudocysts Endoscopic Drainage
109	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	151	Zadek's Nail Bed Excision
110	Therapeutic Laparoscopy With Laser	152	Subcutaneous Mastectomy
111	Appendicectomy With Drainage	153	Excision Of Ranula Under Ga
112	Appendicectomy without Drainage	154	Rigid Oesophagoscopy For Dilation Of Benign Strictures
113	Infected Keloid Excision	155	Eversion Of Sac
		156	Unilateral
		157	Bilateral

158	Lord's Plication	201	Thermal Cauterisation Of Cervix
159	Jaboulay's Procedure	202	Hysteroscopic Adhesiolysis
160	Scrotoplasty	203	Polypectomy Endometrium
161	Circumcision For Trauma	204	Hysteroscopic Resection Of Fibroid
162	Meatoplasty	205	Lletz
163	Intersphincteric Abscess Incision And Drainage	206	Conization
164	Psoas Abscess Incision And Drainage	207	Polypectomy Cervix
165	Thyroid Abscess Incision And Drainage	208	Hysteroscopic Resection Of Endometrial Polyp
166	Tips Procedure For Portal Hypertension	209	Vulval Wart Excision
167	Esophageal Growth Stent	210	Laparoscopic Paraovarian Cyst Excision
168	Pair Procedure Of Hydatid Cyst Liver	211	Uterine Artery Embolization
169	Tru Cut Liver Biopsy	212	Laparoscopic Cystectomy
170	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour	213	Hymenectomy (Imperforate Hymen)
171	Excision Of Cervical Rib	214	Endometrial Ablation
172	Laparoscopic Reduction Of Intussusception	215	Vaginal Wall Cyst Excision
173	Microdochectomy Breast	216	Vulval Cyst Excision
174	Surgery For Fracture Penis	217	Laparoscopic Paratubal Cyst Excision
175	Parastomal Hernia	218	Repair of Vagina (Vaginal Atresia)
176	Revision Colostomy	219	Hysteroscopy, Removal Of Myoma
177	Prolapsed Colostomy- Correction	220	Turbt
178	Laparoscopic Cardiomyotomy(Hellers)	221	Ureterocele Repair - Congenital Internal
179	Laparoscopic Pyloromyotomy(Ramstedt)	222	Vaginal Mesh For Pop
180	Operations On Bartholin's Glands (cyst)	223	Laparoscopic Myomectomy
181	Incision Of The Ovary	224	Surgery For Sui
182	Insufflations Of The Fallopian Tubes	225	Repair Recto- Vagina Fistula
183	Other Operations On The Fallopian Tube	226	Pelvic Floor Repair (Excluding Fistula Repair)
184	Conisation Of The Uterine Cervix	227	URS + LL
185	Therapeutic Curettage With Colposcopy.	228	Laparoscopic Oophorectomy
186	Therapeutic Curettage With Biopsy	229	Percutaneous Cordotomy
187	Therapeutic Curettage With Diathermy	230	Intrathecal Baclofen Therapy
188	Therapeutic Curettage With Cryosurgery	231	Entrapment Neuropathy Release
189	Laser Therapy Of Cervix For Various Lesions Of Uterus	232	Diagnostic Cerebral Angiography
190	Other Operations On The Uterine Cervix	233	Vp Shunt
191	Incision Of The Uterus (hysterectomy)	234	Ventriculoatrial Shunt
192	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	235	Radiotherapy For Cancer
193	Incision Of Vagina	236	Cancer Chemotherapy
194	Incision Of Vulva	237	IV Push Chemotherapy
195	Culdotomy	238	HBI - Hemibody Radiotherapy
196	Salpingo-oophorectomy Via Laparotomy	239	Infusional Targeted Therapy
197	Endoscopic Polypectomy	240	SRT - Stereotactic Arc Therapy
198	Hysteroscopic Removal Of Myoma	241	Sc Administration Of Growth Factors
199	D&C –	242	Continuous Infusional Chemotherapy
200	Hysteroscopic Resection Of Septum	243	Infusional Chemotherapy
		244	CCRT - Concurrent Chemo + Rt

245	2D Radiotherapy	288	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
246	3D Conformal Radiotherapy	289	Resection Of A Salivary Gland
247	IGRT - Image Guided Radiotherapy	290	Reconstruction Of A Salivary Gland And A Salivary Duct
248	IMRT - Step & Shoot	291	Other Operations On The Salivary Glands And Salivary Ducts
249	IMRT – DMLC	292	Other Incisions Of The Skin And Subcutaneous Tissues
250	Rotational Arc Therapy	293	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
251	Tele Gamma Therapy	294	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
252	FSRT - Fractionated Srt	295	Other Excisions Of The Skin And Subcutaneous Tissues
253	VMAT - Volumetric Modulated Arc Therapy	296	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
254	SBRT - Stereotactic Body Radiotherapy	297	Free Skin Transplantation, Donor Site
255	Helical Tomotherapy	298	Free Skin Transplantation, Recipient Site
256	SRS - Stereotactic Radiosurgery	299	Revision Of Skin Plasty
257	X - Knife Srs	300	Other Restoration and Reconstruction Of The Skin And Subcutaneous Tissues
258	GammaknifeSrs	301	Chemosurgery To the Skin
259	TBI - Total Body Radiotherapy	302	Destruction Of Diseased Tissue in The Skin And Subcutaneous Tissues
260	Intraluminal Brachytherapy	303	Reconstruction Of Deformity/defect In Nail Bed
261	TSET - Total Electron Skin Therapy	304	Excision Of Bursitis
262	Extracorporeal Irradiation Of Blood Products	305	Tennis Elbow Release
263	Telecobalt Therapy	306	Incision, Excision and Destruction Of Diseased Tissue Of The Tongue
264	Teleseism Therapy	307	Partial Glossectomy
265	External Mould Brachytherapy	308	Glossectomy
266	Interstitial Brachytherapy	309	Reconstruction Of the Tongue
267	Intracavity Brachytherapy	310	Other Operations On The Tongue
268	3D Brachytherapy	311	Surgery For Cataract
269	Implant Brachytherapy	312	Incision Of Tear Glands
270	Intravesical Brachytherapy	313	Other Operations On The Tear Ducts
271	Adjuvant Radiotherapy	314	Incision Of Diseased Eyelids
272	After loading Catheter Brachytherapy	315	Excision And Destruction Of Diseased Tissue Of The Eyelid
273	Conditioning Radiotherapy For Bmt	316	Operations On The Canthus And Epicanthus
274	Extracorporeal Irradiation to The Homologous Bone Grafts	317	Corrective Surgery For Entropion And Ectropion
275	Radical Chemotherapy	318	Corrective Surgery For Blepharoptosis
276	Neoadjuvant Radiotherapy	319	Removal Of A Foreign Body From The Conjunctiva
277	LDR Brachytherapy	320	Removal Of A Foreign Body From The Cornea
278	Palliative Radiotherapy	321	Incision Of The Cornea
279	Radical Radiotherapy	322	Operations For Pterygium
280	Palliative Chemotherapy	323	Other Operations On The Cornea
281	Template Brachytherapy	324	Removal Of A Foreign Body From The Lens Of The Eye
282	Neoadjuvant Chemotherapy	325	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
283	Induction Chemotherapy	326	Removal Of A Foreign Body From The Orbit And Eyeball
284	Consolidation Chemotherapy		
285	Maintenance Chemotherapy		
286	HDR Brachytherapy		
287	Incision And Lancing Of A Salivary Gland And A Salivary Duct		

327	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)	369	Implant Removal Minor
328	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)	370	Closed Reduction And External Fixation
329	Diathermy/cryotherapy To Treat Retinal Tear	371	Arthroscopy Hip Joint
330	Anterior Chamber Paracentesis.	372	Syme's Amputation
331	Anterior Chamber Cyclodiathermy	373	Arthroplasty
332	Anterior Chamber Cyclotherapy	374	Partial Removal Of Rib
333	Anterior Chamber Goniotomy	375	Treatment Of Sesamoid Bone Fracture
334	Anterior Chamber Trabeculectomy	376	Shoulder Arthroscopy / Surgery
335	Anterior Chamber Filtering	377	Elbow Arthroscopy
336	Allied Operations to Treat Glaucoma	378	Amputation Of Metacarpal Bone
337	Enucleation Of Eye Without Implant	379	Release Of Thumb Contracture
338	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland	380	Incision Of Foot Fascia
339	Laser Photocoagulation To Treat Retinal Tear	381	Partial Removal Of Metatarsal
340	Biopsy Of Tear Gland	382	Repair / Graft Of Foot Tendon
341	Treatment Of Retinal Lesion	383	Revision/removal Of Knee Cap
342	Surgery For Meniscus Tear	384	Exploration Of Ankle Joint
343	Incision On Bone, Septic And Aseptic	385	Remove/grafft Leg Bone Lesion
344	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis	386	Repair/grafft Achilles Tendon
345	Suture And Other Operations On Tendons And Tendon Sheath	387	Remove Of Tissue Expander
346	Reduction Of Dislocation Under Ga	388	Biopsy Elbow Joint Lining
347	Arthroscopic Knee Aspiration	389	Removal Of Wrist Prosthesis
348	Surgery For Ligament Tear	390	Biopsy Finger Joint Lining
349	Surgery For Hemoarthrosis / pyoarthritis	391	Tendon Lengthening
350	Removal Of Fracture Pins/nails	392	Treatment Of Shoulder Dislocation
351	Removal Of Metal Wire	393	Lengthening Of Hand Tendon
352	Closed Reduction On Fracture, Luxation	394	Removal Of Elbow Bursa
353	Reduction Of Dislocation Under Ga	395	Fixation Of Knee Joint
354	Epiphyseolysis With Osteosynthesis	396	Treatment Of Foot Dislocation
355	Excision Of Various Lesions In Coccyx	397	Surgery Of Bunion
356	Arthroscopic Repair Of Acl Tear Knee	398	Tendon Transfer Procedure
357	Arthroscopic Repair Of Pcl Tear Knee	399	Removal Of Knee Cap Bursa
358	Tendon Shortening	400	Treatment Of Fracture Of Ulna
359	Arthroscopic Meniscectomy - Knee	401	Treatment Of Scapula Fracture
360	Treatment Of Clavicle Dislocation	402	Removal Of Tumor Of Arm Under GA
361	Haemarthrosis Knee- Lavage	403	Removal of Tumor of Arm under RA
362	Abscess Knee Joint Drainage	404	Removal of Tumor Of Elbow Under GA
363	Carpal Tunnel Release	405	Removal of Tumor Of Elbow Under RA
364	Closed Reduction Of Minor Dislocation	406	Repair Of Ruptured Tendon
365	Repair Of Knee Cap Tendon	407	Decompress Forearm Space
366	Orif With K Wire Fixation- Small Bones	408	Revision Of Neck Muscle (torticollis Release)
367	Release Of Midfoot Joint	409	Lengthening Of Thigh Tendons
368	Orif With Plating- Small Long Bones	410	Treatment Fracture Of Radius & Ulna
		411	Repair Of Knee Joint
		412	External Incision And Drainage In The Region Of The Mouth.

413	External Incision And Drainage in the Region Of the Jaw.	457	Haemodialysis
414	External Incision And Drainage in the Region Of the Face.	458	Lithotripsy/nephrolithotomy For Renal Calculus
415	Incision Of The Hard And Soft Palate	459	Excision Of Renal Cyst
416	Excision And Destruction Of Diseased Hard Palate	460	Drainage Of Pyonephrosis Abscess
417	Excision And Destruction of Diseased Soft Palate	461	Drainage Of Perinephric Abscess
418	Incision, Excision And Destruction In The Mouth	462	Incision Of The Prostate
419	Other Operations In The Mouth	463	Transurethral Excision And Destruction Of Prostate Tissue
420	Excision Of Fistula-in-ano	464	Transurethral And Percutaneous Destruction Of Prostate Tissue
421	Excision Juvenile Polyps Rectum	465	Open Surgical Excision And Destruction Of Prostate Tissue
422	Vaginoplasty	466	Radical Prostatectomy
423	Dilatation Of Accidental Caustic Stricture Oesophageal	467	Other Excision And Destruction Of Prostate Tissue
424	Presacral Teratomas Excision	468	Operations On The Seminal Vesicles
425	Removal Of Vesical Stone	469	Incision And Excision Of Periprostatic Tissue
426	Excision Sigmoid Polyp	470	Other Operations On The Prostate
427	Sternomastoid Tenotomy	471	Incision Of The Scrotum And Tunica Vaginalis Testis
428	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy	472	Operation On A Testicular Hydrocele
429	Excision Of Soft Tissue Rhabdomyosarcoma	473	Excision And Destruction Of Diseased Scrotal Tissue
430	High Orchidectomy For Testis Tumours	474	Other Operations On The Scrotum And Tunica Vaginalis Testis
431	Excision Of Cervical Teratoma	475	Incision Of The Testes
432	Rectal myomectomy	476	Excision And Destruction Of Diseased Tissue Of The Testes
433	Rectal Prolapse (delorme's Procedure)	477	Unilateral Orchidectomy
434	Detorsion Of Torsion Testis	478	Bilateral Orchidectomy
435	Eua + Biopsy Multiple Fistula In Ano	479	Surgical Repositioning Of An Abdominal Testis
436	Construction Skin Pedicle Flap	480	Reconstruction Of The Testis
437	Gluteal Pressure Ulcer-excision	481	Implantation, Exchange And Removal Of A Testicular Prosthesis
438	Muscle-skin Graft, Leg	482	Other Operations On The Testis
439	Removal Of Bone For Graft	483	Excision In The Area Of The Epididymis
440	Muscle-skin Graft Duct Fistula	484	Operations On The Foreskin
441	Removal Cartilage Graft	485	Local Excision And Destruction Of Diseased Tissue Of The Penis
442	Myocutaneous Flap	486	Amputation Of The Penis
443	Fibro Myocutaneous Flap	487	Other Operations On The Penis
444	Breast Reconstruction Surgery After Mastectomy	488	Cystoscopic Removal Of Stones
445	Sling Operation For Facial Palsy	489	Lithotripsy
446	Split Skin Grafting Under Ra	490	Biopsy Oftemporal Artery For Various Lesions
447	Wolfe Skin Graft	491	External Arterio-venous Shunt
448	Plastic Surgery To The Floor Of The Mouth Under Ga	492	Av Fistula - Wrist
449	Thoracoscopy And Lung Biopsy	493	Ursi With Stenting
450	Excision Of Cervical Sympathetic Chain Thoracoscopic	494	Ursi With Lithotripsy
451	Laser Ablation Of Barrett's Oesophagus	495	CystoscopicLitholapaxy
452	Pleurodesis	496	Eswl
453	Thoracoscopy And Pleural Biopsy	497	Bladder Neck Incision
454	Ebus + Biopsy		
455	Thoracoscopy Ligation Thoracic Duct		
456	Thoracoscopy Assisted Empyema Drainage		

498	Cystoscopy & Biopsy
499	Cystoscopy And Removal Of Polyp
500	SuprapubicCystostomy
501	Percutaneous Nephrostomy
502	Cystoscopy And "sling" Procedure
503	Tuna- Prostate
504	Excision Of Urethral Diverticulum
505	Removal Of Urethral Stone
506	Excision Of Urethral Prolapse
507	Mega-ureter Reconstruction
508	Kidney Renoscopy And Biopsy
509	Ureter Endoscopy And Treatment
510	Vesical Ureteric Reflux Correction
511	Surgery For Pelvic Ureteric Junction Obstruction
512	Anderson Hynes Operation
513	Kidney Endoscopy And Biopsy
514	Paraphimosis Surgery
515	Injury Prepuce- Circumcision
516	Frenula Tear Repair
517	Meatotomy For Meatal Stenosis
518	Surgery For Fournier's Gangrene Scrotum
519	Surgery Filarial Scrotum
520	Surgery For Watering Can Perineum
521	Repair Of Penile Torsion
522	Drainage Of Prostate Abscess
523	Orchiectomy
524	Cystoscopy And Removal Of Fb
525	RF Ablation Heart
526	RF Ablation Uterus
527	RF Ablation Varicose Veins
528	Percutaneous nephrolithotomy (PCNL)
529	Laryngoscopy Direct Operative with Biopsy
530	Treatment of Fracture of Long Bones
531	Treatment of Fracture of Short Bones
532	Treatment of Fracture of Foot
533	Treatment of Fracture of Hand
534	Treatment of Fracture of Wrist
535	Treatment of Fracture of Ankle
536	Treatment of Fracture of Clavicle
537	Chalazion Surgery