

MEDICCLAIM

Policy Wordings

SECTION A) PREAMBLE

Whereas the Insured designated in the Schedule hereto has by a Proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein has applied to the Bajaj Allianz General Insurance Company Limited (hereinafter called the Company) for the insurance hereinafter set forth in respect of persons(s) named in the Schedule hereto (hereinafter called the Insured Person) and has paid the premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any Insured Person shall contract any disease or suffer from any illness (hereinafter called Disease) or sustained any bodily injury through accident (hereinafter called Injury) and if such disease or injury shall require any such Insured Person, upon advice of a duly qualified Physician/Medical Specialist/Medical Practitioner (hereinafter called Medical Practitioner) or of (a) duly qualified Surgeon (hereinafter called Surgeon) to incur a) hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital in India as herein defined (hereinafter called Hospital) as an inpatient OR (b) on domiciliary treatment in India under Domiciliary Hospitalisation Benefits as hereinafter defined, the Company will pay to the Insured Person the amount of such expenses as reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the sum insured in aggregate in any one period of insurance stated in the schedule hereto.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

1. Accident, Accidental

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Any one illness

Any one illness means continuous Period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. AYUSH Hospital:

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. AYUSH Day Care Centre:

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health Centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. Cashless facility

Cashless facility means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization is approved.

6. Condition Precedent

Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

7. Co-Payment

Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

8. Congenital Anomaly

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

9. Deductible:

Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

10. Dental Treatment

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

11. Day care centre

A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner(s) in charge;
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

12. Day Care Treatment

Day care treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. Which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

13. Disclosure to information norm

The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

14. Domiciliary Hospitalization

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:

- i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii. the patient takes treatment at home on account of non-availability of room in a hospital.

15. Emergency Care

Emergency care means management of an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured's health.

16. Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

17. Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1)

of the said Act OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

18. Hospitalization

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive In patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

19. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. it needs ongoing or long-term control for relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur.

20. Inpatient Care

Inpatient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

21. Injury/Bodily Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

22. Intensive Care Unit

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

23. ICU Charges

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

24. Maternity expenses:

Maternity expenses means;

- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- expenses towards lawful medical termination of pregnancy during the Policy Period.

25. Medical Advice:

Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

26. Medical expenses:

Medical Expenses means those expenses that an Insured has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured had not been Insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

27. Medical Practitioner/Doctor/ Physician:

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy or Ayurvedic and or such other authorities set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license

28. Medically Necessary Treatment

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by the Insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

29. Migration

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

30. Network Provider:

Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

31. New Born Baby

New born baby means baby born during the Policy Period and is aged up to 90 days.

32. Non- Network Provider

Non-Network provider means any hospital, day care centre or other provider that is not part of the network.

33. Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

34. Pre-hospitalization Medical Expenses

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

35. Post-hospitalization Medical Expenses

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:

- Such Medical Expenses are for the same condition for which the Insured Person's hospitalization was required, and
- The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

36. Portability

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

37. Pre-Existing Disease

Pre-existing disease means any condition, ailment or injury or disease

- That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement **Or**
- For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

38. Qualified Nurse

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

39. Reasonable and Customary charges

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

40. Room rent

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

41. Renewal

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

42. Surgery or Surgical Procedure

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

43. Unproven/Experimental treatment

Unproven/Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

1. AYUSH Treatment refers to medical expenses incurred on hospitalisation under Ayurveda, Yoga and Naturopathy Unani, Siddha and Homeopathy systems

2. Bajaj Allianz Network Hospitals / Network Hospitals

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com

3. Bajaj Allianz Diagnostic Centre

Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

4. Group

The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time

5. Group Policy or Master Policy This Policy Document, the Policy Schedule and the Proposal, declaration and applicable Endorsements under the Policy containing the terms and conditions of the insurance coverage and under which Certificates of Insurance shall be issued to the Insured Person with the details of the extent of cover available to the Insured Person, the Exclusions under the cover and the terms, conditions, warranties and limitations.

6. Policy Period: means period for which the Insured Person/Insured Beneficiary is covered under the Certificate of Insurance.

7. Policy Schedule means the Group Policy schedule and any annexure to it read with respective Certificate of Insurance which are forming part of the policy.

8. Schedule means the Group Policy schedule and any annexure to it read with respective Certificate of Insurance

SECTION C) BENEFITS COVERED UNDER THE POLICY**1. In-patient Hospitalization Treatment:**

In the event of any claim/s becoming admissible under this Scheme, the Company will pay to the Insured Person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto:

- a. Room, Boarding Expenses as provided by the hospital / nursing home
- b. Nursing Expenses
- c. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees
- d. Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs and Cost of Organs and similar expenses.

Note: Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per person mentioned in the Schedule.

2. Pre-hospitalization Medical Expenses-

Medical Expenses incurred immediately 30 days, before the Insured Person is hospitalized, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

3. Post-hospitalization Medical Expenses-

Medical Expenses incurred immediately 60 days after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

4. Modern Treatment Methods and Advancement in Technologies

Modern Treatment Methods and Advancement in Technologies (as per below list) shall be covered as mentioned in the Certificate of Insurance.

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty

- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM -(Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS

The Company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

I. Waiting Period

1. Pre-existing Diseases waiting period (Excl01)
 - a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months of continuous coverage as mentioned in Certificate of Insurance after the date of inception of the first Group Medidclaim Policy with us.
 - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c) If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
 - d) Coverage under the Policy after the expiry number of months of continuous coverage as mentioned in Certificate of Insurance for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.
2. Specified disease/procedure waiting period (Excl02)
 - a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months of continuous coverage as mentioned in Certificate of Insurance after the date of inception of the first Group Medidclaim Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
 - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
 - e) If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - f) List of specific diseases/procedures is as below

| | |
|---|---------------------------------|
| Cataract | Benign Prostatic Hypertrophy |
| Hysterectomy for Menorrhagia or Fibromyoma Hernia | Hydrocele |
| Congenital Internal disease | Fistula in anus |
| Piles | Sinusitis and related disorders |

3. 30-day waiting period (Excl03)

- a) Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently

II. GENERAL EXCLUSIONS

1. Investigation & Evaluation (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.

2. Rest Cure, rehabilitation and respite care- (Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a) 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.
- b) Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

3. Obesity/Weight Control (Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy

- ii. Coronary heart disease
- iii. Severe Sleep Apnea
- iv. Uncontrolled Type2 Diabetes

4. **Change-of-gender treatments (Excl07)**
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. **Cosmetic or plastic Surgery (Excl08)**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. **Hazardous or Adventure Sports (Excl09)**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. **Breach of law (Excl10)**
Expenses for treatment directly arising from or consequent upon any Insure Person committing or attempting to commit a breach of law with criminal intent.

8. **Excluded Providers (Excl11)**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. **Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)**

10. **Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)**

11. **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 day care procedure. (Excl14)**

12. **Refractive Error (Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

13. **Unproven Treatments (Excl16)**
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.

14. **Sterility and Infertility (Excl17)**
Expenses related to sterility and infertility. This includes:
a) Any type of contraception, sterilization
b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
c) Gestational Surrogacy
d) Reversal of sterilization

15. **Maternity (Excl 18)**
a) Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
(This exclusion will stand deleted where Policy is extended to cover maternity benefits).

SECTION D) EXCLUSIONS UNDER THE POLICY – SPECIFIC EXCLUSIONS

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
4. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
5. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
6. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
7. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.
8. All non-medical Items as per Annexure II
9. Any treatment received outside India is not covered under this Policy.
10. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies .
11. Circumcision unless required for the treatment of Illness or Accidental bodily injury.

SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES**1. Disclosure of information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

3. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Claim Settlement. (provision for Penal interest)

- i. The Company 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, the Company shall be liable to pay interest to the policyholder 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 the Company, 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, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

5. Multiple Policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person 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 chosen by the insured person 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.
- ii. Insured person 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 shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/ she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

7. Renewal of Policy

The policy shall ordinarily be renewable except on misrepresentation by the insured person, grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience

8. Cancellation**(A) Cancellation by the Policyholder**

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -

- Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
- Multi-year Policy:
 - For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
 - For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

2. Cancellation of policy where Premium Received on Instalment Basis

The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

(B) Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

(C) Cancellation by the Company

The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

9. Migration

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link <https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

10. Portability

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link <https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

11. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

12. Fraud

- i. If any claim made by the Insured beneficiary, 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 beneficiary or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
- ii. Any amount already paid against claims made under this policy but which are found fraudulent later 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 to the insurer.
- iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, 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 beneficiary does not believe to be true;
 - b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
 - c) any other act fitted to deceive; and
 - d) any such actor omission as the law specially declares to be fraudulent
- iv. The Company shall not repudiate the claim and / or forfeit the policy benefits 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 misstatement or suppression of material fact are within the knowledge of the insurer.

13. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person 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.

14. Grievance Redressal Procedure

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail
 - a) Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
 - b) Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at gro@bajajallianz.co.in
 - c) Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back
5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html

The contact details of the Ombudsman offices are mentioned in **Annexure III**

SECTION E) GENERAL TERMS AND CLAUSES – SPECIFIC TERMS AND CLAUSES**15. Insured**

Only those persons named as the insured in the Policy Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any Insured upon such Insured giving 14 days written notice to be received by Us.

16. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

17. Paying a Claim

- You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

18. Basis of Claims Payment

- We shall make payment in Indian Rupees only.
- If claim event falls within two policy periods the claims shall be administered taking into consideration the available sum insured in the two policy periods, including the deductibles, for each policy period. The claim amount to be payable shall be reduced up to the extent of the premium to be received for renewal by due date of renewal of this policy, if the same is not received earlier.
- Notwithstanding what is mentioned in clause 3 of SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES or any other clauses of this Policy:
 - In-patient Treatment for Mental Illness shall be covered up to Base Sum Insured subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions.
 - Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III) shall be covered up to Base Sum Insured, subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions.

19. Inclusion of members under the Policy:

Where an Insured is added to this Policy, either by way of Endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for the Insured.

20. Territorial Limits & Governing Law

- We cover medical expenses for treatment availed within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Schedule.
- The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

21. Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note : 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.
 2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

SECTION E) GENERAL TERMS AND CLAUSES – OTHER TERMS AND CONDITIONS

22. Claims Procedure

All Claims will be settled by In house claims settlement team of the Company and no TPA is engaged. However the Company reserves to engage TPA at any time, at the sole discretion of the Company.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

A. Cashless Claims Procedure:

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:

- Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
- Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- The Company/ 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.
- At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- 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 the Company / TPA for reimbursement.

B. Reimbursement Claims Procedure:

If Pre-authorization as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

- You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization
- You must immediately consult a Medical practitioner and follow the advice and treatment that he recommends.
- You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost.
- You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- In the event of the death of the Insured, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days*
- If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

| Sr. No | Type of Claim | Prescribed Time limit |
|--------|---------------|-----------------------|
|--------|---------------|-----------------------|

| | | |
|---|---|---|
| 1 | Reimbursement of hospitalization, day care 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 |

*Note: In case You are claiming for the same event under an indemnity based Policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers, if available
- Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.

Please send the documents on below address
 Bajaj Allianz General Insurance Company Ltd
 2nd Floor, Bajaj Finserv Building,
 Behind Weikfield IT park,
 Off Nagar Road, Viman Nagar
 Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

Annexure I: List of Day Care Procedures:

| ENT | General Surgery |
|--|---|
| 1 Stapedotomy | 204 Infected Keloid Excision |
| 2 Myringoplasty(Type I Tympanoplasty) | 205 Incision of a pilonidal sinus / abscess |
| 3 Revision stapedectomy | 206 Axillary lymphadenectomy |
| 4 Labyrinthectomy for severe Vertigo | 207 Wound debridement and Cover |
| 5 Stapedectomy under GA | 208 Abscess-Decompression |
| 6 Ossiculoplasty | 209 Cervical lymphadenectomy |
| 7 Myringotomy with Grommet Insertion | 210 infected sebaceous cyst |
| 8 Tympanoplasty (Type III) | 211 Inguinal lymphadenectomy |
| 9 Stapedectomy under LA | 212 Incision and drainage of Abscess |
| 10 Revision of the fenestration of the inner ear. | 213 Suturing of lacerations |
| 11 Tympanoplasty (Type IV) | 214 Scalp Suturing |
| 12 Endolymphatic Sac Surgery for Meniere's Disease | 215 Infected lipoma excision |
| 13 Turbinectomy | 216 Maximal anal dilatation |
| 14 Removal of Tympanic Drain under LA | 217 Piles |
| 15 Endoscopic Stapedectomy | A)Injection Sclerotherapy |
| 16 Fenestration of the inner ear | B)Piles banding |
| 17 Incision and drainage of perichondritis | 218 Liver Abscess- catheter drainage |
| 18 Septoplasty | 219 Fissure in Ano- fissurectomy |
| 19 Vestibular Nerve section | 220 Fibroadenoma breast excision |
| 20 Thyroplasty Type I | 221 OesophagealvaricesSclerotherapy |
| 21 Pseudocyst of the Pinna - Excision | 222 ERCP - pancreatic duct stone removal |
| 22 Incision and drainage - Haematoma Auricle | 223 Perianal abscess I&D |
| 23 Tympanoplasty (Type II) | 224 Perianal hematoma Evacuation |
| 24 Keratosis removal under GA | 225 Fissure in anosphincterotomy |

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| 25 Reduction of fracture of Nasal Bone | 226 UGI scopy and Polypectomyoesophagus |
| 26 Excision and destruction of lingual tonsils | 227 Breast abscess I& D |
| 27 Conchoplasty | 228 Feeding Gastrostomy |
| 28 Thyroplasty Type II | 229 Oesophagoscopy and biopsy of growth oesophagus |
| 29 Tracheostomy | 230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers |
| 30 Excision of Angioma Septum | 231 ERCP - Bile duct stone removal |
| 31 Turbinoplasty | 232 Ileostomy closure |
| 32 Incision & Drainage of Retro Pharyngeal Abscess | 233 Colonoscopy |
| 33 UvuloPalatoPharyngoPlasty | 234 Polypectomy colon |
| 34 Palatoplasty | 235 Splenic abscesses Laparoscopic Drainage |
| 35 Tonsillectomy without adenoidectomy | 236 UGI SCOPY and Polypectomy stomach |
| 36 Adenoidectomy with Grommet insertion | 237 Rigid Oesophagoscopy for FB removal |
| 37 Adenoidectomy without Grommet insertion | 238 Feeding Jejunostomy |
| 38 Vocal Cord lateralisation Procedure | 239 Colostomy |
| 39 Incision & Drainage of Para Pharyngeal Abscess | 240 Ileostomy |
| 40 Transoral incision and drainage of a pharyngeal abscess | 241 colostomy closure |
| 41 Tonsillectomy with adenoidectomy | 242 Submandibular salivary duct stone removal |
| 42 Tracheoplasty Ophthalmology | 243 Pneumatic reduction of intussusception |
| 43 Incision of tear glands | 244 Varicose veins legs - Injection sclerotherapy |
| 44 Other operation on the tear ducts | 245 Rigid Oesophagoscopy for Plummer vinson syndrome |
| 45 Incision of diseased eyelids | 246 Pancreatic Pseudocysts Endoscopic Drainage |
| 46 Excision and destruction of the diseased tissue of the eyelid | 247 ZADEK's Nail bed excision |
| 47 Removal of foreign body from the lens of the eye. | 248 Subcutaneous mastectomy |
| 48 Corrective surgery of the entropion and ectropion | 249 Excision of Ranula under GA |
| 49 Operations for pterygium | 250 Rigid Oesophagoscopy for dilation of benign Strictures |
| 50 Corrective surgery of blepharoptosis | 251 Eversion of Sac |
| 51 Removal of foreign body from conjunctiva | a) Unilateral |
| 52 Biopsy of tear gland | b)Bilateral |
| 53 Removal of Foreign body from cornea | 252 Lord's plication |
| 54 Incision of the cornea | 253 Jaboulay's Procedure |
| 55 Other operations on the cornea | 254 Scrotoplasty |
| 56 Operation on the canthus and epicanthus | 255 Surgical treatment of varicocele |
| 57 Removal of foreign body from the orbit and the eye ball. | 256 Epididymectomy |
| 58 Surgery for cataract | 257 Circumcision for Trauma |
| 59 Treatment of retinal lesion | 258 Meatoplasty |
| 60 Removal of foreign body from the posterior chamber of the eye | 259 Intersphincteric abscess incision and drainage |
| Oncology | |
| 61 IV Push Chemotherapy | 260 Psoas Abscess Incision and Drainage |
| 62 HBI-Hemibody Radiotherapy | 261 Thyroid abscess Incision and Drainage |
| 63 Infusional Targeted therapy | 262 TIPS procedure for portal hypertension |
| 64 SRT-Stereotactic Arc Therapy | 263 Esophageal Growth stent |
| 65 SC administration of Growth Factors | 264 PAIR Procedure of Hydatid Cyst liver |
| 66 Continuous Infusional Chemotherapy | 265 Tru cut liver biopsy |
| 67 Infusional Chemotherapy | 266 Photodynamic therapy or esophageal tumour and Lung tumour |
| 68 CCRT-Concurrent Chemo + RT | 267 Excision of Cervical RIB |
| 69 2D Radiotherapy | 268 laparoscopic reduction of intussusception |
| 70 3D Conformal Radiotherapy | 269 Microdochectomy breast |
| 71 IGRT- Image Guided Radiotherapy | 270 Surgery for fracture Penis |
| | 271 Sentinel node biopsy |

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| 72 IMRT- Step & Shoot | 272 Parastomal hernia |
| 73 Infusional Bisphosphonates | 273 Revision colostomy |
| 74 IMRT- DMLC | 274 Prolapsed colostomy- Correction |
| 75 Rotational Arc Therapy | 275 Testicular biopsy |
| 76 Tele gamma therapy | 276 laparoscopic cardiomyotomy(Hellers) |
| 77 FSRT-Fractionated SRT | 277 Sentinel node biopsy malignant melanoma |
| 78 VMAT-Volumetric Modulated Arc Therapy | 278 laparoscopic pyloromyotomy(Ramstedt) |
| 79 SBRT-Stereotactic Body Radiotherapy | Orthopedics |
| 80 Helical Tomotherapy | 279 Arthroscopic Repair of ACL tear knee |
| 81 SRS-Stereotactic Radiosurgery | 280 Closed reduction of minor Fractures |
| 82 X-Knife SRS | 281 Arthroscopic repair of PCL tear knee |
| 83 Gammaknife SRS | 282 Tendon shortening |
| 84 TBI- Total Body Radiotherapy | 283 Arthroscopic Meniscectomy - Knee |
| 85 intraluminal Brachytherapy | 284 Treatment of clavicle dislocation |
| 86 Electron Therapy | 285 Arthroscopic meniscus repair |
| 87 TSET-Total Electron Skin Therapy | 286 Haemarthrosis knee- lavage |
| 88 Extracorporeal Irradiation of Blood Products | 287 Abscess knee joint drainage |
| 89 Telecobalt Therapy | 288 Carpal tunnel release |
| 90 Telecesium Therapy | 289 Closed reduction of minor dislocation |
| 91 External mould Brachytherapy | 290 Repair of knee cap tendon |
| 92 Interstitial Brachytherapy | 291 ORIF with K wire fixation- small bones |
| 93 Intracavity Brachytherapy | 292 Release of midfoot joint |
| 94 3D Brachytherapy | 293 ORIF with plating- Small long bones |
| 95 Implant Brachytherapy | 294 Implant removal minor |
| 96 Intravesical Brachytherapy | 295 K wire removal |
| 97 Adjuvant Radiotherapy | 296 POP application |
| 98 Afterloading Catheter Brachytherapy | 297 Closed reduction and external fixation |
| 99 Conditioning Radiotherapy for BMT | 298 Arthrotomy Hip joint |
| 100 Extracorporeal Irradiation to the Homologous Bone grafts | 299 Syme's amputation |
| 101 Radical chemotherapy | 300 Arthroplasty |
| 102 Neoadjuvant radiotherapy | 301 Partial removal of rib |
| 103 LDR Brachytherapy | 302 Treatment of sesamoid bone fracture |
| 104 Palliative Radiotherapy | 303 Shoulder arthroscopy / surgery |
| 105 Radical Radiotherapy | 304 Elbow arthroscopy |
| 106 Palliative chemotherapy | 305 Amputation of metacarpal bone |
| 107 Template Brachytherapy | 306 Release of thumb contracture |
| 108 Neoadjuvant chemotherapy | 307 Incision of foot fascia |
| 109 Adjuvant chemotherapy | 308 calcaneum spur hydrocort injection |
| 110 Induction chemotherapy | 309 Ganglion wrist hyalase injection |
| 111 Consolidation chemotherapy | 310 Partial removal of metatarsal |
| 112 Maintenance chemotherapy | 311 Repair / graft of foot tendon |
| 113 HDR Brachytherapy | 312 Revision/Removal of Knee cap |
| Plastic Surgery | 313 Amputation follow-up surgery |
| 114 Construction skin pedicle flap | 314 Exploration of ankle joint |
| 115 Gluteal pressure ulcer-Excision | 315 Remove/graft leg bone lesion |
| 116 Muscle-skin graft, leg | 316 Repair/graft achilles tendon |
| 117 Removal of bone for graft | 317 Remove of tissue expander |
| 118 Muscle-skin graft duct fistula | 318 Biopsy elbow joint lining |
| 119 Removal cartilage graft | 319 Removal of wrist prosthesis |

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| 120 Myocutaneous flap | 320 Biopsy finger joint lining |
| 121 Fibro myocutaneous flap | 321 Tendon lengthening |
| 122 Breast reconstruction surgery after mastectomy | 322 Treatment of shoulder dislocation |
| 123 Sling operation for facial palsy | 323 Lengthening of hand tendon |
| 124 Split Skin Grafting under RA | 324 Removal of elbow bursa |
| 125 Wolfe skin graft | 325 Fixation of knee joint |
| 126 Plastic surgery to the floor of the mouth under GA | 326 Treatment of foot dislocation |
| Urology | 327 Surgery of bunion |
| 127 AV fistula - wrist | 328 intra articular steroid injection |
| 128 URSL with stenting | 329 Tendon transfer procedure |
| 129 URSL with lithotripsy | 330 Removal of knee cap bursa |
| 130 CystoscopicLitholapaxy | 331 Treatment of fracture of ulna |
| 131 ESWL | 332 Treatment of scapula fracture |
| 132 Haemodialysis | 333 Removal of tumor of arm/ elbow under RA/GA |
| 133 Bladder Neck Incision | 334 Repair of ruptured tendon |
| 134 Cystoscopy & Biopsy | 335 Decompress forearm space |
| 135 Cystoscopy and removal of polyp | 336 Revision of neck muscle (Torticollis release) |
| 136 Suprapubiccystostomy | 337 Lengthening of thigh tendons |
| 137 percutaneous nephrostomy | 338 Treatment fracture of radius & ulna |
| 139 Cystoscopy and "SLING" procedure. | 339 Repair of knee joint Paediatric surgery |
| 140 TUNA- prostate | 340 Excision Juvenile polyps rectum |
| 141 Excision of urethral diverticulum | 341 Vaginoplasty |
| 142 Removal of urethral Stone | 342 Dilatation of accidental caustic stricture oesophageal |
| 143 Excision of urethral prolapse | 343 PresacralTeratomas Excision |
| 144 Mega-ureter reconstruction | 344 Removal of vesical stone |
| 145 Kidney renoscopy and biopsy | 345 Excision Sigmoid Polyp |
| 146 Ureter endoscopy and treatment | 346 SternomastoidTenotomy |
| 147 Vesico ureteric reflux correction | 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy |
| 148 Surgery for pelvi ureteric junction obstruction | 348 Excision of soft tissue rhabdomyosarcoma |
| 149 Anderson hynes operation | 349 Mediastinal lymph node biopsy |
| 150 Kidney endoscopy and biopsy | 350 High Orchidectomy for testis tumours |
| 151 Paraphimosis surgery | 351 Excision of cervical teratoma |
| 152 injury prepuce- circumcision | 352 Rectal-Myomectomy |
| 153 Frenular tear repair | 353 Rectal prolapse (Delorme's procedure) |
| 154 Meatotomy for meatal stenosis | 354 Orchidopexy for undescended testis |
| 155 surgery for fournier's gangrene scrotum | 355 Detorsion of torsion Testis |
| 156 surgery filarial scrotum | 356 Iap. Abdominal exploration in cryptorchidism |
| 157 surgery for watering can perineum | 357 EUA + biopsy multiple fistula in ano |
| 158 Repair of penile torsion | 358 Cystic hygroma - Injection treatment |
| 159 Drainage of prostate abscess | 359 Excision of fistula-in-ano |
| 160 Orchiectomy | Gynaecology |
| 161 Cystoscopy and removal of FB | 360 Hysteroscopic removal of myoma |
| Neurology | 361 D&C |
| 162 Facial nerve physiotherapy | 362 Hysteroscopic resection of septum |
| 163 Nerve biopsy | 363 thermal Cauterisation of Cervix |
| 164 Muscle biopsy | 364 MIRENA insertion |
| 165 Epidural steroid injection | 365 Hysteroscopicadhesiolysis |
| 166 Glycerol rhizotomy | 366 LEEP |
| 167 Spinal cord stimulation | 367 Cryocauterisation of Cervix |

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| 168 Motor cortex stimulation | 368 Polypectomy Endometrium |
| 169 Stereotactic Radiosurgery | 369 Hysteroscopic resection of fibroid |
| 170 Percutaneous Cordotomy | 370 LLETZ |
| 171 Intrathecal Baclofen therapy | 371 Conization |
| 172 Entrapment neuropathy Release | 372 polypectomy cervix |
| 173 Diagnostic cerebral angiography | 373 Hysteroscopic resection of endometrial polyp |
| 174 VP shunt | 374 Vulval wart excision |
| 175 Ventriculoatrial shunt | 375 Laparoscopic paraovarian cyst excision |
| Thoracic surgery | 376 uterine artery embolization |
| 176 Thoracoscopy and Lung Biopsy | 377 Bartholin Cyst excision |
| 177 Excision of cervical sympathetic Chain Thoracoscopic | 378 Laparoscopic cystectomy |
| 178 Laser Ablation of Barrett's oesophagus | 379 Hymenectomy(imperforate Hymen) |
| 179 Pleurodesis | 380 Endometrial ablation |
| 180 Thoracoscopy and pleural biopsy | 381 vaginal wall cyst excision |
| 181 EBUS + Biopsy | 382 Vulval cyst Excision |
| 182 Thoracoscopy ligation thoracic duct | 383 Laparoscopic paratubal cyst excision |
| 183 Thoracoscopy assisted empyaema drainage | 384 Repair of vagina (vaginal atresia) |
| Gastroenterology | 385 Hysteroscopy, removal of myoma |
| 184 Pancreatic pseudocyst EUS & drainage | 386 TURBT |
| 185 RF ablation for barrett'sOesophagus | 387 Ureterocoele repair - congenital internal |
| 186 ERCP and papillotomy | 388 Vaginal mesh For POP |
| 187 Esophagoscope and sclerosant injection | 389 Laparoscopic Myomectomy |
| 188 EUS + submucosal resection | 390 Surgery for SUI |
| 189 Construction of gastrostomy tube | 391 Repair recto- vagina fistula |
| 190 EUS + aspiration pancreatic cyst | 392 Pelvic floor repair(excluding Fistula repair) |
| 191 Small bowel endoscopy (therapeutic) | 393 URS + LL |
| 192 Colonoscopy ,lesion removal | 394 Laparoscopic oophorectomy |
| 193 ERCP | Critical care |
| 194 Colonoscopy stenting of stricture | 395 Insert non- tunnel CV cath |
| 195 Percutaneous Endoscopic Gastrostomy | 396 Insert PICC cath (peripherally inserted central catheter) |
| 196 EUS and pancreatic pseudo cyst drainage | 397 Replace PICC cath (peripherally inserted central catheter) |
| 197 ERCP and choledochoscopy | 398 Insertion catheter, intra anterior |
| 198 Proctosigmoidoscopy volvulus detorsion | 399 Insertion of Portacath |
| 199 ERCP and sphincterotomy | |
| 200 Esophageal stent placement | |
| 201 ERCP + placement of biliary stents | |
| 202 Sigmoidoscopy w / stent | |
| 203 EUS + coeliac node biopsy | |

(i) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

Annexure II:-

List 1: List of Non-Medical Items

| SL No | Item | |
|-------|------------------------|-------------|
| 1 | BABY FOOD | Not Payable |
| 2 | BABY UTILITIES CHARGES | Not Payable |
| 3 | BEAUTY SERVICES | Not Payable |

| | | |
|----|--|---|
| 4 | BELTS/ BRACES | Not Payable |
| 5 | BUDS | Not Payable |
| 6 | COLD PACK/HOT PACK | Not Payable |
| 7 | CARRY BAGS | Not Payable |
| 8 | EMAIL / INTERNET CHARGES | Not Payable |
| 9 | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) | Not Payable |
| 10 | LEGGINGS | Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable. |
| 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 | DIAPER OF ANY TYPE | Not Payable |
| 18 | EYELET COLLAR | Not Payable |
| 19 | SLINGS | Not Payable |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Not Payable |
| 21 | SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED | Not Payable |
| 22 | TELEVISION CHARGES | Not Payable |
| 23 | SURCHA RGES | 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 | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable |

| | | |
|----|--|-------------|
| 46 | KNEE IMMOBILIZER/S HOULDER IMMOBILIZER | Not Payable |
| 47 | LUMBOSACRAL BELT | Not Payable |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES | Not Payable |
| 49 | AMBULANCE COLLAR | Not Payable |
| 50 | AMBULANCE EQUIPMENT | Not Payable |
| 51 | ABDOMINAL BINDER | Not Payable |
| 52 | PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES | 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 | TROLLEY 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 | HAND WASH |
| 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 | PULSEOXYMETER 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 | ARTHROSCOPE 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 PEROXIDE\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 |

ICD specific for Mental Illness

| ICD Codes | ICD Description |
|-----------|--|
| F00 | Dementia in Alzheimer disease |
| F02 | Dementia in other diseases classified elsewhere |
| F03 | Unspecified dementia |
| F05 | Delirium, not induced by alcohol and other psychoactive substances |
| F07 | Personality and behavioural disorders due to brain disease, damage and dysfunction |
| F09 | Unspecified organic or symptomatic mental disorder |
| F20 | Schizophrenia |
| F21 | Schizotypal disorder |
| F22 | Persistent delusional disorders |
| F23 | Acute and transient psychotic disorders |
| F24 | Induced delusional disorder |
| F25 | Schizoaffective disorders |
| F31 | Bipolar affective disorder |
| F32 | Depressive episode |
| F33 | Recurrent depressive disorder |
| F40 | Phobic anxiety disorders |

Annexure III: Contact details of the Ombudsman offices

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

| Office 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 Email: bimalokpal.ahmedabad@cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu |
| BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in | Karnataka. |
| BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in | Madhya Pradesh Chattisgarh. |
| BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in | Orissa. |
| CHANDIGARH - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor, Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 – 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in | Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh. |
| CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in | Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry) |
| DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in | Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh. |
| GUWAHATI - Insurance Ombudsman 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@cioins.co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, | Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry. |

| Office Details | Jurisdiction of Office Union Territory, District) |
|--|--|
| <p>A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p> | |
| <p>JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in</p> | Rajasthan. |
| <p>KOCHI- Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p> | Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry. |
| <p>KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p> | West Bengal, Sikkim, Andaman & Nicobar Islands. |
| <p>LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p> | Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.. |
| <p>MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: bimalokpal.mumbai@cioins.co.in</p> | Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane). |
| <p>NOIDA - Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p> | State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |
| <p>PATNA - Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p> | Bihar, Jharkhand. |
| <p>PUNE - Insurance Ombudsman 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- 24471175 Email: bimalokpal.pune@cioins.co.in</p> | Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region). |

Note: Address and contact number of Governing Body of Insurance Council:

Council for Insurance Ombudsmen,

3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.

CIN: U66010PN2000PLC015329, UIN: BAJHLIP21536V022021

Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

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Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

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