	List of Expenses Generally excluded in Hospitalisation Policy		
	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy		
S.No	NAME OF THE NON MEDICAL ITEM	SUGGESTIONS	
	TOILETRIES/ COSME	TICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	ANNE FRENCH CHARGES	Not Payable	
	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable	
	BABY FOOD	Not Payable	
	BABY UTILITES CHARGES	Not Payable	
-	BABY SET	Not Payable	
-	BABY BOTTLES	Not Payable	
	BOTTLE	Not Payable	
8	BRUSH	Not Payable	
	COSY TOWEL	Not Payable	
	HAND WASH	Not Payable	
-	MOISTURISER PASTE BRUSH	Not Payable	
	POWDER	Not Payable	
	RAZOR	Payable	
-	TOWEL	Not Payable	
	SHOE COVER	Not Payable	
16	BEAUTY SERVICES	Not Payable	
		Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or	
	BELTS/ BRACES	lumbar spine.	
	BUDS	Not Payable	
	BARBER CHARGES	Not Payable	
	CAPS	Not Payable	
	COLD PACK/HOT PACK	Not Payable	
	CARRY BAGS	Not Payable	
	CRADLE CHARGES	Not Payable	
-	СОМВ	Not Payable	
	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable	
	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	
	EYE PAD	Not Payable	
	EYE SHEILD	Not Payable	
-	EMAIL / INTERNET CHARGES	Not Payable	
	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable	
	FOOT COVER	Not Payable	
32	GOWN	Not Payable	
		Essential in surgery for bariatric and varicose veins and may be considered for at least these conditions	
	LEGGINGS	where surgery itself is payable.	
	LAUNDRY CHARGES	Not Payable	
	MINERAL WATER	Not Payable	
36	OIL CHARGES	Not Payable	

37	SANITARY PAD	Not Payable
	SLIPPERS	Not Payable
	TELEPHONE CHARGES	Not Payable
	TISSUE PAPER	Not Payable
	TOOTH PASTE	Not Payable
	TOOTH BRUSH	Not Payable
	GUEST SERVICES	Not Payable
	BED PAN	Not Payable
	BED UNDER PAD CHARGES	Not Payable
	CAMERA COVER	Not Payable
		Not Payable
	CLINIPLAST	Not Payable
	CREPE BANDAGE	Not Payable
	CURAPORE	Not Payable
	DIAPER OF ANY TYPE	Not Payable
- 51	DIALEK OF ANT TITE	Not rayable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
	EYELET COLLAR	Not Payable
	FACE MASK	Not Payable
	FLEXI MASK	Not Payable
	GAUSE SOFT	Not Payable
	GAUZE	Not Payable
	HAND HOLDER	Not Payable
	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
	LACTOGEN/ INFANT FOOD	Not Payable
		Reasonable costs for one sling in case of upper arm fractures may be considered ITEMS SPECIFICALLY
61	SLINGS	EXCLUDED IN THE POLICIES
<u> </u>		PECIFICALLY EXCLUDED IN THE POLICIES
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
-	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
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	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE	
75	FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
/5	FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR	
76	SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
	STEM CELL IMPLANTATION/ SURGERY	Not Payable as per my Alba exclusion Not Payable except Bone Marrow Transplantation where covered by policy
- //	STEINI CELL IIVIPLANTATIONY SURGERT	Not Payable except Bolle Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES V	VHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS PAYABLE
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
		a fundamental of the state parameter
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON Not	Payable-Part of Dressing Charges
	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
	COTTON	Not Payable-Part of Dressing Charges
92	COTTON BANDAGE	Not Payable- Part of Dressing Charges
	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	BLADE	Not Payable
0.5	ADDON	No Decide Decides in Inc. in I
95	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
00	TORNIOLIET	Not Davable (consider is charged by beguitals, consumables connect by consumable connects)
	TORNIQUET ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
	URINE CONTAINER	Part of Dressing Charges Not Payable
96		ELEMENTS OF ROOM CHARGE
		LELIVILIA DE ROCIVI CHARGE
99	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub limits
	HVAC	Part of room charge not payable separately
	HOUSE KEEPING CHARGES	Part of room charge not payable separately
	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
	SURCHARGES	Part of Room Charge, Not payable separately
	ATTENDANT CHARGES	Not Payable - Part of Room Charges
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106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED	
108	CHARGE)	Patient Diet provided by hospital is payable
	BLANKET/WARMER BLANKET	Not Payable- part of room charges
		IISTRATIVE OR NON-MEDICAL CHARGES
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
	CERTIFICATE CHARGES	Not Payable
	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
	DISCHARGE PROCEDURE CHARGES	Not Payable
	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
		EXTERNAL DURABLE DEVICES
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable

146	ARMSLING	Not Payable	
	THERMOMETER	Not Payable (paid by patient)	
	CERVICAL COLLAR	Not Payable	
	SPLINT	Not Payable	
	DIABETIC FOOT WEAR	Not Payable	
	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable	
	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable	
132	INVEL IMMOBILIZERY STIGOLDER HAMMOBILIZER	Not rayable	
153	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.	
454		Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for	
	NIMBUS BED OR WATER OR AIR BED CHARGES	any reason and at reasonable cost of approximately Rs 200/ day	
	AMBULANCE COLLAR	Not Payable	
	AMBULANCE EQUIPMENT	Not Payable	
157	MICROSHEILD	Not Payable	
158	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.	
		ABLE IF SUPPORTED BY A PRESCRIPTION	
		May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in	
	ETC	hospital	
	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable	
	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable	
	ALEX SUGAR FREE	Payable -Sugar free variants of admissable medicines are not excluded	
	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed		
	medical pharmaceuticals payable)	Payable when prescribed	
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed	
165	ECC ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a	
	ECG ELECTRODES GLOVES	change and at least one set every second day must be payable.	
		Sterilized Gloves payable / unsterilized gloves not payable	
	HIV KIT	Payable - payable Pre operative screening	
	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed	
	LOZENGES	Payable when prescribed	
	MOUTH PAINT	Payable when prescribed	
	NEBULISATION KIT	If used during hospitalization is payable reasonably	
	NEOSPRIN	Payable when prescribed	
	NOVARAPID	Payable when prescribed	
	17 VOLINI GEL/ ANALGESIC GEL	Payable when prescribed	
	ZYTEE GEL	Payable when prescribed	
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable	
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
177	AHD	Not Payable - Part of Hospital's internal Cost	

178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	OTHERS	
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY	
184	KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not Payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
400	ANADUHANGE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is
	AMBULANCE	payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for cases like CABG etc. where it should be paid.