

**HEALTH INFINITY**

**Policy Wordings**

# SECTION A) PREAMBLE

Whereas as the Insured has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the Company), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured and subject always to the Limit of Indemnity against such loss as is herein provided.

# SECTION B) DEFINITIONS - STANDARD DEFINITIONS

## Accident, Accidental :

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

## AYUSH Hospital:

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 thefollowing:

* 1. Central or State Government AYUSH Hospital; or
  2. Teachinghospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy or
  3. 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:
     1. Having at least 5 in-patient beds;
     2. Havingqualified AYUSHMedical Practitioner in charge round the clock;
     3. Havingdedicated AYUSHtherapy sections as required and/or has equippedoperationtheatre where surgical procedures are to becarried out
     4. Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative.

## AYUSH Day Care Centre:

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such healthCentre 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 andmustcomplywithallthe following criterion:

1. Having qualified registered AYUSH Medical Practitioner(s) in charge;
2. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
3. Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative.

## Cashless facility:

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.

## Condition Precedent:

Condition Precedent means a Policy term or condition upon which the Insurer’s liability under the Policy is conditional upon.

## Congenital Anomaly:

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

* 1. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
  2. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

## Co-Payment:

A 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 claim amount. A co-payment does not reduce the Sum Insured.

## Cumulative Bonus:

Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

## Day care centre:

A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

1. has qualified nursing staff under its employment,
2. has qualified medical practitioner(s) in charge,
3. has a fully equipped operation theatre of its own where surgical procedures are carried out
4. maintains daily records of patients and will make these accessible to the Insurance Company’s authorized personnel.

## Day Care Treatment:

Day care treatment means medical treatment, and/or surgical procedure which is:

1. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
2. Which would have otherwise required a hospitalization of more than 24 hours.

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

## Dental Treatment:

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

## Disclosure to information norm:

The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

## Emergency Care:

Emergency care means management of an illness or injury 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’s health.

## Grace Period:

Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

## Hospital:

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1)

of the said Act OR complies with all minimum criteria as under:

1. has qualified nursing staff under its employment round the clock;
2. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
3. has qualified medical practitioner(s) in charge round the clock;
4. has a fully equipped operation theatre of its own where surgical procedures are carried out;
5. maintains daily records of patients and makes these accessible to the Insurance Company’s authorized personnel.

## Hospitalization or Hospitalized:

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.

## Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

* 1. Acute condition - Acute condition is a disease, illness or injury 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/injury which leads to full recovery.
  2. Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
     1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
     2. it needs ongoing or long-term control for relief of symptoms
     3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
     4. it continues indefinitely
     5. it recurs or is likely to recur.

## Injury/Bodily Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

## Inpatient Care

Inpatient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

## Intensive Care Unit

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.

## ICU Charges

ICU (Intensive Care Unit) 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.

## Maternity expenses:

Maternity expenses means;

1. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
2. expenses towards lawful medical termination of pregnancy during the Policy Period.

## Medical Advice:

Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

## Medical expenses:

Medical Expenses means those expenses that an Insured 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 had not been Insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

## Medical Practitioner/Doctor/ Physician:

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 or Ayurvedic and or such other authorities 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 its scope and jurisdiction of license and acceptable to Us.

## Medically Necessary Treatment:

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

## Migration:

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.

## Network Provider:

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.

## Non- Network Provider:

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

## Notification of Claim:

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

## OPD treatment:

OPD treatment means 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.

## Portability:

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

## Pre-Existing Disease:

Pre- existing disease means any condition, ailment or injury or disease

* 1. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement **Or**
  2. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

## Pre-hospitalization Medical Expenses:

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

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

## Post-hospitalization Medical Expenses:

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:

* 1. Such Medical Expenses are for the same condition for which the Insured Person’s hospitalization was required, and
  2. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

## Qualified Nurse:

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

## Reasonable and Customary charges

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.

## Renewal

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.

## Room rent

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

## Surgery or Surgical Procedure

Surgery or Surgical Procedure 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.

## Unproven/Experimental treatment

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

# SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

## Act of Terrorism :

Means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological

purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intend to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defense of India or in connection with any other purposes of the Government of India, any State Government or an

of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

## Bajaj Allianz Network Hospitals / Network Hospitals/Network Providers :

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by the Insurer as per the latest version of the list of Hospitals maintained by the Insurer, which is available to You on request. For updated list please visit our website.

1. **Insured/ Insured Member** means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period. Insureds may be construed accordingly
2. **Obesity** means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and

Obesity in adults. It is defined as a person’s weight in kilograms divided by the square of his height in meters (kg/m2).

## The WHO definition is:

BMI greater than or equal to 25 is overweight BMI greater than or equal to 30 is obesity

1. **Policy** means the proposal, the Health Infinity Policy Schedule, the Policy documents, these Terms and Conditions and any endorsements attaching to or forming part hereof either on the Risk Inception Date [“RID”] or during the Policy Period.

## Policy Period

The period between RID and RED shown in the Policy Schedule.

1. **Risk Inception Date [RID]** means the date and time of inception of risk as mentioned in the Policy Schedule.
2. **Risk End Date [RED]** means the date and time on which the risk as mentioned in the Policy Schedule comes to an end.
3. **Policy Schedule or Schedule** means the Health Infinity Policy Schedule and any annexure attached to and forming part of this Policy.
4. **You, Your, Yourself, Your Family** the Insured/ family members of Insured [in floater Policy] as set out in the Policy.
5. **We, Our, Ours, the Company,** means the Bajaj Allianz General Insurance Company Limited.

# SECTION C) COVERAGE

**Policy period:**

* + Health Infinity: 1 year, 2 years or 3 years.

## In-patient Hospitalization Treatment

If the Insured is Hospitalized on the advice of a Medical Practitioner (as defined under Policy) because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then the Company will pay the Insured, Reasonable and Customary Medical Expenses incurred for :

* 1. Room and Boarding expenses as provided by the Hospital/ Nursing Home, maximum up to the per day room rent plan opted by the Insured.
  2. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
  3. Nursing Expenses as provided by the hospital.
  4. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
  5. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances.
  6. Dialysis, Chemotherapy, Radiotherapy, physiotherapy.
  7. Medicines, Drugs and consumables.
  8. Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents.
  9. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically prescribed by the treating Medical Practitioner.

## Note:

1. In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges
2. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.

## Pre-Hospitalization

The Medical Expenses incurred during the 60 days immediately before the Insured was Hospitalized, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalization was required, and the Company has accepted an inpatient

Hospitalization claim under “In-patient Hospitalization Treatment” (Section C1).

## Post-Hospitalization

The Medical Expenses incurred during the 90 days immediately after the Insured was discharged post Hospitalization provided that:

Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalization was required, and the Company has accepted an inpatient Hospitalization claim under “In-patient Hospitalization Treatment” (Section C1).

## Road Ambulance

1. The Company will pay the reasonable cost up to a maximum of Rs 5000/- per Hospitalization incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.
2. The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by the Company only when:

* 1. Such life threatening emergency condition is certified by the Medical Practitioner, and
  2. The Company has accepted Insured’s Claim under “In-patient Hospitalization Treatment” (Section C1) or “Day Care Procedures” (Section C 5) of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.

## Day Care Procedures

The Company will pay the Insured, medical expenses as listed above under “In-patient Hospitalization Treatment” (Section C1) for Day Care medical treatment, and/or surgical procedure which is

* 1. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
  2. which would have otherwise required Hospitalization of more than 24 hours.

## Exclusions specific to Day Care Procedures-

1. Treatment normally taken on an out-patient basis
2. Any dental treatment or procedure

Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

## Preventive Health Check Up

After continuously renewing the Health Infinity Policy for 3 years with us, You are eligible for a free Preventive Health check-up. We will reimburse the amount equal to per day room rent as opted by You, maximum up to Rs. 5000/-for each Insured Member covered under the Policy during the block of 3 years.

You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). Contact Email id- [healthcheck@bajajallianz.co.in](mailto:healthcheck@bajajallianz.co.in)

# SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS

1. **Waiting Period**

## Pre-existing Diseases waiting period (Excl01)

* + 1. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Health Infinity Policy with Us.
    2. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
    3. If the Insured 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.
    4. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

## Specified disease/procedure waiting period (Excl02)

* + 1. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Infinity Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
    2. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
    3. 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.
    4. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
    5. If the Insured 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.
    6. After completion of 24 months of continuous coverage, the maximum limit for each claim will be restricted to 100 times per day room rent limit for below listed conditions/procedures. Please note that the limit of indemnity will be applicable only for the procedures.
    7. List of specific diseases/procedures is as below

|  |  |
| --- | --- |
| 1. Any type gastrointestinal ulcers | 2. Cataracts, |
| 3. Any type of fistula | 4. Macular Degeneration |
| 5. Benign prostatic hypertrophy | 6. Hernia of all types |
| 7. All types of sinuses | 8. Fissure in ano |
| 9. Haemorrhoids, piles | 10. Hydrocele |

|  |  |
| --- | --- |
| 11. Dysfunctional uterine bleeding | 12. Fibromyoma |
| 13. Endometriosis | 14. Hysterectomy |
| 15. Uterine Prolapse | 16. Stones in the urinary and biliary systems |
| 17. Surgery on ears/tonsils/adenoids/ paranasal sinuses | 18. Surgery on all internal or external tumours / cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth |
| 19. Parkinson’s Disease | 20. Alzheimer’s Disease |

* 1. A waiting period of 36 months from the first Health Infinity Policy inception date will be applicable to the medical and surgical treatment of illness surgical procedures mentioned below. Even after 36 months of continuous coverage, the limit of indemnity for each claim will be restricted to 100 times per day room rent limit for the below listed conditions. Please note that the limit of indemnity will be applicable only for the procedures.
     1. Joint replacement surgery
     2. Surgery for vertebral column disorders (unless necessitated due to an accident)
     3. Surgery to correct deviated nasal septum
     4. Hypertrophied turbinate
     5. Congenital internal diseases or anomalies
     6. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5

## 30-day waiting period (Excl03)

* + 1. 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.
    2. This exclusion shall not, however, apply if the Insured has Continuous Coverage for more than twelve months.
    3. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

1. **GENERAL EXCLUSIONS**

## Investigation & Evaluation (Excl04)

1. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
2. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

## Rest Cure, rehabilitation and respite care- (Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

1. 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.
2. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

## Obesity/Weight Control (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 has to be 18 years of age or older and
4. Body Mass Index (BMI);
   1. greater than or equal to 40 or
   2. 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:
      1. Obesity-related cardiomyopathy
      2. Coronary heart disease
      3. Severe Sleep Apnea
      4. Uncontrolled Type2 Diabetes

## Change-of-gender treatments (Excl07)

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

## Cosmetic or plastic Surgery (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.

## Hazardous or Adventure Sports (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.

## Breach of law (Excl10)

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

## Excluded Providers (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.

* 1. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)
  2. Treatments received in heath 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. (Excl13)
  3. 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. (Excl14)

## Refractive Error (Excl15)

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

## Unproven Treatments (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.

## Sterility and Infertility (Excl17)

Expenses related to sterility and infertility. This includes:

1. Any type of contraception, sterilization
2. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
3. Gestational Surrogacy
4. Reversal of sterilization

## Maternity (Excl 18)

* + 1. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
    2. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

# SECTION D) EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS

1. **GENERAL EXCLUSIONS**
   1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
   2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
   3. 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 nationalization or requisition of or damage by or under the order of any government or public local authority.
   4. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
   5. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
   6. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
   7. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
   8. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
   9. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
   10. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.
   11. Treatment for any other system other than modern medicine (also known as Allopathy) and AYUSH therapies.
   12. All non-medical Items as per Annexure II
   13. Any treatment received outside India is not covered under this Policy.

# SECTION E) CONDITIONS - STANDARD GENERAL TERMS AND CLAUSES

## Disclosure of information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

## Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

## Premium Payment in Instalments (Wherever applicable)

If the insured person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term polices only), Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

* 1. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
  2. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
  3. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
  4. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
  5. No interest will be charged If the instalment premium is not paid on due date.
  6. In case of instalment premium due not received within the grace period, the policy will get cancelled.
  7. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
  8. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

## Claim Settlement (provision for Penal interest)

* 1. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
  2. ln 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.
  3. 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- ln such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
  4. ln case of delay beyond stipulated 15 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.

## Renewal of Policy

The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud, misrepresentation by the insured person.

* 1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
  2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
  3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
  4. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
  5. No loading shall apply on renewals based on individual claims experience

## Complete Discharge

Any payment to the policyholder, 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 a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

## Fraud

* 1. If any claim made by the Insured beneficiary, is in any respect 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 beneficiary 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.
  2. 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.
  3. For the purpose of this clause, the expression “fraud” means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
     1. the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
     2. the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
     3. any other act fitted to deceive; and
     4. any such actor omission as the law specially declares to be fraudulent
  4. The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured beneficiary / 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

## Multiple Policies

* 1. ln case of multiple policies taken by an insured person during a period from 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. ln 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.
  2. lnsured 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.
  3. lf the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/ she wants to claim the balance amount.
  4. 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.

## Cancellation

1. **Cancellation by the Policyholder**

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

## Cancellation of policy where full premium received at policy inception -

* + - **Annual Policy**: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

## Multi-year Policy:

* + - * For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
      * For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

## Cancellation of policy where Premium Received on Instalment Basis

The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

1. **Additional Deductions** - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

## Cancellation by the Company

The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days’ written notice. There will be no refund of premium for cancellations on these grounds.

## Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty 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.

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

* 1. 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
  2. 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
  3. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

## Portability

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed

Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For Detailed Guidelines on portability, kindly refer the link: <https://irdai.gov.in/document-detail?documentId=393128> (Please note referred link is of the IRDAI website and subject to change from time to time.)

## Possibility of Revision of Terms of the Policy lncluding the Premium Rates:

The Company, with prior approval of lRDAl, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

## Migration

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on 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, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link<https://irdai.gov.in/document-detail?documentId=393128> (Please note referred link is of the IRDAI website and subject to change from time to time.)Withdrawal of Policy

* 1. ln the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
  2. lnsured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

## Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) no look back would be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy 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.

## Nomination

The policyholder 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 policyholder. 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. ln the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy

## Grievance Redressal Procedure

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of “Caringly Yours”. To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say “Hi” on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website [www.bajajallianz.com/branch-locator.html](http://www.bajajallianz.com/branch-locator.html)
3. Register your grievances / complaints on our website [www.bajajallianz.com/about-us/customer-service.html](http://www.bajajallianz.com/about-us/customer-service.html)
4. E-mail
   1. Level 1: Write to [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) and for senior citizens to [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in)
   2. Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at [ggro@bajajallianz.co.in](mailto:ggro@bajajallianz.co.in)
   3. Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back
5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at [www.cioins.co.in/ombudsman.html](http://www.cioins.co.in/ombudsman.html)

The contact details of the ombudsman offices are mentioned **Annexure IV.**

# SECTION E) CONDITIONS – SPECIFIC TERMS AND CLAUSES

## Eligibility

* + Indian nationals residing in India would be considered for this Policy.
  + This Policy can be opted by Non-Resident Indians including PIOs (Persons of Indian Origin) and OCIs (Overseas citizens of India) also; however the Policy will be issued during their stay in India and premium paid in Indian currency and by Indian Account only.
  + We will cover Insured for treatment availed in India. Our liability shall be to make payment within India and in Indian Rupees only.

## Paying a Claim

1. The Insured agrees that the Company need only make payment when the Insured or someone claiming on his/ her behalf has provided the Company with necessary documentation and information.
2. If the Company, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured in writing within 30 days of the receipt of documents. The Insured may take recourse to the Grievance Redressal procedure stated under Policy.

## Basis of Claims Payment

1. The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
2. The Company shall make payment in Indian Rupees only.

## Reduction in Waiting Period

1. If the proposed Insured is presently covered and has been continuously covered without any lapses as under:
   1. any health insurance indemnity plan with an Indian non-life insurer/health insurer as per guidelines on portability, OR
   2. any other similar health insurance indemnity plan from Us, Then:
      1. The 30 days waiting period specified in Section D-I.4 of the Policy stand deleted
      2. The waiting periods specified in the Section D-I.1 to I.3 shall be reduced by the number of continuous preceding years of coverage of the Insured under the previous health insurance Policy; Continuity / Credit of waiting periods would be extended up to the Sum Insured & Cumulative bonus of the previous Policy
      3. The limits as mentioned under D-I.2 and I.3 and co-pay as mentioned in Point E 23- Cost Sharing shall also be applicable for all portability proposals

The above conditions would be applicable if the insured has applied for portability with us and the proposal is accepted and the policy is issued as per portability guidelines.

## Cost Sharing

1. If the Insured seeks admission in a room category exceeding the room rent plan opted at the time of Policy inception, then a proportionate co- payment would apply on all Hospitalization expenses incurred, which includes all expenses mentioned in Section C1 (excluding C1- vii and C1- viii), C2, C3, C4, C5. Of policy wordings.
2. The Policy covers all Hospitalization expenses during the Policy period as per the Policy coverage, terms conditions, definitions & exclusions, however if the claim approved amount exceeds 100 times the room rent limit opted ( in a single claim or multiple claims) then a co -payment of 15%/20%/25% as opted would apply on the claim amount.

The co-payment would apply on the claim amount exceeding 100 times of the room rent limit and not on the Complete claim.

1. The maximum limit of indemnity for ailments/conditions as mentioned in D I-2 & D-I-3 will be restricted to 100 times the room rent limit opted for each claim. Claim amount exceeding 100 times of the room rent limit would be not be admissible under the policy and hence the co-payment as defined in point (ii) above shall not be applicable on such amount.
2. The Maximum limit of indemnity for Listed Modern Treatments, specified in Annexure III, would be 100 times of the room rent limit.

Claim amount exceeding 100 times of the room rent limit would be not be admissible under the policy and hence the co-payment as defined in point (ii) above shall not be applicable on such amount. The coverage of Modern treatments would be subject to the terms conditions, definitions, exclusions as defined under this policy.

In event of a claim wherein both the co-payments as defined above are applicable then co-payment as defined under point (i) would apply first followed by that defined under point (ii) The Co-payment will be applicable for claims for both Network and Non- Network Hospitals

## Communications

Any communication meant for the Company must be in writing and be delivered to the Company’s address shown in the Schedule. Any communication meant for the Insured will be sent by the Company to Insured’s address shown in the Policy.

## Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company. Any change that the Company make will be evidenced by a written endorsement signed and stamped by the Company.

## Discounts:

1. **Wellness discount:**

Insured member is eligible for 5% discount at each renewal provided he / she submits the below mentioned medical test reports & if all the reports are falling within normal range as specified below

* 1. ECG of Normal Sinus Rhythm
  2. Fasting Blood Sugar equal to or less than 120 Mg/dl
  3. Serum Creatinine – within normal limits as defined in test reports
  4. Lipid Profile – All parameters within normal limits
  5. BMI less than or equal to 25
  6. No other adverse health conditions

## Family Discount:

5% family discount shall be offered if 2 or more eligible family members are covered under a single Policy

## Long Term Policy Discount:

* 1. 4 % discount is applicable if policy is opted for 2 years
  2. 8 % discount is applicable if policy is opted for 3 years

Note: This will not apply to policies where premium is paid in instalments.

## Employee Discount

20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the Policy is booked in direct office code.

(Note: Online/Direct Customer Discount is not applicable to Employees)

## Online Discount

5% discount is extended for the policies purchased online/ through website/direct customers. This benefit is extended to direct customers in lieu of the commission

## Per day Room Rent Enhancement:

1. The Insured can apply for enhancement of per day room rent at the time of renewal Insured can apply for enhancement of per day room rent by submitting a fresh proposal form to the company.
2. The acceptance of enhancement of per day room rent would be at the discretion of the company, based on the health condition of the Insured & claim history of the Policy.
3. All waiting period as defined in the Policy shall apply for this enhanced per day room rent limit from the effective date of enhancement of such per day room rent considering such Policy Period as the first Policy with the Company.
4. Cost sharing terms as specified under section E – 23 would be applicable to the enhanced room rent limit.

## Addition /Deletion of Insured(s):

Midterm addition of Spouse within 6 months of marriage and New Born Child within 90 – 180 days from birth, can be allowed subject to his/her name has been notified by Insured in writing to the Company, any additional premium due has been paid and the Company’s agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of Spouse/ New Born Child as an Insured

## Territorial Limits & Governing Law

1. We cover Insured for treatment availed in India. Our liability shall be to make payment within India and in Indian Rupees only.
2. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.
3. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

## Arbitration and Reconciliation

Arbitration Clause shall not be applicable.

# SECTION E) CONDITIONS -OTHER TERMS AND CLAUSES

## Claims Procedure

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

If the Insured meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to the Company’s liability, the Insured must comply with the following:

## Cashless Claims Procedure:

Cashless treatment is available at Network Hospitals.

In order to avail of cashless treatment, the following procedure must be followed by You or your representative:

* 1. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorization by way of the written form.
  2. In case of Planned hospitalization , You/the Insured Person/ Insured’s representative shall intimate such admission within 48 hours of such hospitalization.
  3. In case of Emergency hospitalization, You/ Insured Person/ Insured’s representative shall intimate such admission within 24 hours of such hospitalization.
  4. We offer Cashless Everywhere, even in hospitals which are not part of our network subject to hospitals fullfiing IRDAI definition of Hospital facility
  5. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 1 hour will respond with Approval, Rejection or more information.
  6. Once the final authorization request is received for discharge, the same will be processed within 3 hours from the final documents received.
  7. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter.
  8. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre- authorization letter at the time of Your admission to the same.
  9. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital.
  10. Pre- authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

## Reimbursement Claims Procedure:

If Pre-authorisation as per Cashless Claims Procedure above is denied by the Company or if treatment is taken in a Hospital other than a Network Hospital or if the Insured do not wish to avail cashless facility, then:

* 1. The Insured or someone claiming on his/ her behalf must inform the Company in writing immediately within 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation
  2. The Insured must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
  3. The Insured must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
  4. The Insured must have himself / herself examined by the Company’s medical advisors if the Company ask for this, and as often as the Company consider this to be necessary at the Company’s cost.
  5. The Insured or someone claiming on his/ her behalf must promptly and in any event within 30 days of discharge from a Hospital give the Company documentation as listed out in greater detail below and other information the Company ask for to investigate the claim or the Company’s obligation to make payment for it.
  6. In the event of the death of the Insured, someone claiming on his behalf must inform the Company in writing immediately and send the Company a copy of the post mortem report (if any) within 30 days\*

\*Note: In case the Insured is claiming for the same event under an indemnity based Policy of another insurer and is required to submit the original documents related to his/ her treatment with that particular insurer, then the Insured may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

\*\*Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to the Company’s satisfaction that under the circumstances in which the Insured was placed, it was not possible for the Insured or any other person to give notice or file claim within the prescribed time limit.

## List of Claim documents:

* Claim form with NEFT details & cancelled cheque duly signed by Insured
* Original of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
* Attested copies of Indoor case papers (Optional)
* Original copies Final Hospital Bill with break up of surgical charges, surgeon’s fees, OT charges etc
* Original Paid Receipt against the final Hospital Bill.
* Original bills towards Investigations done / Laboratory Bills.
* Original copies of Investigation Reports against Investigations done.
* Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
* First consultation letter for the current ailment.
* In case of implant surgery, invoice & sticker.
* In cases where the information provided by the insured is incomplete or a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above
* Aadhar card & PAN card Copies (Not mandatory if the same is linked with the Policy while issuance or in previous claim) All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

Please send the documents on below address Bajaj Allianz General Insurance Company 2nd Floor, Bajaj Finserv Building,

Behind Weikfield IT park,

Off Nagar Road, Viman Nagar

Pune 411014| Toll free: 1800-103-2529, 1800-209-5858

**Annexure I: List of Day Care Procedures:**

|  |  |
| --- | --- |
| **ENT** | **General Surgery** |
| 1 Stapedotomy | 204 Infected Keloid Excision |
| 2 Myringoplasty(Type I Tympanoplasty) | 205 Incision of a pilonidal sinus / abscess |
| 3 Revision stapedectomy | 206 Axillary lymphadenectomy |
| 4 Labyrinthectomy for severe Vertigo | 207 Wound debridement and Cover |
| 5 Stapedectomy under GA | 208 Abscess-Decompression |
| 6 Ossiculoplasty | 209 Cervical lymphadenectomy |
| 7 Myringotomy with Grommet Insertion | 210 infected sebaceous cyst |
| 8 Tympanoplasty (Type III) | 211 Inguinal lymphadenectomy |
| 9 Stapeectomy under LA | 212 Incision and drainage of Abscess |

|  |  |
| --- | --- |
| 10 Revision of the fenestration of the inner ear. | 213 Suturing of lacerations |

|  |  |
| --- | --- |
| 11 Tympanoplasty (Type IV) | 214 Scalp Suturing |
| 12 Endolymphatic Sac Surgery for Meniere's Disease | 215 Infected lipoma excision |
| 13 Turbinectomy | 216 Maximal anal dilatation |
| 14 Removal of Tympanic Drain under LA | 217 Piles |
| 15 Endoscopic Stapedectomy | A)Injection Sclerotherapy |
| 16 Fenestration of the inner ear | B)Piles banding |
| 17 Incision and drainage of perichondritis | 218 liver Abscess- catheter drainage |
| 18 Septoplasty | 219 Fissure in Ano- fissurectomy |
| 19 Vestibular Nerve section | 220 Fibroadenoma breast excision |
| 20 Thyroplasty Type I | 221 OesophagealvaricesSclerotherapy |
| 21 Pseudocyst of the Pinna - Excision | 222 ERCP - pancreatic duct stone removal |
| 22 Incision and drainage - Haematoma Auricle | 223 Perianal abscess I&D |
| 23 Tympanoplasty (Type II) | 224 Perianal hematoma Evacuation |
| 24 Keratosis removal under GA | 225 Fissure in anosphincterotomy |
| 25 Reduction of fracture of Nasal Bone | 226 UGI scopy and Polypectomyoesophagus |
| 26 Excision and destruction of lingual tonsils | 227 Breast abscess I& D |
| 27 Conchoplasty | 228 Feeding Gastrostomy |
| 28 Thyroplasty Type II | 229 Oesophagoscopy and biopsy of growth oesophagus |
| 29 Tracheostomy | 230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers |
| 30 Excision of Angioma Septum | 231 ERCP - Bile duct stone removal |
| 31 Turbinoplasty | 232 Ileostomy closure |
| 32 Incision & Drainage of Retro Pharyngeal Abscess | 233 Colonoscopy |
| 33 UvuloPalatoPharyngoPlasty | 234 Polypectomy colon |
| 34 Palatoplasty | 235 Splenic abscesses Laparoscopic Drainage |
| 35 Tonsillectomy without adenoidectomy | 236 UGI SCOPY and Polypectomy stomach |
| 36 Adenoidectomy with Grommet insertion | 237 Rigid Oesophagoscopy for FB removal |
| 37 Adenoidectomy without Grommet insertion | 238 Feeding Jejunostomy |
| 38 Vocal Cord lateralisation Procedure | 239 Colostomy |
| 39 Incision & Drainage of Para Pharyngeal Abscess | 240 Ileostomy |
| 40 Transoral incision and drainage of a pharyngeal abscess | 241 colostomy closure |
| 41 Tonsillectomy with adenoidectomy | 242 Submandibular salivary duct stone removal |
| 42 Tracheoplasty | 243 Pneumatic reduction of intussusception |
| **Ophthalmology** |
| 43 Incision of tear glands | 244 Varicose veins legs - Injection sclerotherapy |
| 44 Other operation on the tear ducts | 245 Rigid Oesophagoscopy for Plummer vinson syndrome |
| 45 Incision of diseased eyelids | 246 Pancreatic Pseudocysts Endoscopic Drainage |
| 46 Excision and destruction of the diseased tissue of the eyelid | 247 ZADEK's Nail bed excision |
| 47 Removal of foreign body from the lens of the eye. | 248 Subcutaneous mastectomy |
| 48 Corrective surgery of the entropion and ectropion | 249 Excision of Ranula under GA |
| 49 Operations for pterygium | 250 Rigid Oesophagoscopy for dilation of benign Strictures |

|  |  |
| --- | --- |
| 50 Corrective surgery of blepharoptosis | 251 Eversion of Sac |
| 51 Removal of foreign body from conjunctiva | a) Unilateral |
| 52 Biopsy of tear gland | b)Bilateral |
| 53 Removal of Foreign body from cornea | 252 Lord's plication |
| 54 Incision of the cornea | 253 Jaboulay's Procedure |
| 55 Other operations on the cornea | 254 Scrotoplasty |
| 56 Operation on the canthus and epicanthus | 255 Surgical treatment of varicocele |
| 57 Removal of foreign body from the orbit and the eye ball. | 256 Epididymectomy |
| 58 Surgery for cataract | 257 Circumcision for Trauma |
| 59 Treatment of retinal lesion | 258 Meatoplasty |
| 60 Removal of foreign body from the posterior chamber of the eye | 259 Intersphincteric abscess incision and drainage |
| **Oncology** | 260 Psoas Abscess Incision and Drainage |
| 61 IV Push Chemotherapy | 261 Thyroid abscess Incision and Drainage |
| 62 HBI-Hemibody Radiotherapy | 262 TIPS procedure for portal hypertension |
| 63 Infusional Targeted therapy | 263 Esophageal Growth stent |
| 64 SRT-Stereotactic Arc Therapy | 264 PAIR Procedure of Hydatid Cyst liver |
| 65 SC administration of Growth Factors | 265 Tru cut liver biopsy |
| 66 Continuous Infusional Chemotherapy | 266 Photodynamic therapy or esophageal tumour and Lung |
| 67 Infusional Chemotherapy | tumour |
| 68 CCRT-Concurrent Chemo + RT | 267 Excision of Cervical RIB |
| 69 2D Radiotherapy | 268 laparoscopic reduction of intussusception |
| 70 3D Conformal Radiotherapy | 269 Microdochectomy breast |
| 71 IGRT- Image Guided Radiotherapy | 270 Surgery for fracture Penis |
| 72 IMRT- Step & Shoot | 271 Sentinel node biopsy |
| 73 Infusional Bisphosphonates | 272 Parastomal hernia |
| 74 IMRT- DMLC | 273 Revision colostomy |
| 75 Rotational Arc Therapy | 274 Prolapsed colostomy- Correction |
| 76 Tele gamma therapy | 275 Testicular biopsy |
| 77 FSRT-Fractionated SRT | 276 laparoscopic cardiomyotomy( Hellers) |
| 78 VMAT-Volumetric Modulated Arc Therapy | 277 Sentinel node biopsy malignant melanoma |
| 79 SBRT-Stereotactic Body Radiotherapy | 278 laparoscopic pyloromyotomy( Ramstedt) |
| 80 Helical Tomotherapy | **Orthopedics** |
| 81 SRS-Stereotactic Radiosurgery | 279 Arthroscopic Repair of ACL tear knee |
| 82 X-Knife SRS | 280 Closed reduction of minor Fractures |
| 83 Gammaknife SRS | 281 Arthroscopic repair of PCL tear knee |
| 84 TBI- Total Body Radiotherapy | 282 Tendon shortening |
| 85 intraluminal Brachytherapy | 283 Arthroscopic Meniscectomy - Knee |
| 86 Electron Therapy | 284 Treatment of clavicle dislocation |
| 87 TSET-Total Electron Skin Therapy | 285 Arthroscopic meniscus repair |
| 88 Extracorporeal Irradiation of Blood Products | 286 Haemarthrosis knee- lavage |

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| 89 Telecobalt Therapy | 287 Abscess knee joint drainage |
| 90 Telecesium Therapy | 288 Carpal tunnel release |
| 91 External mould Brachytherapy | 289 Closed reduction of minor dislocation |
| 92 Interstitial Brachytherapy | 290 Repair of knee cap tendon |
| 93 Intracavity Brachytherapy | 291 ORIF with K wire fixation- small bones |
| 94 3D Brachytherapy | 292 Release of midfoot joint |
| 95 Implant Brachytherapy | 293 ORIF with plating- Small long bones |
| 96 Intravesical Brachytherapy | 294 Implant removal minor |
| 97 Adjuvant Radiotherapy | 295 K wire removal |
| 98 Afterloading Catheter Brachytherapy | 296 POP application |
| 99 Conditioning Radiothearpy for BMT | 297 Closed reduction and external fixation |
| 100 Extracorporeal Irradiation to the Homologous Bone grafts | 298 Arthrotomy Hip joint |
| 101 Radical chemotherapy | 299 Syme's amputation |
| 102 Neoadjuvant radiotherapy | 300 Arthroplasty |
| 103 LDR Brachytherapy | 301 Partial removal of rib |
| 104 Palliative Radiotherapy | 302 Treatment of sesamoid bone fracture |
| 105 Radical Radiotherapy | 303 Shoulder arthroscopy / surgery |
| 106 Palliative chemotherapy | 304 Elbow arthroscopy |
| 107 Template Brachytherapy | 305 Amputation of metacarpal bone |
| 108 Neoadjuvant chemotherapy | 306 Release of thumb contracture |
| 109 Adjuvant chemotherapy | 307 Incision of foot fascia |
| 110 Induction chemotherapy | 308 calcaneum spur hydrocort injection |
| 111 Consolidation chemotherapy | 309 Ganglion wrist hyalase injection |
| 112 Maintenance chemotherapy | 310 Partial removal of metatarsal |
| 113 HDR Brachytherapy | 311 Repair / graft of foot tendon |
| **Plastic Surgery** | 312 Revision/Removal of Knee cap |
| 114 Construction skin pedicle flap | 313 Amputation follow-up surgery |
| 115 Gluteal pressure ulcer-Excision | 314 Exploration of ankle joint |
| 116 Muscle-skin graft, leg | 315 Remove/graft leg bone lesion |
| 117 Removal of bone for graft | 316 Repair/graft achilles tendon |
| 118 Muscle-skin graft duct fistula | 317 Remove of tissue expander |
| 119 Removal cartilage graft | 318 Biopsy elbow joint lining |
| 120 Myocutaneous flap | 319 Removal of wrist prosthesis |
| 121 Fibro myocutaneous flap | 320 Biopsy finger joint lining |
| 122 Breast reconstruction surgery after mastectomy | 321 Tendon lengthening |
| 123 Sling operation for facial palsy | 322 Treatment of shoulder dislocation |

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| 124 Split Skin Grafting under RA | 323 Lengthening of hand tendon |
| 125 Wolfe skin graft | 324 Removal of elbow bursa |
| 126 Plastic surgery to the floor of the mouth under GA | 325 Fixation of knee joint |
| **Urology** | 326 Treatment of foot dislocation |

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| 127 AV fistula – wrist | 327 Surgery of bunion |
| 128 URSL with stenting | 328 intra articular steroid injection |
| 129 URSL with lithotripsy | 329 Tendon transfer procedure |
| 130 CystoscopicLitholapaxy | 330 Removal of knee cap bursa |
| 131 ESWL | 331 Treatment of fracture of ulna |
| 132 Haemodialysis | 332 Treatment of scapula fracture |
| 133 Bladder Neck Incision | 333 Removal of tumor of arm/ elbow under RA/GA |
| 134 Cystoscopy & Biopsy | 334 Repair of ruptured tendon |
| 135 Cystoscopy and removal of polyp | 335 Decompress forearm space |
| 136 Suprapubiccystostomy | 336 Revision of neck muscle ( Torticollis release ) |
| 137 percutaneous nephrostomy | 337 Lengthening of thigh tendons |
| 139 Cystoscopy and "SLING" procedure. | 338 Treatment fracture of radius & ulna |
| 140 TUNA- prostate | 339 Repair of knee joint |
| 141 Excision of urethral diverticulum | Paediatric surgery |
| 142 Removal of urethral Stone | 340 Excision Juvenile polyps rectum |
| 143 Excision of urethral prolapse | 341 Vaginoplasty |
| 144 Mega-ureter reconstruction | 342 Dilatation of accidental caustic stricture oesophageal |
| 145 Kidney renoscopy and biopsy | 343 PresacralTeratomas Excision |
| 146 Ureter endoscopy and treatment | 344 Removal of vesical stone |
| 147 Vesico ureteric reflux correction | 345 Excision Sigmoid Polyp |
| 148 Surgery for pelvi ureteric junction obstruction | 346 SternomastoidTenotomy |
| 149 Anderson hynes operation | 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy |
| 150 Kidney endoscopy and biopsy | 348 Excision of soft tissue rhabdomyosarcoma |
| 151 Paraphimosis surgery | 349 Mediastinal lymph node biopsy |
| 152 injury prepuce- circumcision | 350 High Orchidectomy for testis tumours |
| 153 Frenular tear repair | 351 Excision of cervical teratoma |
| 154 Meatotomy for meatal stenosis | 352 Rectal-Myomectomy |
| 155 surgery for fournier's gangrene scrotum | 353 Rectal prolapse (Delorme's procedure) |
| 156 surgery filarial scrotum | 354 Orchidopexy for undescended testis |
| 157 surgery for watering can perineum | 355 Detorsion of torsion Testis |
| 158 Repair of penile torsion | 356 lap.Abdominal exploration in cryptorchidism |
| 159 Drainage of prostate abscess | 357 EUA + biopsy multiple fistula in ano |
| 160 Orchiectomy | 358 Cystic hygroma - Injection treatment |
| 161 Cystoscopy and removal of FB | 359 Excision of fistula-in-ano |
| **Neurology** | **Gynaecology** |
| 162 Facial nerve physiotherapy | 360 Hysteroscopic removal of myoma |
| 163 Nerve biopsy | 361 D&C |
| 164 Muscle biopsy | 362 Hysteroscopic resection of septum |
| 165 Epidural steroid injection | 363 thermal Cauterisation of Cervix |
| 166 Glycerol rhizotomy | 364 MIRENA insertion |

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| 167 Spinal cord stimulation | 365 Hysteroscopicadhesiolysis |
| 168 Motor cortex stimulation | 366 LEEP |
| 169 Stereotactic Radiosurgery | 367 Cryocauterisation of Cervix |
| 170 Percutaneous Cordotomy | 368 Polypectomy Endometrium |
| 171 Intrathecal Baclofen therapy | 369 Hysteroscopic resection of fibroid |
| 172 Entrapment neuropathy Release | 370 LLETZ |
| 173 Diagnostic cerebral angiography | 371 Conization |
| 174 VP shunt | 372 polypectomy cervix |
| 175 Ventriculoatrial shunt | 373 Hysteroscopic resection of endometrial polyp |
| **Thoracic surgery** | 374 Vulval wart excision |
| 176 Thoracoscopy and Lung Biopsy | 375 Laparoscopic paraovarian cyst excision |
| 177 Excision of cervical sympathetic Chain Thoracoscopic | 376 uterine artery embolization |
| 178 Laser Ablation of Barrett's oesophagus | 377 Bartholin Cyst excision |
| 179 Pleurodesis | 378 Laparoscopic cystectomy |
| 180 Thoracoscopy and pleural biopsy | 379 Hymenectomy( imperforate Hymen) |
| 181 EBUS + Biopsy | 380 Endometrial ablation |
| 182 Thoracoscopy ligation thoracic duct | 381 vaginal wall cyst excision |
| 183 Thoracoscopy assisted empyaema drainage | 382 Vulval cyst Excision |
| **Gastroenterology** | 383 Laparoscopic paratubal cyst excision |
| 184 Pancreatic pseudocyst EUS & drainage | 384 Repair of vagina ( vaginal atresia ) |
| 185 RF ablation for barrett'sOesophagus | 385 Hysteroscopy, removal of myoma |
| 186 ERCP and papillotomy | 386 TURBT |
| 187 Esophagoscope and sclerosant injection | 387 Ureterocoele repair - congenital internal |
| 188 EUS + submucosal resection | 388 Vaginal mesh For POP |
| 189 Construction of gastrostomy tube | 389 Laparoscopic Myomectomy |
| 190 EUS + aspiration pancreatic cyst | 390 Surgery for SUI |
| 191 Small bowel endoscopy (therapeutic) | 391 Repair recto- vagina fistula |
| 192 Colonoscopy ,lesion removal | 392 Pelvic floor repair( excluding Fistula repair) |
| 193 ERCP | 393 URS + LL |
| 194 Colonscopy stenting of stricture | 394 Laparoscopic oophorectomy |
| 195 Percutaneous Endoscopic Gastrostomy | **Critical care** |
| 196 EUS and pancreatic pseudo cyst drainage | 395 Insert non- tunnel CV cath |
| 197 ERCP and choledochoscopy | 396 Insert PICC cath ( peripherally inserted central catheter ) |
| 198 Proctosigmoidoscopy volvulus detorsion | 397 Replace PICC cath ( peripherally inserted central catheter |
| 199 ERCP and sphincterotomy | 398 Insertion catheter, intra anterior |
| 200 Esophageal stent placement | 399 Insertion of Portacath |
| 201 ERCP + placement of biliary stents |  |
| 202 Sigmoidoscopy w / stent |  |
| 203 EUS + coeliac node biopsy |  |

## Note:

1. Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalisation due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions
2. The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours Hospitalisation is not mandatory.

**Annexure II:**

**List I: List of Non-Medical Items**

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| SL  No | List of Expenses (“Non-Medical”) in Hospital Indemnity Policy | Remarks |
| 1 | BABY FOOD | Not Payable |
| 2 | BABY UTILITIES CHARGES | Not Payable |
| 3 | BEAUTY SERVICES | Not Payable |
| 4 | BELTS/ BRACES | Not Payable |
| 5 | BUDS | Not Payable |
| 6 | COLD PACK/HOT PACK | Not Payable |
| 7 | CARRY BAGS | Not Payable |
| 8 | EMAIL *I* INTERNET CHARGES | Not Payable |
| 9 | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) | Not Payable |
| 10 | LEGGINGS | Essential in bariatric and varicose vein surgery and should be considered for these conditions where |
| 11 | LAUNDRY CHARGES | Not Payable |
| 12 | MINERAL WATER | Not Payable |
| 13 | SANITARY PAD | Not Payable |
| 14 | TELEPHONE CHARGES | Not Payable |
| 15 | GUEST SERVICES | Not Payable |
| 16 | CREPE BANDAGE | Not Payable |
| 17 | DIAPER OF ANY TYPE | Not Payable |
| 18 | EYELET COLLAR | Not Payable |
| 19 | SLINGS | Not Payable |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS | Not Payable |
| 21 | SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED | Not Payable |
| 22 | TELEVISION CHARGES | Not Payable |
| 23 | SURCHA RGES | Not Payable |
| 24 | ATTENDANT CHARGES | Not Payable |
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Not Payable |
| 26 | BIRTH CERTIFICATE | Not Payable |
| 27 | CERTIFICATE CHARGES | Not Payable |
| 28 | COURIER CHARGES | Not Payable |
| 29 | CONVEYANCE CHARGES | Not Payable |
| 30 | MEDICAL CERTIFICATE | Not Payable |
| 31 | MEDICAL RECORDS | Not Payable |
| 32 | PHOTOCOPIES CHARGES | Not Payable |
| 33 | MORTUARY CHARGES | Not Payable |
| 34 | WALKING AIDS CHARGES | Not Payable |
| 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable |
| 36 | SPACER | Not Payable |
| 37 | SPIROMETRE | Not Payable |
| 38 | NEBULIZER KIT | Not Payable |
| 39 | STEAM INHALER | Not Payable |

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| 40 | ARMSLING | Not Payable |
| 41 | THERMOMETER | Not Payable |
| 42 | CERVICAL COLLAR | Not Payable |
| 43 | SPLINT | Not Payable |
| 44 | DIABETIC FOOT WEAR | Not Payable |
| 45 | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable |
| 46 | KNEE IMMOBILIZER/S HOULDER IMMOBILIZER | Not Payable |
| 47 | LUMBOSACRAL BELT | Not Payable |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES | Not Payable |
| 49 | AMBULANCE COLLAR | Not Payable |
| 50 | AMBULANCE EQUIPMENT | Not Payable |
| 51 | ABDOMINAL BINDER | Not Payable |
| 52 | PRIVATE NURSES CHARGES - SPECIAL NURSING | Not Payable |
| 53 | SUGAR FREE TABLETS | Not Payable |
| 54 | CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE) | Not Payable |
| 55 | ECG ELECTRODES | Not Payable |
| 56 | GLOVES | Not Payable |
| 57 | NEBULISATION KIT | Not Payable |
| 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, | Not Payable |
| 59 | KIDNEY TRAY | Not Payable |
| 60 | MASK | Not Payable |
| 61 | OUNCE GLASS | Not Payable |
| 62 | OXYGEN MASK | Not Payable |
| 63 | PELVIC TRACTION BELT | Not Payable |
| 64 | PAN CAN | Not Payable |
| 65 | TROLLY COVER | Not Payable |
| 66 | UROMETER , URINE JUG | Not Payable |
| 68 | VASOFIX SAFETY | Not Payable |

**List ll - ltems that are to be subsumed into Room Charges**

|  |  |
| --- | --- |
| **S. No.** | **Item** |
| 1 | BABY CHARGES (UNLESS SPECIFIED /INDICATED) |
| 2 | HAND WASH |
| 3 | SHOE COVER |
| 4 | CAPS |
| 5 | CARDLE CHARGES |
| 6 | COMB |
| 7 | EAU-DE-COLOGNE/ROOM FRESHNERS |
| 8 | FOOT COVER |
| 9 | GOWN |
| 10 | SLIPPERS |
| 11 | TISSUE PAPPER |
| 12 | TOOTH PASTE |
| 13 | TOOTH BRUSH |
| 14 | BED PAN |
| 15 | FACE MASK |

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| 16 | FLEXI MASK |
| 17 | HAND HOLDER |
| 18 | SPUTUM CUP |
| 19 | DISINEFCTANT LOTIONS |
| 20 | LUXURY TAX |
| 21 | HVAC |
| 22 | HOUSE KEEPING CHARGES |
| 23 | AIR CONDITIONER CHARGES |
| 24 | IM IV INJECTION CHARGES |
| 25 | CLEAN SHEET |
| 26 | BLANKET/WARMER 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 | INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED) |
| 36 | PATIENT IDENTIFICATION BAND / NAME TAG |
| 37 | PULSEOXYMETER CHARGES |

**List lll- ltems that are to be subsumed into Procedure Charges**

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| **S. 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 | GAUSE SOFT |
| 8 | GAUZE |
| 9 | WARD AND THEATRE BOOKING CHARGES |
| 10 | ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS |
| 11 | MICROSCOPE COVER |
| 12 | SURGICAL BLADES,HARMONICSCALPEL,SHAVER |
| 13 | SURGICAL DRILL |
| 14 | EYE KIT |
| 15 | EYE DRAPE |

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| 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 lV - ltems that are to be subsumed into costs of treatment**

|  |  |
| --- | --- |
| **S. 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 PERPOXIDE\SPIRIT\DISINFECTION ETC |
| 9 | NUTTRITION 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: Modern Treatment Methods and Advancement in Technologies**

* 1. Uterine Artery Embolization and HIFU
  2. Balloon Sinuplasty
  3. Deep Brain stimulation
  4. Oral chemotherapy
  5. Immunotherapy- Monoclonal Antibody to be given as injection
  6. Intra vitreal injections
  7. Robotic surgeries
  8. Stereotactic radio surgeries
  9. Bronchical Thermoplasty
  10. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
  11. IONM -(Intra Operative Neuro Monitoring)
  12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

**Annexure IV:**

## Contact details of the Ombudsman offices

|  |  |
| --- | --- |
| **Office Details** | **Jurisdiction of Office Union Territory, District)** |
| **AHMEDABAD** -  Insurance Ombudsman  Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.  Tel.: 079 – 25501201 /02 /05/06  Email: [bimalokpal.ahmedabad@cioins.co.in](mailto:bimalokpal.ahmedabad@cioins.co.in) | Gujarat, Dadra & Nagar Haveli, Daman and Diu |
| **BENGALURU** -  Insurance Ombudsman  Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road,  JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049  Email: [bimalokpal.bengaluru@cioins.co.in](mailto:bimalokpal.bengaluru@cioins.co.in) | Karnataka. |
| **BHOPAL -**  Insurance Ombudsman  Office of the Insurance Ombudsman, 1st floor, “Jeevan Shikha",  60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011.  Tel.: 0755 - 2769201 / 2769202  Email: [bimalokpal.bhopal@cioins.co.in](mailto:bimalokpal.bhopal@cioins.co.in) | Madhya Pradesh Chattisgarh. |
| **BHUBANESHWAR –**  Insurance Ombudsman  Office of the Insurance Ombudsman, 62, Forest park,  Bhubaneswar – 751 009.  Tel.: 0674 – 2596461 / 2596455  Email: [bimalokpal.bhubaneswar@cioins.co.in](mailto:bimalokpal.bhubaneswar@cioins.co.in) | Orissa. |
| **CHANDIGARH -**  Insurance Ombudsman  Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017.  Tel.: 0172 – 4646394 / 2706468  Email: [bimalokpal.chandigarh@cioins.co.in](mailto:bimalokpal.chandigarh@cioins.co.in) | Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh. |
| **CHENNAI -**  Insurance Ombudsman  Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,  CHENNAI – 600 018.  Tel.: 044 - 24333668 / 24333678  Email: [bimalokpal.chennai@cioins.co.in](mailto:bimalokpal.chennai@cioins.co.in) | Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry) |
| **DELHI –**  Insurance Ombudsman  Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, | Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh. |

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| **Office Details** | **Jurisdiction of Office Union Territory, District)** |
| Asaf Ali Road,  New Delhi – 110 002.  Tel.: 011 - 23237539  Email: [bimalokpal.delhi@cioins.co.in](mailto:bimalokpal.delhi@cioins.co.in) |  |
| **GUWAHATI -**  Insurance Ombudsman  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@cioins.co.in](mailto:bimalokpal.guwahati@cioins.co.in) | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| **HYDERABAD -**  Insurance Ombudsman  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 - 23312122  Email: [bimalokpal.hyderabad@cioins.co.in](mailto:bimalokpal.hyderabad@cioins.co.in) | Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry. |
| **JAIPUR -**  Insurance Ombudsman  Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg,  Jaipur - 302 005.  Tel.: 0141 –2740363 / 2740798  Email: [bimalokpal.jaipur@cioins.co.in](mailto:bimalokpal.jaipur@cioins.co.in) | Rajasthan. |
| **KOCHI –**  Insurance Ombudsman  Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building,  Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011.  Tel.: 0484 - 2358759  Email: [bimalokpal.ernakulam@cioins.co.in](mailto:bimalokpal.ernakulam@cioins.co.in) | Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry. |
| **KOLKATA** –  Insurance Ombudsman  Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue,  KOLKATA - 700 072.  Tel.: 033 - 22124339 / 22124341  Email: [bimalokpal.kolkata@cioins.co.in](mailto:bimalokpal.kolkata@cioins.co.in) | West Bengal, Sikkim, Andaman & Nicobar Islands. |
| **LUCKNOW –**  Insurance Ombudsman  Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.  Tel.: 0522 - 4002082 / 3500613 | Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, |

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| **Office Details** | **Jurisdiction of Office Union Territory, District)** |
| Email: [bimalokpal.lucknow@cioins.co.in](mailto:bimalokpal.lucknow@cioins.co.in) | Ghazipur, Chandauli, Ballia, Sidharathnagar.. |
| **MUMBAI -**  Insurance Ombudsman  Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,  S. V. Road, Santacruz (W), Mumbai - 400 054.  Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33  Email: [bimalokpal.mumbai@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in) | Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane). |
| **NOIDA -**  Insurance Ombudsman  Office of the Insurance Ombudsman, Bhagwan Sahai Palace  4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.  Tel.: 0120-2514252 / 2514253  Email: [bimalokpal.noida@cioins.co.in](mailto:bimalokpal.noida@cioins.co.in) | State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |
| **PATNA –**  Insurance Ombudsman  Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan,  Bailey Road, Patna 800 001.  Tel.: 0612-2547068  Email: [bimalokpal.patna@cioins.co.in](mailto:bimalokpal.patna@cioins.co.in) | Bihar, Jharkhand. |
| **PUNE -**  Insurance Ombudsman  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- 24471175  Email: [bimalokpal.pune@cioins.co.in](mailto:bimalokpal.pune@cioins.co.in) | Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region). |

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| **Office Details** | **Jurisdiction of Office Union Territory,District)** |
| Tel.: 0755 - 2769201 / 2769202  Email: [bimalokpal.bhopal@cioins.co.in](mailto:bimalokpal.bhopal@cioins.co.in) |  |
| **BHUBANESHWAR –**  Insurance Ombudsman  Office of the Insurance Ombudsman, 62, Forest park,  Bhubaneswar – 751 009.  Tel.: 0674 - 2596461 /2596455  Email: [bimalokpal.bhubaneswar@cioins.co.in](mailto:bimalokpal.bhubaneswar@cioins.co.in) | Orissa. |
| **CHANDIGARH -**  Insurance Ombudsman  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  Email: [bimalokpal.chandigarh@cioins.co.in](mailto:bimalokpal.chandigarh@cioins.co.in) | Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh. |
| **CHENNAI -**  Insurance Ombudsman  Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,  CHENNAI – 600 018.  Tel.: 044 - 24333668 / 24335284  Email: [bimalokpal.chennai@cioins.co.in](mailto:bimalokpal.chennai@cioins.co.in) | Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry) |
| **DELHI –**  Insurance Ombudsman  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@cioins.co.in](mailto:bimalokpal.delhi@cioins.co.in) | Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh. |
| **GUWAHATI -**  Insurance Ombudsman  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@cioins.co.in](mailto:bimalokpal.guwahati@cioins.co.in) | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| **HYDERABAD -**  Insurance Ombudsman  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 - 23312122  Email: [bimalokpal.hyderabad@cioins.co.in](mailto:bimalokpal.hyderabad@cioins.co.in) | Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry. |
| **JAIPUR -**  Insurance Ombudsman  Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, | Rajasthan. |
| Jaipur - 302 005.  Tel.: 0141 - 2740363  Email: [bimalokpal.jaipur@cioins.co.in](mailto:bimalokpal.jaipur@cioins.co.in) |  |

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| **ERNAKULAM –**  Insurance Ombudsman  Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg.,  Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.  Tel.: 0484 - 2358759 / 2359338  Email: [bimalokpal.ernakulam@cioins.co.in](mailto:bimalokpal.ernakulam@cioins.co.in) | Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry. |
| **KOLKATA** –  Insurance Ombudsman  Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue,  KOLKATA - 700 072.  Tel.: 033 - 22124339 / 22124340  Email: [bimalokpal.kolkata@cioins.co.in](mailto:bimalokpal.kolkata@cioins.co.in) | West Bengal, Sikkim, Andaman & Nicobar Islands. |
| **LUCKNOW –**  Insurance Ombudsman  Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.  Tel.: 0522 - 2231330 / 2231331  Email: [bimalokpal.lucknow@cioins.co.in](mailto:bimalokpal.lucknow@cioins.co.in) | Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.. |
| **MUMBAI -**  Insurance Ombudsman  Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,  S. V. Road, Santacruz (W), Mumbai - 400 054.  Tel.: 69038821/23/24/25/26/27/28/28/29/30/31  Email: [bimalokpal.mumbai@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in) | Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane). |
| **NOIDA -**  Insurance Ombudsman  Office of the Insurance Ombudsman, Bhagwan Sahai Palace  4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.  Tel.: 0120-2514252 / 2514253  Email: [bimalokpal.noida@cioins.co.in](mailto:bimalokpal.noida@cioins.co.in) | State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |
| **PATNA –**  Insurance Ombudsman  Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan,  Bailey Road, Patna 800 001.  Tel.: 0612-2547068  Email: [bimalokpal.patna@cioins.co.in](mailto:bimalokpal.patna@cioins.co.in) | Bihar, Jharkhand. |
| **PUNE -**  Insurance Ombudsman  Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor,  C.T.S. No.s. 195 to 198, N.C. Kelkar Road, | Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region). |
| Narayan Peth, Pune – 411 030.  Tel.: 020-41312555  Emai[l: bimalokpal.pune@cioins.co.in](mailto:bimalokpal.pune@cioins.co.in) |  |

Note: Address and contact number of Governing Body of Insurance Council:

Council for Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),Mumbai - 400 054.

**E-mail:** [**inscoun@cioins.co.in**,](mailto:inscoun@ecoi.co.in) Tel: 022 -69038800/69038812, Website: [https://www.cioins.co.in](https://www.cioins.co.in/)