

## ANNEXURE I

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

| Sr. No | Item   | Sr. No. | Item   |
|--------|--|---------|--|
| 1      | BABY FOOD  | 35      | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)   |
| 2      | BABY UTILITIES CHARGES   | 36      | SPACER   |
| 3      | BEAUTY SERVICES  | 37      | SPIROMETRE   |
| 4      | BELTS/ BRACES  | 38      | NEBULIZER KIT  |
| 5      | BUDS   | 39      | STEAM INHALER  |
| 6      | COLD PACK/HOT PACK   | 40      | ARMSLING   |
| 7      | CARRY BAGS   | 41      | THERMOMETER  |
| 8      | EMAIL / INTERNET CHARGES   | 42      | CERVICAL COLLAR  |
| 9      | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)          | 43      | SPLINT   |
| 10     | LEGGINGS   | 44      | DIABETIC FOOT WEAR   |
| 11     | LAUNDRY CHARGES  | 45      | KNEE BRACES (LONG/ SHORT/ HINGED)  |
| 12     | MINERAL WATER  | 46      | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER  |
| 13     | SANITARY PAD   | 47      | LUMBO SACRAL BELT  |
| 14     | TELEPHONE CHARGES  | 48      | NIMBUS BED OR WATER OR AIR BED CHARGES   |
| 15     | GUEST SERVICES   | 49      | AMBULANCE COLLAR   |
| 16     | CREPE BANDAGE  | 50      | AMBULANCE EQUIPMENT  |
| 17     | DIAPER OF ANY TYPE   | 51      | ABDOMINAL BINDER   |
| 18     | EYELET COLLAR  | 52      | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES  |
| 19     | SLINGS   | 53      | SUGAR FREE Tablets   |
| 20     | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                    | 54      | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 21     | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED                      | 55      | ECG ELECTRODES   |
| 22     | Television Charges   | 56      | GLOVES   |
| 23     | SURCHARGES   | 57      | NEBULISATION KIT   |
| 24     | ATTENDANT CHARGES  | 58      | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]                        |
| 25     | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | 59      | KIDNEY TRAY  |
| 26     | BIRTH CERTIFICATE  | 60      | MASK   |
| 27     | CERTIFICATE CHARGES  | 61      | OUNCE GLASS  |
| 28     | COURIER CHARGES  | 62      | OXYGEN MASK  |
| 29     | CONVEYANCE CHARGES   | 63      | PELVIC TRACTION BELT   |
| 30     | MEDICAL CERTIFICATE  | 64      | PAN CAN  |
| 31     | MEDICAL RECORDS  | 65      | TROLLEY COVER  |
| 32     | PHOTOCOPIES CHARGES  | 66      | UROMETER, URINE JUG  |
| 33     | MORTUARY CHARGES   | 67      | AMBULANCE  |
| 34     | WALKING AIDS CHARGES   | 68      | VASOFIX SAFETY   |

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

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

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

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

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

| Sr. No | Item  | Sr. No | Item                 |
|--------|---|--------|----------------------|
| 1      | ADMISSION/REGISTRATION CHARGS                     | 10     | HIV KIT              |
| 2      | HOSPITALISATION FOR EVALUATION/DIAGNOSTIC PURPOSE | 11     | ANTISEPTIC MOUTHWASH |
| 3      | URINE CONTAINER                                   | 12     | LOZENGES             |

|   |  |    |                              |
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| 4 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES     | 13 | MOUTH PAINT                  |
| 5 | BIPAP MACHINE  | 14 | VACCINATION CHARGES          |
| 6 | CPAP/ CAPD EQUIPMENTS  | 15 | ALCOHOL SWABS                |
| 7 | INFUSION PUMP-COST   | 16 | SCRUB SOLUTIONS / STERILLIUM |
| 8 | HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC               | 17 | GLUCOMETER & STRIPS          |
| 9 | NUTRITION PLANNING CHARGES – DIETICIAN CHARGES, DIET CHARGES | 18 | URINE BAG                    |

ANNEXURE II

| Jurisdiction  | Office of the Insurance Ombudsman  |
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| Gujrat, Dadra & Nagar Haveli, Daman and Diu                                 | Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001.<br>Tel No: 079 - 25501201/02/05/06. Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>   |
| Karnataka   | 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.<br>Tel.: 080 - 26652048 / 26652049. Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>                   |
| Madhya Pradesh, Chhattisgarh  | Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003.<br>Tel.: 0755 - 2769201 / 2769202. Fax: 0755 – 2769203<br>Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>                    |
| Orissa  | Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009.<br>Tel.: 0674 - 2596461 /2596455. Fax: 0674 – 2596429<br>Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>  |
| Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh              | Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.<br>Tel.: 0172 - 2706196 / 2706468. Fax: 0172 – 2708274<br>Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>                          |
| Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)   | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.<br>Tel.: 044 - 24333668 / 24335284. Fax: 044 – 24333664<br>Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>   |
| Delhi   | Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.<br>Tel.: 011 - 3232481/23213504. Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>   |
| Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura | Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM).<br>Tel.: 0361 - 2632204 / 2602205. Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>  |
| Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry       | 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.<br>Tel.: 040 - 67504123 / 23312122. Fax: 040 – 23376599<br>Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a> |
| Rajasthan   | Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.<br>Tel.: 0141 – 2740363. Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a>  |
| Kerala, Lakshadweep, Mahe-a part of Pondicherry                             | Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.<br>Tel.: 0484 - 2358759 / 2359338. Fax: 0484 – 2359336<br>Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>                                      |

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| <p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands</p>   | <p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.<br/>         Tel.: 033 - 22124339 / 22124340. Fax: 033 - 22124341<br/>         Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a></p>                 |
| <p>Districts of Uttar Pradesh:<br/>         Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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</p> | <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.<br/>         Tel.: 0522 - 2231330 / 2231331. Fax: 0522 - 2231310<br/>         Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></p> |
| <p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane</p>  | <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.<br/>         Tel.: 022 - 26106552 / 26106960. Fax: 022 - 26106052<br/>         Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></p>             |
| <p>State of Uttaranchal and the following Districts of Uttar Pradesh:<br/>         Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad,</p>   | <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301.<br/>         Tel.: 0120-2514250 / 2514252 / 2514253. Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></p>            |

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| Muzaffarnagar,<br>Oraiyya, Pilibhit,<br>Etawah, Farrukhabad,<br>Firozbad,<br>Gautambodhanagar,<br>Ghaziabad, Hardoi,<br>Shahjahanpur, Hapur,<br>Shamli, Rampur,<br>Kashganj, Sambhal,<br>Amroha, Hathras,<br>Kanshiramnagar,<br>Saharanpur |   |
| Bihar, Jharkhand   | Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006.<br>Tel.: 0612-2680952. Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>                       |
| Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region  | 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.<br>Tel.: 020-41312555. Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a> |

The updated details of Insurance Ombudsman are also available at:

- IRDAI website: <https://www.irdai.gov.in/>
- General Insurance Council website: <https://www.gicouncil.in/>
- Our Company Website: <https://uiic.co.in/>
- From any of the offices of our Company.