

NETWORK PROVIDER AGREEMENT

This Agreement is made on the day of _____ 2021 (“Agreement”)
BY AND BETWEEN

- (1) **ADITYA BIRLA HEALTH INSURANCE CO. LIMITED**, a company incorporated under the Companies Act 2013, and having its registered office at 9th Floor, One Indiabulls Centre, Tower-1, Jupiter Mill Compound, S.B.Marg, Elphinstone Road, Mumbai – 400 013 (“**ABHIC**” which expression shall, unless repugnant to the context or meaning thereof, be deemed to include its successors and permitted assigns);

AND

- (2) **NETRAM EYE AND DENTAL HOSPITAL** partnership whose registered office is at # 105 106 SV SQUARE OPP SAVAN BUNGLOWS NEAR RANIP OVER BRIDGE NEW RANIP Ahmedabad , GUJARAT - 382470 and is represented by **Dr Manthan Patel** (the “Provider” which expression shall, unless repugnant to the context or meaning thereof, be deemed to include its permitted assigns).

Each a “Party” and together “Parties”.

WHEREAS

- (A) ABHIC is Registered with Insurance Regulatory and Development Authority of India as a health insurance company to provide health insurance to individuals, companies and organisations with schemes for cashless facility or reimbursement of medical and health treatment expenses under private medical insurance plans and for this purpose intends to develop a network of service providers.
- (B) The Provider is engaged in the provision of medical and health services at its hospital(s) as per details provided to ABHIC and is willing to extend medical and health treatment facilities to Members (as defined below) covered under medical insurance plans on the terms and conditions agreed by such Members with ABHIC. Provider has represented to ABHIC that it has necessary expertise and infrastructure to provide medical and health services and is in compliance with all applicable legal requirements in this regard.
- (C) ABHIC has, on the basis of representations made by the Provider, agreed to recognise and empanel the Provider as a supplier of Services (as defined below) to Members in accordance with the terms of this Agreement.
- (D) This Agreement shall at all times be in consonance with Applicable Laws (as defined below) including without limitation, IRDAI (Health Insurance) Regulations, 2016 and Guidelines on Standardization in Health Insurance 2016 notified by the Authority, as may be amended/modified from time to time.
- (E) All terms used herein shall carry the meaning assigned to them in the Terms of Reference.

IT IS AGREED AS FOLLOWS:

1. Service Provider shall provide the services to the policyholders/ insured members of ABHIC on such Terms of Reference as may be shared by ABHIC with the Hospital from time to time


(Authorised Signatory)
Hospital



2. The services to be provided by the Service Provider shall be governed by the Terms of Reference laid down by ABHIC which shall inter alia contain the detailed procedure to be followed, service levels, Billing procedure and payment terms, Quality standards and assessment process, Key performance indicators, Quality standards, case management procedure, Pre-Authorisation and case management Procedure, admission process for ABHIC members, OPD Treatment SERVICES, etc shall be as provided for in Terms of Reference or as may be prescribed by ABHIC in writing from time to time.
3. Hospital shall share the applicable charges/ tariff for the services to be provided under this Agreement which once accepted by ABHIC in writing shall be binding on the parties for the duration of one year or such other duration as may be agreed between the parties.
4. The term of this Agreement shall be three years and it may be terminated only in the manner and on the terms as provided for in the Terms of Reference.
5. Each party shall be responsible to maintain the complete confidentiality of the data (including member data) as per Terms of Reference.
6. ABHIC shall have the right to inspect the Service Provider in such form and manner as provided for in the Terms of Reference.
7. ABHIC reserves and shall always have the right to negotiate and enter in to agreements with other hospitals and providers of healthcare services on similar or different terms and conditions.
8. The parties shall retain their respective Intellectual Property rights and the use of same shall be governed by the Terms of Reference.
9. The parties shall adhere to the dispute resolution and governing law clauses as provided for in the Terms of Reference.
10. If any provision of this Agreement is or becomes invalid or unenforceable in any respect, that shall not affect or impair, the validity or enforceability of any other provision of this Agreement.
11. The Provider shall not assign, transfer, encumber or otherwise dispose of this Agreement or any interest herein without the prior written consent of ABHIC.
12. ABHIC's right to assign shall be as provided for in the Terms of Reference.
13. No delay or omission by any Party to this Agreement in exercising any right, power or remedy provided by law or under this Agreement shall operate as a waiver of it.
14. Nothing in this Agreement and no action taken by the Parties shall constitute partnership, employment, association, joint venture or other co-operative entity between the Parties.
15. Any notice of termination under this Agreement shall be valid only if given in writing, is signed by the Party giving the notice and sent to the address mentioned hereinabove or such other address as may be communicated in writing in this regard by the parties to each other. Notice shall be deemed to be received in the manner provided in the Terms of Reference.
16. The Terms of reference shall form an integral part of this Agreement. In event of any contradiction or mismatch between this Agreement and the Terms of Reference, the Terms of reference shall prevail unless otherwise agreed mutually between the parties.

NOW THEREFORE THIS AGREEMENT is entered into by the Parties on the date first written above.

Signed by
for and on behalf of ADITYA BIRLA HEALTH INSURANCE CO. LIMITED

Signed by DR MANTHAN PATEL
 for and on behalf of **NETRAM EYE AND DENTAL HOSPITAL**



ADITYA BIRLA HEALTH INSURANCE COMPANY LIMITED

9th Floor, One Indiabulls Centre
 Tower-1, Jupiter Mill Compound,
 S.B.Marg, Elphinstone Road,
 Mumbai – 400 063

Dear Sir,

Subject: Discount on Proposal for Charges

This is with reference to the Agreement between us and Aditya Birla Health Insurance Company Limited in connection with health care services to be provided to the Members of ABHIC.

We enclose herewith our standard list of services and corresponding charges applicable as on date. We hereby agree to offer your Members a tariff discount of 10% on total hospital bill excluding ABHI Package rates..The charges in this proposal shall initially be valid from **8/1/2021 to 7/31/2023** and also offer us early payment discount on following.

We agree to provide below mentioned discounts for Cashless OPD / Diagnostic services for ABHICL customers.

1. 0 % Discount on out-patient consultations.
2. 0 % Discount on Diagnostic tests. **(Only in House Test)**
3. 0 % Discount on Pharmacy **(In House Pharmacy)**

Early Payment discounts			
Sr No	Payment in number of days*	% of Early payment discounts	Discount Description
1	5 Days	2%	AS ABOVE
2	7 Days	N/A	
3	10 Days	N/A	
4	15 Days	N/A	
5	20 Days	N/A	

* TAT to be calculated as difference in number of days between claim payment date and document receipt date as ABHIC Mumbai office.

Thereafter shall continue to apply unless otherwise mutually agreed in writing by the Parties.

We request you to kindly convey your acceptance of the proposal.

Yours faithfully,

Authorised signatory)

NETRAM EYE AND DENTAL HOSPITAL


 (Authorised signatory)
 Hospital



TERMS OF REFERENCE

These Terms of Reference shall form an Integral part of the NETWORK PROVIDER AGREEMENT entered into between the Network Provider and ADITYA BIRLA HEALTH INSURANCE CO. LIMITED.

1. DEFINITION AND INTERPRETATION

1.1 The following expressions shall have the meanings shown below. Further, wherever relevant for the purposes of these Terms of Reference, the definitions of standard terms as provided under Applicable Laws including the Guidelines (including any modification or substitution thereof) notified by the Authority shall apply and the same shall be deemed to be recited in this Clause 1.1;

- a) **“Applicable Laws”** means all applicable statutes, enactments, laws, ordinances, bye-laws, rules, regulations, guidelines, notifications, notices, and/or judgments, decrees, injunctions, awards, writs or orders of any court, statutory or regulatory authority, arbitral tribunal in India, as may be in force and effect during the subsistence of these Terms of Reference and in each instance shall deem to include any amendment, substitution, supersession or modification.
- b) **“Authority”** or **“IRDA”** or **“IRDAI”** means Insurance Regulatory and Development Authority of India established under sub-section (1) of section 3 of the Insurance Regulatory and Development Authority Act, 1999;
- c) **“Authorised Person”** means person/s duly authorised by a Party as agreed between the parties and notified to the other Party in writing from time to time. Any modification in this shall not require parties to amend these Terms of Reference;
- d) **“Case Management Procedure”** means the procedure for case management as set out in Schedule 1;
- e) **“Charges”** means the charges payable for the Services under these Terms of Reference, as agreed between the parties in writing;
- f) **“Commencement Date”** means the date of grant of registration to ABHIC by the Authority to transact health insurance business;
- g) **“Co-payments”** means a cost sharing requirement under a health insurance policy that provides that the policyholder / insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
- h) **“Day Care Treatment”** means medical treatment and/or surgical procedure which is (i) undertaken under general or local anaesthesia in the Hospital in less than 24 hours because of technological advancement, and (ii) which would have otherwise required a hospitalization of more than 24 hours;
- i) **“Effective Date”** means the date of execution of these Terms of Reference;
- j) **“Group”** means, in relation to a Party, the Party itself, its subsidiary(s), holding company and all other subsidiaries of any such holding company from time to time;
- k) **“Guidelines”** means “Guidelines on Standardization in Health Insurance” dated 20th February 2013 notified by the Authority and shall include any modification or substitution thereof.
- l) **“Hospital”** means a hospital or medical treatment centre owned, operated and / or managed by the Provider for Inpatient Care and Day Care Treatment and is registered as



(Authorised signatory)
Hospital

a hospital with the local authorities and is under the supervision of a registered and qualified medical practitioner and (i) (ii) has qualified nursing staff under its employment round the clock, (iii) has qualified medical practitioner round the clock, (iv) has a fully equipped operation theatre of its own where surgical procedures are carried out, and (v) maintains daily records of patients and will make these accessible to ABHIC's Authorised Person;

- m) **"Inpatient Care"** means Treatment for which the Member has to stay in the Hospital for more than 24 hours for a covered event;
 - n) **"Member"** means an individual covered under a Plan;
 - o) **"OPD Treatment"** means where a Member visits the Hospital for diagnosis for receiving Treatment but does not require Inpatient Care or Day Care Treatment.
 - p) **"Plan"** means a private medical insurance policy issued or administered by ABHIC to its Members or a group administrator/organiser for benefit of the Members;
 - q) **"Pre-authorisation"** means the approval document issued by ABHIC in physical/electronic form in accordance with the Pre-Authorisation Procedure (and **"Pre-authorise"** and **"Pre-authorised"** shall be construed accordingly);
 - r) **"Pre-authorisation Procedure"** means the procedure for pre-authorising Treatment as detailed in Schedule 1;
 - s) **"Services"** means Treatment and includes health services necessary or required to be rendered by the Provider through its Hospital under the Agreement in connection with "health insurance business" or "health cover" as defined in regulation 2(f) of the IRDA (Registration of Indian Insurance Companies) Regulations, 2000, but does not include the business of an insurer and/or an insurance intermediary or an insurance agent;
 - t) **"TPA" or "Third Party Administrator"** means any person who is licensed under the IRDA (Third Party Administrators – Health Services) Regulations, 2001 by the Authority and has entered into an agreement with the Provider for the purpose of providing health services.
 - u) **"Treatment"** means medical treatment and other services that a Member receives or may receive from the Provider under the Plan.
- 1.2 References to Provider throughout these Terms of Reference shall include and apply to a Hospital as if stated in full.
- 1.3 In construing these Terms of Reference, unless expressly specified to the contrary headings and titles are for convenience only and do not affect the interpretation of these Terms of Reference;
- 1.4 The Schedules (as each may be amended from time to time in accordance with these Terms of Reference) form part of these Terms of Reference and shall have the same force and effect as if expressly set out in the body of these Terms of Reference, and any reference to these Terms of Reference shall include the Schedules.
- 1.5 Use of any gender includes the other gender and use of the singular includes the plural and *vice versa*;
- 1.6 In the event of any conflict between any provision of these Terms of Reference (excluding the Schedules) and the Schedules, the provisions of these Terms of Reference shall prevail over the Schedules.
- 2. APPLICATION OF TERMS OF REFERENCE**
- 2.1 These Terms of Reference shall be effective from the Effective Date and the business contemplated in the Agreement shall commence from the Commencement Date. The Commencement Date shall be separately notified by ABHIC to the Provider in accordance with Clause 15 (Notice) of these Terms of Reference.
- 2.2 The Parties agrees that, with effect from Commencement Date, the Provider shall provide to Members, Services at the Hospital in a precise, reliable and professional

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manner as agreed under these Terms of Reference and in accordance with instructions issued by ABHIC in writing from time to time.

- 2.3 The Parties agree and acknowledge that these Terms of Reference shall at all times be subject to Applicable Laws, including without limitation, Insurance Regulatory Development Authority of India (Health Insurance) Regulations, 2016 and Insurance Regulatory and Development Authority of India (Third Party Administrators - Health Services) Regulations, 2016.
- 2.4 The Provider agrees and accepts that the Provider shall, within one (1) year of date of empanelment of the Provider as a Network Provider with ABHIC, comply with the requirements laid down by the Authority from time to time with respect to a Network Provider including but not limited to registration with Registry of Hospitals in the Network of Insurers (ROHINI) maintained by Insurance Information Bureau (IIB). [<https://rohini.iib.gov.in>] and obtaining of either Pre-entry level Certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).
- 2.5 In respect of cashless facility for Treatment, ABHIC shall pay the Charges to the Provider for the Treatment in accordance with these Terms of Reference.
- 2.6 The Provider shall notify ABHIC of any event or circumstance affecting or likely to adversely affect provision of Services by the Provider, immediately but not later than three working days of occurrence of such event or circumstance.
- 2.7 Any hospital or treatment centre that is or may in future be owned or managed by (or ceases to be owned or managed by) the Provider after the date of the Agreement shall be agreed and recorded in writing by the Parties.
- 2.8 ABHIC reserves the right to terminate these Terms of Reference if there is change of control affecting that Hospital. The Provider shall notify ABHIC in writing within 3 working days of a change of control. For this purpose, "Control" together with its grammatical variations when used with respect to any person, means the power to direct the management and policies of such person, directly or indirectly, whether through the ownership of the vote carrying securities, right to appoint member(s) to the board of directors, by contract or otherwise howsoever; and "person" means a company, corporation, a partnership, trust and any other entity or organisation or other body whatsoever.
- 2.9 ABHIC reserves and shall always have the right to negotiate and enter in to agreements with other hospitals and providers of healthcare services on similar or different terms and conditions.

3. ADMISSION OF ABHIC MEMBERS

- 3.1 The Provider shall prior to or at the time of admission of a Member to the Hospital identify the Member on the basis of the ABHIC membership card or e-card bearing details of the Member and the ABHIC logo. The Provider shall also ask for additional identity proof such as a voter's identity card, PAN Card, passport, driving license etc. to verify the Member's identity; provided that in the event that the Member is a minor, the principal policy holder's proof of identity shall be obtained by the Provider.
- 3.2 The Provider shall admit, on priority and expeditiously, a Member to the Hospital for the purpose of Treatment without seeking any deposit or advance payment from the Member or ABHIC.

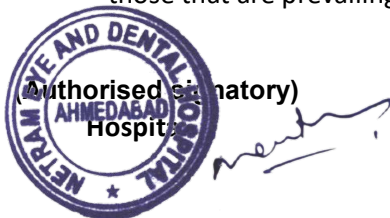

(Authorised signatory)
Hospital


4. PRE-AUTHORISATION AND CASE MANAGEMENT

- 4.1 The Member may initiate and procure authorization from ABHIC for planned admissions before getting admitted in the Hospital. Such authorisation may be obtained by the Member using mobile application or any other mode made available or approved by ABHIC. In that case Hospital will accept the authorizations within the validity date and admit the Member on priority.
- 4.2 In case Member seeks admission in the Hospital without prior authorization from ABHIC, the Provider shall, without any delay, arrange to secure Pre-Authorisation in respect of Services and Treatment to be provided to a Member and shall comply with the Pre-Authorisation Procedure.
- 4.3 The Provider shall ensure that all relevant information in relation to the health condition of, and the Treatment to be received by, the Member is fully detailed to ABHIC to enable ABHIC to determine whether the Treatment is covered within the terms of the Member's Plan and whether any amounts would be payable by the Member towards the cost of Treatment. If ABHIC at any time discovers that the Provider, advertently or inadvertently, fraudulently or negligently provided untrue, incorrect or insufficient information ABHIC reserves the right to withdraw the Pre-authorisation and refuse payment of the resulting claim. Further, ABHIC would take appropriate action in accordance with the Guidelines.
- 4.4 Hospital shall allow ABHIC or its appointed agency to integrate its system with their systems, which will enable the Hospital to obtain faster authorization and send daily bills to ABHIC while the Member is admitted. ABHIC will perform daily reconciliation of the bills wherever possible to reduce the inconvenience and delay at the time of discharge of the Member.
- 4.5 The Provider shall obtain Pre-authorisation from ABHIC each time the period covered by the Pre-authorisation has expired or if any aspect/procedure of the Treatment (in respect of which Pre-authorisation was earlier approved by ABHIC) has changed.
- 4.6 ABHIC shall not be responsible for costs or claims in respect of Treatment not covered by Pre-Authorisation or for which there is no Pre-Authorisation.
- 4.7 The Provider shall comply with the Case Management Procedure.
- 4.8 The Provider agrees and acknowledges that it shall at all times comply with standardised forms and procedures stipulated by the Authority in the Guidelines. In particular the Provider agrees to provide ABHIC discharge summary and bills in relation to Treatment in the form as stipulated in the Guidelines.

5. CHARGES FOR THE SERVICES

- 5.1 The Charges for the provision of the Services shall be mutually agreed and set out in writing. If applicable, the proposal for Charges shall be sent by the Hospital to ABHIC with discounts (if any) in respect of its standard charges as per the template prescribed by ABHIC in this regard. The Parties may mutually agree for modifications to the proposal sent by the Hospital. Such modified proposal or original proposal, as applicable, shall be deemed to be Charges.
- 5.2 The Charges shall be reviewed (but not necessarily increased) from time to time by the Parties in good faith.
- 5.3 If no agreement is reached between the Parties regarding the revision of Charges proposed under Clause 5.2, the existing Charges shall continue to apply until the Agreement is terminated.
- 5.4 Where any amendment to the Charges takes effect whilst a Member is receiving Treatment, the applicable charges for any Services provided to the Member shall be those that are prevailing at the date of admission of the Member.



5.5 ABHIC shall not be responsible for any Services provided to a Member outside the terms of these Terms of Reference or charged other than in accordance with agreed charges.

6. BILLING AND PAYMENT

6.1 The Provider shall periodically invoice ABHIC directly for the Charges for which ABHIC is liable to reimburse the Provider under the terms of these Terms of Reference. ABHIC shall pay such invoices provided they are issued in accordance with the procedure as set out in Schedule 2.

6.2 Subject to the provisions of Clause 4, and except where stated otherwise in these Terms of Reference, the Provider shall be entitled to reimbursement from ABHIC of Charges for providing Treatment to Members if:

- (A) the Treatment has been Pre-Authorised;
- (B) the Pre-Authorisation remains within its validity period;
- (C) the Pre-Authorisation expressly applies to the Treatment;
- (D) the relevant Charges for the Treatment to the Member are within the maximum amounts specified in the relevant Pre-authorisation; and
- (E) the Charges are in accordance with charges/tariff agreed from time to time in writing;

Provided that the Provider shall not be entitled to reimbursement from ABHIC for any Charges representing any Co-payments or excesses payable under the Member's Plan. ABHIC shall notify the Provider of any Co-payments or excesses. The process for recovery of Co-payments or excesses from the Member shall be in accordance with the Pre-Authorisation Procedure.

6.3 The Provider shall only be entitled to recover cost of Services from the Member if

- (A) the cost of Services is not covered by the Pre-Authorisation;
- (B) the charges are for services that are excluded under Plans, including but not limited to the items detailed in agree charges/ tariffs;
- (C) the Member requests a standard of service which is higher than that provided for in his Plan and has agreed to pay the additional cost for such service; or
- (D) the costs are in relation to an excess, deductible or Co-payment for which the Member is personally liable under the Member's Plan.

6.4 Subject to Clause 6.3, the Provider shall not recover from the Member any amount of a claim, or part amount, which ABHIC rejects, withholds or refuses to pay under these Terms of Reference.

6.5 ABHIC shall be entitled to set off any amounts owed by the Provider to ABHIC against any other amount payable by ABHIC to the Provider under these Terms of Reference.

6.6 Any discount agreed between ABHIC and Provider will be passed to its members and same will be also displayed in the final bill. In this regard the Parties shall at all times comply with circular dated June 23, 2015 (as modified/re-instated) issued by the Authority.

7. OPD TREATMENT SERVICES

7.1 The terms of Clauses 4 and 6 shall also apply to OPD Treatment. However, any Charges identified for OPD Treatment in agreed charges, including any agreed discounts, concessions and benefits shall apply to Members on production of a ABHIC membership card/e-card. The Provider shall charge the Member directly or send the invoice to ABHIC as per the communication sent by ABHIC for such Services.

8. MANAGEMENT OF CARE AND QUALITY STANDARDS

8.1 The Provider shall at all times comply with and ensure that each Hospital complies with the Quality Standards and Guidelines as may be prescribed by ABHIC from time to time.

(Authorised signature)
Hospital



- 8.2 The Provider warrants and represents that:
- (A) it is and shall always be in compliance with all Applicable Laws relating to providing Services to the Member and keeping at all times in effect all licenses, registrations, permits and other governmental approvals which may from time to time be necessary for that purpose;
 - (B) it has and shall continue to have the doctors, staff and employees with requisite skills, knowledge and experience to provide Services as required in these Terms of Reference;
 - (C) it has never committed a criminal offence which prevents it from practicing medicines and no criminal charge has been established or are pending against it by a court of competent jurisdiction;
 - (D) it has procured and shall always maintain adequate insurances including but not limited to employers' liability insurance, public liability insurance, professional indemnity policy and such other insurances as required by law or as specified by ABHIC to meet its obligations under these Terms of Reference. Such insurances shall be kept valid at all times during the term of these Terms of Reference and for a period of 6 years thereafter.
 - (E) It has full power, capacity and authority to execute, deliver and perform these Terms of Reference and has taken all necessary actions (corporate, statutory, contractual or otherwise) to authorize the execution, delivery and performance of these Terms of Reference.
- 8.3 Copies of all insurance policies shall be supplied by the Provider to ABHIC promptly on issuance.
- 8.4 The Provider shall inform the Authorized Person of ABHIC forthwith but not later than 3 working days of the following:
- (A) any withdrawal or cancellation of any licence or authorisation required for the operation of the Hospital; or
 - (B) any punitive measures taken against the Hospital with regard to the standard and quality of Services.
- 8.5 The Provider shall be solely responsible for Services provided to Members under these Terms of Reference. Nothing in these Terms of Reference shall be construed as to interfere with the Provider's duty to treat a Member in accordance with the best standards of clinical care.

9. INSPECTION, AUDIT AND ACCESS RIGHTS

- 9.1 Upon reasonable notice to the Provider and subject to appropriate supervision by the Hospital's staff, ABHIC or its appointed third party specialist shall have the right to reasonable access during working hours to conduct an inspection of the Hospital from time to time in connection with:
- (A) quality assuring specific Services;
 - (B) reasonable concerns about the Hospital expressed by anyone; and/or
 - (C) audit of the Hospital's compliance with the management of care and quality standards set out in Clause 8.
- (D) Billing to ABHIC/ Members etc
- 9.2 To the extent permitted by Applicable Laws, the Provider will allow ABHIC's staff with or without prior intimation to inspect and if requested will provide a copy of medical records of any Member with the consent of that Member. In the event that any non-compliance with any term of these Terms of Reference (including, without limitation, any overcharges) is discovered as a result of any such audit, ABHIC shall have the right to (at its own discretion):



(Authorized Signatory)

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- (A) recover from the Provider any amount which is overcharged;
- (B) widen the scope of audit and/or size of the audit sample;
- (C) caution the Provider against carrying on or indulging in such practices and seek undertaking from the Provider;
- (D) cause the Provider take corrective action in order to rectify non-compliances within a reasonable time-frame;
- (E) Put the Provider on "watch-list";
- (F) Take action as per the Guidelines; and/or
- (G) terminate the Agreement in accordance with Clause 14.3.

10. CONFIDENTIALITY

- 10.1 Each Party shall treat as confidential all information obtained as a result of negotiating, entering into or performing these Terms of Reference. Each Party shall also treat as confidential all information received or obtained as a result of entering into or performing these Terms of Reference which relates to the other Party and the other Party's Group.
- 10.2 The Provider shall not disclose to any third party, and shall use its best efforts to ensure that its, officers, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to Member, and other unpublished information except as maybe authorized in writing by ABHIC.
- 10.3 In particular, the Provider agrees to:
- a) Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with Services under these Terms of Reference of all information received by the Provider or such other medical practitioner or such other person by virtue of these Terms of Reference or otherwise, including ABHIC's proprietary or confidential information relating to Members, medicals/test reports, member data, etc whether created/handled/delivered by the Provider. Any personal information relating to a Member received by the Provider shall be used only for the purpose of inclusion/preparation/finalization of medical reports/test reports for transmission to ABHIC only and shall not give or make available such information/any documents to any third party whatsoever nor use the same for any research , comparative database, statistical analysis, any other studies etc.

11. DATA PROTECTION

- 11.1 ABHIC shall obtain the consent of each Member, or shall ensure that the consent of each Member is obtained, for the release by the Provider of all information to ABHIC as may be necessary for the operation of these Terms of Reference.

12. TRADE MARKS, PROMOTION & PUBLICITY

- 12.1 ABHIC shall be entitled to include details of the Provider (but not the contents of these Terms of Reference) on its website or in other communications to the Members.
- 12.2 The Provider shall not use, distribute, publish or broadcast, any advertising or other literature or material in relation to ABHIC, or Members, other than as supplied and as directed by ABHIC.


 (Authorised signatory)
 Hospital



- 12.3 The Provider shall have no right to use any service marks, trademarks, brands or logos of ABHIC and shall not modify or amend any literature or material of ABHIC without the express prior written permission of ABHIC.
- 12.4 The Provider shall not register any trade mark or domain name (or make an application to register any trade mark or domain names), or challenge any trade mark or domain name (or application to register any trade mark or domain name) by ABHIC which is identical or similar or sounds similar to any trade mark or logos of ABHIC including without limitation the "ABHIC" or "Aditya Birla Group" names and logos.
- 12.5 The Provider shall not make, or permit any person to make, any public announcement or other external communication concerning these Terms of Reference or its relationship with ABHIC without the prior written consent of ABHIC(except as required under the order of any governmental or regulatory authority or court or other authority of competent jurisdiction).

13. LIMITATION OF LIABILITY AND INDEMNITY

- 13.1 ABHIC will not interfere with the Treatment provided to Members. ABHIC will not be in any way held responsible/liable for the outcome of Treatment or quality of care provided by the Provider.
- 13.2 ABHIC, its affiliates and their respective directors, officers, employees, representatives and/or agents shall not be liable or responsible for any acts, omission or commission of the Provider, its doctors and other medical staff. The Provider agrees that it shall be fully and solely responsible for any and all claims, arising from any deficiency in Services or any failure to provide any identified service.
- 13.3 The Provider hereby agrees to indemnify and hold ABHIC and its Affiliates and their respective directors, officers, employees and/or agents harmless from and against any costs, charges, expenses or liabilities in connection with any actual or threatened action, suit or proceeding whether civil, administrative, criminal/investigative or otherwise and from and against any claims, demands, proceedings, actions, damages, costs, and expenses which may be incurred, suffered or caused as a consequence of any actions or inactions in fulfilling obligations under these Terms of Reference or as a result of breach of terms of these Terms of Reference by the Provider or any of its employees, doctors or medical staff.

14. TERM AND TERMINATION RIGHTS

- 14.1 Subject to Clause 2.1, these Terms of Reference shall continue until terminated in accordance with this clause 14.
- 14.2 Either Party may terminate these Terms of Reference by giving one month written notice to the other Party.
- 14.3 ABHIC may terminate / modify these Terms of Reference with immediate written notice on account of fraud, mis-representation, inadequacy of services or other non-compliances or default or for material breach not capable of remedy after the Provider has been notified of it in accordance with the Guidelines. ABHIC may terminate the Agreement forthwith on the actual, threatened or likely insolvency, bankruptcy, administrative receivership, liquidation or other analogous event of the Provider.
- 14.4 These Terms of Reference may be terminated by either Party in the event that the performance of the contract would be unlawful as a result of:

- (a) any Applicable Law (or change to such Applicable Law); or



(Authorised signatory)
Hospital

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- (b) any regulatory consents or authorisations required by either Party that are necessary in order for either Party to lawfully carry on its activities in connection with these Terms of Reference expire or are withdrawn or are not renewed / granted.

14.5 In the event of expiry or termination of these Terms of Reference the following shall apply:

- (A) Any expiry or termination of the Agreement shall be without prejudice to the rights and remedies of either Party which may have accrued up to the date of termination and shall not affect the coming into force or the continuance in force of any provision hereof which is expressly or by implication intended to come into or continue in force until such termination.
- (B) The provisions of Clauses 1, 8.2, 8.3, 8.4 and 10 to 20 shall survive expiry or termination of these Terms of Reference.
- (C) If a Member is receiving Services on the date that these Terms of Reference is terminated, the Provider shall continue to provide such Services as are necessary or are in the best interests of the Member until the earlier of completion of the Member's Treatment or the Member's safe transfer to another hospital of ABHIC's choice. Any Services provided to a Member during this further period shall be provided in accordance with the provisions of these Terms of Reference.

15. NOTICES

Any communication in connection with this Agreement must be in writing and be delivered registered mail, facsimile or e-mail (followed by a confirmation letter in writing) to the Parties' addresses set out at the beginning of this Agreement/ hereunder:

For ABHIC

Address: ADITYA BIRLA HEALTH INSURANCE CO. LIMITED,
10th Floor, R-Tech Park, Nirlon Compound, Next to HUB Mall,
Off Western Express Highway, Goregaon East, Mumbai-400063

For the attention of: Company Secretary

E-mail: abhic.provider@adityabirla.com

Fax number: +91 _____

For the Provider

Address: Its usual business address from time to time

For the attention of: The Company Secretary

E-mail: <provider email ID>

Fax number: <provider fax no>

or such other address or facsimile number or e-mail address as may be notified in writing from time to time by the relevant Party to the other Party.

16. ASSIGNMENT AND SUB-CONTRACTING

16.1 The Provider shall not assign, transfer, encumber or otherwise dispose of these Terms of Reference or any interest herein without the prior written consent of ABHIC.

16.2 ABHIC shall be entitled to carry out some or all of the procedures outlined herein through a TPA in accordance with Applicable Laws. ABHIC will notify the Provider of such arrangements and details of the TPA and the provisions of these Terms of Reference shall



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apply accordingly. In case Provider has already entered into an arrangement with such TPA, a copy of the same shall be provided to ABHIC immediately and ABHIC shall be entitled to all the favourable terms/charges agreed by the Provider with the TPA under the said agreement

- 16.3 ABHIC, may provide the services, same or similar to those agreed under these Terms of Reference, to the Members through a TPA or third parties permitted under the law. In such circumstances, ABHIC may utilise any offers or negotiated terms being provided by the Provider to such TPA or third party instead of the terms agreed under these Terms of Reference. Decision of ABHIC shall be final and binding on Provider in this regard.

17. REMEDIES AND WAIVERS

- 17.1 No delay or omission by any Party to these Terms of Reference in exercising any right, power or remedy provided by law or under these Terms of Reference shall operate as a waiver of it.

18. INVALIDITY

- 18.1 If any provision of these Terms of Reference is or becomes invalid or unenforceable in any respect, that shall not affect or impair, the validity or enforceability of any other provision of these Terms of Reference.

19. ENTIRE AGREEMENT

- 19.1 These Terms of Reference constitutes the whole and only agreement between the Parties relating to the subject matter of these Terms of Reference and supersedes and extinguishes any prior drafts, agreements, undertakings, representations, warranties and arrangements of any nature whatsoever relating to such subject matter, whether or not in writing, between the Provider and ABHIC.

20. DISPUTE RESOLUTION & GOVERNING LAW

- 20.1 In the event of there being any dispute or difference between the Parties hereto as to any clause or provision of these Terms of Reference or as to the interpretation thereof or as to any account or as to the rights, liabilities, acts, omissions of any Party hereto arising under or by virtue of these presents or otherwise in any way relating to these Terms of Reference, Parties shall try to settle the dispute through mutual consultation. In case such dispute persists, the parties may refer the dispute for resolution through arbitration by a panel of 3 (three) arbitrators, one to be appointed by each of the two parties to the dispute and the arbitrators so appointed will appoint the third arbitrator. The seat of arbitration shall be at Mumbai. The arbitration proceedings shall be held in accordance with the Indian law.
- 20.2 Subject to Clause 20.1 above, competent courts in Mumbai shall have exclusive jurisdiction in respect of all matters arising /or relating to these Terms of Reference.

Schedule 1

A. Pre-Authorisation Procedure

1. Using ABHIC's Internet Portal
- a) The Hospital will ensure that it has a computer facility available with internet access. . Hospital will apply for preauthorization by logging in to the portal of ABHIC. Hospital will ensure that ABHIC to integrate with their systems, so as to perform daily reconciliation of medical bill while the member is still admitted in the Hospital.

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- b) In case the member does not come with prior pre authorization, the Hospital will assist the Member such that the Pre-Authorisation Procedure is completed within a reasonable timeframe and without inconvenience to the Member.
- c) The Hospital will, log into ABHIC portal using the Member's details.
- d) The Hospital will submit all information requested within the portal.
 - i) For planned admissions, the Hospital must submit the information requested at least 72 hours before admission.
 - ii) For emergency admissions, the Hospital must submit the information requested no more than 48 hours after admission.
- e) ABHIC will either give full approval, partial approval, deny approval or request additional information as appropriate by fax, e-mail, or via portal to the Hospital.
- f) The Hospital must respond to any of ABHIC's reasonable requests for further information within 48 hours of receipt of such request (or where this is not practical, within a reasonable time).
- g) Denial or partial approval does not mean denial of Treatment. If approval is denied, then the Hospital should discuss this with the Member and if the Member is willing to do so, arrange Treatment at the Member's expense, in accordance with the Hospital's standard terms and conditions (or any other terms and conditions agreed with by the Hospital and the Member).
- h) If a partial approval is given, or if there are excesses or Co-payments, ABHIC will advise the Hospital about Member responsibility for the charges of any Services. The Hospital must discuss this with the Member and ensure that the Member agrees to pay such amounts before proceeding with the admission. The Hospital may then proceed with the admission in accordance with the Pre-authorisation given by ABHIC.
- i) If a full approval is given, the Hospital may proceed with the admission in accordance with the Pre-authorisation given by ABHIC,
- j) The Hospital must request further Pre-authorisation from ABHIC each time the time period covered by the Pre-authorisation has expired, or if any aspect of the Treatment has changed.

2. By fax or e-mail

- a) The Hospital will complete ABHIC's Pre-authorisation form (in a format to be provided by ABHIC).
- b) The Hospital will assist the Member such that the Pre-Authorisation Procedure is completed within a reasonable timeframe and without inconvenience to the Member.
- c) The Hospital will submit all information requested within the form by fax or e-mail to [insert fax number and e-mail address].
 - i) For planned admissions, the Hospital must submit the information requested at least 72 hours before admission.
 - ii) For emergency admissions, the Hospital must submit the information requested no more than 48 hours after admission.
- d) ABHIC will either give full approval, partial approval, deny approval or request additional information as appropriate by fax or e-mail to the Hospital.
- e) The Hospital must respond to any of ABHIC's reasonable requests for further information within 48 hours of receipt of such request (or where this is not practical, within a reasonable time).
- f) Denial or partial approval does not mean denial of Treatment. If approval is denied, then the Hospital should discuss this with the Member and if the Member is willing to do so, arrange Treatment at the Member's expense, in accordance with the Hospital's standard terms and conditions (or any other terms and conditions agreed with by the Hospital and the Member).



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- g) If a partial approval is given, or if there are excesses or Co-payments, ABHIC will advise the Hospital about Member responsibility for the charges of any Services. The Hospital must discuss this with the Member and ensure that the Member agrees to pay such amounts before proceeding with the admission. The Hospital may then proceed with the admission in accordance with the Pre-authorisation given by ABHIC.
- h) If a full approval is given, the Hospital may proceed with the admission in accordance with the Pre-authorisation given by ABHIC,
- i) The Hospital must request further Pre-authorisation from ABHIC each time the time period covered by the Pre-authorisation has expired, or if any aspect of the Treatment has changed.

B. Case Management Procedure

1. Each Hospital will inform ABHIC by telephone, fax, or e-mail:
 - (A) as soon after admission as it is known, and at the latest by the [5th] day, when it is expected that a Member will be an In Patient Care for more than [7] days; or
 - (B) when a Member is admitted into a critical care unit (eg intensive care unit, coronary care unit etc).
2. Beyond the [7th] day following a Member's admission, or for any Members admitted into a critical care unit, ABHIC may monitor the Member's progress and work with the Hospital's staff to ensure that recovery and discharge progresses as quickly as possible. This may involve discussions about the appropriateness of a specific treatment regimen, or level of care, where there are generally accepted guidelines which the Hospital would be expected to follow. Differences of opinion over such issues will be resolved between clinicians from ABHIC and the Hospital and will not involve the Member.
3. ABHIC may request a full medical report for complex cases, cases involving a long stay in excess of [7] nights in the Hospital, and/or cases involving a stay in a critical care unit. The Provider shall ensure that the treating consultant includes in the report:
 - (A) the diagnosis of the Member;
 - (B) what Treatment has been received by the Member so far;
 - (C) what Treatment is proposed;
 - (D) the expected date of discharge of the Member
 - (E) previous known medical history
4. Each Hospital will provide ABHIC with access to any Member in accordance with Clause 9.2.
5. A Hospital shall notify ABHIC immediately if a Member who is a patient in the Hospital or any Hospital personnel is found to have contracted MRSA or any other potentially pathogenic organism or a known communicable infection.

Schedule 2

Billing Procedure

1. The Provider shall submit original invoices directly to ABHIC and such invoices shall contain the following information:
 - (A) the patient's full name and date of birth;
 - (B) the patient's ABHIC membership number or policy number as appropriate;
 - (C) the patient's address;
 - (D) the admitting consultant;
 - (E) the date of admission and discharge;
 - (F) the procedure performed and procedure code according to ICD-10 PCS;
- (G) the diagnosis at the time treatment and diagnosis code according to ICD-10;

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- (H) whether this is an interim or final account;
 - (I) the description of each Service performed, together with associated Charges, the agreed standard billing codes associated with each Service performed and dates on which items of Service were provide; and.
 - (J) the patient's signature (in original).
2. KYC document of Members- The Provider shall submit the following documents with the final invoice:
- (A) copy of Pre-Authorisation letter;
 - (B) fully completed claim form (or the relevant claim section of the Pre-Authorisation letter), signed by the Member and the treating consultant for the Treatment performed;
 - (C) original and complete discharge summary, including the treating Consultant's operative notes;
 - (D) original investigation reports with corresponding prescription/request;
 - (E) pharmacy bill with corresponding prescription/request;
 - (F) any other statutory documentary evidence required under law or by the Member's Plan; and
 - (G) photocopy of the Member's photo identification (eg voter's ID card, passport or driving licence).
 - (H) Photocopy of the Member's address proof (eg voter's ID card, ADHAAR card, passport or driving licence).
 - (I) Photograph of the member in case the admissible claim amount / pre-authorisation amount exceeds Rs 1 lakh or such other amount as may be specified.

The Provider must not give original discharge summaries, investigation reports, or prescriptions to the Member.

3. The Provider shall submit the final invoice and all supporting documentation required within 30 days of the discharge date.
4. The Provider shall include at the time of submitting the final invoice all relevant local taxes and charges. ABHIC will not be liable for any local taxes and charges that are not billed at the time of the final invoice. Interim invoices will only be accepted if the length of stay is expected to exceed 10 days. Failure to mark an invoice interim or final may result in delays in processing a claim. An indication of expected length of stay, if available must also be provided when interim invoices are submitted.
5. Undisputed and correct invoices shall be paid by ABHIC directly by direct transfer or cheque to the bank account nominated by the Provider to ABHIC for that purpose within 30 days following the invoice being received by the ABHIC.
6. In order to process claims appropriately ABHIC may request the provision of an appropriate medical report. The Provider acknowledges that any delay in the provision of such medical reports may affect the clearance of related invoices for payment by ABHIC.
7. If, after ABHIC has paid an invoice, ABHIC believes it has made an overpayment in relation to such invoice because the Provider was not entitled to charge for a particular Service or the Member was not entitled to be reimbursed the cost of that Service by ABHIC or otherwise, ABHIC shall notify the Provider in writing as soon as possible and in



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 AHMEDABAD
 Hospital

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any event not later than 12 (twelve) months' from the date of the invoice.

If Pre-Authorisation was obtained from ABHIC for the Treatment which is the subject of the relevant invoice then ABHIC shall only be entitled to reimbursement of any overpayment to the extent that:

- (i) the Provider is not entitled to reimbursement from ABHIC for the provision of Services to Members because it has not complied with the requirements set out in Clause 4; or
 - (ii) the overpayment results from the Provider failing to charge for the Services in accordance with these Terms of Reference.
8. If the Provider submits an invoice for Charges that are not in accordance with agreed charges or as set out in these Terms of Reference, such invoices may be rejected, delayed in processing or shortfall by ABHIC.


(Authorised signatory)
Hospital



Ref: IRDAI/HLT/REG/CIR/176/ 09/2019

27th September, 2019

To

All Insurers and TPAs, wherever applicable,

Re: Modification Guidelines on Standardization in Health Insurance:

1. Reference is invited to Clause 33 of Chapter – I of Guidelines on Standardization in Health Insurance Ref: IRDA/HLT/REG/CIR/146/07/2016 dated 29th July, 2016 where pre-existing disease is defined. The definition of Pre-existing Disease stands modified as under and the following definition is substituted at Clause 33 of the within referred Guidelines:

Pre-Existing Disease (not applicable for Overseas Travel Insurance):

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

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer **or**
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
 - c) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition.
(Life Insurers may define norms for applicability of PED at Reinstatement)
2. Reference is invited to Chapter – III of Guidelines on Standardization in Health Insurance Ref: IRDA/HLT/REG/CIR/146/07/2016 dated 29th July, 2016 where items for which optional cover may be offered by insurers are specified in Annexure – I. In substitution of the items specified in the within referred Guidelines, the revised items are specified in Annexure – I of these modified Guidelines.
 3. The provisions of these Guidelines shall be applicable in respect of all health insurance products (both Individual and Group) filed on or after 1st October 2019. All existing health insurance products that are not in compliance with these Guidelines shall not be offered and promoted from 01st October, 2020 onwards.
 4. This has the approval of the competent authority.

Annexure – I


(Authorised signatory)
Hospital



Items for which optional cover may be offered by Insurers

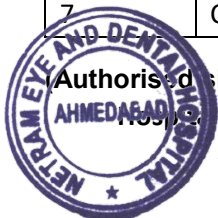
1. Reference is invited to Chapter III of Guidelines on Standardization in Health Insurance vide Circular Ref: IRDA/HLT/REG/CIR/146/07/2016 dated 29thJuly, 2016 where items for which optional cover may be offered by Insurers were specified. On a review of the list of items it is decided to classify the existing 'Optional Items' into the following categories.
 - i. LIST – I :: Items that may be retained 'as it is' as optional items – Items specified in the list are the Optional Items to which Insurers may offer coverage.
 - ii. LIST – II :: Costs that are to be subsumed into the Room Charges – Items specified in the list shall form part of room charges
 - iii. LIST – III:: Costs that are to be subsumed into the specific (say surgical) procedure charges – Items specified in the list shall be considered as part of procedure charges.
 - iv. LIST – IV:: Costs that are to be subsumed into the costs of treatment – Items specified in the list shall be considered as part of costs of treatment.

2. Where the costs are to be subsumed into the room charges specified in List – II or procedure charges specified in List III or costs of treatment (including costs of diagnostics) specified in List IV all claims shall be settled in accordance to the terms and conditions of the policy contract. Insurers shall put in place measures to ensure that items which are part of room / surgical procedure / treatment (including diagnostics) as referred in the lists herein shall not be billed to the policyholders by the hospitals and every insurer shall inform or notify the same to the hospitals and the policyholders suitably. Accordingly, all insurers are advised to make it part of their service level agreement with the network providers (hospitals) in case of cashless cases. In case of reimbursements (with other than network providers) Insurers shall settle the claims as per the terms and conditions of the policy contract.

List I – Optional Items

Sr No	Optional Item	Payable (Yes / NO)	Pay ability remark
1	BABY FOOD	No	NA
2	BABY UTILITIES CHARGES	No	NA
3	BEAUTY SERVICES	No	NA

4	BELTS/ BRACES	Yes	Only In Orthopaedic cases if medically indicated
5	BUDS	No	NA
6	COLD PACK/HOT PACK	No	NA
7	CARRY BAGS	No	NA



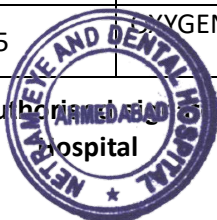
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8	EMAIL / INTERNET CHARGES	No	NA
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	No	NA
10	LEGGINGS	No	NA
11	LAUNDRY CHARGES	No	NA
12	MINERAL WATER	No	NA
13	SANITARY PAD	No	NA
14	TELEPHONE CHARGES	No	NA
15	GUEST SERVICES	No	NA
16	CREPE BANDAGE	No	NA
17	DIAPER OF ANY TYPE	No	NA
18	EYELET COLLAR	No	NA
19	SLINGS	Yes	Only In Orthopaedic cases if medically indicated
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	No	NA
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	No	NA
22	Television Charges	No	NA
23	SURCHARGES	No	NA
24	ATTENDANT CHARGES	No	NA
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	No	NA
26	BIRTH CERTIFICATE	No	NA
27	CERTIFICATE CHARGES	No	NA
28	COURIER CHARGES	No	NA
29	CONVEYANCE CHARGES	No	NA

30	MEDICAL CERTIFICATE	No	NA
31	MEDICAL RECORDS	No	NA
32	PHOTOCOPIES CHARGES	No	NA
33	MORTUARY CHARGES	No	NA
34	WALKING AIDS CHARGES	No	NA
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	No	NA

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36	SPACER	No	NA
37	SPIROMETRE	No	NA
38	NEBULIZER KIT	No	NA
39	STEAM INHALER	No	NA
40	ARMSLING	Yes	Only In Orthopaedic cases if medically indicated
41	THERMOMETER	No	NA
42	CERVICAL COLLAR	Yes	Only In Orthopaedic cases if medically indicated
43	SPLINT	Yes	Only In Orthopaedic cases if medically indicated
44	DIABETIC FOOT WEAR	No	NA
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Yes	Only In Orthopaedic cases if medically indicated
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Yes	Only In Orthopaedic cases if medically indicated
47	LUMBO SACRAL BELT	Yes	Only In Orthopaedic cases if medically indicated
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Yes	Only if the stay in ICU is more than 3 days. And for paralytic patients in normal ward also
49	AMBULANCE COLLAR	No	NA
50	AMBULANCE EQUIPMENT	No	NA
51	ABDOMINAL BINDER	Yes	To be Paid , if medically indicated and prescribed by treating/operating doctor as per reasonable & customary charges



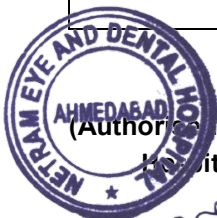
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 Ahmedabad Hospital

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52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	No	NA
53	SUGAR FREE Tablets	No	NA

54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	No	NA
55	ECG ELECTRODES	Yes	Payable - Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
56	GLOVES	Yes	Only Sterilised gloves to be paid
57	NEBULISATION KIT	No	NA
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	No	NA
59	KIDNEY TRAY	No	NA
60	MASK	No	NA
61	OUNCE GLASS	No	NA
62	OXYGEN MASK	No	NA
63	PELVIC TRACTION BELT	Yes	Only In Orthopaedic cases if medically indicated & only rent charges to be paid
64	PAN CAN	No	NA
65	TROLLY COVER	No	NA
66	UROMETER, URINE JUG	No	NA
67	AMBULANCE	Yes	As per policy
68	VASOFIX SAFETY	Yes	Payable - If maximum of 3 in 48 hrs and then 1 in 24 hrs

List II – Items that are to be subsumed into Room Charges




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Netram Eye and Dental Hospital

Sr No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
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	INCIDENTAL 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

Sr No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD


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 Hospital



5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sr No.	Item
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


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 Hospital

