

**List of Expenses Generally excluded**

**List of Expenses Generally Excluded ("Non-Medical")**

<b>S.No</b>	<b>NAME OF THE NON MEDICAL ITEM</b>
	<b>TOILETRIES/ COSMETICS/ PERSONAL CARE</b>
1	ANNE FRENCH CHARGES
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
3	BABY FOOD
4	BABY UTILITES CHARGES
5	BABY SET
6	BABY BOTTLES
7	BOTTLE
8	BRUSH
9	COSY TOWEL
10	HAND WASH
11	MOISTURISER PASTE BRUSH
12	POWDER
13	RAZOR
14	TOWEL
15	SHOE COVER
16	BEAUTY SERVICES
17	BELTS/ BRACES
18	BUDS
19	BARBER CHARGES
20	CAPS
21	COLD PACK/HOT PACK
22	CARRY BAGS
23	CRADLE CHARGES
24	COMB
25	DISPOSABLES RAZORS CHARGES ( for site preparations)
26	EAU-DE-COLOGNE / ROOM FRESHNERS
27	EYE PAD
28	EYE SHEILD
29	EMAIL / INTERNET CHARGES
30	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
31	FOOT COVER
32	GOWN
33	LEGGINGS
34	LAUNDRY CHARGES
35	MINERAL WATER
36	OIL CHARGES
37	SANITARY PAD
38	SLIPPERS
39	TELEPHONE CHARGES
40	TISSUE PAPER
41	TOOTH PASTE

42	TOOTH BRUSH
43	GUEST SERVICES
44	BED PAN
45	BED UNDER PAD CHARGES
46	CAMERA COVER
47	CARE FREE
48	CLINIPLAST
49	CREPE BANDAGE
50	CURAPORE
51	DIAPER OF ANY TYPE
52	DVD, CD CHARGES
53	EYELET COLLAR
54	FACE MASK
55	FLEXI MASK
56	GAUSE SOFT
57	GAUZE
58	HAND HOLDER
59	HANSAPLAST/ ADHESIVE BANDAGES
60	LACTOGEN/ INFANT FOOD
61	SLINGS
<b>ITEMS SPECIFICALLY E</b>	
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
65	HORMONE REPLACEMENT THERAPY
66	HOME VISIT CHARGES
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES
72	DONOR SCREENING CHARGES
73	ADMISSION/REGISTRATION CHARGES
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
77	STEM CELL IMPLANTATION/ SURGERY
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE S</b>	
78	WARD AND THEATRE BOOKING CHARGES

79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
80	MICROSCOPE COVER
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
82	SURGICAL DRILL
83	EYE KIT
84	EYE DRAPE
85	X-RAY FILM
86	SPUTUM CUP
87	BOYLES APPARATUS CHARGES
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
89	SAVLON Not
90	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
91	COTTON
92	COTTON BANDAGE
93	MICROPORE/ SURGICAL TAPE
94	BLADE
95	APRON
96	TORNIQUET
97	ORTHOBUNDLE, GYNAEC BUNDLE
98	URINE CONTAINER
<b>ELEMENTS O</b>	
99	LUXURY TAX
100	HVAC
101	HOUSE KEEPING CHARGES
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
103	TELEVISION & AIR CONDITIONER CHARGES
104	SURCHARGES
105	ATTENDANT CHARGES
106	IM IV INJECTION CHARGES
107	CLEAN SHEET
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
109	BLANKET/WARMER BLANKET
<b>ADMINISTRATIVE OR</b>	
110	ADMISSION KIT
111	BIRTH CERTIFICATE
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
113	CERTIFICATE CHARGES
114	COURIER CHARGES
115	CONVENYANCE CHARGES
116	DIABETIC CHART CHARGES
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES

118	DISCHARGE PROCEDURE CHARGES
119	DAILY CHART CHARGES
120	ENTRANCE PASS / VISITORS PASS CHARGES
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
122	FILE OPENING CHARGES
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
124	MEDICAL CERTIFICATE
125	MAINTAINANCE CHARGES
126	MEDICAL RECORDS
127	PREPARATION CHARGES
128	PHOTOCOPIES CHARGES
129	PATIENT IDENTIFICATION BAND / NAME TAG
130	WASHING CHARGES
131	MEDICINE BOX
132	MORTUARY CHARGES
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)
	<b>EXTERNAL D</b>
134	WALKING AIDS CHARGES
135	BIPAP MACHINE
136	COMMODE
137	CPAP/ CAPD EQUIPMENTS
138	INFUSION PUMP - COST
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
140	PULSEOXYMETER CHARGES
141	SPACER
142	SPIROMETRE
143	SPO2 PROBE
144	NEBULIZER KIT
145	STEAM INHALER
146	ARMSLING
147	THERMOMETER
148	CERVICAL COLLAR
149	SPLINT
150	DIABETIC FOOT WEAR
151	KNEE BRACES ( LONG/ SHORT/ HINGED)
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
153	LUMBO SACRAL BELT
154	NIMBUS BED OR WATER OR AIR BED CHARGES
155	AMBULANCE COLLAR
156	AMBULANCE EQUIPMENT
157	MICROSHEILD
158	ABDOMINAL BINDER

ITEMS PAYABLE IF SUPP	
159	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES
162	ALEX SUGAR FREE
163	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)
164	DIGENE GEL/ ANTACID GEL
165	ECG ELECTRODES
166	GLOVES
167	HIV KIT
168	LISTERINE/ ANTISEPTIC MOUTHWASH
169	LOZENGES
170	MOUTH PAINT
171	NEBULISATION KIT
172	NEOSPRIN
173	NOVARAPID
174	17 VOLINI GEL/ ANALGESIC GEL
175	ZYTEE GEL
176	VACCINATION CHARGES
PART OF HOSPITAL'S OW	
177	AHD
178	ALCOHOL SWABES
179	SCRUB SOLUTION/STERILLIUM
O	
180	VACCINE CHARGES FOR BABY
181	AESTHETIC TREATMENT / SURGERY
182	TPA CHARGES
183	VISCO BELT CHARGES
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
185	EXAMINATION GLOVES
186	KIDNEY TRAY
187	MASK
188	OUNCE GLASS
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
190	OXYGEN MASK
191	PAPER GLOVES
192	PELVIC TRACTION BELT
193	REFERAL DOCTOR'S FEES
194	ACCU CHECK ( Glucometry/ Strips)

195	PAN CAN
196	SOFNET
197	TROLLY COVER
198	UROMETER, URINE JUG
199	AMBULANCE
200	TEGADERM / VASOFIX SAFETY
201	URINE BAG
202	SOFTOVAC
203	STOCKINGS



Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES
<b>EXCLUDED IN THE POLICIES</b>
Exclusion in policy unless otherwise specified
Not Payable
Not Payable
Exclusion in policy unless otherwise specified
Exclusion in policy unless otherwise specified
Exclusion in policy unless otherwise specified
Exclusion in policy unless otherwise specified
Exclusion in policy unless otherwise specified
Exclusion in policy unless otherwise specified
Exclusion in policy unless otherwise specified
Exclusion in policy unless otherwise specified
Exclusion in policy unless otherwise specified
Exclusion in policy unless otherwise specified
Not Payable - Exclusion in policy unless otherwise specified
Not payable as per HIV/AIDS exclusion
Not Payable except Bone Marrow Transplantation where covered by policy
<b>SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>
Payable under OT Charges, not payable separately





Not Payable
Not Payable
Not Payable
To be claimed by patient under Post Hosp where admissible
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Payable upto 24 hrs, shifting charges not payable
Not Payable
<b>URABLE DEVICES</b>
Not Payable
Not Payable
Not Payable
Device not payable
Device not payable
Not Payable
Device not payable
Not Payable
Device not payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable (paid by patient)
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
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
Not Payable
Not Payable
Not Payable
Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.

<b>REPORTED BY A PRESCRIPTION</b>
May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
Post hospitalization nursing charges not Payable
Patient Diet provided by hospital is payable
Payable -Sugar free variants of admissable medicines are not excluded
Payable when prescribed
Payable when prescribed
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.
Sterilized Gloves payable / unsterilized gloves not payable
Payable - payable Pre operative screening
Payable when prescribed
Payable when prescribed
Payable when prescribed
If used during hospitalization is payable reasonably
Payable when prescribed
Payable when prescribed
Payable when prescribed
Payable when prescribed
Routine Vaccination not Payable / Post Bite Vaccination Payable
<b>IN COSTS AND NOT PAYABLE</b>
Not Payable - Part of Hospital's internal Cost
Not Payable - Part of Hospital's internal Cost
Not Payable - Part of Hospital's internal Cost
<b>THERS</b>
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not Payable
Not payable, except for telemedicine consultations where covered by policy
Not Payable
Not Payable
Should be payable in case of PIVD requiring traction as this is generally not reused
Not Payable
Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable

Not Payable
Not Payable
Not Payable
Not Payable
Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
Not Payable
Essential for case like CABG etc. where it should be paid.