

INPATIENT SUMMARY BILL

GST No. : 29AABCF3718N1ZA

CIN No. : U93000DL2009PLC222166

Patient Name : Mrs. Mary Philo
UHID : 12552951
EpisodeNo : 31069/25/1113
Age/Sex : 53 YEAR(S)/Female
Phone No. : 9916338828
Address : flat no 123 1st floor D block aratt
vivera begur Bengaluru BEGUR
Claim No. : 25020701680
Bill No :
Bill Date :
Admitted on : 07-Feb-2025 1:56 PM
Discharged On : 11-Feb-2025 2:48 PM
Department : ORTHOPAEDICS
Treating Doctor : Dr.Mohan Karisankappa Puttaswamy
Place of Supply : Karnataka

Customer Details

Customer Category : Domestic Insurance
Customer Name : SBI GENERAL INSURANCE COMPANY LIMITED
Customer Address : 1st Flr,No 3/1 Rukmini Towers, Platform Road,
Sheshadripuram, Bangalore 560020, Karnataka, India
GSTIN : 29AAMCS8857L1Z8
Insurance/Corp : Family Health Plan (Tpa) Limited
Customer Site : 1113_SBI GENERAL INSURANCE COMPANY LIMITED
TPA Name : FAMILY HEALTH PLAN (TPA) LIMITED

S.No	Particulars	HSN/SAC	Gross Amount	Discount		Net Amount	
				Contractual	Discretionary	Taxable	Non-Taxable
1	Implant	999311	22,605.00	0.00	0.00	0.00	22,605.00
1	Implant	999311	146,221.90	0.00	0.00	0.00	146,221.90
2	OTHER PROCEDURE	999311	11,410.00	570.50	0.00	0.00	10,839.50
3	PACKAGE	999311	267,080.00	13,354.00	0.00	44,935.00	253,726.00
			447,316.90	13,924.50	0.00	44,935.00	388,458.00
							435,639.15

BILL AMOUNT :

TAX SUMMARY	TAXABLE AMT	CGST(%)	CGST AMT	SGST(%)	SGST AMT	Tax
PACKAGE	44,935.00	2.50	1,123.38	2.50	1,123.38	2,246.75
Total Tax	44,935.00	2.50	1,123.38	2.50	1,123.38	2,246.75

NET BILL AMOUNT

SBI GENERAL INSURANCE COMPANY LIMITED

Payor Amount 433,392.40 435,639.16

Tax Amount 2,246.76

DEPOSIT BY PATIENT

NET PAYABLE AMOUNT

100,852.57

(100,852.57)

Printed By : Prashanth Kumar J

Patient/Attendant's Sign :

Name :

Relation :

Phone No :

(Note: All original payment receipts required for Final Bill Clearance.

Print Date : 11-Feb-2025 2:48 PM

FORTIS HOSPITALS LIMITED
154/9, Bannerghatta Road,
Opp. Indian Institute of Management
BENGALURU - 560 076.

INPATIENT DETAIL RUNNING BILL

GST No. : 29AABCF3718N1ZA

CIN No. : U93000DL2009PLC222166

Pateint Name	: Mrs. Mary Philo	Bill No	:
UHID	: 12552951	Bill Date	:
EpisodeNo	: 31069/25/1113	Admitted on	: 07-Feb-2025 1:56 PM
Age/Sex	: 53 YEAR(S)/Female	Discharged On	: 11-Feb-2025 2:48 PM
Phone No.	: 9916338828	Department	: ORTHOPAEDICS
Address	: flat no 123 1st floor D block aratt vivera begur Bengalur	Treating Doctor	: Dr.Mohan Karisankappa Puttaswamy
Claim No.	: 25020701680	Place of Supply	: Karnataka

Customer Details

Customer Category	: Domestic Insurance	Insurance/Corp	: Family Health Plan (Tpa) Limited
Customer Name	: SBI GENERAL INSURANCE COMPANY LIMITED	Customer Site	: 1113_SBI GENERAL INSURANCE COMPANY LIMITED
Customer Address	: 1st Flr,No 3/1 Rukmini Towers, Platform Road, Sheshadripuram, Bangalore 560020, Karnataka, India		
GSTIN	: 29AAMCS8857L1Z8	TPA Name	: FAMILY HEALTH PLAN (TPA) LIMITED

S. No	Particulars	HSN/SAC	Batch No.	Expiry Date	Date	Qty	Gross Amount	Discount		Net Amount	
								Contractual	Discretionary	Taxable	Non-Taxable
1	OTHER PROCEDURE										
	ADMISSION CHARGES	999311			07-Feb-2025	1	1,620.00	81.00	0.00	0.00	1,539.00
	TPA PROCESSING CHARGES	999311			07-Feb-2025	1	990.00	49.50	0.00	0.00	941.00
	THERAPEUTIC PATIENT DIET	999311			08-Feb-2025	1	880.00	44.00	0.00	0.00	836.00
	CENTRAL STERILE SERVICES DEPARTMENT CHARGES	999311			08-Feb-2025	1	270.00	13.50	0.00	0.00	257.00
	BIOMEDICAL WASTE MANAGEMENT CHARGES	999311			08-Feb-2025	1	850.00	42.50	0.00	0.00	808.00
	Patient Linen & Laundry Charges	999311			08-Feb-2025	1	200.00	10.00	0.00	0.00	190.00
	THERAPEUTIC PATIENT DIET	999311			09-Feb-2025	1	880.00	44.00	0.00	0.00	836.00
	CENTRAL STERILE SERVICES DEPARTMENT CHARGES	999311			09-Feb-2025	1	270.00	13.50	0.00	0.00	257.00
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	Patient Linen & Laundry Charges	999311			11-Feb-2025	1	200.00	10.00	0.00	0.00	190.00
	SUB TOTAL						11,410.00	570.50	0.00	0.00	10,844.00

INPATIENT DETAIL RUNNING BILL

GST No. : 29AABCF3718N1ZA

Patient Name : Mrs. Mary Philo

CIN No. : U93000DL2009PLC222166

UHID/EpisodeNo :
12552951/31069/25/1113

S. No	Particulars	HSN/SAC	Batch No.	Expiry Date	Date	Qty	Gross Amount	Discount		Net Amount	
								Contractual	Discretionary	Taxable	Non-Taxable
2	Implant										
	CONTINUOUS PLEXUS SET,CONTIPLEX S ULTRA 360,18GX4" 1.3X100MM,4898610-27,,B BRAUN AESCULAP	999311	24E29A8701 #901312937 6	31-May-2029	08-Feb-2025	1	2,915.00	0.00	0.00	0.00	2,915.00
	BONE CEMENT,PALACOS MV +G,1X40,66057883,,HERAEUS MEDICAL	999311	71691362#9 015259517	31-May-2028	08-Feb-2025	2	9,880.00	0.00	0.00	0.00	9,880.00
	BONE CEMENT MIXING BOWL,PALABOWL,LARGE,505 0166,,HERAEUS MEDICAL	999311	202407026# 9015259516	30-Jun-2027	08-Feb-2025	1	9,810.00	0.00	0.00	0.00	9,810.00
	ARTICULAR INSERT CONSTRAINED,GENESIS II,1-2 15MM,71420964,,SMITH & NEPHEW	999311	24FM01116 #901573316 7	01-Jun-2034	08-Feb-2025	1	21,122.86	0.00	0.00	0.00	21,123.00
	FEMORAL COMPONENT LEGION,3 LEFT,,71425003,,SMITH & NEPHEW	999311	24DM10020 #901525951 8	13-Apr-2034	08-Feb-2025	1	83,545.71	0.00	0.00	0.00	83,546.00
	TIBIAL PLATE BASE LEGION,REVISION 2 LEFT,,71424002,,SMITH & NEPHEW	999311	24DM15193 #901525951 9	20-Apr-2034	08-Feb-2025	1	41,553.33	0.00	0.00	0.00	41,553.00
	SUB TOTAL						168,826.90	0.00	0.00	0.00	168,827.00
3	PACKAGE										
	TOTAL KNEE REPLACEMENT - UNILATERAL - ALL INCLUSIVE (P) TPA(SINGLE ROOM)	999311			07-Feb-2025	1	267,080.00	13,354.00	0.00	44,935.00	208,791.00
	SUB TOTAL						267,080.00	13,354.00	0.00	44,935.00	208,791.00
							447,316.90	13,924.50	0.00	44,935.00	388,462.00
											435,639.15

BILL AMOUNT :

TAX SUMMARY	TAXABLE AMT	CGST(%)	CGST AMT	SGST(%)	SGST AMT	Tax
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Total Tax	44,935.00	2.50	1,123.38	2.50	1,123.38	2,246.75

NET BILL AMOUNT			435,639.15
SBI GENERAL INSURANCE COMPANY LIMITED	Payor Amount	433,392.40	435,639.16
	Tax Amount	2,246.76	
DEPOSIT BY PATIENT			100,852.57
NET PAYABLE AMOUNT			(100,852.57)

Printed By : Prashanth Kumar J

Patient/Attendant's Sign :

Name :

Relation :

Phone No :

(Note: All original payment receipts required for Final Bill Clearance.

Print Date : 11-Feb-2025 2:49 PM

FORTIS HOSPITALS LIMITED
154/9, Bannerghatta Road,
Opp. Indian Institute of Management,
BENGALURU - 560 076.

DEPARTMENT OF ORTHOPAEDICS**Discharge Summary**

Date : 11/Feb/2025

Patient Name	Mrs. Mary Philo	UHID Old UHID	12552951
Age / Gender	53 Years / Female	Episode No	31069/25/1113
Contact No	9916338828	Date of Admission	07 Feb 2025
Discharge Type	ROUTINE	Date of Discharge	11 Feb 2025
Address	flat no 123 1st floor D block aratt vivera begur ,Bengaluru,Karnataka,India,560068		
Name of Consultant	Dr.Mohan Karisankappa Puttaswamy		
Doctor Team			

Treating Doctor(S)

Dr. Mohan K Puttaswamy (Consultant : Orthopedic Surgeon)
Dr. Shalini Joshi (Consultant: Internal Medicine)
Dr. Srinivas Prasada (Consultant: Cardiology)
Dr. Divya Joshi (Consultant: Infectious Disease)

Diagnosis

LEFT KNEE INFECTED OSTEOARTHRITIS

Chief Complaints

Mrs. Mary Philo is a case of left TKR 1½ year ago and had infection 3 months ago and underwent implant removal + Antibiotic spacer , now admitted for revision TKR

Past History

Hypothyroidism

Physical Examination

No pallor / Icterus / cyanosis / clubbing / pedal oedema

Temp: 98.6°F Pulse: 66/min
BP: 137/80 mmHg RR: 20/min

CVS: S1 S2 - normal, No murmur
RS: Bilateral air entry equal, No added sounds
PA: Soft, No tenderness, Bowel Sounds +
CNS: Conscious and Coherent
L/E

Left knee

Surgical healed scar +

ROM: 10-20°

No local raise in temperature

Surgery Details

DATE: 08.02.2025

PROCEDURE: LEFT TOTAL KNEE REPLACEMENT

ANAESTHESIA: Spinal + Femoral Block

IMPLANTS: SMITH & NEPHEW ZIMMER

Implant Company & series LEGION

PROCEDURE:

Parts scrubbed with betadine scrub and chlorhexidine solution.

Operative area painted with betadine and draped.

Under tourniquet control.

Midline linear anterior incision over knee.

Antero medial arthrotomy done.

Medial release done, patella averted.

Spacer block and cement removed, joint debrided

Using intramedullary tibial jig tibial cut done.

DEPARTMENT OF ORTHOPAEDICS
Discharge Summary

Date : 11/Feb/2025

Patient Name	Mrs. Mary Philo	UHID Old UHID	12552951
Age / Gender	53 Years / Female	Episode No	31069/25/1113
Contact No	9916338828	Date of Admission	07 Feb 2025
Discharge Type	ROUTINE	Date of Discharge	11 Feb 2025
Address	flat no 123 1st floor D block aratt vivera begur ,Bengaluru,Karnataka,India,560068		
Name of Consultant	Dr.Mohan Karisankappa Puttaswamy		
Doctor Team			

Using size 3 intramedullary femoral jig femur cut done and Reaming done with stem 12 x 160 mm
Extension gap checked, measures 15 mm
Flexion gap checked was found to be correct with 15 mm spacer.
Tibia sized, size 2 Keel prepared with stem 11 x 160 mm
Flexion, extension and mid flexion medio lateral stability checked and found satisfactory.
Cementing done with PALACOS 80 .gram.
Lateral release not done.
Periarticular multimodal drug infiltration given.
Pulse lavage given with 2 Litre NS.
Closed in layers over a PICO suction drain
1 gms of Intra-articular Tranexemic acid given
Sterile compression dressing applied, peripheral pulses+.
Tourniquet released.

Implant Details

Implant Name	Issue Date/Time	Issue No.
TIBIAL PLATE BASE LEGION,REVISION 2 LEFT,,71424002,,SMITH & NEPHEW	2025-02-08 07:15:00.000	1113/ISN/2502 /58417
FEMORAL COMPONENT LEGION,3 LEFT,,71425003,,SMITH & NEPHEW	2025-02-08 07:15:00.000	1113/ISN/2502 /58417
BONE CEMENT,PALACOS MV+G,1X40,66057883,,HERAEUS MEDICAL	2025-02-08 07:15:00.000	1113/ISN/2502 /58417
BONE CEMENT MIXING BOWL,PALABOWL,LARGE,,,5050166,HERAEUS MEDICAL	2025-02-08 07:15:00.000	1113/ISN/2502 /58417
CONTINUOUS PLEXUS SET,CONTIPLEX S ULTRA 360,18GX4" 1.3X100MM,4898610-27,,B BRAUN AESCULAP	2025-02-08 07:15:00.000	1113/ISN/2502 /57807

Course In The Hospital

Mrs. Mary Philo was admitted with the above complaints, relevant investigations were done and diagnosed to have LEFT KNEE INFECTED OSTEOARTHRITIS. Dr. Shalini Joshi (Physician) was consulted for fitness for surgery. Dr. Srinivas Prasad (Cardiology) was consulted for cardiac fitness for surgery. After pre operative evaluation and fitness for surgery patient underwent LEFT REVISION TOTAL KNEE REPLACEMENT under SA + FB on 08.02.2025. Post operatively patient was on FEMORAL infusion for pain relief. Patient was put on Cryotherapy. Check X - Ray done, patient was mobilized with full weight bearing walking with walker. At the time of discharge wound was dry and clean patient had active knee bending. Patient is discharged with the following advice.

Discharge Advice

INJ. CEFAPERAZONE + SULBACTAM	3 GM I.V.	1-0-1 FOR 10 DAYS
TAB. TEDIZOLID	200 MG	1-0-0 FOR 14 DAYS
TAB. METRONIDAZOLE	400 MG	1-1-1 FOR 5 DAYS
TAB. RETOZ-MR	4 MG	1-0-1 FOR 7 DAYS (AFTER FOOD)
TAB. CYRA	20 MG	1-0-0 FOR 7 DAYS (BEFORE BREAKFAST)
TAB. CALPOL-T		1-0-1 FOR 14 DAYS (AFTER FOOD)

DEPARTMENT OF ORTHOPAEDICS

Discharge Summary

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Contact No	9916338828	Date of Admission	07 Feb 2025
Discharge Type	ROUTINE	Date of Discharge	11 Feb 2025
Address	flat no 123 1st floor D block aratt vivera begur ,Bengaluru,Karnataka,India,560068		
Name of Consultant	Dr.Mohan Karisankappa Puttaswamy		
Doctor Team			

TAB. ASPIRIN	150 MG	1-0-1 FOR 4 WEEKS (AFTER FOOD) : DVT prophylaxis
TAB. FEEFOL-Z		0-1-0 FOR 30 DAYS (AFTER FOOD)
TAB. V-TOTAL		0-1-0 FOR 30 DAYS (AFTER FOOD)
TAB. ANXIT	0.5 MG	0-0-1 FOR 5 DAYS (AFTER FOOD)
CAP. ENTEROGERMINA		1-0-1 FOR 5 DAYS
TAB.THYRONORM	100 MCG	1-0-0 TO CONTINUE (EMPTY STOMACH)

AVOID MILK / JUICE

IRON RICH DIET

DVT risk explained to the patient.
Importance of calf exercise in clot prevention explained.
Risk and benefits of medications in DVT prevention explained.
Fever of 100.4F higher or shaking chills.
Stiffness or inability to move the joint.
Increased swelling in your joint region.
Increased redness, tenderness, or swelling in or around the incision
Drainage from the incision
Increased pain

Call hospital immediately if you have fever more than 101 degree F, any discharge from the wound, burning sensation while urinating.

Patient is advised to take rest for 3-4 weeks.

Continue medications and physiotherapy Protocol as advised.

Followup

Review with Ortho Team in Room No. 147 on 14/2/2025 for dressing and on 21/2/2025 for Suture Removal (between 11 am. to 1 p.m) with prior appointment.

Review with Dr. Shalini Joshi as advised in the OPD with prior appointment

Review with Dr. Divya Joshi After 10 Days with CBC, ESR, CRP Report as advised in the OPD with prior appointment

All investigation reports and images of radiological investigations have been handed over to the patient/patient attendant.

Implant details as applicable are provided with the discharge summary

Patient/Relative Signature

I have understood the instructions given about the medication dosage and post discharge care.
IN CASE OF EMERGENCY CONTACT 080-66214444

Prepared by : Rashma

Modified by : Megha

DEPARTMENT OF ORTHOPAEDICS
Discharge Summary

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Name of Consultant	Dr.Mohan Karisankappa Puttaswamy		
Doctor Team			

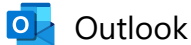
Checked by : Dr. Nithn

Date / Time 11/2/2025

Medical Officer/Resident

Dr.Mohan Karisankappa Puttaswamy
Additional Director
ORTHOPAEDICS

FORTIS HOSPITALS LIMITED
154/3, Bannerghatta Road,
Opp. Indian Institute of Management,
BENGALURU - 560 076.



Outlook

Re: Cashless - Preauth Final - 25020701680 [2] - Refer to Insurer

From Marissa Soares <Marissa.Soares@sbigeneral.in>**Date** Tue 2/11/2025 11:03 PM**To** Cashless <cashless@fhpl.net>; Sudip Jagannath Santra <Sudip.Santra@sbigeneral.in>; Pranauti Prakash Mestry <Pranauti.Mestry@sbigeneral.in>**Cc** Kollu Prasanthi <kollu.prasanthi@fhpl.net>; Madhukar K <madhukar.k@fhpl.net>; Manoj kumar Kulkarni <manoj.kulkarni@fhpl.net>; Cashless Hyd <cashlesshyd@fhpl.net>; Dr.Biplab Samanta <dr.biplab@fhpl.net>; Abhijit Sarkar <abhijit.sarkar@fhpl.net>; Cashless <cashless@fhpl.net>

External Email!: This e-mail originated from outside of Family Health Plan Insurance TPA Limited. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Team,

Kindly process as per policy terms and conditions subject to agreed tariff.

Thanks and Regards

Dr Marissa

9096430131

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From: Cashless <cashless@fhpl.net>**Sent:** Tuesday, February 11, 2025 10:58:32 PM**To:** Marissa Soares <Marissa.Soares@sbigeneral.in>; Sudip Jagannath Santra <Sudip.Santra@sbigeneral.in>; Pranauti Prakash Mestry <Pranauti.Mestry@sbigeneral.in>**Cc:** Kollu Prasanthi <kollu.prasanthi@fhpl.net>; Madhukar K <madhukar.k@fhpl.net>; Manoj kumar Kulkarni <manoj.kulkarni@fhpl.net>; Cashless Hyd <cashlesshyd@fhpl.net>; Dr.Biplab Samanta <dr.biplab@fhpl.net>; Abhijit Sarkar <abhijit.sarkar@fhpl.net>; Cashless <cashless@fhpl.net>**Subject:** Cashless - Preauth Final - 25020701680 [2] - Refer to Insurer

Warning: This email has not originated from SBI General. Do not open the attachment(s) or click on link(s)/URL(s) unless sender is reliable & known to you. Malware/ Viruses can be easily transmitted via email.

Dear Dr,

We have received the Final Request from Fortis Hospitals Ltd Bannerghatta Road
Kindly check and confirm.

Patient name	Mary Philo (Female)
Policy Number	41010250100000130-00
Corporate name	Arvind Ltd
TPA claim number	25020701680

Patient INS or client ID (if available)	26153140
Sum Insured	400000/-
Diagnosis	TYPHOID FEVER/ENTERIC FEVER
Procedure / Treatment2/	
DOA	07-Feb-2025
DOD(Probable)	
Hospital Name	Fortis Hospitals Ltd Bannerghatta Road
Charges – Package or Open	-
Claim amount	449564/-
Settlement amount	-
Deductions if any	-
Type of claim – Reimbursement or Cashless	
Case management Savings if any	-
TPA Recommendations	DX KNEE OA PAYABLE AMOUNT RS.400000/- REQUESTING FINAL APPROVAL

Suminsured Rules and Services View [ID : 384012]

Sum Insured Rules View
Sum Insured Rules
Services
Remarks

Rules


[Exceptions \[Not Applicable\]](#)

No rules configured

[Exclusions](#)

PED

PED is covered.

Exclusions-Waiting Period

30 Days waiting Period is waived.

Exclusions

1,2,3,4 years exclusions is waived.

General Conditions

General Copay

Co-pay not applicable

Donor Expenses

Hospitalisation expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to insured person. The company's liability towards expenses incurred on the donor and insured recipient shall not exceed the sum insured of the insured person receiving the organ.

Capped Ailment Copay

Cyber knife in addition Co-Pay of 50% will also be applicable

Day Care

Day Care Treatment Covered up to base SI.

General Condition

Vision Correction Covered with refractive error greater than +/- 7.5.

Alternative Treatment Inpatient expenses (AYUSH) Expenses incurred for Ayurvedic / Homeopathic / Unani Treatment are admissible upto 25% of the sum insured provided the treatment for illness and accidental injuries, is taken in AYUSH Hospital.

Inpatient care : 1. Nursing charges excluding private nursing charges. 2. Medical practitioner's fees, excluding any charges or fees for stand-by services. 3. Medicine, Drugs and consumables. 4. Physiotherapy, investigation and diagnostics procedures directly related to admission. 5. Anaesthesia, Blood, Oxygen. 6. Intravenous fluids, blood transfusion, injection administration charges and /or consumables. 7. Operation theatre charges. 8. The cost of prosthetics and other devices or equipment if implanted internally during surgery
All other terms & conditions as per standard SBIG.

Hospitalization related to terrorism covered.

Cochlear Implant covered upto 50% SI.

No individual can be covered more than once in the policy – specifically if an employee and spouse are working for the same organization both cannot cover each other. In case at the time of claim it is found that the member is covered more than once, a deletion endorsement (without any refund) of such member will be effected to ensure he/she is covered only once.

*Administration/ Registration/ Service Charges & Misc. Charges are not payable Reasonable and Customary Charges will be applied on re-imburement claims from non network hospitals where medical treatment taken by the Insured Person during the Policy Period following an Illness or Injury that occurs during the Policy Period, subject to availability of the Sum Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document.

Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer .

Accident Multiplier Not Applicable.

Prosthetics not covered.

Funeral and Repatriation Not Covered.

E-opinion Not Covered.

Sum Insured Reinstatement Not Applicable.

Physiotherapy and Rehabilitation Not covered.

Non-medical Expenses Covered.

Gender Reassignment not Covered.

Attendant Charges Not Covered.

Air Ambulance Not covered.

Infertility and Surrogacy treatment not covered.

Artificial limbs and Prosthesis must be covered as a part of Hospitalization and on OPD basis. Artificial Limb can only be fitted post complete recovery of the surgical site. Thus, the same to be covered even 6 months post-Surgery on OPD basis as a fixed cost of INR 25000/- Agreed for Annual Policy Limit upto Rs.500000/- (Not for Cosmetic)

LGBTQ Covered under Family Definition.

If the Employ Death during the Policy Period Benefit Pass on the Spouse &

Children Name and she will be cover till policy end. OK Subject to no deletion of members by client HR.

---W.E.F. Inception of the Policy, PAPERLESS CLAIM PROCESSING : Only colour scans of the original documents shall be submitted. E-mail submission not allowed. Upload on TPA portal through secure login and password only. TPA may ask for originals for verification. Customer to retain original documents for 3 years. All documents to be self-attested. The consent form wordings in file submission portals of FHPL : I confirm that the self-attested scanned original documents uploaded here are not submitted to any other insurance company for the amount claimed. The original documents will be retained by me for at least 3 years from the date of uploading and SBI General holds the right to call for the original physical documents from me anytime. If it is found that the documents uploaded have been submitted to any other insurance company for the amount claimed, SBI General holds the right to recover the claim amount from me and also intimate the other insurance company for appropriate action. For any legal disputes related to the claim, the production of original documents shall be my responsibility, if the same has not be submitted to SBI General Insurance vide mail received & updated on 28-01-2025.

Critical Illness Rider Rs.500000/- For defined Critical illness (Once in Lifetime).
Lucentis Covered upto 10% of Sum Insured subject to max of Rs.75,000/- with aggregate policy limit of Rs.2,25000/-.

Bariatric Covered only for Life Threatening Cases.

Internal Congenital Diseases Covered. External Congenital diseases covered for Life threatening conditions :- 1. inguinal and abdominal Hernia 2. Casudal Regression Syndrome 3. Imperforate Anus 4. Spina Bifida 5. Congenital Cataract 6. Bicronal Cranio Synthesis Above will be consider as life threatning and can be covered. Other conditions will be out of scope of the policy.

OPD

Domiciliary Hospitalization We will cover Medical Expenses as shown under the schedule of Insurance Certificate for Medically Necessary treatment taken at home if the condition for which treatment is taken would otherwise have necessitated Hospitalisation as long as either (i) the attending Medical Practitioner confirms that the insured Person could not be transferred to a Hospital or (ii) the Insured Person satisfies Us that a Hospital bed was unavailable. Sub limited to INR 15000/- per family on aggregate basis with overall policy limit of Rs.4,00,000/-

Wellness/Health check up Benefit not covered.

Pre-Hospitalization

Pre-Hospitalization

Pre Hospitalization is 30 Days.

Ailment Conditions

Ailment Cappings

Oral Chemotherapy Cover Up to 10% of Sum Insured Subject to Maximum Rs.100000/-.

Cyberknife Covered upto 50% of SI subject to maximum of Rs.4,00,000/- / family.

Psychiatric:- Covered on IPD basis within family SI.

Behavioural and Neuro Developmental Disorders:- Disorders of adult personality and Disorders of speech and language including stammering, dyslexia can be covered upto 25% of the Sum Insured.

Modern Treatments covered Up to 50% of Sum Insured List of Modern

Treatments:- A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) B. Balloon Sinuplasty C. Deep Brain Stimulation 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.

Buffer

Buffer

Corporate buffer is Rs.10000000/- and available Up to Family SI Rs.400000/-.

Corporate buffer cannot be utilised for maternity claims, Restricted Ailments/SI and non allopathic treatment. Corporate buffer allowed after exhaustion of full family base SI and subject to corporate HR approval. Corporate buffer would be allowed for ongoing claims only and reopening of earlier claims for payment of corporate buffer would not be allowed.

Sub-Limits [Not Applicable]

No rules configured

Domiciliary [Not Applicable]

No rules configured

Maternity

Pre Natal

Pre-natal/ Post natal hospitalization expenses covered up to Maternity benefit limit and within maternity sum insured. Pre Natal Period would mean period during pregnancy from conception till birth and Post Natal would mean up to six weeks from date of delivery. Only hospitalization expenses are allowed under this benefit.

Post Natal

Pre-natal/ Post natal hospitalization expenses covered up to Maternity benefit limit and within maternity sum insured. Pre Natal Period would mean period during pregnancy from conception till birth and Post Natal would mean up to six weeks from date of delivery. Only hospitalization expenses are allowed under this benefit.

Baby Coverage

New Born Baby Cover from Day 1, Covered from day 1 subject to intimation within window period and sufficient CD balance available.

Maternity

Maternity covered from day One upto the limit of Rs.55000/- for Normal for 2 living births only.

Maternity covered from day One upto the limit of Rs.80000/- for C-section for 2 living births only.

Post-Hospitalization

Post-Hospitalization

Post Hospitalization is 60 Days.

Services

Ambulance

Ambulance charges Covered Up to Rs.5000/- per Hospitalization.

Room Rent Charges

Room rent limit per day for Normal room - 2% of base SI. In case insured opts for a higher room category than eligibility: 1) For normal Room : Proportionate deductions will be applicable on defined 'associate medical expenses. Associated Medical Expenses shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ Specialist conducted within the same Hospital where the Insured Person has been admitted. The below expenses are not part of associate medical expenses a. Cost of Pharmacy and consumables, b. Cost of implants and medical devices , c. Cost of diagnostics

ICU Charges

Room rent limit per day for ICU room 3% of base SI. For admission in ICU / ICCU - proportionate deduction will only be done on the ICU / ICCU room rent, and not on any other associated medical expenses etc.

Benefits [Not Applicable]

No rules configured

Implants/devices [Not Applicable]

No rules configured

Services

Regards,
Manoj K

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