



LIST-I,II,III & IV covered under SAFEGUARD+

LIST-I -EXPENSES NOT COVERED

Sl. No.	ITEMS NOT COVERED	Sl. No.	ITEMS NOT COVERED2
1	BABY FOOD	36	SPACER
2	BABY UTILITIES CHARGES	37	SPIROMETER
3	BEAUTY SERVICES	38	NEBULIZER KIT
4	BELTS/BRACES	39	STEAM INHALER
5	BUDS	40	ARMSLING
6	COLD PACK/HOT PACK	41	THERMOMETER
7	CARRY BAGS	42	CERVICAL COLLAR
8	EMAIL/INTERNET CHARGES	43	LUMBO SACREL BELT
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET)	44	NIMBUS BED/WATER/AIR BED CHARGES
10	LEGGINGS	45	AMBULANCE COLLAR
11	LAUNDRY CHARGES	46	AMBULANCE EQUIPMENT
12	MINERAL WATER	47	ABDOMINAL BINDER
13	SANITARY PAD	48	PRIVATE NURSES CHARGES
14	PHONE CHARGES	49	SUGAR FREE TABLETS
15	GUEST SERVICES	50	SPLINT
16	CREPE BANDAGES	51	DIABETIC FOOTWEAR
17	DIAPER OF ANY TYPE	52	KNEE BRACES(SHORT/LONG)
18	EYELET COLLAR	53	KNEE/SHOULDER IMMOBILIZER
19	SLINGS	54	CREAMS/POWDERS/TOILETRIES
20	BLOOD GROUPING & CROSS MATCHING OF DONOR SAMPLES	55	EEG ELECTRODES
21	SERVICE CHARGES LIKE NURSING	56	GLOVES
22	TV CHARGES	57	NEBULISATION KIT
23	SURCHARGES	58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERY KIT/ORTHOKIT/RECOVERY KIT ETC)
24	ATTENDANT CHARGES	59	KIDNEY TRAY
25	EXTRA DIET OF PATIENT (OTHER THAN BED CHARGES)	60	MASK
26	BIRTH CERTIFICATE	61	OUNCE GLASS
27	CERTIFICATE CHARGES	62	OXYGEN MASK
28	COURIER CHARGES	63	PELVIC TRACTION BELT
29	CONVEYANCE CHARGES	64	PAN CAN
30	MEDICAL CERTIFICATE	65	TROLLY COVER
31	MEDICAL RECORDS	66	UROMETER, URINE JUG
32	PHOTOCOPY CHARGES	67	AMBULANCE
33	MORTUARY CHARGES	68	VASOFIX SAFETY
34	WALKING AIDS CHARGES		
35	OXYGEN CYLINDER(OUTSIDE HOSPITAL)		

LIST-II - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHRGES

Sl. No.	ITEMS NOT COVERED	Sl. No.	ITEMS NOT COVERED2
1	BABY CHARGES UNLESS SPCIFIED	20	LUXURY TAX
2	HAND WASH	21	HVAC
3	SHOE COVER	22	HOUSE KEEPING CJARGES
4	CAPS	23	AIR CONDITION CHARGES
5	CRADLE CHARGES	24	ADMISSION KIT
6	COMB	25	DIABETIC CHART CHARGES
7	EAU DE COLOGNE	26	DOCUMENTATION/ADMIN CHARGES
8	FOOT COVERS	27	DISCHARGE PROCEDURE CHARGES
9	GOWN	28	DAILY CHART CHARGES
10	SLIPPERS	29	VISITOR PASS CHARGES
11	TISSUE PAPER	30	DISCHARGE PRESCRIPTION CHARGES
12	TOOTH PASTE	31	IM IV INJECTION CHARGES
13	TOOTH BRUSH	32	CLEAN SHEET
14	BED PAN	33	BLANKET/WARMER BLANKET
15	FACE MASK	34	FILE OPENING CHARGES
16	FLEXI MASK	35	INCIDENTAL EXPENSES
17	HAND HOLDER	36	PATIENT IDENTIFICATION TAGS
18	SPUTUM CUP	37	PULSE OXYMETER CHARGES
19	DISINFECTANT LOTIONS		



LIST-I -EXPENSES NOT COVERED

Sl. No.	ITEMS NOT COVERED	Sl. No.	ITEMS NOT COVERED2
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