

## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## STAR SUPER SURPLUS (FLOATER) INSURANCE POLICY

Unique Identification No.: SHAHLIP22034V062122

## **Other Excluded Expenses**

| Home for which coverage is not evallable in the policy         |  |  |
|--|--|--|
| Items for which coverage is not available in the policy  S.No. |  |  |
| 3.No.  | BARY FOOD  |  |
|  | 3.3  |  |
| 2  | BABY UTILITIES CHARGES   |  |
| 3  | BEAUTY SERVICES  |  |
| 4  | BELTS/ BRACES  |  |
| 5  | BUDS   |  |
| 6  | COLD PACK/HOT PACK   |  |
| 7  | CARRY BAGS   |  |
| 8  | EMAIL / INTERNET CHARGES   |  |
| 9  | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)          |  |
| 10   | LEGGINGS   |  |
| 11   | LAUNDRY CHARGES  |  |
| 12   | MINERAL WATER  |  |
| 13   | SANITARY PAD   |  |
| 14   | TELEPHONE CHARGES  |  |
| 15   | GUEST SERVICES   |  |
| 16   | CREPE BANDAGE  |  |
| 17   | DIAPER OF ANY TYPE   |  |
| 18   | EYELET COLLAR  |  |
| 19   | SLINGS   |  |
| 20   | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                    |  |
| 21   | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED                      |  |
| 22   | TELEVISION CHARGES   |  |
| 23   | SURCHARGES   |  |
| 24   | ATTENDANT CHARGES  |  |
| 25   | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |  |
| 26   | BIRTH CERTIFICATE  |  |
| 27   | CERTIFICATE CHARGES  |  |
| 28   | COURIER CHARGES  |  |
| 29   | CONVEYANCE CHARGES   |  |
| 30   | MEDICAL CERTIFICATE  |  |
| 31   | MEDICAL RECORDS  |  |
| 32   | PHOTOCOPIES CHARGES  |  |
| 33   | MORTUARY CHARGES   |  |
| 34   | WALKING AIDS CHARGES   |  |

|       | Items for which coverage is not available in the policy  |
|-------|--|
| S.No. | ITEM   |
| 35    | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)   |
| 36    | SPACER   |
| 37    | SPIROMETRE   |
| 38    | NEBULIZER KIT  |
| 39    | STEAM INHALER  |
| 40    | ARMSLING   |
| 41    | THERMOMETER  |
| 42    | CERVICAL COLLAR  |
| 43    | SPLINT   |
| 44    | DIABETIC FOOT WEAR   |
| 45    | KNEE BRACES (LONG/ SHORT/ HINGED)  |
| 46    | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER  |
| 47    | LUMBO SACRAL BELT  |
| 48    | NIMBUS BED OR WATER OR AIR BED CHARGES   |
| 49    | AMBULANCE COLLAR   |
| 50    | AMBULANCE EQUIPMENT  |
| 51    | ABDOMINAL BINDER   |
| 52    | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES  |
| 53    | SUGAR FREE TABLETS   |
| 54    | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55    | ECG ELECTRODES   |
| 56    | GLOVES   |
| 57    | NEBULISATION KIT   |
| 58    | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]                        |
| 59    | KIDNEY TRAY  |
| 60    | MASK   |
| 61    | OUNCE GLASS  |
| 62    | OXYGEN MASK  |
| 63    | PELVIC TRACTION BELT   |
| 64    | PAN CAN  |
| 65    | TROLLY COVER   |
| 66    | UROMETER, URINE JUG  |
| 67    | AMBULANCE  |
| 68    | VASOFIX SAFETY   |