

**THE NEW INDIA ASSURANCE CO. LTD,**  
Regd. & Head Office: 87, M.G. Road, Fort, Mumbai – 400 001

ISSUING OFFICE

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**CANCER MEDICAL EXPENSES - INDIVIDUAL  
(INDIAN CANCER SOCIETY)**

IRDA/NL-HLT/NIA/P-H/V.I/344/13-14

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**I. INTRODUCTION**

**WHEREAS**

- (A) The person specified in the Schedule is a member of the **Indian Cancer Society** (hereinafter) called “the Insured”.
- (B) By an Agreement dated 21st May 1985 made between The New India Assurance Company Limited (hereinafter referred to as “New India”) and the Indian Cancer Society, it has been agreed between New India and the Indian Cancer Society that members of the Indian Cancer Society would be extended the benefits of the Cancer Medical Expenses Policy, on the terms and conditions set out herein.
- (C) The Insured by virtue of being a member of the Indian Cancer Society has by a proposal for insurance dated as specified in the schedule applied to New India for the issue of a Cancer Medical Expenses Policy.
- (D) The Insured has declared and represented in the proposal form that both the Insured and the spouse mentioned in clause II.2 herein are in good health and the necessary health statement to the said effect has been submitted.
- (E) On the basis of the said declarations and representations contained in the proposal form (which are in form part of the contract of insurance) New India has agreed to issue this policy.
- (F) The partners are desirous of recording the terms and conditions of and relating to the said Cancer Medical Expenses Policy.

This Policy is being issued to record the said terms and conditions mentioned hereinafter.

**II. NATURE OF COVER**

1. Subjects to the terms, conditions and provisions contained hereinafter, if the Insured during the currency of this Policy or the renewal thereof, suffers from Cancer (as defined)

and if this requires diagnostic investigation or treatment by a duly qualified medical practitioner or surgeon, New India shall pay to the Insured the medical/surgical/diagnostic expenses as are actually and necessarily incurred by the Insured but not exceeding Rs. 50,000/- which is the limit of the Company's liability in respect of any Insured person.

2. The Insured for the purposes of this policy shall include the Insured himself/herself and the spouse if supported by and residing with the Insured. It is however agreed and understood by and between the parties that of any one of the said person first contracts cancer, the benefits of this policy shall be extendable to such persons only and shall therefrom forthwith cease to be applicable to the other person, the intention being that the benefits of this Policy are so be availed of by one such person only.

### **III. PREMIUM**

1. The premium shall be paid by the Insured to the Indian Cancer Society as a part of the membership fee, and the annual premium under the policy is Rs. 100/- The Cancer Society shall make over this premium to the New India through a monthly statement to be submitted by the Cancer Society to New India. It is, however, provided that the Insured shall stand automatically covered from the date he becomes a member of the India Cancer Society even if the Cancer Society has received the premium but not made over to New India.
2. A like amount of Rs. One hundred to payable annually for renewal of the Policy. The said sum shall be paid over by the Insured along with his subscription for to the India Cancer Society before the expiry of the period of insurance as a condition to the renewal of the Policy.
3. The premium shall be paid in the manner aforesaid.
4. If, for any reason, the said premium is not paid and the policy lapses thereon, it shall be open to New India at its sole discretion, to revalidate and reinstate the Policy on an application made to it by the Insured in that behalf setting out full reasons why the said premium was not paid in time.

### **IV. SCOPE OF COVER**

1. The policy is valid for a period of one year from the date the Insured person becomes a member of the Cancer Society and the risk shall commence as from the date.
2. No claim, however, shall be payable on any account whatsoever, if the Insured or his spouse contracts cancer within a period of thirty days from the date of inception of the initial policy but it is clarified that the said period of thirty days does not apply to renewals.
3. If after the said period of thirty days and thereafter during the currency of the Policy, or subsequent renewals, any of the persons falling within the expression of the term Insured, contracts cancer or is suspected of having contracted cancer and makes initial claim under the Policy, the Policy shall be deemed to have been invoked in respect of the said person (and shall lapse as far as the other is concerned) and the liability of New India shall continue to the extent of the amount Insured. In the event of the death of the

person concerned, the benefits under the Policy shall cease to operate. It shall be open for the other person to take out a separate Cancer Policy in his/her own right in accordance with the prescribed procedure.

4. Policy can be extended to cover two dependent children as an extension to the existing Cancer Medical Expenses Policy subject to attachment of a suitable endorsement. Premium chargeable would be Rs. 50/- per child. Separate proposal form is to be filled-in for each of the child. Cumulative Bonus allowed for each child as it is done in case of the original policy. Medical expenses limit of the company for each child is restricted to Rs. 50,000/-. Claim by anyone Insured child would not affect the Company's liability in respect of the other child. Further, policy will not cease to be effective for Insured/spouse if any of the Insured child contract Cancer.
5. **CUMULATIVE BONUS:** Claim Payable under the policy shall be increased by 5% on Sum Insured in respect of each completed year during which the policy shall have been in force prior to the claim but amount of such increase shall not exceed 50% of Sum Insured.

This clause shall not in any way alter the annual character of the Insurance or the right of the Company to decline to renew or to cancel this Policy as hereinafter provided.

The earned Cumulative Bonus will not be lost if the policy is renewed within 30 days after its expiry.

## V. CLAIMS

### 1. NOTICE OF CLAUSES

A notice of claim shall be served upon New India within a period of 30 days of the happening of any event which gives rise to a claim under the Policy with full particulars.

### 2. PROOF OF CLAIMS

The claim shall be substantiated in full with all supporting documents including certificates, all of which shall be required to be certified by the Indian Cancer Society as being genuine and proper as a condition procedure to the entertainment of the claim by New India.

3. The claim and the requisite information, particulars and documents in respect of and pertaining to a claim shall be submitted within a reasonable period.

### 4. PAYMENT OF CLAIMS

Claims shall be paid by New India in Indian currency to the Insured or to the other person included within the expression of the terms Insured, subject to and in accordance with the limit of liability specified in the Schedule annexed hereto.

5. Claims for reimbursement of Medical expenses may be submitted by the Insured to New India on quarterly basis and shall be settled accordingly as per terms/conditions of the Policy.

## VI. CONDITIONS, WARRANTIES, EXCLUSIONS

1. New India shall not be liable for making any payment under the Policy by reason of any Injury or Illness directly or indirectly caused or contributed by nuclear weapons, or by

reason of the contact of the Insured person with radiation or radioactivity from any source whatsoever from non-diagnostic or therapeutic source.

2. No claim shall be payable under or in respect of this Policy if any claim or any aspect thereof or if any of the representation on the basis whereof this Policy is issued shall be discovered to be in any manner fraudulent or incorrect or if any fraudulent means or devices are adopted by the Insured persons at any time in making or preferring any claim under or in respect of this Policy.
3. No claim shall be payable under this policy and the policy shall lapse immediately upon the Insured ceasing to be a member of the Indian Cancer Society for any reason whatsoever, notwithstanding any dispute between the Insured and the Cancer Society.
4. "No claim shall be payable under this policy unless the diagnostic investigation reveals positive existence or presence of Cancer."

5. **CANCELLATION**

The Company may at any time cancel this Policy through Indian Cancer Society on the grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by sending the Insured 30 days' notice by registered letter at the Insured's last known address and in such event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. The Company shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period scale of rate only (table given here below) provided no claim has occurred up to the date of cancellation.

| <b>PERIOD ON RISK</b> | <b>RATE OF PREMIUM TO BE CHARGED (RETAINED)</b> |
|-----------------------|---|
| Up to one month       | 1/4th of the annual rate                        |
| Up to three months    | 1/2 of the annual rate                          |
| Up to six months      | 3/4th of the annual rate                        |
| Exceeding six months  | Full annual rate                                |

**VII. DISPUTES SETTLEMENT**

If any difference shall arise as to the claim or quantum thereof, such difference shall be referred to the Committee for settling disputes setup by the Indian Cancer Society and New Indian and the committee's decision shall be final and binding on all parties.

**VIII. FORFEITURE**

It is further agreed and declared that if the Company does not admit or disclaim liability for any reason whatsoever within three months of the notice of claim or if there is a dispute as to the quantum payable and if the quantum are not referred to the Committee for settlement under clause VII hereinabove within three months thereafter then the claim shall for all purposes be deemed to have been abandoned and the Company shall not be liable under or in respect of the said Policy at all for any reason whatsoever.

## IX. DEFINITIONS

### 1) **CANCER:**

I. A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

#### II. The following are excluded -

- i. Tumors showing the malignant changes of carcinoma in situ & tumors which are histologically described as premalignant or non-invasive, including but not limited to Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any skin cancer other than invasive malignant melanoma
- iii. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukemia less than RAI stage 3
- vi. Micro carcinoma of the bladder
- vii. All tumors in the presence of HIV infection.

2) **CANCELLATION:** Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the Insured by giving sufficient notice to other which is not lower than a period of fifteen days.

3) **CONTRIBUTION:** Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.

4) **CUMULATIVE BONUS:** Cumulative Bonus shall mean any increase in the sum assured granted by the insurer without an associated increase in premium.

5) **ILLNESS:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

6) **INJURY:** Injury means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

7) **INSURED PERSON** means You and each of the others who are covered under this Policy as shown in the Schedule.

8) **MEDICAL PRACTITIONER** is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a state Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

**Note:** The Medical Practitioner should not be the insured or close family members.

9) **PRE-EXISTING CONDITION/DISEASE FOR CANCER:** Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer.

**X. FREE LOOK PERIOD:**

The free look period shall be applicable at the inception of the policy.

You will be allowed a period of fifteen days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.

If You have not made any claim during the free look period, You shall be entitled to:

1. A refund of the premium paid less any expenses incurred by Us on medical examination and the stamp duty charges or;
2. where the risk has already commenced and the option of return of the policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
3. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

**XI. ARBITRATION:**

If we admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration.

The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

No reference to Arbitration shall be made unless We have Admitted our liability for a claim in writing.

If a claim is declined and within 12 calendar months from such disclaimer any suit or proceeding is not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**XII. PROTECTION OF POLICY HOLDERS' INTEREST:**

This policy is subject to IRDA (Protection of Policyholders' Interest) Regulation, 2002.

**XIII. GRIEVANCE REDRESSAL:**

In the event of Insured Person having any grievance relating to the insurance, he/she may contact any of the Grievance Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact detail of the office of the Insurance Ombudsman is provided in the Annexure II.

**XIV. CONTRIBUTION:**

If two or more policies are taken by the Insured Person during a period from one or more insurers to indemnify treatment costs, the Company shall not apply the contribution clause, but the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his policies.

1. In all such cases the Company shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the

terms of the policy.

2. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the Insured Person shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
3. Except in benefit policies, in cases where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the policy.

**Note:** The insured Person must disclose such other insurance at the time of making a claim under this Policy.



**ANNEXURE I: LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")**

| SNO  | LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")                     | SUGGESTIONS   |
|--|---|---|
| <b>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b> |   |   |
| 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   | M01STUR1SER PASTE BRUSH                                       | Not Payable   |
| 11   | POWDER  | Not Payable   |
| 12   | RAZOR   | Payable   |
| 13   | SHOE COVER  | Not Payable   |
| 14   | BEAUTY SERVICES   | Not Payable   |
| 15   | BELTS/ BRACES   | Essential and may be paid specifically for cases who 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 HOSPITAL) | Not Payable   |
| 29   | FOOT COVER  | Not Payable   |
| 30   | GOWN  | Not Payable   |
| 31   | LEGGINGS  | Essential in bariatric and varicose vein surgery and should be considered for 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   |



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| 43  | BED UNDER PAD CHARGES  | Not Payable  |
| 44  | CAMERA COVER   | Not Payable  |
| 45  | CLINIPLAST   | Not Payable  |
| 46  | CREPE BANDAGE  | Not Payable/ Payable by the patient  |
| 47  | CURAPORE   | Not Payable  |
| 48  | DIAPER OF ANY TYPE   | Not Payable  |
| 49  | DVD, CD CHARGES  | Not Payable ( However if CD is specifically sought by In surer/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  | INFANT FOOD  | Not Payable  |
| 58  | SLINGS   | Reasonable costs for one sling in case of upper arm fractures should be considered |
| <b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>  |  |  |
| 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  |
| 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 IF EXCLUDED IN POLICY   | 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 and storage  | Not Payable  |
| <b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b> |  |  |
| 75  | WARD AND THEATRE BOOKING CHARGES   | Payable under OT Charges, not separately   |
| 76  | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS  | Rental charged by the Hospital payable. Purchase of Instruments Not Payable.       |

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| 77                             | MICROSCOPE COVER   | Payable under OT Charges, not separately                                       |
| 78                             | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER                  | Payable under OT Charges, not separately                                       |
| 79                             | SURGICAL DRILL   | Payable under OT Charges, not separately                                       |
| 80                             | EYE KIT  | Payable under OT Charges, not separately                                       |
| 81                             | EYE DRAPE  | Payable under OT Charges, not separately                                       |
| 82                             | X-RAY FILM   | Payable under Radiology Charges, not as consumable                             |
| 83                             | SPUTUM CUP   | Payable under Investigation Charges, not as consumable                         |
| 84                             | BOYLES APPARATUS CHARGES                                   | Part of OT Charges, not separately   |
| 85                             | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES        | Part of Cost of Blood, not payable   |
| 86                             | Antiseptic or disinfectant lotions                         | Not Payable - Part of Dressing Charges   |
| 87                             | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES | Not Payable - Part of Dressing charges   |
| 88                             | COTTON   | Not Payable -Part of Dressing Charges  |
| 89                             | COTTON BANDAGE   | Not Payable- Part of Dressing Charges  |
| 90                             | MICROPORE/ SURGICAL TAPE                                   | Not Payable – Part of Dressing Charges   |
| 91                             | BLADE  | Not Payable  |
| 92                             | APRON  | Not Payable  |
| 93                             | TORNIQUET  | Not Payable  |
| 94                             | ORTHOBUNDLE, GYNAEC BUNDLE                                 | Not Payable, Part of Dressing Charges  |
| 95                             | URINE CONTAINER  | Not Payable  |
| <b>ELEMENTS OF ROOM CHARGE</b> |  |  |
| 96                             | LUXURY TAX   | Actual tax levied by government is payable. Part of room charge for sub limits |
| 97                             | HVAC   | Part of room charge, Not Payable separately                                    |
| 98                             | HOUSE KEEPING CHARGES                                      | Part of room charge, Not Payable separately                                    |
| 99                             | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED          | Part of room charge, Not Payable separately                                    |
| 100                            | TELEVISION & AIR CONDITIONER CHARGES                       | Part of room charge, Not Payable separately                                    |
| 101                            | SURCHARGES   | Part of room charge, Not Payable separately                                    |
| 102                            | ATTENDANT CHARGES  | Part of room charge, Not Payable separately                                    |
| 103                            | IM IV INJECTION CHARGES                                    | Part of nursing charge, Not Payable separately                                 |
| 104                            | CLEAN SHEET  | Part of Laundry / Housekeeping, Not Payable separately                         |

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| 105  | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by Hospital is payable        |
| 106  | BLANKET/WARMER BLANKET   | Part of room charge, Not Payable separately         |
| <b>ADMINISTRATIVE OR NON - MEDICAL CHARGES</b> |  |   |
| 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                          | Payable under Post-Hospitalisation where admissible |
| 119  | FILE OPENING CHARGES   | Not Payable   |
| 120  | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)                    | Not Payable   |
| 121  | MEDICAL CERTIFICATE  | Not Payable   |
| 122  | MAINTENANCE CHARGES  | Not Payable   |
| 123  | MEDICAL RECORDS  | Not Payable   |
| 124  | PREPARATION CHARGES  | Not Payable   |
| 125  | PHOTOCOPIES CHARGES  | Not Payable   |
| 126  | PATIENT IDENTIFICATION BAND / NAME TAG                                 | Not Payable   |
| 127  | WASHING CHARGES  | Not Payable   |
| 128  | MEDICINE BOX   | Not Payable   |
| 129  | MORTUARY CHARGES   | Payable up to 24 hrs, shifting charges not payable  |
| 130  | MEDICO LEGAL CASE CHARGES (MLC CHARGES)                                | Not Payable   |
| <b>EXTERNAL DURABLE DEVICES</b>                |  |   |
| 131  | WALKING AIDS CHARGES   | Not Payable   |
| 132  | BIPAP MACHINE  | Not Payable   |
| 133  | COMMUNE  | Not Payable   |
| 134  | CPAP/ CAPD EQUIPMENTS  | Device not payable                                  |
| 135  | INFUSION PUMP – COST   | Device not payable                                  |
| 136  | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)                       | Not Payable   |
| 137  | PULSEOXYMETER CHARGES  | Device not payable                                  |
| 138  | SPACER   | Not Payable   |
| 139  | SPIROMETRE   | Device 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  | LUMBOSACRAL BELT   | Payable for surgery of lumbar                       |

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|   |  | spine.   |
| 151   | NIMBUS BED OR WATER OR AIR BED CHARGES   | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/day                              |
| 152   | AMBULANCE COLLAR   | Not Payable  |
| 153   | AMBULANCE EQUIPMENT  | Not Payable  |
| 154   | MICROSHEILD  | Not Payable  |
| 155   | ABDOMINAL BINDER   | Essential and should be paid in post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
| <b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b> |  |  |
| 156   | BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC                                | Not Payable  |
| 157   | PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES<br>Post hospitalization nursing charges | Not Payable  |
| 158   | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES<br>DIET CHARGES                           | Patient Diet provided by hospital is payable   |
| 159   | SUGAR FREE Tablets   | Payable -Sugar free variants of admissible medicines are not excluded  |
| 160   | CREAMS POWDERS LOTIONS   | Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable)  |
| 161   | Digestion gels   | Payable when prescribed  |
| 162   | ECG ELECTRODES   | One set every second day is Payable.   |
| 163   | GLOVES Sterilized  | Gloves payable / unsterilized gloves not payable   |
| 164   | HIV KIT  | payable Pre-operative screening  |
| 165   | LISTERINE/ ANTISEPTIC MOUTHWASH  | Payable when prescribed  |
| 166   | LOZENGES   | Payable when prescribed  |
| 167   | MOUTH PAINT  | Payable when prescribed  |
| 168   | NEBULISATION KIT   | If used during Hospitalisation is Payable reasonably   |
| 169   | NOVARAPID  | Payable when prescribed  |
| 170   | VOLINI GEL/ ANALGESIC GEL  | Payable when prescribed  |
| 171   | ZYTEE GEL  | Payable when prescribed  |
| 172   | VACCINATION CHARGES  | Routine Vaccination not Payable / Post Bite Vaccination Payable  |
| <b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b> |  |  |
| 173   | AHD  | Not Payable - Part of Hospital's internal Cost   |
| 174   | ALCOHOL SWABES   | Not Payable - Part of Hospital's internal Cost   |
| 175   | SCRUB SOLUTION/STERILLIUM  | Not Payable - Part of Hospital's internal Cost   |

| 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                                       | Not payable  |
| 186    | OXYGEN MASK   | Not Payable  |
| 187    | PAPER GLOVES  | Not Payable  |
| 188    | PELVIC TRACTION BELT  | Payable in case of PIVD requiring traction   |
| 189    | REFERAL DOCTOR'S FEES   | Not Payable  |
| 190    | ACCU CHECK (Glucometry/ Strips)   | Not payable pre Hospitalisation or post Hospitalisation / Reports and Charts required / Device 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  |
| 196    | TEGADERM / VASOFIX SAFETY   | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs  |
| 197    | URINE BAG   | Payable where Medically Necessary - maximum 1 per 24 hrs   |
| 198    | SOFTOVAC  | Not Payable  |
| 199    | STOCKINGS   | Payable for case like CABG etc.  |

**ANNEXURE II: CONTACT DETAILS OF INSURANCE OMBUDSMEN**

| <b>Office of the Ombudsman</b> | <b>Contact Details</b>  | <b>Areas of Jurisdiction</b>   |
|--------------------------------|---|--|
| <b>AHMEDABAD</b>               | Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>2nd Floor, Ambica House,<br>Nr. C.U. Shah College,<br>Ashram Road,<br>AHMEDABAD-380 014<br>Tel.:- 079-27546840<br>Fax : 079-27546142<br>Email: ins.omb@rediffmail.com                                 | Gujarat , UT of Dadra &<br>Nagar Haveli, Daman and<br>Diu                                    |
| <b>BHOPAL</b>                  | Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>Janak Vihar Complex,<br>2nd Floor, 6, Malviya Nagar,<br>Opp. Airtel, Near New Market,<br>BHOPAL(M.P.)-462 023.<br>Tel.:- 0755-2569201<br>Fax : 0755-2769203<br>Email: bimalokpalbhupal@airtelmail.in  | Madhya Pradesh &<br>Chhattisgarh   |
| <b>BHUBANESHWAR</b>            | Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>62, Forest Park,<br>BHUBANESHWAR-751 009.<br>Tel.:- 0674-2596455<br>Fax : 0674-2596429<br>Email: ioobbsr@dataone.in   | Orissa   |
| <b>CHANDIGARH</b>              | Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>S.C.O. No.101-103,<br>2nd Floor, Batra Building,<br>Sector 17-D,<br>CHANDIGARH-160 017.<br>Tel.:- 0172-2706468<br>Fax : 0172-2708274<br>Email: ombchd@yahoo.co.in                                     | Punjab , Haryana,<br>Himachal Pradesh,<br>Jammu & Kashmir , UT of<br>Chandigarh              |
| <b>CHENNAI</b>                 | Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>Fathima Akhtar Court,<br>4th Floor, 453 (old 312),<br>Anna Salai, Teynampet,<br>CHENNAI-600 018.<br>Tel.:- 044-24333668 / 5284<br>Fax : 044-24333664<br>Email:<br>Chennaiinsuranceombudsman@gmail.com | Tamil Nadu, UT–<br>Pondicherry Town and<br>Karaikal (which are part<br>of UT of Pondicherry) |

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| <b>NEW DELHI</b> | Shri Surendra Pal Singh<br>Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Bldg.,<br>Asaf Ali Road,<br>NEW DELHI-110 002.<br>Tel.:- 011-23239633<br>Fax : 011-23230858<br>Email: iobdelraj@rediffmail.com                          | Delhi & Rajasthan   |
| <b>GUWAHATI</b>  | Shri D.C. Choudhury,<br>Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>"Jeevan Nivesh", 5th Floor,<br>Near Panbazar Overbridge, S.S. Road,<br>GUWAHATI-781 001 (ASSAM).<br>Tel.:- 0361-2132204/5<br>Fax : 0361-2732937<br>Email: ombudsmanghy@rediffmail.com | Assam , Meghalaya,<br>Manipur, Mizoram,<br>Arunachal Pradesh,<br>Nagaland and Tripura |
| <b>HYDERABAD</b> | Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>6-2-46, 1st Floor, Moin Court,<br>A.C. Guards, Lakdi-Ka-Pool,<br>HYDERABAD-500 004.<br>Tel : 040-65504123<br>Fax: 040-23376599<br>Email: insombudhyd@gmail.com  | Andhra Pradesh,<br>Karnataka and UT of<br>Yanam – a part of the UT<br>of Pondicherry  |
| <b>KOCHI</b>     | Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>2nd Floor, CC 27/2603, Pulinat Bldg.,<br>Opp. Cochin Shipyard, M.G. Road,<br>ERNAKULAM-682 015.<br>Tel : 0484-2358759<br>Fax : 0484-2359336<br>Email: iokochi@asianetindia.com                                | Kerala , UT of (a)<br>Lakshadweep , (b) Mahe<br>– a part of UT of<br>Pondicherry      |
| <b>KOLKATA</b>   | Ms. Manika Datta<br>Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>4th Floor, Hindusthan Bldg. Annexe, 4,<br>C.R.Avenue,<br>Kolkatta – 700 072.<br>Tel: 033 22124346/(40)<br>Fax: 033 22124341<br>Email: iombsbpa@bsnl.in                                    | West Bengal , Bihar ,<br>Jharkhand and UT of<br>Andaman & Nicobar<br>Islands , Sikkim |

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| <p><b>LUCKNOW</b></p> | <p>Insurance Ombudsman,<br/>Office of the Insurance Ombudsman,<br/>Jeevan Bhawan, Phase-2,<br/>6th Floor, Nawal Kishore Road,<br/>Hazaratganj,<br/>LUCKNOW-226 001.<br/>Tel : 0522 -2231331<br/>Fax : 0522-2231310<br/>Email: insombudsman@rediffmail.com</p> | <p>Uttar Pradesh and<br/>Uttaranchal</p> |
| <p><b>MUMBAI</b></p>  | <p>Insurance Ombudsman,<br/>Office of the Insurance Ombudsman,<br/>S.V. Road, Santacruz(W),<br/>MUMBAI-400 054.<br/>Tel : 022-26106928<br/>Fax : 022-26106052<br/>Email: ombudsmanmumbai@gmail.com</p>  | <p>Maharashtra , Goa</p>                 |

