

PROSPECTUS

SMART RIDERS

Who can opt for the Rider?

Any of the rider specified below ("Rider") can be opted by insured persons who are covered under the Company's retail Health Insurance Policy ("Base Policy"). The Rider can only be purchased along with the Base Policy and cannot be opted for independently.

Coverage Under this Policy?

1. Global Cover: (For SI above 10 Lakhs)

If this Rider is opted, and if You are hospitalized on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify You against Reasonable and Customary Medical Expenses incurred outside India and anywhere across the World for Emergency Care as well as planned treatments, for below listed expenses, up to the Sum Insured specified on the Policy Schedule.

- i. Room and Boarding expenses as per the limit/category specified on the Policy Schedule.
- ii. If admitted in ICU, the Company will pay up to ICU expenses at actuals.
- iii. Nursing Expenses as provided by the Hospital Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
- iv. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances.
- v. Medicines & Drugs, Medical Consumables prescribed to manage the emergency condition.
- vi. Equipment if implanted internally like pacemaker during a surgical process.
- vii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Specific Conditions for Global Cover

- a. There is no separate Sum Insured for this optional rider and any claim triggered under this benefit shall reduce the In-patient Hospitalization Treatment Sum Insured opted in the Base Plan.
- b. You will have to choose from a range of mandatory co-payment options- 0%, 10%, 20%, 30%, 40%, 50%.
- c. The benefit is available for 45 continuous days from date of travel in a Single trip and 180 days on a cumulative basis as whole in a Policy year.
- d. If claim is paid under this Rider, any accrued Cumulative Bonus will be impacted.
- e. This Rider is not available to Non-Indian citizens & people who are not permanent residents of India.
- f. We will cover up to Single private room only for planned treatments under this Rider.
- g. The Medical Expenses payable shall be limited to In-patient hospitalization treatment including Day care treatment.
- h. Pre and post hospitalization expenses, Organ donor expenses, Road Ambulance are not covered under the purview of this cover.
- i. The payment of any claim under this cover will be based on the rate of exchange as on the date of loss published by the Reserve Bank of India and shall be used for conversion of foreign currency into Indian Rupees for payment of claims.
- j. Treatment under this cover should be taken at a Hospital or clinic duly recognized and registered under the applicable law of the country where the treatment is taken.
- k. Sum Insured Reinstatement, Cumulative Bonus/ Super Cumulative Bonus, Major Illness and Accident Multiplier (Indemnity), Health Limitless or Double Sum Insured Benefit accrued cannot be used for payment of claims under Global Cover.
- l. In case of planned Hospitalization, prior intimation of at least 7 days of the travel shall be provided to Us / Service Provider / Network Provider and due approval from Us will be necessary.
- m. This benefit is available under cashless and reimbursement.
- n. Countries / Territories / Geographies placed in the Grey and Black List by the Financial Action Task Force shall be excluded from this cover. For updated list please visit: <https://www.fatf-gafi.org/en/countries/black-and-grey-lists.html>.

- o. Kindly download Our Company’s App, where you will be able to locate the step-by-step guide for availing the benefits under the Global Cover.

All other terms, conditions, definitions, exclusions will be as per those applicable to In-patient Hospitalization Treatment Cover under Base Policy.

2. Consumables Plus (For SI above 10 lakhs):

If this Rider is opted, We will indemnify You against the Non-Medical Expenses/ consumables (mentioned in List i, ii, iii, iv of Annexure I) incurred during treatment of the Insured Person during the Policy Period up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under “In-patient Hospitalization Treatment” cover” of Base Policy.

- i. This cover shall not be available outside the geographical boundaries of India, even where International Cover- Emergency Care Only and Global Cover has been opted.

All other terms, conditions, definitions, exclusions will be as per those applicable to In-patient Hospitalization Treatment Cover under Base Policy.

Note: If this Optional Cover is opted by You, then Exclusion pertaining to Non-Medical Expenses in the base policy will be deemed to be inoperative for the purpose of this coverage only.

3. Smart Tenure

If the Insured Person has opted for this Rider, then in the case of multi-year Base Policy, the annual Sum Insured under Base Policy for Insured Person(s) will be combined for the entire Base Policy tenure. Such combined Sum Insured will be available as a single cumulative limit for all admissible claims during the Base Policy Period.

(For example: For a 5-year Policy with an annual Sum Insured of Rs 5 Lakhs, the combined Sum Insured available would be Rs 25 Lakhs (Rs 5 Lakhs x 5 Years).

Illustrations:

Scenario 1: 5-year Base Policy, available Sum Insured would be 25 lakhs

Policy Year	Claim Amount	Payable/ Non-Payable
1st Year	20 Lakhs	Payable
2nd Year	5 Lakhs	Payable
3rd Year	1 Lakhs	Payable under Sum Insured Reinstatement

Scenario 2: 5-year Base Policy, available Sum Insured would be 25 lakhs

Policy Year	Claim Amount	Payable/ Non-Payable
1st Year	25 Lakhs	Payable
2nd Year	5 Lakhs	Payable under Sum Insured Reinstatement

Scenario 3: 5-year Base Policy, available Sum Insured would be 25 lakhs

Policy Year	Claim Amount	Payable/ Non-Payable
1st Year	10 Lakhs	Payable
2nd Year	10 Lakhs	Payable
3rd Year	5 Lakhs	Payable
4th Year	10 Lakhs	5 Lakhs Payable under Sum Insured Reinstatement

This cover shall however be subject to the following conditions:

- i. The combined Sum Insured may only be utilized for expenses arising out of any of the following applicable covers under the Base Policy: In-patient Hospitalisation Treatment, Day Care Treatment, Modern Treatment Methods and Advancement in Technologies, Pre & Post Hospitalisation Medical Expense, AYUSH Hospitalization Cover, Organ donor expenses and Road Ambulance.
- ii. Any balance Sum Insured will be carried forward to the remaining Policy Tenure as depicted in Scenario above.
- iii. Only the In-patient Hospitalisation Treatment Sum Insured of the Base Policy shall be considered for calculating combined Sum Insured under Base Policy under this Rider.
- iv. This cover is applicable only for hospitalization claims arising within India.
- v. Any claim paid under the Base Policy that reduces the Sum Insured will correspondingly reduce the combined Sum Insured available under this cover.
- vi. Applicable for Individual Sum Insured policy only.
- vii. If this Rider is opted, then the Insured is not eligible for Major Illness and Accident Multiplier (Indemnity), Health Limitless, International Cover- Emergency Care Only, Global Cover or Double Sum Insured Benefit.
- viii. Premium payment in instalment is not applicable if Smart Tenure is opted.

4. StepUp Benefit

If this Rider is opted, The Insured Person shall be entitled to a once-in-a-lifetime option to enhance the Sum Insured of Base Policy at Renewal to the next available slab, subject to the following conditions:

- i. Continuity of waiting period shall apply to the enhanced Sum Insured slab.
- ii. The Insured person shall be eligible for this benefit only if no claims have been made under the Base Policy.
- iii. This option shall be available only once during the lifetime of the Insured person under the Base Policy.

5. Health Limitless (For SI 10 Lakh & above)

If this Rider is opted, We will indemnify the Medical Expenses incurred in respect of Hospitalization of the Insured Person under In-Patient Hospitalisation Treatment / Day Care Treatment/ AYUSH Hospitalization for any one claim during the lifetime of the Base Policy without any limits on the Annual Sum Insured subject to the following conditions:

- i. The time period to opt for this optional cover shall be limited to 2 Base Policy Years (irrespective of the Base Policy Tenure). Such that:
 - a. If the Base Policy Tenure is of single year and is continuously renewed as single year, the Insured Person has to opt for this Rider cover either at the time of Base Policy Inception or the first Renewal. This Optional Cover shall not be applicable in case the Insured Person wishes to opt for this Rider at the time of second Renewal.
 - b. If the Policy Tenure is of 2 , 3, 4 or 5 years, the Rider has to be opted at the time of Base Policy inception itself to avail the benefit.
- ii. This cover is applicable only for one claim in the lifetime of the Base Policy, irrespective of Policy Tenure or Policy Type (Individual or Floater), and should be admissible under Inpatient Hospitalisation Treatment/Day Care Treatment/ AYUSH Hospitalization. All the conditions applicable to the basic covers under Base Policy shall be applicable to this Rider.
- iii. Once a claim has been made under this Optional Cover, the cover will cease to exist and cannot be opted again upon subsequent Renewals.
- iv. Voluntary Co-payment or Voluntary Aggregate Deductible, if opted by the You, shall be applicable under this cover.

6. Age Shield:

If this Rider is opted, the premium payable in respect of the Base Policy at each Renewal shall be calculated based on the age of the insured person at the time of inception of first Base Policy ("Entry Age"), and the applicable Sum Insured, provided that no claim has been paid against the Base Policy.

E.g. If You first purchase the Base Policy at the age of 25 years and opt for this Rider, then at each Renewal of Base Policy the premium will be charged at the then prevailing rate applicable to age 25 years for the relevant Sum Insured, provided no claim has been paid under the Base Policy.

Special Conditions for Age Shield:

- i. Once a claim is paid, the premium for subsequent Renewals of Base Policy will be applicable as per Your age at the time of Renewal as per standard age band and Sum Insured as mentioned in the Premium Table (Rate Chart) then in force.
- ii. No additional premium will be charged in the middle of the Policy tenure in case of claims. Upon Renewal after claim, the premium will be charged as per the current age of the Insured Person at the time of Renewal.
- iii. In a Base Policy covering multiple Insured Persons with separate individual Sum Insured, the benefit under this Rider will cease only for those Insured Persons in respect of whom a claim is paid.
- iv. In a floater Base Policy, if a claim is paid in respect of any one Insured Person covered therein, then the benefit under this Rider will cease for the entire floater Base Policy.
- v. If you add a new member to the existing floater Base Policy mid-term, then the premium will be charged as per the Entry Age of the eldest Insured Person in Base Policy and the premium for Renewal will be locked as per the age of that eldest Insured Person, till a claim is paid.
- vi. If you add a new Insured Person to an individual Base Policy and convert it into a Floater plan, then the premium will be charged as per the Entry Age of the eldest insured person and the premium for Renewal will be locked as per the age of that eldest Insured Person, till a claim is paid.
- vii. If the eldest Insured Person is no longer part of the floater plan Base Policy, then the floater premium will be calculated as per the original Entry Age of the eldest covered Insured Person in the Base Policy amongst the remaining members and the premium for Renewal will be locked and charged as per the age of eldest covered Insured Person, till a claim is paid.
- viii. If an existing floater Base Policy, splits into multiple individual policies, then the benefit under this cover will be carry forward, provided and determined in accordance with the Entry Age of the individual member at which the floater Base Policies were taken by individuals, provided no claim is paid under the floater Base Policy.

7. Walk to Win

If this Rider is opted, at each Renewal of Base Policy with Us, You will be entitled for a wellness discount, subject to below mentioned criteria being fulfilled by You during the preceding Base Policy Year.

Steps can be tracked through Our mobile application.

Parameter Achieved	Discount
7,500 steps daily for 24 days of every month, for minimum 9 months in a policy year	5%
10,000 steps daily for 24 days of every month, for minimum 9 months in a policy year	10%

Eligibility Criteria:

1. This discount and criteria is applicable for member's age 21 years and above.
2. In case of long-term Base Policy-
 The criteria mentioned above has to be met by each Insured Person every year in a long-

term Base Policy to be eligible for discount at Renewal.
 3. In case of floater Base Policy-
 The criteria mentioned above has to be met by each eligible Insured Person every year to be avail the discount at Renewal.

8. Discount on Services

The Insured Person may have access to special rates on services such as OPD, Diagnostics, Pharmacy and other wellness services through Network as available on the Company’s website/ app.

9. No Claim Discount:

If this cover is opted, it is agreed that, at time of Renewal, the Cumulative Bonus / Super Cumulative Bonus accrued shall not be applicable and You will be entitled for Renewal discount of 1.5%, provided that no claim is registered in the Base Policy.

Please Note:

- Cumulative Bonus/ Super Cumulative Bonus will apply afresh, if they are to be re-opted at Renewal.
- In case You have claimed in the preceding Base Policy year, You will not be eligible for No claim discount at the time of Renewal.

10. Extension of Policy Tenure

If this Rider is opted, Your Base Policy tenure will be extended to 4 or 5 years as per the option selected, and You will be entitled for the long-term discount on Base Policy premium as provided below:

Tenure	Discount %
4	9%
5	10.5%

11. Procedure/Disease Sub-limit

If this Rider is opted, We shall limit the claim arising out of Hospitalization event including Pre and Post Hospitalization leading to Procedures including its complications up to sub-limits as mentioned in below table provided that claim(s) is admissible as “In-patient Hospitalization Treatment” under the Base Policy and, you shall be eligible for a discount of 15% for age till 35 years and 20% for above 35 years on the premium payable under the Base Policy.
 The Procedure wise/ Disease wise- Sublimit as specified in below table shall be applicable basis the Sum Insured opted by Insured:

Ailment	5,00,000 & 7,50,000	10,00,000	15,00,000	20,00,000 & above
Cataract (per eye)	40,000	45,000	50,000	55,000
Cardiac Surgeries*	2,00,000	2,50,000	3,00,000	3,50,000
Surgery on Joints** (per joint)	2,00,000	2,50,000	3,00,000	3,50,000
Infectious and Fever-Related Conditions***	45,000	55,000	65,000	75,000
All types of Hernia**** (limit applicable individually for each hospitalisation for	75,000	1,00,000	1,25,000	1,50,000

uncomplicated Hernia including post-op complications)				
All types of Calculi (All types of genito/urinary calculi)	75,000	1,00,000	1,25,000	1,50,000
Hysterectomy	75,000	1,00,000	1,25,000	1,50,000
Surgery of Gall Bladder*****	75,000	1,00,000	1,25,000	1,50,000
Surgery of Spine	75,000	1,00,000	1,25,000	1,50,000
Cancer	2,00,000	3,00,000	4,00,000	5,00,000
Chronic kidney disease	2,00,000	3,00,000	4,00,000	5,00,000
Chronic liver disease	2,00,000	3,00,000	4,00,000	5,00,000

* **Cardiac Surgeries** include angioplasty, stent placements, bypass surgeries, pacemaker implantations, heart valve repairs or replacements, or any other interventional radiological procedures which includes neurological, vascular intervention etc, performed on the heart or related blood vessels, as indicated.

****Surgery on Joints** includes, surgeries for joint replacement, reconstruction, repair, or arthroscopy.

*****Infectious and Fever-Related Conditions** includes Acute Gastroenteritis, all types of Fever caused by Viral/Bacterial/Fungal/Parasite/ Vector Borne, All acute Respiratory Infections.

******Surgery for treatment of all types of Hernia** includes Inguinal Hernia, Femoral Hernia, Umbilical Hernia, Hiatal Hernia, Incisional Hernia, Epigastric Hernia, Spigelian Hernia, Ventral Hernia and Diaphragmatic Hernia.

*******Surgery of Gall Bladder** includes endoscopic procedures excluding ERCP.

*******Treatment for Cardiovascular disorders** includes, angioplasty, stent placements, bypass surgeries, pacemaker implantations, heart valve repairs or replacements, or any other interventional radiological procedures which includes neurological, vascular intervention etc, performed on the heart or related blood vessels, as indicated.

Please Note:

1. The sub-limits specified shall be applicable to "In-patient Hospitalization Treatment" expenses provided such sub-limits do not exceed the "In-patient Hospitalization Treatment" Sum Insured.
2. The sub-limits specified shall include Pre-Hospitalization and Post-Hospitalization expenses.
3. Co-payment would not be applicable on claims for illness categories on which sub-limits are applicable.

12. Voluntary Aggregate Deductible Discount

- a. If opted voluntarily and mentioned on the Policy Schedule that an Aggregate Deductible is opted, then Insured Person will be eligible for discount on the policy premium as per the table below.
- b. If Voluntary Aggregate Deductible is opted, We hereby agree to pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalization claim in excess of the Annual Aggregate Deductible as opted by Insured Person subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise

Deductible	Sum Insured	Individual Discount	Floater Discount	Deductible	Sum Insured	Individual Discount	Floater Discount
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50,000	7,50,000	41%	32%	1,00,000	35,00,000	28%	17%
50,000	10,00,000	38%	29%	1,00,000	40,00,000	27%	16%
50,000	15,00,000	34%	24%	1,00,000	45,00,000	26%	15%
50,000	20,00,000	31%	21%	1,00,000	50,00,000	25%	14%
50,000	25,00,000	29%	18%	1,00,000	75,00,000	22%	10%
50,000	30,00,000	27%	16%	1,00,000	1,00,00,000	19%	7%
50,000	35,00,000	23%	11%	2,00,000	25,00,000	43%	34%
50,000	40,00,000	22%	10%	2,00,000	30,00,000	41%	32%
50,000	45,00,000	21%	9%	2,00,000	35,00,000	34%	24%
50,000	50,00,000	21%	9%	2,00,000	40,00,000	33%	23%
50,000	75,00,000	18%	6%	2,00,000	45,00,000	32%	22%
50,000	1,00,00,000	16%	3%	2,00,000	50,00,000	31%	21%
1,00,000	15,00,000	41%	32%	2,00,000	75,00,000	27%	16%
1,00,000	20,00,000	38%	29%	2,00,000	1,00,00,000	24%	13%
1,00,000	25,00,000	36%	26%	2,00,000	2,00,00,000	16%	3%
1,00,000	30,00,000	34%	24%				

EXCLUSIONS - STANDARD EXCLUSIONS

All exclusions applicable under the opted Base Policy shall be applicable to covers under this Rider, mutatis mutandis, unless specifically modified under this Rider.

GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS

All Policy Terms and Conditions and General conditions of opted Base Policy read with Base Policy Schedule are applicable mutatis mutandis, to all covers under these Rider.

1. Opting Rider-

This Rider cannot be opted during mid-term of Base Policy. Any discount applicable on Base Policy will not be applied on this Rider.

2. Withdrawal of Rider:

- a. In the likelihood of these Riders being withdrawn in future, the Company will intimate the Insured about the same 90 days prior to expiry of the Base Policy.
- b. Insured member will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the Policy has been maintained without a break.

3. Cancellation of Rider:

All the terms and conditions as to Cancellation of Base Policy shall mutatis mutandis apply to the Cancellation of Rider.

4. Renewal of Rider:

In case of Renewal of Opted Base Policy, opted Rider shall be automatically renewed subject to Company's receipt of prescribed premium. Once Rider is opted by Insured, Company will renew Base Policy together with Rider and shall not renew only Base Policy.

Annexure I: For Consumables Plus
 List i: List of Non-Medical Items

SL No	Item	
1	BABYFOOD	Not Payable
2	BABYUTILITIESCHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLDPACK/HOTPACK	Not Payable
7	CARRYBAGS	Not Payable
8	EMAILIINTERNETCHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S DIETPROVIDEDBYHOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and shouldbe considered for these conditions wheresurgery itself ispayable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPEROFANYTYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICECHARGES WHERE NURSING CHARGE ALSO CHARGED	Not Payable
22	TELEVISION CHARGES	Not Payable
23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEEBRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUSBED ORWATER OR AIRBEDCHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable

51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL	Not Payable
53	SUGAR FREE TABLETS	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER, URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List ii: Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HANDWASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
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	INCDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSE OXYMETER CHARGES

List iii: Items that are to be subsumed into Procedure Charges

S. 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

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION 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 PERPOXIDE/SPIRIT/DISINFECTION ETC
9	NUTTRITION 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