



Group Activ Health – Certificate of Insurance

Policy Issuing Office	Aditya Birla Health Insurance Company Limited, 10th Floor, R-Tech Park, Nirlon Compound, Goregaon-East, Mumbai-400063	Policy Servicing Office	Aditya Birla Health Insurance Company Limited, 7th floor, C building, Modi Business Centre, Kasarvadavali, Mumbai, Thane West - 400615
Name of Insured Person and Residential Address of Insured Person	Shabina A NO 14/4 ISMAILPURAM 5TH STREET MUNICHALAI ROAD MADURAI SOUTH - NEAR PR HOSPITAL TAMILNADU 625009	Unique Identification Number	IN5844912
Product Name	Group Activ Health	Member ID	

Certificate Number	GHI-TB-OL-21-IN5844912
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Period of Insurance	
Inception Date	00:01hrs 19/09/2021
End Date	23:59hrs 18/09/2022
Individual/Family Floater	Family Floater

This Cover shall be valid for the period of Insurance mentioned herein unless cancelled in accordance with the Policy's Terms and Conditions.

Insured Person Detail

Insured Person	Date of Birth	Gender	Nominee	Relationship	Sum Insured
Shabina A	15/02/1973	Female	Mihal Sharasath	Dependent Son	1000000
Mihal Sharasath	14/06/2002	Male			

Benefit Description	
Group Mediclaim	Refer Coverage Details

Policy Exclusions	
Group Mediclaim	As per Annexure I

Premium Details

Particulars	Amount (Rs.)
Net Premium	9355.93
CGST @ 9%	0.00
SGST/UTGST @ 9%	0.00
IGST @ 18%	1684.07
Gross Premium	11040.00
Premium Payment Mode	Annual

GST Registration No. : 27AANCA4062G1ZN Category : General Insurance SAC Code : 997133

Claim Process

Please contact us through any of these Modes	Address for Correspondence	Aditya Birla Health Insurance Company Limited, 5th floor, C building, Modi Business Centre, Kasarvadavali, Mumbai, Thane West - 400615
	Contact Number	1800 270 7000
	Email ID	care.healthinsurance@adityabirlacapital.com

This group master policy bearing policy no. 71-21-00014-00-00 has been issued in the name of Bajaj Finance Limited with start date 01/05/2021 and expiry date 30/04/2022

Grievance Redressal

In case of a grievance, the Insured Person/ Policyholder can contact Us with the details through Our website:

<https://www.adityabirlacapital.com/healthinsurance>

Toll Free Number : 1800 270 7000

Email: care.healthinsurance@adityabirlacapital.com

Address: Any of Our Branch office or Corporate office

For senior citizens, please contact the respective branch office of the Company or call at 1800 270 7000 or may write an e- mail at

seniorcitizen.healthinsurance@adityabirlacapital.com

The Insured Person can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person is not satisfied with the response then they can contact Our Head of Customer Service at the following email:

carehead.healthinsurance@adityabirlacapital.com.

If the Insured Person is still not satisfied with Our redressal, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in the Policy.

PREMIUM CERTIFICATE

Premium Certificate is for the purpose of deduction under Section 80-(D) of Income Tax (Amendment) Act 1986.

This is to certify that Shabina A paid Rs. 11040.00/- (Rupees Eleven Thousand Fourty Only) towards Premium for Health Insurance for the Period From 00:01 on 19/09/2021 to midnight 18/09/2022.

Instrument Number	Instrument Date	Amount	Name of the Bank
		11040.00	

Stamp Duty – The stamp duty of ₹ paid vide MH003394929202122E & 09/07/2021, received from Stamp Duty Authorities vide Receipt No./GRASS DEFACE NO '0001811011202122 Dated 20/07/2021, payment has been made vide Letter of Authorisation No. CSD/94/2021/2542 Dated 26/07/2021 from Main Stamp Duty Office

Master Policy Number: 71-21-00014-00-00

Certificate Number: GHI-TB-OL-21-IN5844912

Date: 03/08/2021

Place: Mumbai

Note: Amount is inclusive of all taxes and cesses as applicable. This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of Master Policy or any alteration in the insurance affecting the premium.

Important –

1) In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.

Coverage Details

Annexure 1 - Basic Coverage

Section II : Base Covers		
	Base Covers	Coverage
1.1	In-patient Hospitalization	INR 1000000 Single Private AC Room (All other charges like professional fees, OT charges, investigation charges, lab reports will be in accordance with the room rent restriction) ICU - Actuals
1.2	Day Care Treatment	527 listed procedures
1.4	Pre - hospitalization Medical Expenses	30 days
1.5	Post-hospitalization Medical Expenses	60 days
1.6	Organ Donor Expenses	Covered
1.7	Road Ambulance Expenses	3000/-

Section IV : Waivers and Discounts		
41	Pre-Existing Disease Waiting Period	1 year, Applicable from 1st COI date
42	Specified Disease/Procedure Waiting Period	1 year, Applicable from 1st COI date
43	First 30 Days Waiting Period	Not Applicable

ANNEXURE 1 – PERMANENT EXCLUSIONS

We shall not be liable to make any payment for any claim under any Benefit in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any of the following:

1. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
2. Committing or attempting to commit a breach of law with criminal intent, intentional self-Injury or attempted suicide while Insured Person is sane or insane.
3. Willful or deliberate exposure to danger, intentional self- Injury, non- adherence to Medical Advice, participation or involvement in naval, military or air force operation, circus personnel, racing in wheels or horseback, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, bungee jumping, parasailing, ballooning, skydiving, river rafting, polo, snow and ice sports in a professional or semi- professional nature.
4. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
5. Weight management programs or treatment in relation to the same including vitamins and tonics, treatment of obesity (including morbid obesity).
6. Treatment for correction of eye sight due to refractive error including routine examination.
7. All routine examinations and preventive health check-ups.
8. Cosmetic, aesthetic and re-shaping treatments and Surgeries:
Plastic Surgery or cosmetic Surgery or treatments to change appearance unless medically required and certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
9. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
10. Non- allopathic treatment, except as per coverage of AYUSH Treatment.
11. Conditions for which treatment could have been done on an out-patient basis without any Hospitalization.
12. Unproven/Experimental treatment, investigational treatment, devices and pharmacological regimens.
13. Admission primarily for diagnostic purposes not related to Illness for which Hospitalization has been done.
14. Convalescence (except as per the coverage as coverage defined in Section 11 - Recovery Benefit), cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
15. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing

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| <ul style="list-style-type: none"> 16. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. 17. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens. 18. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same. 19. Medical supplies including elastic stockings, diabetic test strips, and similar products. 20. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively). 21. Psychiatric or psychological disorders, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("rundown condition"), sleep-apnea, stress. 22. External Congenital Anomalies, diseases or defects, genetic disorders. 23. Stem cell therapy or surgery, or growth hormone therapy 24. Venereal disease, all sexually transmitted disease or illness including but not limited to genital warts, Syphilis, Gonorrhea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis. 25. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis. | <ul style="list-style-type: none"> 26. Complications arising out of pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy for In-patient only. 27. Treatment for sterility, infertility, sub-fertility or other related conditions and complications arising out of the same, assisted conception, surrogate or vicarious pregnancy, birth control, and similar procedures contraceptive supplies or services including complications arising due to supplying services. 28. Expenses for organ donor screening, or save as and to the extent provided for in the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery). 29. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended). 30. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. 31. Dentures and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to an Accident. 32. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose. 33. Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by: 1. Deep coma and unresponsiveness to all forms of stimulation; or 2. Absent pupillary light reaction; or 3. Absent oculovestibular and corneal reflexes; or 4. Complete apnea. 34. Treatment for developmental problems, learning difficulties e.g. Dyslexia, behavioral problems including attention deficit hyperactivity disorder (ADHD). |
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<p>35. Treatment for Age Related Macular Degeneration (ARMD), treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.</p> <p>36. Expenses which are medically not required such as items of personal comfort and convenience including but not limited to television (if specifically charged), charges for access to telephone and telephone calls (if specifically charged), food stuffs (save for patient's diet), cosmetics, hygiene articles, body care products and bath additives, barber expenses, beauty service, guest service as well as similar incidental services and supplies, vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.</p> <p>37. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.</p> <p>38. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.</p>	<p>39. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, save for the proven material costs are eligible for reimbursement as per the applicable cover.</p> <p>40. Any treatment or part of a treatment that is not of a reasonable charge, is not a Medically Necessary Treatment; drugs or treatments which are not supported by a prescription.</p> <p>41. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing, including MRD charges (medical records department charges).</p> <p>42. Non-medical expenses including but not limited to RMO charges, surcharges, night charges, service charges levied by the Hospital under any head and as specified in the Annexure V for non- medical expenses.</p> <p>43. Treatment taken outside India.</p> <p>44. Insured Person whilst flying or taking part in aerial activities except as a fare-paying passenger in a regular scheduled airline or air charter company.</p>

Terms & Conditions

<p>1.1 In-patient Hospitalization</p> <p>We will cover the Medical Expenses incurred towards one or more of the following arising out of an Insured Person's Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:</p> <p>(i) The Hospitalization is for Medically Necessary Treatment and follows written Medical Advice;</p> <p>(ii) The Medical Expenses incurred are Reasonable</p>	<p>(i) The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;</p> <p>(ii) The organ transplant is medically required for the Insured Person as certified in writing by a Medical Practitioner;</p> <p>(iii) We will not cover:</p> <p>(1) Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor;</p> <p>(2) Screening expenses of the organ</p>
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and Customary Charges for one or more of the following:

- (1) Room Rent and other boarding charges;
- (2) ICU Charges;
- (3) Operation theatre expenses;
- (4) Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
- (5) Qualified Nurses' charges;
- (6) Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
- (7) Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;
- (8) Anesthesia, blood, oxygen and blood transfusion charges;
- (9) Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

(iii) If the Insured Person is admitted in the Hospital in a room category/Room Rent higher than the eligibility as specified in the Policy Schedule/Certificate of Insurance, then We shall be liable to pay only a pro-rated proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the entitled room category/eligible Room Rent to the Room Rent actually incurred.

1.2 Day Care Treatment - We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- (i) The Medical Expenses are incurred, including for any procedure which requires a period of specialized observation or care after completion of the procedure undertaken by an Insured Person as Day Care Treatment and such list of Day Care Treatment is listed in Annexure I;
- (ii) The Day Care Treatment is for Medically Necessary Treatment and follows the written

donor;

- (3) Any other Medical Expenses as a result of the harvesting from the organ donor;
- (4) Costs directly or indirectly associated with the acquisition of the donor's organ;
- (5) Transplant of any organ/tissue where the transplant is experimental or investigational;
- (6) Expenses related to organ transportation or preservation;
- (7) Any other medical treatment or complication in respect of the donor, consequent to harvesting.

1.7 Road Ambulance Expenses

We will cover max up to INR. 3000.00 per incidence on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury which occurs during the Policy Period.

41. Pre-Existing Disease Waiting Period

We will not make any payment for any claim in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any Pre-Existing Diseases or any complication mentioned in Annexure II arising from the same, until 12 months from the Start Date of the first Policy with Us.

42. Two Year Waiting Period

A waiting period of 12 months from the Start Date shall apply to the treatment, whether medical or surgical and of the Illness/ conditions and their complications mentioned in Annexure-II

For list of Non Preferred Hospitals please refer Annexure III

Claims Process
Easy steps to avail Cashless Facility

- ♦ Check your nearest network hospital (<https://www>

Medical Advice; We will not cover any OPD Treatment under this Benefit.

(iii) We will not cover any OPD Treatment under this Benefit.

1.4 Pre – hospitalization Medical Expenses

We will cover, on a reimbursement basis, the Insured Person's Pre-Hospitalization Medical Expenses incurred in respect of an Illness or Injury that occurs during the Policy Period up to the number of days as specified in the Policy Schedule or Certificate of Insurance, provided that:

- (i) We have accepted a claim for In-patient Hospitalization under Section 1.1 above;
- (ii) The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Illness for which We have accepted an In-patient Hospitalization claim under Section 1.1 above.

1.5 Post – hospitalization Medical Expenses

We will cover, on a reimbursement basis, the Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period upto the number of days as specified in the Policy Schedule or Certificate of Insurance, provided that:

- (i) We have accepted a claim for In-patient Hospitalization under Section 1.1 above;
- (ii) The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to the same Illness for which We have accepted an In-patient Hospitalization claim under Section 1.1 above.

1.6 Organ Donor Expenses

We will cover the Medical Expenses incurred for an organ donor's treatment for the harvesting of the organ donated up to the limit as specified in the Policy Schedule or Certificate of Insurance provided that:

w.adityabirlacapital.com/healthinsurance/#!/net-work-wellness)

- ♦ Go to our website -
adityabirlacapital.com/healthinsurance

- Download Pre-authorization form (<https://www.adityabirlacapital.com/healthinsurance/#!/downloads>)

- Ask your doctor to fill pre-authorization form & submit it to insurance desk of hospital

- Hospital will forward it to ABHI and your request will be processed

- You can also call our Call Centre @ 1800-270-7000 and inform about admission

- In case all documents are in order, we will approve your request

- In case we require additional information, we will raise a query request to hospital

- If the illness is not covered as per policy terms and conditions, we will deny the request

Easy steps to avail Reimbursement Facility

- ♦ Go to our website -
adityabirlacapital.com/healthinsurance
- ♦ Download Reimbursement claim form (<https://www.adityabirlacapital.com/healthinsurance/#!/downloads>)
- Please duly fill & sign the claim form (Policy Holders signature is required on page no.3 of Claim Form part A. Submit all relevant claim documents to nearest ABHI office / Courier to ABHI HO. Please mention your mobile number and e mail ID for claim status.

Pre Existing Disease

Member Name	Relationship	Pre Existing Disease
Shabina A	Self	No Disease
Mihal Sharasath	Dependent Son	No Disease

Your e-health card is appended below



**ADITYA BIRLA
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

Company Name : **Bajaj Finance Limited**

Toll Free No. : **1800 270 7000**

Website : adityabirlahealthinsurance.com
Email : care.healthinsurance@adityabirlacapital.com

Policy No. : 71-21-00014-00-00
Coverage Start Date : 19/09/2021

COI No : GHI-TB-OL-21-IN5844912
Coverage End Date : 18/09/2022

Name	Membership No.	DOB	Relationship
Shabina A		15/02/1973	Self
Mihal Sharasath		14/06/2002	Dependent Son

Aditya Birla Health Insurance Co. Limited, IRDAI Reg.153. CIN No. U66000MH 2015PLC263677. Website: adityabirlahealthinsurance.com
Fax: 022 6225 7700. Disclaimer: Trademark/Logo Aditya Birla Capital logo is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).



**ADITYA BIRLA
CAPITAL**

41. Annexure-2 Specified Disease / Procedure Waiting Period

A waiting period of 12 months from the Start Date shall apply to the treatment, whether medical or surgical and of the Illness/ conditions and their complications mentioned below.

Specified Disease / Procedure Waiting Period			
	Body System	Illness	Treatment/Surgery
1	Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
2	Ear Nose Throat	Serous Otitis Media	
		Sinusitis	Sinus Surgery
		Rhinitis	Surgery for the nose
		Tonsillitis	Tonsillectomy
		Tympanitis	Tympanoplasty
		Deviated Nasal Septum	Surgery for Deviated Nasal Septum
		Otitis Media	Surgery or Treatment for Otitis Media
		Adenoiditis	Adenoidectomy
		Mastoiditis	Mastoidectomy
		Cholesteatoma	Resection of the Nasal Concha
3	Gynecology	All Cysts & Polyps of the female genito urinary system	Dilatation & Curettages

		Polycystic Ovarian Disease	Myomectomy
		Uterine Prolapse	Uterine prolapsed Surgery
		Fibroids (Fibromyoma)	Hysterectomy unless necessitated by malignancy
		Breast lumps	Any treatment for Menorrhagia
		Prolapse of the uterus	
		Dysfunctional Uterine Bleeding (DUB)	
		Endometriosis	
		Menorrhagia	
		Pelvic Inflammatory Disease	
4	Orthopedic / Rheumatological	Gout	Joint replacement Surgery Surgery for Prolapse of the intervertebral disc
		Rheumatism, Rheumatoid Arthritis	
		Non infective arthritis	
		Osteoarthritis	
		Osteoporosis	
		Prolapse of the intervertebral disc	
		Spondylopathies	
5	Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder and Bile duct	Cholecystectomy / Surgery for Gall Bladder
		Cholecystitis	Surgery for Ulcers (Gastric / Duodenal)
		Pancreatitis	
		Fissure, Fistula in ano, hemorrhoids(piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	
		Rectal Prolapse	
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis	
		Gastro Esophageal Reflux Disease (GERD)	
		Cirrhosis	
6	Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery
		Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	

		Hernia, Hydrocele	Surgery for Hydrocele, Rectocele and Hernia
		Varicocoele / Spermatocoele	Surgery for Varicocoele / Spermatocoele
7	Skin	skin tumour (unless malignant)	Removal of such tumour unless malignant
		All skin diseases	
8	General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp anywhere in the body (unless malignant)	Surgery for cyst, tumour, nodule, polyp unless malignant
		Varicose veins, Varicose ulcers	Surgery for Varicose veins and Varicose ulcers
		Congenital Internal Diseases or Anomalies	

If any of the Illness/conditions listed above are Pre-Existing Diseases, then they will be covered only after the completion of the Pre-Existing Disease Waiting Period described under Section <<42>>.

Annexure I - Day Care Treatment

List of Day Care Treatments		
	Base Covers	Coverage
1	Cardiology Related	1. CORONARY ANGIOGRAPHYs
2	Critical Care Related	2. INSERT NON-TUNNEL CV CATH 3. INSERT PICC CATH(PERIPHERALLY INSERTED CENTRAL CATHETER) 4. REPLACE PICC CATH(PERIPHERALLY INSERTED CENTRAL CATHETER) 5. INSERTION CATHETER, INTRA ANTERIOR 6. INSERTION OF PORTACA
3	Dental Relateddd	7. SUTURING LACERATED LIP 8. SUTURING ORAL MUCOSA 9. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION 10. FNAC
4	ENT Related	11. MYRINGOTOMY WITH GROMMET INSERTION 12. TYMANOPLASTY(CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES) 13. REMOVAL OF A TYMPANIC DRAIN 14. KERATOSIS REMOVAL UNDER GA 15. OPERATIONS ON THE TURBINATES (NASAL CONCHA) 16. REMOVAL OF KERATOSIS OBTURANS 17. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR 18. REVISION OF A STAPEDECTOMY 19. OTHER OPERATIONS ON THE AUDITORY OSSICLES 20. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE

TYPE-I TYMPANOPLASTY)

21. FENESTRATION OF THE INNER EAR
22. REVISION OF A FENESTRATION OF THE INNER EAR
23. PALATOPLASTY
24. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
25. TONSILLECTOMY WITHOUT ADENOIDECTOMY
26. TONSILLECTOMY WITH ADENOIDECTOMY
27. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
28. REVISION OF A TYMPANOPLASTY
29. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
30. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
31. MASTOIDECTOMY
32. RECONSTRUCTION OF THE MIDDLE EAR
33. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
34. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
35. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
36. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
37. OTHER OPERATIONS ON THE NOSE
38. NASAL SINUS ASPIRATION
39. FOREIGN BODY REMOVAL FROM NOSE
40. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
41. ADENOIDECTOMY
42. LABYRINTHECTOMY FOR SEVERE VERTIGO
43. STAPEDECTOMY UNDER GA
44. STAPEDECTOMY UNDER LA
45. TYMPANOPLASTY (TYPE IV)
46. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
47. TURBINECTOMY
48. ENDOSCOPIC STAPEDECTOMY
49. INCISION AND DRAINAGE OF PERICHONDritis
50. SEPTOPLASTY
51. VESTIBULAR NERVE SECTION
52. THYROPLASTY TYPE I
53. PSEUDOCYST OF THE PINNA - EXCISION
54. INCISION AND DRAINAGE - HAEMATOMA AURICLE
55. TYMPANOPLASTY (TYPE II)
56. REDUCTION F FRACTURE OF NASAL BONE
57. THYROPLASTY TYPE II
58. TRACHEOSTOMY
59. EXCISION OF ANGIOMA SEPTUM
60. TURBINOPLASTY
61. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
62. UVULO PALATO PHARYNGO PLASTY
63. ADENOIDECTOMY WITH GROMMET INSERTION
64. ADENOIDECTOMY WITHOUT GROMMET INSERTION
65. VOCAL CORD LATERALISATION PROCEDURE
66. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
67. TRACHEOPLASTY

5	Gastroenterology Related	68. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY / GASTROSTOMY / EXPLORATION COMMON BILE DUCT 69. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS 70. PANCREATIC PSEUDOCYST EUS & DRAINAGE 71. RF ABLATION FOR BARRETT'S OESOPHAGUS 72. ERCP AND PAPILLOTOMY 73. ESOPHAGOSCOPE AND SCLEROSANT INJECTION 74. EUS + SUBMUCOSAL RESECTION 75. CONSTRUCTION OF GASTROSTOMY TUBE 76. EUS + ASPIRATION PANCREATIC CYST 77. SMALL BOWEL ENDOSCOPY (THERAPEUTIC) 78. COLONOSCOPY, LESION REMOVAL 79. ERCP 80. COLONOSCOPY STENTING OF STRICTURE 81. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY 82. EUS AND PANCREATIC PSEUDO CYST DRAINAGE 83. ERCP AND CHOLEDOCHOSCOPY 84. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION 85. ERCP AND SPHINCTEROTOMY 86. ESOPHAGEAL STENT PLACEMENT 87. ERCP + PLACEMENT OF BILIARY STENTS 88. SIGMOIDOSCOPY W / STENT 89. EUS + COELIAC NODE BIOPSY 90. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS
6	General Surgery Related	91. INCISION OF A PILONIDAL SINUS / ABSCESS 92. FISSURE IN ANO SPHINCTEROTOMY 93. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD 94. ORCHIDOPEXY 95. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM 96. SURGICAL TREATMENT OF ANAL FISTULAS 97. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY) 98. EPIDIDYMECTOMY 99. INCISION OF THE BREAST ABSCESS 100. OPERATIONS ON THE NIPPLE 101. EXCISION OF SINGLE BREAST LUMP 102. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION 103. SURGICAL TREATMENT OF HEMORRHOIDS 104. OTHER OPERATIONS ON THE ANUS 105. ULTRASOUND GUIDED ASPIRATIONS 106. SCLEROTHERAPY, ETC. 107. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY 108. THERAPEUTIC LAPAROSCOPY WITH LASER 109. APPENDICECTOMY WITH/WITHOUT DRAINAGE 110. INFECTED KELOID EXCISION

- I11. AXILLARY LYMPHADENECTOMY
- I12. WOUND DEBRIDEMENT AND COVER
- I13. ABSCESS-DECOMPRESSION
- I14. CERVICAL LYMPHADENECTOMY
- I15. INFECTED SEBACEOUS CYST
- I16. INGUINAL LYMPHADENECTOMY
- I17. INCISION AND DRAINAGE OF
ABSCESS
- I18. SUTURING OF LACERATIONS
- I19. SCALP SUTURING
- I20. INFECTED LIPOMA EXCISION
- I21. MAXIMAL ANAL DILATATION
- I22. PILES
 - ◆ INJECTION SCLEROTHERAPY
 - ◆ PILES BANDING
- I23. LIVER ABSCESS- CATHETER DRAINAGE
- I24. FISSURE IN ANO- FISSURECTOMY
- I25. FIBROADENOMA BREAST EXCISION
- I26. OESOPHAGEAL VARICES SCLEROTHERAPY
- I27. ERCP - PANCREATIC DUCT STONE REMOVAL
- I28. PERIANAL ABSCESS I&D
- I29. PERIANAL HEMATOMA EVACUATION
- I30. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
- I31. BREAST ABSCESS I& D
- I32. FEEDING GASTROSTOMY
- I33. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
- I34. ERCP - BILE DUCT STONE REMOVAL
- I35. ILEOSTOMY CLOSURE
- I36. COLONOSCOPY
- I37. POLYPECTOMY COLON
- I38. SPLENIC ABSCESES LAPAROSCOPIC DRAINAGE
- I39. UGI SCOPY AND POLYPECTOMY STOMACH
- I40. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
- I41. FEEDING JEJUNOSTOMY
- I42. COLOSTOMY
- I43. ILEOSTOMY
- I44. COLOSTOMY CLOSURE
- I45. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
- I46. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
- I47. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
- I48. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
- I49. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
- I50. ZADEK'S NAIL BED EXCISION
- I51. SUBCUTANEOUS MASTECTOMY
- I52. EXCISION OF RANULA UNDER GA
- I53. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN
STRICTURES
- I54. EVERSION OF SAC

		<ul style="list-style-type: none"> ♦ UNILATERAL ♦ BILATERAL <p> I55. LORD'S PLICATION I56. JABOULAY'S PROCEDURE I57. SCROTOPLASTY I58. CIRCUMCISION FOR TRAUMA I59. MEATOPLASTY I60. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE I61. PSOAS ABSCESS INCISION AND DRAINAGE I62. THYROID ABSCESS INCISION AND DRAINAGE I63. TIPS PROCEDURE FOR PORTAL HYPERTENSION I64. ESOPHAGEAL GROWTH STENT I65. PAIR PROCEDURE OF HYDATID CYST LIVER I66. TRU CUT LIVER BIOPSY I67. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR I68. EXCISION OF CERVICAL RIB I69. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION I70. MICRODOCHECTOMY BREAST I71. SURGERY FOR FRACTURE PENIS I72. SENTINEL NODE BIOPSY I73. PARASTOMAL HERNIA I74. REVISION COLOSTOMY I75. PROLAPSED COLOSTOMY-CORRECTION I76. TESTICULAR BIOPSY I77. LAPAROSCOPIC CARDIOMYOTOMY(HELLERS) I78. SENTINEL NODE BIOPSY MALIGNANT MELANOMA I79. LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT) </p>
7	Gynecology Related	<p> I80. OPERATIONS ON BARTHOLIN'S GLANDS (CYST) I81. INCISION OF THE OVARY I82. INSUFFLATIONS OF THE FALLOPIAN TUBES I83. OTHER OPERATIONS ON THE FALLOPIAN TUBE I84. DILATATION OF THE CERVICAL CANAL I85. CONISATION OF THE UTERINE CERVIX I86. THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY I87. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS I88. OTHER OPERATIONS ON THE UTERINE CERVIX I89. INCISION OF THE UTERUS (HYSTERECTOMY) I90. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS I91. INCISION OF VAGINA I92. INCISION OF VULVA I93. CULDOTOMY I94. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY I95. ENDOSCOPIC POLYPECTOMY I96. HYSTEROSCOPIC REMOVAL OF MYOMA I97. D&C </p>

		198. HYSTEROSCOPIC RESECTION OF SEPTUM 199. THERMAL CAUTERISATION OF CERVIX 200. MIRENA INSERTION 201. HYSTEROSCOPIC ADHESIOLYSIS 202. LEEP 203. CRYOCAUTERISATION OF CERVIX 204. POLYPECTOMY ENDOMETRIUM 205. HYSTEROSCOPIC RESECTION OF FIBROID 206. LLETZ 207. CONIZATION 208. POLYPECTOMY CERVIX 209. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP 210. VULVAL WART EXCISION 211. LAPAROSCOPIC PARA OVARIAN CYST EXCISION 212. UTERINE ARTERY EMBOLIZATION 213. LAPAROSCOPIC CYSTECTOMY 214. HYMENECTOMY(IMPERFORATE HYMEN) 215. ENDOMETRIAL ABLATION 216. VAGINAL WALL CYST EXCISION 217. VULVAL CYST EXCISION 218. LAPAROSCOPIC PARATUBAL CYST EXCISION 219. REPAIR OF VAGINA (VAGINAL ATRESIA) 220. HYSTEROSCOPY, REMOVAL OF MYOMA 221. TURBT 222. URETEROCOELE REPAIR-CONGENITAL INTERNAL 223. VAGINAL MESH FOR POP 224. LAPAROSCOPIC MYOMECTOMY 225. SURGERY FOR SUI 226. REPAIR RECTO-VAGINA FISTULA 227. PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR) 228. URS + LL 229. LAPAROSCOPIC OOPHORECTOMY 230. NORMAL VAGINAL DELIVERY AND VARIANTS
8	Neurology Related	231. FACIAL NERVE GLYCEROL RHIZOTOMY 232. SPINAL CORD STIMULATION 233. MOTOR CORTEX STIMULATION 234. STEREOTACTIC RADIOSURGERY 235. PERCUTANEOUS CORDOTOMY 236. INTRATHECAL BACLOFEN THERAPY 237. ENTRAPMENT NEUROPATHY RELEASE 238. DIAGNOSTIC CEREBRAL ANGIOGRAPHY 239. VP SHUNT
9	Oncology Related	240. VENTRICULOATRIAL SHUNT 241. RADIOTHERAPY FOR CANCER 242. CANCER CHEMOTHERAPY 243. IV PUSH CHEMOTHERAPY 244. HBI-HEMIBODY RADIOTHERAPY 245. INFUSIONAL TARGETED THERAPY

246. SRT-STEREOTACTIC ARC THERAPY
247. SC ADMINISTRATION OF GROWTH FACTORS
248. CONTINUOUS INFUSIONAL CHEMOTHERAPY
249. INFUSIONAL CHEMOTHERAPY
250. CCRT-CONCURRENT CHEMO + RT
251. 2D RADIOTHERAPY
252. 3D CONFORMAL RADIOTHERAPY
253. IGRT - IMAGE GUIDED RADIOTHERAPY
254. IMRT- STEP & SHOOT
255. INFUSIONAL BISPHOSPHONATES
256. IMRT- DMLC
257. ROTATIONAL ARC THERAPY
258. TELE GAMMA THERAPY
259. FSRT-FRACTIONATED SRT
260. VMAT-VOLUMETRIC MODULATED ARC THERAPY
261. SBRT-STEREOTACTIC BODY RADIOTHERAPY
262. HELICAL TOMOTHERAPY
263. SRS-STEREOTACTIC RADIOSURGERY
264. X-KNIFE SRS
265. GAMMAKNIFE SRS
266. TBI- TOTAL BODY RADIOTHERAPY
267. INTRALUMINAL BRACHYTHERAPY
268. ELECTRON THERAPY
269. TSET-TOTAL ELECTRON SKIN THERAPY
270. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
271. TELECOBALT THERAPY
272. TELECESIUM THERAPY
273. EXTERNAL MOULD BRACHYTHERAPY
274. INTERSTITIAL BRACHYTHERAPY
275. INTRACAVITY BRACHYTHERAPY
276. 3D BRACHYTHERAPY
277. IMPLANT BRACHYTHERAPY
278. INTRAVESICAL BRACHYTHERAPY
279. ADJUVANT RADIOTHERAPY
280. AFTERLOADING CATHETER BRACHYTHERAPY
281. CONDITIONING RADIOTHERAPY FOR BMT
282. NERVE BIOPSY
283. MUSCLE BIOPSY
284. EPIDURAL STEROID INJECTION
285. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
286. RADICAL CHEMOTHERAPY
287. NEOADJUVANT RADIOTHERAPY
288. LDR BRACHYTHERAPY
289. PALLIATIVE RADIOTHERAPY
290. RADICAL RADIOTHERAPY
291. PALLIATIVE CHEMOTHERAPY
292. TEMPLATE BRACHYTHERAPY
293. NEOADJUVANT CHEMOTHERAPY
294. ADJUVANT CHEMOTHERAPY

		295. INDUCTION CHEMOTHERAPY 296. CONSOLIDATION CHEMOTHERAPY 297. MAINTENANCE CHEMOTHERAPY 298. HDR BRACHYTHERAPY
10	Operations on the salivary glands & salivary ducts	299. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT 300. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT 301. RESECTION OF A SALIVARY GLAND 302. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT 303. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
11	Operations on the skin & subcutaneous tissues	304. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES 305. SURGICAL WOUND TOILET(WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES 306. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES 307. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES 308. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES 309. FREE SKIN TRANSPLANTATION, DONOR SITE 310. FREE SKIN TRANSPLANTATION, RECIPIENT SITE 311. REVISION OF SKIN PLASTY 312. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES. 313. CHEMOSURGERY TO THE SKIN. 314. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES 315. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED 316. EXCISION OF BURSITIS 317. TENNIS ELBOW RELEASE
12	Operations on the Tongue	318. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE 319. PARTIAL GLOSSECTOMY 320. GLOSSECTOMY 321. RECONSTRUCTION OF THE TONGUE 322. OTHER OPERATIONS ON THE TONGUE
13	Ophthalmology Related	323. SURGERY FOR CATARACT 324. INCISION OF TEAR GLANDS 325. OTHER OPERATIONS ON THE TEAR DUCTS 326. INCISION OF DISEASED EYELIDS 327. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID 328. OPERATIONS ON THE CANTHUS AND EPICANTHUS 329. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION 330. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS 331. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA 332. REMOVAL OF A FOREIGN BODY FROM THE CORNEA 333. INCISION OF THE CORNEA

		334. OPERATIONS FOR PTERYGIUM 335. OTHER OPERATIONS ON THE CORNEA 336. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE 337. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE 338. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL 339. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL) 340. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT(BILATERAL) 341. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR 342. ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA 343. ENUCLEATION OF EYE WITHOUT IMPLANT 344. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND 345. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR 346. BIOPSY OF TEAR GLAND 347. TREATMENT OF RETINAL LESION
14	Orthopedics Related	348. SURGERY FOR MENISCUS TEAR 349. INCISION ON BONE, SEPTIC AND ASEPTIC 350. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS 351. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH 352. REDUCTION OF DISLOCATION UNDER GA 353. ARTHROSCOPIC KNEE ASPIRATION 354. SURGERY FOR LIGAMENT TEAR 355. SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS 356. REMOVAL OF FRACTURE PINS/NAILS 357. REMOVAL OF METAL WIRE 358. CLOSED REDUCTION ON FRACTURE, LUXATION 359. REDUCTION OF DISLOCATION UNDER GA 360. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS 361. EXCISION OF VARIOUS LESIONS IN COCCYX 362. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE 363. CLOSED REDUCTION OF MINOR FRACTURES 364. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE 365. TENDON SHORTENING 366. ARTHROSCOPIC MENISCECTOMY - KNEE 367. TREATMENT OF CLAVICLE DISLOCATION 368. HAEMARTHROSIS KNEE-LAVAGE 369. ABSCESS KNEE JOINT DRAINAGE 370. CARPAL TUNNEL RELEASE 371. CLOSED REDUCTION OF MINOR DISLOCATION 372. REPAIR OF KNEE CAP TENDON 373. ORIF WITH K WIRE FIXATION-SMALL BONES 374. RELEASE OF MIDFOOT JOINT 375. ORIF WITH PLATING-SMALL LONG BONES 376. IMPLANT REMOVAL MINOR

		377. K WIRE REMOVAL 378. CLOSED REDUCTION AND EXTERNAL FIXATION 379. ARTHROTOMY HIP JOINT 380. SYME'S AMPUTATION 381. ARTHROPLASTY 382. PARTIAL REMOVAL OF RIB 383. TREATMENT OF SESAMOID BONE FRACTURE 384. SHOULDER ARTHROSCOPY / SURGERY 385. ELBOW ARTHROSCOPY 386. AMPUTATION OF METACARPAL BONE 387. RELEASE OF THUMB CONTRACTURE 388. INCISION OF FOOT FASCIA 389. PARTIAL REMOVAL OF METATARSAL 390. REPAIR / GRAFT OF FOOT TENDON 391. REVISION/REMOVAL OF KNEE CAP 392. AMPUTATION FOLLOW-UP SURGERY 393. EXPLORATION OF ANKLE JOINT 394. REMOVE/GRAFT LEG BONE LESION 395. REPAIR/GRAFT ACHILLES TENDON 396. REMOVE OF TISSUE EXPANDER 397. BIOPSY ELBOW JOINT LINING 398. REMOVAL OF WRIST PROSTHESIS 399. BIOPSY FINGER JOINT LINING 400. TENDON LENGTHENING 401. TREATMENT OF SHOULDER DISLOCATION 402. LENGTHENING OF HAND TENDON 403. REMOVAL OF ELBOW BURSA 404. FIXATION OF KNEE JOINT 405. TREATMENT OF FOOT DISLOCATION 406. SURGERY OF BUNION 407. TENDON TRANSFER PROCEDURE 408. REMOVAL OF KNEE CAP BURSA 409. TREATMENT OF FRACTURE OF ULNA 410. TREATMENT OF SCAPULA FRACTURE 411. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA 412. REPAIR OF RUPTURED TENDON 413. DECOMPRESS FOREARM SPACE 414. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE) 415. LENGTHENING OF THIGH TENDONS 416. TREATMENT FRACTURE OF RADIUS & ULNA 417. REPAIR OF KNEE JOINT
15	Other operations on the mouth & face	418. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE 419. INCISION OF THE HARD AND SOFT PALATE 420. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE 421. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH 422. OTHER OPERATIONS IN THE MOUTH
16	Pediatric surgery Related	423. EXCISION OF FISTULA-IN-ANO

		424. EXCISION JUVENILE POLYPS RECTUM 425. VAGINOPLASTY 426. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL 427. PRESACRAL TERATOMAS EXCISION 428. REMOVAL OF VESICAL STONE 429. EXCISION SIGMOID POLYP 430. STERNOMASTOID TENOTOMY 431. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY 432. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA 433. MEDIASTINAL LYMPH NODE BIOPSY 434. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS 435. EXCISION OF CERVICAL TERATOMA 436. RECTAL-MYOMECTIONY 437. RECTAL PROLAPSE (DELORME'S PROCEDURE) 438. DETORSION OF TORSION TESTIS 439. EUA + BIOPSY MULTIPLE FISTULA IN ANO
17	Pediatric surgery Related	440. CONSTRUCTION SKIN PEDICLE FLAP 441. GLUTEAL PRESSURE ULCER-EXCISION 442. MUSCLE-SKIN GRAFT, LEG 443. REMOVAL OF BONE FOR GRAFT 444. MUSCLE-SKIN GRAFT DUCT FISTULA 445. REMOVAL CARTILAGE GRAFT 446. MYOCUTANEOUS FLAP 447. FIBRO MYOCUTANEOUS FLAP 448. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY 449. SLING OPERATION FOR FACIAL PALSY 450. SPLIT SKIN GRAFTING UNDER RA 451. WOLFE SKIN GRAFT 452. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
18	Thoracic surgery Related	453. THORACOSCOPY AND LUNG BIOPSY 454. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC 455. LASER ABLATION OF BARRETT'S OESOPHAGUS 456. 5PLEURODESIS 457. THORACOSCOPY AND PLEURAL BIOPSY 458. EBUS + BIOPSY 459. THORACOSCOPY LIGATION THORACIC DUCT 460. THORACOSCOPY ASSISTED EMPYEMA DRAINAGE
19	Urology Related	461. HAEMODIALYSIS 462. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS 463. EXCISION OF RENAL CYST 464. DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS 465. INCISION OF THE PROSTATE 466. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE 467. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE 468. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE 469. RADICAL PROSTATOVESICULECTOMY

470. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
 471. OPERATIONS ON THE SEMINAL VESICLES
 472. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
 473. OTHER OPERATIONS ON THE PROSTATE
 474. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
 475. OPERATION ON A TESTICULAR HYDROCELE
 476. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
 477. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
 478. INCISION OF THE TESTES
 479. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
 480. UNILATERAL ORCHIDECTOMY
 481. BILATERAL ORCHIDECTOMY
 482. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
 483. RECONSTRUCTION OF THE TESTIS
 484. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
 485. OTHER OPERATIONS ON THE TESTIS
 486. EXCISION IN THE AREA OF THE EPIDIDYMISS
 487. OPERATIONS ON THE FORESKIN
 488. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
 489. AMPUTATION OF THE PENIS
 490. OTHER OPERATIONS ON THE PENIS
 491. CYSTOSCOPICAL REMOVAL OF STONES
 492. LITHOTRIPSY
 493. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
 494. EXTERNAL ARTERIO-VENOUS SHUNT
 495. AV FISTULA - WRIST
 496. URSL WITH STENTING
 497. URSL WITH LITHOTRIPSY
 498. CYSTOSCOPIC LITHOLAPAXY
 499. ESWL
 500. BLADDER NECK INCISION
 501. CYSTOSCOPY & BIOPSY
 502. CYSTOSCOPY AND REMOVAL OF POLYP
 503. SUPRAPUBIC CYSTOSTOMY
 504. PERCUTANEOUS NEPHROSTOMY
 505. CYSTOSCOPY AND "SLING" PROCEDURE.
 506. TUNA-PROSTATE
 507. EXCISION OF URETHRAL DIVERTICULUM
 508. REMOVAL OF URETHRAL STONE
 509. EXCISION OF URETHRAL PROLAPSE
 510. MEGA-URETER RECONSTRUCTION
 511. KIDNEY RENOSCOPY AND BIOPSY
 512. URETER ENDOSCOPY AND TREATMENT
 513. VESICO URETERIC REFLUX CORRECTION
 514. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
 515. ANDERSON HYNES OPERATION
 516. KIDNEY ENDOSCOPY AND BIOPSY
 517. PARAPHIMOSIS SURGERY
 518. INJURY PREPUCE- CIRCUMCISION

		519. FRENULAR TEAR REPAIR 520. MEATOTOMY FOR MEATAL STENOSIS 521. SURGERY FOR FOURNIER'S GANGRENE SCROTUM 522. SURGERY FILARIAL SCROTUM 523. SURGERY FOR WATERING CAN PERINEUM 524. REPAIR OF PENILE TORSION 525. DRAINAGE OF PROSTATE ABSCESS 526. ORCHIECTOMY 527. CYSTOSCOPY AND REMOVAL OF FB
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Annexure-3 Non-Preferred Hospital List

Hospital Name	Hospital Address	City	State	Pin Code
AALA HAZRAT HOSPITAL	ASHIANA COLONY ROAD,PILIBHIT BY PASS ROAD,BAREILLY,	BAREILLY	UTTAR PRADESH	243001
AARADHYA MULTI SPECIALITY HOSPITAL	C-89, PANCHSEEL ENCLAVE, OPPOSITE KOYAL ENCLAVE, BHOPURA (LONI ROAD), GHAZIABAD (U.P.),	GHAZIABAD	UTTAR PRADESH	201309
AASHIRVAD MULTISPECIALITY HOSPITAL	151-152, GOPINATH SOCIETY, LAJAMANI CHOWK, SATELLITE ROAD, MOTA VARACCHA-394101, GUJARAT, SURAT, SURAT	SURAT	GUJARAT	394101
AHUJA HOSPITAL	488, VIVEK KHAND, GOMTINAGAR NEAR PATAR KAR CHAURAHA, UTTAR PRADESH, LUCKNOW	LUCKNOW	UTTAR PRADESH	226010
ANAND HOSPITAL	5, SHUBHAM COMPLEX, TALEGAON CHAKAN ROAD, TAL. MAVAL, MAHARASHTRA, PUNE, PUNE	PUNE	MAHARASHTRA	410507
ARDENT HOSPITAL	RZ-1/3, MAIN ROAD PALAM COLONY, (OPP. FLYOVER PILLAR NO. 40), NEW DELHI, NEW DELHI, NEW DELHI	NEW DELHI	DELHI	110060
AROGAYA HOSPITAL	MILAK LACHI MAIN ROAD, SECTOR-G-3, GREATER NOIDA WEST, GAUTAM BUDH NAGAR, UTTAR PRADESH, G.B.NAGAR, G.B.NAGAR	NOIDA	UTTAR PRADESH	201308
AYUSH GENERAL AND CHILDREN HOSPITAL	211/212 JAI JAWAN JAI KISAN NAGAR BAMBRAWALI ROAD PANDEYSAWARE SURAT 394221	SURAT	GUJRAT	394221
AYUSH HOSPITAL & RESEARCH CENTRE	PLOT NO. 11, OLD ASHOKA GARDEN, BEHIND PRABHAT PETROL PUMP, RAISEN ROAD, BHOPAL, MADHYA PRADESH	BHOPAL	MADHYA PRADESH	462023
BALAJI HOSPITAL	TAJ COLONY, HANSI ROAD, BARWALA,	HISSAR	HARYANA	125121

(HISAR)				
CARE & CURE DIVINE SERVICES PRIVATE LIMITED	BUILDING NO. 198, OLD BARAHI ROAD, OPP. PWD REST HOUSE, HARYANA, BAHADURGARH, JHAJJAR	JHAJJAR	HARYANA	124507
CHITRAKOOT CHARITABLE HOSPITAL AND RESEARCH CENTRE	NEAR FIRE BRIDGE OFFICE BUS STAND, ,SATNA,MADHYA PRADESH,485001	SATNA	MADHYA PRADESH	485001
CITY CARE HOSPITAL?	17-ASHOKA COLONY ,NEAR POLICE LINE, OPPOSITE KALPANACHAWLA MEDICAL COLLEGE	KARNAL	HARYANA	132001
DOLPHIN MULTI SPECIALITY HOSPITAL	1ST FLOOR,LAXMI NIWAS,AJIT WEIGHT BRIDGE,OPP:ZENITH RUBBER FACTORY,NEAR BHARAT PETROL PUMP,MIDC, GOLAVLI,DOMBIVLI, ,THANE ,MAHARASHTRA,421203	THANE	MAHARASHTRA	421203
DR. K.M. HOSPITAL AND TRAUMA CENTRE	NH 24, NEAR SHIV MANDIR, KUCHESAR ROAD CHAUPLA, UTTAR PRADESH, HAPUR, GHAZIABAD	GHAZIABAD	UTTAR PRADESH	245101
DR. PANDIT EYE & GENERAL HOSPITAL	F - 3 B/2 2 SECTOR 10 ABAOVE VIJAYA BANK,VASHI, NAVI MUMBAI	NAVI MUMBAI	MAHARASHTRA	400703
DR. SHYAM CHOUDHARI CHILDRENS HOSPITAL	NEAR MATALE MANGAL KARYALAYA, KAMATWADE ROAD, TRIMURTI CHOWK , NASHIK , MAHARASHTRA, MAHARASHTRA, NASHIK	NASHIK	MAHARASHTRA	422002
DURGA NURSING HOME	JATA SHANKAR CHORAHA,HOTEL BABINA ROAD,,GORAKHPUR,UTTAR PRADESH,273001	GORAKHPUR	UTTAR PRADESH	273001
GANDHI HOSPITAL	DINGRAJWADI PHATA, KOREGAON BHIMA, TAL SHIRUR, DIST PUNE ,PUNE,MAHARASHTRA,412216	PUNE	MAHARASHTRA	412216
GAV HOSPITAL	127/595, VASANT VIHAR, NEAR KESCO SUB STATION, KANPUR (U.P), UTTAR PRADESH, KANPUR, KANPUR	KANPUR	UTTAR PRADESH	208001
GOODWILL HOSPITAL	32, ALI MANZIL ROAD, NEAR MASJID YAQOOB KHAN,, MADHYA PRADESH, HUZUR, BHOPAL	BHOPAL	MADHYA PRADESH	462001
GUN GEET HOSPITAL AND POLYCLINIC	OPP:KULDEVI MATA MANDIR,GANDHI ROAD,ULHASNAGAR, KALYAN, ,THANE,MAHARASHTRA,421005	THANE	MAHARASHTRA	421005
HOSPITAL NAME	HOSPITAL ADDRESS	CITY	STATE	HOSPITA

				L PIN CODE
J P HOSPITAL	NEAR LUXMI CINEMA, RAILWAY ROAD, YAMUNA NAGAR--	YAMUNA NAGAR	HARYANA	135001
JEEVAN HOSPITAL	1/83, VILLEGGE WAHLOPUR SEC-63, NOIDA NEAR TVS SHOWROOM, GAUTAM BUDHNAGAR.	NOIDA	UTTAR PRADESH	201301
JEEVAN JYOTI NURSING HOME - ROHTA ROAD	BRIJ KUNJ ROHTA ROAD,	MEERUT	UTTAR PRADESH	250001
JEEVANJYOT ACCIDENT HOSPITAL & MATERNITY HOME	VIDHATE BHAVAN, TRIMBAKESHWAR ROAD, SATPUR, NASHIK, MAHARASHTRA	NASHIK	MAHARASHTRA	422007
K K HEALTH CARE	238 SECTOR 5	GURGAON	HARYANA	122001
KRISHNALOK HOSPITAL	268, A-2 NAUBASTA, HAMIRPUR ROAD, KANPUR, UTTAR PRADESH, KANPUR, KANPUR	KANPUR	UTTAR PRADESH	208021
LATE KARTIKRAM SAO SMRUTI SERGICAL & ENDOSCOPY RESEARCH CENTRE	SEEPAT CHOWK, SARKANDA, BILASPUR C.G., CHHATTISGARH , BILASPUR	BILASPUR	CHATTISGARH	495006
	B-491/7H, DILIP NAGAR, TIN BATI, DAMAN, DAMAN AND DIU, DILIP NAGAR, DAMAN	DAMAN	GUJRAT	396210
LUCKNOW METRO HOSPITAL AND TRAUMA CENTRE	1/25, VIJAY KHAND-1, GOMTINAGAR--	LUCKNOW	UTTAR PRADESH	226010
M.P. HOSPITAL AND RESEARCH CENTRE	5, B-SECTOR, INFRONT OF BHEL, GATE NO-1, INDRAPURI, BHOPAL, MADHYA PRADESH, BHOPAL, BHOPAL	BHOPAL	MADHYA PRADESH	462021
MAA HOSPITAL & TRAUMA CENTRE	MAA CENTRUM VISTAR, SITAPUR ROAD, LUCKNOW	LUCKNOW	UTTAR PRADESH	226021
MEDICARE CLINIC AND NURSING HOME	DHANNU MANDI JHAJJAR ROAD	ROHTAK	HARYANA	124001
MEERA NURSING HOME	507, KHARA MALA, ADINATH NAGAR, SHIRUR, , PUNE, MAHARASHTR A, 412210	PUNE	MAHARASHTRA	412210
MEERUT MULTISPECIALITY HOSPITAL & TRAUMA CENTER	RAJ NAGAR COLANY, GARH ROAD MEERUT, UTTAR PRADESH, MEERUT, MEERUT	MEERUT	UTTAR PRADESH	250001
N.D.HOSPITAL	262, MODEL TOWN HISAR	HISAR	HARYANA	125005

LIFE LINE HOSPITAL & HEART CENTER

	,HISAR,HARYANA,125005			
NARAYANI HOSPITAL	1ST FLOOR,SAI GEETA DARSHAN,B-WING,OPP:CANARA BANK,NEW GOLDEN NEST,BHAYANDAR(EAST),,MUMBAI,MAHARASHTRA,401105	MUMBAI	MAHARASHTRA	401105
NEW AKSHAY MALLYA HOSPITAL	96,4TH CROSS, NISARG LAYOUT, DODDANEKUNDI - 560037	BANGLORE	KARNATAKA	560037
NEW FAMILY HOSPITAL	B-114, VIJAY VIHAR, PHASE 1, BUDH BAZAR ROAD, SECTOR 5, ROHINI, DELHI, DELHI, ROHINI,	DELHI	DELHI	110085
NIPUN HOSPITAL	495, TARIN BAHADURGANJ, MACHINERY MARKET, SHAHJAHAPUR,495, TARIN BAHADURGANJ, MACHINERY MARKET, SHAH JAHAPUR,SHAHJAHAPUR,SHAHJAHANPUR,U TTAR PRADESH,	SHAHJAHANP U R	UTTAR PRADESH	242001
PAWANI HOSPITAL	B-BLOCK, MAIN GARHI ROAD, NEAR GATI OFFICE, SECTOR-68, NOIDA, UTTAR PRADESH, NOIDA	NOIDA	UTTAR PRADESH	201301
R.C.MEMORIAL NURSING HOME (P) LTD	115-C, NEW AZAD NAGAR, KALYANPUR, KANPUR, UTTAR PRADESH, KANPUR, KANPUR	KANPUR	UTTAR PRADESH	208017
SADHBHAWN A HOSPITAL	28, RANDHIR COLONY, KARNAL, HARYANA 132001,, ,KARNAL,HARYANA,132001	KARNAL	HARYANA	132001
SAI AASHIRWAD HOSPITAL ICCU & POLY CLINIC	101, 104,105, A WING, RATNADEEP BLDG., NAVGHAR ROAD,BHAYANDER (E),THANE,MAHARASHTRA,401105	THANE	MAHARASHTRA	401105
SAI SANJEEVANI HOSPITAL	243 SHAKTI KHAND III INDIRAPURAM	GHAZIABAD	UTTAR PRADESH	201014
SAI SREE HOSPITAL	21/632-3, OPP. OLD MUNICIPAL OFFICE, KADAPA, ANDHRA PRADESH, ANDHRA PRADESH, KADAPA, KADAPA	KADAPA	ANDHRA PRADESH	516001
SANAP HOSPITAL & MATERNITY HOME	CTS NO.3104A,TANAJI CHAUK,SINNAR--	SINNAR	MAHARASHTRA	422103
SANJIVANI MULTISPECIALT Y HOSPITAL	RUSHI PARK,AMBAD CHAUFULY, ,JALNA,MAHARASH TRA,431203	JALNA	MAHARASHTRA	431203
SANJIWANI SUPER SPECIALITY HOSPITAL	BEHIND FIRE BRIGADE OFFICE, BUS STAND, SATNA	SATNA	MADHYA PRADESH	485001
SETHI NURSING HOME	A-12, GUJRANWALA TOWN, PART01, G.T. ROAD , DELHI , DELHI	DELHI	DELHI	110033

SHINE HOSPITAL AND TRAUMA CENTRE	ABU MARKET BULAKIADDA TALKATORA ROAD	LUCKNOW	UTTAR PRADESH	226006
SHIVALIK HOSPITAL	PLOT NO. 1, HUDA MARKET, SEC 37, FARIDABAD--	FARIDABAD	HARYANA	121003
SHREE TISAI HOSPITAL / DHANVANTARI MULTISPECIALITY HOSPITAL	OLD SHREE TISAI HOSPITAL, 1ST FLOOR, GOVIND COMPLEX, GANGA TIRTH BUILDING, NEAR JARI MAI GATE, PUNE LINK ROAD, TISGAON NAKA, , KALYAN, MAHARASHTRA,	KALYAN	MAHARASHTRA	421306
SHRI BHAGWATI HOSPITAL AND TRAUMA CENTRE	SYD, ABBASPUR, NEAR FIRE POLICE TRAINING CENTRE, , UNNAO, UTTAR PRADESH,	UNNAO	UTTAR PRADESH	273001
SPANDAN HOSPITAL AND CRITICAL CARE CENTRE	SATANA NAKA , NEAR [PUNJAB NATIONAL PANK, NASIK, 422007	NASIK	MAHARASHTRA	422007
SRI KRISHNA CHILDREN HOSPITAL	ABOVE VIJAYA BANK, HAMIRPUR ROAD,	UNA	HIMACHAL PRADESH	174303
SRI SRINIVASA NURSING HOME	BEHIND R T C BUS STAND , BHADRACHALAM, TELANGANA, 507111	BHADRACHALAM	TELANGANA	507111
SRUSHTI NURSING HOME	BOCK C-1, OPP. ROSHAN APT, NETAJI VENUS RD, ULHASNAGAR , ULHASNAGAR , MAHARASHTRA, 421004	ULHASNAGAR	MAHARASHTRA	421004
SUN SHINE HOSPITAL	SECTOR-64, SAHUPURA ROAD, UNCHA GAON, BALLABGARH, FARIDABAD-121004, UTTAR PRADESH	FARIDABAD	UTTAR PRADESH	121004
SURIS JEEVAN JYOTI HOSPITAL	ADJOINING INDIAN OIL PUMP, RAMGARH ROAD, MUBARIKPUR (DERA BASSI), MOHALI, PUNJAB,	MOHALI	PUNJAB	140201
SWASTIK NURSING HOME	PLOT NO:13/14/15, TRISHUL GOLD COAST CHS, SECTOR-9, GHANSOLI, NAVI MUMBAI, , MUMBAI, MAHARASHTRA, 400701	MUMBAI	MAHARASHTRA	400701
TAPASWI HOSPITAL PVT LTD	CHOWK, ADAMPUR	BHAGALPUR	BIHAR	812001
THITE HOSPITAL	PERNE PHATA, TLQ ; HAVELI, , PUNE, MAHARASHTRA, 412207	PUNE	MAHARASHTRA	412207
VAJRADAN HOSPITAL	NEAR MARUTI MANDIR, SHELKE LANE, GAVATHAN, SINNAR, MAHARASHTRA, SINNAR, NASHIK	NASHIK	MAHARASHTRA	422101
VASAVI NURSING	MANKAMMATHOTA, , KRISHNA, ANDHRA	KRISHNA	ANDHRA	505002

HOME	PRADESH,505002		PRADESH	
VEDICURE WELLNESS CLINICS AND HOSPITAL	SECOTR NO. 31/32, PLOT NO. 110, OPP. AAHER LAWNS, WALHEKARWADI ROAD, CHINCHWAD, PUNE-411033	PUNE	MAHARASHTRA	411033

Annexure-5 Non medical expenses list (NME list)

Serial No.	List of Ailments and Procedures	Final Status
1	Hair Removal Cream	Not Payable
2	Baby Charges (unless Specified/indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilites Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturiser Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Not Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and paid specifically for cases that have undergone surgery of thoracic or lumbar Spine
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack/hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposables Razors Charges (For Site Preparations)	Payable
24	Eau-de-cologne / Room Freshners	Not Payable
25	Eye Pad	Not Payable
26	Eye Sheild	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (other Than Patient's Diet Provided By	Not Payable

	<i>Hospital)</i>	
29	<i>Foot Cover</i>	<i>Not Payable</i>
30	<i>Gown</i>	<i>Not Payable</i>
31	<i>Leggings</i>	<i>Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.</i>
32	<i>Laundry Charges</i>	<i>Not Payable</i>
33	<i>Mineral Water</i>	<i>Not Payable</i>
34	<i>Oil Charges</i>	<i>Not Payable</i>
35	<i>Sanitary Pad</i>	<i>Not Payable</i>
36	<i>Slippers</i>	<i>Not Payable</i>
37	<i>Telephone Charges</i>	<i>Not Payable</i>
38	<i>Tissue Paper</i>	<i>Not Payable</i>
39	<i>Tooth Paste</i>	<i>Not Payable</i>
40	<i>Tooth Brush</i>	<i>Not Payable</i>
41	<i>Guest Services</i>	<i>Not Payable</i>
42	<i>Bed Pan</i>	<i>Not Payable</i>
43	<i>Bed Under Pad Charges</i>	<i>Not Payable</i>
44	<i>Camera Cover</i>	<i>Not Payable</i>
45	<i>Cliniplast</i>	<i>Not Payable</i>
46	<i>Crepe Bandage</i>	<i>Not Payable</i>
47	<i>Curapore</i>	<i>Not Payable</i>
48	<i>Diaper Of Any Type</i>	<i>Not Payable</i>
49	<i>Dvd, Cd Charges</i>	<i>Not Payable (However if CD is specifically sought by Insurer/TPA then payable)</i>
50	<i>Eyelet Collar</i>	<i>Not Payable</i>
51	<i>Face Mask</i>	<i>Not Payable</i>
52	<i>Flexi Mask</i>	<i>Not Payable</i>
53	<i>Gause Soft</i>	<i>Not Payable</i>
54	<i>Gauze</i>	<i>Not Payable</i>
55	<i>Hand Holder</i>	<i>Not Payable</i>
56	<i>Hansaplast/ Adhesive Bandages</i>	<i>Not Payable</i>
57	<i>Lactogen/ Infant Food</i>	<i>Not Payable</i>
58	<i>Slings</i>	<i>Reasonable costs for one sling in case of upper arm fractures may</i>

		be considered.
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	Weight Control Programs/ Supplies/ Services	Not Payable
60	Cost Of Spectacles/Contact Lenses/Hearing Aids Etc.,	Not Payable
61	Dental Treatment Expenses That Do Not Require Hospitalisation	Not Payable. (We should consider only in accident cases; where Dental Surgery is required)
62	Hormone Replacement Therapy	Not Payable
63	Home Visit Charges	Not Payable
64	Infertility/ Subfertility/ Assisted Conception Procedure	Not Payable
65	Obesity (including Morbid Obesity) Treatment	Not Payable
66	Psychiatric & Psychosomatic Disorders	Not Payable
67	Corrective Surgery For Refractive Error	Not Payable
68	Treatment Of Sexually Transmitted Diseases	Not Payable
69	Donor Screening Charges	Not Payable
70	Admission/registration Charges	Not Payable
71	Hospitalisation For Evaluation/ Diagnostic Purpose	Not Payable
72	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	Not Payable
73	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /hiv/ Aids Etc Is Detected/ Directly Or Indirectly	Not Payable
74	Stem Cell Implantation/ Surgery	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	Ward And Theatre Booking Charges	Payable under OT Charges, not payable separately
76	Arthroscopy & Endoscopy Instruments	Not Payable
77	Microscope Cover	Payable under OT Charges, not payable separately
78	Surgical Blades, harmonic Scalpel, shaver	Not Payable
79	Surgical Drill	Not Payable
80	Eye Kit	Payable under OT Charges, not payable separately
81	Eye Drape	Payable under OT Charges, not payable separately
82	X-ray Film	Payable under Radiology Charges, not as consumable

83	Sputum Cup	Not Payable
84	Boyles Apparatus Charges	Payable under OT Charges, not payable separately
85	Blood Grouping And Cross Matching Of Donors Samples	Not Payable
86	Antiseptic Or Disinfectant Lotions	Not Payable
87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable
88	Cotton	Not Payable
89	Cotton Bandage	Not Payable
90	Micropore/ Surgical Tape	Not Payable
91	Blade	Not Payable
92	Apron	Not Payable
93	Torniquet	Not Payable
94	Orthobundle, Gynaec Bundle	Not Payable
95	Urine Container	Not Payable
ELEMENTS OF ROOM CHARGE		
96	Luxury Tax	Not Payable. If there is no Policy Exclusion, then Actual Tax Levied by Government is Payable -Part of Room Charge for Sub Limits
97	HVAC	Not Payable
98	House Keeping Charges	Not Payable
99	Service Charges Where Nursing Charge Also Charged	Not Payable
100	Television & Air Conditioner Charges	Payable - If under room charges not if separately levied
101	Surcharges	Not Payable
102	Attendant Charges	Not Payable
103	Im Iv Injection Charges	Not Payable
104	Clean Sheet	Not Payable
105	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	Not payable, Patient diet provided by Hospital is payable
106	Blanket / Warmer Blanket	Not Payable
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges And Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable

112	Convenience Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related To Prescription On Discharge	Not Payable--To be Claimed by Patient Post -Hospitalisation where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable - upto 24 hrs, shifting charges not payable
130	Medico Legal Case Charges (mlc Charges)	Not Payable
External Durable Devices		
131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable
133	Commode	Not Payable
134	Cpap/ Capd Equipments	Not Payable
135	Infusion Pump - Cost	Not Payable
136	Oxygen Cylinder (for Usage Outside The Hospital)	Not Payable
137	Pulseoxymeter Charges	Not Payable
138	Spacer	Not Payable
139	Spirometre	Not Payable
140	Spo2 Probe	Not Payable
141	Nebulizer Kit	Not Payable
142	Steam Inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable

145	Cervical Collar	Not Payable
146	Splint	Not Payable
147	Diabetic Foot Wear	Not Payable
148	Knee Braces (Long/ Short/ Hinged)	Not Payable
149	Knee Immobilizer/shoulder Immobilizer	Not Payable
150	Lumbo Sacral Belt	Payable - If Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	Nimbus Bed Or Water Or Air Bed Charges	Payable -for any ICU patient requiring more than 3 days in ICU, all patient with paraplegia /quadriplegia or for any major illness requiring prolonged hospitalization. (Prevent Bed Sores & DVT)
152	Ambulance Collar	Not Payable
153	Ambulance Equipment	Not Payable
154	Microsheild	Not Payable
155	Abdominal Binder	Payable - If 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.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	Betadine \ Hydrogen Peroxide\spirit\Disinfectants Etc	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	Private Nurses Charges- Special Nursing Charges	Not Payable
158	Nutrition Planning Charges - Dietician Charges / Diet Charges	Not Payable
159	Sugar Free Tablets	Payable - Sugar free variants of admissable medicines are not excluded
160	Creams Powders Lotions (toileteries Are Not Payable,only Prescribed Medical Pharmaceuticals Payable)	Payable - If prescribed
161	Digestion Gels	Payable - If prescribed
162	Ecg Electrodes	Payable - Upto 5 electrodes are required for every case visiting OT

		or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
I63	Gloves	Payable -Sterilized Gloves Payable. Unsterilized Gloves not Payable
I64	Hiv Kit	Payable
I65	Listerine/ Antiseptic Mouthwash	Payable - If prescribed
I66	Lozenges	Payable - If prescribed
I67	Mouth Paint	Payable - If prescribed
I68	Nebulisation Kit	Payable - If used during hospitalization is payable reasonably
I69	Novarapid	Payable - If prescribed
I70	Volini Gel/ Analgesic Gel	Payable - If prescribed
I71	Zytee Gel	Payable - If prescribed
I72	Vaccination Charges	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
I73	AHD	Not Payable
I74	Alcohol Swabes	Not Payable
I75	Scrub Solution/sterillium	Not Payable
OTHERS		
I76	Vaccine Charges For Baby	Not Payable
I77	Aesthetic Treatment / Surgery	Not Payable
I78	Tpa Charges	Not Payable
I79	Visco Belt Charges	Not Payable
I80	Any Kit With No Details Mentioned [delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
I81	Examination Gloves	Not Payable
I82	Kidney Tray	Not Payable
I83	Mask	Not Payable
I84	Ounce Glass	Not Payable
I85	Outstation Consultant's/ Surgeon's Fees	Payable - Not payable, except for telemedicine consultations where covered by policy
I86	Oxygen Mask	Not Payable
I87	Paper Gloves	Not Payable
I88	Pelvic Traction Belt	Not Payable

189	Referral Doctor's Fees	Not Payable
190	Accu Check (Glucometry/ Strips)	Not Payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable
193	Trolly Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable - Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	Tegaderm / Vasofix Safety	Payable - If maximum of 3 in 48 hrs and then 1 in 24 hrs
197	Urine Bag	Payable - where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	Softovac	Not Payable
199	Stockings	Payable - If Essential for case like CABG etc. where it should be paid. OTHERS

(1) The Above Hospitals list is not the part of Provider Network for the purpose of admissibility of claims with respect to any health insurance policies of Aditya Birla Health Insurance Company Limited

(2) Cashless Facility is not available at any of the hospitals mentioned above

(3) Reimbursement claims for treatment taken in any of the above mentioned hospitals will not be accepted

(4) The above list is subject to be updated from time to time. For updated list please visit this site at www.adityabirlacapital.com