

**ANNEXURE II: LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")**

| SNO  | LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")                     | SUGGESTIONS   |
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| <i>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</i> |   |   |
| 1  | HAIR REMOVAL CREAM  | Not Payable   |
| 2  | BABY CHARGES (UNLESS SPECIFIED/INDICATED)                     | Not Payable   |
| 3  | BABY FOOD   | Not Payable   |
| 4  | BABY UTILITES CHARGES   | Not Payable   |
| 5  | BABY SET  | Not Payable   |
| 6  | BABY BOTTLES  | Not Payable   |
| 7  | BRUSH   | Not Payable   |
| 8  | COSY TOWEL  | Not Payable   |
| 9  | HAND WASH   | Not Payable   |
| 10   | MO1STUR1SER PASTE BRUSH                                       | Not Payable   |
| 11   | POWDER  | Not Payable   |
| 12   | RAZOR   | Payable   |
| 13   | SHOE COVER  | Not Payable   |
| 14   | BEAUTY SERVICES   | Not Payable   |
| 15   | BELTS/ BRACES   | Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.                        |
| 16   | BUDS  | Not Payable   |
| 17   | BARBER CHARGES  | Not Payable   |
| 18   | CAPS  | Not Payable   |
| 19   | COLD PACK/HOT PACK  | Not Payable   |
| 20   | CARRY BAGS  | Not Payable   |
| 21   | CRADLE CHARGES  | Not Payable   |
| 22   | COMB  | Not Payable   |
| 23   | DISPOSABLES RAZORS CHARGES ( for site preparations)           | Payable   |
| 24   | EAU-DE-COLOGNE / ROOM FRESHNERS                               | Not Payable   |
| 25   | EYE PAD   | Not Payable   |
| 26   | EYE SHEILD  | Not Payable   |
| 27   | EMAIL / INTERNET CHARGES                                      | Not Payable   |
| 28   | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | Not Payable   |
| 29   | FOOT COVER  | Not Payable   |
| 30   | GOWN  | Not Payable   |
| 31   | LEGGINGS  | Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable. |
| 32   | LAUNDRY CHARGES   | Not Payable   |
| 33   | MINERAL WATER   | Not Payable   |
| 34   | OIL CHARGES   | Not Payable   |
| 35   | SANITARY PAD  | Not Payable   |
| 36   | SLIPPERS  | Not Payable   |
| 37   | TELEPHONE CHARGES   | Not Payable   |
| 38   | TISSUE PAPER  | Not Payable   |
| 39   | TOOTH PASTE   | Not Payable   |
| 40   | TOOTH BRUSH   | Not Payable   |
| 41   | GUEST SERVICES  | Not Payable   |
| 42   | BED PAN   | Not Payable   |

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| 43   | BED UNDER PAD CHARGES  | Not Payable  |
| 44   | CAMERA COVER   | Not Payable  |
| 45   | CLINIPLAST   | Not Payable  |
| 46   | CREPE BANDAGE  | Not Payable/ Payable by the patient  |
| 47   | CURAPORE   | Not Payable  |
| 48   | DIAPER OF ANY TYPE   | Not Payable  |
| 49   | DVD, CD CHARGES  | Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)    |
| 50   | EYELET COLLAR  | Not Payable  |
| 51   | FACE MASK  | Not Payable  |
| 52   | FLEXI MASK   | Not Payable  |
| 53   | GAUSE SOFT   | Not Payable  |
| 54   | GAUZE  | Not Payable  |
| 55   | HAND HOLDER  | Not Payable  |
| 56   | HANSAPLAST/ADHESIVE BANDAGES   | Not Payable  |
| 57   | INFANT FOOD  | Not Payable  |
| 58   | SLINGS   | Reasonable costs for one sling in case of upper arm fractures should be considered |
| <b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>   |  |  |
| 59   | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES  | Not Payable  |
| 60   | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,   | Not Payable  |
| 61   | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION  | Not Payable  |
| 62   | HORMONE REPLACEMENT THERAPY  | Not Payable  |
| 63   | HOME VISIT CHARGES   | Not Payable  |
| 64   | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE   | Not Payable  |
| 65   | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY   | Not Payable  |
| 66   | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS  | Not Payable  |
| 67   | CORRECTIVE SURGERY FOR REFRACTIVE ERROR  | Not Payable  |
| 68   | TREATMENT OF SEXUALLY TRANSMITTED DISEASES   | Not Payable  |
| 69   | DONOR SCREENING CHARGES  | Not Payable  |
| 70   | ADMISSION/REGISTRATION CHARGES   | Not Payable  |
| 71   | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE   | Not Payable  |
| 72   | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED                                    | Not Payable  |
| 73   | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not Payable  |
| 74   | STEM CELL IMPLANTATION/ SURGERY and storage  | Not Payable  |
| <b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE</b> |  |  |
| 75   | WARD AND THEATRE BOOKING CHARGES   | Payable under OT Charges, not separately   |
| 76   | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS  | Rental charged by the Hospital payable. Purchase of Instruments Not Payable.       |
| 77   | MICROSCOPE COVER   | Payable under OT Charges, not separately   |
| 78   | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER  | Payable under OT Charges, not separately   |
| 79   | SURGICAL DRILL   | Payable under OT Charges, not separately   |

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| 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                             |
| 83   | SPUTUM CUP   | Payable under Investigation Charges, not as consumable                         |
| 84   | BOYLES APPARATUS CHARGES   | Part of OT Charges, not separately   |
| 85   | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                    | Part of Cost of Blood, not payable   |
| 86   | Antiseptic or disinfectant lotions                                     | Not Payable - Part of Dressing Charges   |
| 87   | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES             | Not Payable - Part of Dressing charges   |
| 88   | COTTON   | Not Payable -Part of Dressing Charges  |
| 89   | COTTON BANDAGE   | Not Payable- Part of Dressing Charges  |
| 90   | MICROPORE/ SURGICAL TAPE   | Not Payable – Part of Dressing Charges   |
| 91   | BLADE  | Not Payable  |
| 92   | APRON  | Not Payable  |
| 93   | TORNIQUET  | Not Payable  |
| 94   | ORTHOBUNDLE, GYNAEC BUNDLE   | Not Payable, Part of Dressing Charges  |
| 95   | URINE CONTAINER  | Not Payable  |
| <b>ELEMENTS OF ROOM CHARGE</b>                 |  |  |
| 96   | LUXURY TAX   | Actual tax levied by government is payable. Part of room charge for sub limits |
| 97   | HVAC   | Part of room charge, Not Payable separately                                    |
| 98   | HOUSE KEEPING CHARGES  | Part of room charge, Not Payable separately                                    |
| 99   | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED                      | Part of room charge, Not Payable separately                                    |
| 100  | TELEVISION & AIR CONDITIONER CHARGES                                   | Part of room charge, Not Payable separately                                    |
| 101  | SURCHARGES   | Part of room charge, Not Payable separately                                    |
| 102  | ATTENDANT CHARGES  | Part of room charge, Not Payable separately                                    |
| 103  | IM IV INJECTION CHARGES  | Part of nursing charge, Not Payable separately                                 |
| 104  | CLEAN SHEET  | Part of Laundry / Housekeeping, Not Payable separately                         |
| 105  | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by Hospital is payable                                   |
| 106  | BLANKET/WARMER BLANKET   | Part of room charge, Not Payable separately                                    |
| <b>ADMINISTRATIVE OR NON - MEDICAL CHARGES</b> |  |  |
| 107  | ADMISSION KIT  | Not Payable  |
| 108  | BIRTH CERTIFICATE  | Not Payable  |
| 109  | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES               | Not Payable  |
| 110  | CERTIFICATE CHARGES  | Not Payable  |
| 111  | COURIER CHARGES  | Not Payable  |
| 112  | CONVENYANCE CHARGES  | Not Payable  |
| 113  | DIABETIC CHART CHARGES   | Not Payable  |
| 114  | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES                        | Not Payable  |
| 115  | DISCHARGE PROCEDURE CHARGES  | Not Payable  |
| 116  | DAILY CHART CHARGES  | Not Payable  |

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| 117                             | ENTRANCE PASS / VISITORS PASS CHARGES               | Not Payable   |
| 118                             | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE       | Payable under Post- Hospitalisation where admissible  |
| 119                             | FILE OPENING CHARGES                                | Not Payable   |
| 120                             | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | Not Payable   |
| 121                             | MEDICAL CERTIFICATE                                 | Not Payable   |
| 122                             | MAINTENANCE CHARGES                                 | Not Payable   |
| 123                             | MEDICAL RECORDS                                     | Not Payable   |
| 124                             | PREPARATION CHARGES                                 | Not Payable   |
| 125                             | PHOTOCOPIES CHARGES                                 | Not Payable   |
| 126                             | PATIENT IDENTIFICATION BAND / NAME TAG              | Not Payable   |
| 127                             | WASHING CHARGES                                     | Not Payable   |
| 128                             | MEDICINE BOX  | Not Payable   |
| 129                             | MORTUARY CHARGES                                    | Payable up to 24 hrs, shifting charges not payable  |
| 130                             | MEDICO LEGAL CASE CHARGES (MLC CHARGES)             | Not Payable   |
| <b>EXTERNAL DURABLE DEVICES</b> |   |   |
| 131                             | WALKING AIDS CHARGES                                | Not Payable   |
| 132                             | BIPAP MACHINE                                       | Not Payable   |
| 133                             | COMMUNE   | Not Payable   |
| 134                             | CPAP/ CAPD EQUIPMENTS                               | Device not payable  |
| 135                             | INFUSION PUMP – COST                                | Device not payable  |
| 136                             | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)    | Not Payable   |
| 137                             | PULSEOXYMETER CHARGES                               | Device not payable  |
| 138                             | SPACER  | Not Payable   |
| 139                             | SPIROMETRE  | Device not payable  |
| 140                             | SPO2 PROBE  | Not Payable   |
| 141                             | NEBULIZER KIT                                       | Not Payable   |
| 142                             | STEAM INHALER                                       | Not Payable   |
| 143                             | ARMSLING  | Not Payable   |
| 144                             | THERMOMETER   | Not Payable   |
| 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                             | LUMBOSACRAL BELT                                    | Payable for surgery of lumbar spine.  |
| 151                             | NIMBUS BED OR WATER OR AIR BED CHARGES              | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/day |
| 152                             | AMBULANCE COLLAR                                    | Not Payable   |
| 153                             | AMBULANCE EQUIPMENT                                 | Not Payable   |
| 154                             | MICROSHEILD   | Not Payable   |

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| 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. |
| <b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b> |  |  |
| 156   | BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC                                | Not Payable  |
| 157   | PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES<br>Post hospitalization nursing charges | Not Payable  |
| 158   | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES<br>DIET CHARGES                           | Patient Diet provided by hospital is payable   |
| 159   | SUGAR FREE Tablets   | Payable -Sugar free variants of admissible medicines are not excluded  |
| 160   | CREAMS POWDERS LOTIONS   | Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable)  |
| 161   | Digestion gels   | Payable when prescribed  |
| 162   | ECG ELECTRODES   | One set every second day is Payable.   |
| 163   | GLOVES Sterilized  | Gloves payable / unsterilized gloves not payable   |
| 164   | HIV KIT  | payable Pre-operative screening  |
| 165   | LISTERINE/ ANTISEPTIC MOUTHWASH  | Payable when prescribed  |
| 166   | LOZENGES   | Payable when prescribed  |
| 167   | MOUTH PAINT  | Payable when prescribed  |
| 168   | NEBULISATION KIT   | If used during Hospitalisation is Payable reasonably   |
| 169   | NOVARAPID  | Payable when prescribed  |
| 170   | VOLINI GEL/ ANALGESIC GEL  | 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   |
| <b>OTHERS</b>                                       |  |  |
| 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  |

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| 185 | OUTSTATION CONSULTANT'S/ SURGEON'S FEES | Not payable  |
| 186 | OXYGEN MASK                             | Not Payable  |
| 187 | PAPER GLOVES                            | Not Payable  |
| 188 | PELVIC TRACTION BELT                    | Payable in case of PIVD requiring traction   |
| 189 | REFERAL DOCTOR'S FEES                   | Not Payable  |
| 190 | ACCU CHECK (Glucometry/ Strips)         | Not payable pre Hospitalisation or post Hospitalisation / Reports and Charts required / Device not payable |
| 191 | PAN CAN                                 | Not Payable  |
| 192 | SOFNET                                  | Not Payable  |
| 193 | TROLLY COVER                            | Not Payable  |
| 194 | UROMETER, URINE JUG                     | Not Payable  |
| 195 | AMBULANCE                               | Payable  |
| 196 | TEGADERM / VASOFIX SAFETY               | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs  |
| 197 | URINE BAG                               | Payable where Medically Necessary - maximum 1 per 24 hrs   |
| 198 | SOFTOVAC                                | Not Payable  |
| 199 | STOCKINGS                               | Payable for case like CABG etc.  |