



## IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

## INDIVIDUAL MEDISHIELD INSURANCE POLICY

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule or for any further period for which We may accept the payment for renewal of this Policy, We will insure the Insured Person(s) and accordingly We will pay to You or to Insured Person(s) or their legal representatives as the case may be, in respect of events occurring during the Period of Insurance in the manner and to the extent set-forth in the Policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this Policy insofar as they relate to anything to be done or complied with by You and/or Insured Person(s) have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or Schedule shall bear such meaning whenever it may appear.

The Policy is based on information which have been given to Us about Insured Person(s) pertaining to risk insured under the Policy and the truth of this information shall be condition precedent to Your or the Insured Person's right to recover under this Policy.

**DEFINITION OF WORDS**

1. **Proposal** means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.
2. **Policy** means the Policy wording, the Schedule and any applicable endorsement or memoranda. The Policy contains details of the extent of cover available to Insured Person(s), what is excluded from the cover and the conditions on which the Policy is issued.
3. **Schedule** means latest Schedule issued by Us as part of the Policy. It provides details of the cover of Insured Person(s) which are in force and the level of cover Insured Person(s) have.
4. **Sum Insured** means the monetary amount mentioned in the schedule as Sum Insured which is the limit of Indemnity.
5. **We/Our/Us/Insurer** means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**.
6. **You/Your** means the Person(s) named as Insured in the Schedule, including all Insured Persons
7. **Insured Person** means the Person(s) named as Insured Person(s) in the Schedule lodged with Us by You.
8. **Period of Insurance** means the duration of this Policy as shown in the Schedule.
9. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
10. **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.
11. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy

12. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
13. **Contribution** is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of the Sum Insured.
14. **Day care centre** means any institution established for day care treatment of illness and / or injuries or a medical set -up within 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:
  - has qualified nursing staff under its employment
  - has qualified medical practitioner (s) in charge
  - has a fully equipped operation theatre of its own where surgical procedures are carried out
  - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
15. **Day Care Treatment** refers to medical treatment, and/or *surgical procedure* which is:
  - I. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
  - II. 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.  
The treatment will be considered to be taken under Hospitalization benefit for the processes listed as Day Care Treatment in the **Annexure I** of the Policy.
16. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
17. **Disease/Illness** means a sickness or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment. It does not mean any mental disease (a mental or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin
18. **Hospital/Nursing Home** means any institution established for *in- patient care* and *day care treatment* of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act or must comply with all minimum criteria as under:
  - i. has at least 10 inpatient beds, in those towns having a population of less than
    1. 10, 00,000 and 15 inpatient beds in all other places;
  - ii. has qualified nursing staff under its employment round the clock;
  - iii. has qualified medical practitioner (s) in charge round the clock;
  - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
  - v. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

The term "**HOSPITAL / NURSING HOME**" shall not include an establishment which is a place of rest, a place for the aged, drug-addicts, alcoholics, a hotel or a similar place.
19. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
  - a. **Internal Congenital Anomaly** : Anomaly which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly
  - b. **External Congenital Anomaly**: Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.
20. **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.

21. **Inpatient Care** means treatment for which the insured person has to stay in a *hospital* for more than 24 hours for a covered event.
22. **Maternity Expenses** shall include – (a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization. (b) expenses towards lawful medical termination of pregnancy during the Policy period.
23. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
24. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription
25. **Emergency Care** means management for a severe 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 person's health.
26. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *Pre- existing diseases*. Coverage is not available for the period for which no premium is received.
27. **Hospitalisation** means admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.  
The treatment will be considered to be taken under Hospitalization benefit for the processes listed as Day Care Procedures in the **Annexure I** of the Policy.
28. **Medically Necessary** means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which
  - a. is required for the medical management of the illness or injury suffered by the insured;
  - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - c. must have been prescribed by a *medical practitioner*,
  - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
29. **Any One Illness means** continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
30. **Pre-Hospitalisation Medical Expenses** means Medical Expenses incurred 60 days immediately before the Insured Person is Hospitalized, provided that:
  - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - b. The In-patient Hospitalization claim for such Hospitalization is admissible by Us.
31. **Post Hospitalisation Medical Expenses** means Medical Expenses incurred 60 days immediately after the Insured Person is Hospitalised, provided that:
  - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
32. **Notification of Claim** is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

33. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The registered Medical Practitioner should not be the Insured or close family member.
34. **OPD treatment** means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
35. **Portability** means transfer by an individual health insurance policy holder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer
36. **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
37. **Domiciliary Hospitalisation** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:
  - a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
  - b. the patient takes treatment at home on account of non availability of room in a
    - i. hospital.
38. **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.
39. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer
40. **Renewal** defines 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 all waiting periods.
41. **Room rent** means the amount charged by a hospital for the occupancy of a bed on per day basis (24 hours) basis and shall include associated medical expenses.
42. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recoverable from any other source.
43. **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 of suffering or prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
44. **Critical Illness** means any Disease or Major Injuries as defined under Item 46 to 59 below, which the Insured Person is diagnosed to have suffered from and which requires Hospitalisation.
45. **Stroke Resulting In Permanent Symptoms**  
Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

**The following are excluded:**

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

**46. Permanent Paralysis Of Limbs**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months..

**47. Cancer of specified severity**

- I. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
- II. **The following are excluded -**
  - a. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
  - b. Any skin cancer other than invasive malignant melanoma
  - c. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
  - d. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
  - e. Chronic lymphocytic leukaemia less than RAI stage 3
  - f. Microcarcinoma of the bladder
  - g. All tumours in the presence of HIV infection.

**48. Kidney Failure Requiring Regular Dialysis**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**49. First Heart Attack - Of Specified Severity**

- I. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:
  - a. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
  - b. new characteristic electrocardiogram changes
  - c. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. **The following are excluded:**
  - a. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
  - b. Other acute Coronary Syndromes
  - c. Any type of angina pectoris.

**50. Open Chest CABG**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

**The following are excluded:**

- a. Angioplasty and/or any other intra-arterial procedures
- b. any key-hole or laser surgery.

**51. Open Heart Replacement Or Repair Of Heart Valves**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon aortotomy/valvuloplasty are excluded.

**52. Major Organ /Bone Marrow Transplant**

- I The actual undergoing of a transplant of:

- a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II **The following are excluded:**
  - a. Other stem-cell transplants
  - b. Where only islets of langerhans are transplanted
- 53. **Motor Neurone Disease With Permanent Symptoms**  
 Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
- 54. **Major Injuries** means accidental bodily injuries caused by external, violent and visible cause leading to loss of limbs i.e. physical separation or permanent and total loss of use of one or more hand, foot or eye within 12 months from the date of injury
- 55. **End Stage Liver Disease** means an irreversible chronic alteration of the hepatic parenchyma or the biliary ductal system resulting in a life threatening liver dysfunction. The above coverage is excluded if the etiology of the disease is due to chronic alcohol consumption or any self inflicted toxic or drug consumption.
- 56. **Major Burns** means an injury due to any form of burn touching one third or more of the body area causing loss of soft tissue and resulting in impairment or loss of function of the injured organ.
- 57. **Coma Of Specified Severity**
  - I A state of unconsciousness with no reaction or response to external stimuli or internal
    - a. needs. This diagnosis must be supported by evidence of all of the following:
    - b. no response to external stimuli continuously for at least 96 hours;
    - c. life support measures are necessary to sustain life; and
    - d. permanent neurological deficit which must be assessed at least 30 days after
      - i. the onset of the coma.
  - II The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
- 58. **Multiple Sclerosis With Persisting Symptoms**
  - I The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
    - a. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
    - b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
    - c. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.
  - II Other causes of neurological damage such as SLE and HIV are excluded.
- 59. **Optional Extension** means optional coverage which is available to You apart from the Basic Cover under the Policy, which You can choose to take on payment of necessary additional premium.
- 60. **Third Party Administrator** means a service provider as mentioned in the schedule of the Policy who is licensed by the Insurance Regulatory Development Authority as a TPA and is engaged for a fee or remuneration by us for the provision of health services under this Policy.
- 61. **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- 62. **Non- Network** means any *hospital*, day care centre or other provider that is not part of the *network*.
- 63. **Emergency Assistance Service Provider** means the licensed entity which will provide identified



Emergency Medical Assistance and Personal Services to people travelling more than 150 kilometers from their declared place of residence in India

64. **Medical Assistance Services** means the stipulated medical services offered by Emergency Assistance Service Provider during a medical emergency situation while You are away from home, consisting of medical consultation and evaluation, medical referrals, medical evacuation and medically supervised repatriation.
65. **Personal Services** means the other emergency services offered by Emergency Assistance Service Provider during a medical emergency situation while You are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals transportation to join patient and emergency cash coordination.
66. **Terrorism/Terrorist Incident** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.
67. **Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is experimental or unproven.

## BASIC COVER

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person sustains any Injury or contracts any Disease and if Medically necessary, he/she has to incur Hospitalisation expenses, then We will pay Reasonable and Customary Charges of the following Hospitalisation expenses:</p> <ol style="list-style-type: none"> <li>Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits. <ol style="list-style-type: none"> <li>Sub limit per day for normal Room expenses: <b>1.0% of Basic Sum Insured.</b></li> <li>Sub limit per day for Intensive Care/Therapeutic Unit expenses: <b>2.5% of Basic Sum Insured.</b></li> <li>Registration, Service Charges, Surcharge and any other similar charges of Hospital / Nursing Home: Actuals <b>subject to a maximum of 0.5% of Basic Sum Insured..</b></li> </ol> </li> <li>Medical Practitioner/ Anesthetist, Consultant fees.</li> <li>Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organ and similar expenses.</li> <li>Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical</li> </ol>	<p><b>WE will not pay for</b></p> <ol style="list-style-type: none"> <li>Any condition(s) defined as Pre-existing Disease in the Policy, until 36 months of continuous coverage have elapsed, since inception of the first Policy with us except for If the Insured Person is presently covered and has been continuously covered without any lapses under any other similar health insurance plan with an Indian Non life/Health insurer as per guidelines on Portability issued by the Insurance Regulatory Development Authority, then this provision of the Policy stands deleted and shall be replaced entirely with the following: <ol style="list-style-type: none"> <li>The waiting period for all Pre-existing Disease shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND</li> <li>If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.</li> </ol> </li> <li>The reduction in the waiting period specified above shall be applied subject to the following: <ol style="list-style-type: none"> <li>We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);</li> <li>We shall consider only completed years of coverage for waiver of waiting periods. Policy</li> </ol> </li> </ol>

<p>Practitioner.</p> <p>5. The above stated relevant expenses incurred for Domiciliary Hospitalisation is Medically Necessary and at Reasonable and Customary Charges upto a maximum aggregate sub-limit of 20% of the Basic Sum Insured.</p> <p>6. An additional Daily Allowance amount equivalent to 0.1% of the Basic Sum Insured or Rs. 250/- per day whichever is less, for the duration of Hospitalisation towards defraying of miscellaneous expenses.</p> <p>7. Ambulance charges in connection with any admissible claim limited to 1.0% of the Basic Sum Insured or Rupees 1500/- whichever is less for each claim.</p> <p>8. Ayurvedic hospitalisation expenses including Pre-Hospitalisation and Post Hospitalisation expenses shall be limited to 10% of the Basic Sum Insured of the Insured person per year.</p>	<p>extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver This exclusion will also apply to any complications arising from Pre- existing Disease/ Injury. Such complications will be considered as a part of the Pre-existing Disease.</p>
<p><b>Note</b></p>	
<p>1. The Hospitalisation expenses incurred for treatment of any one illness under prescribed package charges of the Hospital/Nursing Home will be restricted to 80% of the Sum Insured (Basic plus Optional Extension, if applicable) or actuals, whichever is less.</p> <p>2. Hospitalisation expenses of person donating an organ during the course of organ transplant will also be payable subject to the above sub limits applicable to the Insured Person and within the overall Sum Insured (Basic plus Optional Extension, if applicable) of the Insured Person. For the Donor, no payment will be made towards Ambulance charges, Pre and Post Hospitalisation expenses and Daily Allowance.</p> <p>3. Pre-Hospitalisation and Post Hospitalisation expenses as defined under the Policy will also be reimbursed along with the aforesaid Hospitalisation expenses subject to the overall Sum Insured (Basic plus Optional Extension, if applicable) limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalisation will be considered only if Qualified Nurse is employed and is Medically Necessary for the duration specified.</p> <p>4. For the purpose of determining the sub-limits of expenses for Room/ Boarding/Nursing, Domiciliary Hospitalisation, Daily Allowance and Ambulance charges as detailed under Item (1), (5), (6) and (7) above, the specified percentages will be applied on the Basic Sum Insured only and not on the Cumulative Bonus amount or Optional Extension (Critical Illness)</p>	<p>02 Any expense on Hospitalisation/Domiciliary Hospitalisation for any Disease which incepts during first 30 days of commencement of this Insurance cover. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Group or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break exceeding 30 days.</p> <p>03 Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases :</p> <ul style="list-style-type: none"> <li>➤ Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma</li> <li>➤ Hernia, Hydrocele, Congenital Internal Disease.</li> <li>➤ Fistula in anus, Piles, Sinusitis</li> <li>➤ Choletithiasis and Cholecystectomy</li> </ul> <p>04 However if these Disease are Pre-Existing at the time of the first Proposal then they will be falling under Exclusion (1) and will be covered after three continuous year of insurance with Us. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Group or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break exceeding 30 days.</p> <p>05 Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury, vaccination unless forming part of post-bite treatment, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .</p> <p>06 Cost of spectacles and contact lens or hearing aids.</p> <p>07 Dental Treatment or surgery of any kind, unless requiring Hospitalisation.</p> <p>08. Convalescence, general debility, run down condition or rest cure, Congenital Anomaly, sterility, venereal disease, and treatment arising from use of intoxicating drugs/alcohols and treatment resulting</p>



<p>Sum Insured amount.</p> <p>5. Cumulative Bonus: The Basic Sum Insured under the Policy shall be increased by 5% of the Basic Sum Insured at each renewal in respect of each claim free year of insurance, subject to maximum of 50% of the Insured Person's Basic Sum Insured of the expiring Policy. The Optional Extension (Critical Illness) Sum Insured is not eligible for any Cumulative Bonus. For Cumulative Bonus eligibility, the Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date, beyond which the entire Cumulative Bonus earned will lapse and be forfeited. Any Medishield Insurance cover thereafter will be treated as a fresh cover for the purposes of the Pre-existing Condition, 30 days Waiting Period and First Year Disease Exclusions.</p> <p>In case of a claim under the Policy in respect of any Insured Person who has earned Cumulative Bonus, the existing Cumulative Bonus will be reduced by 5% of Basic Sum Insured at the next renewal, subject to the stipulation that Basic Sum Insured shall be maintained.</p> <p>6. Cost of Health Check Up: Insured Person shall be entitled for reimbursement of cost of medical check up once at the end of a block of every four claim-free Policies. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free Policies.</p> <p>7..The amounts payable under Item (2) and (3) of 'What is Covered' shall be at the rate applicable to the entitled room category. In case You opt for a room with expenses higher than the entitled category as under 1(a), the charges payable under (2) and (3) shall be limited to the charges applicable to the entitled category or (where the charges applicable are not specified) in the same proportion as the charges applicable for entitled room category bears to charges applicable for higher room category.</p>	<p>from any criminal act.</p> <p>09. Any expense on treatment related to HIV, AIDS and all related medical conditions.</p> <p>10 Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the active treatment of Disease or Injury falling within ambit of Hospitalisation or Domiciliary Hospitalisation claim.</p> <p>11 Maternity Expenses (other than ectopic pregnancy), including expenses for miscarriage and its complications and any infertility, sub fertility or assisted conception treatment expenses.</p> <p>12 Any expense on Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</p> <p>13 Any expense on Injury and Diseases directly or indirectly caused by or contributed to by an act of Terrorism/Terrorist Incident.</p> <p>14 Any Medical Expense on OPD Treatment.</p> <p>15 Any expense on naturopathy, Experimental /Unproven Treatment and Alternative Treatment, However, this exclusion shall not apply to non allopathic treatment provided the treatment has been undergone in a Govt. hospital or any institute recognized by Govt. and/or accredited by Quality Council of India/National Accreditation Board on Health.</p> <p>16 Any expense on procedure and treatment including acupressure, acupuncture, magnetic and such other therapies etc.</p> <p>17 Travel or transportation expenses, other than Ambulance service charges.</p> <p>18 Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.</p> <p>19 External medical equipment of any kind used at home as post hospitalisation care, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.</p> <p>20 Genetic disorders and stem cell implantation/ surgery.</p> <p>21 All non medical expenses including personal comfort and convenience items or services, such as telephone, aya/ barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry</p>
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	<p>items etc, guest services and similar incidental expenses or services etc.</p> <p>22 Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programme, services or supplies etc, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.</p> <p>23 Any expense under Domiciliary Hospitalisation for</p> <ul style="list-style-type: none"> <li>➤ Pre and Post Hospitalisation treatment</li> <li>➤ Treatment of following diseases: <ul style="list-style-type: none"> <li>i. Asthma</li> <li>ii. Bronchitis</li> <li>iii. Chronic Nephritis and Nephritic Syndrome</li> <li>iv. Diarrhoea and all type of Dysenteries including Gastro-enteritis</li> <li>v. Diabetes Mellitus</li> <li>vi. Epilepsy</li> <li>vii. Hypertension</li> <li>viii. Influenza, Cough and Cold</li> <li>ix. All types of Psychiatric or Psychosomatic Disorders</li> <li>x. Pyrexia of unknown origin for less than 15 days</li> <li>xi. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis</li> <li>xii. Arthritis, Gout and Rheumatism</li> <li>xiii. Dental Treatment or Surgery</li> </ul> </li> </ul>

## OPTIONAL EXTENSION

### I. Critical Illness

1. If the Insured Person be diagnosed during the Period of Insurance as suffering from a Critical Illness as defined under the Policy, We shall reimburse Medically Necessary and Reasonable and Customary Charges incurred on expenses as listed under 'What Is Covered' upto an additional Sum Insured limit stipulated for the Insured Person in the Policy Schedule (equal to his/her Basic Cover Sum Insured).
2. The additional Sum Insured available for Critical Illness under this Optional Extension cover will not qualify for Cumulative Bonus or for the limit for Room/ Board/ Nursing, Domiciliary Hospitalisation, Daily Allowance, Ambulance expenses and Cost of Health Check Up as stipulated under "What is Covered" of the Policy.
3. The other terms of coverage (What is Covered/ Not Covered) as detailed under Basic Cover will remain unaltered for this Optional Extension coverage

## EMERGENCY ASSISTANCE SERVICES

This Policy provides You, at no additional cost, whatsoever, a host of value added Emergency Medical Assistance and Emergency Personal Services as described below. The services are provided by **Emergency Assistance Service Provider** when You are traveling within India 150 kilometers or more away from Your residential address as mentioned in the Policy Schedule for less than 90 days. **All services will be arranged by Emergency Assistance Service Provider only. No claims for reimbursement of expenses incurred for services arranged by You will be entertained.**

1. **Medical Consultation, Evaluation and Referral:** You have access to an Operations Center with multilingual medical staff on duty 24 hours a day, 365 days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
2. **Emergency Medical Evacuation:** If You have a medical emergency and an adequate medical facility is not available (as determined by the **Emergency Assistance Service Provider's** Physician and the Consulting Physician) proximate to where You are located, **Emergency Assistance Service Provider** will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
3. **Medical Repatriation:** When medically necessary, as determined by the **Emergency Assistance Service Provider's** Physician and the Consulting Physician, repatriation under medical supervision to Your address as mentioned in the Policy Schedule at such time as You are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising Your medical condition. If the time period to receive medical clearance to travel by common carrier exceeds fourteen days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged, such as an air ambulance. Medical or non-medical escorts may be provided as necessary.
4. **Transportation to Join Patient:** Provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization, provided You have travelled alone and You are required to be hospitalized for more than seven consecutive days. At Your request, **Emergency Assistance Service Provider** will also provide assistance with arrangements for the family member or the friend's accommodation. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
5. **Care and/or Transportation of Minor Children:** When Your minor child(ren) is left unattended as a result of Your medical situation, **Emergency Assistance Service Provider** will provide the child with transportation to home or to the home of a person designated by You living in the same city as Your address. If appropriate, an attendant will escort the child.
6. **Emergency Message Transmission:** **Emergency Assistance Service Provider** will receive and transmit emergency messages to/from home.
7. **Return of Mortal Remains:** In the event of death of Insured Person, **Emergency Assistance Service Provider** will arrange and pay for the return of mortal remains. **Emergency Assistance Service Provider** will render any assistance necessary in the transport including locating a local, Emergency Assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
8. **Emergency Cash Coordination:** **Emergency Assistance Service Provider** will assist in coordinating the transfer of emergency cash. Source of funds is solely Your responsibility.

**Conditions:** The Emergency Assistance Services are available subject to certain limited exclusions as set forth below:

**Emergency Assistance Service Provider will not provide services in the following instances:**

- ◆ Travel undertaken specifically for securing medical treatment
- ◆ Services sought outside India.
- ◆ Injuries resulting from participation in acts of war or insurrection
- ◆ Commission of unlawful act(s) with malafide intent.
- ◆ Attempt at suicide /self inflicted injuries
- ◆ Incidents involving the use of drugs, unless prescribed by a physician
- ◆ Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

**Emergency Assistance Service Provider will not evacuate or repatriate an Insured Person in the following instances:**

- ◆ Without medical authorization

- ◆ With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent You from continuing Your trip or returning home
- ◆ With a pregnancy term of over six months
- ◆ With mental or nervous disorders unless hospitalized

**Specific Exclusions:**

- ◆ Trips exceeding 90 days from declared residence without prior notification to Emergency Assistance Service Provider.
- ◆ Students at home/school campus address (as they are not considered to be in travel status)

Legal actions arising hereunder shall be barred unless written notice thereof is received by Us / **Emergency Assistance Service Provider** within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We/ **Emergency Assistance Service Provider** are not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our / their control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under Our control or of **Emergency Assistance Service Provider**. We/ **Emergency Assistance Service Provider** are not responsible or liable for any malpractice committed by professionals rendering services to You.

You must reimburse **Emergency Assistance Service Provider** for any service rendered upon request, that is beyond the scope of this Policy. The liability to pay for such service and the charge applicable will be informed to You prior to provision of such service.

We shall not be held liable or responsible for any acts or omissions by **Emergency Assistance Service Provider** in connection with or arising from the rendering of services described above.

## GENERAL CONDITIONS

1. **Conditions Precedent** Where this Policy requires You/your family member(s) named in the Schedule to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You/your family member(s) named in the schedule will cooperate with Us at all times
2. **Reasonable Precaution:** You shall take all reasonable precaution to prevent injury, illness, and disease in order to minimise claims.
3. **Notice:** You will give every notice and communication in writing and delivered by hand, post, facsimile or email to Our office through which this insurance is effected. Notice **will** be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail
4. **Duty of Disclosure:** The Policy shall be void and all premium paid by You to Us be forfeited in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld.
5. **Changes in Circumstances:** You must inform Us, as soon as reasonably possible of any change in information You have provided to Us about Insured Person(s) which may affect the insurance cover provided.
6. **Payment of Premium:** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official.
7. **Free Look Period: Annual** Policy has a free look period which shall be applicable at the inception of the policy and

The insured will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable;

If the insured has not made any claim during the free look period, the insured shall be entitled to-

- a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
- b. Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or ;
- c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period

#### 8. **Claim Procedure and Requirements :**

- a. **Notification of Claim :** An event which might become a claim under the Policy must be reported to Us at least 72 hours before hospitalization, except in case of emergency Hospitalisations in which case it must be reported as soon as possible, but not later than 48 hours from the time of Hospitalisation in any case.
  - b. A written statement of the claim will be required and a Claim Form will have to be completed. The claim must be filed along with all supporting documents within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Person or Your/his or her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit. In such case the claim should be duly filed with Us within 90 days from the date of discharge from Hospital, otherwise the claim shall not be entertained.
  - c. Queries raised, if any on such claim submitted by You should be satisfactorily responded with supporting documents within 15 days from the date of query. You must submit all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by Us in the manner and form as We may prescribe. In such claims, Our representative shall be allowed to carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalisation, if and when We may reasonably require.
  - d. In case You / Insured Person does not comply with the provisions of this clause or other obligations cast upon You / Insured Person under this Policy or in any of the Policy documents, all benefit under the Policy shall be forfeited, at Our option.
9. **Position after a claim :** As from the day of receipt of the claim amount by You / Insured Person, the Sum Insured for the remainder of the Period of insurance shall stand reduced by a corresponding amount.
10. **Fraud:** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.
11. **Electronic Transaction:** You /Insured Person agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of Us for and in respect of the Policy or its terms or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. However the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.
12. **No Constructive Notice :** Any knowledge or information of any circumstances or condition in connection with You / Insured Person, in possession of any of Our official shall not be the notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of the premium.
13. **Contribution:** If, when any claim arises, there is in existence any other Insurance (other than Cancer Insurance Policy) covering the same loss/liability, compensation, costs or expenses, We will pay only Our ratable proportion

of the claim. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.

14. **Subrogation :**

- a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;
- b) You shall not do or cause to be done anything that may cause any prejudice of Our right of Subrogation;
- c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.

15. **Renewal :** The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, We shall not be bound to give notice that such renewal premium is due, provided however that if You apply for renewal and remits the requisite premium before the expiry of this Policy, renewal shall not normally refused, unless We have reasonable justification to do so.

The Policy has to be renewed within the expiry date or within a Grace Period of 30 days from the expiry date, beyond which the continuity benefits (relating to Pre-existing Disease Exclusion, 30 days Waiting Period, First Year Disease Exclusions and Cumulative Bonus earning) will not be available and any insurance cover thereafter will be treated as fresh cover.

In any case, We shall not be liable to pay claim occurring during the period of break in insurance.

16. **Cancellation:** We may cancel this Policy by sending 30(thirty) days Notice by registered post to Your last known address. You will then be entitled to a pro-rata refund of premium for unexpired period of this Policy in respect of such Insured Person(s) in respect for whom no claim has arisen.

You may cancel the Policy by sending written Notice to Us under Registered. Post. We will then allow a refund on following scale, except for those Insured Person(s) for whom claim has been preferred on Us under the current Policy:

Period of Cover upto	Refund of Annual Premium rate(%)
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding Six Months	NIL

17. **Automatic Termination .** Your insurance under this Policy in respect of each relevant person shall terminate immediately on the earlier of the following events :

- Upon the death of the Insured person.
- Upon exhaustion of the Policy Sum Insured

Where no claim has been made, and automatic termination takes place on account of death of the insured person, pro-rate refund of premium of the Insured Person for the balance period of the policy will be effected.

18. **Notice of Charge:** We will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.

19. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and the 3rd arbitrator to be



appointed by 2 such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.

It is understood, however, that the Insured shall have the right at all times during currency of the Policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

20. **Policy Disputes:** The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court within Indian territory
21. **Disclaimer Clause** If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12 months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
22. **Protection of Policy Holder's Interest:-** In the event of a claim, if the same is found admissible under the Policy, we shall make an offer of settlement or convey the rejection of the claim within 30 days of receipt of all relevant documents and Investigation/ Assessment Report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7 days of Your acceptance of Our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the Bank rate prevalent at the beginning of financial year in which the claim is received by Us.
23. The geographical scope of this Policy will be India and all claims shall be payable in Indian currency.
24. The Emergency Assistance Services-Medical and Personal are not available on reimbursement basis.
25. The provision of the Emergency Medical or Personal Assistance Services to You during the Period of Insurance by **Emergency Assistance Service Provider** does not necessarily mean that the hospitalization claim is admissible under the Policy.
26. **Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.
27. **Withdrawal of Policy :** This product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.
28. **Grievance or Complaint:** You may register a grievance or complaint by visiting our Website [www.itgi.co.in](http://www.itgi.co.in) .  
You may also contact the Branches from where You have bought the policy or Grievance Officer who can be reached at our Corporate Office.
29. **Insurance Ombudsman:** If You are not satisfied with any issue pertaining to the insurance, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices is mentioned below:

## Ombudsman Offices

Jurisdiction	Office Address
<b>Delhi, Rajasthan</b>	First Floor, Universal Insurance Building, 2/2A Asaf Ali Road, New Delhi 110002 Ph:23239611 /33 Fax: 23230858
<b>West Bengal, Bihar</b>	29, N.S. Road, Third Floor, Kolkata Ph:222 12669 Fax: 222 12668
<b>Maharashtra</b>	Jeevan Seva Annex, 3 <sup>rd</sup> floor, Above MTNL, SV Road, Santacruz (W) Mumbai 400 054
<b>Tamil Nadu, Pondicherry</b>	Fatima Akhtar Court, Fourth Floor, 312 Anna Salai, Chennai 600018
<b>Andhra Pradesh</b>	6-2-47, Yeturu Towers, A.C. Guards Lakdi- Ka-Pool, Hyderabad 500004
<b>Gujarat</b>	Second Floor, Shree Jayshree Ambica House, 5, Navyug College, Ashram Road, Ahmedabad 380014
<b>Kerala, Karnataka</b>	Pulinat Building, Second Floor, M.G. Road, Kochi 682015
<b>North-Eastern States</b>	Aquanus, Bhaskar Nagar, R.G. Baruah Road, Guwahati 781021
<b>Uttar Pradesh</b>	Chintal House, First Floor, 16 Station Road, Lucknow 226001
<b>Madhya Pradesh</b>	First Floor, 117 Zone 2, Maharana Pratap Nagar, Bhopal 462011
<b>Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir, Chandigarh</b>	Batra Building, Shop-cum-Office 101-103, Second floor, Sector 17D, Chandigarh
<b>Orissa</b>	62, Forest Park, Bhubaneswar 751009

## Annexure I

### List of Day Care Surgeries

" Day Care Surgeries"	
1. Surgical debridement of wound.	
2. Therapeutic Ascitic Tapping.	
3. Therapeutic Pleural Tapping.	
4. Therapeutic Joint Aspiration.	
5. Aspiration of an internal abscess under ultrasound guidance.	
6. Aspiration of hematoma.	
7. Incision and Drainage.	
8. Endoscopic Foreign Body Removal - trachea /- pharynx-larynx/ bronchus/esophagus/stomach /rectum	
9. True cut Biopsy – breast/- liver/- kidney-Lymph Node/-Pleura/-lung/- Muscle biopsy/Nerve biopsy/- Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy	
10. Endoscopic ligation /banding	
11. Sclerotherapy	
12. Dilatation of digestive tract strictures	
13. Endoscopic ultrasonography and biopsy	
14. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease	
15. Endoscopic placement/removal of stents	
16. Endoscopic Gastrostomy	
17. Replacement of Gastrostomy tube	
18. Endoscopic polypectomy	
19. Endoscopic decompression of colon	
20. Therapeutic ERCP	
21. Bronchoscopic treatment of bleeding lesion	
22. Bronchoscopic treatment of fistula /stenting	
23. Bronchoalveolar lavage & biopsy	
24. Excision and destruction of lingual tonsil	
25. Foreign body removal from nose	
26. Antral wash under LA	
27. Quinsy drainage	
28. Direct Laryngoscopy with biopsy	
29. Reduction of nasal fracture	
30. Mastoidectomy	
31. Removal of tympanic drain	
32. Reconstruction of middle ear	
33. Incision of mastoid process & middle ear	
34. Excision of nose granuloma	
35. Blood transfusion for recipient	
36. Therapeutic Phlebotomy	
37. Haemodialysis/Peritoneal Dialysis	
38. Chemotherapy	
39. Radiotherapy	
40. Coronary Angioplasty (PTCA)	
41. Pericardiocentesis	
42. Insertion of filter in inferior vena cava	
43. Insertion of gel foam in artery or vein	
44. Carotid angioplasty	
45. Renal angioplasty	

46. Tumor embolisation	
47. TIPS procedure for portal hypertension	
48. Endoscopic Drainage of Pseudopancreatic cyst	
49. Lithotripsy	
50. PCNS (Percutaneous nephrostomy)	
51. PCNL (percutaneous nephrolithotomy)	
52. Suprapubic cystostomy	
53. Tran urethral resection of bladder tumor	
54. Hydrocele surgery	
55. Epididymectomy	
56. Orchidectomy	
57. Herniorrhaphy	
58. Hernioplasty	
59. Incision and excision of tissue in the perianal region	
60. Surgical treatment of anal fistula	
61. Surgical treatment of hemorrhoids	
62. Sphincterotomy/Fissurectomy	
63. Laparoscopic appendicectomy	
64. Laparoscopic cholecystectomy	
65. TURP (endoscopic Resection prostate)	
66. Varicose vein stripping or ligation	
67. Excision of dupuytren's contracture	
68. Carpal tunnel decompression	
69. Excision of granuloma	
70. Arthroscopic therapy	
71. Surgery for ligament tear	
72. Surgery for meniscus tear	
73. Surgery for hemoarthrosis/pyoarthrosis	
74. Removal of fracture pins/nails	
75. Removal of metal wire	
76. Incision of bone, septic and aseptic	
77. Closed reduction of fracture, subluxation or epiphyseolysis with osetosynthesis	
78. Suture and other operations on tendons and tendon sheath	
79. Reduction of dislocation under GA	
80. Cataract surgery	
81. Excision of lachrymal cyst	
82. Excision of pterigium	
83. Glaucoma Surgery	
84. Surgery for retinal detachment	
85. Chalazion removal (Eye)	
86. Incision of lachrymal glands	
87. Incision of Diseased eye lids	
88. Excision of eye lid granuloma	
89. Operation on canthus & epicanthus	
90. Corrective surgery for entropion & ectropion	
91. Corrective surgery for blepharoptosis	
92. Foreign body removal from conjunctiva	
93. Foreign body removal from cornea	
94. Incision of cornea	
95. Foreign body removal from lens of the eye	
96. Foreign body removal from Posterior chamber of eye	
97. Foreign body removal from orbit and eye ball	

98. Excision of breast lump /Fibro adenoma	
99. Operations on the nipple	
100. Incision/Drainage of breast abscess	
101. Incision of pilonidal sinus	
102. Local excision of Diseased tissue of skin and subcutaneous tissue	
103. Simple restoration of surface continuity of the skin and subcutaneous tissue	
104. Free skin transportation, donor site	
105. Free skin transportation recipient site	
106. Revision of skin plasty	
107. Destruction of the Diseases tissue of the skin and subcutaneous tissue	
108. Incision, excision, destruction of the Diseased tissue of the tongue	
109. Incision and lancing of the salivary gland and a salivary duct	
110. Resection of a salivary duct	
111. Reconstruction of a salivary gland and a salivary duct	
112. External incision and drainage in the region of the mouth, jaw and face	
113. Incision of hard and soft palate	
114. Excision and destruction of the Diseased hard and soft palate	
115. Incision, excision and destruction in the mouth	
116. Surgery to the floor of mouth	
117. Palatoplasty	
118. Transoral incision and drainage of pharyngeal abscess	
119. Dilatation and curettage	
120. Myomectomy , hysteroscopic or laparoscopic biopsy or removal	
121. Vaccination / Inoculation forming a part of Post bite treatment.	

30.