

LIST OF COMMONLY EXCLUDED ITEMS*

Toiletries/ Cosmetics/ Personal Comfort or Convenience Items

Non Payable Items

- Antiseptic or Disinfectant Lotion
- Baby Bottles
- Baby Charges (unless specified / indicated)
- Baby Food
- Baby Set
- Baby Utilities Charges
- Barber Charges
- Beauty Services
- Bed Pan
- Bed Under Pad
- Belts/ Braces Essential
- Bottle
- Brush
- Buds
- Camera Cover
- Caps
- Care Free
- Carry Bags
- Cliniplast
- Cold Pack / hot Pack
- Comb
- Cosy Towel

- Cradle Charges
- Crepe Bandage
- Curapore
- Diaper Of Any Type
- Disposable Razor Charges
- Duty Doctor / RMO / OMO/ Physician assistant charges
- DVD, CD Charges
- Eau-De-Cologne/ Room Fresheners
- Email/ Internet / Zerox Charges
- Eye Pad
- Eye Shield
- Eyelet Collar
- Face Mask
- Flexi Mask
- Food Charges
- Foot Cover
- Gauze Soft
- Gauze
- Guest Services
- Hair removing cream charges
- Hand Holder
- Hand Wash
- Hansaplast / Adhesive Bandages

- Lactogen / Infant Food
- Laundry Charges
- Mineral Water
- Moisturizer Paste Brush
- Oil Charges
- Powder
- Razor
- Sanitary Pad
- Shoe Cover
- Slippers
- Telephone Charges
- Tissue Paper
- Tooth Brush
- Tooth Paste
- Towel
- Tourniquet

Conditional Payable items

- Disposable Gown (for Surgical Cases)
- Leggings / Stockings (in cases of varicose veins)
- Slings (In fracture cases of Upper Limb)

Non Payable Items Specifically Excluded in Policy unless otherwise specified

- Ambulance
- Any Expenses Related to Retro Virus + Or Suffering From/ HIV/ AIDS/ STD Detected, Directly Or Indirectly.
- Donor Screening Charges
- Home Visit Charges
- Hormone Replacement Therapy
- Hospitalization For Evaluation / Diagnostic Purpose
- Obesity (including Morbid Obesity) Treatment
- Treatment Of Sexually Transmitted Diseases
- Weight Control Programs / Supplies / Services

- Admission / registration Charges
- Corrective Surgery For Refractive Error
- Cost Of Spectacles / Contact Lenses / Hearing Aids Etc.
- Dental Treatment Expenses that do not require Hospitalization
- Expenses For Investigation / Treatment
- Irrelevant Exclusion In Policy To The Disease For Which Admitted Or Diagnosed
- Infertility/ Sub-Fertility/ Assisted Conception Procedure
- Psychiatric & Psychosomatic Disorders

- Stem Cell Implantation / Surgery
- Thermometer
- Crepe Bandage
- Splint
- Spacer
- Surgical Drape



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Non Payable Items Specifically Excluded in Policy unless otherwise specified

Non Payable Items

- 100 HVAC Part of Room Charge
- Administrative or Non-medical Charges
- Admission Kit
- Apron
- Attendant Charges
- Attendant Room Charges
- Band Aids, Bandages
- Birth Certificate
- Blood Grouping And Cross Matching Of Donors Samples
- Blood reservation Charges And Ante Natal
- Booking Charges
- Certificate Charges
- Clean Sheet /Housekeeping/Laundry
- Conveyance Charges
- Cotton - part Of Dressing charges
- Cotton Bandage -part Of Dressing charges
- Courier Charges
- Daily Chart Charges
- Diabetic Chart Charges
- Diet Charges
- Discharge Procedure Charges
- Disposable Linen
- Documentation Charges | Administrative Expenses / Entrance Pass / Visitors Pass Charges

- File Opening Charges
- House Keeping Charges
- IM/ IV Injection Charges Where Nursing
- Charge Also Charged
- Incidental Expenses/ Misc. Charges
- LuxuryTax
- Maintenance Charges
- Medical Certificate
- Medical Records
- Medicine Box
- Medico Legal Case Charges (MLC Charges)
- Mortuary Charges
- Orthobundle, Gynaec Bundle
- Patient Identification Band / Name Tag
- Photocopies Charges
- Softovac
- Stockings - Essential for case like CABG etc where it should be paid
- Preparation Charges
- QSavlon Not Payable-part Of Dressing charges
- Service Charges Where Nursing Charge Also
- Charged Part Of Room Charge
- Sputum Cup - Payable under Investigation charges, not as consumables
- Surcharges
- Television & Air Conditioner Charges

- Tourniquet
- Urine Container
- Washing Charges

Payable under OT charges only (if used)

- Blanket/warmer Blanket
- Boyles Apparatus Charges
- Eye Drape
- Eye Kit
- Micropore / Surgical Tape
- Lozenges - Payable when prescribed
- Mouth paint - Payable when prescribed
- Volini Gel - Payable when prescribed
- Zytee Gel - Payable when prescribed
- Microscope Cover
- Rent for Arthroscopy & Endoscopy
- Instruments/any Instrumentation charges
- Surgical Drill charge
- Ward And Theater Booking Charges



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Extra Durable Devices

Non Payable Items

- Aesthetic Treatment/ Surgery
- Alex frees sugar
- Ambulance Collar
- Ambulance Equipment
- Any Kit With No Details Mentioned [delivery Kit, Orthokit, Recovery Kit, Etc]
- Commode
- CPAP/BIPAP/ CAPO Equipments Device
- Cream /Powder/ Lotion
- Diabetic Foot Wear
- Examination Gloves
- Kidney Tray
- Knee Braces (Long/ Short/ Hinged)
- Knee Immobilizer/ Shoulder Immobilizer
- Listerine/ Antiseptic Mouthwash
- Lumba Sacral Belt
- Microshield
- Nebulizer Device
- Nutrition Planning Charges - Dietician Charges (Not referred by Treating Doctor)
- Others-claiming as Other with no break up details
- Ounce Glass
- Oxygen Cylinder (for Usage Outside The Hospital)
- Pan Can
- Paper Gloves
- Private Nurses Charges- Special Nursing Charges I Post Hospitalization Nursing charges
 - Sofnet
 - Expenses Related to Prescription on discharge
 - Mask

- Spirometre Device
- Steam Inhaler
- Toiletries of any kind
- TPACharges
- Trolley Cover/trolley Sheet /Plain Sheets
- Unsterilized gloves
- Urometer, Urine Jug
- Vaccination Charges Routine
- Vaccination
- Vaccine Charges For Baby
- Walking Aids Charges
- Accu Check (Glucometry/Strips) / Device
- ECG Electrodes (in ICU/ Case specific)
- HIV Kit (In Operative cases)
- Nebulisation Kit & Mask If Used During Hospitalization
- Neosprin Payable When Prescribed
- Novarapid Payable When Prescribed
- Nimbus Bed Or Water Or Air Bed Charges (for chronic ill patients in ICU With Paraplegia/ quadriplegia / Prolonged ventilator support/ Bed ridden)
- Oral Gel Payable When Prescribed
- Oxygen Mask(related to Ailment & reasonable quantity)
- Outstation Consultant's/ Surgeon's Fees (Only for Tele-Medicine)
- Referral Doctor's Fees (during Hospitalization)
- Vaccination - post bite or as part of Main treatment

Not Payable - Part of Hospital's Internal Cost

- AHO / Sterillium
- Alcohol Swabs / Scrub Solution

Conditional Payable Items

- Abdominal Binder (for Major Abdominal Surgeries - TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc)
- Analgesic Gel Payable When Prescribed
- Armsling (In fracture of Upper Limb)
- Betadine / Hydrogen Peroxide /spirit/ dettol (Payable When Prescribed For Patient (on IP basis), Not Payable For Hospital use In OT or Ward Or For Dressings in Hospital)
- Cervical Collar (In case of Cervical / Head / Spine injury or Surgery)
- Charges of laminar flow, HEPA filters and positive pressure systems (in Surgical conditions & as per Ailments)
- Visco Belt Charges
- Pelvic Traction Belt - Should be payable in case of PIVD requiring traction as this is generally not reused

Purchase of machine not payable but usage of the machine as IPD is payable

- Bipap Machine
- Pulse-Oxymeter Device Charges
- Spo2 Probe
- Infusion Pump - Device Charges

Payable Items

- Consultations -Assistant Surgeons charges
- Antacid Gel Payable When prescribed
- Gloves Sterilized Gloves
- Tegaderm I Vasofix Safety (Reasonable Quantity)
- Urine Bag (reasonable quantity as per ailment)
- X-Ray film - Payable under Radiology charges, not as consumables.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

HEALTH CARE ADDRESS:

Health Care Unit: IndusInd General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081. **Email:** healthcare@indusindinsurance.com.