



Group Activ Health – Certificate of Insurance

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|--|---|------------------------------|--|
| 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 | Anirudh Prasad Mandal S/O-MAHABIR MANDAL BADI KHANJARPUR JALIM KOERI LANE - NEAR HOSPITAL TAMILNADU TAMILNADU 812001 | Unique Identification Number | IN5844736 |
| Product Name | Group Activ Health | Member ID | |

| | |
|--------------------|------------------------|
| Certificate Number | GHI-TB-OL-21-IN5844736 |
|--------------------|------------------------|

| Period of Insurance | |
|---------------------------|---------------------|
| Inception Date | 00:01hrs 25/06/2021 |
| End Date | 23:59hrs 24/06/2022 |
| 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 |
|-----------------------|---------------|--------|------------|--------------|-------------|
| Anirudh Prasad Mandal | 01/11/1966 | Male | Anita Devi | Spouse | 1000000 |
| Anita Devi | 01/01/1975 | Female | | | |

| Benefit Description | |
|---------------------|------------------------|
| Group Mediclaim | Refer Coverage Details |

| Policy Exclusions | |
|-------------------|-------------------|
| Group Mediclaim | As per Annexure I |

Premium Details

| Particulars | Amount (Rs.) |
|----------------------|--------------|
| Net Premium | 8751.69 |
| CGST @ 9% | 0.00 |
| SGST/UTGST @ 9% | 0.00 |
| IGST @ 18% | 1575.31 |
| Gross Premium | 10327.00 |
| 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. 71-21-00011-00-00 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 Anirudh Prasad Mandal paid Rs. 10327.00/- (Rupees Ten Thousand Three Hundred Twenty Seven Only) towards Premium for Health Insurance for the Period From 00:01 on 25/06/2021 to midnight 24/06/2022.

| Instrument Number | Instrument Date | Amount | Name of the Bank |
|-------------------|-----------------|----------|------------------|
| | | 10327.00 | |

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: 71-21-00011-00-00

Certificate Number: GHI-TB-OL-21-IN5844736

Date: 14/08/2021

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 | Not Applicable |
| 42 | Specified Disease/Procedure Waiting Period | Not Applicable |
| 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

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| <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.

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 |
|-----------------------|--------------|----------------------|
| Anirudh Prasad Mandal | Self | No Disease |
| Anita Devi | Spouse | 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. : 71-21-00011-00-00
Coverage Start Date : 25/06/2021

COI No : GHI-TB-OL-21-IN5844736
Coverage End Date : 24/06/2022

| Name | Membership No. | DOB | Relationship |
|-----------------------|----------------|------------|--------------|
| Anirudh Prasad Mandal | | 01/11/1966 | Self |
| Anita Devi | | 01/01/1975 | Spouse |

Aditya Birla Health Insurance Co. Limited, IRDAI Reg.153. CIN No. U66000MH 2015PLC263677. Website: adityabirlahealthinsurance.com
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ADITYA BIRLA
CAPITAL

41. Annexure-2 Specified Disease / Procedure Waiting Period

A waiting period of 0 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 |
| | | | |

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| | | 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) | |

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|---|-----------------|--|--|
| | | 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

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

- 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

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| | | <ul style="list-style-type: none"> ♦ UNILATERAL ♦ BILATERAL <p> 155. LORD'S PLICATION 156. JABOULAY'S PROCEDURE 157. SCROTOPLASTY 158. CIRCUMCISION FOR TRAUMA 159. MEATOPLASTY 160. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE 161. PSOAS ABSCESS INCISION AND DRAINAGE 162. THYROID ABSCESS INCISION AND DRAINAGE 163. TIPS PROCEDURE FOR PORTAL HYPERTENSION 164. ESOPHAGEAL GROWTH STENT 165. PAIR PROCEDURE OF HYDATID CYST LIVER 166. TRU CUT LIVER BIOPSY 167. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR 168. EXCISION OF CERVICAL RIB 169. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION 170. MICRODOCHECTOMY BREAST 171. SURGERY FOR FRACTURE PENIS 172. SENTINEL NODE BIOPSY 173. PARASTOMAL HERNIA 174. REVISION COLOSTOMY 175. PROLAPSED COLOSTOMY-CORRECTION 176. TESTICULAR BIOPSY 177. LAPAROSCOPIC CARDIOMYOTOMY(HELLERS) 178. SENTINEL NODE BIOPSY MALIGNANT MELANOMA 179. LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT) </p> |
| 7 | Gynecology Related | <p> 180. OPERATIONS ON BARTHOLIN'S GLANDS (CYST) 181. INCISION OF THE OVARY 182. INSUFFLATIONS OF THE FALLOPIAN TUBES 183. OTHER OPERATIONS ON THE FALLOPIAN TUBE 184. DILATATION OF THE CERVICAL CANAL 185. CONISATION OF THE UTERINE CERVIX 186. THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY 187. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS 188. OTHER OPERATIONS ON THE UTERINE CERVIX 189. INCISION OF THE UTERUS (HYSTERECTOMY) 190. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS 191. INCISION OF VAGINA 192. INCISION OF VULVA 193. CULDOTOMY 194. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY 195. ENDOSCOPIC POLYPECTOMY 196. HYSTEROSCOPIC REMOVAL OF MYOMA 197. D&C </p> |

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| | | 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 240. VENTRICULOATRIAL SHUNT |
| 9 | Oncology Related | 241. RADIO THERAPY FOR CANCER 242. CANCER CHEMOTHERAPY 243. IV PUSH CHEMOTHERAPY 244. HBI-HEMIBODY RADIO THERAPY 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

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

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

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| | | 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. <i>EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE</i> 419. <i>INCISION OF THE HARD AND SOFT PALATE</i> 420. <i>EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE</i> 421. <i>INCISION, EXCISION AND DESTRUCTION IN THE MOUTH</i> 422. <i>OTHER OPERATIONS IN THE MOUTH</i> |
| 16 | Pediatric surgery Related | 423. <i>EXCISION OF FISTULA-IN-ANO</i> |

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| | | 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-MYOMECTOMY 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 EMPYAEMA 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 EPIDIDYMIS
 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

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| | | 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 CHAURAH, 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 |

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| (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 |

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| 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, 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 |
| LIFE LINE HOSPITAL & HEART CENTER | <i>B-491/7H, DILIP NAGAR, TIN BATI, DAMAN AND DIU, DILIP NAGAR, DAMAN</i> | DAMAN | GUJRAT | 396210 |
| LUCKNOW METRO HOSPITAL AND TRAUMA CENTRE | 1/25, VIJAY KHAND-1, GOMTINAGAR-- | LUCKNOW | UTTAR PRADESH | 226010 |
| <i>M.P. HOSPITAL AND RESEARCH CENTRE</i> | 5, B-SECTOR, INFRONT OF BHEL, GATE NO-1, INDRAPURI, BHOPAL, MADHYA PRADESH, BHOPAL, | BHOPAL | MADHYA PRADESH | 462021 |
| MAA HOSPITAL & TRAUMA CENTER | 8/75,JANKIPURAM 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,MAHARASHTRA,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 |

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| | ,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 I, 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 MULTISPECIALTY 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 |

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| 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 BUIDING, 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 | BHADRACHALA M | 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 |

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| 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 |

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

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| | | 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 |

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| 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 |

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| I12 | Conveyance Charges | Not Payable |
| I13 | Diabetic Chart Charges | Not Payable |
| I14 | Documentation Charges / Administrative Expenses | Not Payable |
| I15 | Discharge Procedure Charges | Not Payable |
| I16 | Daily Chart Charges | Not Payable |
| I17 | Entrance Pass / Visitors Pass Charges | Not Payable |
| I18 | Expenses Related To Prescription On Discharge | Not Payable--To be Claimed by Patient Post -Hospitalisation where admissible |
| I19 | File Opening Charges | Not Payable |
| I20 | Incidental Expenses / Misc. Charges (not Explained) | Not Payable |
| I21 | Medical Certificate | Not Payable |
| I22 | Maintenance Charges | Not Payable |
| I23 | Medical Records | Not Payable |
| I24 | Preparation Charges | Not Payable |
| I25 | Photocopies Charges | Not Payable |
| I26 | Patient Identification Band / Name Tag | Not Payable |
| I27 | Washing Charges | Not Payable |
| I28 | Medicine Box | Not Payable |
| I29 | Mortuary Charges | Payable - upto 24 hrs, shifting charges not payable |
| I30 | Medico Legal Case Charges (mlc Charges) | Not Payable |
| External Durable Devices | | |
| I31 | Walking Aids Charges | Not Payable |
| I32 | Bipap Machine | Not Payable |
| I33 | Commode | Not Payable |
| I34 | Cpap/ Capd Equipments | Not Payable |
| I35 | Infusion Pump - Cost | Not Payable |
| I36 | Oxygen Cylinder (for Usage Outside The Hospital) | Not Payable |
| I37 | Pulseoxymeter Charges | Not Payable |
| I38 | Spacer | Not Payable |
| I39 | Spirometre | Not Payable |
| I40 | Spo2 Probe | Not Payable |
| I41 | Nebulizer Kit | Not Payable |
| I42 | Steam Inhaler | Not Payable |
| I43 | Armsling | Not Payable |
| I44 | Thermometer | Not Payable |

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| I45 | Cervical Collar | Not Payable |
| I46 | Splint | Not Payable |
| I47 | Diabetic Foot Wear | Not Payable |
| I48 | Knee Braces (Long/ Short/ Hinged) | Not Payable |
| I49 | Knee Immobilizer/shoulder Immobilizer | Not Payable |
| I50 | Lumbo Sacral Belt | Payable - If Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine. |
| I51 | 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) |
| I52 | Ambulance Collar | Not Payable |
| I53 | Ambulance Equipment | Not Payable |
| I54 | Microsheild | Not Payable |
| I55 | 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 | | |
| I56 | 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 |
| I57 | Private Nurses Charges- Special Nursing Charges | Not Payable |
| I58 | Nutrition Planning Charges - Dietician Charges / Diet Charges | Not Payable |
| I59 | Sugar Free Tablets | Payable - Sugar free variants of admissable medicines are not excluded |
| I60 | Creams Powders Lotions (toileteries Are Not Payable,only Prescribed Medical Pharmaceuticals Payable) | Payable - If prescribed |
| I61 | Digestion Gels | Payable - If prescribed |
| I62 | Ecg Electrodes | Payable - Upto 5 electrodes are required for every case visiting OT |

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| | | 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 |

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|-----|----------------------------------|--|
| 189 | Referral Doctor's Fees | Not Payable |
| 190 | Accu Check (Glucometry/ Strips) | Not Payable |
| 191 | Pan Can | Not Payable |
| 192 | Sofnet | Not Payable |
| 193 | Trolley 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