Health Insurance Aditya Birla Health Insurance Co. Limited



Group Activ Health - Certificate of Insurance

| Policy Issuing Office Name of Insured Person and Residential Address of Insured Person | Aditya Birla Health Insurance Company Limited, 10th Floor, R-Tech Park, Nirlon Compound, Goregaon-East, Mumbai-400063 ARCHANA JOG FLAT NO.A-104 PEONY CO OP HSG SOC YOGI PARK PUNE MAHARASHTRA MAHARASHTRA 411045 | Policy Servicing Office Unique Identification Number | Aditya Birla Health Insurance Company Limited,7th floor, C building, Modi Business Centre, Kasarvadavali, Mumbai, Thane West - 400615 IN5845087 |
|---|--|---|---|
| Product Name | Group Activ Health | Member ID | |
| | | | |

| Certificate Number | GHI-TB-OL-21-IN5845087 |
|--------------------|------------------------|
| | |

| Period of Insurance | | |
|---------------------------|---------------------|--|
| Inception Date | 00:01hrs 14/08/2021 | |
| End Date | 23:59hrs 13/08/2022 | |
| 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 |
|----------------|---------------|--------|--------------|--------------|-------------|
| ARCHANA JOG | 01/01/1961 | MALE | ABHISHEK JOG | Brother | 500000 |
| AKSHATA JOG | 18/01/1997 | FEMALE | | | |
| ASMITA JOG | 31/12/1997 | FEMALE | | | |

| Benefit Description | | |
|--|--|--|
| Group Mediclaim Refer Coverage Details | | |
| Policy Exclusions | | |
| Group Mediclaim As per Annexure I | | |

Premium Details

| Particulars | Amount (Rs.) |
|----------------------|--------------|
| Net Premium | 10368.64 |
| CGST @ 9% | 0.00 |
| SGST/UTGST @ 9% | 0.00 |
| IGST @ 18% | 1866.36 |
| Gross Premium | 12235.00 |
| Premium Payment Mode | Annual |

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

Claim Process

| Please contact us through any of these Modes | | 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 ARCHANA JOG paid Rs. 12235.00/- (Rupees Twelve Thousand Two Hundred Thirty Five Only) towards Premium for Health Insurance for the Period From 00:01 on 14/08/2021 to midnight 13/08/2022.

| Instrument Number | Instrument Date | Amount | Name of the Bank |
|-------------------|-----------------|----------|------------------|
| | | 12235.00 | |

Stamp Duty – The stamp duty of ÉÉ 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-IN5845087

Date: 04/08/2021 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

| Sectio | Section II : Base Covers | | | | |
|--------|---|--|--|--|--|
| | Base Covers | Coverage | | | |
| 1.1 | In-patient Hospitalization | INR 500000 | | | |
| | | 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:

- 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.
- 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.
- 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.
- 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

- 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 limitedto conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma,tuberculosis.

- 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).

- 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.
- 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.
- 37. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.
- 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.

- 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.
- 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.
- 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).
- 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.
- 43. Treatment taken outside India.
- 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.

Terms & Conditions

1.1 In-patient Hospitalization

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:

- (i) The Hospitalization is for Medically Necessary Treatment and follows written Medical Advice;
- (ii) The Medical Expenses incurred are Reasonable

- (i) The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- (ii) The organ transplant is medically required for the Insured Person as certified in writing by a Medical Practitioner;
- (iii) We will not cover:
 - (1) Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor;
 - (2) Screening expenses of the organ

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://ww

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/ #!/downl oads)
 - 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://w ww.adityabirlacapital.com/ healthinsurance/#!/do wnloads)
 - 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 |
|-------------|--------------------|----------------------|
| ARCHANA JOG | Self | No Disease |
| AKSHATA JOG | Dependent Daughter | No Disease |
| ASMITA JOG | Dependent Daughter | No Disease |

Your e-health card is appended below



Company Name: Bajaj Finance Limited

Toll Free No.: 1800 270 7000

> Website: adityabirlahealthinsurance.com ${\bf Email: care.healthin surance@adityabir lacapital.com}$

Policy No.: 71-21-00011-00-00 COI No: GHI-TB-OL-21-IN5845087 Coverage Start Date: 14/08/2021 Coverage End Date: 13/08/2022

Name ARCHANA JOG AKSHATA JOG ASMITA JOG

Membership No. DOB Relationship 01/01/1961 Self 18/01/1997 Dependent Daughter 31/12/1997 Dependent Daughter

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).



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.

| Specifie | 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 / | Gout | Joint replacement Surgery Surgery for |
| | Rheumatologic al | Rheumatism, Rheumatoid Arthritis | Prolapse of the intervertebral disc |
| | | 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 | Cholestectomy / 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 | Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder) | Prostate Surgery |
| | Reproductive system | 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 | mangrant |
| 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 | uicers |

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 | 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 Relatedd | 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. COLONSCOPY 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 |
|---|--------------------------|--|
| 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 OFTHE 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/ILIVER/LYMPH NODE BIOPSY 108. THERAPEUTIC LAPAROSCOPY WITH LASER 109. APPENDICECTOMY WITH/WITHOUT DRAINAGE 110. INFECTED KELOID EXCISION |

- III. AXILLARY LYMPHADENECTOMY
- 112. WOUND DEBRIDEMENT AND COVER
- 113. ABSCESS-DECOMPRESSION
- 114. CERVICAL LYMPHADENECTOMY
- 115. INFECTED SEBACEOUS CYST
- 116. INGUINAL LYMPHADENECTOMY
- 117. INCISION AND DRAINAGE OF ABSCESS
- 118. SUTURING OF LACERATIONS
- 119. SCALP SUTURING
- 120. INFECTED LIPOMA EXCISION
- 121. MAXIMAL ANAL DILATATION
- 122. PILES
 - INJECTION SCLEROTHERAPY
 - PILES BANDING
- 123. LIVER ABSCESS- CATHETER DRAINAGE
- 124. FISSURE IN ANO- FISSURECTOMY
- 125. FIBROADENOMA BREAST EXCISION
- 126. OESOPHAGEAL VARICES SCLEROTHERAPY
- 127. ERCP PANCREATIC DUCT STONE REMOVAL
- 128. PERIANAL ABSCESS I&D
- 129. PERIANAL HEMATOMA EVACUATION
- 130. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
- 131. BREAST ABSCESS I& D
- 132. FEEDING GASTROSTOMY
- 133. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
- 134. ERCP BILE DUCT STONE REMOVAL
- 135. ILEOSTOMY CLOSURE
- 136. COLONOSCOPY
- 137. POLYPECTOMY COLON
- 138. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
- 139. UGI SCOPY AND POLYPECTOMY STOMACH
- 140. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
- 141. FEEDING JEJUNOSTOMY
- 142. COLOSTOMY
- 143. ILEOSTOMY
- 144. COLOSTOMY CLOSURE
- 145. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
- 146. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
- 147. VARICOSE VEINS LEGS INJECTION SCLEROTHERAPY
- 148. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
- 149. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
- 150. ZADEK'S NAIL BED EXCISION
- 151. SUBCUTANEOUS MASTECTOMY
- 152. EXCISION OF RANULA UNDER GA
- 153. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
- 154. EVERSION OF SAC

| | BILATERAL |
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| | ISS. LORD'S PLICATION IS6. JABOULAY'S PROCEDURE IS7. SCROTOPLASTY IS8. CIRCUMCISION FOR TRAUMA IS9. 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) |
| 7 Gynecology Related | 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 COLPOSCOPYIBIOPSYIDIATHERMYICRYOSURGERY 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 |

• UNILATERAL

| | | 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 PARAOVARIAN 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. VENTRICUL OATRIAL 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 RADIOTHEARPY 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

| 10 | Operations on the salivary glands & salivary ducts | 295. INDUCTION CHEMOTHERAPY 296. CONSOLIDATION CHEMOTHERAPY 297. MAINTENANCE CHEMOTHERAPY 298. HDR BRACHYTHERAPY 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 |
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| 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 BURSIRTIS 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 |
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| 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 |
| 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 |
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| | | 377. K WIRE REMOVAL |
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| | | 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 |
| 10 | T Galatilo Surgery Melateu | TEO. ENGISION OF FISTOLATIVE AND |

| | | 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 |
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| 17 | Pediatric surgery Related | 439. EUA + BIOPSY MULTIPLE FISTULA IN ANO 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 |
| 18 | Thoracic surgery Related | UNDER GA 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 462LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL 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 OFTEMPORAL 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

Annexure-3 Non-Preffered Hospital List

| Hospital Name | Hospital Address | City | State | Pin Code |
|---|--|-----------|-------------------|----------|
| | | | | |
| AALA HAZRAT | ASHIANA COLONY ROAD, PILIBHIT BY PASS ROAD, BAREILLY, | BAREILLY | UTTAR PRADESH | 243001 |
| HOSPITAL MULTI SPECIALITY | C-89, PANCHSEEL ENCLAVE, OPPOSITE KOYAL ENCLAVE, BHOPURA (LONI ROAD), GHAZIABAD (U.P.), | GHAZIABAD | UTTAR PRADESH | 201309 |
| HOSPITAL AASHIRVAD MULTISPECIALI TY 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 | 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 | 211/212 JAI JAWAN JAI KISAN NAGAR BAMBRAWALI ROAD PANDEYSAWARE SURAT 394221 | SURAT | GUJRAT | 394221 |
| HOSPITAL 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 | IST 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 HOSPTIAL | 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, VILLEGE 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 | SEEPAT CHOWK, SARKANDA, BILASPUR C.G., CHHATTISGARH, BILASPUR | BILASPUR | CHATTISGARH | 495006 |
| CENTRE LIFE LINE HOSPITAL | B-491/7H, DILIP NAGAR, TIN BATI, | DAMAN | GUJRAT | 396210 |
| & HEART CENTER | DAMAN AND DIU, DILIP NAGAR, DAMAN | DAMAN | GOSTAT | 390210 |
| 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 | 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 |

| | ,HISAR,HARYANA,125005 | | | |
|---|--|-------------------|-------------------|--------|
| narayani hospital | IST FLOOR,SAI GEETA DARSHAN,B- WING,OPP:CANARA BANK,NEW GOLDEN NEST,BHAYANDAR(EAST), ,MUMBAI,MAHARASHTRA,401105 | MUMBAI | MAHARASHTRA | 401105 |
| NEW AKSHAY | 96,4TH CROSS, NISARG LAYOUT, | BANGLORE | KARNATAKA | 560037 |
| MALLYA HOSPITAL | DODDANEKUNDI - 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) .TD | I I 5-C, NEW AZAD NAGAR, KALYANPUR, KANPUR, UTTAR PRADESH, KANPUR, KANPUR | KANPUR | UTTAR PRADESH | 208017 |
| SADHBHAWN | 28, RANDHIR COLONY, KARNAL, HARYANA | KARNAL | HARYANA | 132001 |
| A HOSPITAL | 132001, , ,KARNAL,HARYANA, 132001 | | | |
| SAI AASHIRWAD HOSPITAL ICCU & | 101, 104,105, A WING, RATNADEEP BLDG., NAVGHAR ROAD,BHAYANDER | THANE | MAHARASHTRA | 401105 |
| POLY CLINIC | (E),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 | A-12, GUJRANWALA TOWN, PARTOI, G.T. | DELHI | DELHI | 110033 |
| HOME | ROAD , DELHI , DELHI | | | |

| SHINE HOSPITAL AND TRAUMA | ABU MARKET BULAKIADDA TALKATORA ROAD | LUCKNOW | UTTAR PRADESH | 226006 |
|---|---|------------|---------------------|--------|
| CENTRE 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 | ABOVE VIJAYA BANK,HAMIRPUR ROAD, | UNA | HIMACHAL PRADESH | 174303 |
| HOSPITAL SRISRINIVASA | BEHIND R T C BUS STAND | BHADRACHA | TELANGANA | 507111 |
| NURSING HOME | ,BHADRACHALAM,TELANGANA,507111 | LA M | | |
| SRUSHTI NURSING HOME | BOCK C-1, OPP. ROSHAN APT, NETAJI VENUS RD, ULHASNAGAR ,ULHASNAGAR | ULHASNAGAR | MAHARASHTRA | 421004 |
| SUN SHINE HOSPITAL | ,MAHARASHTRA,421004 SECTOR-64, SAHUPURA ROAD, UNCHA GAON, BALLABGARH, FARIDABAD-121004, | FARIDABAD | UTTAR PRADESH | 121004 |
| | UTTAR PRADESH | | | |
| 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 |
|------------|---|--|
| I | 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 |
| H | 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 case 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 |

| 20 | Hospital) | N. D. H |
|----|-------------------------------|---|
| 29 | Foot Cover | Not Payable |
| 30 | Gown | Not Payable Essential in bariatric and varicose vein |
| Ji | Leggings | 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 |

| | | be considered. |
|-------------|--|--|
| ITEMS SPECI | FICALLY 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 CONSUMA | BLES 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, |

| 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, Sterlile 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 O | F 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 |
| ADMINISTRA | TIVE 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 | Convenyance 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 PayableTo 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 | Maintainance 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 Dev | rices | |
| 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 PAYA | BLE 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. |
|------------|---|---|
| 163 | Gloves | Payable -Sterilized Gloves Payable. Unsterilized Gloves not Payable |
| 164 | Hiv Kit | Payable |
| 165 | Listerine/ Antiseptic Mouthwash | Payable - If prescribed |
| 166 | Lozenges | Payable - If prescribed |
| 167 | Mouth Paint | Payable - If prescribed |
| 168 | Nebulisation Kit | Payable - If used during hospitalization is payable reasonably |
| 169 | Novarapid | Payable - If prescribed |
| 170 | Volini Gel/ Analgesic Gel | Payable - If prescribed |
| 171 | Zytee Gel | Payable - If prescribed |
| 172 | Vaccination Charges | Routine Vaccination not Payable / Post Bite Vaccination Payable |
| PART OF HO | SPITAL'S OWN COSTS AND NOT PAYABLE | ' |
| 173 | AHD | Not Payable |
| 174 | Alcohol Swabes | Not Payable |
| 175 | Scrub Solution/sterillium | Not Payable |
| OTHERS | | · |
| 176 | Vaccine Charges For Baby | Not Payable |
| 177 | Aesthetic Treatment / Surgery | Not Payable |
| 178 | Tpa Charges | Not Payable |
| 179 | Visco Belt Charges | Not Payable |
| 180 | Any Kit With No Details Mentioned [delivery Kit, Orthokit, Recovery Kit, Etc] | Not Payable |
| 181 | Examination Gloves | Not Payable |
| 182 | Kidney Tray | Not Payable |
| 183 | Mask | Not Payable |
| 184 | Ounce Glass | Not Payable |
| 185 | Outstation Consultant's/ Surgeon's Fees | Payable - Not payable, except for telemedicine consultations where covered by policy |
| 186 | Oxygen Mask | Not Payable |
| 187 | Paper Gloves | Not Payable |
| 188 | Pelvic Traction Belt | Not Payable |

| 189 | Referal Doctor's Fees | Not Payable |
|-----|-----------------------------------|--|
| 190 | Accu Check (Glucometery/ 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 medicaly necessary till a reasonable cost - maximum I 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