

## Prospectus

### 1. ELIGIBILITY CRITERIA

Plan Name	Corona Kavach Policy-Care Health Insurance
Sum Insured (SI) – on annual basis (in Rs.)	50k to 5L (in multiple of 50k)
Age of Proposer	18 years or above
Entry Age – Minimum	Individual : 5 years Floater : Child aged 1 day with at least 1 member of age 18 years or above
Cover Type	Individual Floater : up to 2A4C
Who are covered (Relationship with respect to the Proposer)	Self, Legally wedded spouse, Dependent children, Parents, Parents-in-law.
Tenure	Three and half months, Six and half months, Nine and half months
Pre-policy Issuance Medical Check up	Not Applicable

#### Notes:

- Proposer with age above 70 years can obtain policy for family, without covering Self.
- All the Age calculations are as per “Age Last Birthday” as on the date of first issue of Policy.

### 2. SCOPE OF COVER

#### GENERAL CONDITIONS APPLICABLE TO ALL THE BENEFITS AND OPTIONAL BENEFITS

1. The Eligibility Criteria & Benefits mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
2. In this document, words like “We”, “Us” or “Our/Ours” represents the Insurer i.e., “Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited)” and “You” or “Your/Yours” represents the “Proposer” or “Insured Person(s)”
3. The premium payable for this policy would be eligible for claiming Tax Benefits under relevant provisions of Income Tax Act, 1961 and amendments thereof.
4. The maximum, total and cumulative liability of the Company in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Period shall not exceed the Sum Insured as mentioned in the policy schedule against that benefit for that Insured Person.
  - I. On Floater Basis, the Company’s maximum, total and cumulative liability, for any and all Claims incurred during the Policy Period in respect of all Insured Persons, shall not exceed the Sum Insured as mentioned in the policy schedule.
  - II. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Sum Insured.
5. Any Claim paid for Benefits shall reduce the Sum Insured for the Policy Period and only the balance shall be available for all the future claims for that Policy Period.
6. Admissibility of a Claim under “Hospitalization Expenses” is a pre-condition to the admission of a Claim under Ambulance Cover, Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses, Hospital Daily Cash (Optional Cover), similarly Admissibility of a Claim under “Home Care Treatment Expenses” is a pre-condition to the admission of a Claim under Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses and the event giving rise to a Claim under Benefit “Hospitalization Expenses” or “Home Care Treatment Expenses” shall be within the Policy Period for the Claim of such Benefit to be accepted.

### 3. SCHEDULE OF BENEFITS

Benefits	
Hospitalization Expenses	Up to SI Ambulance Cover-Up to Rs.2000/- Per Hospitalization
Home Care Treatment Expenses	Up to SI, maximum up to 14 days per incident
AYUSH Treatment	Up to SI
Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses	15 days prior to date of Hospitalization/Home Care Treatment & 30 days from date of discharge from Hospital/completion of Home Care Treatment; Maximum up to SI
Optional Cover	
Hospital Daily Cash	0.5% of SI per day subject to maximum of 15 days in a Policy Period per Insured Person
Wait Periods	
15 Days Initial Waiting Period	Yes

### 4. BASE COVER

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

#### 4.1. Covid Hospitalization Cover

We shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured for:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
- v. Road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which we have accepted a claim under this section. This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

#### Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

#### 4.2 Home Care Treatment Expenses:

Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

- a) The Medical practitioner advises the Insured person to undergo treatment at home.
- b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
- e) In case of insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the medical practitioner

- d. Nursing charges related to medical staff
- e. Medical procedures limited to parenteral administration of medicines
- f. Cost of Pulse Oximeter, Oxygen cylinder and nebulizer

#### 4.3 AYUSH Treatment

We shall indemnify medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during Policy Period up to the limit of sum insured in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalization Expenses (Section 4.1).

#### 4.4 Pre Hospitalization

We shall indemnify Pre Hospitalization/home care treatment medical expenses incurred, related to an admissible Hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible Hospitalization/home care treatment covered under the policy.

#### 4.5 Post Hospitalization

We shall indemnify Post Hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 30 days from the date of discharge from the Hospital, following an admissible Hospitalization covered under the policy.

- 4.6 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.

### 5. OPTIONAL COVER

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted.

- 5.1 Hospital Daily Cash:** We shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which we have accepted a claim under Section- 4.1 Hospitalization Cover.

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

The total amount payable in respect of Covers 4.1, 4.2, 4.3, 4.4, 4.5, 5.1, shall not exceed 100% of the Sum Insured during a policy period.

### 6. WAITING PERIOD

We shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

#### 6.1 First Fifteen Days Waiting Period

Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded.

### 7. EXCLUSIONS

We shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

- 7.1 Investigation & Evaluation(Code- Excl04)
- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 7.2 Rest Cure, rehabilitation and respite care (Code- Excl05)
- a. 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.

7.3 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 Home care treatment.

#### 7.4 Unproven Treatments:

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. However, treatment authorized by the government for the treatment of COVID shall be covered.

7.5 Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.

7.6 Any expenses incurred on Day Care treatment and OPD treatment.

7.7 Diagnosis /Treatment outside the geographical limits of India.

7.8 Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy.

7.9 All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India.

## 8. CLAIM PROCEDURE

### 8.1 Procedure for Cashless claims:

(i) Treatment may be taken in a network provider and is subject to pre authorization by us or its authorized TPA. (ii) Cashless request form available with the network provider and TPA shall be completed and sent to us/TPA for authorization. (iii) We/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification. (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. (v) We /TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. (vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to us /TPA for reimbursement.

### 8.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/us within the prescribed time limit as specified hereunder.

S.L. No.	Type of Claim	Prescribed Time limit
1	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment
3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment.

### 8.3 Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization/cashless home care treatment.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

#### 8.4 Documents to be submitted:

The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid Hospitalization Cover	<ul style="list-style-type: none"> <li>I. Duly filled and signed Claim Form</li> <li>ii. Copy of Insured Person's passport, if available (All pages)</li> <li>iii. Photo Identity proof of the patient (if insured person does not own a passport)</li> <li>iv. Medical practitioner's prescription advising admission</li> <li>v. Original bills with itemized break-up</li> <li>vi. Payment receipts</li> <li>vii. Discharge summary including complete medical history of the patient along with other details.</li> <li>viii. Investigation reports including Insured Person's Test Reports from Authorized diagnostic centre for COVID</li> <li>xi. OT notes or Surgeon's certificate giving details of the operation performed , wherever applicable</li> <li>x. Sticker/Invoice of the Implants, wherever applicable.</li> <li>xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque</li> <li>xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines</li> <li>xiii. Legal heir/succession certificate, wherever applicable</li> <li>xiv. Any other relevant document required by Company/TPA for assessment of the claim.</li> </ul>
2. Home Care expenses	<ul style="list-style-type: none"> <li>i. Duly filled and signed Claim Form</li> <li>ii. Copy of Insured Person's passport, if available (All pages)</li> <li>iii. Photo Identity proof of the patient (if insured person does not own a passport)</li> <li>iv. Medical practitioners' prescription advising hospitalization</li> <li>v. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit.</li> <li>vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment.</li> <li>vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.</li> </ul>

#### Note:

1. We shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, We shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.
4. We can waive off any of the above required as per claim procedure and the documents to be submitted by Insured Person shall be in original.

#### 8.5 Claim Settlement (provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of us, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.
- vi. In case of delay beyond stipulated 45 days, we shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

## 9. GENERAL TERMS & CONDITIONS

### 9.1 Multiple Policies

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
3. If the amount to be claimed exceeds the sum insured under a single policy, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

### 9.2 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 his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- (a) The suggestion, as a fact of that which is not true and which the Insured Person 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 policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer.

### 9.3 Cancellation

We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

### 9.4 Underwriting Loading:

Based on the Underwriter's assessment of the extra risk on account of medical or any other conditions of the proposed to be insured, the premium (at the time of issuance of the policy) may get loaded. Such extra premium shall be communicated to the Insured person for their consent before issuance of the Policy. Criteria for such loading are objectively mentioned in the Underwriting Manual (in line with Our Underwriting Policy) In case the Policyholder requires further clarification pertaining to Underwriting Loading, he/she may contact Us

### 9.5 Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

In the case of demise of the insured person, However the cover shall continue for the remaining Insured Persons till the end of Policy Period. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

### 9.6 Tax Benefit

The Insured person can avail tax benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult tax advisor for more details).

## 10. REDRESSAL OF GRIEVANCE

In case of any grievance the insured person may contact the company through

Website: [www.careinsurance.com](http://www.careinsurance.com)

Toll free: 1800-102-4488

E-mail: [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com)

Courier: Any of Company's Branch Office or corporate office

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

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 Care Health Insurance Limited, (Formerly known as Religare Health Insurance Company Limited)

Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurgaon, Haryana – 122001

For updated details of grievance officer, kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Insurance Ombudsman – 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. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B.

## 11. SCHEDULE OF DISCOUNTS

Sr. No	Description	Parameters	Rates
1	Health Care Workers	-	5%

### Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)
Contact No.	1800-102-4488
E-mail ID for Claims	<a href="mailto:claims@careinsurance.com">claims@careinsurance.com</a>
E-mail ID for Policy servicing	<a href="mailto:customerfirst@careinsurance.com">customerfirst@careinsurance.com</a>
Website	<a href="http://www.careinsurance.com">www.careinsurance.com</a>

### Registered Office Address :

5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

### Correspondence Office Address :

Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)

**Disclaimer:** This is only a summary of features of 'Corona Kavach Policy-Care Health Insurance'. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

**Statutory Warning :** Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

**Note:**

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to [www.careinsurance.com](http://www.careinsurance.com)
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Insurance is a subject matter of solicitation.

Unique Advertisement number: 20094094

IRDA Registration Number - 148

CIN : U66000DL2007PLC161503

UIN : RHIHLIP21087V012021



**ANNEXURE –A**

SR. NO.	LIST I - ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY	SR. NO.	LIST III - ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES
1	BABY FOOD		[DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
2	BABY UTILITIES CHARGES		
3	BEAUTY SERVICES		
4	BELTS/ BRACES	54	KIDNEY TRAY
5	BUDS	55	OUNCE GLASS
6	COLD PACK/HOT PACK	56	PELVIC TRACTION BELT
7	CARRY BAGS	57	PAN CAN
8	EMAIL / INTERNET CHARGES	58	TROLLY COVER
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	59	UROMETER, URINE JUG
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	SPIROMETRE		
36	STEAM INHALER		
37	ARMSLING		
38	THERMOMETER		
39	CERVICAL COLLAR		
40	SPLINT		
41	DIABETIC FOOT WEAR		
42	KNEE BRACES (LONG/ SHORT/ HINGED)		
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		
44	LUMBO SACRAL BELT		
45	NIMBUS BED OR WATER OR AIR BED CHARGES		
46	AMBULANCE COLLAR		
47	AMBULANCE EQUIPMENT		
48	ABDOMINAL BINDER		
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES		
50	SUGAR FREE TABLETS		
51	CREAMS POWDERS LOTIONS (toiletries are not payable, only prescribed medical pharmaceuticals payable)		
52	ECG ELECTRODES		
53	ANY KIT WITH NO DETAILS MENTIONED		

**ANNEXURE –A**

<b>SR. NO.</b>	<b>LIST - II - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES</b>	<b>SR. NO.</b>	<b>LIST III - ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES</b>
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	1	HAIR REMOVAL CREAM
2	HAND WASH	2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	CRADLE CHARGES		
4	COMB	3	EYE PAD
5	EAU-DE-COLOGNE / ROOM FRESHNERS	4	EYE SHEILD
6	GOWN	5	CAMERA COVER
7	SLIPPERS	6	DVD, CD CHARGES
8	TISSUE PAPER	7	GAUSE SOFT
9	TOOTH PASTE	8	GAUZE
10	TOOTH BRUSH	9	WARD AND THEATRE BOOKING CHARGES
11	BED PAN	10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
12	FLEXI MASK	11	MICROSCOPE COVER
13	HAND HOLDER	12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
14	SPUTUM CUP		
15	DISINFECTANT LOTIONS	13	SURGICAL DRILL
16	LUXURY TAX	14	EYE KIT
17	HVAC	15	EYE DRAPE
18	HOUSE KEEPING CHARGES	16	X-RAY FILM
19	AIR CONDITIONER CHARGES	17	BOYLES APPARATUS CHARGES
20	IM IV INJECTION CHARGES	18	COTTON
21	CLEAN SHEET	19	COTTON BANDAGE
22	BLANKET/WARMER BLANKET	20	SURGICAL TAPE
23	ADMISSION KIT	21	APRON
24	DIABETIC CHART CHARGES	22	TORNIQUET
25	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	23	ORTHO BUNDLE, GYNAEC BUNDLE
26	DISCHARGE PROCEDURE CHARGES		
27	DAILY CHART CHARGES		
28	ENTRANCE PASS / VISITORS PASS CHARGES EXPENSES		
29	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE		
30	FILE OPENING CHARGES		
31	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)		
32	PATIENT IDENTIFICATION BAND / NAME TAG		
33	PULSE OXYMETER CHARGES		

**ANNEXURE –A**

<b>SR. NO.</b>	<b>LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT</b>
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

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@ecoi.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@ecoi.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi
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@ecoi.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

## Annexure –B

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, 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, Santkabiragar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PUNE	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.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: [www.irda.gov.in](http://www.irda.gov.in), on the website of General Insurance Council: [www.gicouncil.org.in](http://www.gicouncil.org.in), on the Company's website [www.careinsurance.com](http://www.careinsurance.com) or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai - 400 054.

Tel: 022-26106889/671/980

Fax : 022-26106949

Email- [inscoun@ecoi.co.in](mailto:inscoun@ecoi.co.in)