THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI 400001

AROGYA SANJEEVANI POLICY, THE NEW INDIA ASSURANCE CO. LTD.

POLICY CLAUSE

1. PREAMBLE

This Policy is a contract of insurance issued by The New India Assurance Co. Ltd., (hereinafter called the 'Company') to the proposer mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The policy is based on the statements and declaration provided in the proposal Form by the proposer and is subject to receipt of the requisite premium.

2. OPERATIVE CLAUSE

If during the policy period one or more Insured Person (s) is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically necessary expenses towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured (Individual or Floater) opted and Cumulative Bonus (if any) specified in the Schedule.

3. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

3.1. Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

3.2. Age means age of the Insured person on last birthday as on date of commencement of the Policy.

3.3. Any One Illness means continuous period of illness and it includes relapse within forty-five days from the date of last consultation with the hospital where treatment has been taken.

3.4. AYUSH Treatment refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

3.5. AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital or
b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under

the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;
ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

3.6. AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

3.7. Ayushman Bharat Health Account (ABHA) number is a hassle-free method of accessing and sharing health records digitally. It enables interaction with participating healthcare providers, and allows to receive digital lab reports, prescription and diagnosis seamlessly from a verified healthcare professionals and health service providers.

3.8. Bank Rate Means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.

3.9. Break in Policy means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof

3.10. Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre- authorization is approved.

3.11. Condition Precedent means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

3.12. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. **Internal Congenital Anomaly** Congenital anomaly which is not in the visible and accessible parts of the body.
ii. **External Congenital Anomaly** Congenital anomaly which is in the visible and accessible parts of the body.

3.13. Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co- payment does not reduce the Sum Insured.

3.14. Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

3.15. Day Care Centre means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

a. has qualified nursing staff under its employment;
b. has qualified medical practitioner (s) in charge;
c. has a fully equipped operation theatre of its own where surgical procedures are carried out;
d. Maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

3.16. Day Care Treatment means medical treatment, and/or surgical procedure which is:

a. undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement, and
b. Which would have otherwise required a hospitalisation of more than twenty-four hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

3.17. Dental Treatment means a treatmentcarried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

3.18. Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

3.19. Emergency Care: Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

3.20. Family means, the Family that consists of the proposer and any one or more of the familymembers as mentioned below:

a. Legally wedded spouse.
b. Parents and Parents-in-law.
c. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

3.21. Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage is not available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

3.22. Hospital means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

a. has qualified nursing staff under its employment round the clock;
b. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
c. has qualified medical practitioner (s) in charge round the clock;
d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
e. Maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

3.23. Hospitalisation means admission in a hospital for a minimum period of twenty-four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours.

3.24. 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.

i. **Acute Condition** means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
    a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    b. it needs ongoing or long-term control or relief of symptoms
    c. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
    d. it continues indefinitely
    e. it recurs or is likely to recur

3.25. 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.

3.26. In-Patient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

3.27. Insured Person means person(s) named in the schedule of the Policy.

3.28. Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

3.29. ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

3.30. LEGAL GUARDIAN OR CUSTODIAN is a person who has taken the responsibility of taking care of or protecting the children of deceased parents. This definition is to be used for the sole purpose of taking a Health Insurance Policy. This person shall not be eligible for claiming tax rebate under

section 80D of the IT act.

3.31. PREFERRED PROVIDER NETWORK (PPN) means network providers in specific cities which have agreed to a cashless packaged pricing for specified planned procedures for the policyholders of the Company. The list of planned procedures is available with the Company/TPA and subject to amendment from time to time. Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing

3.32. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

3.33. Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

3.34. Medical Practitioner means 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 the licence.

3.35. Medically Necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

a. is required for the medical management of illness or injury suffered by the insured;
b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
c. must have been prescribed by a medical practitioner;
d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

3.36. Migration means a facility provided to policyholders (including all members under family cover and group Health insurance policy), to transfer the credit gained for pre-existing conditions and specific waiting period, from one health insurance policy to another with the same insurer.

3.37. Network Provider means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

3.38. **Non- Network Provider** means any hospital that is not part of the network.

3.39. Notification of Claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

3.40. Out-Patient (OPD) Treatment means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

3.41. Pre-existing Condition/Disease means any condition, ailment, Injury or Illness

a. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of policy issued by the insurer or

b. For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of policy.

3.42. Pre-hospitalisation Medical Expenses means medical expenses incurred during the period of 30 days preceding the hospitalisation of the Insured Person, provided that:

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

3.43. Post-hospitalisation Medical Expenses means medical expenses incurred during the period of 60 days immediately after the insured person is discharged from the hospital provided that:

a. Such Medical Expenses are for the same condition for which the insured person's hospitalisation was required, and
b. The inpatient hospitalisation claim for such hospitalisation is admissible by the Insurance Company.

3.44. Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the coverages, exclusions and terms & conditions on which the Policy is issued to The Insured Person.

3.45. Policy Period means period of one policy year as mentioned in the schedule for which the Policy is issued.

3.46. Policy schedule means the Policy Schedule attached to and forming part of Policy.

3.47. Policy Year means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.

3.48. Portability means the facility provided to the health insurance policyholder (including all members under family cover), to transfer the credits gained for pre-existing diseases and specific waiting periods, from one insurer to another insurer.

3.49. Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

3.50. Renewal: Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

3.51. Room Rent means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

3.52. Sub-limit means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

3.53. Sum Insured means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.

3.54. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

3.55. Third Party Administrator (TPA) means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulation, 2016 notified by the Authority, and is engaged, for a fee or remuneration by Us, for the purposes of providing Health Services defined in those Regulations.

3.56. Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

3.57. WARD who are under the care or protection of the Legal Guardian or Custodian. The definition of Children shall be applicable for Ward.

3.58. WE/OUR/US/COMPANY means **The New India Assurance Co. Ltd.**

3.59. YOU/YOUR means the person who has taken this Policy and is shown as Insured or the first insured (if more than one) in the Schedule

4. COVERAGE

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

4.1. Hospitalization

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the policy schedule, for,

a. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day.
b. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day.
c. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
d. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

4.1.1. Other expenses

a. Expenses incurred on treatment of cataract subject to the sub limits
b. Dental treatment, necessitated due to disease or injury.
c. Plastic surgery necessitated due to disease or injury
d. All the day care treatments (As per Annexure C attached herewith).
e. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.

Note:

a. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.

b. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges.

4.2. COVERAGE UNDER AYUSH TREATMENT

Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.

4.3. Cataract Treatment

The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs. 40,000/-, whichever is lower, per eye in one policy year.

4.4. Pre Hospitalization

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under the policy.

4.5. Post Hospitalisation

The company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

4.6. The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:

a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
b. Balloon Sinuplasty.
c. Deep Brain stimulation.
d. Oral chemotherapy.
e. Immunotherapy- Monoclonal Antibody to be given as injection.
f. Intra vitreal injections.
g. Robotic surgeries.
h. Stereotactic radio surgeries.
i. Bronchial Thermoplasty.
j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment).
k. IONM - (Intra Operative Neuro Monitoring).
l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

4.7. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

5. Cumulative Bonus (CB)

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported), provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

Notes:

a. In case where the policy is on individual basis, the CB shall be added and available individually to the insured person, if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
b. In case where the policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
c. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
d. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons
e. In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy
f. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
g. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
h. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

You also have the option of opting for a premium discount at the time of renewal in lieu of the accrued Cumulative Bonus (if available). If you opt for a discount as above the accrued Cumulative Bonus will become zero. The Cumulative bonus in the range of 5% to 50% will have a discount in the base premium from 0.73% to 4.12%.

6. Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

6.1. Pre-Existing Diseases (Code- Excl01)

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

6.2. Specific Waiting Period: (Code- Excl02)

a. Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

(i) 24 Months waiting period

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers
20. Internal Congenital Anomalies

(ii) 36 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

6.3. First Thirty Days Waiting Period (Code- Excl03)

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for

more than twelve months.

c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

7. EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

7.1 Investigation & Evaluation (Code- Excl04)

a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

7.2 Rest Cure, rehabilitation and respite care (Code- Excl05) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

7.3 Obesity/ Weight Control (Code- Excl06) Expenses related to the surgical treatment of obesitythat does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor
b. The surgery/Procedure conducted should be supported by clinical protocols
c. The member has to be 18 years of age or older and
d. Body Mass Index (BMI);
    1. greater than or equal to 40 or
    2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
        i. Obesity-related cardiomyopathy
        ii. Coronary heart disease
        iii. Severe Sleep Apnea
        iv. Uncontrolled Type2 Diabetes

7.4 Change-of-Gender treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

7.5 Cosmetic or plastic Surgery: (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

7.6 Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering,

rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7.7 Breach of law: (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

7.8 Excluded Providers: (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

7.9 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**

7.10 Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons**. (Code- Excl13)**

7.11 Dietary supplements and substances that can be purchased without prescription, including butnot limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code- Excl14)**

7.12 Refractive Error:(Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

7.13 Unproven Treatments:(Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

7.14 Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- **a.** Any type of contraception, sterilization
- **b.** Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- **c.** Gestational Surrogacy
- **d.** Reversal of sterilization

7.15 Maternity Expenses (Code - Excl18):

- **a.** Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- **b.** Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

7.16 War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

7.17 Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from orfrom any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capableof causing any Illness, incapacitating disablement or death.

c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

7.18 Any expenses incurred on Domiciliary Hospitalization and OPD treatment

7.19 Treatment taken outside the geographical limits of India

7.20 In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

8. Moratorium Period: After completion of **sixty continuous months** of coverage (including portability and migration in health insurance policy), no policy and claim shall be contestable by the insurer on grounds of non-disclosure, mis-representation except on grounds of established fraud. This period of sixty continuous months is called as Moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limit.

9. CLAIM PROCEDURE

9.1 Procedure for Cashless claims:

a. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
b. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
c. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
d. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
e. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
f. In case of denial ofcashless access, the insured person mayobtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

9.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

S No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

9.3 Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

a. Within 24hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
b. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

9.4 Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

a. Duly Completed claim form
b. Photo Identity proof of the patient
c. Medical practitioner's prescription advising admission
d. Original bills with itemized break-up
e. Payment receipts
f. Discharge summary including complete medical history of the patient along with other details.
g. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
h. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
i. Sticker/Invoice of the Implants, wherever applicable.
j. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
k. NEFTDetails (to enable direct credit of claim amount in bank account) and cancelled cheque
l. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
m. Legal heir/succession certificate, wherever applicable
n. Any other relevant document required by Company/TPA for assessment of the claim.

[Note: Insurer may specify the documents required in original and waive off any of above required as per their claim procedure]

Note:

a. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
b. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
c. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

9.5 Co-payment

Each and every claim under the Policy shall be subject to a Co-Payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the Co-Payment.

9.6 Claim Settlement (provision for Penal Interest)

a. Settlement of claims (other than cashless) shall be settled within fifteen days from submission of claim.
b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

9.7 Services Offered by TPA (To be stated where TPA is involved)

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy. The services offered by a TPA shall not include

a. Claim settlement and claim rejection;
b. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

9.8 Payment of Claim

All claims under the policy shall be payable in Indian currency only.

10. GENERAL TERMS &CONDITIONS

10.1 Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

10.2 Condition Precedent to Admission of Liability

The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

10.3 Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

10.4 Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

10.5 Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim

10.6 Notice & Communication

a. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
b. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
c. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

10.7 Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

10.8 Multiple Policies

Claims in respect of multiple Policies held by policyholders:

1. Indemnity Policies:

a) If a policyholder has more than one health insurance policy from different insurers he/she can file for claim settlement as per his/her choice under any policy.

b) The Insurer of that chosen policy shall be treated as the primary Insurer.

c) In case the available coverage under the said policy is less than the admissible claim amount, the primary Insurer shall seek the details of other available policies of the policyholder, his/her choice of the other insurer(s) and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policyholder.

2. Benefit based Policies: On occurrence of the insured event the policyholder, can claim from all Insurers under all policies.

Note: The Insured Person must disclose such other Insurance at the time of making a claim under this Policy.

10.9 Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy: —

a. The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
b. The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
c. Any other act fitted to deceive; and
d. Any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

10.10 Cancellation

The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall

a. Refund proportionate premium for unexpired policy period, if the term of policy up to one year andthere is no claim (s) made during the policy period.
b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year andrisk coverage for such policy years has not commenced

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation non- disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

10.11 Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

a. In the case of his/ her (Insured Person) demise. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.
b. Upon exhaustion of sum insured and cumulative bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

10.12 Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

10.13 Arbitration

a. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
b. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

10.14 PORTABILITY AND MIGRATION:

Migration:

You will have the option to migrate the policy to other Health Insurance products/plans offered by the company by applying for migration of the policy at-least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If You are presently covered and has been continuously covered without any lapses under any Health Insurance product/plan offered by the Company, then you can transfer the credit gained to the extent of the sum insured, no claim bonus, specific waiting period for pre-existing diseases, moratorium period etc. in the previous policy to the migrated policy.

Portability:

You will have the option to port the policy to other Insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at-least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If policyholder is presently covered and has been continuously covered without any lapses under any Health Insurance policy with an Indian General or Health Insurer, then policyholder can transfer the credit gained to the extent of the sum insured, no claim bonus, specific waiting period for pre-existing diseases, moratorium period etc. from the existing insurer to the acquiring insurer in the previous policy.

10.15 Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The company shall provide notice for renewal 30 days in advance from the due date.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the Grace Period.
v. No loading shall apply on renewals based on individual claims experience.
vi. There shall be no fresh underwriting unless there is increase in sum insured.

10.16 Premium Payment in Installments

If the insured person has opted for Payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

a. Grace Period of 15 days and 30 days would be applicable for monthly and quarterly or half yearly installment respectively.
b. If the Premium is paid in installment mode, then the coverage will be available during grace period.
c. The Benefits provided under – "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
d. No interest will be charged If the installment premium is not paid on due date.
e. In case of installment premium due not received within the grace Period, the Policy will get cancelled.

10.17 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

10.18 Protection of Policy Holders' Interest:

This policy is subject to IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.

10.19 Free look period

The Free Look Period shall be applicable on new individual health insurance policies, except for those policies of less than a year, renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to:

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

10.20 Endorsements (Changes in Policy)

a. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

b. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

10.21 Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

10.22 Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

10.23 Nomination:

The policyholder is required at the inception of the policy to make a nomination. In the event of death of the policyholder, the claim proceeds will be paid to the nominee. Nomination can be changed at any time during the term of the policy. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made and in case there is no subsisting nominee, the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

11. REDRESSAL OF GRIEVANCE

Grievance–In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressed.

For details of grievance officer - https://www.newindia.co.in/portal/readMore/Grievances

IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

Insurance Ombudsman –The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B

No loading shall apply on renewals based on individual claims experience. Insurance is the subject matter of solicitation

12. TABLE OF BENEFITS

Name	Arogya Sanjeevani Policy, The New India Assurance Co. Ltd
Product Type	Individual/ Floater
Category of Cover	Indemnity
Sum insured	INR On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
Policy Period	1 year
Eligibility	Policy can be availed by persons between the age of 18 years and 65years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. Legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible
	Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre. Please refer to Annexures
Pre Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for room/doctors fee	1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/- per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all inclusive as provided by the Hospital / Nursing Home up to 5% of the sum insured subject to maximum of Rs.10,000/-, per day
Cataract Treatment	Up to 25% of Sum insured or Rs.40,000/-, whichever is lower, per eye, under one policy year.
AYUSH	Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.
Pre Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered after a waiting period of 4 years
Cumulative bonus	Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.
Co Pay	5% co pay on all claims

Annexure-A

List I – Items for which coverage is not available in the policy

S No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLDPACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRADIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES

49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

S No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

S No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

S No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION⁄STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure-B

The contact details of the **Insurance Ombudsman** offices are as below-

The updated details of Insurance Ombudsman are available on :**https://www.cioins.co.in/Ombudsman**

AHMEDABAD – **Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor,** **Tilak Marg, Relief Road, Ahmedabad – 380 001.** **Tel.: 079 - 25501201/02/05/06** **Email: bimalokpal.ahmedabad@cioins.co.in** **Jurisdiction : Gujarat, Dadra & Nagar Haveli, Daman and Diu.**	BHOPAL - **Office of the Insurance Ombudsman,** **Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003.** **Tel.: 0755 - 2769201 / 2769202** **Fax: 0755 - 2769203** **Email: bimalokpal.bhopal@cioins.co.in** **Jurisdiction : Madhya Pradesh, Chhattisgarh.**
BHUBANESHWAR – **Office of the Insurance Ombudsman,** **62, Forest park, Bhubneshwar – 751 009.** **Tel.: 0674 - 2596461 /2596455** **Fax: 0674 - 2596429** **Email: bimalokpal.bhubaneswar@cioins.co.in** **Jurisdiction : Odisha**	CHANDIGARH – **Office of the Insurance Ombudsman,** **S.C.O. No. 101, 102 & 103, 2nd Floor,** **Batra Building, Sector 17 – D, Chandigarh – 160 017.Tel.: 0172 - 2706196 / 2706468** **Fax: 0172 - 2708274** **Email: bimalokpal.chandigarh@cioins.co.in** **Jurisdiction : Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.**
CHENNAI – **Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453,** **Anna Salai, Teynampet, CHENNAI – 600 018.** **Tel.: 044 - 24333668 / 24335284** **Fax: 044 - 24333664** **Email: bimalokpal.chennai@cioins.co.in** **Jurisdiction : Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).**	DELHI - **Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building,** **Asaf Ali Road, New Delhi – 110 002.Tel.: 011 - 23232481/23213504** **Email: bimalokpal.delhi@cioins.co.in** **Jurisdiction : Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.**
GUWAHATI – **Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor,** **Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).** **Tel.: 0361 - 2632204 / 2602205** **Email: bimalokpal.guwahati@cioins.co.in** **Jurisdiction : Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.**	HYDERABAD – **Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court",** **Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.** **Tel.: 040 - 67504123 / 23312122** **Fax: 040 - 23376599** **Email: bimalokpal.hyderabad@cioins.co.in** **Jurisdiction : Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.**

ERNAKULAM – **Office of the Insurance Ombudsman,** **2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,Ernakulam - 682 015.** **Tel.: 0484 - 2358759 / 2359338** **Fax: 0484 - 2359336** **Email: bimalokpal.ernakulam@cioins.co.in** **Jurisdiction : Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.**	KOLKATA - **Office of the Insurance Ombudsman, Hindustan Bldg.Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.** **Tel.: 033 - 22124339 / 22124340** **Fax : 033 - 22124341** **Email: bimalokpal.kolkata@cioins.co.in** **Jurisdiction : West Bengal, Sikkim, Andaman & Nicobar Islands.**
LUCKNOW - **Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.** **Tel.: 0522 - 2231330 / 2231331** **Email: bimalokpal.lucknow@cioins.co.in** **Jurisdiction : Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.**	MUMBAI – **Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.** **Tel.: 022 - 69038821/23/24/25/26/27/28/28/29/30/31** **Email: bimalokpal.mumbai@cioins.co.in** **Jurisdiction :** List of wards **under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.**
JAIPUR – **Office of the Insurance Ombudsman,** **Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.** **Tel.: 0141 - 2740363** **Email: bimalokpal.jaipur@cioins.co.in** **Jurisdiction : Rajasthan**	PUNE - **Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor,** **C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune –411 030.** **Tel.: 020-41312555** **Email: bimalokpal.pune@cioins.co.in** **Jurisdiction : State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region**
BENGALURU – **Office of the Insurance Ombudsman,** **Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road,** **JP Nagar, Ist Phase, Bengaluru – 560 078.Tel.: 080 - 26652048 / 26652049** **Email: bimalokpal.bengaluru@cioins.co.in** **Jurisdiction :Karnataka.**	NOIDA – **Office of the Insurance Ombudsman,** **Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.** **Tel.: 0120-2514250 / 2514252 / 2514253** **Email: bimalokpal.noida@cioins.co.in** **Jurisdiction : State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad,**

	Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - **Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,,** **Bazar Samiti Road, Bahadurpur, Patna 800 006.** **Tel.: 0612-2680952** **Email: bimalokpal.patna@cioins.co.in** **Jurisdiction : Bihar, Jharkhand.**	THANE – **Office of the Insurance Ombudsman,** **2nd Floor,Jeevan Chintamani Building,** **Vasantrao Naik Mahamarg,** **Thane (West)** **Thane - 400604** **Email: bimalokpal.thane@cioins.co.in** **Jurisdiction :Area of Navi Mumbai, Thane District, Raigad District, Palghar District and** wards of Mumbai**, M/East, M/West, N, S and T."**

Annexure-C

No	LIST OF DAY-CARE TREATMENTS	No	LIST OF DAY-CARE TREATMENTS
	ENT		**General Surgery**
1	Stapedotomy	148	Infected keloid excision
2	Myringoplasty(Type I Tympanoplasty)	149	Incision of a pilonidal sinus / abscess
3	Revision stapedectomy	150	Infected sebaceous cyst
4	Labyrinthectomy for severe Vertigo	151	Infected lipoma excision
5	Stapedectomy under GA	152	Maximal anal dilatation
6	Ossiculoplasty	153	Surgical Treatment Of Haemorrhoids
7	Myringotomy with Grommet Insertion	154	Liver Abscess- catheter drainage
8	Tympanoplasty (Type III)	155	Fissure in Ano- fissurectomy
9	Stapedectomy under LA	156	Fibroadenoma breast excision
10	Revision of the fenestration of the inner ear.	157	Oesophageal varices Sclerotherapy
11	Tympanoplasty (Type IV)	158	ERCP – pancreatic duct stone removal
12	Endolymphatic Sac Surgery for Meniere's Disease	159	Perianal abscess I&D
13	Turbinectomy	160	Perianal hematoma Evacuation
14	Removal of Tympanic Drain under LA	161	Fissure in ano sphincterotomy
15	Endoscopic Stapedectomy	162	UGI scopy and Polypectomy oesophagus
16	Fenestration of the inner ear	163	Breast abscess I& D
17	Incision and drainage of perichondritis	164	Feeding Gastrostomy
18	Septoplasty	165	Oesophagoscopy and biopsy of growth oesophagus
19	Vestibular Nerve section	166	ERCP – Bile duct stone removal
20	Thyroplasty Type I	167	Ileostomy closure
21	Tympanoplasty (Type II)	168	Polypectomy colon
22	Reduction of fracture of Nasal Bone	169	Splenic abscesses Laparoscopic Drainage
23	Excision and destruction of lingual tonsils	170	UGI SCOPY and Polypectomy stomach
24	Conchoplasty	171	Rigid Oesophagoscopy for FB removal
25	Thyroplasty Type II	172	Feeding Jejunostomy
26	Tracheostomy	173	Colostomy
27	Excision of Angioma Septum	174	Ileostomy
28	Turbinoplasty	175	Colostomy closure
29	Incision & Drainage of Retro Pharyngeal Abscess	176	Submandibular salivary duct stone removal
30	Uvulo Palato Pharyngo Plasty	177	Pancreatic Pseudocysts Endoscopic Drainage
31	Palatoplasty	178	Subcutaneous mastectomy
32	Tonsillectomy without adenoidectomy	179	Excision of Ranula under GA

33	Adenoidectomy with Grommet insertion	180	Rigid Oesophagoscopy for dilation of benign Strictures
34	Adenoidectomy without Grommet insertion	181	Eversion of Sac
35	Vocal Cord lateralisation Procedure	182	1. a) Unilateral
36	Incision & Drainage of Para Pharyngeal Abscess	183	b)Bilateral
37	Transoral incision and drainage of a pharyngeal abscess	184	Lord's plication
38	Tonsillectomy with adenoidectomy	185	Jaboulay's Procedure
39	Tracheoplasty	186	Scrotoplasty
40	Reconstruction Of The Middle Ear	187	Surgical treatment of varicocele
41	Mastoidectomy	188	Epididymectomy
42	Excision And Destruction Of Diseased Tissue Of The Nose	189	Circumcision for Trauma
43	Incision (Opening) And Destruction (Elimination) Of The Inner Ear	190	Meatoplasty
44	Incision Of The Mastoid Process And Middle Ear	191	Intersphincteric abscess incision and drainage
45	Nasal Sinus Aspiration	192	Psoas Abscess Incision and Drainage
46	Other Microsurgical Operations On The Middle Ear	193	Thyroid abscess Incision and Drainage
47	Other Operations On The Auditory Ossicles	194	TIPS procedure for portal hypertension
48	Plastic Surgery To The Floor Of The Mouth	195	PAIR Procedure of Hydatid Cyst liver
49	Incision Of The Hard And Soft Palate	196	Excisionof Cervical RIB
50	External Incision And Drainage In The Region Of The Mouth, Jaw And Face	197	Surgery for fracture Penis
51	Other Operations On The Salivary Glands And Salivary Ducts	198	Parastomal hernia
Ophthalmology		199	Revision colostomy
52	Incision of tear glands	200	Prolapsed colostomy- Correction
53	Other operation on the tear ducts	201	Laparoscopic cardiomyotomy(Hellers)
54	Incision of diseased eyelids	202	Laparoscopic pyloromyotomy(Ramstedt)
55	Excision and destruction of the diseased tissue of the eyelid	203	Orchiectomy
56	Removal of foreign body from the lens of the eye.	204	Incision Of The Breast
57	Corrective surgery of the entropion and ectropion	205	Operations On The Nipple

58	Operations for pterygium	206	Incision And Excision Of Tissue In The Perianal Region
59	Corrective surgery of blepharoptosis	207	Surgical Treatment Of Anal Fistulas
60	Removal of foreign body from conjunctiva	208	Division Of The Anal Sphincter (Sphincterotomy)
61	Removal of Foreign body from cornea	209	Glossectomy
62	Incision of the cornea	210	Reconstruction Of The Tongue
63	Other operations on the cornea	211	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
64	Operation on the canthus and epicanthus	212	Operations On The Seminal Vesicles
65	Removal of foreign body from the orbit and the eye ball.	213	Other Operations On The Spermatic Cord, Epididymis And Ductus Deferens
66	Surgery for cataract	214	Local Excision And Destruction Of Diseased Tissue Of The Penis
67	Treatment of retinal lesion	215	Other Operations On The Penis
68	Removal of foreign body from the posterior chamber of the eye	216	Other Excisions Of The Skin And Subcutaneous Tissues
Oncology		217	Other Incisions Of The Skin And Subcutaneous Tissues
69	IV Push Chemotherapy	218	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
70	Continuous Infusional Chemotherapy	219	Free Skin Transplantation, Donor Site
71	Infusional Chemotherapy	220	Free Skin Transplantation, Recipient Site
72	CCRT-Concurrent Chemo + RT	221	Reconstruction Of The Testis
73	SRS- Stereotactic radiosurgery	222	Incision Of The Scrotum And Tunica Vaginalis Testis
74	TBI- Total Body Radiotherapy	223	Excision In The Area Of The Epididymis
75	Adjuvant Radiotherapy	224	Revision Of Skin Plasty
76	Radical chemotherapy	225	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
77	Neoadjuvant radiotherapy	226	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
78	Palliative Radiotherapy	**Orthopedics**	
79	Radical Radiotherapy	227	Arthroscopic Repair of ACL tear knee
80	Palliative chemotherapy	228	Arthroscopic repair of PCL tear knee
81	Neoadjuvant chemotherapy	229	Tendon shortening
82	Adjuvant chemotherapy	230	Arthroscopic Meniscectomy – Knee
83	Induction chemotherapy	231	Treatment of clavicle dislocation
84	Consolidation chemotherapy	232	Arthroscopic meniscus repair
85	Maintenance chemotherapy	233	Haemarthrosis knee- lavage

Urology		234	Abscess knee joint drainage
86	AV fistula	235	Repair of knee cap tendon
87	URSL with stenting	236	ORIF with K wire fixation- small bones
88	URSL with lithotripsy	237	ORIF with plating- Small long bones
89	ESWL	238	Arthrotomy Hip joint
90	Haemodialysis	239	Syme's amputation
91	Cystoscopy and removal of polyp	240	Arthroplasty
92	Excision of urethral diverticulum	241	Partial removal of rib
93	Removal of urethral Stone	242	Treatment of sesamoid bone fracture
94	Ureter endoscopy and treatment	243	Amputation of metacarpal bone
95	Surgery for pelvi ureteric junction obstruction	244	Repair / graft of foot tendon
96	Injury prepuce- circumcision	245	Revision/Removal of Knee cap
97	Frenular tear repair	246	Remove/graft leg bone lesion
98	Meatotomy for meatal stenosis	247	Repair/graft achilles tendon
99	Surgery for fournier's gangrene scrotum	248	Biopsy elbow joint lining
100	Surgery filarial scrotum	249	Biopsy finger joint lining
101	Surgery for watering can perineum	250	Tendon lengthening
102	Repair of penile torsion	251	Surgery of bunion
103	Drainage of prostate abscess	252	Tendon transfer procedure
104	Cystoscopy and removal of FB	253	Removal of knee cap bursa
105	Transurethral Excision And Destruction Of Prostate Tissue	254	Treatment of fracture of ulna
106	Transurethral And Percutaneous Destruction Of Prostate Tissue	255	Treatment of scapula fracture
107	Open Surgical Excision And Destruction Of Prostate Tissue	256	Removal of tumor of arm/ elbow under RA/GA
108	Radical Prostatovesiculectomy	257	Repair of ruptured tendon
109	Other Excision And Destruction Of Prostate Tissue	258	Revision of neck muscle (Torticollis release)
110	Incision Of The Prostate	259	Treatment fracture of radius & ulna
111	Incision And Excision Of Periprostatic Tissue	260	Incision On Bone, Septic And Aseptic
112	Other Operations On The Prostate	261	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
Gynaecology		262	Reduction Of Dislocation Under Ga
113	Hysteroscopic removal of myoma	**Paediatric surgery**	
114	D&C	263	Vaginoplasty
115	Hysteroscopic resection of septum	264	Dilatation of accidental caustic stricture oesophageal
116	Hysteroscopic adhesiolysis	265	Presacral Teratomas Excision

117	Polypectomy Endometrium	266	Removal of vesical stone
118	Hysteroscopic resection of fibroid	267	Excision Sigmoid Polyp
119	LLETZ	268	Sternomastoid Tenotomy
120	Conization	269	High Orchidectomy for testis tumours
121	Polypectomy cervix	270	Excision of cervical teratoma
122	Hysteroscopic resection of endometrial polyp	271	Rectal-Myomectomy
123	Vulval wart excision	272	Rectal prolapse (Delorme's procedure)
124	Laparoscopic paraovarian cyst excision	273	Orchidopexy for undescended testis
125	Uterine artery embolization	274	Detorsion of torsion Testis
126	Bartholin Cyst excision	275	Lap.Abdominal exploration in cryptorchidism
127	Laparoscopic cystectomy	276	EUA + biopsy multiple fistula in ano
128	Endometrial ablation	277	Excision of fistula-in-ano
129	Vaginal wall cyst excision	Others	
130	Vulval cyst Excision	278	Coronary Angiography
131	Laparoscopic paratubal cyst excision	279	Ultrasound Guided Aspirations
132	Hysteroscopy, removal of myoma	280	Chemosurgery To The Skin
133	TURBT		
134	Laparoscopic Myomectomy		
135	Surgery for SUI		
136	Pelvic floor repair(excluding Fistula repair)		
137	Laparoscopic oophorectomy		
138	Incision Of The Ovary		
139	Insufflation Of The Fallopian Tubes		
140	Dilatation Of The Cervical Canal		
141	Conisation Of The Uterine Cervix		
142	Hysterotomy		
143	Therapeutic Curettage		
144	Culdotomy		
145	Incision Of The Vagina		
146	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas		
147	Incision Of The Vulva		