



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Servicing Office:
State Code : XX
GSTIN : XXXXXXXXXXXXXXX
General Insurance Services: 9971

SURROGACY PROTECTOR POLICY

UIN: IFFHLIP25039V012425

POLICY WORDING

A. POLICY SCHEDULE

Policyholder Details

Name				
Mobile No.		E-Mail ID		
Communication Address				
City		State	Pin Code	
Permanent Address				
City		State	Pin Code	
CKYC No. allotted by CKYC Agency				

Policy Details

Policy No			Policy Tenure	
Period of Insurance:	Start Date	From	DD/MM/YYYY Time	
	End Date	To	DD/MM/YYYY Time	
Intermediary Name			Intermediary Code	
Salesperson Name			Phone Number	

Nominee Details

Description	Nominee 1	Nominee 2
Name		
Relationship with Policyholder		
Communication Address		
Permanent Address		
E-Mail ID		
Phone No.		
Percentage (%)		
*Guardian Details (if Nominee is minor)		
Name of Guardian:		
Address:		
Phone No:		

Member details, Sum Insured and premium are as given below:

Description	Details
Name	
DOB and Corresponding Age	
ABHA Number	
Mobile No. registered with Aadhar	
Basic Sum Insured	
Medical History	

Basic Premium	Loading	Discount	Net Premium	CGST	SGST	UGST	IGST	Total Premium

1. In case of cheque dishonor or whatsoever, cover provided under this document automatically stands cancelled from the date of inception irrespective of whether a separate communication is sent or not.
2. The above records with respect to Pre-existing illness / conditions etc. are as declared by the insured. If the information given above is found to be either incomplete or incorrect or concealed at the time of claim, the same shall be constructed as non-disclosure of material facts.
3. **LIST OF NETWORK HOSPITALS AND EXCLUDED HOSPITALS:** The policy provides for cashless treatment at Network hospitals. However, it does not pay for cost of any treatment (both cashless & reimbursement) in specified excluded hospital(s). List of network hospitals and excluded hospitals is given in the enclosed booklet "LIST OF NETWORK HOSPITALS AND EXCLUDED HOSPITALS". This list is dynamic and may change from time to time. Insured Person are advised to check our website or contact our Call centre for updated list of such excluded hospitals/ medical practitioners before hospitalisation/treatment.
4. **NON PAYABLE ITEMS:** The policy does not cover certain non-payable items, list of which is given as an annexure A-List I "LIST OF NON PAYABLE ITEMS" in this booklet.

Medical History Details		
Insured Person(s) Name	Medical History	Medical History-Illness/Condition

In witness whereof, the undersigned being duly authorized has here under set his/her hand on this policy on _____

Toll Free: 1800-103-5499 ; Other: (124) 4285499
 or SMS "CLAIMS" to 56161
 CIN : U74899DL2000PLC107621
 Policy Issuing Office:
 Consolidated Stamp deposited as per
 the Order of Government of National
 Capital Territory of Delhi

For IFFCO-TOKIO General Insurance Co.Ltd

Authorized Signatory

Kindly send us a request for endorsement in case of change in Your contact details, address, email ID, bank account or nominee details.

B. PREAMBLE

This policy is evidence of the contract between the Proposer and Us. The proposal along with any written statement(s), declaration(s) of the Proposer for purpose of this policy forms part of this contract.

This policy witnesses that in consideration of the Proposer having paid the premium for the period stated in the schedule, we will insure the insured person, in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this policy insofar as they relate to anything to be done or complied with by the Proposer and/or insured person have been met.

The schedule shall form part of this policy and the term policy whenever used shall be read as including the schedule.

Any word or expression to which a specific meaning has been attached in any part of this policy or schedule shall bear such meaning whenever it may appear.

The policy is based on information which have been given to us about insured person pertaining to risk insured under the policy and the truth of this information shall be condition precedent to the Insured Person's right to recover under this policy.

C. DEFINITIONS

1. Accident

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

2. Additional Benefits

It means the coverages which are granted to insured person apart from main coverage under the policy, for which no additional premium is required to be paid by Policyholder.

3. Age

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

4. AYUSH Treatment

It refers to the medical and/or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

5. AYUSH Hospital:

An 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 Our authorized representative.

6. **AYUSH Day Care Centre**

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 Our authorized representative.

7. **Cashless facility**

It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.

8. **Clinical Establishment**

It shall have the same meaning as assigned to it in the Clinical Establishments (Registration and Regulation) Act, 2010;

9. **Condition Precedent**

It means a policy term or condition upon which our liability under the policy is conditional upon.

10. **Congenital Anomaly**

It means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- i. **Internal Congenital Anomaly:** It means a congenital anomaly which is not in the visible and accessible parts of the body.
- ii. **External Congenital Anomaly:** It means a congenital anomaly which is in the visible and accessible parts of the body.

11. **Day Care Centre**

It means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:

- I. has qualified nursing staff under its employment;
- II. has qualified medical practitioner (s) in charge;
- III. has a fully equipped operation theatre of its own where surgical procedures are carried out
- IV. maintains daily records of patients and shall make these accessible to Our authorized personnel.

12. Day Care Treatment

It refers to medical treatment, and/or surgical procedure which is:

- I. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
 - II. Which would have otherwise required a hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.

13. Diagnostics

It means Medical tests conducted by a registered medical practitioner, supported by clinical, radiological, histological, histopathological, laboratory evidence and/or surgical evidence wherever applicable.

14. Disease

It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the period of insurance and which requires treatment by a medical practitioner.

15. Domiciliary Hospitalization

It means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances: -

- i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii. the patient takes treatment at home on account of non-availability of room/bed in a hospital.

16. Hospital/Nursing Home

It 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 Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. 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;
- iii. has qualified medical practitioner (s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
- v. maintains daily records of patients and shall make these accessible to Our authorized personnel.

*Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013 or any amendments thereof.

1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
2. The Bombay Nursing Homes Registration Act, 1949.
3. The Delhi Nursing Homes Registration Act, 1953.
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistrikan Tatha Anugyapan) Adhinyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997.
7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
8. The Punjab State Nursing Home Registration Act, 1991.
9. The West Bengal Clinical Establishments Act, 1950.

Note: Any make-shift or temporary hospital permitted temporarily by Central/ State Government and allowed by the IRDAI under specific situations shall also be regarded as a hospital.

17. Hospitalization

It means admission in a Hospital/registered Surrogacy Clinic for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.

18. Illness

It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function 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 specially trained to cope with it
 - d) it continues indefinitely
 - e) it recurs or is likely to recur

19. Injury

It 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.

20. Inpatient Care

It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty-four) hours for a covered event.

21. Insured Person

It means Surrogate mother named in the schedule of the Policy.

22. Intending Couple

It means a couple who have a medical indication necessitating gestational surrogacy and who intend to become parents through surrogacy.

23. Intending Woman

It means an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail the surrogacy.

24. Intensive Care Unit (ICU) Charges

It 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.

25. Intensive Care Unit

It 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.

26. Medical Advice

It means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

27. Medical Expenses

It 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.

28. Medically Necessary Treatment

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

29. Medical Practitioner

It 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 license. The registered Medical Practitioner should not be the Insured or close family member.

30. Network Provider

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

The list of network hospitals is dynamic and hence may change from time to time. We suggest the Insured Person to check our website www.iffcotokio.co.in or contact our call centre/ nearest office for updated list of such hospitals before admission.

31. Non- Network Provider

It means any hospital/ day care centre that is not part of the network.

32. Notification of Claim

It means the process of intimating a claim to Us or our TPA through any of the recognized modes of communication.

33. Out-Patient (OPD) Treatment

It means one in which the Insured person 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 person is not admitted as a day care or in-patient.

34. Policy

It 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 extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.

35. Policy Period/ Period of Insurance

It means a period of 36 months as mentioned in the Policy Schedule.

36. Policy Schedule

It means the Policy Schedule attached to and forming part of Policy.

37. Post Hospitalization Medical Expenses

It means Medical Expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

- a) such Medical Expenses are incurred for the same condition for which the Insured person's hospitalization was required and
- b) the In-patient Hospitalization claim for such Hospitalization is admissible by us.

38. Pre-Hospitalization Medical Expenses

It means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- a) such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalization was required, and
- b) the In-patient Hospitalization claim for such Hospitalization is admissible by us.

39. Proposal

It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by the Policyholder.

40. Pre-existing Disease

It means any condition, ailment, injury or disease:

- a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the 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 the policy.

41. Qualified Nurse

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.

42. Reasonable and Customary Charges

It means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

43. Renewal

Means the terms on which the contract of insurance can be renewed on mutual consent.

44. Room rent

It means the amount charged by a hospital towards room and boarding expenses and shall include the associated medical expenses.

45. Sub-limit

It 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.

46. Basic Sum Insured/ Sum Insured

It means the monetary amount as opted against Insured Person and specified in the Policy Schedule. Sum Insured 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) during the Policy Year.

47. Surgery or Surgical Procedure

It 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.

48. Surrogacy

Surrogacy means a practice whereby one woman bears and gives birth to a child for an intending couple or an intending woman with the intention of handing over such child to the intending couple after the birth.

49. Surrogacy Clinic

It means surrogacy clinic, centre or laboratory, conducting assisted reproductive technology services, invitro fertilisation services, genetic counselling centre, genetic laboratory, Assisted Reproductive Technology Banks conducting surrogacy procedure or any clinical establishment, by whatsoever name called, conducting surrogacy procedures in any form.

50. Surrogacy Procedures

It means all gynecological, obstetrical or medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryo in surrogacy.

51. Surrogate Mother

It means a woman who agrees to bear a child (who is genetically related to the intending couple or intending woman) through surrogacy from the implantation of embryo in her womb and fulfils the conditions as provided in sub-clause (b) of clause (iii) of Section 4 of the Surrogacy (Regulation) Act, 2021.

52. Telemedicine Consultation

It means the practice of caring for patients remotely by using video-conferencing tools.

53. Third Party Administrator

It means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

54. Unproven/Experimental Treatment

A treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

55. Waiting Period

It means a period from the inception of this Policy during which specified diseases/treatments are not covered.

56. We/Our/Us

It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

57. You/Proposer/Policyholder

It means the intending couple or an intending woman.

Note:

Any other term used in this Wording shall have the same meaning as described in the following:

- i) The Surrogacy (Regulation) Act, 2021 and subsequent amendments thereof.
- ii) Surrogacy (Regulation) Rules, 2022 and subsequent amendments thereof.

D. BENEFITS COVERED UNDER THE POLICY

(I) COVERAGE

We shall pay Reasonable and Customary hospitalization expenses incurred for the Surrogate mother during the Policy Period due to the following:

- i) Any complications arising from Pregnancy through surrogacy and/or
 - ii) Post-partum complications arising from such a delivery,
- provided that,

- The surrogacy procedures and treatments are carried out in accordance with the Surrogacy Regulations Act, 2021, Surrogacy Regulation Rules, 2022 and its amendments as may be applicable.
- Purpose of Surrogacy must be in compliance with The Surrogacy Regulation Act 2021 and its amendments as may be applicable.

The following hospitalization expenses are payable:

1. Room Rent Expenses:

a. Room rent expenses subject to following limits:

For Normal Room Rent Expenses:

A limit of 2% of the sum insured on per day basis or charges of a Single Standard Air Conditioned Room, whichever is less

For Intensive Care Unit/Therapeutic Expenses:

A limit of 3% of the sum insured on per day basis or actual, whichever is less.

- b. Service charges and Surcharge on actual basis subject to a maximum limit of 0.5% of Sum Insured for each hospitalization.
2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital.
3. Anesthesia, blood, oxygen, operation theatre, surgical appliances, medicines and drugs, diagnostic materials, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs, cost of organ transplant and similar expenses relating to the treatment of complications arising out of surrogate pregnancy and/or post-partum complications arising out of such a delivery.
4. AYUSH expenses including pre-hospitalization and post hospitalization expenses up to the limit of the Sum Insured of the insured person per policy period, relating to the treatment of complications arising out of surrogate pregnancy and/or post-partum complications arising out of such a delivery.

Note :

1. The coverage is available only after the pregnancy is confirmed for the surrogate mother.
2. In case a Room with rent higher than the entitlement limit is opted, the associated medical expenses payable under item (2) and (3) (except costs of pharmacy & covered consumables, implants & medical devices and cost of diagnostics above provided by the Hospital) above supplied by Hospital above of 'what is covered' shall be restricted to
 - a) The charges applicable to the room within the eligibility as per hospital tariff;
 - or
 - b) The same proportion as the entitled room rent bears to availed room rent (if hospital tariff is not available or no room available within the eligible room rent). This proportionate payment will not be less than 50% (fifty percent) of the claim amount for item 2&3 of "What is Covered".The proportionate deduction will not be applied in respect of hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category. The proportionate deduction shall also not apply for ICU charges.
3. In case the Insured person has to undergo organ transplant due to complications arising from Surrogate Pregnancy and/or Post-partum complications in such a delivery, then hospitalization expenses of person donating an organ during the course of organ transplant subject to the above sub-limits applicable to the insured person and within the extended sum insured (if applicable) of the insured person. However, for Room Rent, the amount payable in respect of Donor will be 50% (fifty percent) of Room Rent limit of insured person(patient) for whom the claim is lodged.
4. 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.

ADDITIONAL BENEFITS

We will pay for the additional benefits as mentioned below in accordance with the main-coverage:

1. **Pre and Post Hospitalization Medical Expenses:**

- a) **Pre-Hospitalization Medical Expenses** incurred up to 15 days prior to covered Hospitalization.
- b) **Post Hospitalization Medical Expenses** incurred during period up to 30 days after covered Hospitalization.

2. **Modern Treatment Methods and Advancement in Technologies:**

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital upto 50% of Sum Insured, during the Policy period, if it arises out of complications due to Surrogate Pregnancy and/or Post-partum complications arising from such a delivery

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Robotic surgeries

3. **Day care treatment:** Day care medical treatments, for complications related to Surrogate Pregnancy and/or post-partum complications in such a delivery, listed in Annexure – B “List of Day Care Procedures” of the policy document, will be payable even if the duration of hospitalization is less than 24 hours.

(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest the Insured Person to please check our website/ contact our nearest office for updated list of such treatments.)

E. EXCLUSIONS

(I)STANDARD EXCLUSIONS

1. **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.

2. **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.

3. **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:

- i) 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.
- ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

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

5. **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**

6. Dietary supplements and substances that can be purchased without prescription, including but not 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. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. 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

8. 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.

9. 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.

10. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the Insured Person 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.

(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest the Insured Person to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

11. Refractive Error: Code- Excl15:

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

12. 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.

(II) SPECIFIC EXCLUSIONS

1. Any expenses related to deliveries/Child Birth
2. Expenses related to the treatment of any illness arising out of Surrogate Pregnancy and/or Post-partum complications in such a delivery, within 30 days from the policy commencement date shall be excluded.
3. Any expenses related to treatment of any disease/illness/injury other than complications arising from Surrogate Pregnancy and/or Post-partum complications in such a delivery.
4. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded. However, any complications related to Surrogate Pregnancy and/or Post-partum complications in such a delivery directly attributable to pre-existing diseases shall be covered.
5. Any expenses related to New Born baby through Surrogacy to the Surrogate Mother.
6. Any expenses related to Surrogacy Treatment Procedure cost including but not limited to Injection, tests, Ultra Sound, Embryo transfer, Ovum pickup.
7. Costs associated with cryopreservation and storage of sperm, eggs and embryos.
8. Expenses related to the following:
 - i) Any type of contraception, sterilization.
 - ii) Reversal of sterilization.
9. Any expenses related to voluntary termination of pregnancy, not arising out of a medical complication.
10. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or services including, maid, barber, cosmetics & napkins.
11. Any expenses incurred on treatment other than Allopathy or AYUSH.
12. Ambulance charges, pre and post hospitalization expenses for the donor in case of major organ transplant.
13. Cost of spectacles and contact lens or hearing aids.
14. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.
15. Expenses related to any treatment necessitated due to participation as a non-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.
16. Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner.

17. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently except the medicines or the solutions required for the treatment.
18. Intra-articular injections.
19. Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
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.
20. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.
21. Travel or transportation expenses.
22. Any Domiciliary Hospitalization expenses
23. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury.
24. 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.
25. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.
26. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical Council.

F. GENERAL TERMS AND CLAUSES

1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact* by the Insured Person/policyholder.

*Material facts for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

(Note: We, at our discretion, might choose to continue the policy by imposing a waiting period or by taking any other measures in such an event of non-declaration/ mis-representation of material facts that surface during the course of the policy contract.)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by You/ Insured person for Us to make any payment for claim(s) arising under the policy.

3. Claim Settlement (provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 15 days from the date of submission of claim.
- ii. In the case of delay in the payment of a claim, We shall pay interest to You from the date of receipt of intimation to the date of payment of claim at bank rate** plus 2%. Such interest shall be suo-moto paid by Us.
- iii. However, where the circumstances of a claim warrant an investigation during adjudication of the claim, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of submission of claim. In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days of investigation period, We shall be liable to pay interest to You at a rate bank rate** plus 2% from the date of receipt of intimation to the date of payment of claim. Such interest shall be suo-moto paid by Us.

***"Bank rate" shall mean the 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.

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of IRDAI (Protection of Policyholder's Interests, Operations and Allied Matters of Insurers), 2024.

4. Complete Discharge

Any payment to the policyholder or his/her nominees or her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by Us to the extent of that amount for the particular claim.

5. Multiple Policies

a) For Indemnity Coverages-In case of multiple policies taken for the Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of her claim in terms of any of her policies. In case, the available coverage under the said policy is less than the admissible claim amount, the insurer chosen by the insured person shall seek the details of other available policies of the Insured Person and shall coordinate with other Insurers to ensure settlement of the balance amount as per the respective policy conditions.

b) For Benefit Coverage-On occurrence of the Insured event, the Insured Person can claim from all Insurers under the Policy.

6. 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 her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person/ policyholder or by his/her agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive Us or to induce Us to issue an insurance policy:

- a) The suggestion, as a fact of that which is not true and which the Insured Person do/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

We shall not repudiate the claim and / or forfeit the policy benefits 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 misstatement of or suppression of material fact are within the knowledge of the insurer.

7. [Cancellation](#)

A. Cancellation by the Policyholder

I. In case of successful Pregnancy through Surrogacy

The Policyholder may cancel this Policy by giving 7 days' written notice along with an alternate policy with Surrogacy Cover covering the Insured Person from an Insurance Company recognized by the Insurance Regulatory and Development Authority established under the Insurance Regulatory and Development Authority Act, 1999, and in such an event, We shall refund premium for the unexpired policy years where risk coverage for such policy years has not commenced.

II. In case of unsuccessful Pregnancy through Surrogacy

The policyholder may cancel this Policy by giving 7 days' written notice along with proof of unsuccessful pregnancy from the attending Medical Practitioner/Hospital and in such an event, We shall refund the full premium after deducting administrative charges.

B. Cancellation by Us

We may cancel the Policy at any time on grounds of established fraud or non-disclosure of material facts or mis-representation, by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on these grounds.

8. [Free look period](#)

The Free Look Period shall be applicable at the inception of the Policy.

The Policyholder shall be allowed a 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.

If the Policyholder submits an alternate policy with Surrogacy Cover covering the Insured Person and has not made any claim in this Policy during the Free Look Period, the policyholder shall be entitled to

- i. A refund of the premium paid less any expenses incurred by Us 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 policyholder, 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.

9. [Nomination](#)

The Policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Insured Person. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, We will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the policy.

10. [Renewal of Policy](#)

The Policy is non-renewable.

11. [Arbitration](#)

i. 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).

ii. 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.

iii. 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.

12. [Automatic change in Coverage under the policy](#)

The coverage for the Insured Person shall automatically terminate in the case of Insured Person's demise.

13. [Changes in Circumstances](#)

Policyholder/Insured Person or her authorized representative must inform us, as soon as reasonably possible of any change in information which the policyholder has provided to us about insured person which may affect the insurance cover provided.

14. [Claim procedure and requirements:](#)

a. Intimation of claim: An event which might become a claim under the policy must be reported to us as soon as possible or within "a maximum of 24 hours of hospitalization, but in any case 12 hours prior to insured person(s)'s discharge from hospital/nursing home".

b. A written statement of the claim will be required and a claim form will have to be completed. The claim must be filed along with all supporting documents within 30(thirty) days from the date of discharge from the hospital or completion of treatment whichever is later, except in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which you / insured person or your/his or her personal representative were placed, it was not possible for any one of you to give notice or file claim within the prescribed time limit. In such case(s), the claim should be duly filed with us within 90(ninety) days from the date of discharge from hospital.

c. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15 days from the date of query (ies). You must submit documents as listed below:

- i. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
- ii. Copy of Photo ID / Proof
- iii. Discharge Summary (Photo Copy in case of claim for Pre/Post Hospitalization only)
- iv. Hospital Bill (Original Only)
- v. Hospital Receipt (Original Only)
- vi. Investigation Reports with supporting prescriptions
- vii. Investigation Bills (Original Only)
- viii. Pharmacy Bills (Original Only) with supporting prescriptions
- ix. Bills including the relevant stickers for Implants
- x. All previous treatment papers related to Ailment of last 4 years. (In some cases, we may ask for more than 4 years record if required)
- xi. Copy/Copies of previous insurance policies if required (in case not provided earlier)
- xii. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.
- xiii. KYC (know your customer) form, if claim is more than 1 lakh
- xiv. Any other document if insured wants to furnish in support of the claim

d. Our representative(s) shall be allowed to carry out examination and obtain information on any alleged injury or disease requiring hospitalization, if and when we may reasonably require.

e. In case you and/or insured person(s) do(es) not comply with the provisions of this clause or other obligations to be met by you and/or by insured person(s) under this policy or in any of the policy documents, all benefit(s) under the policy shall be forfeited, at our option.

f. Intimation about discharge from Hospital/Nursing Home: You and/or Insured person (s) should inform the hospital authorities and IFFCO-TOKIO about the date and time of discharge as soon as the same is confirmed [at least 4 (four) hours before the scheduled discharge time], so that the discharge formalities are completed smoothly.

g. Pre and Post Hospitalizations Claims

- i. Hospitalization and Pre-Hospitalization claim should be filed within 30 days from the date of discharge from the Hospital
- ii. Post Hospitalization claim should be filed within 30 days from the date of completion of post-hospitalization period.. Hospitalization and Post Hospitalization claims may be submitted together within 30 days from the date of completion of post-hospitalization period at the option of the Insured Person.

h. If IFFCO-TOKIO seeks any further clarification or documents in support of the claim, the same should be provided along with all supporting documents within 15 days from the date of such requirement from IFFCO-TOKIO.

i. For cashless Hospitalization, the Insured Person must contact the Third Party Administrator/Us at least 48 hours before a planned Hospitalization. In an emergency situation We/ Third Party Administrator should be contacted within 24 hours of Hospitalization.

15. [Disclaimer Clause](#)

If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

16. [Electronic Transaction](#)

Policyholder and/or insured person agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policy holder's interests.

17. [Endorsements \(Changes in Policy\)](#)

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except Us. Any change made by Us shall be evidenced by a written endorsement signed and stamped.
- ii. The policyholder may be changed during the Policy Period only in case of his/her demise.

18. [Limit of Indemnity](#)

The liability under the subject policy by way of indemnity for all the covers shall in no way exceed the overall Sum Insured.

19. [Notice & Communication](#)

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.
- iii. We shall communicate with the Insured person at the address or through any other electronic mode mentioned in the schedule.

20. [No Constructive Notice](#)

Any knowledge or information of any circumstance(s) or condition in connection with the insured person, in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.

21. [Notice of Charge](#)

We will not be bound to take cognizance or be effected by any notice of trust, charge, lien, assignment or other dealings with or relating to this policy. Receipt of insured person shall in all cases be an effective discharge to us.

22. [Payment of Premium:](#)

The premium payable shall be paid in advance before commencement of risk.

23. [Reasonable Precaution](#)

The Insured person shall take all reasonable precaution to prevent Injury, illness, and Disease in order to minimize claims.

24. [Records to be Maintained](#)

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

25. [Territorial Limit](#)

All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency.

26. [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.

27. [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.

28. [Get in touch with us](#)

In case of any query, You may contact Us through:

Company Website: www.iffcotokio.co.in

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address : IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

29. [Redressal Of Grievance](#)

In case of any grievance, the insured person may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Grievance Registration: Follow the above-mentioned link and fill the details to register the grievance.

Toll free: 1800-103-5499

Email: chiefgrievanceofficer@iffcotokio.co.in

Address : Chief Grievance Officer

IFFCO-Tokio General Insurance Co Ltd
 IFFCO Tower, Plot no. 3
 Sector -29, Gurgaon – 122001

Insured person may also approach the grievance cell at any of the Our branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in.

For updated details of grievance officer, kindly refer the link:
<https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

Grievance may also be lodged at Grievance Portal of IRDAI- ‘Bima Bharosa’ and tracked through your mobile number.

- <https://bimabharosa.irdai.gov.in/Home/Home>

The contact details of the Insurance Ombudsman offices have been provided in the below link:

- <https://www.cioins.co.in/Ombudsman>

The contact details of the Insurance Ombudsman offices have been provided as below:

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.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, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.

Office Details	Jurisdiction of Office Union Territory, District)
<p>BHOPAL Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: bimalokpal.bhopal@cioins.co.in</p> <p>BHUBANESHWAR - Shri Manoj Kumar Parida Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p> <p>Odisha.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p> <p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p> <p>DELHI – Ms Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p> <p>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</p> <p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace,</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.</p> <p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p> <p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p> <p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p> <p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<p>A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 -23312122 Email: bimalokpal.hyderabad@cioins.co.in</p> <p>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</p> <p>ERNAKULAM Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p> <p>KOLKATA - Ms Kiran Sahdev Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341, Email: bimalokpal.kolkata@cioins.co.in</p> <p>LUCKNOW - Shri. Atul Sahai Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613, Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Rajasthan</p> <p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p> <p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p> <p>Districts of Uttar Pradesh : Lalitpur, 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>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>
<p>NOIDA - Shri Bimbardhar Pradhan Office of the Insurance Ombudsman,</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat,</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<p>Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p> <p>PATNA - Ms Susmita Mukherjee Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p> <p>PUNE - Shri Sunil Jain 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.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>	<p>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.</p> <p>Bihar, Jharkhand.</p> <p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Insurance is the subject matter of solicitation

Annexure - A

List I – List of non-payable Items

Sl. No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/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	EXTRA DIET 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

SI 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

SI 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

SI 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:

ITGI Day Care Procedures	
S.no	ENT: Operations of the ear
1	Stapedotomy to Treat Various Lesions in Middle Ear under LA
2	Revision of Stapedectomy
3	Endoscopic Stapedectomy
4	Middle ear polypectomy
5	Myringoplasty
6	Tympanoplasty type I
7	Tympanoplasty type II
8	Tympanoplasty type III
9	Tympanoplasty type IV
10	Revision of a Tympanoplasty
11	Other Operations on the Auditory Ossicles
12	Myringotomy with Grommet insertion
13	Removal of Tympanic Drain
14	Mastoidectomy
15	Reconstruction of the Middle Ear
16	Fenestration of the Inner Ear
17	Destruction (elimination) of the Inner Ear
18	Revision of a Fenestration of the Inner Ear
19	Incision of the Mastoid Process and Middle Ear
20	Incision & destruction of the Inner Ear
21	Endolymphatic Sac Surgery for Meniere's Disease
	ENT: Procedures on the nose & the nasal sinuses
22	Excision and Destruction of Diseased Tissue of the Nose
23	Excision of lesion of Internal nose
24	Operations on the Turbinates (nasal Concha)
25	Turbinectomy
26	Turbinoplasty
27	Foreign body removal from Nose under GA
28	Septoplasty
29	Nasal Sinus Aspiration
30	Reduction of Fracture of Nasal Bone
	ENT: Procedures on the tonsils & adenoids
31	Transoral Incision and Drainage of a Pharyngeal Abscess
32	Incision & Drainage of Retropharyngeal Abscess
33	Incision & Drainage of Parapharyngeal Abscess
34	Tonsillectomy without Adenoidectomy
35	Tonsillectomy with Adenoidectomy
36	Adenoidectomy
37	Adenoidectomy with Grommet Insertion

38	Palatoplasty
39	Tracheoplasty
40	Excision and Destruction of a Lingual Tonsil
41	Quinsy drainage
	OPHTHALMOLOGY: Procedures on the eyes
42	Biopsy of Tear Glands
43	Incision of Tear Glands
44	Incision of Diseased Eyelids
45	Excision and Destruction of Diseased Tissue of the Eyelid
46	Operations on the Canthus and Epicanthus
47	Corrective Surgery for Entropion
48	Corrective Surgery for Ectropion
49	Corrective Surgery for Blepharoptosis
50	Removal of a Foreign Body from the Conjunctiva
51	Removal of a Foreign Body from the Cornea
52	Incision & other operations of the Cornea
53	Procedures for pterygium
54	Removal of a Foreign Body from the Lens of the Eye
55	Removal of a Foreign Body from the Posterior Chamber of the Eye
56	Removal of a Foreign Body from the Orbit and Eyeball
57	Surgery for Cataract
58	Chalazion removal
59	Dacryocystorhinostomy
60	Correction of eyelid tear
61	Glaucoma Surgery
62	Surgery for Retinal Detachment
	Oncology Related procedures
63	Radiotherapy for Cancer
64	Conditioning Radiotherapy for BMT
65	HBI- hemibody Radiotherapy
66	IGRT- Image Guided Radiotherapy
67	SBRT- Stereotactic Body Radiotherapy
68	TBI- Total Body Radiotherapy
69	Adjuvant Radiotherapy
70	Neoadjuvant Radiotherapy
71	Palliative Radiotherapy
72	Radical Radiotherapy
73	Intraluminal Brachytherapy
74	External Mould Brachytherapy
75	Interstitial Brachytherapy
76	Intracavity Brachytherapy
77	Implant Brachytherapy
78	Intravesical Brachytherapy

79	Afterloading Catheter Brachytherapy
80	LDR Brachytherapy
81	Template Brachytherapy
82	HDR Brachytherapy
83	Cancer Chemotherapy
84	IV Push Chemotherapy
85	Continuous Infusional Chemotherapy
86	Infusional Chemotherapy
87	Radical Chemotherapy
88	Palliative Chemotherapy
89	Neoadjuvant Chemotherapy
90	Adjuvant Chemotherapy
91	Induction Chemotherapy
92	Consolidation Chemotherapy
93	Maintenance Chemotherapy
94	Rotational Arc Therapy
95	FSRT-Fractionated SRT
96	VMAT-Volumetric Modulated Arc Therapy
97	Extracorporeal Irradiation of blood products
98	Helical Tomo therapy
99	SRS- Stereotactic Radiosurgery
100	X-knife SRS
101	Gamma knife SRS
102	Electron Therapy
103	Tele cobalt Therapy
104	Tele Caesium Therapy
105	Tele Gamma Therapy
	Procedures of Heart and Blood vessels
106	Coronary Angiography
107	Insertion of filter in inferior vena cava
108	Tips Procedure for Portal Hypertension
109	Blood transfusion for recipient
110	Therapeutic Phlebotomy
111	Pericardiocentesis
112	Insertion of gel foam in artery or vein
113	Carotid angioplasty
114	Renal angioplasty
115	Varicose vein stripping or ligation
	Procedures of Respiratory System
116	Bronchoscopic treatment of bleeding lesion
117	Bronchoscopic treatment of fistula /stenting
118	Operations for drainage of pleural cavity
119	Therapeutic Pleural Tapping

	Procedures on the breast
120	Procedures on the nipple
121	Excision of Single Breast Lump
122	Fibroadenoma Breast- Excision
123	Breast Abscess I& D
	Gastroenterology Related procedures
124	Incision and Excision of Tissue in the Perianal Region
125	Other Operations on the Anus
126	Perianal Abscess I&d
127	Perianal Hematoma Evacuation
128	Surgical Treatment of Anal Fistulae
129	EUA + Biopsy Multiple Fistulae in Ano
130	Surgical Treatment of Hemorrhoids
131	Division of the Anal Sphincter (sphincterotomy)
132	Ultrasound Guided Aspirations
133	Sclerotherapy for Esophageal varices
134	Therapeutic Ascitic Tapping
135	Piles Banding
136	Dilatation of digestive tract strictures
137	Esophagoscopy
138	EUS + Submucosal Resection
139	EUS + Aspiration Pancreatic Cyst
140	Small Bowel Endoscopy (therapeutic)
141	Colonoscopy, Biopsy of the Lesion
142	Esophageal Stent Placement
143	Sigmoidoscopy with Stent
144	EUS + Coeliac Node Biopsy
145	ERCP and Choledochoscopy
146	ERCP + Placement of Biliary Stents
147	Fissure in Ano Sphincterotomy
148	Revision Colostomy
149	Prolapsed Colostomy- Correction
150	Laparoscopic Pyloromyotomy (Ramstedt)
151	Exploration of Common Bile Duct
152	Gastrostomy
153	Duodenostomy
154	Choledocho-jejunostomy
155	Duodenoscopy with polypectomy
156	Polypectomy Colon
157	Construction of Gastrostomy Tube
158	Endoscopic decompression of colon
159	ERCP and Papillotomy
160	ERCP

161	ERCP and Sphincterotomy
162	ERCP - Pancreatic Duct Stone Removal
163	ERCP - Bile Duct Stone Removal
164	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
165	Percutaneous Endoscopic Gastrostomy
166	Therapeutic Laparoscopy with Laser
167	Pancreatic Pseudocyst EUS & Drainage
168	EUS and Pancreatic Pseudo Cyst Drainage
169	Parastomal Hernia repair
170	RF ablation for Barrett's Oesophagus
171	Ileostomy closure
172	Colostomy closure
173	Esophagoscopy and sclerosant injection
174	Hernia Repair (Herniotomy / herniorrhaphy / hernioplasty)
175	Liver Abscess- Catheter Drainage
176	Tru Cut Liver Biopsy
177	Rigid Esophagoscopy for FB Removal
	Procedures on the Female Genitourinary Tract
178	Incision of the Ovary
179	Repair of Vagina (for Vaginal atresia)
180	Insufflations of the Fallopian Tubes
181	Dilatation of the Cervical Canal
182	Conisation of the Uterine Cervix
183	Incision of the Uterus (hysterotomy)
184	Therapeutic curettage
185	Culdotomy
186	Local Excision and Destruction of Diseased Tissue of the Vagina and the Pouch of Douglas
187	Vaginal Wall Cyst Excision
188	Operations on Bartholin's Glands (cyst)
189	Endoscopic Polypectomy
190	Polypectomy Endometrium
191	Uterine artery embolization
192	Polypectomy Cervix
193	Hysteroscopic Removal of Myoma
194	Hysteroscopic Resection of Endometrial Polyp
195	Laparoscopic Myomectomy
196	Hysteroscopic adhesiolysis
197	Laparoscopic Oophorectomy
198	Rectal-myomectomy
199	Hymenectomy
200	Operation on Bartholin's glands
201	Cryocauterisation of cervix
202	Hysteroscopic resection of Septum

203	Salpingo-oophorectomy via Laparoscopy
204	Laparoscopic Cystectomy (Ovary)
	Procedures on the mouth & face
205	External incision and drainage in the region of the mouth, jaw and face
206	Incision of the Hard and Soft Palate
207	Excision and Destruction of Diseased Hard and Soft Palate
208	Incision, Excision and Destruction in the Mouth
209	Plastic surgery to the floor of the mouth
210	Palatoplasty
211	External Incision and Drainage in the Region of the Jaw
212	External Incision and Drainage in the Region of the Face
	Procedures on the penis
213	Procedures on the foreskin
214	Local Excision and Destruction of Diseased Tissue of the Penis
215	Amputation of the Penis
216	Meatotomy for meatal stenosis
217	Surgery for Fracture Penis
	Procedures on the prostate & seminal vesicles
218	Incision of the Prostate
219	Transurethral Excision and Destruction of Prostate Tissue
220	Transurethral and Percutaneous Destruction of Prostate Tissue
221	Open Surgical Excision and Destruction of Prostate Tissue
222	Operations on seminal vesicles
223	Other Excision and Destruction of Prostate Tissue
224	Incision and Excision of Periprostatic Tissue
	Procedures on the salivary glands & salivary ducts
225	Incision and Lancing of Salivary Gland and Salivary Duct
226	Submandibular Salivary Duct Stone Removal
227	Excision of Diseased Tissue of a Salivary Gland and a Salivary Duct
228	Resection of a Salivary Gland
229	Excision of Ranula under GA
230	Open extraction of calculus from Parotid duct
231	Reconstruction of Salivary Gland and Salivary Duct
	Procedures on the scrotum & tunica vaginalis testis
232	Incision of the Scrotum and Tunica Vaginalis Testis
233	Operation on a Testicular Hydrocele
234	Excision and Destruction of Diseased Scrotal Tissue
235	Jaboulay's procedure
236	Surgery Filarial Scrotum
237	Plastic reconstruction of the scrotum and tunica vaginalis testis

	Procedures on the skin & subcutaneous tissue
238	Excision of a Pilonidal Sinus / Abscess
239	Other Incisions of the Skin and Subcutaneous Tissue
240	Wound Debridement and Cover
241	Surgical Wound Toilet (wound Debridement) and Removal of Diseased Tissue of the Skin and Subcutaneous Tissues
242	Local Excision of Diseased Tissue of the Skin and Subcutaneous Tissue
243	Other Excisions of the Skin and Subcutaneous Tissue
244	Destruction of Diseased Tissue in the Skin and Subcutaneous Tissue
245	Simple Restoration of Surface Continuity of the Skin and Subcutaneous Tissue
246	Free Skin Transplantation, Donor Site
247	Free Skin Transplantation, Recipient Site
248	Revision Of Skin Plasty
249	Other Restoration and Reconstruction of the Skin and Subcutaneous Tissue
250	Chemosurgery to the Skin
251	Excision of Granuloma
252	Infected Keloid Excision
253	Abscess- decompression
254	Incision and Drainage of Abscess
	Procedures on the spermatic cord, epididymis and Ductus Deferens
255	Surgical Treatment of a Varicocele and a Hydrocele of the Spermatic Cord
256	Excision in the Area of the Epididymis
257	Epididymectomy
258	Reconstruction of the spermatic cord
259	Reconstruction of the ductus deferens and epididymis
	Procedures on the testes
260	Incision of the Testes
261	Excision and Destruction of Diseased Tissue of the Testes
262	High Orchidectomy for Testis Tumours
263	Unilateral Orchidectomy
264	Bilateral Orchidectomy
265	Orchidopexy
266	Abdominal Exploration in Cryptorchidism
267	Surgical Repositioning of an Abdominal Testis
268	Reconstruction of the Testis
269	Implantation, Exchange and Removal of a Testicular Prosthesis
270	Testicular Biopsy
	Procedures on the tongue
271	Incision, Excision and Destruction of Diseased Tissue of the Tongue
272	Partial Glossectomy
273	Glossectomy

274	Reconstruction of the Tongue
	Procedures on the urinary system
275	Cystoscopical Removal of Stones
276	Ureteroscopy with laser lithotripsy
277	Lithotripsy for Renal Calculus removal
278	URSL with Stenting
279	URSL with Lithotripsy
280	ESWL
281	Haemodialysis
282	Percutaneous Nephrostomy
283	PCNL (Percutaneous Nephro Lithotomy)
284	Tran urethral resection of bladder tumor
285	Cystoscopy & Biopsy
286	Cystoscopy & Polyp removal
287	Suprapubic cystostomy
288	Kidney Renoscopy and Biopsy
289	Ureter Endoscopy and Biopsy
290	AV Fistula - Wrist
291	Nephrolithotomy for Renal Calculus
	Trauma surgery and Orthopaedics
292	Incision on Bone, Septic and Aseptic
293	Epiphyseolysis with Osteosynthesis
294	Suture and Other Operations on Tendons and Tendon Sheath
295	Tendon Shortening
296	Repair of Knee Cap Tendon
297	Repair / Graft of Foot Tendon
298	Repair/graft Achilles Tendon
299	Removal of Elbow bursa
300	Removal of Knee cap bursa
301	Tendon Lengthening
302	Lengthening of Hand Tendon
303	Tendon Transfer Procedure
304	Repair of Ruptured Tendon
305	Lengthening of Thigh Tendons
306	Reduction of Dislocation Under GA
307	Treatment of Shoulder Dislocation
308	Aspiration of hematoma
309	Excision of dupuytren's contracture
310	Carpal Tunnel Release
311	Haemarthrosis Knee- Lavage
312	Removal of Fracture Pins/nails
313	Tumorembolisation
314	Implant Removal- Minor

315	Removal of Metal Wire
316	K Wire Removal
317	Joint Aspiration - Diagnostic / therapeutic
318	Abscess Knee Joint Drainage
319	Arthroscopic Knee Aspiration
320	Arthroscopic Repair of ACL Tear Knee
321	Arthroscopic Repair of PCL Tear Knee
322	Surgery for Ligament Tear
323	Surgery for Meniscus Tear
324	Surgery for Hemoarthrosis/pyoarthrosis
325	Closed Reduction on Fracture, Luxation or Epiphyseolysis with Osteosynthesis
326	Closed Reduction on Fracture, Luxation
327	Closed Reduction of Minor Fractures
328	Closed Reduction of Minor Dislocation
329	Closed Reduction and External Fixation
330	Closed reduction of Fracture of Foot
331	Closed reduction of Fracture of Hand
332	Closed reduction of Fracture of Wrist
333	Closed reduction of Fracture of Ankle
334	Closed reduction of Fracture of Clavicle
335	Closed reduction of minor fractures
336	Closed reduction of minor dislocation
337	Closed reduction of sesamoid bone fracture
338	Treatment of Clavicle dislocation
339	Excision of various lesions in Coccyx
340	Treatment of Sesamoid bone fracture
341	Carpal Tunnel Release
342	Removal of Knee cap
343	Incision of foot fascia
344	Elbow arthroscopy
345	Partial removal of Rib
	Pediatric Surgery Related
346	Excision Juvenile Polyps Rectum
347	Vaginoplasty
348	Dilatation of Accidental Caustic Stricture (Oesophageal)
349	Presacral Teratoma Excision
350	Removal of Vesical Stone
351	Excision- Sigmoid Polyp
352	Sternomastoid Tenotomy
353	Excision of Soft Tissue Rhabdomyosarcoma
354	Excision of Cervical Teratoma
	Plastic Surgery Related
355	Gluteal Pressure Ulcer-excision

356	Muscle-skin Graft, Leg
357	Removal Cartilage Graft
358	Myocutaneous Flap
359	Sling Operation for Facial Palsy
360	Plastic Surgery of the Floor of the Mouth Under GA
	Thoracic Surgery Related
361	Laser Ablation of Barrett's Oesophagus
362	Pleurodesis
363	EBUS + Biopsy
	Neurology Related
364	Diagnostic Cerebral Angiography
365	VP Shunt
366	Ventriculoatrial Shunt
	General Surgery Related
367	Ultrasound Guided Aspirations
368	Cervical Lymphadenectomy
369	Infected Sebaceous Cyst- Excision
370	Inguinal Lymphadenectomy
371	Suturing of Lacerations
372	Scalp Suturing
373	Infected Lipoma Excision
374	Zadek's Nail Bed Excision
375	Tips Procedure for Portal Hypertension
376	Laparoscopic Reduction of Intussusception
377	Sentinel Node Biopsy
378	Prolapsed Colostomy- Correction
379	Suturing- Lacerated Lip
380	Suturing- Oral Mucosa