| | List of Expenses Generally excluded in Hospitalisation Policy | | |
|------|--|---|--|
| | List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy | | |
| S.No | NAME OF THE NON MEDICAL ITEM | SUGGESTIONS | |
| | TOILETRIES/ COSME | TICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS | |
| 1 | ANNE FRENCH CHARGES | Not Payable | |
| | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | Not Payable | |
| | BABY FOOD | Not Payable | |
| | BABY UTILITES CHARGES | Not Payable | |
| - | BABY SET | Not Payable | |
| - | BABY BOTTLES | Not Payable | |
| | BOTTLE | Not Payable | |
| 8 | BRUSH | Not Payable | |
| | COSY TOWEL | Not Payable | |
| | HAND WASH | Not Payable | |
| - | MOISTURISER PASTE BRUSH | Not Payable | |
| | POWDER | Not Payable | |
| | RAZOR | Payable | |
| - | TOWEL | Not Payable | |
| | SHOE COVER | Not Payable | |
| 16 | BEAUTY SERVICES | Not Payable | |
| | | Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or | |
| | BELTS/ BRACES | lumbar spine. | |
| | BUDS | Not Payable | |
| | BARBER CHARGES | Not Payable | |
| | CAPS | Not Payable | |
| | COLD PACK/HOT PACK | Not Payable | |
| | CARRY BAGS | Not Payable | |
| | CRADLE CHARGES | Not Payable | |
| - | СОМВ | Not Payable | |
| | DISPOSABLES RAZORS CHARGES (for site preparations) | Payable | |
| | EAU-DE-COLOGNE / ROOM FRESHNERS | Not Payable | |
| | EYE PAD | Not Payable | |
| | EYE SHEILD | Not Payable | |
| - | EMAIL / INTERNET CHARGES | Not Payable | |
| | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | Not Payable | |
| | FOOT COVER | Not Payable | |
| 32 | GOWN | Not Payable | |
| | | Essential in surgery for bariatric and varicose veins and may be considered for at least these conditions | |
| | LEGGINGS | where surgery itself is payable. | |
| | LAUNDRY CHARGES | Not Payable | |
| | MINERAL WATER | Not Payable | |
| 36 | OIL CHARGES | Not Payable | |

| 37 | SANITARY PAD | Not Payable |
|----------|---|--|
| | SLIPPERS | Not Payable |
| | TELEPHONE CHARGES | Not Payable |
| | TISSUE PAPER | Not Payable |
| | TOOTH PASTE | Not Payable |
| | TOOTH BRUSH | Not Payable |
| | GUEST SERVICES | Not Payable |
| | BED PAN | Not Payable |
| | BED UNDER PAD CHARGES | Not Payable |
| | CAMERA COVER | Not Payable |
| | | Not Payable |
| | CLINIPLAST | Not Payable |
| | CREPE BANDAGE | Not Payable |
| | CURAPORE | Not Payable |
| | DIAPER OF ANY TYPE | Not Payable |
| - 51 | DIALEK OF ANT TITE | Not rayable |
| 52 | DVD, CD CHARGES | Not Payable (However if CD is specifically sought by Insurer/TPA then payable) |
| | EYELET COLLAR | Not Payable |
| | FACE MASK | Not Payable |
| | FLEXI MASK | Not Payable |
| | GAUSE SOFT | Not Payable |
| | GAUZE | Not Payable |
| | HAND HOLDER | Not Payable |
| | HANSAPLAST/ ADHESIVE BANDAGES | Not Payable |
| | LACTOGEN/ INFANT FOOD | Not Payable |
| | | Reasonable costs for one sling in case of upper arm fractures may be considered ITEMS SPECIFICALLY |
| 61 | SLINGS | EXCLUDED IN THE POLICIES |
| <u> </u> | | PECIFICALLY EXCLUDED IN THE POLICIES |
| 62 | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES | Exclusion in policy unless otherwise specified |
| | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC., | Not Payable |
| | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION | Not Payable |
| | HORMONE REPLACEMENT THERAPY | Exclusion in policy unless otherwise specified |
| | HOME VISIT CHARGES | Exclusion in policy unless otherwise specified |
| | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE | Exclusion in policy unless otherwise specified |
| | OBESITY (INCLUDING MORBID OBESITY) TREATMENT | Exclusion in policy unless otherwise specified |
| | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS | Exclusion in policy unless otherwise specified |
| - | CORRECTIVE SURGERY FOR REFRACTIVE ERROR | Exclusion in policy unless otherwise specified |
| | TREATMENT OF SEXUALLY TRANSMITTED DISEASES | Exclusion in policy unless otherwise specified |
| | DONOR SCREENING CHARGES | Exclusion in policy unless otherwise specified |
| | ADMISSION/REGISTRATION CHARGES | Exclusion in policy unless otherwise specified |
| | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE | Exclusion in policy unless otherwise specified |
| | , | 1 ' ' |

| | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE | |
|------|---|--|
| 75 | FOR WHICH ADMITTED OR DIAGNOSED | Not Payable - Exclusion in policy unless otherwise specified |
| /5 | FOR WHICH ADMITTED OR DIAGNOSED | Not Payable - Exclusion in policy unless otherwise specified |
| | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR | |
| 76 | SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not payable as per HIV/AIDS exclusion |
| | STEM CELL IMPLANTATION/ SURGERY | Not Payable as per my Alba exclusion Not Payable except Bone Marrow Transplantation where covered by policy |
| - // | STEINI CELL IIVIPLANTATIONY SURGERT | Not Payable except Bolle Marrow Transplantation where covered by policy |
| | ITEMS WHICH FORM PART OF HOSPITAL SERVICES V | VHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS PAYABLE |
| 78 | WARD AND THEATRE BOOKING CHARGES | Payable under OT Charges, not payable separately |
| | | a fundamental of the state parameter |
| 79 | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS | Rental charged by the hospital payable. Purchase of Instruments not payable. |
| 80 | MICROSCOPE COVER | Payable under OT Charges, not separately |
| 81 | SURGICAL BLADES,HARMONIC SCALPEL,SHAVER | Payable under OT Charges, not separately |
| 82 | SURGICAL DRILL | Payable under OT Charges, not separately |
| 83 | EYE KIT | Payable under OT Charges, not separately |
| 84 | EYE DRAPE | Payable under OT Charges, not separately |
| 85 | X-RAY FILM | Payable under Radiology Charges, not as consumable |
| 86 | SPUTUM CUP | Payable under Investigation Charges, not as consumable |
| 87 | BOYLES APPARATUS CHARGES | Part of OT Charges, not separately |
| 88 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood, not payable |
| 89 | SAVLON Not | Payable-Part of Dressing Charges |
| | BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES | Not Payable - Part of Dressing charges |
| | COTTON | Not Payable-Part of Dressing Charges |
| 92 | COTTON BANDAGE | Not Payable- Part of Dressing Charges |
| | | |
| | MICROPORE/ SURGICAL TAPE | Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges |
| 94 | BLADE | Not Payable |
| 0.5 | ADDON | No Decide Decides in Inc. in I |
| 95 | APRON | Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges |
| 00 | TORNIOLIET | Not Davable (consider is charged by begnitals, consumables connect be consumable) |
| | TORNIQUET ORTHOBUNDLE, GYNAEC BUNDLE | Not Payable (service is charged by hospitals, consumables cannot be separately charged) |
| | URINE CONTAINER | Part of Dressing Charges Not Payable |
| 96 | | ELEMENTS OF ROOM CHARGE |
| | | LELIVILIA DE ROCIVI CHARGE |
| 99 | LUXURY TAX | Actual tax levied by government is payable.Part of room charge for sub limits |
| | HVAC | Part of room charge not payable separately |
| | HOUSE KEEPING CHARGES | Part of room charge not payable separately |
| | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | Part of room charge not payable separately |
| | TELEVISION & AIR CONDITIONER CHARGES | Payable under room charges not if separately levied |
| | SURCHARGES | Part of Room Charge, Not payable separately |
| | ATTENDANT CHARGES | Not Payable - Part of Room Charges |
| | | , , |

| 106 | IM IV INJECTION CHARGES | Part of nursing charges, not payable |
|-----|---|---|
| 107 | CLEAN SHEET | Part of Laundry/Housekeeping not payable separately |
| | EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED | |
| 108 | CHARGE) | Patient Diet provided by hospital is payable |
| | BLANKET/WARMER BLANKET | Not Payable- part of room charges |
| | | IISTRATIVE OR NON-MEDICAL CHARGES |
| 110 | ADMISSION KIT | Not Payable |
| 111 | BIRTH CERTIFICATE | Not Payable |
| 112 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | Not Payable |
| | CERTIFICATE CHARGES | Not Payable |
| | COURIER CHARGES | Not Payable |
| 115 | CONVENYANCE CHARGES | Not Payable |
| 116 | DIABETIC CHART CHARGES | Not Payable |
| 117 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES | Not Payable |
| | DISCHARGE PROCEDURE CHARGES | Not Payable |
| | DAILY CHART CHARGES | Not Payable |
| 120 | ENTRANCE PASS / VISITORS PASS CHARGES | Not Payable |
| | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE | To be claimed by patient under Post Hosp where admissible |
| 122 | FILE OPENING CHARGES | Not Payable |
| 123 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | Not Payable |
| 124 | MEDICAL CERTIFICATE | Not Payable |
| 125 | MAINTAINANCE CHARGES | Not Payable |
| 126 | MEDICAL RECORDS | Not Payable |
| 127 | PREPARATION CHARGES | Not Payable |
| 128 | PHOTOCOPIES CHARGES | Not Payable |
| 129 | PATIENT IDENTIFICATION BAND / NAME TAG | Not Payable |
| 130 | WASHING CHARGES | Not Payable |
| 131 | MEDICINE BOX | Not Payable |
| 132 | MORTUARY CHARGES | Payable upto 24 hrs, shifting charges not payable |
| 133 | MEDICO LEGAL CASE CHARGES (MLC CHARGES) | Not Payable |
| | | EXTERNAL DURABLE DEVICES |
| 134 | WALKING AIDS CHARGES | Not Payable |
| 135 | BIPAP MACHINE | Not Payable |
| 136 | COMMODE | Not Payable |
| 137 | CPAP/ CAPD EQUIPMENTS | Device not payable |
| 138 | INFUSION PUMP - COST | Device not payable |
| 139 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable |
| 140 | PULSEOXYMETER CHARGES | Device not payable |
| 141 | SPACER | Not Payable |
| 142 | SPIROMETRE | Device not payable |
| | SPO2 PROBE | Not Payable |
| 144 | NEBULIZER KIT | Not Payable |
| 145 | STEAM INHALER | Not Payable |

| 146 | ARMSLING | Not Payable | |
|-----|--|---|--|
| | THERMOMETER | Not Payable (paid by patient) | |
| | CERVICAL COLLAR | Not Payable | |
| | SPLINT | Not Payable | |
| | DIABETIC FOOT WEAR | Not Payable | |
| | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable | |
| | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER | Not Payable | |
| 132 | INVEL IMMOBILIZERY STIGOLDER HAMMOBILIZER | Not rayable | |
| 153 | LUMBO SACRAL BELT | Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine. | |
| 454 | | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for | |
| | NIMBUS BED OR WATER OR AIR BED CHARGES | any reason and at reasonable cost of approximately Rs 200/ day | |
| | AMBULANCE COLLAR | Not Payable | |
| | AMBULANCE EQUIPMENT | Not Payable | |
| 157 | MICROSHEILD | Not Payable | |
| 158 | ABDOMINAL BINDER | Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. | |
| | | ABLE IF SUPPORTED BY A PRESCRIPTION | |
| | | May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in | |
| | ETC | hospital | |
| | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES | Post hospitalization nursing charges not Payable | |
| | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES | Patient Diet provided by hospital is payable | |
| | ALEX SUGAR FREE | Payable -Sugar free variants of admissable medicines are not excluded | |
| | CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed | | |
| | medical pharmaceuticals payable) | Payable when prescribed | |
| 164 | DIGENE GEL/ ANTACID GEL | Payable when prescribed | |
| 165 | ECC ELECTRODES | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a | |
| | ECG ELECTRODES GLOVES | change and at least one set every second day must be payable. | |
| | | Sterilized Gloves payable / unsterilized gloves not payable | |
| | HIV KIT | Payable - payable Pre operative screening | |
| | LISTERINE/ ANTISEPTIC MOUTHWASH | Payable when prescribed | |
| | LOZENGES | Payable when prescribed | |
| | MOUTH PAINT | Payable when prescribed | |
| | NEBULISATION KIT | If used during hospitalization is payable reasonably | |
| | NEOSPRIN | Payable when prescribed | |
| | NOVARAPID | Payable when prescribed | |
| | 17 VOLINI GEL/ ANALGESIC GEL | Payable when prescribed | |
| | ZYTEE GEL | Payable when prescribed | |
| 176 | VACCINATION CHARGES | Routine Vaccination not Payable / Post Bite Vaccination Payable | |
| | PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE | | |
| 177 | AHD | Not Payable - Part of Hospital's internal Cost | |

| 178 | ALCOHOL SWABES | Not Payable - Part of Hospital's internal Cost |
|-----|---|--|
| 179 | SCRUB SOLUTION/STERILLIUM | Not Payable - Part of Hospital's internal Cost |
| | | OTHERS |
| 180 | VACCINE CHARGES FOR BABY | Not Payable |
| 181 | AESTHETIC TREATMENT / SURGERY | Not Payable |
| 182 | TPA CHARGES | Not Payable |
| 183 | VISCO BELT CHARGES | Not Payable |
| | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY | |
| 184 | KIT, ETC] | Not Payable |
| 185 | EXAMINATION GLOVES | Not Payable |
| | KIDNEY TRAY | Not Payable |
| | MASK | Not Payable |
| 188 | OUNCE GLASS | Not Payable |
| | | |
| | OUTSTATION CONSULTANT'S/ SURGEON'S FEES | Not payable, except for telemedicine consultations where covered by policy |
| | OXYGEN MASK | Not Payable |
| 191 | PAPER GLOVES | Not Payable |
| | PELVIC TRACTION BELT | Should be payable in case of PIVD requiring traction as this is generally not reused |
| 193 | REFERAL DOCTOR'S FEES | Not Payable |
| 194 | ACCU CHECK (Glucometery/ Strips) | Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable |
| 195 | PAN CAN | Not Payable |
| 196 | SOFNET | Not Payable |
| 197 | TROLLY COVER | Not Payable |
| 198 | UROMETER, URINE JUG | Not Payable |
| 199 | AMBULANCE | Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable |
| | TEGADERM / VASOFIX SAFETY | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs |
| | URINE BAG | Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs |
| 202 | SOFTOVAC | Not Payable |
| 203 | STOCKINGS | Essential for cases like CABG etc. where it should be paid. |