	APPENDIX-II	
	LIST OF EXCLUDED EXPENSES (NON-MEDICA	ALL UNDED THE HEALTH DOLICIES
SNO.	LIST OF EACLODED EAFENSES (NON-MEDICA LIST OF EXPENSES	ADMISSIBLITY
5110.		
	TOILETRIES/ COSMETICS/ PERSONAL COM	AFORT OR CONVENIENCE ITEMS
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIES/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 TOWELS	Not payable
9	HAND WASH	Not payable
10	MOISTURISER, PASTE, BRUSH	Not payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not payable
14	BEAUTY SERVICES	Not Payable
		Payable only in cases who have undergone
15	BELTS/BRACES	surgery for 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 23	COMB	Not Payable Payable
	DISPOSABLES RAZORS CHARGES(for site preparation)	
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
20	FOOD CHARGES (Other than patient's diet provided by	Net Devela
28 29	Hospital) FOOT COVER	Not Payable
29 30	GOWN	Not Payable Not Payable
30	GOWN	Payable only in case of varicose vein surgery,
21	LECCINCS	where surgery itself is payable
31 32	LEGGINGS LAUNDRY CHARGES	Not Payable
32 33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37 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

99 DVD CD CHARGES 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 64 INFANT FOOD Not Payable 71 INFANT FOOD Not Payable 72 INFANT FOOD Not Payable 73 INFANT FOOD Reasonable cost of one sling in case of upper arm fracture may be considered 74 INFANT FOOD Rescurst of one sling in case of upper arm fracture may be considered 75 INFANT FOOD Rescurst of one sling in case of upper arm fracture may be considered 76 INFEXTACLES / CONT ACT LENSES / UPPLES / SERVICES Exclusion in policy 70 DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 71 REQUIRE HOSPITALISATION Exclusion in policy 72 HORMONE REPLACEMENT THERAPY Exclusion in policy 73 HOME VISIT CHARGES			Not Payable (if CD is specifically sought by		
90 EYELET COLLAR Not Payable 11 FACE MASK Not Payable 22 FLEXI MASK Not Payable 33 GAUSE SOFT Not Payable 34 GAUZE Not Payable 35 HANS APLAST / ADHESIVE BANDAGES Not Payable 36 HANSAPLAST / ADHESIVE BANDAGES Not Payable 37 INFANT FOOD Rel Payable Rel Payable 36 HANSAPLAST / ADHESIVE BANDAGES Not Payable 37 INFANT FOOD Rel Payable Rel Payable 36 SLINGS ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES 37 ROTRATALSANTON Exclusion in policy 36 ADME VIST CHARGES Exclusion in policy 37 REQURE HOSPITALISATION Exclusion in policy 38 HORMONE REPLACEMENT THERAPY Exclusion in policy 36 <	10	DVD CD CHARGES			
IF FACE MASK Not Psyable 23 FLEXI MASK Not Psyable 33 GAUZE Not Psyable 34 GAUZE Not Psyable 35 HAND HOLDER Not Psyable 36 HANSAPLAST / ADHESIVE BANDAGES Not Psyable 36 HANSAPLAST / ADHESIVE BANDAGES Not Psyable 37 INFANT FOOD Not Psyable 37 INFANT FOOD Not Psyable 38 SLINGS arm fracture may be considered wEIGHT CONTROL PROGRAMMES / SUPPLIES / Exclusion in policy 9 SERVICES Exclusion in policy 0 ADS ETC., Exclusion in policy 0 ADS ETC., Exclusion in policy 38 HOME VISIT CHARGES Exclusion in policy 34 HOME VISIT CHARGES Exclusion in policy 35 REQUIRE HOSPITALISATION Exclusion in policy 36 FREATMENT YONCDEDURE Exclusion in policy 36 FREATMENT Exclusion in policy 36 FREA					
22 FLEXI MASK Not Payable 23 GAUSE SOFT Not Payable 24 GAUZE Not Payable 25 HAND HOLDER Not Payable 26 HANSAPLAST / ADHESIVE BANDAGES Not Payable 26 HANSAPLAST / ADHESIVE BANDAGES Not Payable 27 INFANT FOOD Not Payable 28 BLINGS arm fracture may be considered 29 SERVICES Exclusion in policy 20 COST OF SPECTACLES/ CONTACT LENSES/ HEARING Exclusion in policy 20 ADS FTC. Exclusion in policy Exclusion in policy 21 DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy Exclusion in policy 23 HOME VISIT CHARGES Exclusion in policy Exclusion in policy 24 HOKMONE REPLACEMENT THERAPY Exclusion in policy Exclusion in policy 25 HOKE VISIT CHARGES Exclusion in policy Exclusion in policy 26 OBESITY (INCLUDING MORBID OBESITY) Exclusion in policy Exclusion in policy 26 DESTTON FROCCEDU					
33 GAUSE SOFT Not Payable 34 GAUZE Not Payable 35 HAND HOLDER Not Payable 36 HANSAPLAST / ADHESIVE BANDAGES Not Payable 37 INFANT FOOD Not Payable 38 SLINGS Reasonable cost of one sling in case of upper arm fracture may be considered 36 WEIGHT CONTROL PROGRAMMES / SUPPLIES / SERVICES Exclusion in policy 36 COST OF SPECTACLES/ CONTACT LENSES/ HEARING Exclusion in policy 37 INFANT FOND Exclusion in policy 38 SERVICES Exclusion in policy 39 HORM MORE REPLACEMENT THERAPY Exclusion in policy 30 HOME NORE REPLACEMENT THERAPY Exclusion in policy 31 HORM MORE REPLACEMENT THERAPY Exclusion in policy 34 HOME VISIT CHARGES Exclusion in policy 35 HOND REPLACERFIT HTRY ASISTED Exclusion in policy 36 PONCHATRENT LITY / VSIFERTILITY / ASISTED Exclusion in policy 36 PORCHATRENT EXPENSES FRACTIVE ERKOR Exclusion in policy 37 TREATMENT OF SEXUALLY TRANSMITTED Exclusion in policy 38 PONOR SCREENING CHARGES Exclusion in policy 39 DONOR SCREENING CHARGES Exclusion in policy </td <td></td> <td></td> <td></td>					
44 GAUZE Not Payable 55 HAND HOLDER Not Payable 56 HAND HOLDER Not Payable 71 INFANT FOOD Not Payable 72 INFANT FOOD Reasonable cost of one sling in case of upper arm fracture may be considered 73 INFANT FOOD Reasonable cost of one sling in case of upper arm fracture may be considered 74 INFANT FOOD Reasonable cost of one sling in case of upper arm fracture may be considered 75 SERVICES ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES 76 WEIGHT CONTROL PROGRAMMES / SUPPLIES / SERVICES Exclusion in policy 76 OS SPECTACLES/ CONTACT LENSES/ HEARING ALDS ETC., DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 76 NORM REPLACEMENT THERAPY Exclusion in policy 77 OBESTTY (INCLUDING MORBID OBESITY) Exclusion in policy 78 OBESTTY (INCLUDING MORBID OBESITY) Exclusion in policy 79 CORCETIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 70 ORREATING CHARGES Exclusion in policy 71 TREATMENT OF SEVAULLY TRANSMITTED Exclusion in policy					
55 HAND HOLDER Not Payable 56 HANSAPLAST / ADHESIVE BANDAGES Not Payable 57 INFANT FOOD Not Payable 58 SLINGS arm fracture may be considered 59 SERVICES Exclusion in policy 60 AIDS STC., Exclusion in policy 70 DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 71 REQUIRE HOSPITALISATION Exclusion in policy 72 HORMONE REPLACEMENT THERAPY Exclusion in policy 73 HORMONE REPLACEMENT THERAPY Exclusion in policy 74 HORMONE REPLACEMENT THERAPY Exclusion in policy 75 TREATMENT Exclusion in policy 76 ORESTIV, INCLUDING MORBID OBESITY) Exclusion in policy 76 ORESTIV SURGERY FOR REFRACTIVE ERROR Exclusion in policy 76 ORESTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 77 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 78 DONOR SCREENING CHARGES Exclusion in policy 79 DONOR SCREENING CHARGES Exclusion in policy 70 REATMENT OF SEXUALLY TRANSMITTED Exclusion in policy 70 ORESTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy					
66 HANSAPLAST / ADHESIVE BANDAGES Not Payable 77 INFANT FOOD Not Payable 78 SLINGS Reasonable cost of one sling in case of upper arm fracture may be considered 78 SLINGS Reasonable cost of one sling in case of upper arm fracture may be considered 79 SERVICES Exclusion in policy 70 COST OF SPECTACLES/ CONTACT LENSES/ HEARING Exclusion in policy 70 AIDS ETC., Exclusion in policy 71 DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 72 HORMONE REPLACEMENT THERAPY Exclusion in policy 73 HOME VISIT CHARGES Exclusion in policy 74 CONCEPTION PROCEDURE Exclusion in policy 75 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 76 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 77 TREATMENT Exclusion in policy 78 DONOR SCREENING CHARGES Exclusion in policy 79 DONOR SCREENING CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPTIALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMISTENTON CHARGES Exclusion in policy 73 <					
77 INFANT FOOD Not Payable 78 SLINGS Reasonable cost of one sling in case of upper arm fracture may be considered 78 SLINGS TTEMS SPECIFICALLY EXCLUDED IN THE POLICIES 79 SERVICES Exclusion in policy 70 COST OF SPECTACLES/ CONTACT LENSES/ HEARING Exclusion in policy 71 DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 72 HORMONE REPLACEMENT THERAPY Exclusion in policy 73 HOME VISIT CHARGES Exclusion in policy 74 HORMONE REPLACEMENT THERAPY Exclusion in policy 75 HORMONE REPLACEMENT THERAPY Exclusion in policy 76 ONCEPTION PROCEDURE Exclusion in policy 77 CORCETIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 76 ORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 77 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 78 DISEASES Exclusion in policy 79 DONOR SCREENING CHARGES Exclusion in policy 70 ADMISION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMISTED OR DIAGNOSED Exclusion in policy 73					
Reasonable cost of one sling in case of upper arm fracture may be considered ITEMS SPECIFICALLY EXCLUED IN THE POLICIES WEIGHT CONTROL PROGRAMMES / SUPPLIES / SERVICES Exclusion in policy COST OF SPECTACLES / CONTACT LENSES/ HEARING Exclusion in policy 0AIDS ETC., DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 2 HORMONE REPLACEMENT THERAPY Exclusion in policy 3 HOME VISIT CHARGES Exclusion in policy 3 HORMONE REPLACEMENT THERAPY Exclusion in policy 3 HOME VISIT CHARGES Exclusion in policy 4 CONCEPTION PROCEDURE Exclusion in policy 5 TREATMENT OF SEXUALLY TRANSMITTED Exclusion in policy 6 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 7 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 8 DISEASES Exclusion in policy 9 DONOR SCREENING CHARGES Exclusion in policy 10 ADMITSISION/REGISTRATION CHARGES Exclusion in policy 11 ROBES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH 12					
88 SLINGS arm fracture may be considered ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES 99 SERVICES Exclusion in policy 90 SERVICES Exclusion in policy 91 COST OF SPECTACLES/ CONTACT LENSES/ HEARING Exclusion in policy 92 DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 93 HORMONE REPLACEMENT THERAPY Exclusion in policy 94 CONCEPTION PROCEDURE Exclusion in policy 95 DESITY (INCLUDING MORBID OBESITY) Exclusion in policy 96 OBESITY (INCLUDING MORBID OBESITY) Exclusion in policy 97 CORRECTIVE SURGERY FOR REFACTIVE ERROR Exclusion in policy 98 DISEASES Exclusion in policy 99 DONOR SCREENING CHARGES Exclusion in policy 90 DONOR SCREENING CHARGES Exclusion in policy 91 HOSPITALISATION CHARGES Exclusion in policy 92 DONOR SCREENING CHARGES Exclusion in policy 93 HOMINSTRATION CHARGES Exclusion in policy 94 ADMITSED TO DIAGNOSTI	57	INFANT FOOD			
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES WEIGHT CONTROL PROGRAMMES / SUPPLIES / SERVICES Exclusion in policy COST OF SPECTACLES/ CONTACT LENSES/ HEARING Exclusion in policy 0AIDS ETC., DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 1 REQUIRE HOSPITALISATION Exclusion in policy 2 HORMORE REPLACEMENT THERAPY Exclusion in policy 3 HOME VISIT CHARGES Exclusion in policy 2 HORMORE REPLACEMENT THERAPY Exclusion in policy 3 HOME VISIT CHARGES Exclusion in policy 4 CONCEPTION PROCEDURE Exclusion in policy 5 TREATMENT Exclusion in policy 5 ORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 7 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 7 TREATMENT OF SEXUALLY TRANSMITTED Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 71	5 0				
WEIGHT CONTROL PROGRAMMES / SUPPLIES / Exclusion in policy 59 SERVICES Exclusion in policy COST OF SPECTACLES / CONTACT LENSES / HEARING Exclusion in policy 0 AIDS ETC., Exclusion in policy 0 DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 1 REQUIRE HOSPITALISATION Exclusion in policy 2 HORMONE REPLACEMENT THERAPY Exclusion in policy 3 HOME VISIT CHARGES Exclusion in policy 4 CONCEPTION PROCEDURE Exclusion in policy 5 TREATMENT Exclusion in policy 6 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 7 CORRECTIVE SUBGERY FOR REFRACTIVE ERROR Exclusion in policy 60 PSYCHIATRIC APSYCHOSOMATIC DISORDERS Exclusion in policy 7 CORRECTIVE SUBGERY FOR REFRACTIVE ERROR Exclusion in policy 7 CORRECTIVE SUBGERY FOR REFRACTIVE ERROR Exclusion in policy 80 DONOR SCREENING CHARGES Exclusion in policy 90 DONOR SCREENING CHARGES Exclusion in policy 1 <td>38</td> <td></td> <td></td>	38				
59 SERVICES Exclusion in policy COST OF SPECTACLES/ CONTACT LENSES/ HEARING 0 DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 51 REQUIRE HOSPITALISATION Exclusion in policy 52 HORMONE REPLACEMENT THERAPY Exclusion in policy 53 HOME VISIT CHARGES Exclusion in policy 54 CONCEPTION PROCEDURE Exclusion in policy 55 TREATMENT Exclusion in policy 66 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 57 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 60 ADMISTON/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMISTON/REGISTRATION CHARGES Exclusion in policy 74 ADMISTON/REGISTRATION TREATMENT IRRELEVANT TO THE DISEASE FOR WHCH 75 ADMISTON/REGISTRATION/REATMENT IRRELEVANT TO THE DISEASE FOR WHCH 74 </td <td></td> <td></td> <td colspan="3"></td>					
COST OF SPECTACLES/ CONTACT LENSES/ HEARING Exclusion in policy DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy EXPLOSE AND AND THE ADDRESS THAT DO NOT Exclusion in policy EXPLOSE AND AND THERAPY Exclusion in policy EXPLOSE AND AND THERAPY Exclusion in policy INFERTILITY/ SUBFERTILITY/ ASSISTED Exclusion in policy CONCEPTION PROCEDURE Exclusion in policy OBESITY (INCLUDING MORBID OBESITY) Exclusion in policy TREATMENT Exclusion in policy ORECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy TREATMENT OF SEXUALLY TRANSMITTED Exclusion in policy IDENARES FOR INVESTIGATION CHARGES Exclusion in policy DONOR SCREENING CHARGES Exclusion in policy PD DONOR SCREENING CHARGES Exclusion in policy INDERSES FOR INVESTIGATION TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH IRRELEVANT TO THE DISEASE FOR WHICH EXClusion in policy ANY EXPENSES WHEN THE PATIENT DIAGNOSED Exclusion in policy WITH RETRO VIRUS-OR SUFFREING FROM HIV/AIDS ETC. IS DETECTED/DIRECTLY OR INDIRECTLY Exclusion in policy FEM WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES <td>50</td> <td></td> <td>Evolution in policy</td>	50		Evolution in policy		
50 AIDS ETC., Exclusion in policy DENTAL TREATMENT EXPENSES THAT DO NOT Exclusion in policy 52 HORMONE REPLACEMENT THERAPY Exclusion in policy 53 HOME VISIT CHARGES Exclusion in policy 54 CONCEPTION PROCEDURE Exclusion in policy 56 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 56 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 57 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 60 PSYCHAISTON FOR DIAGNOSTIC PURPOSE Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMISSION/REGISTRATION TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH 74 ADMITTED OR DIAGNOSED Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY	39		Exclusion in policy		
DENTAL TREATMENT EXPENSES THAT DO NOT 11 REQUIRE HOSPITALISATION Exclusion in policy 21 HORMONE REPLACEMENT THERAPY Exclusion in policy 33 HOME VISIT CHARGES Exclusion in policy 34 HORMONE REPLACEMENT THERAPY Exclusion in policy 35 HOME VISIT CHARGES Exclusion in policy 36 CONCEPTION PROCEDURE Exclusion in policy 37 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 36 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 37 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 39 DONOR SCREENING CHARGES Exclusion in policy 30 DISEASES Exclusion in policy 30 PROXPALAISATION CHARGES Exclusion in policy 31 HOSSION/REGISTRATION CHARGES Exclusion in policy 32 ADMISSION/REGISTRATION CHARGES Exclusion in policy 34 HORENALISATION FOR DIACONSTIC PURPOSE Exclusion in policy 35 MICH TALISATION FOR DIACONSTIC PURPOSE Exclusion in policy 36	<u>(</u>)		Enclosien in nelien		
51 REQUIRE HOSPITALISATION Exclusion in policy 52 HORMONE REPLACEMENT THERAPY Exclusion in policy 53 HOME VISIT CHARGES Exclusion in policy 54 CONCEPTION PROCEDURE Exclusion in policy 54 CONCEPTION PROCEDURE Exclusion in policy 55 TREATMENT Exclusion in policy 56 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 57 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMITTED OR DIAGNOSED Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 ADMITTED OR DIAGNOSED Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATIO	60		Exclusion in policy		
52 HORMONE REPLACEMENT THERAPY Exclusion in policy 53 HOME VISIT CHARGES Exclusion in policy 54 CONCEPTION PROCEDURE Exclusion in policy 54 CONCEPTION PROCEDURE Exclusion in policy 56 OBESITY (INCLUDING MORBID OBESITY) Exclusion in policy 56 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 57 TREATMENT Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 60 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMISTEOR DIAGNOSED Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately					
33 HOME VISIT CHARGES Exclusion in policy 1NFERTILITY / SUBFERTILITY / ASSISTED INFERTILITY / SUBFERTILITY / ASSISTED 41 CONCEPTION PROCEDURE Exclusion in policy 0BESITY (INCLUDING MORBID OBESITY) Exclusion in policy 55 TREATMENT Exclusion in policy 56 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 57 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 50 DONOR SCREENING CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 EXPENSES FOR INVESTIGATION/TEATMENT IRRELEVANT TO THE DISEASE FOR WHICH 74 ANY EXPENSES WHEN THE PATIENT DIAGNOSED Exclusion in policy 74 NTBRCTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES <	61				
INFERTILITY/ SUBFERTILITY/ ASSISTED Exclusion in policy 64 CONCEPTION PROCEDURE Exclusion in policy 70 DBESITY (INCLUDING MORBID OBESITY) Exclusion in policy 71 TREATMENT Exclusion in policy 72 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 73 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 74 TREATMENT OF SEXUALLY TRANSMITTED Exclusion in policy 75 DONOR SCREENING CHARGES Exclusion in policy 76 ADMISSION/REGISTRATION CHARGES Exclusion in policy 70 ADMISTED FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISASE FOR WHICH 74 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 75 WANTTED O RIAGNOSED Exclusion in policy 74 ADMITTED OR DIAGNOSED Exclusion in policy 75 WARD AND THEATTE PORT PART OF HOSPITAL SERVICES WHER ESCPARATE CONSUMABLES 76 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 MICROSCOPY & ENDOSCOPY INSTRUMENTS Payable under OT Charges, not separately 76 MICROSCOPE COVER Payable under OT Charg	62				
54 CONCEPTION PROCEDURE Exclusion in policy 0 0BESITY (INCLUDING MORBID OBESITY) Exclusion in policy 56 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 57 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 50 ADMISSION/REGISTRATION CHARGES Exclusion in policy 50 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMITED OR DIAGNOSED Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately	63		Exclusion in policy		
OBESITY (INCLUDING MORBID OBESITY) Exclusion in policy 55 TREATMENT Exclusion in policy 56 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 57 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 50 ADMISSION/REGISTRATION CHARGES Exclusion in policy 50 ADMISSION/REGISTRATION CHARGES Exclusion in policy 51 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 52 EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH 52 ADMITTED OR DIAGNOSED Exclusion in policy 54 MAY EXPENSES WHEN THE PATIENT DIAGNOSED WITH RETRO VIRUS+OR SUFFEREING FROM 64 HIV/AIDS ETC IS DETECTED/DIRECTLY OR Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 74 SURGICAL BL					
55 TREATMENT Exclusion in policy 56 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 57 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMITED OR DIAGNOSED Exclusion in policy 74 ANDY EXPENSES WHEN THE PATIENT DIAGNOSED WITH RETRO VIRUS+OR SUFFEREING FROM 74 HIV/AIDS ETC IS DETECTED/DIRECTLY OR Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Payable under OT Charges, not separately 78 SURGICAL BLADES,HARMONIC SCALPEL,SHAVER Payable under OT Charges,	64		Exclusion in policy		
56 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy 57 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 73 IRRELEVANT TO THE DISEASE FOR WHICH Exclusion in policy 74 ANY EXPENSES WHEN THE PATIENT DIAGNOSED WITH RETRO VIRUS+0R SUFFEREING FROM 74 HIV/AIDS ETC IS DETECTED/DIRECTLY OR Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 76 MICROSCOPE COVER		· · · · · · · · · · · · · · · · · · ·			
57 CORRECTIVE SURGERY FOR REFRACTIVE ERROR Exclusion in policy TREATMENT OF SEXUALLY TRANSMITTED Exclusion in policy 58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMITTED OR DIAGNOSED Exclusion in policy 74 HOSPITALISATION THE DISEASE FOR WHICH Exclusion in policy 74 ANY EXPENSES WHEN THE PATIENT DIAGNOSED WITH RETRO VIRUS+OR SUFFEREING FROM 74 HIV/AIDS ETC IS DETECTED/DIRECTLY OR Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 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 79 SURGICAL DRILL <td>65</td> <td></td> <td></td>	65				
TREATMENT OF SEXUALLY TRANSMITTED 58 DISEASES 59 DONOR SCREENING CHARGES 59 Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 ADMITED OR DIAGNOSED Exclusion in policy 74 RRELEVANT TO THE DISEASE FOR WHICH Exclusion in policy 72 ADMITED OR DIAGNOSED Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 77 MICROSCOPE COVER Payable under OT Charges, not separately 78 SURGICAL BLADES,HARMONIC SCALPEL,SHAVER Payable under OT Charges, not separately 79 SURGICAL DEILL Payable under OT Charges, not separately 79 S	66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS			
58 DISEASES Exclusion in policy 59 DONOR SCREENING CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH 72 ADMITTED OR DIAGNOSED Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 77 MICROSCOPE COVER Payable under OT Charges, not separately 78 SURGICAL BLADES, HARMONIC SCALPEL, SHAVER Payable under OT Charges, not separately 79 SURGICAL BLADES, HARMONIC SCALPEL, SHAVER Payable under OT Charges, not separately 79 SURGICAL BLADES, HARMONIC SCALPEL, SHAVER Payable under OT Charges, not separately	67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy		
59 DONOR SCREENING CHARGES Exclusion in policy 70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH 72 ADMITTED OR DIAGNOSED Exclusion in policy 74 ADMITTEO VIRUS+OR SUFFEREING FROM 75 WITH RETRO VIRUS+OR SUFFEREING FROM HIV/AIDS ETC. IS DETECTED/DIRECTLY OR 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 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 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable unde		TREATMENT OF SEXUALLY TRANSMITTED			
70 ADMISSION/REGISTRATION CHARGES Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy 72 EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH 72 ADMITTED OR DIAGNOSED Exclusion in policy 74 ANY EXPENSES WHEN THE PATIENT DIAGNOSED WITH RETRO VIRUS+OR SUFFEREING FROM 74 NIDRECTLY Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Payable under OT Charges, not separately 79 SURGICAL BLADES,HARMONIC SCALPEL,SHAVER Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charges, not separately 70 EYE KIT Payable under OT Charges, not separately 71 BUCOL DRAPE Payable under OT Charges, not separately 79	68	DISEASES	Exclusion in policy		
71 HOSPITALISATION FOR DIAGNOSTIC PURPOSE Exclusion in policy EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED Exclusion in policy ANY EXPENSES WHEN THE PATIENT DIAGNOSED Exclusion in policy ANY EXPENSES WHEN THE PATIENT DIAGNOSED Exclusion in policy WITH RETRO VIRUS+OR SUFFEREING FROM //HIV/AIDS ETC IS DETECTED/DIRECTLY OR 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 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 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charg	69	DONOR SCREENING CHARGES	Exclusion in policy		
EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED Exclusion in policy ANY EXPENSES WHEN THE PATIENT DIAGNOSED Exclusion in policy WITH RETRO VIRUS+OR SUFFEREING FROM /HIV/AIDS ETC IS DETECTED/DIRECTLY OR Exclusion in policy 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 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 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charges, not as consumable 70 EYE KIT Payable und	70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy		
IRRELEVANT TO THE DISEASE FOR WHICH72ADMITTED OR DIAGNOSEDANY EXPENSES WHEN THE PATIENT DIAGNOSEDWITH RETRO VIRUS+OR SUFFEREING FROM/HIV/AIDS ETC IS DETECTED/DIRECTLY OR73INDIRECTLY74STEM CELL IMPLANTATION/SURGERY75WARD AND THEATRE BOOKING CHARGES76ARTHROSCOPY & ENDOSCOPY INSTRUMENTS77MICROSCOPE COVER78SURGICAL BLADES,HARMONIC SCALPEL,SHAVER79SURGICAL DRILL80EYE KIT79SURGICAL DRILL81EYE KIT81EYE DRAPE82X-RAY FILM83SPUTUM CUP84BOYLES APPARATUS CHARGES85DONORS SAMPLES85DONORS SAMPLES84BOYLES APPARATUS CHARGES85DONORS SAMPLES	71	HOSPITALISATION FOR DIAGNOSTIC PURPOSE	Exclusion in policy		
72 ADMITTED OR DIAGNOSED Exclusion in policy ANY EXPENSES WHEN THE PATIENT DIAGNOSED WITH RETRO VIRUS+OR SUFFEREING FROM WITH RETRO VIRUS+OR SUFFEREING FROM HIV/AIDS ETC IS DETECTED/DIRECTLY OR 73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 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 79 SURGICAL DRILL Payable under OT Charges, not separately 79 SURGICAL DRILL Payable under OT Charges, not separately 70 SURGICAL DRILL Payable under OT Charges, not separately 71 EYE DRAPE Payable under OT Charges, not separately 72 SURGICAL DRILL Payable under OT Charges, not separately 73 EYE DRAPE Payable under Investigation Charges, not as 74 SPUTUM CUP		EXPENSES FOR INVESTIGATION/TREATMENT			
ANY EXPENSES WHEN THE PATIENT DIAGNOSED WITH RETRO VIRUS+OR SUFFEREING FROM /HIV/AIDS ETC IS DETECTED/DIRECTLY OR /3 INDIRECTLY K Exclusion in policy /4 STEM CELL IMPLANTATION/SURGERY /4 BARD AND THEATRE BOOKING CHARGES /5 WARD AND THEATRE BOOKING CHARGES /6 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS /4 BOYLES APPARATUS CHARGES /4 BOYLES APPARATUS CHARGES /4 BOYLES APPARATUS CHARGES /4 BOYLES APPARATUS CHARGES /4		IRRELEVANT TO THE DISEASE FOR WHICH			
ANY EXPENSES WHEN THE PATIENT DIAGNOSED WITH RETRO VIRUS+OR SUFFEREING FROM /HIV/AIDS ETC IS DETECTED/DIRECTLY OR INDIRECTLY Exclusion in policy Y STEM CELL IMPLANTATION/SURGERY EXClusion in policy Exclusion in policy ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES Y5 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately Rental charged by the hospital allowed. Y6 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Y7 MICROSCOPE COVER Y8 SURGICAL BLADES, HARMONIC SCALPEL, SHAVER Y9 SURGICAL DRILL Y9 SURGICAL DRILL Y9 SURGICAL DRILL Y9 Payable under OT Charges, not separately Y8 EYE KIT Y9 Payable under OT Charges, not separately Y9 SURGICAL DRILL Y9 Payable under OT Charges, not separately Y9 SURGICAL DRILL Y9 Payable under OT Charges, not separately Y9 SURGICAL DRILL Y9 Payable under Investigation Charges, not as consumable Y9 <t< td=""><td>72</td><td>ADMITTED OR DIAGNOSED</td><td>Exclusion in policy</td></t<>	72	ADMITTED OR DIAGNOSED	Exclusion in policy		
/HIV/AIDS ETC IS DETECTED/DIRECTLY OR73INDIRECTLYExclusion in policy74STEM CELL IMPLANTATION/SURGERYExclusion in policy75WARD AND THEATRE BOOKING CHARGESPayable under OT Charges, not separately76ARTHROSCOPY & ENDOSCOPY INSTRUMENTSPurchase of Instruments not allowed.77MICROSCOPE COVERPayable under OT Charges, not separately78SURGICAL BLADES,HARMONIC SCALPEL,SHAVERPayable under OT Charges, not separately79SURGICAL DRILLPayable under OT Charges, not separately80EYE KITPayable under OT Charges, not separately81EYE DRAPEPayable under OT Charges, not separately82X-RAY FILMPayable under Investigation Charges, not as consumable83SPUTUM CUPPayable under Investigation Charges, not as consumable84BOYLES APPARATUS CHARGESPart of OT Charges, not payable separately85DONORS SAMPLESPart of cost of Blood, Not payable separately		ANY EXPENSES WHEN THE PATIENT DIAGNOSED			
/HIV/AIDS ETC IS DETECTED/DIRECTLY OR73INDIRECTLYExclusion in policy74STEM CELL IMPLANTATION/SURGERYExclusion in policy75WARD AND THEATRE BOOKING CHARGESPayable under OT Charges, not separately76ARTHROSCOPY & ENDOSCOPY INSTRUMENTSPurchase of Instruments not allowed.77MICROSCOPE COVERPayable under OT Charges, not separately78SURGICAL BLADES,HARMONIC SCALPEL,SHAVERPayable under OT Charges, not separately79SURGICAL DRILLPayable under OT Charges, not separately80EYE KITPayable under OT Charges, not separately81EYE DRAPEPayable under OT Charges, not separately82X-RAY FILMPayable under Investigation Charges, not as consumable83SPUTUM CUPPayable under Investigation Charges, not as consumable84BOYLES APPARATUS CHARGESPart of OT Charges, not payable separately85DONORS SAMPLESPart of cost of Blood, Not payable separately		WITH RETRO VIRUS+OR SUFFEREING FROM			
73 INDIRECTLY Exclusion in policy 74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 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 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 consumable 83 SPUTUM CUP Payable under Investigation Charges, not as consumable 84 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately 85 DONORS SAMPLES Part of cost of Blood, Not payable separately					
74 STEM CELL IMPLANTATION/SURGERY Exclusion in policy 75 ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES 75 WARD AND THEATRE BOOKING CHARGES Payable under OT Charges, not separately 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 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 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 OT Charges, not as consumable 83 SPUTUM CUP Payable under Investigation Charges, not as consumable 84 BOYLES APPARATUS CHARGES Part of Cot charges, not payable separately 85 DONORS SAMPLES Part of cost of Blood, Not payable separately	73		Exclusion in policy		
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES75WARD AND THEATRE BOOKING CHARGESPayable under OT Charges, not separately76ARTHROSCOPY & ENDOSCOPY INSTRUMENTSPurchase of Instruments not allowed.77MICROSCOPE COVERPayable under OT Charges, not separately78SURGICAL BLADES,HARMONIC SCALPEL,SHAVERPayable under OT Charges, not separately79SURGICAL DRILLPayable under OT Charges, not separately80EYE KITPayable under OT Charges, not separately81EYE DRAPEPayable under OT Charges, not separately82X-RAY FILMPayable under OT Charges, not separately83SPUTUM CUPPayable under Investigation Charges, not as consumable84BOYLES APPARATUS CHARGESPart of OT Charges, not payable separately85DONORS SAMPLESPart of cost of Blood, Not payable separately	74				
75WARD AND THEATRE BOOKING CHARGESPayable under OT Charges, not separately Rental charged by the hospital allowed.76ARTHROSCOPY & ENDOSCOPY INSTRUMENTSPurchase of Instruments not allowed.77MICROSCOPE COVERPayable under OT Charges, not separately78SURGICAL BLADES,HARMONIC SCALPEL,SHAVERPayable under OT Charges, not separately79SURGICAL DRILLPayable under OT Charges, not separately80EYE KITPayable under OT Charges, not separately81EYE DRAPEPayable under OT Charges, not separately82X-RAY FILMPayable under OT Charges, not as consumable83SPUTUM CUPPayable under Investigation Charges, not as consumable84BOYLES APPARATUS CHARGESPart of OT Charges, not payable separately85DONORS SAMPLESPart of cost of Blood, Not payable separately	<i>,</i> .				
76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Rental charged by the hospital allowed. 76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 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 OT Charges, not as 83 SPUTUM CUP Payable under Investigation Charges, not as 84 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately 85 DONORS SAMPLES Part of cost of Blood, Not payable separately	75				
76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS Purchase of Instruments not allowed. 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 OT Charges, not as 83 SPUTUM CUP Payable under Investigation Charges, not as 84 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately 85 DONORS SAMPLES Part of cost of Blood, Not payable separately					
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 OT Charges, not as 83 SPUTUM CUP consumable 84 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately 84 BOYLES APPARATUS CHARGES Part of cost of Blood, Not payable separately	76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS			
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 Investigation Charges, not as 83 SPUTUM CUP consumable 84 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately 84 BOOD GROUPING AND CROSS MATCHING OF Part of cost of Blood, Not payable separately	77				
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 83 SPUTUM CUP Payable under Investigation Charges, not as 84 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately 85 DONORS SAMPLES Part of cost of Blood, Not payable separately	78				
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 83 SPUTUM CUP Payable under Investigation Charges, not as 84 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately 85 DONORS SAMPLES Part of cost of Blood, Not payable separately	79				
B1 EYE DRAPE Payable under OT Charges, not separately B2 X-RAY FILM Payable under Radiology Charges, not as Consumable Payable under Investigation Charges, not as B33 SPUTUM CUP Consumable B4 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES Part of cost of Blood, Not payable separately	80				
Bayable under Radiology Charges, not as consumable Result of the second secon	81				
32 X-RAY FILM consumable 33 SPUTUM CUP Payable under Investigation Charges, not as consumable 34 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately BLOOD GROUPING AND CROSS MATCHING OF Part of cost of Blood, Not payable separately	01				
BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately BLOOD GROUPING AND CROSS MATCHING OF Part of cost of Blood, Not payable separately BLOOD GROUPING AND CROSS MATCHING OF Part of cost of Blood, Not payable separately	82	Υ-ΡΑΥ ΕΠ Μ			
33 SPUTUM CUP consumable 34 BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES Part of cost of Blood, Not payable separately					
BOYLES APPARATUS CHARGES Part of OT Charges, not payable separately BLOOD GROUPING AND CROSS MATCHING OF Part of cost of Blood, Not payable separately BLOOD GROUPING AND CROSS MATCHING OF Part of cost of Blood, Not payable separately	02				
BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES Part of cost of Blood, Not payable seperately					
Bigs Bigs DONORS SAMPLES Part of cost of Blood, Not payable seperately	ð4		ran of OT Unarges, not payable separately		
	~				
ANTICEPTIC OR DISINFECTANT LOTIONS Part of dressing charges, Not payable seperate	85	DUNUKS SAMPLES	Part of cost of Blood, Not payable seperately		
50 ANTICEPTIC OK DISINFECTANT LOTIONS Part of dressing charges, Not payable seperate	96	ANTICEDTIC OD DIGINEECTANT I OTIONS	Dest of description of the set of		
	00	ANTICEPTIC OK DISINFECTANT LUTIONS	Fart of dressing charges, Not payable seperately		

	DAND AIDS DANDACES STEDILE INJECTIONS	
07	BAND AIDS, BANDAGES, STERILE INJECTIONS	Deut of duration of another Not more his commentation
87	NEEDLES, SYRINGES	Part of dressing charges, Not payable seperately
00	COTTON	
88	COTTON	Part of dressing charges, Not payable seperately
89		Dout of depasing showard. Not noveble comparetally
89	COTTON BANDAGE	Part of dressing charges, Not payable seperately
		Not payable, payable by the patient when
90	MICROPORE / SURGICAL TAPE	prescribed other wise part of dressing charges
91	BLADE	Not payable
		Not payable -Part of Hospital
		services/Disposable linen to be part of OT/ICU
92	APRON	charges
93	TORNIQUET	Not payable
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of dressings charges
95	URINE CONTAINER	Not payable
	ELEMENTS OF ROOM	CHARGES
		Actual Tax levied by Govt. is payable. Part of
96	LUXURY TAX	Room charges for sublimit.
97	HVAC	Part of room charge, Not payable seperately.
98	HOUSE KEEPING CHARGES	Part of room charge, Not payable seperately.
	SERVICE CHARGES WHERE NURSING CHARGE ALSO	
99	CHARGED	Part of room charge, Not payable seperately.
		Payable under room charges not if separately
100	TELEVISION & AIR CONDITIONER CHARGES	levied
101	SURCHARGES	Part of room charge, Not payable seperately.
102	ATTENDANT CHARGES	Part of room charge, Not payable seperately.
102		i art of foom charge, not payable seperately.
103	IM IV INJECTION CHARGES	Part of Nursing charges, Not payable seperately
105		Part of laundry/housekeeping Not payable
104	CLEAN SHEET	seperately.
104	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH	Patient's diet provided by hospital is payable
105	BLANKET / WARMER BLANKET	Part of room charge, Not payable, seperately
100		i art of foom enarge, not payable, seperately
	ADMINISTRATIVE OR NON-M	EDICAL CHARGES
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
	BLOOD RESERVATION CHARGES AND ANTE NATAL	
109	BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
112	DIABETIC CHART CHARGES	Not Payable
115	DOCUMENTATION CHARGES / ADMINSTRATIVE	
114	EXPENSES	Not Payable
114	DISCHARGE PROCEDURE CHARGES	Not Payable
115	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES EXPENSES RELATED TO PRESCRIPTION ON	Not Payable To be claimed by patient under Post
110		
118	DISCHARGE	Hospitalisation, where acceptable.
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC.CHARGES (NOT	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	INTA INTA INTA NOTE OUTA DOLES	Not Payable
	MAINTAINANCE CHARGES	
123	MEDICAL RECORDS	Not Payable
123 124	MEDICAL RECORDS PREPARATION CHARGES	Not Payable Not Payable
123	MEDICAL RECORDS	Not Payable

107	WASHING CHADCES	Not Davishia
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
100		Payable upto 24 hrs, shifting charges not
129	MORTUARY CHARGES	payable.
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not payable
101	EXTERNAL DURABLE	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE	
	HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
	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 paid by patient
145	CERVICAL COLLAR	Not payable
	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not payable
148	KNEE BRACE (LONG/SHORT/HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
		Paid only in cases who have undergone surgery
150	LUMBO SACRAL BELT	of Lumbar spine.
		Payable for any ICU patient requiring more than
		3 days stay in ICU, All patients with paraplegia,
		quadriplegia for any reason and at resonable
151	NIMBUS BED OR WATER OR AIR BED CHARGES	cost of apprx. Rs.200/day
152	AMBULANCE COLLAR	Not payable
153	AMBULANCE EQUIPMENT	Not payable
154	MICROSHIELD	Not payable
		Payable in post surgery patients of major
		abdominal surgeries including TAH, LSCS,
		incisional hernia repair, exploratory laparotomy
155	ABDOMINAL BINDER	for interstinal obstruction, liver transplant, etc.
	ITEMS PAYABLE IF SUPPORTED	
	BETADINE \ HYDROGEN	Payable when prescribed for patient, not for
156	PEROXIDE\SPIRIT\\DISINFECTANTS, ETC	hospital use in OT or ward or dressings.
	PRIVATE NURSES CHARGES- SPECIAL NURSING	
157	CHARGES	Post hospitalisation nursing charges not payable
	NUTRITION PLANNING CHARGES - DIETICIAN	
158	CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
150		Payable -Sugar free variants of Admissible
150	SUGAR FREE	medicines are not excluded.
159	CREAM POWDER LOTION(Toileteries are not payable,only	
160	prescribed medical pharmaceuticals payable)	Payable when prescribed.
	DIGESTION GELS	Payable when prescribed
101	DIOLOHION GELO	Upto 5 electrodes are required for every case
		visiting OT or ICU. For longer stay in ICU may
		require a change and one set every second day
162	ECG Electrodes	is payable.
	ECG Electrodes GLOVES	

	HIV KIT	Payable -Pre Operative Screening
	LISTERINE/ANTISEPTIC MOUTHWASH	Payable when prescribed.
	LOZENGES	Payable when prescribed.
167	MOUTH PAINT	Payable when prescribed.
		If used during hospitalisation is payable
168	NEBULIZAATION KIT	reasonably.
169	NOVARAPID	Payable when prescribed.
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed.
171	ZYTEE GEL	Payable when prescribed
		Routine vaccination not payable / post bite
172	VACCINATION CHARGES	vaccination payable.
	PART OF HOSPITAL'S OWN COS	
173	AHD	Not payable -Part of Hospitals internal cost
174	ALCOHOL SWABS	Not payable - Part of Hospital's internal cost
	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
117	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY	
180	KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not payable
181	EXAMINATION GLOVES	Not payable
181	KIDNEY TRAY	Not Payable
182	MASK	Not Payable
185	OUNCE GLASS	Not payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
		Not Payable
186 187	OXYGEN MASK PAPER GLOVES	
187	PAPER GLOVES	Not Payable
100		Develate and in some of DIV/D receiving the stice
188	PELVIC TRACTION BELT	Payable only in case of PIVD requiring traction
189	REFERAL DOCTOR'S FEES	Not payable
		Not payable Prehospitalisation or post
100		hospitalisation/Reports and charts
190	ACCU CHECK (GLUCOMETERY/STRIPS)	required/device not payable
191	PAN CAN	Not payable
192	SOFNET	Not payable
193	TROLLY COVER	Not payable
194	UROMETER URINE JUG	Not payable
		Payable - Ambulance from home to hospital or
		inter hospital shift is payable / RTA as specific
195	AMBULANCE	requirement is payable.
		Payable - Maximum of 3 in 48 hrs and then 1 in
196	TEGADERM/VASOFIX SAFETY	24 hrs.
		Payable where Medically necessary till a
197	URINE BAG	reasonable cost maximum 1 per 24 hrs.
198	SOFTOVAC	Not payable
199	STOCKINGS	Payable in case of CABG
<u> </u>		