



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

LIST-III - ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHRGES

| Sl. No. | ITEMS NOT COVERED | Sl. No. | ITEMS NOT COVERED2 |
|---------|--|---------|---------------------------|
| 1 | HAIR REMOVAL CREAMS | 13 | BOYLES APPRATUS CHARGES |
| 2 | EYE PAD | 14 | COTTON |
| 3 | EYE SHIELD | 15 | COTTON BANDAGE |
| 4 | DISPOSABLE RAZORS CHARGES | 16 | SURGICAL TAPE |
| 5 | CAMERA COVER | 17 | APRON |
| 6 | DVD CD CHARGES | 18 | TORNIQUET |
| 7 | GAUSE SOFT | 19 | ORTHO BUNDLE,GYNAC BUNDLE |
| 8 | GAUZE | 20 | X RAY FILM |
| 9 | WARD & THEATRE BOOKING CHARGES | 21 | EYE KIT |
| 10 | ARTHOSCOPY & ENDOSCOPY INSTRUMENTS | 22 | EYE DRAP |
| 11 | MICROSCOPE COVERS | 23 | SURGICAL DRILL |
| 12 | SURGICAL BLADES/HARMONICS CALPAL, SHAVER | | |

LIST-IV- ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

| Sl. No. | ITEMS NOT COVERED | Sl. No. | ITEMS NOT COVERED2 |
|---------|--|---------|---------------------------------------|
| 1 | ADMISSION/ REGISTRATION CHARGES | 10 | NUTRITION PLANNING. DIETICIAN CHARGES |
| 2 | HOSPITALIZATION FOR DIAGNOSTIC PURPOSE | 11 | ANTISEPTOC MOUTHWASH |
| 3 | URINE CONTAINER | 12 | LOZENGES |
| 4 | BLOOD RESERVATION & ANTE NATAL BOOKING CHARGES | 13 | MOUTH PAINT |
| 5 | BIPAP MACHINE | 14 | VACCINATION CHARGES |
| 6 | CPAP/CAPD EQUIPMENT | 15 | ALCOHOL SWABS |
| 7 | INFUSION PUMP COST | 16 | SCRUB SOLUTION/STERILLIUM |
| 8 | HYDROZEN PEROXIDE/SPIRIT/DISINFECTANT CHARGES | 17 | GLUCOMETER & STRIPS |
| 9 | HIV KIT | 18 | URINE BAG |

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