

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (Copy enclosed) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

CUSTOMER INFORMATION SHEET – STAR WEDDING GIFT INSURANCE

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/133/13-14

TITLE	Description	Clause no. of the policy
Coverage	a. In-patient Treatment- Covers hospitalisation expenses for period more than 24 hrs.	1(A)(B) &(C)
	b. Emergency Ambulance- Up to Rs. 1000/- per hospitalization for utilizing ambulance service for transporting insured person to hospital in case of an emergency subject to a maximum of Rs.1500/- per policy period	1(G)
	c. Pre-Hospitalisation- Medical Expenses incurred up to 30 days prior to hospitalisation,	1(H)
	d. Post-Hospitalisation- Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs.5000/-	1(I)
	e. Expenses for Delivery of Baby : Upto limits mentioned in the schedule	1(D)
	f. Coverage for New Born Baby	1(F)
Major Exclusions	1. Any hospital admission primarily for investigation/diagnostic purposes	3(13)
	2. Pregnancy (other than ectopic pregnancy) infertility, congenital external disease/defects	3(16),3(5)
	3. Non Allopathic system of medicine (Covered upto 25% of sum insured subject to a maximum of Rs.25000/- per policy period)	3(21)
	4. Treatment out side India	4(15)
	5. Circumcision, Sex change surgery, cosmetic surgery and plastic surgery (other than for accidents or covered disease)	3(8)
	6. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs	3(19),3(10) 3(20)
	7. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS HIV	3(11),3(12)
	8. War and nuclear perils	3(7)
	9. Naturopathy Treatment	3(17)
	10. Hospital registration charges, admission charges, record charges telephone charges and such other charges	3(18)

The exclusions given above is only a partial list. Please refer the policy clause for the complete list.			
Waiting Period	a.	Pre existing diseases : waiting period of 48 months	3(1)
	b.	Diseases contracted during the first 30 days from the commencement date of the policy (not applicable for subsequent renewals)	3(2)
	c.	24 months for specific illness during the first 2 years from the commencement date of the policy (not applicable for subsequent renewals)	3(4)
	d.	Delivery expenses of a child within 36 months of continuous renewal from the commencement date of the policy	3(3)
	e.	12 months for specific illness during the first year from the commencement date of the policy (not applicable for subsequent renewals)	3(5)
Payout	Cashless or reimbursement of covered expenses upto the specified limit		1(A)(B) &(C)
Renewal Condition	Life long renewal subject to payment of renewal premium in full before the due date		4(8)
	Grace period of 30 days for renewing the policy is provided		4(8)
Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium		4(12)
Claim under 2 policy periods	If any admissible claim falls under 2 policy period, the renewal policy sum insured shall be taken into account for claims settlement		4(6)

STAR WEDDING GIFT INSURANCE

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/133/13-14

(LEGAL DISCLAIMER) NOTE : The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD (also known as Customer Information Sheet) and the policy document the terms and conditions mentioned in the policy document shall prevail



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

Phone : 044 - 2828 8800

CIN : U66010TN2005PLC056649 Email:support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

STAR WEDDING GIFT INSURANCE

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/133/13-14

The Proposal, Declaration and other documents if any given by the proposer forms the basis of this policy of insurance.

In consideration of the premium paid in full and subject to the terms and conditions as set out in the Schedule with all its Parts, the Company by this Policy agrees as under:-

If during the period stated in the Schedule the insured Person, upon the advice of the duly Qualified Physician/Medical Specialist/Medical Practitioner or of duly Qualified Surgeon incurs Hospitalization expenses for medical/surgical treatment at any Nursing Home / Hospital in India as an inpatient for any disease contracted or any illness suffered or bodily injury sustained through accident or for delivery of a baby, for which hospitalisation is necessary, the Company will pay to the Insured Person the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured stated in the schedule hereto.

1. COVERAGE

- A) Room, Boarding, Nursing Expenses as provided by the Hospital/Nursing Home up to Rs4000/- per day.
- B) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- D) Expenses for delivery of a baby either normal or by Caesarean up-to the limits mentioned in the schedule. (including pre-natal and post natal).
- E) Expenses incurred on treatment for complications to the insured mother post delivery. Note : Claim for Post Partum Haemorrhage admissible only where it is severe requiring hysterectomy and is payable only if there is an admissible claim under D above.
- F) Expenses up-to the limits mentioned in the Schedule, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries provided there is a admissible claim under D above.
 Note : Where the New-Born is diagnosed to be affected by Down's syndrome or Cerebral Palsy the Company will pay as lump-sum the amount mentioned in the Schedule and the cover for the baby would continue for treatment of diseases other than for Down's Syndrome or Cerebral Palsy up-to the limits provided
- G) Emergency ambulance charges up-to a sum of Rs1000/- per hospitalisation and overall limit of Rs. 1500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalisation claim is admissible as per the Policy.
- H) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness, injury sustained following an admissible claim under the policy.
- I) A sum equivalent to 7% of the hospitalisation expenses incurred comprising of Nursing Charges, Surgeon/Consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs.5000/- per occurrence towards Post Hospitalisation medical expenses wherever recommended by the attending Medical Practitioner.

Note: Pre-Hospitalisation and Post Hospitalisation expenses shall not be payable where the hospitalisation is for delivery of a child.

Where Package rates are charged by the hospitals the Post-Hospitalisation benefit will be calculated after taking the room, boarding and nursing charges at Rs.4000/- per day.

Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for Dialysis, Chemotherapy, Radiotherapy, Cataract surgery, Dental Surgery following accident, Lithotripsy, Tonsillectomy, Treatment of Fracture/Dislocation, Incision and Draining of Abscess, Liver Aspiration, Pleural Effusion Aspiration, Sclerotherapy, Dental Surgery following accident taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

The amount payable in respect of the following treatment is up-to the limit mentioned there-against:

Cataract surgery- Rs.20000/- in respect of one eye and Rs.30000/- in the entire policy period

Lithotripsy	-	Rs. 20000/-
Tonsillectomy	-	Rs.15000/-
Incision and Draining of Superficial Abscess	-	Rs.1500/-
Incision and Draining of Deep seated Abscess	-	Rs. 4000/-
Liver Aspiration	-	Rs. 2000/-
Pleural Effusion Aspiration	-	Rs. 2000/-
Sclerotherapy	-	Rs. 5000/-
Treatment of Fracture/Dislocation	-	Rs. 2000/-
Chalazion	-	Rs. 3000/-

Tympanoplasty - Rs. 20000/-

Dialysis - Rs. 1200/- per sitting.

Test for detecting congenital abnormalities in the foetus Rs. 1000/- (payable only once after 27 months of continuous renewal with the Company)

Provided the waiver of the minimum period of 24 hours hospitalisation is limited to the above noted treatments only.

Note: -Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum insured per person mentioned in the Schedule.

2. DEFINITIONS

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

Any one illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

Company means Star Health and Allied Insurance Company Limited.

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital Internal means Congenital anomaly which is not in the visible and accessible parts of the body.

Congenital External means Congenital anomaly which is in the visible and accessible parts of the body.

Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological, histological and histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

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

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

Hospital / Nursing Home means any institution established for in-patient care and day care treatment of illness and/or 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 the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

1. Has qualified nursing staff under its employment round the clock;
2. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
3. Has qualified medical practitioner(s) in charge round the clock.
4. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
5. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

Insured Person means the name/s of persons shown in the schedule of the Policy.

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 there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

Network Hospital means all such hospitals, day care centers or other providers that the Company has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the Company and subject to amendment from time to time.

Non Network Hospital means any hospital, day care centre or other provider that is not part of the network

New Born Baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Pre-Existing Disease means any condition, ailment or injury or related condition (s) for which the insured had signs and symptoms ,and/or were diagnosed, and/or received medical advice /treatment within 48 months prior to the Insured's first policy with any Indian insurer.

Pre Hospitalisation means medical expenses incurred immediately before the Insured Person is Hospitalised, provided that :

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

Post Hospitalization means medical expenses incurred immediately after the insured person is discharged from the hospital provided that:

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

Pre-Natal Expenses mean expenses incurred 12 weeks before child delivery and during pregnancy

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another

Post-Natal Expenses mean expenses incurred 12 weeks post delivery.

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state In India

Room Rent means the amount charged by a hospital for the occupancy of a bed on per day (24hours) basis and shall include associated medical expenses.

Surgical Operation 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 or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Unproven / Experimental means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

3. EXCLUSIONS

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the Insured Person during the first 30days from the date of commencement of the policy.
This condition no. 2 above shall not however apply in case of the Insured Person having been covered under this scheme or any health insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break.
3. Expenses for delivery of a child within 36 months of continuous renewal from the date of commencement of this policy with the company .
4. During the First two Years of continuous operation of Insurance cover the expenses on treatment of Cataract, Hysterectomy, Dysfunctional Uterine Bleeding (DUB), Fibroid Uterus, Prolapsed Uterus, Treatment of Internal Derangement of Knee (other than caused by an accident), Treatment for Joints (other than caused by an accident), Intervertebril Disc Prolapse (other than caused by accident), degenerative Vertebral and Disc diseases, Varicose veins and Varicose ulcers. If these (other than congenital internal diseases/defects) are Pre-Existing at the time of proposal they will be covered subject to exclusion number 1 above.
5. During the first year of operation of the Insurance cover the expenses on treatment of Deviated Nasal Septum, Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, Piles, Fissure in anus, Sinusitis, and related disorders, Nasal Polyps, gall bladder calculi and renal calculi are not payable. If these diseases are Pre-Existing at the time of proposal they will be covered subject exclusion No1 above.
Note: Congenital disease/defects whether internal or external are covered for the Newborn.
6. The amount of claim indicated in the schedule to be borne by the Insured Person.
7. Injury/ Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not)
8. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for post-bite treatment) or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
9. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs and such other aids.
10. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
11. Convalescence, general debility, Run-down condition or rest cure, Psychosomatic disorders, Congenital external disease or defects or anomalies, infertility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
12. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic Virus type III (HTLV-III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
13. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital / nursing home.
14. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
15. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials
16. Treatment arising from or traceable to pregnancy(other than ectopic pregnancy), miscarriage, abortion or complications of any of these other than what is stated under clause 1
17. Naturopathy Treatment.
18. Hospital registration charges, record charges telephone charges and such other charges
19. Expenses incurred on Lasik Laser or Refractive Error Correction treatment
20. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs
21. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic shall be restricted to 25% of the sum insured per occurrence subject to an overall limit of Rs. 25000/- during the entire policy period.
22. Other expenses as detailed elsewhere in the policy.

4. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

2. Upon the happening of any event, which may give rise to a claim under this policy, communication with full particulars as far as possible immediately upon hospitalisation, shall be sent to the Company. This is a condition precedent to admission of liability under the policy.

3. Claim must be filed with 15 days from the date of discharge from the Hospital.

Note: This is also another condition precedent to admission of liability under the policy

However the company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case

4. The Insured Person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim

Documents to be submitted in support of claim are –

For reimbursement claims

- a. Duly completed claim form, and
- b. Pre -admission investigations and treatment papers
- c. Discharge summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

For Cashless Treatment:

Prescriptions and receipts for Pre and Post-hospitalization

Note: The Company reserves the right to call for additional documents wherever required.

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

5. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or diseases or delivery requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company.

6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

7. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation, non disclosure of health status whether by the insured Person or by any other person acting on his behalf.

8. **Renewal:** The Policy will be renewed except on grounds of misrepresentation/fraud committed. In respect of disease/sickness/illness for which claim/s has/have been made the sum insured will be restricted to that policy sum insured where the claim/s was/were first made.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

9. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy.

10. **Portability:** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

11. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact or non-co operation by the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation.

SHORT PERIOD SCALE

For policy with one year term	
PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of annual premium
Up to three Months	½ of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium
For policy with two year term	
Up to two-month	1/3rd of policy premium
Up to six months	½ of policy premium
Up to twelve months	3/4th of policy premium
Exceeding twelve months	Full policy premium

12. **Automatic Termination:** The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person
- ✓ Upon exhaustion of the sum insured under the policy as a whole

13. **Arbitration** If any dispute or difference shall arise as to the quantum to be paid under this 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 to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of 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. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

14. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.
15. **Package Charges** The Company's liability in respect of package charges will be restricted to 80% of such amount. Where Package rates are charged the Post-Hospitalisation benefit will be calculated after taking the room, boarding and nursing charges at Rs4000 per day. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)
16. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the premium paid by any mode other than Cash
17. **Important Note:** The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

The attention of the policy holder is drawn to our website : www.starhealth.in for anti fraud policy of the Company for necessary compliance by all stake holders.

18. **Policy Disputes** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

19. **Notices** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to **Star Health and Allied Insurance Company Limited**, No 1, New Tank Street, Valluvar Kottam High Road, Chennai-600034. Toll Free Fax No.: 1800-425-5522, Toll Free No.:1800-425-2255 / 1800-102-4477, E-Mail : support@starhealth.in.

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail

20. **Customer Service** If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours

21. **Grievances** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

Grievance Department, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Or Call 44-28288821 during normal business hours. Or Send e-mail to grievances@starhealth.in. Senior Citizens may Call 044-28288897.

In the event of the following grievances:

- a. any partial or total repudiation of claims by the Company
- b. any dispute in regard to premium paid or payable in terms of the policy;
- c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d. delay in settlement of claims;
- e. non-issuance of any insurance document to customer after receipt of the premium.

the Insured Person may approach the Insurance Ombudsman at the address given below , within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
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@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 -2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 -2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
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@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, 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@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 -23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati –781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 -2732937 Email: bimalokpal.guwahati@gbic.co.in	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 - 65504123 / 23312122 Fax: 040 -23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
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@gbic.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry.
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@gbic.co.in	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 Fax: 0522 -2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, 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 -26106552 / 26106960 Fax: 022 -26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
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@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane ex- cluding Mumbai Metropolitan Region.

Other Excluded Expenses

SI. No.	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		32	LAUNDRY CHARGES	Not Payable
1	HAIR REMOVAL CREAM	Not Payable	33	MINERAL WATER	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable	34	OIL CHARGES	Not Payable
3	BABY FOOD	Not Payable	35	SANITARY PAD	Not Payable
4	BABY UTILITES CHARGES	Not Payable	36	SLIPPERS	Not Payable
5	BABY SET	Not Payable	37	TELEPHONE CHARGES	Not Payable
6	BABY BOTTLES	Not Payable	38	TISSUE PAPER	Not Payable
7	BRUSH	Not Payable	39	TOOTH PASTE	Not Payable
8	COSY TOWEL	Not Payable	40	TOOTH BRUSH	Not Payable
9	HAND WASH	Not Payable	41	GUEST SERVICES	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable	42	BED PAN	Not Payable
11	POWDER	Not Payable	43	BED UNDER PAD CHARGES	Not Payable
12	RAZOR	Payable	44	CAMERA COVER	Not Payable
13	SHOE COVER	Not Payable	45	CLINIPLAST	Not Payable
14	BEAUTY SERVICES	Not Payable	46	CREPE BANDAGE	Not Payable / Payable by the patient
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine	47	CURAPORE	Not Payable
16	BUDS	Not Payable	48	DIAPER OF ANY TYPE	Not Payable
17	BARBER CHARGES	Not Payable	49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
18	CAPS	Not Payable	50	EYELET COLLAR	Not Payable
19	COLD PACK/HOT PACK	Not Payable	51	FACE MASK	Not Payable
20	CARRY BAGS	Not Payable	52	FLEXI MASK	Not Payable
21	CRADLE CHARGES	Not Payable	53	GAUSE SOFT	Not Payable
22	COMB	Not Payable	54	GAUZE	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable	55	HAND HOLDER	Not Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
25	EYE PAD	Not Payable	57	INFANT FOOD	Not Payable
26	EYE SHEILD	Not Payable	58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
27	EMAIL / INTERNET CHARGES	Not Payable	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable	59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
29	FOOT COVER	Not Payable	60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
30	GOWN	Not Payable	61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.	62	HORMONE REPLACEMENT THERAPY	Not Payable
			63	HOME VISIT CHARGES	Not Payable

64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable	83	SPUTUM CUP	Payable under Investigation charges, not as consumable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable	84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable	85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable	86	Antiseptic or disinfectant lotions	Not Payable Part of Dressing Charges
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable	87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable- Part of Dressing Charges
69	DONOR SCREENING CHARGES	Not Payable	88	COTTON	Not Payable Part of Dressing Charges
70	ADMISSION/REGISTRATION CHARGES	Not Payable	89	COTTON BANDAGE	Not Payable Part of Dressing Charges
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable	90	MICROPORE/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable	91	BLADE	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERINGFROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable as per HIV/AIDS exclusion	92	APRON	Not Payable Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy	93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS					
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately	94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	95	URINE CONTAINER	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges, not separately.	ELEMENTS OF ROOM CHARGE		
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately	96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
79	SURGICAL DRILL	Payable under OT Charges, not separately	97	HVAC	Part of room charge not payable separately
80	EYE KIT	Payable under OT Charges, not separately			
81	EYE DRAPE	Payable under OT Charges, not separately			
82	X-RAY FILM	Payable under Radiology Charges, not as consumable			

98	HOUSE KEEPING CHARGES	Part of room charge not payable separately	120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately	121	MEDICAL CERTIFICATE	Not Payable
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied	122	MAINTAINANCE CHARGES	Not Payable
101	SURCHARGES	Part of room charge not payable separately	123	MEDICAL RECORDS	Not Payable
102	ATTENDANT CHARGES	Not Payable Part of Room Charges	124	PREPARATION CHARGES	Not Payable
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable	125	PHOTOCOPIES CHARGES	Not Payable
104	CLEAN SHEET	Part of Laundry / Housekeeping not payable separately	126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable	127	WASHING CHARGES	Not Payable
106	BLANKET/WARMER BLANKET	Not payable part of room charges	128	MEDICINE BOX	Not Payable
ADMINISTRATIVE OR NON-MEDICAL CHARGES			129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
107	ADMISSION KIT	Not Payable	130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
108	BIRTH CERTIFICATE	Not Payable	EXTERNAL DURABLE DEVICES		
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable	131	WALKING AIDS CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable	132	BIPAP MACHINE	Not Payable
111	COURIER CHARGES	Not Payable	133	COMMODOE	Not Payable
112	CONVENYANCE CHARGES	Not Payable	134	CPAP/ CAPD EQUIPMENTS	Device not Payable
113	DIABETIC CHART CHARGES	Not Payable	135	INFUSION PUMP - COST	Device not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable	136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable	137	PULSEOXYMETER CHARGES	Device not Payable
116	DAILY CHART CHARGES	Not Payable	138	SPACER	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable	139	SPIROMETRE	Device not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible	140	SPO2 PROBE	Not Payable
119	FILE OPENING CHARGES	Not Payable	141	NEBULIZER KIT	Not Payable
			142	STEAM INHALER	Not Payable
			143	ARMSLING	Not Payable
			144	THERMOMETER	Not Payable (paid by patient)
			145	CERVICAL COLLAR	Not Payable
			146	SPLINT	Not Payable
			147	DIABETIC FOOT WEAR	Not Payable
			148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
			149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
			150	LUMBO SACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.

151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs.200/day	161	Digestion gels	Payable when prescribed
152	AMBULANCE COLLAR	Not Payable	162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU, For longer stay in ICU, may require a change and at least one set every second day must be payable.
153	AMBULANCE EQUIPMENT	Not Payable	163	GLOVES	Sterilized Gloves payable/ unsterilized gloves not payable
154	MICROSHEILD	Not Payable	164	HIV KIT	Payable - payable pre operative screening
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.	165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION			166	LOZENGES	Payable when prescribed
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable or hospital use in OT or ward or for dressings in hospital	167	MOUTH PAINT	Payable when prescribed
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable	168	NEBULISATION KIT	If used during hospitalization is payable reasonably
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable	169	NOVARAPID	Payable when prescribed
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not excluded	170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
160	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed	171	ZYTEE GEL	Payable when prescribed
			172	VACCINATION CHARGES	Routine Vaccination not payable/Post Bite Vaccination payable
			PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
			173	AHD	Not Payable Part of Hospital's internal Cost
			174	ALCOHOL SWABES	Not Payable Part of Hospital's internal Cost
			175	SCRUB SOLUTION/STERILLIUM	Not Payable Part of Hospital's internal Cost

OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not Payable pre hospitalization or post hospitalization/ Reports and Charts

		required/Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable Ambulance from home to hospital or interhospital shifts is payable /RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost-maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc, where it should be paid



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