

### Other Excluded Expenses

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

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|---|---|--|--------------------------------|--|--|
| 64  | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE  | Not Payable  | 83                             | SPUTUM CUP   | Payable under Investigation charges, not as consumable   |
| 65  | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY  | Not Payable  | 84                             | BOYLES APPARATUS CHARGES                                   | Part of OT charges, not separately   |
| 66  | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS   | Not Payable  | 85                             | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES        | Part of Cost of Blood, not payable   |
| 67  | CORRECTIVE SURGERY FOR REFRACTIVE ERROR   | Not Payable  | 86                             | Antiseptic or disinfectant lotions                         | Not Payable<br>Part of Dressing Charges  |
| 68  | TREATMENT OF SEXUALLY TRANSMITTED DISEASES  | Not Payable  | 87                             | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES | Not Payable-<br>Part of Dressing Charges   |
| 69  | DONOR SCREENING CHARGES   | Not Payable  | 88                             | COTTON   | Not Payable<br>Part of Dressing Charges  |
| 70  | ADMISSION/REGISTRATION CHARGES  | Not Payable  | 89                             | COTTON BANDAGE   | Not Payable<br>Part of Dressing Charges  |
| 71  | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE  | Not Payable  | 90                             | MICROPORE/ SURGICAL TAPE                                   | Not Payable-<br>Payable by the patient when prescribed, otherwise included as Dressing Charges |
| 72  | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED                                   | Not Payable  | 91                             | BLADE  | Not Payable  |
| 73  | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERINGFROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not Payable, except to the extend provided under exclusion No. 10            | 92                             | APRON  | Not Payable<br>Part of Hospital Services/<br>Disposable linen to be part of OT/ICU charges     |
| 74  | STEM CELL IMPLANTATION/ SURGERY and Storage   | Not Payable except Bone Marrow Transplantation where covered by policy       | 93                             | TORNIQUET  | Not Payable(service is charged by hospitals, consumables cannot be separately charged)         |
| <b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b> |   |  |                                |  |  |
| 75  | WARD AND THEATRE BOOKING CHARGES  | Payable under OT Charges, not payable separately                             | 94                             | ORTHOBUNDLE, GYNAEC BUNDLE                                 | Part of Dressing Charges   |
| 76  | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS   | Rental charged by the hospital payable. Purchase of Instruments not payable. | 95                             | URINE CONTAINER  | Not Payable  |
| 77  | MICROSCOPE COVER  | Payable under OT Charges, not separately.                                    | <b>ELEMENTS OF ROOM CHARGE</b> |  |  |
| 78  | SURGICAL BLADES,HARMONIC SCALPEL,SHAVER   | Payable under OT Charges, not separately                                     | 96                             | LUXURY TAX   | Actual tax levied by government is payable. Part of room charge for sub limits                 |
| 79  | SURGICAL DRILL  | Payable under OT Charges, not separately                                     | 97                             | HVAC   | Part of room charge not payable separately   |
| 80  | EYE KIT   | Payable under OT Charges, not separately                                     |                                |  |  |
| 81  | EYE DRAPE   | Payable under OT Charges, not separately                                     |                                |  |  |
| 82  | X-RAY FILM  | Payable under Radiology Charges, not as consumable                           |                                |  |  |

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

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

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

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