



GOVERNMENT OF ANDHRA PRADESH

Web Site: <https://tender.apecurement.gov.in>

TENDER DOCUMENT

FOR

**Selection of Insurance Company for the
implementation of
AB PMJAY – Dr. NTR VS
(Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana - Dr. NTR Vaidya Seva
Scheme Families)
In the State of Andhra Pradesh.**

Tender No: 11.8/APMSIDC/2025-26, Dt: 08.12.2025.

ISSUED BY:

**ANDHRA PRADESH MEDICAL SERVICES &
INFRASTRUCTURE DEVELOPMENT CORPORATION
(AN ENTERPRISE OF GOVT. OF A.P.)**

**2nd Floor, Plot No:09, survey number: 49, IT Park,
Mangalagiri, Guntur District- 522503.**

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Abbreviations

AB-PM JAY	Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana
AL	Authorization Letter (from the Insurer)
BFU	Beneficiary Family Unit
CGRMS	Central Grievance Redressal Management System
CGIP	Composite Gross Insurance Premium for AB-PM JAY
CRC	Claims Review Committee
DAL	Denial of Authorization Letter
DCA	Draft Contract Agreement
DGRC	District Grievance Redressal Committee
DGNO	District Grievance Nodal Officer
EHCP	Empaneled Health Care Provider
INR	Indian National Rupees
LCGIP	Lowest Composite Gross Insurance Premium
IRDAI	Insurance Regulatory Development Authority of India
Dr NTR VST	Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust
Dr NTR VS	Dr. Nandamuri Taraka Rama Rao Vaidya Seva Scheme
CRDA	Capital Region Development Authority
VM	Vaidya Mithra
SHA	State Health Authority – Dr. NTR Vaidya Seva Trust, HM&FW Department, Government of Andhra Pradesh.
GSWS	Grama Sachivalayam Ward Sachivalayam
CS	Civil Supplies
Trust	Dr. NTR Vaidya Seva Trust
MoHFW	Ministry of Health & Family Welfare, Government of India
HM & FW	Health, Medical & Family Welfare Department, Government of Andhra Pradesh
NGRC	National Grievance Redressal Committee
NHA	National Health Authority
NOA	Notice of Award
PMAM	Pradhan Mantri Arogya Mitra
RAL	Request for Authorization Letter (from the EHCP)
RC	Risk Cover
RSBY	Rashtriya Swasthya Bheema Yojana
SECC	Socio Economic Caste Census
SGRC	State Grievance Redressal Committee
SGNO	State Grievance Nodal Officer
UCN	Unique Complaint Number
UT	Union Territories
TIA	Tender Inviting Authority
KPI	Key Performance Indicators
BPL	Below Poverty Line

Bid Data Sheet

Project title	Dr. NTR Vaidya Seva Universal Health Coverage Scheme (AB PMJAY- Dr. NTR VS)
Name of Tender Inviting Authority (TIA)	APMSIDC -2nd Floor, Plot No:09, survey number: 49, IT Park, Mangalagiri, Guntur District- 522503. e-mail: aphmhidc@gmail.com & ed.apmsidc16@gmail.com Ph. No: 8978644900.
Designation and Contact of Officer	Chief Executive Officer, Dr. NTR Vaidya Seva Trust. Address: Door No. – 241, MGM Capital Building, Near NRI Junction Beside Little Village Restaurant, Chinnakakani Mangalagiri, Andhra Pradesh 522503. Tel No.: 0863-2259861 (Ext-312) Email: ceoap@drntrvaidyaseva.ap.gov.in / apsha@drntrvaidyaseva.ap.gov.in
Language of bid	English
Currency of bid	Indian National Rupees (INR)
Tenure of the Contract	Tenure of the contract is for one year and can be extended every year up to 3 (three) years based upon KPI Performance and Other terms and conditions of this RFP.
Earnest Money Deposit	Rs.6.6 Crores Furnished in the form of Demand Draft/BG/Online drawn in favor of Managing Director, APMSIDC, Guntur
Bid Processing Fees	Rs.10,00,000/-
Mode for submission of Bids	Bidders are to upload their Bids on the e-procurement portal https://tender.apecurement.gov.in / (downloading from https://apmsidc.ap.nic.in https://drntrvaidyaseva.ap.gov.in) Submission of Bids through any other mode will not be accepted. Further, Financial Bid is to be submitted throughonline mode only, any other mode will not be accepted.
Mode of Selection	Least Premium L1 (Details at para 2.4)
Date of publishing of Tender Document	Dt: 10.12.2025
Last date of receiving queries	Will be intimate later
Pre-bid meeting 1	Dt: 16.12.2025 in APMSIDC -2nd Floor, Plot No:09, survey number: 49, IT Park, Mangalagiri, Guntur District- 522503. e-mail: aphmhidc@gmail.com & ed.apmsidc16@gmail.com Ph. No: 8978644900.
Pre-bid meeting 2	Dt: 23.12.2025 in APMSIDC -2nd Floor, Plot No:09, survey number: 49, IT Park, Mangalagiri, Guntur District- 522503. e-mail: aphmhidc@gmail.com & ed.apmsidc16@gmail.com Ph. No: 8978644900.

Request for Proposal for selection of Insurer

Pre-bid meeting 3	Dt: 30.12.2025 in APMSIDC -2nd Floor, Plot No:09, survey number: 49, IT Park, Mangalagiri, Guntur District- 522503. e-mail: aphmhidc@gmail.com & ed.apmsidc16@gmail.com Ph. No: 8978644900.
Issue of Addendum -1 / revised Tender Document(if required)	Will be intimate later
Issue of Addendum -2 / revised Tender Document(if required)	Will be intimate later
Last date and time of bid submission/ Bid Due Date	Dt: 12.01.2026
Validity of Bid	180 days from last date for submission of the bid documents, excluding the last date of submission.
Date and time of technical bid evaluation	Dt: 12.01.2026
Date and time of Financial Bid opening	Qualified bidders will be informed of financial opening
Issue of Notice of Award (NOA)	Will be intimate later
Acceptance of Notice of Award (NOA)	Will be intimate later
Signing of Insurance Contract	Will be intimate later

Note 1: The Bidding Process Schedule set out above is indicative in nature and the TIA may, in its sole discretion and without prior notice to the Bidders, amend the Bidding Process Schedule. This responsibility shall lie with the Bidders to verify the Bid Process Schedule and the SHA shall not incur any liability whatsoever arising out of amendments to the Bidding Process Schedule. TIA shall give notice of changes to the Bidding Process Schedule, if any, by Addendum. All bidders are advised to check for any further clarifications, amendments/addendums and corrigendum related to this RFP at the following website:

Website: <https://tender.apecurement.gov.in/> / <https://apmsidc.ap.nic.in>
<https://dntrvaidyaseva.ap.gov.in>.

Note 2: This document is not transferable.

Disclaimer

The information contained in this Tender Document or subsequently provided to the interested Bidders, is being provided to the interested Bidders on the terms and conditions set out in this Tender. The purpose of these Tender Documents (**RFP, DCA and Schedules**) along with all its Addendums, if any and such other terms and conditions is to provide interested parties with information that may be useful to them in making their pre-qualification, technical and financial offers pursuant to this RFP

This RFP includes statements, which reflect various assumptions and assessments arrived at by the SHA (**Dr.NTR VST**) in relation to the Project. Such assumptions, assessments and statements do not purport to contain all the information that each Bidder may require. This Tender Document is not an agreement and is neither an offer nor invitation by the State Government to the prospective Bidders or any other person. The purpose of this Tender Document is to provide the Bidder(s) with information to assist the formulation of their bid. This Tender Document may not be appropriate for all persons and it is not possible for the State Government or the SHA or its representatives, to consider the objectives, financial situation and particular needs of each Bidder who reads or uses this Tender Document. Each Bidder should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this Tender Document, and where necessary obtain independent advice from appropriate sources. Neither the State Government nor the SHA nor their employees or their consultants make any representation or warranty as to the accuracy, reliability or completeness of the information in this Tender Document. The State Government shall incur no liability under any law including the law of contract, tort, the principles of restitution, or unjust enrichment, statute, rules or regulations as to the accuracy, reliability or completeness of the Tender document. The statements and explanations contained in this Tender document are intended to provide an understanding to the Bidders about the subject matter of this Tender and should not be construed or interpreted as limiting in any way or manner the scope of services and obligations of the Bidders that will be set forth in the Insurer's Contract or the State Government's rights to amend, alter, change, supplement or clarify the scope of work, or the Insurance Contract to be signed pursuant to this Tender Document the terms thereof or herein contained. Consequently, any omissions, conflicts or contradictions in the Bidding Documents, including this Tender Document, are to be noted, interpreted and applied appropriately to give effect to this intent, and no claims on that account shall be entertained by the State Government.

This tender document does not constitute either an offer or invitation by the State Government or the SHA to the Bidders or any other person.

Information provided in the Tender Documents to the Bidder(s) is on a wide range of matters, some of which may depend upon interpretation of law. The information given is not intended to be an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law. The State Government accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on law expressed herein.

The State Government, its employees and advisors make no representation or warranty and shall have no liability to any person, including any Bidder or Bidder(s) under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in the Bidding Documents or otherwise, including the accuracy, adequacy, correctness, completeness or reliability of the Bidding Documents and any assessment, assumption, statement or information contained therein or deemed to form part of the Bidding Documents or arising in any way for participation in this Bid.

The State Government also accepts no liability of any nature whether resulting from negligence or otherwise howsoever caused arising from reliance of any Bidder upon the statements contained in the Bidding Documents.

Request for Proposal for selection of Insurer

The State Government may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumptions contained in this Tender Document.

The issue of this Tender Documents does not imply that the State Government is bound to select a Bidder or to appoint the Selected Bidder or Service Provider, as the case may be, for the Project and the State Government reserves the right to reject all or any of the Bidders or Bids without assigning any reason whatsoever.

The Bidder shall bear all its costs associated with or relating to the preparation and submission of its Bid including but not limited to preparation, copying, postage, delivery fees, uploading, expenses associated with any demonstrations or presentations which may be required by the State Government or any other costs incurred in connection with or relating to its Bid. All such costs and expenses will remain with the Bidder and the State Government shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by a Bidder in preparation or submission of the Bid, regardless of the conduct or outcome of the Selection process.

Definitions and Interpretations

Addendum or Addenda means document issued in continuation or as modification or as clarification to certain points in the Tender Documents. The bidders would need to consider the main document as well as any addenda issued subsequently for responding to the bid.

Dr.NTR VST Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust

AB-PM JAY shall refer to Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana(AB-PM JAY), a scheme managed and administered by the Ministry of Health and Family Welfare, Government of India through National Health Authority with the objectives of providing and improving access of validated Beneficiary Family Units to quality inpatient care and day care surgeries for treatment of diseases and medical conditions through a network of Empaneled Health Care Providers for the risk covers defined in in this document and also for reducing out of pocket health care expenses .

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana - Dr. N T R Vaidya Seva Scheme” shall hereafter be referred to as the **AB-PMJAY - DR NTR VS** , a scheme managed and administered by Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust (**Dr.NTR VST**), Department of Health Medical and Family Welfare, Government of Andhra Pradesh through National Health Authority with the objectives of providing and improving access of validated Beneficiary Family Units to quality inpatient care and day care surgeries for treatment of diseases and medical conditions through a network of Empanelled Health Care Providers for the risk covers defined in in this document and also for reducing out of pocket health care expenses.

Applicable Laws: All laws, brought into force and effect by Government of India or the Government of Andhra Pradesh, including rules, regulations and notifications made thereunder, and judgments, decrees, injunctions, writs and orders of any court of record, applicable to this RFP

Beneficiary means a resident of the all the families of Andhra Pradesh excluding families covered under Employees Health Scheme (EHS) and Working Journalist Health Scheme (WJHS) as certified by the DRNTRVST from time to time.

Beneficiary Family Unit or AB-PM JAY - Dr.NTRVS Family Unit refers to all the resident families of Andhra Pradesh excluding families covered under Employees Health Scheme (EHS) and Working Journalist Health Scheme (WJHS) as certified by the DRNTRVST from time to time.

Benefit Risk Cover or Benefit Cover or Risk cover refers to the annual basic cashless hospitalization coverage of Rs. 25,00,000/- for BPL families, Rs.2,50,000/- for APL families on family floater basis. Up to Rs.2,50,000/- (Rupees two lakh fifty thousand only) through insurance mode (Insurance Companies' liability) and over & above Rs.2,50,000/- to Rs.25,00,000/- (Rupees twenty five lakhs only) through assurance mode (State Government liability).

Bid refers to a bid containing Qualification Bid and Financial Bid, that is submitted by eligible Insurance Company for qualification and award of contract in accordance with this Tender Document as per the provisions laid down therein. Bid (s) means collectively, Bids submitted by the Bidders

Bidder (s) refers to eligible insurance company which submit their Bids in accordance with this Tender Document.

Bid Validity Period shall mean the period of 180 days from the Bid Due Date (excluding the Bid Due Date) for which each bid shall remain valid.

Category A States includes Arunachal Pradesh, Goa, Himachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, NCT Delhi, Sikkim, Tripura, Uttarakhand and 6 Union Territories (Andaman and

Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu, Lakshadweep and Puducherry, Jammu and Kashmir, Ladakh).

Category B States includes Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, West Bengal.

Companies Act refers to the Companies Act, 2013, provided that references to any repealed provision contained in the Companies Act, 1956 shall be read as references to the corresponding provision contained in the Companies Act, 2013.

Contract means draft Contract provided to the Bidders which shall be executed between selected Insurance Company and SHA for implementation of the Scheme

Days mean and shall be interpreted as calendar days unless otherwise specified.

Empanelled Health Care Providers (EHCP) shall mean and refer to those public or private health care providers who are Empanelled by the Dr.NTR VST from Time to Time.

Financial Bid refers to financial bid submitted by a Bidder, in the format provided in Appendix -II Format: Fin-1 of this RFP.

Financial Year Means the accounting year (viz. 1st April to 31st March) followed by the Bidder in the course of its normal business in India.

Fraud shall mean and include any intentional deception, manipulation of facts and / or documents or misrepresentation made by a person or organization with the knowledge that the deception could result in unauthorized financial or other benefit to herself/himself or some other person or organization. It includes any act that may constitute fraud under any applicable law in India.

Premium Income means gross direct premium income of the insurer without taking into account from time-to-time income on reinsurance accepted by the insurance company.

Health Benefit Package refers to the bundled package of services required to treat a condition/ailment/disease that insured families would receive under AB-PMJAY-Dr.NTR VS and detailed in Annexure 3 (a) of Insurance Contract

Health Insurance: The term health insurance is a type of insurance that covers medical expenses.

Health Insurance Policy is a contract between an insurer and SHA (Dr.NTR VST) in which the insurer agrees to provide specified health insurance cover to all beneficiaries at a particular “premium”

IEC shall mean Information Education and Communication and refer to all such efforts undertaken by the State Health Authority, the State Government that are aimed at promoting information and awareness about the AB PMJAY- Dr.NTR VS and its benefits to the potential beneficiaries in particular and to the general population at large.

Insurer means the successful bidder who has been selected pursuant to this bidding process and has agreed to the terms and conditions of the Tender Document and has signed the Insurance Contract with the State Government.

Dr.NTR VS shall refer to Dr.NTR Vaidya Seva managed and administered by the Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust, Health Medical and Family Welfare Department, Government of Andhra Pradesh.

Material Misrepresentation shall mean an act of intentional hiding or fabrication of a material fact which, if known to the other party, could have terminated, or significantly altered the basis of a contract, deal, or transaction.

MoHFW shall mean the Ministry of Health and Family Welfare, Government of India.

HM&FW shall mean the Health Medical & Family Welfare Department, Government of Andhra Pradesh.

Policy Cover Period shall mean the standard period of 12 calendar months from the date of start of the Policy Cover or lesser period as per contract entered between SHA and the Insurer.

Qualification Bid refers to qualification proposal submitted by a Bidder, in the format provided in Appendix I of this RFP

Successful Bidder shall mean the Bidder (Insurance Company) whose bid document is responsive, which has been prequalified and whose financial bid is the lowest among all the shortlisted Bidders and whom the State Government intends to select and with whom it signs the Insurance Contract for this Scheme.

Scheme shall mean the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana - Dr. NTR Vaidya Seva Scheme, managed and administered by the State Health Authority, Andhra Pradesh.

Selected Bidder shall mean the successful bidder who has been selected in the bid exercise and has agreed to the terms and conditions of the Tender Document and has signed the Insurance Contract with the State Government.

Service Area refers to all the districts in the State of Andhra Pradesh along with Empanelled Health Care Providers of Hyderabad, Bangalore, Chennai and any other state as covered and included under this Tender Document for the implementation of AB PMJAY-Dr.NTR VS.

State Government refers to the Government of Andhra Pradesh in the State.

State Health Authority (SHA) refers to the Dr. NTR Vaidya Seva Trust, HM&FW Department, Government of Andhra Pradesh for the purpose of coordinating, managing and implementing the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana - Dr. NTR Vaidya Seva Scheme in the State of Andhra Pradesh.

Tender Documents refers to this Tender Document published on XX-XX-XXXX including RFP, DCA and Schedules. Without prejudice, the Tender Documents shall include all Addenda issued by the TIA, any written responses of queries and any other documents made available by the TIA to the Bidders from time to time during the Tendering process including the Contract.

Term means duration of the Contract, in accordance with the provisions thereof.

1. Introduction and Background

- 1.1 The name of the Scheme is the “Ayushman Bharat Pradhana Mantri Jan Arogya Yojana -Dr.N T R Vaidya Seva Scheme” and shall hereafter be referred to as the AB PMJAY - Dr. NTR VS Scheme or “Scheme”.
- 1.2 The Department of Health Medical and Family Welfare , Government of Andhra Pradesh aims to reduce the out-of-pocket healthcare expenditures and to improve access to healthcare for the members of the all the families of Andhra Pradesh excluding families covered under Employees Health Scheme (EHS) and Working Journalist Health Scheme (WJHS) as certified by the DRNTRVST from time to time to quality inpatient care and day care surgeries, follow up care for treatment of diseases and medical conditions pertaining to secondary and / or tertiary treatment through a network of Empaneled Health Care Providers (EHCP), to the beneficiaries for the risk covers as defined below.
- 1.3 The following benefits will be covered for the eligible AB-PMJAY - Dr.NTR VS beneficiary families under the SCHEME.
 - a. Cashless hospitalization expenses to the procedures covered under Schedule 3. Coverage includes Pre hospitalization car treatment (Medical / Surgical), Defined Day care surgeries, Diet, Post Hospitalization care and follow-up care.
 - b. Risk Cover of Rs. 2,50,000/- per family for all the 2550 procedures (Reserved for Insurance Mode) covered in schedule 3a is liability of insurer for all the families (BPL & APL excluding families under EHS & WJHS) covered under AB-PMJAY- Dr NTR VS Scheme.
 - c. Risk cover of Rs.2,50,000 to Rs.25,00,000 to the defined procedures in schedule 3a is liability of DRNTRVST for only for BPL Families under AB-PMJAY- Dr NTR VS Scheme.
 - d. Risk cover of all 550 procedures (Reserved for Trust mode) covered in the schedule 3a liability of DRNTRVST.
 - e. Insurance companies shall process all the Preauths and Claims with respective to every procedure covered in 3a.
 - f. DRNTRVST will reimburse the actual expenditure arising out of procedures mentioned at above paras (1.3c & 1.3d).
- 1.4 In order to provide above benefits to the eligible AB-PMJAY- Dr NTR VS families, insurance Company will have to, but not limited to, perform following tasks:
 - a) Setting up of District level offices and Kiosks at Network Hospitals with all necessary civil and IT infrastructure. Indicative Requirement at Network Hospitals and district offices is at Schedule 20.
 - b) Take over and maintain all the Vaidya Mitra Kiosks along with hardware in the Kiosks placed at Network Hospitals.
 - c) Insurance company shall take over all the contract and outsourcing staff of DRNTRVST working in Network Hospitals and district offices with the existing pay structure.
 - d) Insurance company shall set up state office with required Civil , IT hardware , software Licences, Software Applications and connectivity along with required manpower for managing the day-to-day activities related to different wings like Processing of preauthorization, Claims, Follow up claims; Grievance Redressal Wing, Call Centre,

IEC etc.

- e) Setup 24*7 call center for handholding beneficiaries in availing AB-PMJAY- Dr NTR VS services , queries form the Hospitals and Grievance from beneficiaries.
- f) Insurance shall takeover all the contract and outsourcing staff at Headquarters with the existing pay structure.
- g) Details of all contract and Outsourcing staff at district and state level is at schedule 20.
- h) Processing of Preauthorization Procedures, providing coverage to Beneficiaries availing Portability of Care, Claims Processing and management thereof, Claims Payments.
- i) Insurance company shall comply all the Audit compliances, antifraud activities as per the NHA and SHA guidelines from time to time.
- j) Insurance company shall develop and manage HMIS suite with ABDM standards for implementation of AB-PMJAY- Dr NTR VS Scheme.
- k) Insurance company shall place adequate data storage space in the state Data Centre (APSDC) for implementation of DRNTRVST – PMJAY Scheme including legacy data.
- l) All the hardware, software, data generated, application stack deployed by the insurance company for implementation of above scheme will be the assets of DRNTRVST.

2. Purpose this RFP & Brief Description of Selection Process:

- 2.1 The purpose of this Tender Document is to select the most competent and experienced Insurance Company to provide the Benefit Risk Cover under the Scheme referred to in **1.3 & 1.4** above and in detail in **DCA**.
- 2.2 Beneficiaries and Geographical Coverage: Eligible AB PMJAY - DR. NTR VS Beneficiary Families included in Dr.NTR Vaidya Seva Trust (Dr. NTR VS) database currently and updated from time to time by the Government of Andhra Pradesh in the districts stated in the Table below. This number is indicative and may vary.

District-wise profile of the identified families is given below:

S.No	District	Beneficiary Family (*)
Zone -1		
1	SRIKAKULAM	7,16,490
2	VIZIANAGARAM	6,08,705
3	ALLURI SITHARAMA RAJU	3,18,639
4	PARVATHIPURAM MANYAM	3,03,883
5	VISHAKAPATANAM	6,57,671
6	ANAKAPALLI	5,81,193
7	WEST GODAVARI	5,99,404
8	ELURU	6,99,677
9	EAST GODAVARI	5,87,067
10	KAKINADA	7,46,219
11	DR.B.R.AMBEDKAR KONASEEMA	6,03,760
12	KRISHNA	5,49,819

S.No	District	Beneficiary Family (*)
13	NTR	7,30,738
	Total	77,03,265
	Zone -2	
14	GUNTUR	6,65,393
15	PALNADU	7,05,610
16	BAPATLA	5,55,011
17	PRAKASAM	7,32,892
18	NANDHYALA	5,98,754
19	KURNOOL	6,87,738
20	ANANTHAPURAMU	6,98,622
21	SRI SATHAYA SAI	6,23,117
22	SRI POTTISRIRAMULU NELLORE	8,03,131
23	CHITTOOR	5,34,696
24	TIRUPATI	7,19,647
25	ANNAMAYYA	5,52,358
26	YSR KADAPA	6,14,358
	Total	84,91,327
	Grand Total	1,61,94,592*

Note: *Approximately

Beneficiary enrolment is a continuous process and are to be covered under the policy for future enrollment both AB-PMJAY and Dr NTR VS Family Members

- 2.3 In addition to the number of eligible AB-PM JAY- Dr NTR VS Beneficiary Family Units as given above, the State Government may add more beneficiaries to the Scheme as part of additional sponsored category. Premium for any adjustments (addition and deletion) will be on pro-rata basis in the financial year. The premium for add-on beneficiary families will be borne by the SHA respectively. The unit of coverage for Benefit Risk Cover will be a AB PMJAY - Dr. NTR VS Beneficiary Family Unit, which will include all family members as further defined in **DCA**.

2.4 The following process shall be adopted

- a) For the purpose of this tender document, the State has been divided into two (2) zones with respect to target families. The details of the two zones are given below:

ZONE -1 (13 Districts)	Srikakulam, Vizianagaram, Parvathipuram Manyam, Alluri Sitharama Raju, Visakhapatnam, Anakapalli, Kakinada, Konaseema, East Godavari, West Godavari, Eluru, Krishna & NTR
ZONE-II (13 Districts)	Guntur, Bapatla, Palnadu, Prakasam, Nellore, Kurnool, Nandyala, Anantapuram, Sri Satya Sai, YSR Kadapa, Annamayya, Tirupati & Chittoor

- b) Bids are being invited for entire state.
- c) The lowest quoted bidder whether from public or private insurance company will be the winner(L-1).
- d) However, if the lowest bidder (L-1) is a private sector insurance company, the public sector company will be given the option of matching the L-1 bid. In case the public sector company accepts to match the bid, the two companies will be assigned one zone each with the right to choose the zone with the original L-1 bidder.
- e) If the public sector company is unwilling to match the bid, then, all zones will be awarded to the winning private sector company.
- f) In case, the lowest bidder is a public sector company then all zones will be given to the public sector company.

2.5 The SHA hereby invites applications from interested and eligible Insurance Companies to participate in the tendering process as per the terms, conditions and guidelines detailed in Tender Documents.

2.6 The pro-rata premium to the insurance company against any addition or deletion of the family in-between the policy shall be done as follows;

Sr. No.	Issuance of AB-PMJAY - Dr. NTR VS Families	Eligible Pro-rata Premium
1.	Cards issued in-between 1st to 10th of a month.	Pro-rata premium against these cards shall be paid from the 15th day of that particular month.
2.	Card issued in-between 11th to 20th of a month	Pro-rata premium against these cards shall be paid from the 25th day of that particular month.
3.	Card issued in-between 21st to 31st of a month	Pro-rata premium against these cards shall be paid from the 5th day of next month.

Note:

- For the calculation of the pro-rata premium, the average number of cards shall be considered.
- The data of the aforementioned family will be shared on daily basis/ real time basis.

3. Eligibility and Qualification Criteria for Bidders

3.1 Eligibility Criteria

- 3.1.1 The Bidder should be a registered private or public owned insurance company incorporated under The Companies Act, 1956 and/or 2013, in India and should have certificate of incorporation to that effect.
- 3.1.2 The Bidder registered as private or public insurance companies shall be registered with the Insurance Regulatory and Development Authority of India (IRDAI) for at least last three consecutive financial years and holding the valid license to provide insurance services as on the date of issue of this Tender Document.
- 3.1.3 The Bidder should be registered with the IRDAI to carry out health insurance business for at least last three financial years immediately preceding Bid Due Date. For the avoidance of doubt, for the purposes of this Tendering Process and determining health

insurance business, health insurance business will exclude personal accident and travel cover, whether explicitly stated or not.

- 3.1.4 The Bidder shall be single entity and consortium is not allowed. Bids submitted by any consortium shall be termed as Non-Responsive and shall be rejected
- 3.1.5 The Bidder should unconditionally accept the terms and conditions of this Tender Document.

3.2 Qualification Criteria

- 3.2.1 To be considered technically qualified, the Bidder meeting above eligibility criteria shall demonstrate that it satisfies the following **Qualification Criteria**:

- i. The Bidder shall have done the group health policy cover (excluding personal accident or travel cover) of at least 50,000 families for Category A States or at least 1,00,000 families for Category B States in the three financial years, immediately preceding Bid Due Date.
- ii. The Bidder shall have gross direct Premium Income from Health Insurance (excluding personal accident or travel cover) of at least Rs. 100 crores for Category A States and Rs. 200 crores for Category B States in India in the three financial years, immediately preceding Bid Due Date.

Category A States/ UTs	Arunachal Pradesh, Goa, Himachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, NCT Delhi, Sikkim, Tripura, Uttarakhand and 6 Union Territories (Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu, Lakshadweep and Puducherry, Jammu and Kashmir, Ladakh)
Category B States	Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal

- 3.2.2 If any Bidder fails to meet the minimum Qualification Criteria, its Bid shall be termed as non-responsive and rejected.
- 3.3 Required Documents for Eligibility and Qualification Criteria: This is for guidance purpose detailed required checklist of Qualification Bid is provided in Clause 7.7.1 of this RFP and format Qual 6 of Appendix I

SN	Criteria	Document Required
1.	The Bidder should be a registered private or public owned insurance company	Certification of Incorporation along with the Articles & Memorandum of Associations of the Company under The Companies Act, 1956 and/or 2013, in India
2.	The Bidder registered as private or public insurance companies shall be registered with the Insurance Regulatory and Development Authority of India (IRDAI) for at least last three consecutive financial years	True certified copies of the existing registration granted by the IRDAI for carrying on general insurance (including health insurance) or stand-alone health insurance business in India and last three years' renewal certificates

SN	Criteria	Document Required
3.	The Bidder should be registered with the IRDAI to carry out health insurance business for at least last three financial years	True certified copies of the existing registration granted by the IRDAI for carrying on general insurance (including health insurance) or standalone health insurance business in India and last three years' renewal certificates
4.	The Bidder shall have done the group health policy cover (excluding personal accident or travel cover) of at least 50,000 families for Category A States or at least 1,00,000 families for Category B States in the three Financial Years, immediately preceding Bid Due Date	True certified copies of work orders/LoA which provides proof that the Insurance Company has done group health insurance policy Insurance (excluding personal accident or travel cover) covering at least 50,000 families for Category A States and at least 1,00,000 families for Category B States for the last three completed financial years preceding Bid Due Date.
5.	The Bidder shall have Gross Direct Premium Income from Health Insurance (excluding personal accident or travel cover) of at least Rs.100 crores for Category A States and Rs.200 crores for Category B States in India in the three Financial Years immediately preceding Bid Due Date	Declaration / Undertaking / Certificate from their Statutory Auditor which provides proof that the bidder has Gross Direct Premium Income from health insurance business (other than accidental and travel insurance premium) of at least Rs. 100 crores for Category A States and at least Rs. 200 crores for Category B States in India in all the three Financial Years immediately preceding Bid Due Date
	Bidder should have GST registration with commercial tax department of Government of Andhra Pradesh	Proof of GST registration certificate In case of not having GST registration with the state of Andhra Pradesh while bidding, an undertaking to provide to comply and submit the GST registration certificate from the Government of Andhra Pradesh before entering into contract agreement shall be submitted.
	The bidder should not have any litigation history and been blacklisted or involved in criminal cases or not covered by any pending bankruptcy proceedings by any Central/ State Governments/ PSUs in India during the last five financial years (i.e., 2019-20 to 2023-24)	Self-declaration in the form of Affidavit as certified by a registered notary on Rs.100/- non judicial stamp.

Note: the SHA has the right to verify the documents even after the awarding the contract

4. Grounds for Rejecting the Bid

4.1 Fraud and Corruption

4.1.1 Each Bidder and its officers, employees, agents and advisers shall observe the highest standard of ethics during the Bidding Process.

4.1.2 Without prejudice to the rights of the SHA under **Clause 4.1**, if a Bidder is found by

the SHA to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice and / or restrictive practice during the Bidding Process, such Bidder shall not be eligible to participate in any tender or bid process conducted by the Government of Andhra Pradesh or any of the other ministries, departments, State/ Andhra Pradesh owned enterprises or undertakings of the State Government or the SHA for a period of **three years** from the date that such an event occurs.

4.1.3 For the purpose of this **Clause 4.1**, the following terms will have the meanings given to them below:

a. **Corrupt practice** means:

- (i) Offering, giving, receiving or soliciting, directly of value to influence the actions of any person connected with the Bidding Process. For the avoidance of doubt, offering of employment to, or employing, or engaging in any manner whatsoever, directly or indirectly, any official of the State Government or the SHA who is or has been associated in any manner, directly or indirectly, with the Bidding Processor has dealt with matters concerning the Scheme or arising from it at any time prior to the expiry of one year from the date such official resigns or retires from or otherwise ceases to be in the service of the State Government or the SHA, will be deemed to constitute influencing the actions of a Person connected with the Bidding Process; or
- (ii) Engaging in any manner whatsoever, whether during the Bidding Processor before or after the execution of the Insurance Contract, as the case may be, any Person in respect of any matter relating to the Scheme, the Bidding Process or the Insurance Contract, who at anytime has been or is a legal, financial or technical advisor of the State Government or the SHA on any matter concerning the Scheme.

b. **Fraudulent Practice** means any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a person to obtain a financial or any other benefit or to avoid an obligation.

c. **Coercive Practice** means impairing or harming, or threatening to impair or harm, directly or indirectly, any person or the property of the person to influence improperly the actions of a person.

d. **Undesirable Practice** means:

- (i) establishing contact with any person connected with or employed or engaged by the SHA or its advisors with the objective of canvassing, lobbying or in any manner influencing or attempting to influence the Bidding Process; or
- (ii) having a Conflict of Interest (as defined in **Clause 4.2** below).

e. **Restrictive Practice** means forming a cartel or arriving at any understanding or arrangement amongst Bidders with the objective of restricting or manipulating full and fair competition in the Bidding Process.

4.2 Conflict of Interest

4.2.1 A Bidder/s shall not have any conflict of interest (a Conflict of Interest) that affects the Bidding Process.

4.2.2 A Bidder/s that is found to have a Conflict of Interest shall be disqualified and the bid submitted shall become null and void.

4.2.3 A Bidder/s shall be deemed to have a Conflict of Interest affecting the Bidding Process,if:

- a. such Bidder or an Affiliate of such Bidder controls, is controlled by or is under common control with any other Bidder or any Affiliate thereof; provided that this disqualification shall not apply if:
 - (i) the person exercising Control on the Government of India, a State/ UT government, other government company or entity controlled by a government, a bank, pension fund or a financial institution; or
 - (ii) any direct or indirect ownership interest in such other Bidder or Affiliate thereof is less than 26 percent.
- b. such Bidder or its Affiliate receives or provides any direct or indirect subsidy, grant, concessional loan, subordinated debt or other funded or non-funded financial assistance from or to any other Bidder or such other Bidder's Affiliate; or
- c. such Bidder has the same legal representative for purposes of this Bidding Process as any other Bidder; or
- d. such Bidder or its Affiliate has a relationship with another Bidder or such other Bidder's Affiliate, directly or through common third party or parties, that puts either or both of them in a position to have access to the others' information about, or to influence the Bid of either or each other.

4.3 Misrepresentation by the Bidder

4.3.1 The SHA shall have the right to reject any bid if:

- a. at any time, a material misrepresentation is made by the Bidder; or
- b. the Bidder does not provide, within the time specified by the SHA, any additional information sought by the SHA for the purposes of evaluating the Bid.

4.3.2 The SHA has the right to reject any Bid if it is found that during the evaluation or at any time before signing the Insurance Contract or after its execution and during the period of its subsistence thereof the Bidder, in the opinion of the SHA, has made a material misrepresentation or has given any materially incorrect or false information, the Bidder shall be disqualified forthwith, if not yet selected as the Successful Bidder by issuance of the Notice of Award (NOA). If the Bidder has already been issued the NOA or it has entered into the Insurance Contract, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in this Tender Document, be liable to be terminated, by a communication in writing by the SHA to the Bidder, without the SHA being liable in any manner whatsoever to the Bidder.

4.4 Other Grounds Declaring a Bid Ineligible

4.4.1 If the bidder has:

- a. been black-listed to bid for government sponsored health insurance schemes by Government of India or any state government, and such black-listing subsists as on the last date of bid submission; or
- b. failed to comply with the Insurance Laws and such non-compliance continues as on the last date of bid submission; or
- c. any contract for the implementation of a government-sponsored health insurance scheme has been terminated by at least one government or government instrumentalities for breach by such Bidder, in any of the three (3) years immediately prior to the last date of bid submission, then such an Insurance

Company shall not be eligible to submit a Bid. Termination due to fraudulent activity or any other criminal, financial irregularities,

- 4.4.2 A Bid submitted by any such Insurance Company shall be rejected by the SHA at any stage that the SHA acquires any such knowledge and undertakes its due diligence.

4.5 SHA's Right to Evaluate Eligibility

- 4.5.1 The SHA reserves the right to require a Bidder to submit documentary evidence, in the form and manner that the SHA deems appropriate, to prove that it continues to satisfy the Eligibility Criteria at any time:
- a. after the last date of bid submission; or
 - b. prior to or after the issuance of the Notice of Award or execution of the Insurance Contract, if such a Bidder is selected as the Successful Bidder.
- 4.5.2 The SHA reserves the right to verify all statements, information and documents submitted by Bidders in response to the Tender Document. Any such verification or lack thereof by the SHA will neither relieve the Bidders of their obligations or liabilities nor affect any rights of the SHA under this Tender Document.
- 4.5.3 If the SHA is of the opinion that the Bidder does not satisfy the Qualification Criteria, then the SHA shall have the right to:
- a. disqualify the Bidder and reject its Bid; or
- 4.5.4 Revoke the Notice of Award or terminate the Insurance Contract after acceptance of its Bid by issuing a written notice to the Bidder. The SHA's determination of a Bidder's eligibility shall be final and binding. The SHA shall not be liable, in any manner whatsoever, to the Bidder for a rejection of its Bid, the revocation of the Notice of Award issued to it or the termination of the Insurance Contract executed with it.
- 4.5.5 If the SHA terminates the Insurance Contract in accordance with **Clause 4.4** and /or **Clause 4.5**, then the Insurer shall be liable to repay the Premium received by it on pro-rata basis and take other measures upon such termination, in accordance with the provisions of the Insurance Contract, including liability to pay penal charges, if any, levied by the SHA.

5. Clarifications and Pre-Bid Meeting

5.1 Clarifications and Queries

- 5.1.1 If a Bidder requires any clarification on the Tender Document, it may notify the SHA in writing, provided that all queries or clarification requests should be received on or before the due date and time mentioned in the Bid Data Sheet.
- 5.1.2 SHA shall endeavor to respond to all the questions raised or clarifications sought by the Bidders within the period specified therein. However, SHA reserves the right not to respond to any question or provide any clarification, in its sole discretion, and nothing in this Clause 5.1 shall be taken or read as compelling or requiring the SHA to respond to any question or to provide any clarification.
- 5.1.3 The responses to such queries will be published on the Scheme website / e-tender

portal (as appropriate) of the State Government or the SHA / **the Scheme** <https://tender.apecurement.gov.in> / <https://drntrvaidyaseva.ap.gov.in> within the time frame indicated in the Bid Data Sheet.

- 5.1.4 It shall be the duty of the Bidders to regularly check the relevant website(s)/ e-tender portal (as appropriate) for the response to the queries or requests for clarifications. The SHA's written responses (including an explanation of the query but not identification of its source) will be made available to all the Bidders on the website/ e-tenderportal (as appropriate) <https://tender.apecurement.gov.in> / <https://drntrvaidyaseva.ap.gov.in>.
- 5.1.5 The SHA/TIA may also on its own motion, if deemed necessary, issue interpretations and clarifications to all Bidders. All clarifications and interpretations issued by the State Health Authority/Tender Inviting Authority shall be deemed to be part of the Tender Documents. Verbal clarifications and information given by Tender Inviting Authority or its employees or representatives shall not in any way or manner be binding on the Tender Inviting Authority. These will be put up on the SHA's/Schemes/ E-tender website: <https://tender.apecurement.gov.in/> <https://apmsidc.ap.nic.in> <https://drntrvaidyaseva.ap.gov.in>

5.1 Pre-Bid Meeting

- 5.1.1 The Pre-Bid Conference will be convened 2 times at the designated dates, times and place in Bid Data Sheet. Only those persons who are authorised representatives of the insurance companies will be allowed to participate in the Pre-Bid Conference. A maximum of 3 (three) representatives of each Bidder will be allowed to participate on production of authority letter from the Bidder.
- 5.1.2 During the course of Pre-Bid Conference, the Bidders shall be free to seek clarifications and make suggestions for consideration of the Tender Inviting Authority. The Tender Inviting Authority shall endeavor to provide clarifications and such further information as it may, at its sole discretion, consider appropriate or facilitating a fair, transparent and competitive Tendering process.
- 5.1.3 Any revision to the Tender Documents listed in this RFP that may become necessary as a result of the Pre-Bid Conference or the queries and clarifications received from the Bidders will be made by the TIA exclusively through the issue of an Addendum in accordance with clause 6.1 of this RFP.
- 5.1.4 Any oral clarification or information provided by or on behalf of the TIA at the Pre-Bid Meeting will not have the effect of modifying the Tender Document in any manner, unless the TIA issues an Addendum for the same or the TIA issues written interpretations and clarifications in accordance with **Clause 6.1**. All such Addendum will be published on the relevant website/ e-tender portal ; <https://tender.apecurement.gov.in/> <https://apmsidc.ap.nic.in/> <https://drntrvaidyaseva.ap.gov.in> .

6. Amendments to the Tender Documents

6.1 Issuance of Addendum

- 6.1.1 Up until the date that is specified in the Bid Data Sheet, the TIA may, for any reason, whether at its own initiative or in response to a query raised or clarification requested by Bidder(s) at the Pre-Bid Meeting, amend the Tender Document by issuing an Addendum.
- 6.1.2 Any Addendum thus issued will be uploaded on the website/ e-tender portal; <https://tender.apecprocurement.gov.in> / <https://apmsidc.ap.nic.in> / <https://drntrvaidyaseva.ap.gov.in> .
- 6.1.3 The Bidders are required to read the Tender Document with any Addendum that may be issued in accordance with this **Clause 6.1**.
- 6.1.4 Each Addendum shall be definitive and binding on the Bidders,
- 6.1.5 Any oral statement made by the TIA or its advisors regarding the Bidding Process, the Tender Document or the Scheme or on any other matter related to the Scheme, shall not be considered as amending the Tender Document.

6.2 Issuance of Revised Tender Documents

- 6.2.1 The TIA shall use its best efforts to issue the Addendum or the revised Tender Documents reflecting all the amendments and changes agreed to by the TIA, on the date specified in the Bid Schedule. The Addendum or the revised Tender Documents issued by the TIA shall be definitive and binding.
- 6.2.2 The TIA will assume that the information contained in or provisions of the revised Tender Documents have been taken into account by the Bidder in its Bid.
- 6.2.3 The TIA assumes no responsibility for the failure of a Bidder to submit the Bid in accordance with the terms of the revised Tender Documents or Addendum issued or for any consequent losses suffered by the Bidder.

6.3 Availability of Information

- 6.3.1 The information relating to or in connection with the Scheme, the Tendering Process and the Tender Document, including all notices issued by the TIA to all Bidders in accordance with this Tender Document; queries and responses or clarifications; minutes of the Pre-Bid Meeting, addenda and/ or the revised Tender Documents shall be uploaded on the Scheme website/ e-tender portal; <https://tender.apecprocurement.gov.in> specified in the Bid Data Sheet and remain published at least until the last date of bid submission.
- 6.3.2 If, at any time prior to the last date of bid submission, a Bidder faces any technical issue or technical error in accessing the website specified in the Data Sheet, the Bidder may seek assistance from the TIA by sending an e-mail request to **e-mail: aphmhidc@gmail.com & ed.apmsidc16@gmail.com** No: 8978644900.
- 6.3.3 The TIA shall make best efforts to respond to e-mail request(s) in 6.3.2 and resolve the technical issue or error or provide an alternative solution to the Bidder, as per the dates mentioned in the bidsheet.

6.4 Correspondence with Bidders

- 6.4.1 Unless stated otherwise in Tender Documents, the TIA will not entertain any correspondence with the Bidders.

6.5 Proprietary Data and Confidentiality

- 6.5.1 The Bidding Documents provided by the TIA are and shall remain or become the property of the TIA and are transmitted to the Bidders solely for the purpose of preparation and the submission of a Bid in accordance herewith. Bidders are to treat all information as strictly confidential and shall not use it for any purpose other than for preparation and submission of their Bid.
- 6.5.2 Information relating to the examination, clarification, evaluation and recommendation for the Bidders shall not be disclosed to any person who is not officially concerned with the Tendering process.
- 6.5.3 The TIA will treat all information, submitted as part of the Bid, in confidence and will require all those who have access to such material to treat the same in confidence. The SHA may not divulge any such information unless it is directed to do so by any statutory entity that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory entity and/ or the TIA or as may be required by law (including under the Right to Information Act, 2005) or in connection with any legal process.
- 6.5.4 The Authority shall not be required to return any Bid or part thereof or any information provided along with the Bid to the Bidders, other than in accordance with provisions of this RFP.

6.6 Acknowledgement by Bidder

- 6.6.1 It shall be deemed that by submitting a Bid, the Bidder has:
- (a) made a complete and careful examination of the Tender Documents, all the information on the website specified in the Bid Information Sheet and all other information made available by the TIA, including the Addenda, clarifications and interpretations issued by the TIA;
 - (b) acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the Tender Documents or furnished by or on behalf of the TIA
 - (b) satisfied itself about all matters, things and necessary required for submitting an informed Bid, execution of the Project in accordance with the Contract and performance of all of its obligations thereunder;
 - (d) acknowledged and agreed that inadequacy, lack of completeness or incorrectness of information provided in the Bidding Documents or ignorance of any of the matters shall not be a basis for any claim for compensation, damages, extension of time for performance of its obligations, loss of profits etc. from the TIA, or a ground for termination of the Contract; and
 - (e) agreed to be bound by the undertakings provided by it under and in terms hereof.

7 Preparation of Bids

7.1 Interpretation of Tender Documents

- 7.1.1 The entire Tender Document with all its Volumes (**RFP, DCA, Schedules and any addendums if issued**) must be read as a whole.
- 7.1.2 If the Bidder finds any ambiguity or lack of clarity in the Tender Documents, the Bidder must inform the TIA in writing at the earliest and under any circumstances not later than the last date for receiving queries mentioned in the Bid Data Sheet.
- 7.1.3 The TIA will then direct the Bidders regarding the interpretation of the Tender Documents.

7.2 Cost Associated with Preparation and Submission of Proposals

- 7.2.1 Bidders shall bear all direct and indirect costs associated with the preparation of their respective Bids including, but not limited to carrying out their independent assessments, attending pre-bid meetings, due diligence and verification of information provided by the TIA.
- 7.2.2 The TIA shall not be responsible or liable for any direct or indirect cost, regardless of the outcome of the Bidding Process, including cancellation of the Bid Process by the TIA for any reason whatsoever.

7.3 Language of the Bid

- 7.3.1 The Bid prepared by the Bidder and all correspondence and documents related to the Bid exchanged between the Bidder and the TIA shall be only in the English language.
- 7.3.2 Any printed literature/ document furnished by the Bidder, if asked for by the TIA as a part of the bid submission documents as provided in **Clause 7.7**, may be written in another language, as long as such literature is accompanied by a translation of its pertinent passages in English in which case, for the purposes of interpretation of the Bid, the English translation shall prevail. In all such cases, the translated literature/ document shall be duly notarized by a public notary. Supporting materials which are not translated into English may not be considered by the TIA during the bid evaluation.

7.4 Due Diligence by the Bidder

- 7.4.1 The Bidder is expected to examine all instructions, forms, terms, specifications and other information in the Tender Documents at its own cost.
- 7.4.2 The TIA shall not be liable to the Bidder for any consequences pursuant to the Bidder's failure to undertake its own due diligence and reliance solely on the information provided in this Tender Document.

7.5 Validity of Bids

- 7.5.1 Each Bid shall remain valid for a period of **180 days** from the last date of bid submission (excluding the last date of bid submission). A Bid valid for a shorter period shall be rejected as being non-responsive.
- 7.5.2 In exceptional circumstances, the TIA may request the Bidders to extend the Bid validity period prior to the expiration of the Bid validity period. All such requests and

the responses shall be made in writing.

7.5.3 An extension of the Bid validity period will not entitle Bidders to modify its Bid.

7.6 Premium

- a) The Bidders are, as a part of their Financial Bid, required to quote the Premium:
 - a. for providing Risk Cover Benefit per eligible AB PMJAY - DR. NTR VS, Beneficiary Family Unit per annum on family floater basis in the State and extended areas;
 - b. Premium quoted shall be inclusive of all costs including establishment expenses, HR expenses, overheads, service charges and profits, but exclusive of applicable taxes in the format specified at **Form Fin-1**; and
 - c. All Premium quoted shall be only in Indian Rupees and up to two decimal places.
 - d. SHA will not provide any other Cost/ reimbursement/payment apart from premium quoted by the Bidder

7.7 Formats for Bid Submission

Bid submitted in online mode only will be accepted (Bid). **Bids submitted in physical but not online on <https://tender.apeprocurement.gov.in> portal, such bids will be disqualified.** Physical copy of the bid also should be submitted for reference purpose only to evaluate technical bid. (Any discrepancy between online submitted document and hard copy submitted bid, online submitted bid will be considered as final).

7.7.1 Formats for **Qualification** Bid (To be submitted in physical and must be uploaded online).

- a. Bid Application Cover Letter: **Qualification -1**
- b. Applicant Details: **Qualification-2**
- c. Power of Attorney for Signing of Bids: **Qualification-3**
- d. Bidder's Undertaking: The undertaking by the bidder regarding unconditional acceptance to all the terms and conditions of the Scheme as provided in this Tender Document: **Qualification-4**
- e. Supporting documents to be submitted: Annexures **Qualification-5-a to 5-d**
 - (i) True certified copies of the existing registration granted by the IRDAI for carrying on general insurance (including health insurance) or standalone health insurance business in India and last three years' renewal certificates: marked as Annexure **Qualification-5-a**
 - (ii) Last three (3) years' audited Balance Sheet and Profit and Loss Statement with Auditors' Report: marked as Annexure **Qualification-5-b**
 - (iii) True certified copies of work orders/LoA which provides proof that the Insurance Company has done group health insurance policy Insurance (excluding personal accident or travel cover) covering at least 50,000 families for Category A States and at least 1,00,000 families for Category B States for the three completed financial years, immediately preceding Bid Due Date: marked as Annexure **Qualification-5-c**
 - (iv) Certification from chartered accountant which provides proof that the Insurance Company has Gross Direct Premium Income from health of at least Rs. 100 crores for Category A States and at least Rs. 200 crores for Category B States in India the three financial years, immediately preceding Bid Due Date: marked as Annexure **Qualification-5-d**
- f. Checklist for submission of Qualification Bid: **Qualification-6**

7.8 Formats for Financial Bid (Financial quote to be uploaded online only)

- a) The Bidder shall submit its Financial Bid only in Form **Fin-1**. Financial bid submitted in any other form shall make the bid non-responsive and be liable to rejection by the SHA.
- b) The certificate from the Bidder's appointed actuary stating that the Premium quoted by the Bidder for the Scheme has been actuarially calculated, in the format set out in **Form Fin-2**.

7.9 Validity of Bids

The Bids shall be valid for a period specified in the Bid Information Sheet. A Bid valid for a period shorter than that specified will be rejected by the TIA as being non-responsive. The validity of Bids may be extended by mutual consent of the respective Bidders and the TIA. An extension of the Bid validity period will not entitle a Bidder to modify its Bid.

8 Content of Bids

8.1 Qualification Bid Submission

- 8.1.1 Bidders shall only submit the Qualification Bid in the format set out in Forms Qualification-1 to Qualification-4, Qualification-5-a to Qualification-5-d, Qualification-6 as specified in Clause 7.7.1 above.
- 8.1.2 Bidders shall not include any other documents as part of the Qualification Bid except the documents specified in Clause 8.1.1.

8.2 Financial Bid Submission

- 8.2.1 Bidders shall only submit the Financial Bid in the format set out at **Form Fin-1 and Form Fin-2** as specified in Clause 7.7.2 above and not include any other documents as part of the Financial Bid.
- 8.2.2 Each Bidder is required to quote the Premium in Format Fin 1 (**quote to be submitted through online only**):
 - a. For providing the (i) Risk Cover, as set out in Form **Fin-1**.
 - b. for each AB PMJAY - DR. NTR VS, Beneficiary Family Unit eligible and covered under the Scheme the premium quoted shall be per annum and shall be inclusive of expenses, overheads, service charges and profits, but exclusive of applicable taxes payable in respect of such Premium;
 - c. all amounts quoted shall be only in Indian Rupees and up to two decimal places.

8.3 Signing of the Bid

- 8.3.1 Each Bid including all its pages must be typed or written in indelible ink and should be physically signed by the authorized signatory of the Bidder, who shall also initial each page. The pages of the Bid shall be numbered serially.
- 8.3.2 All the alterations, omissions, additions or any other amendments made to the Bid shall be initialed by the authorized signatory of the Bidder.

8.4 Electronic Submission of the Bid

- 8.4.1 Each Bidder shall submit their Bids on the e-tender portal <https://tender.apecurement.gov.in>. No other mode of submission is permitted as per the guidelines specified in this Tender Document and the instructions available on the said e-tender portal. Detailed guidelines for viewing bids and submission of online bids are given on the website. The authorized signatories of the prospective Bidders are required to register on the portal. The authorized signatories of the Bidders must have an ID and Digital Signature Certificate (DSC) from designated firms listed on the e-procurement portal and register with the website using the allotted ID and DSC. For details please refer <https://tender.apecurement.gov.in>
- 8.4.2 The Bid shall contain no alterations, omissions or additions. Any interlineations, erasures, or overwriting will be valid only if they are signed by the authorized signatory of the Bidder.
- 8.4.3 The Authority shall not be responsible for any delays, in submission of Bids, loss or non-receipt of Bids.

8.5 Bid Submission Due Date

- 8.5.1 The Bid shall be submitted on or before Bid Due Date specified in Bid Information Sheet. After the specified time on the last date of bid submission, the e-tender portal shall not be able to accept any bid submissions and all such provisions on the said portal shall be disabled.
- 8.5.2 If there are delays by the State Government in deactivating the bid submission provision on the e-tender portal, and a bidder is able to upload the documents, the same shall be summarily rejected if the upload time in the software and the system is later than the submission time and date specified in **Clause 8.5.1** above.
- 8.5.3 The SHA may, at its discretion, extend the last date of bid submission for all Bidders by issuing an Addendum in accordance with **Clause 6.1**. In such a case, all rights and obligations of the SHA and the Bidders will thereafter be subject to the Bid Due Date as extended.

8.6 Substitution, Modification or Withdrawal of Bids

- 8.6.1 Bidder may, in accordance with the terms of this RFP, substitute, modify or withdraw its Bid after submission at any time prior to Bid Due Date.
- 8.6.2 The Bidders can view the status of their Bids on the <https://tender.apecurement.gov.in> section of the e-procurement portal and decrypt their Bids (i.e. in case the Bid has been encrypted using passkeys) for substitution or modification at any time before the Bid Due Date.
- 8.6.3 For substitution or modification of the Bids, the Bidders may access the link <https://tender.apecurement.gov.in> on the e-procurement portal and make any substitution or modifications to their Bids at any time prior to the Bid Due Date. For this purpose, substitution or modifications by other means will not be accepted. On the e-procurement portal substitution or modifications of Bids are allowed any number of times prior to the Bid Due Date.
- 8.6.4 For withdrawal of the Bids, the Bidders may access the <https://tender.apecurement.gov.in> on the e-portal and withdraw their Bids at any time prior to the Bid Due Date. Provided that in the event the Bids cannot be withdrawn through the e-portal, the Bidder may withdraw its Bid by issuing a written notice of withdrawal to the TIA, provided that written notice of the withdrawal is received by

the TIA prior to Bid Due Date. Such written notice should be duly signed by the Authorised signatory of the Bidder and should be properly sealed, and shall include a copy of the authorization. The Bidder shall not be permitted to withdraw its Bid on or after the specified time on the Bid Due Date.

- 8.6.5 If the TIA receives a withdrawal notice before the specified time on the Bid Due Date, then the TIA shall not open its Qualification Bid and in the event the hard copies have been received, the same shall be returned to such Bidder unopened.

9 Opening of Bids

- 9.1 The APMSIDC shall open the Qualifying Bids received on or before time specified in Bid Data Sheet as Bid Due Date at the date and time indicated in the Bid Data Sheet as per the time that is displayed from the server clock at the top of the e-tender Portal on the following address: **APMSIDC Mangalagiri, Andhra Pradesh 522503.**
- 9.2 Once all the Qualifying Bids have been opened online through e-Tendering procedure, they will be evaluated for responsiveness and to determine whether the Bidders will qualify for the opening of the Financial Bids. The procedure for evaluation of the responsiveness of the Qualification Bid and the eligibility of Bidders is set out at **Clause 10.1.**
- 9.3 The Financial Bids of only those Bidders who have passed the Qualification Criteria will be considered for evaluation on the intimated date. Financial Bids is set out at **Clause 10.2 and 10.4.**
- 9.4 The results of the Financial Bids of all Bidders shall be available on the e-Tender Portal immediately after the completion of opening process.
- 9.5 Bidders are advised that the qualification of Bidders and evaluation of the Bids will be entirely at the discretion of the TIA. Bidders will be deemed to have understood and agreed that no explanation or justification on any aspect of the Selection process or selection will be given
- 9.6 Any information contained in a Bid will not in any manner be construed as binding on the TIA, its agents, successors or assigns; but will be binding on the Bidder, in the event that the Insurance Contract is subsequently awarded to it on the basis of such information.

10 Evaluation of Bids and Selection of Successful Bidder (s)

10.1 Stage 1: Evaluation of the Qualification Bid (Technical Bid)

- 10.1.1 The Qualification Bids will first be evaluated for responsiveness to the Tender Documents and evidences for fulfilment of the qualification criteria based on the following parameters:
- The Bid is complete in all respects and in the prescribed formats.
 - It contains no material alterations, conditions, deviations or omissions.
 - All documents required as specified in the Tender Documents and submitted by the Bidder are appropriate and valid.
 - All undertakings required under this Tender Document are in the prescribed format and unconditional.

- e. Based on the review of documents the TIA comes to the conclusion, beyond any reasonable doubt, that the Bidder fulfils the minimum qualification criteria.
- f. The application is unconditional in all respects.

10.1.2 Qualification Bids not meeting any of the criteria mentioned in **Clause 10.1.1** above shall be liable to be rejected.

10.1.3 In order to determine whether the Bidder is eligible and meets the qualification criteria, the TIA will examine the documentary evidence of the Bidder's qualifications submitted by the Bidder and any additional information which the TIA receives from the Bidder upon request by the TIA.

10.1.4 After completion of the evaluation of the Qualification Bids, the TIA will notify the Eligible Bidders of the date, time and place of opening of the Financial Bids. Such notification may be issued upon the completion of the evaluation Qualification Bids (Technical evaluation), in which case the Financial Bids may be opened either on the same day or the next working day. The Financial Bids of those Bidders who are not declared as Eligible Bidders will not be opened.

10.2 Stage 2: Evaluation of Financial Bids

Upon opening of the Financial Bids of the Eligible Bidders, they will first be evaluated for responsiveness to the Tender Documents. If: (i) any Financial Bid is not complete in all respects; or (ii) any Financial Bid is not duly signed by the authorized representative of the Bidder; or (iii) any Financial Bid is not in the prescribed formats; and (iv) any Financial Bid contains material alterations, conditions, deviations or omissions, then such Financial Bid shall be deemed to be substantially non-responsive. Such Financial Bid that is deemed to be substantially non-responsive shall be rejected.

10.3 Stage 3: Clarifications during Bid Evaluation

10.3.1 In evaluating the Financial Bids, the Tender Inviting Authority may seek clarifications from the Bidders regarding the information in the Bid by making a request to the Bidder. The request for clarification and the response shall be in writing. Such response(s) shall be provided by the Bidder to the TIA within the time specified by the TIA for this purpose.

10.3.2 If a Bidder does not provide clarifications sought by the TIA within the prescribed manner and time, the TIA may elect to reject its Bid. In the event that the TIA elects not to reject the Bid, the TIA may proceed to evaluate the Bid by construing the particulars requiring clarification to the best of its understanding, and the Bidder shall not be allowed to subsequently question such interpretation by the TIA.

10.3.3 No change in the Premium

10.3.4 quoted or any change to substance of any qualifying Bid or financial Bid shall be sought, offered, or permitted.

10.4 Stage 4: Selection of the Successful Bidder

10.4.1 Once the Financial Bids of the Eligible Bidders have been opened and evaluated:

- a. The TIA shall notify an Eligible Bidder whose Financial Bid is found to be complete in all respect, of the date, time and place for the ranking of the Financial Bids and selection of the Successful Bidder (s) (the Selection Meeting) and invite such Eligible Bidder to be present at the Selection Meeting.
- b. The TIA shall notify an Eligible Bidder whose Financial Bid is found to be substantially non-responsive, that such Eligible Bidder's Financial Bid shall not be evaluated further.

10.4.2 In selecting the Successful Bidder, the objectives of the SHA is to select Bidder that:

- a. is an Eligible Bidder;
- b. has submitted a Financial Bid complete in all respects; and

has quoted the: a) Lowest Gross Insurance Premium (L-1)

- i) In case two or more bidders have the same lowest gross premium (rounded off to two decimal points), the Successful Bidder will be selected through lottery. Or at the discretion of the SHA, fresh financial bids of all Qualified Bidders can be invited.
- ii) After identification of L1 bidder, if the lowest bidder (L-1) is a private sector insurance company, the public sector company will be given the option of matching the L-1 bid. In case the public sector company accepts to match the bid, the two companies will be assigned one zone each with the right to choose the zone with the original L-1 bidder.
- iii) If the public sector company is unwilling to match the bid, then, all zones will be awarded to the winning private sector company.
- iv) In case, the lowest bidder is a public sector company then all zones will be given to the public sector company.
- v) In case, if the bidder cannot be finalised even after calling of fresh financial bid, then the SHA shall take steps for re-tendering.

11. Execution of Insurance Contract

11.1 Notice of Award

11.1.1 Upon selecting the Successful Bidder (s) in accordance with **Clause 10.4** above, the SHA shall issue two original copies of the Notice of Award (NOA) to the Successful Bidder (s):

- declaring it as the Successful Bidder (s);
- accepting its Financial Bid (as corrected by the SHA if required);
- requesting it to fulfil the conditions specified in **Clause 11.1.2**; and

subject to fulfilment of the conditions specified in **Clause 11.1.2**, requesting it to execute the Insurance Contract and to fulfil the conditions precedent to execution in accordance with **Clause 11.2**.

11.1.2 The Bidder (s) declared as the Successful Bidder shall:

- a. Within three days of receiving the NOA, sign and return one original copy of the NOA to the SHA as acceptance thereof and in acceptance of the terms of the revised draft Insurance Contract issued by the SHA in accordance with **Clause 10.3** and it will be required to notify its acceptance of the terms of such further revised draft Insurance Contract; and

- b. Within three days of receiving the NOA, provide to the SHA information regarding the plan of the outsourcing of non-core business to any agency. It shall be the obligation of the Insurer to satisfy itself of the qualifications of such agency and other providers including reinsurance companies as per IRDAI regulations. The Insurer may be asked to submit documents establishing the qualification of such outsourced agency and its arrangements with such agency. No such submission is required if the Insurer does not propose to hire a outsource agency or any other intermediary for any non-core task related to the AB-PM JAY, Dr NTR Vaidya Seva, and/or for reinsurance.
- 11.1.3 If the Bidder (s) that is issued the NOA does not comply with either or all of the conditions set out in **Clause 11.1.2**, the SHA may elect to grant such Bidder (s) an extension of time for the completion of such condition(s) or to disqualify the Bidder selected as the Successful Bidder (s) including debarring the Bidder (s) from participating in any future AB-PM JAY, Dr. NTR Vaidya Seva Universal Health Coverage Scheme Tenders in the State of Andhra Pradesh for a period of **three consecutive years** from such date.
- 11.1.4 If the SHA elects to disqualify such Bidder (s), then the SHA may evaluate all the Financial Bids of the Eligible Bidders received in accordance with the procedure at **Clause 10.4**. The SHA may exercise this option only during the validity period of the Bids, as extended from time to time, and not thereafter.

11.2 Execution of the Insurance Contract

The SHA and the Selected Bidder (s) shall sign the Insurance Contract within 21 days of the acceptance of the NOA by the Selected Bidder (s). The Insurance Contract shall be executed in the form of the final drafts provided by the SHA.

- 11.2.1 The Selected Bidder (s) shall execute the Insurance Contract in the revised draft form published by the SHA or in the further revised draft form issued by the SHA, with minimal changes or amendments being made to reflect facts or to correct minor errors. The SHA shall, before the date specified in the Bid Schedule for the execution of the Insurance Contract, provide the Selected Bidder (s) with the final execution draft of the Insurance Contract.
- 11.2.2 The SHA shall not entertain any request from the Selected Bidder (s) for negotiations of or deviations to the final execution draft of the Insurance Contract provided by the SHA.
- 11.2.3 If the Selected Bidder (s) seeks to materially negotiate or seeks any material deviation from the final execution draft of the Insurance Contract, the SHA may elect to disqualify the Selected Bidder (s) and revoke the NOA issued to the Selected Bidder (s). If the SHA elects to disqualify such Bidder (s) and revoke the NOA, then the consequences set out in **Clause 11.1.3 and Clause 11.1.4** shall follow.
- 11.2.4 Subject to the Selected Bidder (s) complying with **Clause 11.1.2**, the SHA and the Selected Bidder (s) shall execute the Insurance Contract on the date specified in the Bid Schedule or such other date notified by the SHA. The Insurance Contract shall be executed in the form of the final execution draft provided by the SHA under **Clause**

11.2.1.

- 11.2.5 The Selected Bidder (s) agrees that as conditions precedent to the execution of the Insurance Contract in accordance with **Clause 11.2.4**, it shall submit executed copies of the services agreements signed by the outsourced agency and other Service Providers nominated by it in accordance with **Clause 11.1.2(b)**. Such services agreement (s) shall be in compliance with the provisions of the Insurance Contract.
- 11.2.6 If the SHA is ready and willing to execute the Insurance Contract, but the Selected Bidder (s) does not agree to execute the Insurance Contract within the time period specified in **Clause 11.2.4** or to fulfil the conditions precedent to the execution of the Insurance Contract that are specified in **Clause 11.2.4**, the SHA may elect to grant the Selected Bidder (s) an extension of time for the execution of the Insurance Contract or to disqualify the Selected Bidder and revoke the NOA. If the SHA elects to disqualify such Bidder (s) and revoke the NOA, then the consequences set out in **Clause 11.1.3** and **Clause 11.1.4** shall follow.

12. Rights of the State Health Authority

- The SHA reserves the right, in its sole discretion and without any liability to the Bidders, to:
- accept or reject any Bid or annul the Bidding Process or reject all Bids at any time prior to the award of the Insurance Contract, without thereby incurring any liability to the affected Bidder(s);
 - accept the lowest Bid;
 - suspend and/or cancel the Bidding Process and/or amend and/or supplement the Bidding Process or modify the dates or other terms and conditions relating thereto;
 - consult with any Bidder in order to receive clarification or further information in relation to its Bid; and
 - independently verify, disqualify, reject and / or accept any and all submissions or other information and/or evidence submitted by or on behalf of any Bidder.

13. Governing Laws and Dispute Resolution

The Bidding Process, the Tender Documents and the Bids shall be governed by, and construed in accordance with, the laws of India and the competent courts at State of Andhra Pradesh shall have ~~exclusive~~ jurisdiction over all disputes arising under, pursuant to and/or in connection with the Bidding Process.

Appendix-I Format:

Qualification-1: Bid Application Cover Letter

[On the letterhead of the Bidder]

Date:

From:

[insert name of Bidder]
[insert address of Bidder]

To:

Dear Madam/Sir,

Sub: Qualification Bid for Implementation of the AB PMJAY-Dr. NTR VS in the State of Andhra Pradesh

With reference to your Tender Documents dated_____, we, [*insert name of Bidder*], wish to submit our Qualification Bid for the award of the Insurance Contract(s) for the implementation of the AB PMJAY-Dr. NTR VS in the State of Andhra Pradesh. Our details have been set out as per Qualification 2 of Volume I of Tender Document.

We hereby submit our Qualification Bid, which is unconditional and unqualified. We have examined the Tender Documents issued by the State Health Authority.

1. We acknowledge that Dr.Nandamuri Taraka Rama Rao Vaidya Seva Trust, Health Medical and Family Welfare Department, Government of Andhra Pradesh or any other person nominated by the Government of Andhra Pradesh (the **State Health Authority**) will be relying on the information provided in our Qualification Bid and the documents accompanying such Qualification Bid for selection of the Eligible Bidders for the evaluation of Financial Bids, and we certify that all information provided in the Qualification Bid is true and correct. Nothing has been omitted which renders such information misleading and all documents accompanying such Qualification Bid are true copies of their respective originals.
2. We shall make available to the State Health Authority any clarification that it may find necessary or require to supplement or authenticate our Qualification Bid.
3. We acknowledge the right of the State Health Authority to reject our Qualification Bid or notto declare us as the Eligible Bidder, without assigning any reason or otherwise and we hereby waive, to the fullest extent permitted by applicable laws, our right to challenge the same on any account whatsoever.

4. We undertake that:

- a. We satisfy the Qualification Criteria and meet all the requirements as specified in the Tender Documents.
- b. We agree and release the State Health Authority and their employees, agents and advisors, irrevocably, unconditionally, fully and finally from any and all liability for claims, losses, damages, costs, expenses or liabilities in any way related to or arising from the Tender Documents and/or in connection with the Bidding Process, to the fullest extent permitted by applicable laws and waive any and all rights and/or claims I/we may have in this respect, whether actual or contingent, whether present or in future.

5. We represent and warrant that:

- a. We have examined the Tender Documents and have no reservations to the same, including all Addenda issued by the State Health Authority.
- b. We accept the terms of the Insurance Contract that forms Volume III of the Tender Document and shall seek no material deviation from or otherwise seek to materially negotiate the terms of the draft main Insurance Contract or the draft Supplementary Insurance Contract, if declared as the Successful Bidder.
- c. [We are registered with the IRDAI] to undertake the general insurance (including health insurance) business or standalone health insurance business in India and we hold a valid registration for the same as on the date of submission of this Bid.*[Note to Bidders: Please choose the correct option.]*
- d. We have not and will not undertake any canvassing in any manner to influence or to try to influence the process of selection of the Successful Bidder.
- e. The Tender Documents and all other documents and information that are provided by the State Health Authority to us are and shall remain the property of the State Health Authority and are provided to us solely for the purpose of preparation and the submission of this Bid in accordance with the Tender Documents. We undertake that we shall treat all information received from or on behalf of the State Health Authority as strictly confidential and we shall not use such information for any purpose other than for preparation and submission of this Bid.
- f. The State Health Authority is not obliged to return the Qualification Bid or any part thereof or any information provided along with the Qualification Bid, other than in accordance with provisions set out in the Tender Documents.
- g. We have made a complete and careful examination of the Tender Documents and all other information made available by or on behalf of the State Health Authority.
- h. We have satisfied ourselves about all things, matters and information, necessary and required for submitting an informed Bid and performance of our obligations under the Insurance Contract.
- i. Any inadequacy, lack of completeness or incorrectness of information provided in the Tender Documents or by or on behalf of the State Health Authority or ignorance of any matter related thereto shall not be a basis for any claim for compensation, damages, relief for non-performance of its obligations or loss of profits or revenue from the State Health Authority or a ground for termination of the Insurance Contract.
- j. Our Bid shall be valid for a period of 180 days from the last date of bid submission, i.e., until_____.

6. We undertake that if there is any change in facts or circumstances during the Bidding

Process, or if we become subject to disqualification in accordance with the terms of the Tender Documents, we shall inform the State Health Authority of the same immediately.

7. We are submitting with this Letter, the documents that are listed in the checklist set out in Qualification 8 of Volume I of tender document.
8. We undertake that if we are selected as the Successful Bidder we shall:
 - a. Sign and return an original copy of the Notice of Award (NOA) to the State Health Authority (SHA) within three days of receipt of the NOA, as confirmation of our acceptance of the NOA.
 - b. Not seek to materially negotiate or seek any material deviations from the final drafts of the Insurance Contract provided to us by the State Health Authority.Execute the Insurance Contract with **QUALIFICATION 2 - DETAILS OF THE BIDDER**
9. Details of the Company
 - a. Name:
 - b. Address of the corporate headquarters and its branch office head in the State, if any:
 - c. Date of incorporation and/or commencement of business:
10. Details of individual(s) who will serve as the point of contact/communication for the State Nodal Authority:
 - c. Name:
 - d. Designation:
 - e. Company:
 - f. Address:
 - g. The State Health Authority.
11. We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever arising to challenge the criteria for evaluation of the Qualification Bid or question any decision taken by the State Health Authority in connection with the evaluation of the Qualification Bid, declaration of the Eligible Bidders, or in connection with the Bidding Process itself, or in respect of the Insurance Contract(s) for the implementation of the AB-PM JAY in the State of Andhra Pradesh.
12. We agree and undertake to abide by all the terms and conditions of the Tender Documents, including all Addenda, Annexures and Appendices.
13. This Bidding Process, the Tender Documents and the Bid shall be governed by and construed in all respects according to the laws for the time being in force in India.

We submit this Letter accompanying the Qualification Bid under and in accordance with the terms of the Tender Documents.

Dated this *[insert date]* day of *[insert month]*, 202X

(Signature)

.....(insert name of the authorized signatory)

In the capacity of _____[position]

Duly authorized to sign this Bid for and on behalf of _____[name of Bidder]

Format: Qualification-2: Applicant Details

1. Details of the Company
 - a. Name:
 - b. Address of the corporate headquarters:
 - c. Corporate Identification Number:
 - d. PAN
 - e. Date of incorporation:
 - f. Date of commencement of business:
 - g. Address and contact numbers of its branch office in the State, if any:
 - h. Name and contact details of Branch Head in the State:
2. Details of the individual who will serve as the point of contact / communication for the State Health Authority for the purposes of this tender:
 - a. Name:
 - b. Designation:
 - c. Company:
 - d. Address:
 - e. Telephone Number:
 - f. Mobile number:
 - g. E-mail Address:
 - h. Fax Number:
3. Particulars of the Authorised Signatory of the Bidder:
 - a. Name:
 - b. Designation:
 - c. Company:
 - d. Address:
 - e. Telephone Number:
 - f. Mobile number:
 - g. E-mail Address:
 - h. Fax Number:

Dated this ____ day of _____, 202X

(Signature)

..... (insert name of the authorized signatory)

In the capacity of ____ [position]

Duly authorized to sign this Bid for and on behalf of ____ [name of Bidder]

Format: Qual-3: Power of Attorney for Signing of Bids

(On Rs. 300 Stamp paper duly attested by Notary Public)

POWER OF ATTORNEY

Know all men by these presents that we _____
_____ (name and address of the registered office) having CIN
..... (insert registration number / CIN of the Insurance Company) do hereby
constitute, appoint and authorize Mr./Ms. _____ (name and residential
address) who is presently employed with us and holding the position of
_____ as our attorney, to do in our name and on our behalf, all such acts,
deeds and things necessary in connection with or incidental to submission of a bid pursuant to
Tender Document No. dated (insert Tender Document No. and date of issue) issued
by Government of Andhra Pradesh, acting through the State Health Authority, for **the AB
PMJAY-Dr. NTR VS** including signing and submission of all documents and providing
information/responses to State Health Authority in all matters in connection with our Bid.

We hereby declare that all acts, deeds and things done by our said attorney pursuant to this
Power of Attorney shall always be deemed to have been ratified by us and done by us.

Dated this the _____ Day of _____ 202X

For _____

(Name, Designation and Address)

Accepted

_____ Signature)

(Name, Title and Address of the Attorney)

Date: _____

Format: Qual-4: Bidder's Undertaking

[On letterhead of the Bidder]

From

[Name of Bidder]

[Address of Bidder]

Date: [insert date], 202X

To

Dear Madam/Sir,

Subject: Undertaking Regarding Compliance with Terms of the AB PMJAY-
Dr. NTR VS

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory for and on behalf of the Bidder, do hereby declare and undertake that we have read the Tender Documents for award of Insurance Contract for the implementation of the AB PMJAY-Dr. NTR VS.

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall adhere to and unconditionally comply with the terms of the AB PMJAY-Dr. NTR VS, as set out in the Tender Documents and the Insurance Contract.

Dated this ____ day of _____, 202X

(Signature)

.....(insert name of the authorized signatory)

In the capacity of ____ [position]

Duly authorized to sign this Bid for and on behalf of _____ [name of Bidder]

Format: Qualification-5: List of Supporting Documents

- a. True certified copies of the registration granted by the IRDAI for carrying on general insurance (including health insurance) or standalone health insurance business in India and last three years' renewal certificates
- b. Last three years "audited Balance Sheet and Profit and Loss Statement with Auditors" Report
- c. True certified copies which provides proof that the Insurance Company has a group health insurance policy (excluding personal accident or travel cover) covering at least 50,000 families for Category A States/ UTs and 1,00,000 families for Category B States for the last three completed financial years immediately preceding Bid Due Date
- d. True certified copies from chartered accountant which provides proof that the Insurance Company has Gross Direct Premium Income from Health Insurance (excluding personal accident or travel cover) of at least Rs. 100 crores for Category A States/ UTs and at least Rs. 200 crores for Category B States in India the last three financial years, immediately preceding Bid Due Date

Format: Qualification-6: Checklist for Qualification Bid

[On letterhead of the Bidder]

We, (insert name of the Bidder), hereby confirm that we are submitting the following documents as a part of our Qualification Bid in response to this Tender Document under the **AB PMJAY - Dr. NTR VS** :

No.	Document	Document No. (Reference no. to be provided in the Qualification Bid)	Submitted (Yes / No)	Page No's
1	Bid Application Cover Letter	Qualification-1		
2	Applicant Details	Qualification-2		
3	Power of Attorney	Qualification-3		
4	Undertaking by the bidder regarding unconditional acceptance to all the terms and conditions of the Scheme	Qualification-4		
7	True certified copies of the registration granted by the IRDAI & and last three years' renewal certificates	Qualification-5-a		
8	Last 3 Years" audited Balance Sheet and Profit and Loss Statement with Auditors Report"	Qualification-5-b		
10	True certified copies which provides proof that the Insurance Company has group health insurance policy (excluding personal accident or travel cover) covering at least 50,000 families for Category A States and 1,00,000 families for Category B States for the last three completed financial years	Qualification-5-c		
11	True certified copies from chartered accountant which provides proof that the Insurance Company has Gross Direct Premium Income from Health Insurance of at least Rs. 100 crores for Category A States and at least Rs. 200 crores for Category B States in India in each of the last three completed financial years	Qualification-5-d		
12	Checklist for Qualification Bid	Qualification-6		

Dated this ____ day of _____, 202X

(Signature)

.....(insert name of the authorized signatory)

In the capacity of ____ [position]

Duly authorized to sign this Bid for and on behalf of _____ [name of Bidder]

Appendix-II

Format: Fin-1: Financial Bid

[On letterhead of the Bidder]

From

[insert name of Bidder] [insert
address of Bidder]

Date: [insert date], 202X

To

Dear Madam / Sir,

Subject: Financial Bid for Implementation of the AB PMJAY-Dr. NTR VS
in the State of Andhra Pradesh.

With reference to your Tender Documents dated (Insert Date) we, [insert name of Bidder], wish to submit our Financial Bid for the award of the Insurance Contract(s) for the implementation of the AB PMJAY-Dr. NTR VS in the State of Andhra Pradesh. Our details have been set out in our Qualification Bid.

1. We hereby submit our Financial Bid, which is unconditional and unqualified. We have examined the Tender Documents, including all the Addenda.
2. We acknowledge that the State Health Authority will be relying on the information provided by us in the Financial Bid for evaluation and comparison of Financial Bids received from the Eligible Bidders and for the selection of the Successful Bidder for the award of the Insurance Contract for the implementation of the AB PMJAY-Dr. NTR VS in the State of Andhra Pradesh. We certify that all information provided in the Financial Bid is true and correct. Nothing has been omitted which renders such information misleading and all documents accompanying our Financial Bid are true copies of their respective originals.
3. We shall make available to the State Health Authority any clarification it may find necessary or require to supplement or authenticate the Financial Bid.
4. We acknowledge the right of the State Health Authority to reject our Financial Bid or not to select us as the Successful Bidder, without assigning any reason or otherwise and we hereby waive, to the fullest extent permitted by applicable laws, our right to challenge the same on any account whatsoever.
5. We hereby acknowledge and confirm that all the undertakings and declarations made by us in our Qualification Bid are true, correct and accurate as on the date of opening of our Financial Bid.

6. We acknowledge and declare that the State Health Authority is not obliged to return the Financial Bid or any part thereof or any information provided along with the Financial Bid, other than in accordance with the provisions set out in the Tender Document.
7. We undertake that if there is any change in facts or circumstances during the Bidding Process which may render us liable to disqualification in accordance with the terms of the Tender Documents, we shall advise the State Health Authority of the same immediately.
8. We are quoting the following Premium:

AB-PMJAY- Dr. NTR VS

Sl. No.	Cover	Annual Premium per family (in Rs.) (Inclusive of all costs including establishment expenses, HR expenses, overheads, service charges and profits, but exclusive of applicable taxes)
		(B)
1	Rs. 2,50,000 cover per AB PMJAY, Dr. NTR Vaidya Seva Beneficiary Family Unit eligible for BASIC RISK COVER to meet hospitalization expenses as per the Scheme.	Rs..... (Rupees only)

[Note to Bidders: The Bidders are required to quote the Premium up to two decimal points.]

9. We acknowledge, confirm and undertake that the terms and conditions of the Tender Documents and the Premium being quoted by us for the implementation of the Scheme are determined on a technically sound basis, are financially adequate, viable and sustainable on the basis of information and claims experience available in our records.
10. We hereby irrevocably waive any right or remedy, which we may have at any stage at law or howsoever arising, to challenge the criteria for evaluation of the Financial Bid or question any decision taken by the State Health Authority in connection with the evaluation of the Financial Bid, declaration of the Selected Bidder, or in connection with the Bidding Process itself, in respect of the Insurance Contract and the terms and implementation thereof.
11. We agree and undertake to abide by all the terms and conditions of the Tender Documents, including all Addenda, Annexures and Appendices.
12. We have studied the Tender Documents (including all the Addenda, Annexures and Appendices) and all the information made available by or on behalf of the State Health Authority carefully. We understand that except to the extent as expressly set forth in the Insurance Contract, we shall have no claim, right or title arising out of any documents or information provided to us by the State Health Authority or in respect of any matter arising

out of or concerning or relating to the Bidding Process.

13. We agree and understand that the Bid is subject to the provisions of the Tender Documents. In no case, shall we have any claim or right against the State Health Authority if the Insurance Contract is not awarded to us or our Financial Bid is not opened or found to be substantially non-responsive.
14. This Bid shall be governed by and construed in all respects according to the laws for the time being in force in India. The competent courts at *Andhra Pradesh* will have exclusive jurisdiction in the matter.
15. Capitalized terms which are not defined herein will have the same meaning ascribed to them in the Tender Documents.

We hereby confirm that we are submitting this Financial Bid under and in accordance with the terms of the Tender Documents.

Dated this ____ day of _____, 202X

(signature)

.....(insert name of the authorized signatory)

In the capacity of ____ [position]

Duly authorized to sign this Bid for and on behalf of _____ [name of Bidder]

Request for Proposal for selection of Insurer

Format: Fin-2: Certificate from Bidder's Appointed Actuary

[On letterhead of the Bidder's Appointed Actuary]

From

[Name of Actuary] [Address of Actuary]

Date: [insert date], 202X To

Dear Madam / Sir,

Subject: Actuarial Certificate in respect of Premium quoted by [insert name of Bidder] in its Financial Bid dated [insert date] for the AB PMJAY- Dr. NTR VS in the State of Andhra Pradesh.

I/ We, [insert name of actuary], am/are a registered actuary under the laws of India and am / are licensed to provide actuarial services.

[insert name of Bidder] (the Bidder) is an insurance company engaged in the business of providing general insurance (including health insurance) services in India and we have been appointed by the Bidder as its actuary.

I/ We understand that the Bidder will submit its Bid for the implementation of the AB PMJAY-Dr. NTR VS in the State of Andhra Pradesh.

I, [insert name] designated as [insert title] at [] of [insert name of actuary] do hereby certify that:

- a. We have read the Tender Documents for award of Insurance Contract for the implementation of the Scheme.
- b. The rates, terms and conditions of the Tender Documents and the Premium being quoted by the Bidder for the Scheme are determined on a technically sound basis, are financially adequate, viable and sustainable on the basis of information and claims experience available in the records of the Bidder.
- c. Following assumptions have been taken into account while calculating the price for the **Benefit Risk Cover** under the AB PMJAY-Dr. NTR VS:
 - i. Projected Claim Ratio – _____%
 - ii. Administrative Cost – _____%
 - iii. Profit – _____%

_____ Dated this _____ day of _____, 202X At

[insert place]

[Signature]

In the capacity of _____

[position]

**Draft Contract Agreement
for
Selection of Insurance Company for the
implementation of AB-PMJAY - DR NTR VS Scheme
(Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana –
Dr. NTR Vaidya Seva Scheme Families)
In the State of Andhra Pradesh**

_____2025

Insurance Contract
To be signed with the Insurance Company

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Abbreviations

AB-PMJAY - DR NTR VS Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana – Dr NTR Vaidya Seva Scheme

AL	Authorization Letter (from the Insurer)
AH	Area Hospital
APL	Above Poverty Line
BFU	Beneficiary Family Unit
BIS	Beneficiary Identification System
BPL	Below Poverty Line
CGRMS	Central Grievance Redressal Management System
CHC	Community Health Centre
CRC	Claims Review Committee
CRDA	Capital Region Development Authority
CS	Civil Supplies Department
DAL	Denial of Authorization Letter
DGRC	District Grievance Redressal Committee
DGNO	District Grievance Nodal Officer
Dr NTR VST	Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust
Dr NTR VS	Dr. Nandamuri Taraka Rama Rao Vaidya Seva
DH	District Hospital
DoHMFw	Department of Health Medical & Family Welfare, Andhra Pradesh
EHCP	Empaneled Health Care Provider
EHS	Employees Health Scheme
GRC	Grievance Redressal Committee
GSWS	Grama Sachivalayam Ward Sachivalayam
GGH/GMC	Government General Hospital/Government Medical College
IRDAI	Insurance Regulatory Development Authority of India
INSURER	Insurance Agency
MoHFW	Ministry of Health & Family Welfare, Government of India
HM & FW	Health, Medical & Family Welfare, Government of Andhra Pradesh
NGRC	National Grievance Redressal Committee
NHA	National Health Authority
NOA	Notice of Award
PMAM	Pradhan Mantri Arogya Mitra
PHC	Primary Health Centre
RC	Risk Cover
RAL	Request for Authorization Letter (from the EHCP)
RSBY	Rashtriya Swasthya Bima Yojana
SECC	Socio Economic Caste Census
SGRC	State Grievance Redressal Committee
SGNO	State Grievance Nodal Officer
SHA	State Health Authority
SHA	Dr. NTR Vaidya Seva Trust, HM&FW Department, Government of Andhra Pradesh.
Trust	Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust
UCN	Unique Complaint Number
UPHC	Upper Primary Health Centre
VM	Vaidya Mithra
WJHS	Working Journalists Health Scheme

Recitals

Insurance Contract

for the implementation of

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana - Dr. NTR Vaidya Seva Scheme

This Agreement for the implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana -Dr. NTR Vaidya Seva Scheme” for providing the AB-PMJAY - DR NTR VS Cover (the **Insurance Contract**) is made at _____ on _____:

BETWEEN

State Health Agency, (Dr NTR VST), A.P., Mangalagiri, Guntur District represented by the Chief Executive Officer, having his principal office at **Mangalagiri, Andhra Pradesh** (hereinafter referred to as the **State Health Agency** which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns), represented through _____, _____;

AND

The _____ an insurance company, a Private / Public Limited Company, having CIN No. _____ and having its registered office at _____ (hereinafter referred to as the **Insurer**, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns), represented through _____, _____.

The State Health Agency and the Insurer shall collectively be referred to as the **Parties** and individually as the **Party**.

WHEREAS

- A. The **ABPMJAY- DR NTRVST** is intends to provide **Universal Health Insurance to the all the citizens of the state excluding those who covered in the EHS & WJHS with the following**
- Cashless hospitalization expenses to the procedures covered under Schedule 3. Coverage includes Pre hospitalization car treatment (Medical / Surgical) , Defined Day care surgeries, Diet, Post Hospitalization care and follow-up care.
 - Risk Cover of Rs. 2,50,000/- per family for all the 2550 procedures (Reserved for Insurance Mode) covered in schedule 3a is liability of insurer for all the families (BPL & APL excluding families under EHS & WJHS) covered under DRNTRVST – PMJAY Scheme.
 - Risk cover of Rs.2,50,000 to Rs.25,00,000 to the defined procedures in schedule 3a is liability of DRNTRVST for only for BPL Families under DRNTRVST – PMJAY Scheme.
 - Risk cover of all 550 procedures (Reserved for Trust mode) covered in the schedule 3a liability of DRNTRVST.
 - Insurance companies shall process all the Preauths and Claims with respective to every procedure 3a.
 - DRNTRVST will reimburse the actual expenditure arising out of procedures mentioned at above paras (iii & iv).

B. Beneficiaries and Geographical Coverage: Eligible AB PMJAY - DR. NTR VS Beneficiary Families included in Dr.NTR Vaidya Seva Trust (Dr. NTR VS) database currently and updated from time to time by the Government of Andhra Pradesh in the districts stated in the Table below. This number is indicative and may vary.

District-wise profile of the identified families is given below:

S.No	District	Beneficiary Family
Zone -1		
1	SRIKAKULAM	7,16,490
2	VIZIANAGARAM	6,08,705
3	ALLURI SITHARAMA RAJU	3,18,639
4	PARVATHIPURAM MANYAM	3,03,883
5	VISHAKAPATANAM	6,57,671
6	ANAKAPALLI	5,81,193
7	WEST GODAVARI	5,99,404
8	ELURU	6,99,677
9	EAST GODAVARI	5,87,067
10	KAKINADA	7,46,219
11	DR.B.R.AMBEDKAR KONASEEMA	6,03,760
12	KRISHNA	5,49,819
13	NTR	7,30,738
	Total	77,03,265
Zone -2		
14	GUNTUR	6,65,393
15	PALNADU	7,05,610
16	BAPATLA	5,55,011
17	PRAKASAM	7,32,892
18	NANDHYALA	5,98,754
19	KURNOOL	6,87,738
20	ANANTHAPURAMU	6,98,622
21	SRI SATHAYA SAI	6,23,117
22	SRI POTTISRIRAMULU NELLORE	8,03,131
23	CHITTOOR	5,34,696
24	TIRUPATI	7,19,647
25	ANNAMAYYA	5,52,358
26	YSR KADAPA	6,14,358
	Total	84,91,327
	Grand Total	1,61,94,592

Note: *Approximately

Beneficiary enrolment is a continuous process and are to be covered under the policy for future enrollment for both AB-PMJAY and Dr NTR VS Family Members

C. The objective of AB-PMJAY – DR NTR Vaidya Seva Trust (DR NTR VS) is to reduce catastrophic health expenditure and improve access to quality healthcare for all the families of Andhra Pradesh, excluding those covered under the Employees Health Scheme (EHS) and the Working Journalists Health Scheme (WJHS) as certified by the

Schedules to Insurance Contract

DR NTR Vaidya Seva Trust from time to time. The scheme aims to provide quality inpatient and day care treatment, follow-up care, and management of diseases and medical conditions requiring secondary and/or tertiary level services through a network of Empanelled Health Care Providers (EHCPs).

D. On _____ the State Health Agency commenced a bidding process by issuing tender documents (the **Tender Documents**), inviting insurance companies to submit their bids for the implementation of the AB-PMJAY - DR NTR VS. Pursuant to the Tender Documents, the bidders submitted their bids on _____ for the implementation of the AB-PMJAY - DR NTR VS.

E. Following a process of evaluation of financial bids submitted by bidders, the State Health Agency accepted the Bid of the Insurer for the implementation of the AB-PMJAY - DR NTR VS. The State Health Agency issued a notification of award dated _____ (the **NOA**) and requested the Insurer to execute this Insurance Contract. The Insurer accepted the NOA on _____.

F. The Insurer represents and warrants that it has the experience, capability and know-how required for carrying on health insurance business and has agreed to provide health insurance services and provision of the Risk Cover (*defined below*) to the Beneficiary Family Units (*defined below*) eligible under the AB-PMJAY - DR NTR VS for the implementation of the AB-PMJAY - DR NTR VS in all the districts in the State of _____.

G. Subject to the terms, conditions and exclusions set out in this Insurance Contract and Policy (*defined below*), the Insurer undertakes that if during a Policy Cover Period (*defined below*) of such Policy any Beneficiary (*defined below*) covered by such Policy:

- (i) undergoes a Medical Treatment (*defined below*) or Surgical Procedure (*defined below*) requiring Hospitalization (*defined below*) or a Day Care Treatment (*defined below*) or Follow-up Care (*defined below*) to be provided by an Empanelled Health Care Provider (*defined below*)

then the Insurer shall pay the packages as defined to the Empanelled Health Care Provider in accordance with the terms of this Insurance Contract and such Policy, to the extent of the Sum Insured (*defined below*) under such Policy.

NOW THEREFORE IT IS AGREED AS FOLLOWS:

1. Definitions and Interpretations

1.1 Definitions

Unless the context requires otherwise, the following capitalized terms and expressions shall have the following meanings for the purpose of this Insurance Contract:

- a. **Ayushman Bharat Pradhan Mantri Jan Arogya Yojana - Dr. N T R Vaidya Seva Scheme**” shall hereafter be referred to as the **AB-PMJAY - DR NTR VS** , a scheme managed and administered by Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust (**Dr.NTR VST**), Department of Health Medical and Family Welfare, Government of Andhra Pradesh through National Health Authority with the objectives of providing and improving access of validated Beneficiary Family Units to quality inpatient care and day care surgeries for treatment of diseases and medical conditions through a network of Empanelled Health Care Providers for the risk covers defined in in this document and also for reducing out of pocket health care expenses.
- b. **AB-PMJAY - - DR NTR VS** Guidelines means the conditions, guidelines issued in the RFP , DCA and Schedules.
- c. **Annexure** means an annexure to this Insurance Contract
- d. **AH** means Area Hospital located in Regional Level.
- e. **Appellate Authority** shall mean the authority designated by the State Health Agency which has the powers to accept and adjudicate on appeals by the aggrieved party against the decisions of any Grievance Redressal Committee set up pursuant to the Insurance Contract between the State Health Agency and the Insurer.
- f. **Beneficiary** means a member of the all the families of Andhra Pradesh excluding families covered under Employees Health Scheme (EHS) and Working Journalist Health Scheme (WJHS) as certified by the DRNTRVST time to time
- g. **Beneficiary Family Unit or AB-PM JAY - Dr.NTRVS Family Unit** refers to all the families of Andhra Pradesh excluding families covered under Employees Health Scheme (EHS) and Working Journalist Health Scheme (WJHS) as certified by the DRNTRVST time to time.
- h. **Benefit Package or Health Benefit Package** refers to the bundled package of services required to treat a condition/ailment/ disease that insured families would receive under AB-PMJAY - DR NTR VS and detailed in schedule 3 (a) of Insurance Contract.
- i. **Bid** refers to the qualification and the financial bids submitted by an eligible Insurance Company pursuant to the release of this Tender Document as per the provisions laid down in this Tender Document and all subsequent submissions made by the Bidder as requested by the SHA for the purposes of evaluating the bid.
- j. **Bidder** shall mean any eligible Insurance Company which has submitted its bid in response to this Tender released by the State Government.
- k. **Cashless Access Service** means a facility extended by the Insurer to the Beneficiaries where the payments of the expenses that are covered under the Risk Cover are directly made by the Insurer to the Empanelled Health Care Providers in accordance with the terms and conditions of this Insurance Contract, such that none of the Beneficiaries are required to pay any amounts to the Empanelled Health Care Providers in respect of such expenses, either as deposits at the commencement or at the end of the care provided by the Empanelled Health Care Providers.
- l. **CHC** means a community health centre located at the block level in the State.

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- m. **Claim** means a claim that is received by the Insurer from an Empanelled Health Care Provider, either online or through alternate mechanism in absence of internet connectivity.
- n. **Claim Payment** means the payment of eligible Claim received by an Empanelled Health Care Provider from the Insurer in respect of benefits under the Risk Cover made available to a Beneficiary.
- o. **Clause** means a clause of this Insurance Contract.
- p. **Day Care Treatment** means any Medical Treatment and/or Surgical Procedure which is undertaken under general anaesthesia or local anaesthesia at an Empanelled Health Care Provider or Day Care Centre in less than 24 hours due to technological advancements, which would otherwise have required Hospitalization.
- q. **Days** mean and shall be interpreted as calendar days unless otherwise specified.
- r. **DoHMF** shall mean the Department of Health Medical and Family Welfare, Government of Andhra Pradesh
- s. **Empanelled Health Care Provider** means a hospital, a nursing home, a district hospital, a AH, a CHC, a PHC, or any other health care provider, whether public or private, satisfying the minimum criteria for empanelment and that is empanelled by the DRNTRVST in accordance with terms of this Contract for the provision of health services to the Beneficiaries under AB-PMJAY - DR NTR VS.
- t. **Fraud** shall mean and include any intentional deception, manipulation of facts and / or documents or misrepresentation made by a person or organization with the knowledge that the deception could result in unauthorized financial or other benefit to herself/himself or some other person or organization. It includes any act that may constitute fraud under any applicable law in India
- u. **Hospital IT Infrastructure** means the hardware and software to be installed at the premises of each Empanelled Health Care Provider for the provision of Cashless Access Services, the minimum specifications of which have been set out in the Tender Documents.
- v. **Hospitalization** means any Medical Treatment or Surgical Procedure which requires the Beneficiary to stay at the premises of an Empanelled Health Care Provider for 24 hours or more including day care treatment as defined above.
- w. **ICU or 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
- x. **Insurance Contract/Agreement** shall mean this contract between the State Health Agency and the Insurer for the provision of the benefits under the Risk Cover, to the Beneficiaries and setting out the terms and conditions for the implementation of the AB-PMJAY - DR NTR VS.
- y. **Insurer** means the successful bidder which has been selected pursuant to this bidding process and has agreed to the terms and conditions of the Tender Document and has signed the Insurance Contract with the State Government.
- z. **IRDAI** means the Insurance Regulatory and Development Authority of India established under the Insurance Regulatory and Development Authority Act, 1999.
- aa. **IRDA Solvency Regulations** means the IRDA (Assets, Liabilities and Solvency Margin of Insurers) Regulations, 2000, as amended from time to time.
- bb. **Law/Applicable Law** means any statute, law, ordinance, notification, rule, regulation, judgment, order, decree, bye-law, approval, directive, guideline, policy, requirement or other governmental restriction or any similar form of decision applicable to the relevant party and as may be in effect on the date of the execution of this Agreement and

- cc. Medically Necessary Treatment:** Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which: i) is required for the medical management of the illness or injury suffered by the insured; ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; iii) must have been prescribed by a medical practitioner; iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India
- dd. Material Misrepresentation** shall mean an act of intentional hiding or fabrication of a material fact which, if known to the other party, could have terminated, or significantly altered the basis of a contract, deal, or transaction.
- ee. Medical Practitioner/Officer** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, acting within the scope and jurisdiction of his/her license.
- ff. Medical Treatment** means any medical treatment of an illness, disease or injury, including diagnosis and treatment of symptoms thereof, relief of suffering and prolongation of life, provided by a Medical Practitioner, but that is not a Surgical Procedure. Medical Treatments include but not limited to: bacterial meningitis, bronchitis-bacterial/viral, chicken pox, dengue fever, diphtheria, dysentery, epilepsy, filariasis, food poisoning, hepatitis, malaria, measles, meningitis, plague, pneumonia, septicaemia, tuberculosis (extra pulmonary, pulmonary etc.), tetanus, typhoid, viral fever, urinary tract infection, lower respiratory tract infection and other such diseases requiring Hospitalization, as per HBPs detailed in Schedule 3 (a) of Insurance Contract.
- gg. MoHFW** shall mean the Ministry of Health and Family Welfare, Government of India.
- hh. NHA** shall mean the National Health Authority set up the Ministry of Health and Family Welfare, Government of India with the primary objective of coordinating the implementation, operation and management of AB-PMJAY. It will also foster co-ordination and convergence with other similar schemes being implemented by the Government of India and State Governments.
- ii. Package Rate** means the fixed maximum charges for a Medical Treatment or Surgical Procedure or for any Follow-up Care that will be paid by the Insurer under Cover, which shall be in accordance with the rates provided at schedule 3 in this Contract.
- jj. Party** means either the Insurer or the State Health Agency and **Parties** means both the Insurer and the State Health Agency.
- kk. Policy Cover Period** shall mean the standard period of 12 calendar months from the date of start of the Policy Cover or lesser period as per Contract entered between SHA and Insurer, unless cancelled earlier in accordance with this Insurance Contract.
- ll. Premium** means the aggregate sum agreed by the Parties as the annual premium to be paid by the State Health Agency to the Insurer for each Beneficiary Family Unit that is eligible for the scheme, as consideration for providing the Cover to such Beneficiary Family Unit under this Insurance Contract.
- mm. Benefit Risk Cover or Benefit Cover or Risk cover** refers to the annual basic cashless hospitalization coverage of Rs. 25,00,000/- for BPL families, Rs.2,50,000/- for APL families on family floater basis. Up to Rs.2,50,000/- (Rupees two lakh fifty thousand only) through insurance mode (Insurance Companies' liability) and over & above Rs.2,50,000/- to Rs.25,00,000/- (Rupees twenty five lakhs only) through assurance mode (State Government liability).
- nn. Risk Premium** means the sum **agreed by the Parties as the annual premium to be paid by** the State Health Agency to the Insurer for each Beneficiary Family Unit that is covered under the Scheme, as consideration for providing the Risk Cover to such Beneficiary Family Unit under this Insurance Contract

Schedules to Insurance Contract
and the Policy.

- oo. **Schedule** means a schedule of this Insurance Contract.
- pp. **Scheme** shall mean the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana – Dr NTR Vaidya Seva Scheme managed and administered by the State Government of Andhra Pradesh.
- qq. **Selected Bidder** shall mean the successful bidder which has been selected in the bid exercise and has agreed to the terms and conditions of the Tender Document and has signed the Insurance Contract with the State Government.
- rr. **Service Area** refers to all the districts in the State of Andhra Pradesh along with Empanelled Health Care Providers of Hyderabad, Bangalore, Chennai and any other state as covered and included under this Tender Document for the implementation of AB PMJAY-DRNTR VS..
- ss. **State Health Agency (SHA)** refers to the Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust (DR.NTR VST) set up by the Department of Health Medical and Family Welfare, Government of Andhra Pradesh for the purpose of coordinating and implementing the AB-PMJAY- Dr NTRVS in the State of Andhra Pradesh
- tt. **Successful Bidder** shall mean the bidder whose bid document is responsive, which has been pre-qualified and whose financial bid is the lowest among all the shortlisted and with whom the State Government intends to select and sign the Insurance Contract for this Scheme.
- uu. **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 center by a medical practitioner as per HBPs detailed in Schedule 3 (a) of Insurance Contract.
- vv. **State/ UT Government** refers to the duly elected Government in the State/ UT in which the tender is issued.
- ww. **Tender Documents** refers to this Tender Document including Volume I “Instruction to Bidders”, and Volume II “Insurance Contract to be signed by the INSURER” including all Schedules, amendments, modifications issued by the SHA in writing pursuant to the release of the Tender Document.
- xx. **Turn-around Time** means the time taken by the Insurer in completing the task. These tasks include but not limited to beneficiary verification, processing preauthorization, processing a Claim received from an Empanelled Health Care Provider and in making a Claim Payment including investigating such Claim or rejection of the such Claim etc. defined in this Contract
- yy. **Material Breach** means breach of any term and condition as enlisted in this contract caused due to any act and/or omission by the Insurer’s wilful misconduct and/or negligence.

1.2 Interpretation

- a. Any grammatical form of a defined term herein shall have the same meaning as that of such term.
- b. Any reference to an agreement, contract, instrument or other document (including a reference to this Insurance Contract) herein shall be to such agreement, instrument or other document as amended, varied, supplemented, modified or suspended at the time of such reference.
- c. Any reference to an "agreement" includes any undertaking, deed, agreement and legally enforceable arrangement, whether or not in writing, and a reference to a document includes an agreement (so defined) in writing and any certificate, notice, instrument and document of any kind.
- d. Any reference to a statutory provision shall include such provision as modified or re-enacted or consolidated from time to time.

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- e. Terms and expressions denoting the singular shall include the plural and vice versa.
- f. Any reference to "persons" denotes natural persons, partnerships, firms, companies, corporations, joint ventures, trusts, associations, organizations or other entities (in each case, whether or not incorporated and whether or not having a separate legal entity).
- g. The term "including" shall always mean "including, without limitation", for the purposes of this Insurance Contract.
- h. The terms "herein", "hereof", "hereinafter", "hereto", "hereunder" and words of similar import refer to this Tender as a whole.
- i. Headings are used for convenience only and shall not affect the interpretation of this Insurance Contract.
- j. The Schedules and Annexures to this Insurance Contract form an integral part of this Insurance Contract and will be in full force and effect as though they were expressly set out in the body of this Insurance Contract.
- k. References to Recitals, Clauses, Schedules or Annexures in this Insurance Contract shall, except where the context otherwise requires, be deemed to be references to Recitals, Clauses, Schedules and Annexures of or to this Insurance Contract.
- l. References to any date or time of day are to Indian Standard Time.
- m. Any reference to day shall mean a reference to a calendar day.
- n. Any reference to a month shall mean a reference to a calendar month.
- o. Any reference to any period commencing from a specified day or date and till or until a specified day or date shall include both such days or dates.
- p. Any agreement, consent, approval, authorization, notice, communication, information or report required under or pursuant to this Insurance Contract from or by any Party shall be valid and effectual only if it is in writing under the hands of a duly authorized representative of such Party.
- q. The provisions of the Clauses, the Schedules and the Annexures of this Insurance Contract shall be interpreted in such a manner that will ensure that there is no inconsistency in interpretation between the intent expressed in the Clauses, the Schedules and the Annexures. In the event of any inconsistency between the Clauses, the Schedules and the Annexures, the Clauses shall prevail over the Schedules and the Annexures.
- r. The Parties agree that in the event of any ambiguity, discrepancy or contradiction between the terms of this Insurance Contract and the terms of any Policy issued by the Insurer, the terms of this Insurance Contract shall prevail, notwithstanding that such Policy is issued by the Insurer at a later point in time.
- s. The rule of construction, if any, that an agreement should be interpreted against the Party responsible for the drafting and preparation thereof shall not apply to this Insurance Contract.

1.Name and Objective of the Scheme

1.1 Name of the Scheme

The name of the Scheme shall be ‘DRNTRVS -ABPMJAY ’

1.2 Objectives of the Scheme

The objective of AB-PMJAY – DR NTR Vaidya Seva Trust (DR NTR VS) is to reduce catastrophic health expenditure and improve access to quality healthcare for all the families of Andhra Pradesh, excluding those covered under the Employees Health Scheme (EHS) and the Working Journalists Health Scheme (WJHS) as certified by the DR NTR Vaidya Seva Trust from time to time. The scheme aims to provide quality inpatient and day care treatment, follow-up care, and management of diseases and medical conditions requiring secondary and/or tertiary level services through a network of Empanelled Health Care Providers (EHCPs) with the following

- i. Cashless hospitalization expenses to the procedures covered under Schedule 3. Coverage includes Pre hospitalization car treatment (Medical / Surgical) , Defined Day care surgeries, Diet, Post Hospitalization care and follow-up care.
- ii. Risk Cover of Rs. 2,50,000/- per family for all the 2550 procedures (Reserved for Insurance Mode) covered in schedule 3a is liability of insurer for all the families (BPL & APL excluding families under EHS & WJHS) covered under DRNTRVST – PMJAY Scheme.
- iii. Risk cover of Rs.2,50,000 to Rs.25,00,000 to the defined procedures in schedule 3a is liability of DRNTRVST for only for BPL Families under DRNTRVST – PMJAY Scheme.
- iv. Risk cover of all 550 procedures (Reserved for Trust mode) covered in the schedule 3a liability of DRNTRVST.
- v. Insurance companies shall process all the Preauths and Claims with respective to every procedure 3a.
- vi. DRNTRVST will reimburse the actual expenditure arising out of procedures mentioned at above paras (iii & iv).

2. AB-PMJAY - DR NTR VS Beneficiaries and Beneficiary Family Unit

- a. Beneficiary means a member of the all the families of Andhra Pradesh excluding families covered under Employees Health Scheme (EHS) and Working Journalist Health Scheme (WJHS) as certified by the DRNTRVST time to time
- b. Beneficiary Family Unit or AB-PM JAY - Dr.NTRVS Family Unit refers to all the families of Andhra Pradesh excluding families covered under Employees Health Scheme (EHS) and Working Journalist Health Scheme (WJHS) as certified by the DRNTRVST time to time.
- c. The INSURER will consider that there is: (i) no entry or exit age restrictions will apply to the members of a Beneficiary Family Unit; and (ii) no member of a Beneficiary Family Unit will be required to undergo a pre-insurance health check-up or medical examination before their eligibility as a Beneficiary and all pre-existing illnesses of the beneficiaries will be covered.
- d. Unit of coverage under the Scheme shall be a family and each family for this Scheme shall be called a AB-PMJAY - DR NTR VS Beneficiary Family Unit, which will comprise all members in that family.
- e. The presence of name in the beneficiary list (as amended from time to time, due to addition of family member, as per Guidelines - **Schedule 4**) shall be the proof of eligibility of the Beneficiary Family Unit for the purpose of availing benefits under this Insurance Contract and a Policy issued pursuant to this Insurance Contract.

3. Risk Covers and Sum Insured

3.1 Risk Cover and Sum Insured

The Benefits within the scheme, to be provided on a cashless and paperless basis to the beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following

- a) **Risk Cover (RC)** will include hospitalization / treatment expenses coverage including treatment for medical conditions and diseases requiring secondary and tertiary level of medical and surgical care treatment and also including defined day care procedures (as applicable) and follow up care along with cost for pre and post-hospitalisation treatment as defined in Schedule 3.
- b) As on the date of commencement of the Policy Cover Period, the AB-PMJAY - DR NTR VS Sum Insured in respect of the Risk cover which refers to the annual basic cashless hospitalization coverage of Rs. 25,00,000/- for BPL families on family floater basis, and Rs.2,50,000/- for APL families on family floater basis would receive under the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana and Dr NTR Vaidya Seva Scheme. Up to Rs.2,50,000/- (Rupees two lakh fifty thousand only) through insurance mode (Insurance Companies' liability) and over & above Rs.2,50,000/- and up to Rs.25,00,000/- (Rupees twenty five lakhs only) would be borne by the State Government (Through assurance mode) on family floater basis (irrespective of size of the family).
- c) The insurer shall ensure that the Scheme's RC shall be provided to each AB-PMJAY - DR NTR VS Beneficiary Family Unit on a family floater basis covering all the members of the AB-PMJAY - DR NTR VS Beneficiary Family Unit including Senior Citizens, i.e., the Sum Insured shall be available to any or all members of such Beneficiary Family Unit for one or more Claims during each Policy Cover Period. New family members may be added after due approval process as defined by the Government.
- d) Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the exclusions given in **Schedule 2**.
- e) Coverage of health services related to surgical nature for defined procedures shall also be provided on a day care basis. The Insurance Company shall provide coverage for the defined day care treatments, procedures and medical treatments as given in **Schedule 3a**.
- f) Pre and Post Hospitalisation expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital and cost of diagnostic tests and medicines and up to 15 days of the discharge from the hospital for the same ailment/ surgery as detailed in Schedule 3 (a)

3.2 Benefit Package: AB-PMJAY - DR NTR VS Cover

- a. The benefits within this Scheme under the Risk Cover are to be provided on a cashless basis to the AB-PMJAY - DR NTR VS Beneficiaries up to the limit of their annual coverage and includes:
 - (i) Hospitalization expense benefits
 - (ii) Day care treatment benefits (as applicable)
 - (iii) Follow-up care benefits
 - (iv) Pre- and post-hospitalization expense benefits
 - (v) New born child/ children benefits (Health cover only) (Below 5 years)
 - (vi) Transportation cost of Rs.300 during each hospitalization (Basic APSRTC Bus charges)
- b. The details of benefit packages are furnished in **Schedule 3a: 'Packages and Rates'** and exclusions are furnished in **Schedule 2: 'Exclusions to the Policy'**.
- c. For availing select treatment in any empanelled hospitals, preauthorisation is required to be taken for defined cases.
- d. Except for exclusions listed in **Schedule 2**, treatment/procedures will be allowed, as per the procedures listed in **Schedule 3a**, of up to a limit of Rs. 25,00,000 (Insurance liability up to Rs. 2,50,000 only).

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- e. The Insurer shall reimburse claims of Empanelled Health Care Provider under the AB-PMJAY - DR NTR VS based on Package Rates determined as follows:
- (i) If the package rate for a medical treatment or surgical procedure requiring Hospitalization or Day Care Treatment (as applicable) is fixed in Schedule 3a, then the Package Rate so fixed shall apply for the Policy Cover Period.
 - (ii) PM-JAY- Dr NTR VS is a cashless scheme where no beneficiary should be made to make any kind of payment for availing treatment in any empanelled hospitals. However, upon exhaustion of the beneficiary PM-JAY - Dr NTR VS wallet of Rs. 25.00 Lakhs, or if the treatment cost exceeds the Risk Coverage amount available with the beneficiary families, then the liabilities for the remaining treatment cost as per the package rates defined in the Schedule 3a will not be of the insurer. Beneficiary and SHA (through Insurance Company) will need to be clearly communicated in advance about the additional payment at the start of such treatment.
 - (iii) In case an AB-PMJAY - DR NTR VS Beneficiary is required to undertake multiple surgical procedures in one OT session, then the procedure with highest rate shall be considered as the primary package and reimbursed at 100%, thereupon the 2nd surgical procedure shall be reimbursed at 50% of package rate, 3rd and subsequent surgical procedures shall be reimbursed at 25% of the package rate.
 - (iv) Surgical and Medical packages will not be allowed to be availed at the same time. In exceptional circumstances, hospital may raise a request for such pre-auth which will be decided by Dr NTR VST.
 - (v) Certain packages mentioned in **Schedule 3a** will be reserved only for Public EHCPs and teaching hospitals as decided by the Dr NTR VST. The state may permit availing of these packages in Private EHCPs only after a referral from a Public EHCP is made. Some modifications (in not more than 10% of total number of packages) may be done by SHA in this regard.
 - (vi) The Insurance Agency shall make additional payment of 5% as Incentivization to NABH accredited hospitals this will be part of 2,50,000 of insurance cover {as defined in **schedule 3b** } which will be over and above the rates defined in **Schedule 3a**.
- f. For the purpose of **Hospitalization expenses** as package rates shall include all the costs associated with the treatment, amongst other things:
- (i) Registration charges.
 - (ii) Bed charges
 - (iii) Nursing and boarding charges.
 - (iv) Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
 - (v) Anaesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
 - (vi) Medicines and drugs.
 - (vii) Cost of prosthetic devices, implants etc.
 - (viii) Pathology and radiology tests: Medical procedures include basic Radiological imaging and diagnostic tests such as X-ray, USG, Haematology, pathology etc. However, High end radiological diagnostic and High-end histopathology (Biopsies) and advanced serology investigations packages can be booked as a separate add-on procedure if required. Surgical packages are all inclusive and do not permit addition of other diagnostic packages.
 - (ix) Food to patient.
 - (x) Transportation cost of Rs.300 during each hospitalization. (Basic APSRTC Bus charges).
 - (xi) Pre and Post Hospitalization expenses: Expenses incurred for consultation, diagnostic tests and medicines prior to admission of the patient in the same hospital and cost of diagnostic tests and medicines up to 15 days after discharge from the hospital for the same ailment / surgery.
 - (xii) Any other expenses related to the treatment of the patient in the hospital
- g. For the purpose of **Day Care** Treatment expenses shall include, amongst other things:
- (i) Registration charges.

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- (ii) Surgeons, anaesthetists, Medical Practitioners, consultants' fees, etc.
 - (iii) Anaesthesia, blood transfusion, oxygen, operation theatre charges, cost of surgical appliances, etc.
 - (iv) Medicines and drugs.
 - (v) Cost of prosthetic devices, implants, organs, etc.
 - (vi) Pathology and radiology tests: Medical procedures include basic Radiological imaging and diagnostic tests such as X-ray, USG, Haematology, pathology etc. However, High end radiological diagnostic and High-end histopathology (Biopsies) and advanced serology investigations packages can be booked as a separate add-on procedure if required. Surgical packages are all inclusive and do not permit addition of other diagnostic packages.
 - (vii) Pre and Post Hospitalization expenses: Expenses incurred for consultation, diagnostic tests and medicines prior to admission of the patient in the same hospital and cost of diagnostic tests and medicines up to 15 days after discharge from the hospital for the same ailment / surgery.
 - (viii) Any other expenses related to the Day Care Treatment provided to the Beneficiary by an Empanelled Health Care Provider.
- h. The SHA agrees to publish the Package Rates on its website in advance of each Policy Cover Period. In case of addition of new packages or revision/stratification of existing packages during the policy cover, SHA will add these to the list available on website.
- i. As part of the regular review process, the Parties (the INSURER and EHCP) shall review information on incidence of common medical treatments or surgical procedures that are not listed in **Schedule 3** and that require hospitalization or day care treatments (as applicable).
- j. No claim processing of package rate for a medical treatment or surgical procedure or day care treatment (as applicable) that is determined or revised shall exceed the total of Risk Cover for an AB-PMJAY - DR NTR VS Beneficiary Family Unit.
- k. The Insurer has to ensure the EHCPs provides cash less treatment to the beneficiaries.

(These guidelines are only indicative in nature; Trust reserves the right to modify or change them if required.)

3.3 Benefits Available only through Empanelled Health Care Providers

- a. The benefits under the AB-PMJAY - DR NTR VS Risk Cover shall only be available to a AB-PMJAY - DR NTR VS Beneficiary through an EHCP after Aadhaar based identification as far as possible. In case Aadhaar is not available then other defined Government recognised ID/process will be used for this purpose.
- b. The benefits under the AB-PMJAY - DR NTR VS Cover shall, subject to the available AB-PMJAY - DR NTR VS Sum Insured and assured, be available to the AB-PMJAY - DR NTR VS - Beneficiary on a cashless and paperless basis at any EHCP.
- c. Specialized tertiary level services shall be available and offered only by the EHCP empanelled for that particular service. Not all EHCPs can offer all tertiary level services, unless they are specifically designated by the Dr NTR VST for offering such tertiary level services.

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

4 Identification of AB-PMJAY - DR NTR VS Beneficiary Family Units

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- a) The Beneficiary Verification Process shall be carried out at empanelled hospitals using any of the following identifiers: Aadhaar Number, ABHA ID, or E-Health Card. (A Xerox copy of the selected identification document shall be taken for verification purposes.)
- b) The Operator/Mithra shall log in to the HMIS Suite and access the Dr. NTR VST Beneficiary API.
- c) Search can be performed using Aadhaar, ABHA ID, or E-Health Card to retrieve beneficiary details from the repository and confirm eligibility and active beneficiary status.
- d) Upon successful verification, the system shall display a Verified Beneficiary Record, enabling the initiation of hospitalization.
- e) Responsibility of printing of E- Health Card shall be responsibility of insurer.

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

5 Empanelment of Health Care Providers

- a. All public hospitals with facilities shall deemed to be empanelled from the date of commencement of the policy year.
- b. All private hospitals who are already empanelled under Dr NTR VST are deemed to the empanelled at the time of commencement of policy. However, all hospitals shall ensure compliance with the guidelines issued by the Trust within three months. The District Empanelment Committees shall be responsible for ensuring and maintaining these standards.
- c. At the time of empanelment, those Hospitals that have the capacity and which fulfil the minimum criteria for offering tertiary treatment services as prescribed by the SHA would be specifically designated for providing such tertiary care packages.
- d. Private healthcare providers (both for profit and not for profit) which provide hospitalization and/or day care services (as applicable) would be eligible for empanelment under AB-PMJAY - DR NTR VS, subject to their meeting of certain requirements (empanelment criteria) in the areas of infrastructure, manpower, equipment (IT, help desk etc.) and services (for e.g. liaison officers to facilitate beneficiary management) offered, refer to **Schedule 5** of this document.
- e. The SHA shall be responsible for empanelment and periodic renewal of empanelment of health care providers for offering services under the AB-PMJAY - DR NTR VS. The SHA may undertake this function either directly or through the selected Insurance Company. However, the final decision regarding empanelment of hospital will rest with SHA. Application for new empanelment will be received throughout the year and evaluation will be twice a year (Jan & June)
- f. The INSURER shall bring to the notice of the Dr NTR VST regarding any deficiencies in infrastructure / technical facilities in the empaneled hospitals time to time.
- g. Under circumstances of any dispute, final decision related to empanelment of health care providers shall vest exclusively with the Dr NTR VST.
- h. Detailed guidelines regarding empanelment of health care providers are provided at **Schedule 5**.

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

6 Agreement with Empanelled Health Care Providers

- a. Once a health care provider is found to be eligible for empanelment and if the empanelment is approved by Dr NTR VST, then Dr NTR VST and the selected Insurance Company shall enter into a tripartite Provider Service Agreement annually with such health care provider to provide the medical treatments, surgical

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procedures, day care treatments (as applicable), and follow-up care for which such health care provider meets the infrastructure and personnel requirements.

- b. This Provider Service Agreement shall be a tripartite agreement where the Insurer shall be the third party. Format for this Agreement is provided at **Schedule 6**.
- c. The Agreement of an EHCP shall continue for a period as per duration of one year can be renewed every year from the date of the execution of the tripartite Provider Services Agreement, unless the EHCP is de-empanelled in accordance **with De-empanelment guidelines provided under Schedule 5** and its agreement terminated in accordance with its terms.
- d. The INSURER agrees that neither it nor its outsourced agency will enter into any understanding with the EHCP that are in contradiction to or that deviates from or breaches the terms of the Insurance Contract between the Dr NTR VST and the INSURER or tripartite Provider Service Agreement with the EHCP.
- e. If the INSURER or its outsourced agency or any of its representatives violates the provisions of **Clause 6.d.** above, it shall be deemed as a material breach and the Dr NTR VST shall have the right to initiate appropriate action against the INSURER or the EHCP or both.
- f. As a part of the Agreement, the INSURER shall ensure that each EHCP has within its premises the required IT infrastructure (hardware and software) as per the AB-PMJAY - DR NTR VS guidelines. All Private EHCPs shall be responsible for all costs related to hardware and maintenance of the IT infrastructure. For all Public EHCPs the costs related to hardware and maintenance of the IT infrastructure shall be borne by the Insurance Company's. The EHCPs may take Insurance Company's support may be sought for procurement of such hardware by the EHCPs, however the ownership of all such assets, hardware and software along with its licenses, shall irrevocably vest with the EHCP.

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

7 De-empanelment of Health Care Providers

- a. The Dr NTR VST shall suspend or de-empanel, an EHCP from the AB-PMJAY - DR NTR VS, as per the guidelines mentioned in **Schedule 5** and/or as per applicable laws and/or rules.
- b. Notwithstanding a suspension or de-empanelment of an EHCP, the INSURER shall ensure that it shall honour all Claims for any expenses that have been pre-authorised or are legitimately due before the effectiveness of such suspension or de-empanelment as if such de-empanelled EHCP continues to be an EHCP.
- c. Any penalty imposed by SHA on an EHCP for disciplinary action shall be communicated in writing to the INSURER by SHA. The INSURER shall withhold or deduct the penalty amount from the respective EHCP's payment and remit it to SHA. The withheld penalty amount shall be transferred to the Trust from time to time.
- d. From EHCP having any pendency of penalty payment to the DR NTR VST shall be recovered by the insurer and paid to the Dr NTR VST.

(These guidelines are only indicative in nature; Trust reserves the right to modify or change them if required.)

8. Issuance of Policies

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- a. For the purpose of issuance of a policy, all eligible beneficiary family units in the entire State of *Andhra Pradesh* shall be covered under one policy. The Insurer shall issue a Policy before the commencement of the Policy Cover Period for such State.
- b. The first Policy Cover Period under the Policy for a State shall commence from the date(*insert date*).
- c. The terms and conditions set out in each Policy issued by the Insurer to the State Health Agency shall at a minimum include:
 - i. the Policy number;
 - ii. the Policy Cover Period under such Policy; and
 - iii. the terms and conditions for providing the Covers, which shall not deviate from or dilute in any manner the terms and conditions of insurance set out in this Insurance Contract.
- d. Notwithstanding any delay by the Insurer in issuing or failure by the Insurer to issue a Policy for a State in accordance with **Clause 8(a)**, the Insurer agrees that the Policy Cover Period for the State shall commence on the date determined and that it shall provide the eligible Beneficiaries in the State with the Risk Cover from that date onwards.
- e. In the event of any discrepancy, ambiguity or contradiction between the terms and conditions set out in the Insurance Contract and a Policy issued for a State/UT by the Insurer, the terms of the Insurance Contract shall prevail for the purpose of determining the Insurer's obligations and liabilities to the SHA and the AB-PMJAY - DR NTR VS Beneficiaries.

9. Period of Insurance Contract and Policy

9.1 Term of the Insurance Contract with the Insurer

- a. This Insurance Contract shall be for a period (1) One year and extendable to (3) Three Years based on the Performance with starting date _____.
- b. Though the Contract period is extendable to (3) Three Years, it is to be reviewed for renewal after every 12 months from start date of the policy with reference to the performance criteria laid out in Schedule 12. However, notwithstanding provisions under clause 9.1.b, renewal of Insurance Contract shall be mutually agreed between both the parties.

9.2 Policy Cover Period

In respect of each policy, the Policy Cover Period shall be for a period of 12 months from the date of commencement of such Policy Cover Period starting at 0000 hours on (*insert date*), until 2359 hours on the date of expiration on (*insert date*). Provided that upon early termination of this Insurance Contract, the Policy Cover Period for the State shall terminate on the date of such termination, wherein the premium shall be paid on pro-rata basis after due adjustment of any recoveries on account of termination.

For the avoidance of doubt, the expiration of the risk cover for any Beneficiary Family Unit in the State during the Policy Cover Period shall not result in the termination of the Policy Cover Period for the State.

9.3 Policy Cover Period for the AB-PMJAY - DR NTR VS Beneficiary Family Unit

- a. During the first Policy Cover Period for a (*insert name of the state*), the policy cover shall commence **from 0000 hours on the** (*insert date*).
- b. The end date of the policy cover for each Beneficiary Family Unit of (*insert name of the state*) be 12 months from the date of start of the Policy Cover or the date on which the available Sum Insured in respect of that Cover becomes zero.

9.4 Cancellation of Policy Cover

Upon early termination of the Insurance Contract between the SHA and the Insurer, all Policies issued by the Insurer pursuant to the Insurance Contract shall be deemed cancelled with effect from the Termination Date subject to the Insurer fulfilling all its obligations at the time of Termination as per the provisions of the Insurance Contract.

For implications and protocols related to early termination, refer to **Clause 28**.

10. Premium and Premium Payment

10.1 Payment of Premium

- a) INSURER will be paid a fee as per fees quoted by the INSURER for servicing the AB-PMJAY - DR NTR VS Beneficiary Family Units. The Fee shall be payable by SHA at pre-agreed rate per AB-PMJAY - DR NTR VS Beneficiary Family Unit per year (f) for total number of Beneficiary Family Units in the State (n). The Total Fee payable (N) shall be calculated as: $N = n \times f$ total Fee payable shall be paid to INSURER by SHA in four (4) instalments per year as per the below schedule

Instalment	Payment Schedule	% Amount of Total Fee (N)
1	Within 21 days of signing of agreement with INSURER	25%
2	Within 15 days of expiry of Three months of the policy	25%
3	Within 15 days of expiry of the Six months of the policy	25%
4	Within 15 days of expiry of the Nine months of the policy	25%

10.2 The refund and payment of additional premiums shall be processed at the end of the contract period.

- a) However, a quarterly reconciliation of the premium paid and unspent balances shall be conducted at the end of each quarter. The unspent balance from the premium paid shall be deducted starting from the second quarter and released in the subsequent quarter, following the same process in the following quarters. *(For example, if the 1st quarter premium is 100 crores and the insurer has incurred 80 crores as claim settlement amount in the present quarter, after Re Consolidation and reconciliation only 80 crores of premium amount will be paid for next quarter.)*
- b) The Dr. NTR VST shall issue a letter to the Insurer stating the Insurer's average Claim Ratio for the entire Term of Policy Cover Period for the State. If the contract is terminated earlier by the SHA, date of termination of Policy shall be considered as Term for Policy Cover Period and stated for Insurer's average claim Ratio. In the letter, the Dr. NTR VST shall indicate the amount of premium that the Insurer shall be obliged to return. The amount of premium to be refunded shall be calculated based on the provisions of **Clause 10.2.b**.
- After adjusting the percentage that will need to be refunded will be as per the following:
 - administrative cost allowed 10% if claim ratio less than 60%.
 - administrative cost allowed 12% if claim ratio between 60-70%.
 - administrative cost allowed 15% if claim ratio between 70-85% of premium towards administrative cost (including all costs excluding only service tax and any cess, if applicable) and after settling of all claims, if there remains surplus: 100 percent of leftover surplus should be refunded by the Insurer to the Dr. NTR VST as per timeline mentioned in Schedule 12 D.

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(Claim ratio shall be calculated as Claim Paid + Claims Outstanding amount where package has been availed by beneficiary (bills in process + bills pending with network hospitals) divided by total premium paid for particular policy year multiplied by 100)

- c) If the Insurer fails to refund the Premium within 90-day period and/ or the default interest thereon, the Dr. NTR VST shall be entitled to recover such amount along with applicable Penalty as a debt due from the Insurer. Please refer to Clause 41 for details regarding Dispute Resolution.
- d) If the Insurer's average Claim Ratio for the full 12 months is in excess of 120%, then the Dr. NTR VST will be liable to bear 50% of additional claim cost in excess of the total Premium already paid by it and remaining 50% shall be borne by the Insurance Company.
- e) However, Payment of Premium by Dr. NTR VST and Refund of premium by Insurer are two separate activities. Payment of Premium shall be as per Clause 10.1 and Refund of Premium by Insurer shall be as per Clause 10.2. Under no circumstances, any party shall ~~into~~ correlate these two activities.

10.3 Taxes

The Insurer shall protect, indemnify and hold harmless the State Health Agency, from any and all claims or liability to:

- a) pay any statutory levies / tax assessed or levied by any competent tax authority on the Insurer or on the State Health Agency for or on account of any act or omission on the part of Insurer; or
- b) on account of the Insurer's failure to file tax returns as required by applicable Laws or comply with reporting or filing requirements under applicable Laws relating to Goods and service tax; or
- c) arising directly or indirectly from or incurred by reason of any misrepresentation by or on behalf of the Insurer to any competent tax authority in respect of the service tax.

10.4 Premium All Inclusive

Except as expressly permitted, the INSURER shall have no right to claim any additional amount from the State Health Agency in respect of

- a. the risk cover provided to each eligible Beneficiary Family Unit; or
- b. the performance of any of its obligations under this Insurance Contract; or
- c. any costs or expenses that it incurs in respect thereof.

10.4.1 No Separate Fees, Charges or Premium

The Insurer shall not charge any Beneficiary Family Unit or any of the Beneficiaries with any separate fees, charges, commission or premium, by whatever name called, for providing the benefits under this Insurance Contract and a Policy.

10.5 Approval of Premium and Terms and Conditions of Cover by IRDAI

The Insurer shall not charge any Beneficiary Family Unit or any of the Beneficiaries with any separate fees, charges, commission or premium, by whatever name called, for providing the benefits under this Insurance Contract and a Policy.

11 Cashless Access of Services

- a. The AB-PMJAY - DR NTR VS beneficiaries shall be provided treatment free of cost for all such ailments covered under the Scheme within the limits/ sub-limits and sum insured, i.e., not specifically excluded under the Scheme.
- b. The INSURER shall reimburse EHCP as per the package cost specified in this Document agreed for specified packages.
- c. The INSURER shall ensure that each EHCP shall at a minimum possess the Hospital IT Infrastructure required to access the AB-PMJAY - DR NTR VS Beneficiary Database and undertake verification based on the Beneficiary Identification process laid out, using unique AB-PMJAY - DR NTR VS Family ID on the AB-PMJAY - DR NTR VS Card and also ascertain the balance available under the AB-PMJAY - DR NTR VS Cover provided by the INSURER.
- d. The INSURER shall provide each EHCP with training and an operating manual describing in detail the verification, pre-authorisation and claims procedures within 7 days of signing of agreement.
- e. The INSURER shall train Vaidya Mitras that will be deputed in each EHCP that will be responsible for the administration of the AB-PMJAY - DR NTR VS on the use of the Hospital IT infrastructure for making Claims electronically and providing Cashless Access Services.
- f. The EHCP shall establish the identity of the member of the AB-PMJAY - DR NTR VS Beneficiary Family Unit by Aadhaar Based Identification System and ensure:
 - (i) That the patient is admitted for a covered procedure and package for such an intervention is available.
 - (ii) AB-PMJAY - DR NTR VS Beneficiary has balance in her/ his AB-PMJAY - DR NTR VS Cover amount.
 - (iii) Provisional entry shall be made on the server using the AB-PMJAY - DR NTR VS ID of the patient. It has to be ensured that no procedure is carried out unless provisional entry is completed through blocking of claim amount.
 - (iv) At the time of discharge, the final entry shall be made on the patient account after completion of Aadhaar Card Identification Systems verification or any other recognised system of identification adopted by the SHA of AB-PMJAY - DR NTR VS Beneficiary Family Unit to complete the transaction.
- g. Provided the SHA has entrusted the responsibility of beneficiary verification to the INSURER, the INSURER shall ensure due diligence and rigorous review at the time of giving approvals of beneficiary identity at the time of registration in an EHCP as per beneficiary identification guidelines under AB-PMJAY - DR NTR VS issued by the SHA from time to time. Any violation of the beneficiary identification guidelines at the time of issuing verification and either ineligible person being approved as a beneficiary or an eligible beneficiary being denied timely verification shall be deemed as a material breach of this Contract and a possible episode of fraud; and be liable for further investigations as per the Anti-Fraud Guidelines of the SHA and as per the provisions of the Contract
- h. The insurer shall organize training workshops for each public EHCP at the hospital premises at least once every 6 months, that is, at least twice during each policy cover period and at any other time requested by the EHCP, to increase knowledge levels and awareness of the hospital staff.

12 Pre-authorization of Procedures

- a. All procedures in **Schedule 3** that are earmarked for Pre- authorization shall be subject to mandatory Pre-authorization. In addition, in case of Inter-State portability, all procedures shall be subject to mandatory Pre-authorization irrespective of the Pre- authorization status in **Schedule 3**.
- b. INSURER will not allow any EHCP shall, under any circumstances whatsoever, to undertake any such earmarked procedure without Pre- authorization unless under emergency. Process for emergency approval will be followed as per guidelines laid down under AB-PMJAY - DR NTR VS

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- c. Request for hospitalization shall be forwarded by the EHCP after obtaining due details from the treating doctor, i.e. “request for Pre- authorization letter” (RAL)/ Preauthorization. The RAL needs to be submitted online through the Scheme portal and in the event of any IT related problem on the portal, then through email or fax or Telephone Intimation (TID). The medical team of INSURER would get in touch with the treating doctor, if necessary.
- d. The RAL should reach the Pre- authorization department of the INSURER within 1 hour of admission in case of emergency.
- e. In cases of failure to comply with the timelines stated in above **Clause 11.d**, the EHCP shall forward the clarification for delay with the request for Pre- authorization
- f. The INSURER shall ensure that in all cases Pre- authorization request related decisions are communicated to the EHCP as per TAT mentioned in Schedule 11.b. If there is no response from the INSURER within prescribed TAT of EHCP filing the Pre- authorization request, the request of the EHCP shall be deemed to be automatically authorised and shall affect performance KPIs mentioned in Schedule 11.b.
- g. The SHA shall not be liable to honour any claims from the EHCP for procedures featuring in **Schedule 3a**, for which the EHCP does not have a Pre- authorization, if prescribed.
- h. Reimbursement of all claims for procedures listed under **Schedule 3a** shall be as per the limits prescribed for each such procedure unless stated otherwise in the Pre- authorization letter/communication.
- i. The RAL form should be dully filled with clearly mentioned recommendation of Yes or No. There should be no nil, or blanks, which will help in providing the outcome at the earliest.
- j. The INSURER approves or recommends payment only after receipt of RAL and the necessary medical details. And only after the INSURER has ascertained and negotiated the package with the EHCP, shall issue the Authorization Letter (AL). This shall be completed within 6 hours of receiving the RAL.
- k. In case the ailment is not covered or the medical data provided is not sufficient for the medical team of the authorization department to confirm the eligibility, the INSURER can deny the Pre- authorization or seek further clarification/ information.
- l. The INSURER needs to file a report to the SHA explaining reasons for denial of every such Pre- authorization request.
- m. Denial of authorization (DAL)/ guarantee of payment is by no means denial of treatment by the EHCP. The EHCP shall deal with such case as per their normal rules and regulations.
- n. Authorization letter (AL) will mention the Pre- authorization number and the amount authorized as a package rate for such procedure for which package has not been fixed earlier. The EHCP must see that these rules are strictly followed.
- o. The authorization is given only for the necessary treatment cost of the ailment covered and mentioned in the RAL for hospitalization.
- p. The entry on the AB-PMJAY - DR NTR VS portal for claim amount blocking as well at discharge would record the authorization number as well as package amount agreed upon by the EHCP and the INSURER.
- q. The INSURER will not be liable in case the information provided in the RAL and subsequent documents during the course of Pre- authorization is found to be incorrect or not fully disclosed.
- r. In cases where the AB-PMJAY - DR NTR VS beneficiary is admitted in the EHCP during the current Policy Cover Period but is discharged after the end of the Policy Cover Period, the claim has to be processed by the INSURER and shall be paid by SHA from the Policy which was operating during the period in which the AB-PMJAY - DR NTR VS beneficiary was admitted.

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- s. INSURER shall ensure adherence to guidelines issued and updated from time to time by NHA/ SHA , regarding preauthorization.
- t. Beyond the ₹2.5 lakh wallet limit, preauthorization's will be additionally scrutinized and approved by the Trust after thorough verification.
- u. Beyond 3% rejection of pre-authorizations, a suo-motu verification will be conducted by the Dr NTR VST.
- v. For emergency cases, the Private EHCP shall generate the Telephonic Intimation ID (TID) on the same day of the patient's admission, up to 12:00 midnight. In the case of Government EHCPs, the TID shall be generated within 24 hours of admission. For day care procedures, where a full-day admission is not required, the TID shall be generated within 1 hour of admission by Private EHCPs and within 6 hours by Government EHCPs.

(These guidelines are only indicative in nature; Trust reserves the right to modify or change them if required.)

13 Portability of Benefits

- a. The benefits of AB-PMJAY will be portable across the country for AB-PMJAY families and will be able to get benefits under the scheme across the country at any EHCP.
- b. Package rates of the hospital where benefits are being provided will be applicable while payment will be done by the INSURER on the recommendation of SHA that is covering the beneficiary under its policy.
- c. The INSURER is required to honour claims from any empanelled hospital under the scheme within India and will settle claims within 30 days
- d. To ensure true portability of AB-PMJAY - DR NTR VS, State Governments participating in the Scheme are deemed to be in arrangement with ALL other States through, NHA, that are implementing AB-PMJAY - DR NTR VS for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area. The criteria laid down in 12.a shall be applicable.
- e. Detailed guidelines of portability are provided at **Schedule 9**.

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

14 Claims Adjudication

14.1 Claim Payments and Turn-around Time

The INSURER shall comply with the following procedure regarding the processing of Claims received from the Empanelled Health Care Providers:

- a. The Insurer shall require the Empanelled Health Care Providers to submit their Claims electronically as early as possible but not later than 7 days after discharge in the defined format to be prescribed by the NHA/SHA/Insurer. If EHCP fails to submit the claims within 7 days, the EHCP shall take written permission from SHA for submission of claims. Claims submitted beyond 7 days of discharge of patients will not be admissible. However, in case of Public EHCPs this time may be relaxed as defined by SHA.
- b. The INSURER agrees to be responsible for processing all claims and provide their recommendations regarding acceptance or rejection to SHA as per TAT provided in Schedule 12
- c. The INSURER shall decide on the acceptance or rejection of any Claim received from an Empanelled Health Care Provider and provide clear recommendation to SHA. Any rejection notice issued by the Insurer to the EHCP shall state clearly that such rejection is subject to the Empanelled Health Care Provider's right to file a complaint with the relevant Grievance Redressal Committee against such decision to reject such Claim.

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- d. If the Insurer rejects a Claim, the Insurer shall issue an electronic (e)-notification of rejection to the Empaneled Health Care Provider stating details of the Claim summary; reasons for rejection; and details of the District Grievance Nodal Officer. e-notification of rejection shall be issued to the State Health Agency and the Empanelled Health Care Provider within 7 days (30 days for Portability Cases) of receipt of the electronic Claim. The Insurer should inform the Empanelled Health Care Provider of its right to seek redressal for any Claim related grievance before the District Grievance Redressal Committee in its e-notification of rejection.
- e. If a Claim is rejected because the Empanelled Health Care Provider making the Claim is not empanelled for providing the health care services in respect of which the Claim is made, then the INSURER shall while rejecting the Claim inform the Beneficiary of an alternate Empanelled Health Care Provider where the benefit can be availed in future. The Insurer shall be responsible for settling all claims as per timelines provided in Schedule 12 B.
- f. The Insurer shall make the full Claim Payment without deduction of tax, for all PHCs, CHCs, District Hospitals and other government sponsored hospitals, subject to compliance of Income Tax Act, 1961 and its Allied Rules. In case of private healthcare providers the Insurer shall make the full Claim Payment without deduction of tax, if the Empanelled Health Care Provider submits a tax exemption certificate to the Insurer within 7 days after signing the agreement with the Insurer making a Claim. If the Empanelled Health Care Provider fails to submit a tax exemption certificate to the Insurer, then the Insurer shall make the Claim Payment after deducting tax at the applicable rate.
- g. If the Beneficiary is admitted by an Empanelled Health Care Provider during a Policy Cover Period, but is discharged after the end of such Policy Cover Period and the Policy is not renewed, then the arising Claim shall be paid by the Insurer in full subject to the available Sum Insured.
- h. If a Claim is made during a Policy Cover Period and the Policy is not subsequently renewed, then the Insurer shall make the Claim Payment in full subject to the available Sum Insured.
- i. In common cases (claims for which payment is made under both insurance and assurance modes), where wallet amounts exceeding ₹2.50 lakhs shall be processed by the Insurer and additionally scrutinized by the Trust. The final amount approved by the Trust shall be fully paid by the Insurer. The amount exceeding ₹2.50 lakhs paid by the Insurer, will be reimbursed by the State Health Agency (SHA) at the time of payment of the next quarter's premium, based on calculations by the Accounts and MIS departments.
- j. The process specified in paragraphs (b) to (e) above in relation to Claim Payment or investigation of the Claim shall be completed such that the Turn-around Time shall be no longer than 15 days.
- k. If delay by SHA in release of Premium results in delay of Claim Payment by the Insurer beyond laid down TATs, then the same may not be considered towards penalty under Schedule 12 B
- l. The counting of days for the purpose of this Clause shall start from the date of receipt of the Claim.
- m. The Insurer shall make Claim Payments to each Empanelled Health Care Provider against Claims received through electronic transfer to such Empanelled Health Care Provider's designated bank account.
- n. All Claims audits/investigations shall be undertaken by qualified and experienced Medical Practitioners appointed by the INSURER to ascertain the nature of the disease, illness or accident and to verify the eligibility thereof for availing the benefits under this Insurance Contract and relevant Policy. The INSURER's medical staff shall not impart or advise on any Medical Treatment, Surgical Procedure or Follow-up Care or provide any OPD Benefits or provide any guidance related to cure or other care aspects.
- o. All Claims audits/investigations shall be undertaken by qualified and experienced Medical Practitioners appointed by the Insurer to ascertain the nature of the disease, illness or accident and to verify the eligibility

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thereof for availing the benefits under this Insurance Contract and relevant Policy. The Insurer's medical staff shall not impart or advise on any Medical Treatment, Surgical Procedure or Follow-up Care or provide any OPD Benefits or provide any guidance related to cure or other care aspects. The INSURER shall submit monthly details of:

- (i) all Claims that are under investigation to the district nodal officer and State Nodal Officer of the State Health Agency for its review;
 - (ii) every Claim that is pending Beyond Turn Around Time to the State Health Agency, along with its reasons for delay in processing such Claim; and
 - (iii) details of applicable penalty as per KPIs mentioned under Schedule 12 .
- p. The INSURER may collect at its own cost, complete Claim papers from the Empanelled Health Care Provider, if required for audit purposes. This shall not have any bearing on the Claim Payments to the Empanelled Health Care Provider.
 - q. INSURER shall ensure adherence to guidelines issued and updated from time to time by NHA, regarding Claims Adjudication.
 - r. In case the insurer hires Third Party Administrator (TPA), it shall ensure that the TPA does not approve or reject any Claims on its behalf and that the TPA is only engaged in the processing of Claims. The TPA may however recommend to the Insurer on the action to be taken in relation to a Claim. However, the final decision on approval and rejection of Claims shall be made by the Insurer.
 - s. The Insurer shall, at all times, comply with and ensure that its TPA is in compliance with TPA Regulations, Health Insurance Regulations and any other Law issued or notified by the IRDAI in relation to the provision of Cashless Access Services and Claims processing.
 - t. The overall responsibility of the execution of the Contract will rest solely and completely with the Insurer, irrespective of whether it engages a TPA or not.
 - u. With regard to submission of claims, claims processing, handling of claim queries, and all other related details, Insurer shall adhere to prevalent NHA's / SHA Claims Adjudication guideline

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

14.2 Right of Appeal and Reopening of Claims

- a. The Empanelled Health Care Provider shall have a right of appeal against a rejection of a Claim by the SHA, if the Empanelled Health Care Provider feels that the Claim is payable. Such decision of the INSURER may be appealed by filing a grievance with the DGNO/DGRC within 15 days of rejection of claim, in accordance with **Clause 26** of this Insurance Contract. This timeline is not applicable for public hospitals.
- b. The SHA and/or the DGNO or the DGRC, as the case maybe, may re-open the Claim, if the Empanelled Health Care Provider submits the proper and relevant Claim documents that substantiates their right to re-open such claims.
- c. The Empanelled Health Care Provider shall have a right of appeal against a rejection of a claim / full claim amount not paid by the Insurer, if the Empanelled Health Care Provider feels that the claim is payable.
- d. Before filing an appeal, the EHCP shall have right to file review application for claim rejected / less paid by insurer within 15 days of its rejection / less payment. Insurer shall decide the review application within 15 days of filling the application. Decision of review shall be taken in a joint meeting of Insurer, TPA and the

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aggrieved EHCP. After discussion if the claim is decided in favour of the EHCP, the Insurer will reopen and pay the claim amount to EHCP within 15 days and in case the EHCP is not satisfied with the decision, then the EHCP shall have right to appeal in DGRC against the decision of the review meeting within 15 days of its decision.

- e. There is two tier system of claim rejection appeal where first level of claim rejection appeal in District Grievance Redressal Committee (DGRC) constituted at district level and second level of appeal is Claim Review Committee (CRC) constituted at State level.
- f. The entire process of claim rejection appeal shall be done through online “Claim Rejection Appeal Portal”. However, EHCP can submit their appeal personally/through email in the office of DM & HO & HO (Nodal Officer) of the concerned district till the online portal is operational. Thereafter, only online appeals shall be entertained. District Nodal Officer will maintain register of all such offline appeals.
- g. All the appeals shall be disposed in First in First Out (FIFO) basis as far as possible.
- h. The DGRC/CRC may suo moto review any claim and direct either or both the Insurer and the health care provider to produce any records or make any deposition as its deems fit.
- i. The District Collector shall have right to constitute as many committee/s (benches) as required for disposal of claim rejection appeal.
- j. DGRC meeting shall be convened as and when required but not later than 30 days to ensure timely disposal of claim rejection appeals and other grievances.
- k. DGRC shall examine the appeal preferably within 30 working days and give its decision. In case the decision is not awarded within stipulated time period, then the DGRC shall record the reasons for the same. However, if appeal is not disposed within stipulated time period, it shall not form the ground for dishonouring the decision of DGRC / CRC by insurer / service provider.
- l. If EHCP/Insurer is still aggrieved with the decision of DGRC, the matter may be filed through online mode in Claim Review Committee (CRC) constituted at State level within 30 days of decision of DGRC. Appeals received at CRC after stipulated time period of 30 days shall be considered.
- m. CEO, Dr. NTR VST shall have the right to constitute as many Claim Review Committees with such member as required for review and disposal of claim rejection appeals.
- n. The decisions of the DGRC and CRC shall be a speaking order stating the reasons for the decision.
- o. Decision of CRC shall be final binding upon both the parties.
- p. A fee, as decided by Dr. NTR VST will be paid by party (private EHCP or insurer) to Dr. NTR VST for hearing of these appeals in order to avoid frivolous matters being forwarded to DGRC / CRC. This amount of fee will be non-refundable.
- q. The process and modalities regarding review of rejected claims will be followed in accordance with the guidelines issued by Dr. NTR VST from time to time.

14.3 No Contributions

- a. The Insurer agrees that any Beneficiary Family Unit or any of the Beneficiaries or any other third party shall be entitled to obtain additional health insurance or any other insurance cover of any nature whatsoever, including in relation to the benefits provided under this Insurance Contract and a Policy, either individually or on a family floater cover basis.
- b. Notwithstanding that such Beneficiary Family Unit or any of the Beneficiaries or any third party acting on their behalf effect additional health insurance or any other insurance cover of any nature whatsoever, the Insurer agrees that:

- (i) its liability to make a Claim Payment shall not be waived or discharged in part or in full based on a rateable or any other proportion of the expenses incurred and that are covered by the benefits under the Covers;
- (ii) it shall be required to make the full Claim Payment in respect of the benefits provided under this Insurance Contract and the relevant Policy; and
- (iii) if the total expenses incurred by the Beneficiary exceeds the available Sum Insured under the Covers, then the Insurer shall make payment to the extent of the available Sum Insured in respect of the benefits provided under this Insurance Contract and the relevant Policy and the other insurers shall pay for any excess expenses not covered.

15 No Duty of Disclosure

- a. Notwithstanding the issue of the Tender Documents and any other information provided by the State Health Agency prior to the date of this Insurance Contract, the INSURER hereby acknowledges that it does not rely on and has not been induced to enter into this Insurance Contract or to provide the Covers or to assess the Fee for providing the Covers on the basis of any statements, warranties, representations, covenants, undertakings, indemnities or other statements whatsoever and acknowledges that none of the State Health Agency or any of its agents, officers, employees or advisors or any of the enrolled Beneficiary Family Units have given or will give any such warranties, representations, covenants, undertakings, indemnities or other statements.
- b. Prior to commencement of each Policy Cover Period for any State, the State Health Agency or NHA undertake to prepare or cause a third party to prepare the Beneficiary Database as correctly as possible. The INSURER acknowledges that, notwithstanding such efforts being made by the State Health Agency, the information in the Beneficiary Database may not be accurate or correct and that the Beneficiary Database may contain errors or mistakes.

Accordingly, the INSURER acknowledges that the State Health Agency makes no warranties, representations, covenants, undertakings, indemnities or other statements regarding the accuracy or correctness of the Beneficiary Database that will be provided by it to the INSURER.

- c. The INSURER represents, warrants and undertakes that it has completed its own due diligence and is relying on its own judgment in assessing the risks and responsibilities that it will be undertaking by entering into this Insurance Contract and in providing the Covers to the enrolled Beneficiary Family Units and in assessing the adequacy of the Fee for providing the Covers for the Beneficiary Family Units.
- d. Based on the acknowledgements of the INSURER in this Clause, the INSURER:
 - (i) acknowledges and confirms that the State Health Agency has made no and will make no material disclosures to the INSURER;
 - (ii) acknowledges and confirms that the State Health Agency shall not be liable to the INSURER for any misrepresentation or untrue, misleading, incomplete or inaccurate statements made by the State Health Agency or any of its agents, officers, employees or advisors at any time, whether made wilfully, negligently, fraudulently or in good faith; and
 - (iii) hereby releases and waives all rights or entitlements that it has or may have to:
 - make any claim for damages and/or declare this Insurance Contract declared null and void; or
 - as a result of any untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars that affect the INSURER's ability to provide the Covers.

16 Fraud Control and Management

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- a. The INSURER is expected to have the capability of develop a comprehensive fraud control system for the scheme which shall at the minimum include regular monitoring, data analytics, e-cards audit, medical audit, field investigation, hospital audit, corrective action etc. It shall comply with provisions of PMJAY Anti-Fraud Guidelines and Advisories as issued time to time.
- b. For an indicative (not exhaustive) list of fraud triggers that may be automatically and on a real-time basis be tracked as provided in **Schedule 13**. The INSURER shall have capacities and track the indicative (not exhaustive) triggers, and it can add more triggers to the list.
- c. For all trigger alerts related to possible fraud at the level of EHCPs, the INSURER shall take the lead in immediate investigation of the case in close coordination and under constant supervision of the SHA.
- d. Investigations pursuant to any such alert shall be concluded within 07 (seven) days and all final decision related to outcome of the Investigation and consequent penal action, if the fraud is proven, shall vest solely with the SHA.
- e. The SHA shall take all such decision within the provisions of the Insurance Contract, PMJAY Anti-Fraud Guidelines, Recovery Guidelines and Advisories etc. and be founded on the Principles of Natural Justice and as per applicable laws.
- f. The SHA shall on an ongoing basis measure the effectiveness of anti-fraud measures in the Scheme through a set of indicators. For a list of such indicative (not exhaustive) indicators, refer to **Schedule 14**.
- g. The INSURER shall be responsible for monitoring and controlling the implementation of the AB-PMJAY - DR NTR VS in the State in accordance with **Clause 24**.
- h. In the event of a fraudulent Claim being made or a false statement or declaration being made or used in support of a fraudulent Claim or any fraudulent means or device being used by any Empanelled Health Care Provider or the TPA or other intermediary hired by the INSURER or any of the Beneficiaries to obtain any benefits under this Insurance Contract or any Policy issued by the INSURER (each a Fraudulent Activity), then the INSURER's sole remedies as per the approval of SHA shall be to:
 - (i) refuse to honour a fraudulent Claim or Claim arising out of Fraudulent Activity or reclaim all benefits paid in respect of a fraudulent Claim or any Fraudulent Activity relating to a Claim from the Empanelled Health Care Provider and/or any entity that has undertaken or participated in a Fraudulent Activity; and/or
 - (ii) take disciplinary action against the Empanelled Healthcare provider that has made a fraudulent Claim or undertaken or participated in any unethical practices, including but not limited to issuing showcase notice, levying penalties as per provisions or refer for suspension or de-empanelment to the State Empanelment Committee, with the procedure specified in **Schedule 5**;
 - (iii) terminate the services agreement with the intermediary appointed by the Insurer; and/or provided that the Insurer keeps the SHA informed of actions taken by it along with details thereof.
 - (iv) The State Health Agency shall have the right to conduct a random audit of any or all cases in which the Insurer has exercised such remedies against an Empanelled Health Care Provider and/or any Beneficiary. If the State Health Agency finds that the Insurer has wrongfully de-empanelled an Empanelled Health Care Provider, then the Insurer shall be required to reinstate such benefits to such Empanelled Health Care Provider.
- i. The INSURER hereby releases and waives all rights or entitlements to:
 - (i) make any claim for damages and/or have this Insurance Contract or any Policy issued under this Insurance Contract declared null and void; oras a result of any fraudulent Claim by or any Fraudulent Activity of any Empanelled Health Care Provider.
- J. A whistleblower system should be developed and implanted by the Insurer as per the guidelines of

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

17 Representations and warranties of the INSURER

17.1 Representations and Warranties

The INSURER represents, warrants and undertakes that:

- a. The INSURER has the full power, capacity and authority to execute, deliver and perform this Insurance Contract and it has taken all necessary actions (corporate, statutory or otherwise), to execute, deliver and perform its obligations under this Insurance Contract and that it is fully empowered to enter into and execute this Insurance Contract, as well as perform all its obligations hereunder.
- b. Neither the execution of this Insurance Contract nor compliance with its terms will be in conflict with or result in the breach of or constitute a default or require any consent under:
 - (i) any provision of any agreement or other instrument to which the INSURER is a party or by which it is bound ;
 - (ii) any judgment, injunction, order, decree or award which is binding upon the INSURER; and/or
 - (iii) the INSURER's Memorandum and Articles of Association or its other constituent documents.
- c. The INSURER is duly registered with the IRDAI, has duly obtained renewal of its registration from the IRDAI and to the best of its knowledge, will not have its registration revoked or suspended for any reason whatsoever during the Term of this Insurance Contract. The INSURER undertakes that it shall continue to keep its registration with the IRDAI valid and effective throughout the Term of this Insurance Contract.
- d. The INSURER has conducted the claims general insurance (including health insurance) business in India for at least 3 financial years prior to the submission of its Bid and shall continue to be an INSURER that is permitted under Law to carry on the general insurance (including health insurance) business throughout the Term of this Insurance Contract.
- e. In the financial year prior to the submission of its Bid, the INSURER has maintained its solvency ratio in full compliance with the requirements of the IRDAI Solvency Regulations and the INSURER undertakes that it shall continue to maintain its solvency ratio in full compliance with the IRDAI Solvency Regulations throughout the Term of this Insurance Contract.
- f. The INSURER has complied with and shall continue to comply with all Laws, including but not limited to the rules or regulations issued by the IRDAI in connection with the conduct of its business and the AB-PMJAY - DR NTR VS Guidelines issued by NHA and/or the State Health Agency from time to time.
- g. The Insurer has quoted the Premium and accepted the terms and conditions of this Insurance Contract:
 - (i) after the Insurer and its Appointed Actuary have duly satisfied themselves regarding the financial viability of the Premium; and
 - (ii) in accordance with the Insurer's underwriting policy approved its Board of Directors.

The Insurer shall not later deny issuance of a Policy or payment of a Claim on the grounds that: (x) the Premium is found financially unviable; or (y) the assumptions taken by the Insurer and/or its Appointed Actuary in the actuarial certificate submitted with its Bid have been breached; or (z) the Insurer's underwriting policy has been breached.

- h. Without prejudice to above, the INSURER is and shall continue to be capable of meeting its liabilities make Claim Payments , servicing the Covers being provided by SHA under this Insurance Contract and has and shall continue to have sufficient infrastructure, trained manpower and resources to perform its obligations under this Insurance Contract.
- i. The INSURER has at no time, whether prior to or at the time of submission of its Bid and at the time of execution of this Contract, been black-listed or been declared as ineligible from participating in government sponsored schemes (including the AB-PMJAY - DR NTR VS) by the IRDAI.
- j. After the issuance of each Policy, the INSURER shall not withdraw or modify the Fee or the terms and conditions of the Covers provided to the Beneficiaries during the Term of this Insurance Contract.
- k. The INSURER abides and shall continue to abide by the Health Insurance Regulations and the code of conduct prescribed by the IRDA or any other governmental or regulatory body with jurisdiction over it, from time to time.

17.2 Continuity and Repetition of Representations and Warranties

The INSURER agrees that each of the representations and warranties set out in **Clause 16.1** are continuing and shall be deemed to repeat for each day of the Term.

17.3 Information regarding Breach of Representations and Warranties

The INSURER represents, warrants and undertakes that it shall promptly, and in any event within 15 days, inform the State Health Agency in writing of the occurrence of a breach or of obtaining knowledge of a potential breach of any of the representations and warranties made by it in **Clause 16.1** at any time during the continuance of the Term.

18 Project Office and District Offices and Manpower

18.1 Project Office at the State Level

The INSURER shall establish a Project Office at a convenient place at on mutual agreed preferably at Mangalagiri / Amaravati in coordination with the SHA on a regular basis within timeline provided under Schedule 12. Exiting contract and outsourcing staff at Headquarters mentioned in schedule 20 shall be taken over by Insurance Company.

18.2 District Offices

- a. The INSURER shall set up an office in each district headquarters in the state of Andhra Pradesh within given timelines.
- b. Each District Office shall be responsible for coordinating the INSURER's activities at the district level with the SHA's district level administration.
- c. Exiting contract and outsourcing staff at District offices and Vaidya Mithras mentioned in schedule 20 shall be taken over by Insurance Company.

18.3 Organizational Set up and Functions

- a. In addition to the support staff for other duties, the INSURER shall recruit or employ experienced and qualified personnel exclusively for the purpose of implementation of the AB-PMJAY - DR NTR VS and for the performance of its obligations and discharge of its liabilities under the Insurance Contract. Detailed list of staff to be provided by INSURER is provided under Schedule 16:

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- b. In addition to the personnel mentioned in Schedule 16, the INSURER shall recruit or employ experienced and qualified personnel including but not limited to following roles within its organization exclusively for the purpose of the implementation of the Scheme:
- i Develop and maintain HMIS suite with ABDM standards .
 - ii To undertake Information Technology related functions which will include, among other things, collating and sharing claims related data with the SHA and running of the website, if any other than central web-portal, at the State level and updating data at regular intervals on the website. The website shall have information on AB PM-JAY- Dr NTR VS in the local language and English with functionality for claims settlement and account information access for the AB PM-JAY Dr NTR VS Beneficiaries and the EHCP.
 - iii To set up and manage toll free call center including linkage with national call center as defined by Government of India
 - iv To implement the grievance redressal mechanism and to participate in the grievance redressal proceedings provided that such persons shall not carry out any other functions simultaneously if such functioning will affect their independence as members of the grievance redressal committees at different levels.
 - v To provide hardware and manage its maintenance including Annual Maintenance Cost, if any, as per the guidelines of the scheme at all Public Hospitals.
 - vi To coordinate the INSURER's State level obligations with the State level administration of the SHA.
 - vii To undertake the Management Information System (MIS) functions, which include creating the MIS dashboard and collecting, collating and reporting data.
 - viii To generate reports in formats prescribed by the SHA from time to time or as specified in the Scheme Guidelines, at monthly intervals.
 - ix Processing and approval of beneficiary identity verification requests, received from Pradhan Mantri Arogya Mitras at the hospitals, as per the process defined in the scheme. Scrutiny and approval of beneficiary identity verification requests if all the conditions are fulfilled, within 30 minutes of receiving the requests from Pradhan Mantri Arogya Mitras at the network hospital.
 - x To undertake the Pre- authorization functions under AB-PMJAY - DR NTR VS.
 - xi To undertake paperless claims settlement for the Empaneled Health Care Providers with electronic clearing facility, including the provision of necessary Medical Practitioners to undertake investigation of claims made.
 - xii To undertake internal monitoring and control functions including fraud detection along with providing a team with adequate manpower to analyze data for analyzing patterns, frauds and taking actions against the hospitals.
 - xiii To undertake feedback functions which include designing feedback formats, collecting data based on those formats from different stakeholders like AB-PMJAY - DR NTR VS beneficiaries, the EHCPs etc., analysing the feedback data and recommending appropriate actions.
 - xiv To coordinate the INSURER's district level obligations with the district level administration of the SHA.
- c. Provided, however, that the INSURER shall not outsource any roles or functions that are its core functions as a health INSURER or that the INSURER is prohibited from outsourcing under the Insurance Laws, including but not limited to: implementation of the grievance redressal mechanism, managing its District Offices, undertaking Pre- authorization (other than in accordance with the Health Insurance Regulations), undertaking Claims Payments (other than in accordance with the Health Insurance Regulations).
- d. The INSURER shall provide a list of all appointments and replacement of such personnel to the SHA within 30 days of all such appointments and replacements. The INSURER shall ensure that its employees coordinate and consult with the SHA's corresponding personnel for the successful implementation of AB-PMJAY - DR NTR VS and the due performance of the INSURER's obligations and discharge of the INSURER's liabilities under the Insurance Contract and the Policies issued hereunder.

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- e. The INSURER shall complete the recruitment of such employees within 45 days of the signing of the Insurance Contract and in any event, prior to commencement of the Policy Cover Period.
- f. The Insurer shall raise timely invoices for the due premium amount as per the terms of this Insurance Contract.
- g. The Insurer shall promptly refund the due premium amount in pursuance of Clause 10.2 of this Insurance Contract.
- h. The INSURER agrees to provide toll-free telephone services for the guidance and benefit of the beneficiaries whereby the covered Persons will receive guidance about various issues by dialing a State Toll free number. This service provided by the INSURER is referred to as the “Call Centre Service”. This call centre shall have linkage with the National Call Centre as per the guidelines of Government of India
 - a. **Call Centre Information**
The Existing toll-free number of state is provided by SHA for answering the queries. The call centre shall have access to all the relevant information of AB PM-JAY- Dr NTR VS in the State so that it can provide answer satisfactorily.
 - b. **Language**
The INSURER undertakes to provide services to the covered Persons in English and local languages.
 - c. **Toll Free Number**
The Existing toll-free number of state is provided by SHA for answering the queries.
 - d. **INSURER to inform Beneficiaries**
The INSURER will intimate the state toll free number and / or national toll-free number to all beneficiaries along with addresses and other telephone numbers of the INSURER’s Project Office

19 Obligations of the Insurance Agency

The Insurance Agency agrees to undertake the following tasks which are necessary for successful implementation of the Scheme. These are indicative but not exhaustive.

- a Processing and approval of beneficiary identity verification requests, received from Vaidya Mitras at the hospitals, as per the process defined in the scheme. Scrutiny and approval of beneficiary identity verification requests if all the conditions are fulfilled, within 30 minutes of receiving the requests from Vaidya Mitras at the network hospital.
- b Processing of pre-authorization requests related to the scheme from the empaneled hospitals. Scrutiny and approval of preauthorization requests if all the conditions are fulfilled, as per TAT provided in Schedule 12.
- c Scrutinize the bills from the network hospitals (i.e. ensuring charges are as per the package rates, relevant documents are provided etc.) and the sanction & payment of the bill within 15 days of receipt of complete claim.
- d Fraud detection and control including providing a team with adequate manpower to undertake spot checks, investigations, analyze data for analyzing patterns, frauds and taking actions against the hospitals to prevent and detect fraud including but not limited to preventing beneficiary fraud and ensuring that no fraudulent claim is processed for payment.
- e Set up a fully operational Project and district office within TAT mentioned in Schedule 12.

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f Provide staff as detailed in Schedule 16

g Takeover the staff at head quarter and district as mentioned at schedule 20.

h Conduct audit as per Anti Fraud Guidelines of NHA and Dr NTR VST .

i Support in hospital empanelment related activities including field verification of the hospitals on the request of SHA.

j Support in deployment of SHA IT platform and maintenance including modification in IT systems (if any). Also provide claim processing software where required.

k Providing hardware and managing its maintenance including Annual Maintenance Cost, if any as per the guidelines of the scheme at all empaneled Public Hospitals.

l Participate in and coordinate timely redressal of grievances in close coordination with the concerned Grievance Redressal Committee.

m Comply with the orders of the concerned Grievance Redressal Committee should an order be issued against the INSURER itself.

n To undertake feedback functions which include designing feedback formats, collecting data based on those formats from different stakeholders like AB PM-JAY-Dr NTR VS beneficiaries, the EHCPs etc., analysing the feedback data and recommending appropriate actions.

o Abide by the terms and conditions of the Insurance Contract throughout the tenure of the Contract.

p Ensuring that the contact details of the State Coordinator of the Insurance Agency and the nodal officer of the EHCP (as the case may be) are updated on the AB PM-JAY website.

q Ensure provision of services in absence of internet connectivity as provided in **Section 22**.

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

20 Other Obligations

20.1 INSURER's Obligations before start of the policy

The INSURER shall mandatorily complete the following activities before the start of policy in the State:

- a. Ensure that requisite hardware and software is available in the empanelled public hospitals as required
- b. State and district offices as mentioned above are set up and functional
- c. Ensuring that contact details of the District Coordinator of the INSURER, and the nodal officer of the other service providers appointed by the INSURER are provided to SHA before the commencement of each Policy Cover Period.

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

20.2 State Health Agency's Obligations

The State Health Agency shall mandatorily complete the following activities before the start of the policy in the State:

- a. Payment of Fee as per schedule mentioned under Clause 9.1
- b. Provide the Beneficiary Database for each district in the format prescribed by the AB-PMJAY - DR NTR VS Guidelines to the INSURER prior to the commencement of each Policy Cover Period at least 15 days prior to the scheduled date for start of policy.
- c. Appoint the District Nodal Officers (DNOs) and other required staff for each district and work with the DNO appointed by it to create the requisite organization structure at the district level to effectively implement and manage the AB-PMJAY - DR NTR VS within 30 days of the signing of this Insurance Contract.
- d. Set up State and District level grievance committees as detailed out in this contract document.
- e. Set up Claims review committee as mentioned in 24.3.1 (b) (I)
- f. Take Action on BIS rejection recommendation of the INSURER.

(These guidelines are only indicative in nature; Trust reserves the right to modify or change them if required.)

21 Service beyond Service Area

To ensure true portability of AB-PMJAY State Governments participating in the Scheme are deemed to be in arrangement with ALL other States, through NHA, that are implementing AB-PMJAY for allowing sharing of network hospitals, transfer of payment of claim & transaction data arising in areas beyond the service area.

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

22 Plan for Provision of Services in the Absence of Internet Connectivity

The INSURER agrees that if, in the implementation of the Scheme and use of the prescribed technology and systems, there is an issue causing interruption in the provision of Cashless Access Services, the INSURER shall:

- a. make all efforts to put in place an alternate mechanism to ensure continued provision of Cashless Access Services to the AB-PMJAY - DR NTR VS Beneficiaries.
- b. take all necessary measures to fix the technology or related issues to bring the Cashless Access Services back onto the online platform within the earliest possible time in close coordination with the SHA; and
- c. furnish all data/information in relation to the cause of interruptions, the delay or other consequences of interruptions, the mitigating measures taken by the INSURER and any other related issues to the SHA in the format prescribed by the SHA at that point in time.

23 Management Information System

- a. All Management Information System (MIS) shall be on a centralised web-based architecture designed by the NHA, for the purposes of the Scheme.
- b. The INSURER shall maintain a MIS dashboard that will act as a visual interface to provide at-a-glance views on key ratios and measures of data regarding the implementation of the Scheme.
- c. The INSURER shall update the information on the MIS dashboard real time and shall provide the SHA and any number of authorized representatives of the SHA or its advisors/ consultants with access to the various modules on the MIS dashboard. The SHA and the NHA shall have the right to download, print or store the data available on the MIS dashboard.
- d. In addition, the INSURER shall submit reports to the SHA regarding health-service usage patterns, Claims data and such other information regarding the delivery of benefits as may be required by the SHA on a monthly basis.
- e. In addition, the INSURER shall be responsible for submitting such other data and information as may be requested by the SHA and/ or to the NHA and to submit such reports in formats as required by and specified by the SHA from time to time.
- f. All data generated by the INSURER in relation to the implementation and management of the Scheme and/or in performing its obligations under the Insurance Contract shall be the property of the SHA and NHA. The INSURER undertakes to handover all such information and data to the SHA within 10 days of the expiration or cancellation of the Policy for that State and on the expiration or early termination of the Insurance Contract.

24 Monitoring and Control

24.1 Scope of Monitoring

- a. Monitoring under AB-PMJAY - DR NTR VS shall include supervision and monitoring of all the activities under the AB-PMJAY - DR NTR VS undertaken by the INSURER and ensuring that the INSURER complies with all the provisions of the Insurance Contract signed with the State Health Agency (SHA) and all contracts and sub-contracts/ agreements issued by the INSURER pursuant to the Insurance Contract with the SHA for implementation of the Scheme.
- b. Monitoring shall include but not be limited to:
 - i. Overall performance and conduct of the INSURER.
 - ii. Claims management process.
 - iii. Grievance redressal process.
 - iv. Fraud control process
 - v. Any other aspect/ activity of the INSURER related to the implementation of the Scheme.

24.2 Monitoring Activities to be undertaken by the INSURER

24.2.1 General Monitoring Obligations

Under the AB-PMJAY - DR NTR VS, the INSURER shall monitor the entire process of implementation of the Scheme on an ongoing basis to ensure that it meets its obligations under its Insurance Contract with the SHA. Towards this obligation the INSURER shall undertake, **but not be limited** to, the following tasks:

- a. Ensure compliance to all the terms, conditions and provisions of the Scheme.

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- b. Ensure monitoring of processes for seamless access to cashless health care services by the AB-PMJAY - DR NTR VS beneficiaries under the provisions of the Scheme.
- c. Ensure monitoring of processes for timely claim processing and management of all claims of the EHCPs.
- d. Ensure monitoring of processes/transactions/entities for fraud control
- e. Ensure fulfilment of minimum threshold levels as per the agreed Key Performance Indicators (KPIs) laid down in Schedule 12.
- f. Ensure compliance from all its sub-contractors, vendors and intermediaries hired/ contracted by the INSURER under the Scheme for the fulfilment of its obligations.

24.3 Monitoring Activities to be undertaken by the State Health Agency

24.3.1 Audits by the State Health Agency

- a. Audit of the audits undertaken by the Insurer: The SHA shall have the right to undertake sampled audits of all audits (Medical Audit and Hospital Audit) undertaken by the Insurer.
- b. Direct audits: In addition to the audit of the audits undertaken by the Insurer referred in **Clause 23.3.1.a**, the SHA shall have the right to undertake direct audits on a regular basis conducted either directly by it or through its authorized representatives/ agencies including appointed third parties. Direct audits shall include:
 - (i) Claims audit: For the purpose of claims audit, the SHA shall constitute a **Claims Review Committee (CRC)** that shall look into 100 percent of the claims rejected or partially settled by the Insurer to assure itself of the legitimacy of the Insurer's decisions. Claims settlement decisions of the Insurer that are disputed by the concerned EHCP shall be examined in depth by the CRC after such grievance of the EHCP is forwarded by the concerned Grievance Redressal Committee (GRC) to the CRC.

CRC shall examine the merits of the case within 30 working days and recommend its decision to the concerned GRC. The GRC shall then communicate the decision to the aggrieved party (the EHCP) as per the provisions specified in the Clause of Grievance Redressal Mechanism.

During the claims audit the SHA shall look into the following aspects (indicative, not exhaustive):

- Evidence of rigorous review of claims adjudication.
- Comprehensiveness of claims submissions (documentation) by the EHCPs.
- Number of type of queries raised by the Insurer during review of claims – appropriateness of queries.
- Accuracy of claims settlement.

- (ii) Concurrent Audits: The SHA shall have the right to set up mechanisms for concurrent audit of the implementation of the Scheme and monitoring of Insurer's performance under this Insurance Contract.

24.3.2 Spot Checks by the State Health Agency

- a. The SHA shall have the right to undertake spot checks of district offices of the INSURER and the premises of the EHCP without any prior intimation.
- b. The spot checks shall be random and will be at the sole discretion of the SHA.

24.3.3 Performance Review and Monitoring Meetings

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- a. The SHA shall organize fortnightly meetings for the first three months and monthly review meetings thereafter with the INSURER. The SHA shall have the right to call for additional review meetings as required to ensure smooth functioning of the Scheme.
- b. Whereas the SHA shall issue the Agenda for the review meeting prior to the meeting while communicating the date of the review meeting, as a general rule the Agenda shall have the following items:
 - (i) Review of action taken from the previous review meeting.
 - (ii) Review of performance and progress in the last quarter: utilization pattern, claims pattern, etc. This will be done based on the review of reports submitted by the INSURER in the quarter under review.
 - (iii) KPI Results review – with discussions on variance from prescribed threshold limits, if any.
 - (iv) Contracts management issue(s), if any.
 - (v) Risk review, fraud alerts, action taken of fraud alerts.
 - (vi) Inter INSURER claim settlement
 - (vii) Any other item.
- c. All meetings shall be documented and minutes shared with all concerned parties.
- d. Apart from the regularly quarterly review meetings, the SHA shall have the right to call for interim review meetings as and when required on specific issues.

24.4 Key Performance Indicators for the INSURER

- a. A set of critical indicators where the performance level below the threshold limit set, shall attract financial penalties and shall be called **Key Performance Indicators (KPI)**. For list of KPIs, see **Schedule 12**.
- b. At the end of every 12 months, if there is renewal of the tenure, the SHA shall have the right to amend the KPIs, which if amended, shall be applicable pre-emptively on the INSURER and the INSURER shall be obliged to abide by the same.

24.5 Measuring Performance

- a. Performance shall be measured as per timeline and threshold provided in Schedule 12.
- b. Indicator performance results shall be reviewed in the quarterly review meetings and reasons for variances, if any, shall be presented by the INSURER.
- c. INSURERs shall pay SHA all penalties imposed by the SHA in line with KPIs mentioned in Schedule 12 on the INSURER within 15 days of receipt Penalty Notice from SHA. SHA shall ensure that Penalty Notice contains all the details regarding penalties being imposed.
- d. Penalty Notice shall be shared with INSURER in each quarter and calculation of penalties shall be as detailed in Schedule 12.
- e. If the INSURER wishes to contest the penalty levied by SHA, it may represent to the SHA along with documentary necessary documentary proof within 7 days of receipt of the notice.
- f. SHA may examine the evidence and facts and arrive at final penalty amount/decision and shall convey the same to INSURER withing 7 days.
- g. Failure to pay penalty within the timeline will invite penal interest on the panalties as specified in Schedule 12.D.
- h. If the Insurer fails to pay Penalty within 90-day period and/ or the default interest thereon, the SHA shall be entitled to recover such amount along with applicable intrst, if any, as a debt due from the Insurer. Please refer to Clause 41 for details regarding Dispute Resolution

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- i. Also, based on the review, the SHA shall have the right to issue rectification orders demanding the performance to be brought up to the levels desired as per the AB-PMJAY - DR NTR VS Guidelines.
- j. In the event of delay due to IT system downtime, KPI penalties shall not be applicable.
- k. Along with monitoring of KPIs, SHA may issue rectification orders to INSURER. All such rectifications shall be undertaken by the INSURER within 30 days of the date of issue of such Rectification Order unless stated otherwise in such Order(s).
- l. At the end of the rectification period, the INSURER shall submit an Action Taken Report with evidences of rectifications done to the SHA.
- m. If the SHA is not satisfied with the Action Taken Report, it shall call for a follow up meeting with the INSURER and shall have the right to take appropriate actions within the overall provisions of the Insurance Contract between the SHA and the INSURER.
- n. SHA as policy holder can also approach to IRDAI for necessary action in case the Insurer persistently fails to meet contractual obligations. Such instances of default may related to - as not meeting baseline KPIs, not paying penalties in timely manner or fail to return premium etc.

24.6 Penalties

- a. KPI related penalties are provided in the KPI table in **Schedule 12.** and imposition of penalties shall be as specified in Clause 24.5

(These guidelines are only indicative in nature, Trust reserves the right to modify or change them if required.)

25. Outsourcing of Non- core Business by Insurer to an Agency

- a. The Insurer shall notify the SHA of the agencies or service providers that it wishes to appoint within three days of NOA.
- b. The agency or service provider to be appointed by the insurer shall be as per the latest regulations issued by IRDAI.
- c. For the purpose of hiring an outsourced agency or service provider the Insurer shall enter into a Service Level Agreement with the concerned agency or service provider and within 14 days submit a redacted copy to the SHA.
- d. The Insurer in all cases shall ensure that the appointment and functioning of agency or service provider shall be in due compliance with latest regulations of IRDAI and any deviation in this manner shall be considered a case of breach of the contract.
- e. The appointment of intermediaries or service providers shall not relieve the Insurer from any liability or obligation arising under or in relation to the performance of obligations under this Insurance Contract and the Insurer shall at all times remain solely responsible for any act or omission of its intermediaries or service providers, as if it were the acts or omissions of the Insurer.
- f. The Insurer shall be responsible for ensuring that its service agreement(s) with intermediaries and service providers include provisions that vest the Insurer with appropriate recourse and remedies, in the event of non-performance or delay in performance by such intermediary or service provider.

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- g. The Insurer shall notify the State Health Agency of the intermediaries or service providers that it wishes to appoint on or before the date of execution of this Insurance Contract.

26. Reporting Requirements

- a. The INSURER shall submit all reports mandated by SHA.
- b. All reports shall be uploaded by the INSURER online on the SHA web portal along with separate email and physical copy.
- c. The INSURER shall receive auto-acknowledgement immediately on submission of the report.
- d. The SHA shall review all progress reports and provide feedback, if any, to the INSURER.
- e. All Audits reports shall be reviewed by the SHA and based on the audit observations, determine remedial actions, wherever required.

27. Grievance Redressal

A robust and strong grievance redressal mechanism has been designed for AB-PMJAY - DR NTR VS. The District authorities shall act as a frontline for the redressal of Beneficiaries' / Providers / other Stakeholder's grievances. The District authorities shall also attempt to solve the grievance at their end. The grievances so recorded shall be numbered consecutively and the Beneficiaries / Providers or any other aggrieved party shall be provided with the number assigned to the grievance. The District authorities shall provide the Beneficiaries / Provider or any other aggrieved party with details of the follow-up action taken as regards the grievance as per the process laid down. The District authorities shall also record the information in pre-agreed format of any complaint / grievance received by oral, written or any other form of communication.

Under the Grievance Redressal Mechanism of AB-PMJAY - DR NTR VS, set of three tier Grievance Redressal Committees have been set up to attend to the grievances of various stakeholders at different levels. Details of Grievance Redressal mechanisms and guidelines are published and revised by NHA from time to time, INSURER shall ensure adherence to these guidelines while conducting grievance redressal.

28. Term and Termination

28.1 Term

This Insurance Contract shall become effective on the date of its execution and shall continue to be valid and in full force and effect until

- a. expiration of the Policy Cover Period under each Policy issued under this Insurance Contract;
- b. the discharge of all the INSURER's liabilities for all Claims made by the Empanelled Health Care Providers on or before the date of expiration of the Policy Cover Period for each Policy. For the avoidance of doubt, this shall include a discharge of the INSURER's liability for all amounts blocked for the Beneficiaries before the date of expiration of such Policy Cover Period; and
- c. the discharge of all the INSURER's liabilities to the State Health Agency, including for refund of any Fee for any of the previous Policy Cover Periods.

The INSURER undertakes that it shall discharge all its liabilities in respect of all such Claims raised in respect of

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each Policy and all of its liabilities to the State Health Agency within 60 days of the date of expiration of the Policy Cover Period for that Policy.

The period of validity of this Insurance Contract shall be the **Term**, unless this Insurance Contract is terminated earlier.

28.2 Termination by the State Health Agency

- a. The State Health Agency shall have the right to terminate this Insurance Contract upon the occurrence of any of the following events (each an **INSURER Event of Default**), provided that such event is not attributable to a Force Majeure Event:
- (i) the INSURER fails to duly obtain a renewal of its registration with the IRDAI or the IRDAI revokes or suspends the INSURER's registration for the INSURER's failure to comply with applicable Insurance Laws or the INSURER's failure to conduct the general or health insurance business in accordance with applicable Insurance Laws or the code of conduct issued by the IRDAI; or
 - (ii) If at any time any payment, assessment, charge, lien, penalty or damage herein specified to be paid by the INSURER to the SHA, or any part thereof, shall be in arrears and unpaid within 60 days of receipt of a written notice from the SHA requesting payment thereof; or
 - (iii) the INSURER is otherwise in material breach of this Insurance Contract that remains uncured despite receipt of a 60-day cure notice from the SHA; or
 - (iv) any representation, warranty or undertaking given by the INSURER proves to be incorrect in a material respect or is breached; or
 - (v) The INSURER has successively infringed the terms and conditions of the Insurance Contract and/or has failed to rectify the same even after the expiry of the notice period for rectification of such infringement then it would amount to material breach of the terms of the Insurance Contract by the INSURER; or
 - (vi) The INSURER has failed to perform or discharge any of its obligations in accordance with the provisions of the Insurance Contract with SHA unless such event has occurred because of a Force Majeure Event, or due to reasons solely attributable to the SHA without any contributory factor of the INSURER; or
 - (vii) The INSURER engaging or knowingly has allowed any of its employees, agents, tenants, contractor or representative to engage in any activity prohibited by law or which constitutes a breach of or an offence under any law, in the course of any activity undertaken pursuant to the Insurance Contract; or
 - (viii) The INSURER has been adjudged as bankrupt or become insolvent; or
 - (ix) Any petition for winding up of the INSURER has been admitted and liquidator or provisional liquidator has been appointed or the INSURER has been ordered to be wound up by Court of competent jurisdiction, except for the purpose of amalgamation or reconstruction with the prior consent of the SHA, provided that, as part of such or reconstruction and the amalgamated or reconstructed entity has unconditionally assumed all surviving obligations of the INSURER under the Insurance Contract; or
 - (x) The INSURER has abandoned the Project Office(s) of the AB-PMJAY - DR NTR VS - Dr. NTR VS and is non-contactable for two weeks over phone and email; or
 - (xi) Performance against KPI is below the threshold specified in **Schedule 12, including pertaining to SPD trigger**; or
 - (xii) Intentional or unintentional act of undisputedly proven fraud committed by the INSURER.
- b. Upon the occurrence of an INSURER Event of Default, the State Health Agency may, without prejudice to any other right it may have under this Insurance Contract, in law or at equity, issue a notice of its intention to terminate this Insurance Contract to the INSURER (**Preliminary Termination Notice**).

If the INSURER fails to remedy or rectify the INSURER Event of Default stated in the Preliminary Termination Notice within 30 days of receipt of the Preliminary Termination Notice, the State Health Agency will be entitled to terminate this Insurance Contract by issuing a final termination notice (**Final Termination Notice**).

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- c. SHA will provide pro rata Fee for the period for which INSURER has provided the policy within 30 days of end of policy. In case excess Fee with respect to pro rata policy has been already received by the INSURER then INSURER will need to return the excess Fee excluding the Fee due for the pro rata period within 30 days of end of policy.

28.3 State Health Agency Event of Default

- a. The INSURER can terminate this Insurance Contract upon the occurrence of non-payment of Fee within 90 days of the due date by the State Health Agency that remains uncured despite receipt of a 15-day cure notice or Preliminary Termination Notice from the provided that such event is not attributable to a Force Majeure Event.
- b. Upon the occurrence of a State Health Agency Event of Default (non-payment of Fee after 90 days of due of payment), the INSURER may, without prejudice to any other right it may have under this Insurance Contract, in law or at equity, issue a Preliminary Termination Notice to the State Health Agency. If the State Health Agency fails to remedy or rectify the State Health Agency Event of Default stated in the Preliminary Termination Notice issued by the INSURER within 15 days of receipt of the Preliminary Termination Notice, the INSURER will be entitled to terminate this Insurance Contract by issuing a Final Termination Notice.
- c. The SHA or its employees, or representatives engage in any corrupt or fraudulent practices which are prohibited under relevant national and state level Anti-Corruption laws.
- d. The SHA has failed to perform or discharge any of its obligations in accordance with the provisions of the Insurance Contract with INSURER unless such event has occurred because of a Force Majeure Event.

28.4 Termination Date

The **Termination Date** upon termination of this Insurance Contract for:

- a. an INSURER Event of Default, shall be the date of issuance of the Final Termination Notice.
- b. a State Health Agency Event of Default, shall be the date falling 15 Business Days from the date of the Final Termination Notice issued by the INSURER; and
- c. a Force Majeure Event, shall be the date of expiration of the written notice.

28.5 Consequences of Termination

Upon termination of this Insurance Contract, the INSURER shall:

- a. Continue to provide the benefits to the Beneficiaries until the Termination Date.
- b. Pay to the State Health Agency on the Termination Date (where termination is due to an Insurer Event of Default or a Force Majeure Event), a sum that shall be calculated as follows for the State:

$$TC = P \times N \times \frac{UT}{365}$$

Where:

TC is the sum to be paid by the Insurer to the State Health Agency on the Termination Date in respect of the State;

P is the Premium per Beneficiary Family Unit that has been or has to be paid by the State Health Agency to the Insurer for the Policy Cover Period in which the Termination Date occurs;

N is the total number of Beneficiary Family Units covered in the State, for whom the Premium has been or has to be paid by the State Health Agency to the Insurer for the Policy Cover Period in which the Termination Date occurs; and

UT is the unexpired term of the Policy for that State, calculated as the number of days between the Termination Date and the date of expiration of the Policy Cover Period (had such Policy continued).

Such payment shall be made by the INSURER to the State Health Agency exclusive of all applicable taxes and duties. The INSURER agrees to bear and pay all applicable taxes and duties in respect of such amount.

- c. Continue to be liable for all Claims made by the Empanelled Health Care Providers on or before the Termination Date, including:
 - (i) all amounts blocked for treatment of the Beneficiaries before the Termination Date, where the Beneficiaries were discharged after the Termination Date; and
 - (ii) all amounts that were pre-authorized for Claim Payment before the Termination Date, where the pre-authorization has occurred prior to the Termination Date but the Beneficiaries were discharged after the Termination Date.

The INSURER undertakes that it shall discharge its liabilities in respect of all such Claims raised within 45 days of the Termination Date.

28.6 Migration of Policies Post Termination

- a. At least 120 days prior to the expiration of this Insurance Contract or the Termination Date, the SHA may issue a written request to the Insurer seeking a migration of the Policies for all the districts in the Service Area (**Migration Request**) to another insurance company (**New Insurer**) .
- b. Once the SHA has issued such a Migration Request:
 - (i) The SHA shall have the right to identify the New Insurer to whom the Policies will be migrated up to 30 days prior to the expiration date or the Termination Date.
 - (ii) The SHA shall also have the right to withdraw the Migration Request at any time prior to the 30 days period immediately preceding the expiration date or the Termination Date. If the SHA chooses to withdraw the Migration Request, then the remaining provisions of this **Clause 28.6** shall not apply from the date of such withdrawal and this Insurance Contract shall terminate forthwith upon the withdrawal of the Migration Request. The reasons for withdrawal of Migration Request shall be placed on record by SHA.
- c. Upon receiving the Migration Request, the Insurer shall commence preparing Claims data, and current status of implementation of training provided to Empanelled Health Care Providers and any other information sought by the SHA in the format prescribed by the SHA at that point in time.
- d. Within 7 days of receiving notice of the New Insurer, the Insurer shall promptly make available all of the data prepared by it to the New Insurer.
- e. The Insurer shall not be entitled to:
 - (i) refuse to honour any Claims made by the EHCPs on or before the date of expiration or the Termination Date until the migration process has been completed and the New Insurer assumes all of the risks under the Policies for the Service Area; or
 - (ii) cancel the Policies for the Service Area until the migration process has been completed and the New Insurer assumes all of the risks under the Policies for the Service Area; or
 - (iii) charge the SHA, the New Insurer or any third person with any commission, additional charges, loading charges or otherwise for the purpose of migrating the Policies to the New Insurer.

- f. The Insurer shall be entitled to retain the proportionate Premium for the period between the date on which a termination notice has been issued and the earlier to occur of: (x) the date on which the New Insurer assumes all the risks under the Policies; and (y) the date of withdrawal of the Migration Request (the **Migration Termination Date**).

28.7 Hand-Over Obligations

Without prejudice to the provisions of **Clause 29.6**, on expiration of the Term or on the Termination Date, the Insurer shall:

- a. assign all of its rights, but not any payment or other obligations or liabilities, under its Services Agreements with the Empanelled Health Care Providers and any other agreements with its intermediaries or service providers for the implementation of AB-PMJAY - DR NTR VS in favour of the State Health Agency and/or to the New Insurer, provided that the Insurer has received a written notice to this effect at least 30 days' prior to the date of expiration of the Term or the Termination Date;
- b. hand-over, transfer and assign all rights and title to and all intellectual property rights in all data, information and reports in favour of the State Health Agency or to the New Insurer, whether such data, information or reports have been collected, collated, created, generated or analysed by the Insurer or its intermediaries or service providers on its behalf and whether such data, information and reports is in electronic or physical form;

29 Force Majeure

29.1 Definition of Force Majeure Event

A **Force Majeure Event** shall mean the occurrence in the State of Andhra Pradesh any of the following events after the date of execution of this Insurance Contract, which was not reasonably foreseeable at the time of execution of this Insurance Contract and which is beyond the reasonable control and influence of a Party (the **Affected Party**) and which causes a delay and/or inability for that Party to fulfil its obligations under this Insurance Contract:

- a. fire, flood, atmospheric disturbance, lightning, storm, typhoon, tornado, earthquake, washout or other Acts of God;
- b. war, riot, blockade, insurrection, acts of public enemies, civil disturbances, terrorism, sabotage or threats of such actions; and
- c. strikes, lock-out or other disturbances or labour disputes, not involving the employees of such Party or any intermediaries appointed by it,

but regardless of the extent to which the conditions in the first paragraph of this **Clause 28.1** are satisfied, Force Majeure Event shall not include:

- a. a mechanical breakdown; or
- b. weather conditions which should reasonably have been foreseen by the Affected Party claiming a Force Majeure Event and which were not unusually adverse; or
- c. non-availability of or increase in the cost (including as a result of currency exchange rate fluctuations) of suitably qualified and experienced labour, equipment or other resources, other than the non-availability of equipment due to an event that affected an intermediary of the INSURER and that, if it had happened to the INSURER hereunder, would have come within the definition of Force Majeure Event under **Clause 28.1**; or
- d. economic hardship or lack of money, credit or markets; or

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- e. events of physical loss, damage or delay to any items during marine, air or inland transit to the State of Andhra Pradesh unless the loss, damage or delay was directly caused by an event that affected a intermediary of the INSURER and that, if it had happened to the INSURER hereunder, would have come within the definition of Force Majeure Event under **Clause 28.1**; or
- f. late performance or other breach or default by the INSURER (including the consequences of any breach or default) caused by the acts, omissions or defaults of any intermediary appointed by the INSURER unless the event that affected the intermediary and caused the act, omission or default would have come within the definition of Force Majeure Event under **Clause 28.1** if it had affected the INSURER; or
- g. a breach or default of this Insurance Contract (including the consequences of any breach or default) unless it is caused by an event that comes within the definition of Force Majeure Event under **Clause 28.1**; or
- h. the occurrence of a risk that has been assumed by a Party to this Contract; or
- i. any strike or industrial action that is taken by the employees of the INSURER or any intermediary appointed by the INSURER or which is directed at the INSURER; or
- j. the negligence or wilful recklessness of the INSURER, the intermediaries appointed by it, their employees or other persons under the control and supervision of the INSURER.

29.2 Limitation on the Definition of Force Majeure Event

Any event that would otherwise constitute a Force Majeure Event pursuant to **Clause 28.1** shall not do so to the extent that the event in question could have been foreseen or avoided by the Affected Party using reasonable *bona fide* efforts, including, in the case of the INSURER, obtaining such substitute goods, works, and/or services which were necessary and reasonable in the circumstances (in terms of expense and otherwise) for performance by the INSURER of its obligations under or in connection with this Insurance Contract.

29.3 Claims for Relief

- a. If due to a Force Majeure Event the Affected Party is prevented in whole or in part from carrying out its obligations under this Insurance Contract, the affected party shall notify the other party accordingly (**Force Majeure Notice**).
- b. The Affected Party shall not be entitled to any relief for or in respect of a Force Majeure Event unless it has notified the other Party in writing of the occurrence of the Force Majeure Event as soon as reasonably practicable and in any event within 7 days after the Affected Party knew, or ought reasonably to have known, of the occurrence of the Force Majeure Event and it has complied with the requirements of **Clause 28.3** of this Insurance Contract.
- c. Each Force Majeure Notice shall:
 - (i) fully describe the Force Majeure Event;
 - (ii) specify the obligations affected by the Force Majeure Event and the extent to which the Affected Party cannot perform those obligations;
 - (iii) estimate the time during which the Force Majeure Event will continue; and
 - (iv) specify the measures proposed to be adopted to mitigate or minimise the effects of the Force Majeure Event.
- d. As soon as practicable after receipt of the Force Majeure Notice, the Parties shall consult with each other in

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good faith and use reasonable endeavours to agree appropriate mitigation measures to be taken to mitigate the effect of the Force Majeure Event and facilitate continued performance of this Insurance Contract.

If Parties are unable to arrive at a mutual agreement on the occurrence of a Force Majeure Event or the mitigation measures to be taken by the Affected Party within 15 days of receipt of the Force Majeure Notice, then the other Party shall have a right to refer such dispute to grievance redressal in accordance with **Clause 27**.

- e. Subject to the Affected Party having complied with its obligations under **Clause 30.3**, the Affected Party shall be excused from the performance of the obligations that is affected by such Force Majeure Event for the duration of such Force Majeure Event and the Affected Party shall not be in breach of this Insurance Contract for such failure to perform for such duration; provided however that no payment obligations (including Claim Payments) shall be excused by the occurrence of a Force Majeure Event.

29.4 Mitigation of Force Majeure Event

Upon receipt of a Force Majeure Notice, each Party shall:

- a. mitigate or minimise the effects of the Force Majeure Event to the extent reasonably practicable; and
- b. take all actions reasonably practicable to mitigate any loss suffered by the other Party as a result of the Affected Party's failure to carry out its obligations under this Insurance Contract.

29.5 Resumption of Performance

When the Affected Party is able to resume performance of the obligations affected by the Force Majeure Event, it shall give the other Party a written notice to that effect and shall promptly resume performance of its affected obligations under this Insurance Contract.

29.6 Termination upon Subsistence of Force Majeure Event

If a Force Majeure Event continues for a period of 4 weeks or more within a continuous period of 365 days, either Party may terminate this Insurance Contract by giving the other Party 90 days' written notice.

30 ASSIGNMENT

30.1 Assignment by INSURER

No Policy and no right, interest or Claim under this Insurance Contract or Policy or any obligations or liabilities of the Insurer arising under this Insurance Contract or Policy or any sum or sums which may become due or owing to the Insurer, may be assigned, transferred, pledged, charged or mortgaged by the Insurer.

30.2 Assignment by Beneficiaries or Empanelled Health Care Providers

- a. The Parties agree that each Policy shall specifically state that no Beneficiary shall have the right to assign or transfer any of the benefits or the Covers made available to it under this Insurance Contract or any Policy.
- b. The Parties agree that the Empanelled Health Care Providers may assign, transfer, pledge, charge or mortgage any of their rights to receive any sums due or that will become due from the INSURER in favour of any third party.

Without limiting the foregoing, the Parties acknowledge that the public Empanelled Health Care Providers in the Service Area that are under the management of Rogi Kalyan Samitis may assign all or part of their right to receive

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Claims Payments from the INSURER in favour of the Government of _____ or any other department, organization or public body that is under the ownership and/or control of the Government of _____.

On and from the date of receipt of a written notice from the public Empanelled Health Care Providers in the Service Area or from the Government of Andhra Pradesh, the INSURER shall pay all or part of the Claims Payments to the person(s) so notified.

31 Confidentiality of Information and Data Protection

30.1 INSURER will treat any and all such information which has come to the knowledge of the INSURER that may relate but not be limited to AB- PMJAY scheme, Disclosing Party's business, operations, financials, services, facilities, processes, methodologies, technologies, intellectual property, trade secrets, this agreement and/or its contents, research and development, trade names, Personal Data, Sensitive Personal Data, methods and procedures of operation, business or marketing plans, licensed document know-how, ideas, concepts, designs, drawings, flow charts, diagrams, quality manuals, checklists, guidelines, processes, formulae, source code materials, specifications, programs, software packages/ codes, clients and suppliers, partners, principals, employees, consultants and authorized agents and any information which is of a manifestly confidential nature (including the AB-PMJAY - DR NTR VS Scheme) , that is supplied by Disclosing Party to the INSURER or otherwise acquired/ accessed by the INSURER during the course of dealings between the Parties or otherwise in connection with the scope of this Agreement.

"Personal Data" shall mean any data / information that relates to a natural person which, directly or indirectly, in combination with other information available or likely to be available with, is capable of identifying such natural person and

"Sensitive Personal Data" shall mean personal data revealing, related to, or constituting, as may be applicable— (i) passwords; (ii) financial data; (iii) health data; (iv) official identifier; (v) sex life; (vi) sexual orientation; (vii) biometric data; (viii) genetic data; (ix) transgender status; (x) intersex status; (xi) caste or tribe; (xii) religious or political belief or affiliation; or (xiii) any other category of data as per applicable laws of India as amended from time to time.

The Term confidential information also mean all non-public, especially health, treatment and payment related information as confidential, and such party shall not disclose or use such information in a manner contrary to the purposes of this Agreement and/or the applicable laws.

All the beneficiary and transaction data generated through the scheme shall be kept securely by the INSURER and will not be shared with any other agency than the ones defined and/or specifically permitted in the agreement.

30.2 The obligation of confidentiality with respect to Confidential Information will not apply to any information: If the information is or becomes publicly known and available other than as a result of prior authorized disclosure If the INSURER is legally compelled by applicable law, by any court, governmental agency, or regulatory authority or subpoena or discovery request in pending litigation, but only if, to the extent lawful, the INSURER gives prompt written notice of that fact to SHA prior to disclosure so that the SHA may request a protective order or other remedy, the INSURER may disclose only such portion of the Confidential Information which it is legally obligated to disclose.

30.3. Obligation to Maintain Confidentiality:

INSURER agrees to retain the Confidential Information in strict confidence, to protect the security, integrity, and confidentiality of such information and to not permit unauthorized access to or unauthorized use, disclosure, publication, or dissemination of Confidential Information except in conformity with this Contract.

Confidential Information provided by SHA is and will remain the sole and exclusive property of the SHA and will not be disclosed or revealed by INSURER except (i) to other employees of the INSURER who have a need to know such information and agree to be bound by the terms of this Contract or (ii) with the SHA's express prior written consent.

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Upon termination of this Contract, INSURER will ensure that all Confidential Information including all documents, memoranda, notes and other writings or electronic records prepared by the INSURER and its employees for this engagement are either returned to the SHA.

INSURER shall at no time, even after termination, be permitted to disclose Confidential Information, except to the extent that such Confidential Information is excluded from the obligations of confidentiality under this Contract pursuant to Paragraph 32.2 above. The onus to prove that the exclusion is applicable is on the INSURER.

30.4 As prerequisite to signing of the contract, INSURER shall sign Non-Disclosure Agreement (Provided in Schedule 19) and Individual Confidentiality Undertaking (provided in Schedule 20).

32 Intellectual Property Rights

Each party will be the owners of their intellectual property rights (IPR) involved in this project and will not have any right over the IPR of the other party. Both parties agree that for the purpose of fulfilling the conditions under this contract they may allow the other party to only use their IPR for the contract period only. However, after the end of the contract no parties will have any right over the IPR of other party.

SHA shall have a right in perpetuity to use such newly created IPR, which may not be limited to processes, products, specifications, reports, drawings and any other documents produced leveraging any data which it has got access to during the performance and completion of services under this Agreement and for the purposes of inter-alia use of such services under this Agreement. INSURER undertakes to disclose all such Intellectual Property Rights, to the best of its knowledge and understanding, arising in performance of the services of this Agreement to the SHA.

33 Indemnification and Limitation of Liability:

- 33.1 Insurer (the "Indemnifying Party") undertakes to indemnify, hold harmless the SHA (the "Indemnified Party") from and against all claims, liabilities, losses, expenses (including reasonable attorneys' fees), fines, penalties, taxes or damages (Collectively "Loss") on account of bodily injury, death or damage to tangible personal property arising due to failure to perform its obligations and responsibilities in favour of any person, corporation or other entity (including the Indemnified Party) attributable to the Indemnifying Party's negligence or willful default in performance or non-performance under this Agreement.
- 33.2 If the Indemnified Party promptly notifies Indemnifying Party in writing of a third-party claim against Indemnified Party that any Service provided by the Indemnifying Party infringes a copyright, trade secret or patents incorporated in India of any third party, Indemnifying Party will defend such claim at its expense and will pay any costs or damages, that may be finally awarded against Indemnified Party.
- 33.3 The liability of either Party (whether in contract, tort, negligence, strict liability in tort, by statute or otherwise) for any claim in any manner related to this Agreement, including the work, deliverables or Services covered by this Agreement, shall be the payment of direct damages only which shall in no event exceed one time the total contract value payable under this Agreement. The liability cap given under this Clause shall not be applicable to the indemnification obligations set out in Clause 33 and breach of Clause 31
- 33.4 In no event shall either party be liable for any consequential, incidental, indirect, special or punitive damage, loss or expenses (including but not limited to business interruption, lost business, lost profits, or lost savings).

34 Entire Agreement

This Insurance Contract entered into between the Parties represents the entire agreement between the Parties setting out the terms and conditions for the provision of benefits in respect of the AB-PMJAY - DR NTR VS Cover to the Beneficiaries that are covered by the INSURER.

35 Relationship

- a. The Parties to this Insurance Contract are independent contractors. Neither Party is an agent, representative or partner of the other Party. Neither Party shall have any right, power or authority to enter into any agreement or memorandum of understanding for or on behalf of, or incur any obligation or liability of, or to otherwise bind, the other Party.

- b. This Insurance Contract shall not be interpreted or construed to create an association, agency, joint venture, collaboration or partnership between the Parties or to impose any liability attributable to such relationship upon either Party.
- c. The engagement of any intermediaries or service providers by the INSURER shall not in any manner create a relationship between the State Health Agency and such third parties.

36 Variation or Amendment

- a. Except as expressly set forth in this Insurance Contract, no variation or amendment of this Insurance Contract shall be binding on either Party unless and to the extent that such variation is recorded in a written document executed by both Parties but where any such document exists and is so signed, neither Party shall allege that such document is not binding by virtue of an absence of consideration.
- b. Notwithstanding anything to the contrary in **Clause 36(a)** above, the INSURER agrees that the NHA and the State Health Agency shall be free to issue AB-PMJAY - DR NTR VS Guidelines from time to time (including pursuant to the issuance of recommendations of the Working Group constituted by the NHA) and the INSURER shall comply with all such AB-PMJAY - DR NTR VS Guidelines issued during the Term, whether or not the provisions or terms of such AB-PMJAY - DR NTR VS Guidelines have the effect of varying or amending the terms of this Insurance Contract.

37 Severability

If any provision of this Insurance Contract is invalid, unenforceable or prohibited by law, this Insurance Contract shall be considered divisible as to such provision and such provision shall be inoperative and the remainder of this Insurance Contract shall be valid, binding and of the like effect as though such provision was not included herein.

38 Notices

Any notice given under or in connection with this Insurance Contract shall be in writing and in the English language. Notices may be given, by being delivered to the address of the addressees as set out below (in which case the notice shall be deemed to be served at the time of delivery) by registered post or by fax (in which case the original shall be sent by registered post).

To: **INSURER**

Attn: Mr. / Ms. _____

E-Mail: _____

Phone: _____

Fax: _____

To: **State Health Agency**

Attn: Mr. / Ms. _____

E-Mail: _____

Phone: _____

Fax: _____

39 No waiver

Except as expressly set forth in this Insurance Contract, no failure to exercise or any delay in exercising any right, power or remedy by a Party shall operate as a waiver. A single or partial exercise of any right, power or remedy does not preclude any other or further exercise of that or any other right, power or remedy. A waiver is not valid or binding on the Party granting that waiver unless made expressly in writing.

40 Governing Law and Jurisdiction

- a. This Insurance Contract and the rights and obligations of the Parties under this Insurance Contract shall be governed by and construed in accordance with the Laws of the Republic of India.
- b. The courts in Amaravathi Andhra Pradesh shall have the exclusive jurisdiction over any disputes arising under, out of or in connection with this Insurance Contract.

41 Publicity

INSURER shall not use the trademarks and /or IPR of SHA and/or anything related to AB-PMJAY - DR NTR VS scheme without the prior written consent of SHA and/or any Competent Authority who is authorised to give such permission. INSURER shall not publish or permit to be published either along or in conjunction with any other person any press release, information, article, photograph, illustration or any other material of whatever kind relating to this Agreement or the business of the Parties or relating to AB-PMJAY - DR NTR VS scheme without prior reference to and approval in writing from SHA for purposes other than those covered under scope of this Agreement.

42 DISPUTE RESOLUTION

Any dispute or difference whatsoever arising between the Parties, whatsoever arising between the parties to this Contract out of or relating to the construction, meaning, scope, operation or effect of this Contract or the validity of the breach or termination of this Agreement (a “Dispute”) shall be determined in accordance with the procedure set out in this Clause.

42.1 Notice of Dispute and Manner of Dispute Resolution

- 41.1.1 Either Party may notify the other Party in writing of a Dispute (a “**Dispute Notice**”). The Parties shall attempt to resolve the Dispute amicably in accordance with the amicable resolution procedure set forth in Clause 41.2.
- 41.1.2 The Parties agree to use their best efforts for resolving all Disputes arising under or in respect of this Agreement promptly, equitably and in good faith and further agree to provide each other with reasonable access during normal business hours to all non- privileged records, information and data pertaining to any Dispute.

42.2 Amicable Resolution

- 41.2.1 In the event of any Dispute between the Parties, either Party may require such Dispute to be referred to [CEO of SHA] and the [Chairman of the Board of Directors]/[governing body] of the Insurer for amicable settlement. Upon such reference, the said persons shall meet no later than 7 (seven) days from the date of reference to discuss and attempt to amicably resolve the Dispute.
- 41.2.2 If the Dispute is not amicably settled within 15 (fifteen) days of the meeting for amicable resolution between the parties; either Party may refer the Dispute to arbitration in accordance with the provisions of Clause 41.3.

42.3 Arbitration

- 41.3.1 Any Dispute which is not resolved amicably by amicable resolution procedure under Clause 41.2 shall be finally decided by reference to arbitration by a Board of Arbitrators appointed in accordance with Clause 41.3.2.. The provisions of the Arbitration and Conciliation Act, 1996 and Rules thereunder will be applicable and the award made thereunder shall be final and binding upon the parties hereto, subject to legal remedies available under the law. Such differences shall be deemed to be a submission to arbitration under the Indian Arbitration and Conciliation Act, 1996, or of any modifications, Rules or

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re- enactments thereof. The seat and venue of such Arbitration proceedings will be held at Andhra Pradesh, India. Any legal dispute will come under the sole and exclusive jurisdiction of Andhra Pradesh, India. The language of arbitration proceedings shall be English.

41.3.2 The Board of arbitrators shall consist of 3 arbitrators, with each Party appointing one arbitrator and the third arbitrator being appointed by the two arbitrators so appointed. If the parties cannot agree on the appointment of the Arbitrator within a period of one month from the notification by one party to the other of existence of such dispute, then the Arbitrator shall be appointed by the High Court of Andhra Pradesh, India.

41.3.3 The Arbitrator shall make a reasoned award (the "Award"). Such award shall be implemented by the parties concerned within such time as directed by the Arbitrator in such Award.

41.3.4 The Insurer and the Dr.NTR VST agree that an Award may be enforced against the Insurer and/or the SHA, as the case may be, and their respective assets wherever situated as stated in Arbitration Award. Both the Parties to bear their own cost pertaining to the Arbitration Proceedings.

42.4 Performance Pending Disputes

This Agreement and the rights and obligations of the Parties shall remain in full force and effect, pending written settlement in any amicable settlement proceedings or the Award in any arbitration proceedings hereunder, unless this Agreement has been terminated; or expressly provided otherwise in this Agreement.

IN WITNESS WHEREOF, the Parties have caused this Insurance Contract to be executed by their duly authorized representatives as of the date stated above.

SIGNED, SEALED and DELIVERED

SIGNED, SEALED and DELIVERED

For and on behalf of
State of _____

For and on behalf of
INSURER _____

Represented by

Represented by

In the presence of:

In the presence of:

(1)

(1)

(2)

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_____ 2025

(All Schedules are indicative in nature, and SHA reserves the rights to modify or change, if required.)

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Schedule 1: Details of the scheme and Beneficiaries

1.1 Name and Objective of the Scheme

The objective of AB-PMJAY – DR NTR Vaidya Seva Trust (DR NTR VS) is to reduce catastrophic health expenditure and improve access to quality healthcare for all the families of Andhra Pradesh, excluding those covered under the Employees Health Scheme (EHS) and the Working Journalists Health Scheme (WJHS) as certified by the DR NTR Vaidya Seva Trust from time to time. The scheme aims to provide quality inpatient and day care treatment, follow-up care, and management of diseases and medical conditions requiring secondary and/or tertiary level services through a network of Empanelled Health Care Providers (EHCPs) with the following

- vii. Cashless hospitalization expenses to the procedures covered under Schedule 3. Coverage includes Pre hospitalization car treatment (Medical / Surgical) , Defined Day care surgeries, Diet, Post Hospitalization care and follow-up care.
- viii. Risk Cover of Rs. 2,50,000/- per family for all the 2550 procedures (Reserved for Insurance Mode) covered in schedule 3a is liability of insurer for all the families (BPL & APL excluding families under EHS & WJHS) covered under DRNTRVST – PMJAY Scheme.
- ix. Risk cover of Rs.2,50,000 to Rs.25,00,000 to the defined procedures in schedule 3a is liability of DRNTRVST for only for BPL Families under DRNTRVST – PMJAY Scheme.
- x. Risk cover of all 550 procedures (Reserved for Trust mode) covered in the schedule 3a liability of DRNTRVST.
- xi. Insurance companies shall process all the Preauths and Claims with respective to every procedure 3a.
- xii. DRNTRVST will reimburse the actual expenditure arising out of procedures mentioned at above paras (iii & iv).

1.2 Beneficiaries

Beneficiary means a member of the all the families of Andhra Pradesh excluding families covered under Employees Health Scheme (EHS) and Working Journalist Health Scheme (WJHS) as certified by the DRNTRVST time to time

Beneficiary Family Unit or AB-PM JAY - Dr.NTRVS Family Unit refers to all the families of Andhra Pradesh excluding families covered under Employees Health Scheme (EHS) and Working Journalist Health Scheme (WJHS) as certified by the DRNTRVST time to time.

1.2.1 Unit of Coverage

Unit of coverage under the Scheme shall be a family and each family for this Scheme shall be called a AB PMJAY - Dr.NTRVS Beneficiary Family Unit, which will comprise all members in that family. Any addition in the family will be allowed only in case of marriage and/or birth/ adoption.

1.2.2 District-wise profile of the identified families is given below:

S.No	District	Beneficiary Family (*)
	Zone -1	
1	SRIKAKULAM	7,16,490

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S.No	District	Beneficiary Family (*)
2	VIZIANAGARAM	6,08,705
3	ALLURI SITHARAMA RAJU	3,18,639
4	PARVATHIPURAM MANYAM	3,03,883
5	VISHAKAPATANAM	6,57,671
6	ANAKAPALLI	5,81,193
7	WEST GODAVARI	5,99,404
8	ELURU	6,99,677
9	EAST GODAVARI	5,87,067
10	KAKINADA	7,46,219
11	DR.B.R.AMBEDKAR KONASEEMA	6,03,760
12	KRISHNA	5,49,819
13	NTR	7,30,738
	Total	77,03,265
	Zone -2	
14	GUNTUR	6,65,393
15	PALNADU	7,05,610
16	BAPATLA	5,55,011
17	PRAKASAM	7,32,892
18	NANDHYALA	5,98,754
19	KURNOOL	6,87,738
20	ANANTHAPURAMU	6,98,622
21	SRI SATHAYA SAI	6,23,117
22	SRI POTTISRIRAMULU NELLORE	8,03,131
23	CHITTOOR	5,34,696
24	TIRUPATI	7,19,647
25	ANNAMAYYA	5,52,358
26	YSR KADAPA	6,14,358
	Total	84,91,327
	Grand Total	1,61,94,592*

Note: *Approximately

- Beneficiary enrolment is a continuous process and are to be covered under the policy for both AB-PMJAY and Dr NTR VS Family Members
- The number of families during the policy may increase/decrease.

Schedule 2: Exclusions to the Policy

AB PMJAY-Dr.NTRVS 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:

- Condition that does not require hospitalization and can be treated under Out Patient Care
- Except those expenses covered under pre and post hospitalisation expenses, further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
- Any dental treatment or surgery which is corrective, prosthetic, cosmetic procedure, filling of tooth cavity, root canal including wear and tear of teeth, periodontal diseases, dental implants etc. are excluded. Exception to the above would-be treatment needs arising from trauma / injury, neoplasia / tumour / cyst requiring hospitalisation for bone treatment.
- Any assisted reproductive techniques, or infertility related procedures, unless featuring in the Aayushman Bharath- Pradhan Mantri Jan Aarogya Yojana '(AB-PMJAY),Dr.NTR Vaidya Seva Procedures list.
- Vaccination and immunization
- Surgeries related to ageing face & body, laser procedures for tattoo removals, augmentation surgeries and other purely cosmetic procedures such as fat grafting, neck lift, aesthetic rhinoplasty etc.
- Circumcision for children less than 2 years of age shall be excluded (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident)
- Persistent Vegetative State: a condition in which a medical patient is completely unresponsive to psychological and physical stimuli and displays no sign of higher brain function, being kept alive only by medical intervention.
- However, the packages which are included in the scheme shall not be rejected on the grounds of above stated exclusions.

Schedule 3: Dr. NTR Vaidya Seva Health Benefit Packages & Quality

1. Details of procedures along with the maximum allowed rate are categorised into 2 categories
 - a. Category 3(a)(i) – Total of 2550 Procedures earmarked for Insurance Mode.
 - b. Category 3(a)(ii) – Total of 550 Procedures earmarked for Trust Mode.
 - c. Each procedure / Package details which includes package/Procedure name , Maximum allowed rate, permitted hospital (Pvt. / Govt./ Both) given in the annexures to this schedule.
2. Rates and packages as given in this schedule will remain same for entire duration of contract.
3. Payment of the claims shall be done as per the package rate mentioned in the package list. Additional incentive shall be payable as per the specifications mentioned in Schedule 3(b).
4. Guidelines regarding MDP (Minimum documents protocol)/STP (Standard Treatment protocol) shall be shared separately.

Annexure I to the Schedule 3

S. No	Speciality	Speciality Name	Procedure Code	Procedure Name	Price
1	M1	CRITICAL CARE	M1.1	Medical Management of Acute Severe Asthma With Acute Respiratory Failure	51310
2	M1	CRITICAL CARE	M1.2	Medical Management of COPD with Respiratory Failure -Infective Exacerbation	82095
3	M1	CRITICAL CARE	M1.3	Medical Management of Acute Bronchitis with Pneumonia and Respiratory Failure -Swine Flu	61572
4	M1	CRITICAL CARE	M1.4	Medical Management of ARDS	102619
5	M1	CRITICAL CARE	M1.5	Medical Management of ARDS with Multi Organ failure -R65.1	118013
6	M1	CRITICAL CARE	M1.6	Medical Management of ARDS with DIC -Blood and Blood Products,Swine Flu -D65	143668
7	M1	CRITICAL CARE	M1.7	Medical Management of Poisoning Requiring Ventilatory Assistance	51310
8	M1	CRITICAL CARE	M1.8	Intensive care management of Septic Shock	61572
9	M1	CRITICAL CARE	M1.9	Poisonings with unstable vitals	35000
10	M2	GENERAL MEDICINE	M2.1	Medical Management of Thrombocytopenia With Bleeding Diathesis	30786
11	M2	GENERAL MEDICINE	M2.10	Medical Management of Anaemias -Less Than 7 Gms with Heart Failure	20234
12	M2	GENERAL MEDICINE	M2.11	Medical Management of Pancytopenia	20000
13	M2	GENERAL MEDICINE	M2.12	Medical Management of Periodic Paralysis	15000
14	M2	GENERAL MEDICINE	M2.13.1	Seizures	15688
15	M2	GENERAL MEDICINE	M2.13.2	Seizures without Ventilator -ICU	18098
16	M2	GENERAL MEDICINE	M2.13.3	Seizures with ventilator -ICU	30000
17	M2	GENERAL MEDICINE	M2.14.1	Diabetic ketoacidosis	15000
18	M2	GENERAL MEDICINE	M2.14.3	Diabetic ketoacidosis without Ventilator -ICU	19500

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19	M2	GENERAL MEDICINE	M2.14.4	Diabetic ketoacidosis with ventilator	71993
20	M2	GENERAL MEDICINE	M2.15.1	Upper GI bleeding -conservative	7000
21	M2	GENERAL MEDICINE	M2.15.2	Lower GI hemorrhage	5000
22	M2	GENERAL MEDICINE	M2.16	Acute bronchitis	7000
23	M2	GENERAL MEDICINE	M2.17	Severe Asthma	5000
24	M2	GENERAL MEDICINE	M2.18	Acute COPD	5000
25	M2	GENERAL MEDICINE	M2.19	Medical Management of Acute Rheumatic Fever	15000
26	M2	GENERAL MEDICINE	M2.19.1	INTERVENTIONS LIMITED TO ACUTE RHEUMATIC FEVER AND RELATED CONDITIONS	30000
27	M2	GENERAL MEDICINE	M2.2	Medical Management of Hemophilia -D67 Or D68.0	61573
28	M2	GENERAL MEDICINE	M2.2.2	Medical Management of Other Coagulation Disorders	45153
29	M2	GENERAL MEDICINE	M2.20	FEVERS-TYPHOID AND PARA TYPHOID/FALCIPARUM MALARIA/VIVAX MALARIA/ DENGUE	10000
30	M2	GENERAL MEDICINE	M2.21	Medical Management of Deep Vein Thrombosis	25000
31	M2	GENERAL MEDICINE	M2.22	Medical Management of Hypertensive Emergencies	7500
32	M2	GENERAL MEDICINE	M2.23	Medical Management of Metabolic Encephalopathy	35000
33	M2	GENERAL MEDICINE	M2.25	Hyper Pyrexia	4500
34	M2	GENERAL MEDICINE	M2.26	Recurrent vomiting with dehydration	2500
35	M2	GENERAL MEDICINE	M2.27	GENERAL MEDICINE - Dysentery	1500
36	M2	GENERAL MEDICINE	M2.28	Medical Management of Acute Gastroenteritis	15000
37	M2	GENERAL MEDICINE	M2.29	Unexplained jaundice	6500
38	M2	GENERAL MEDICINE	M2.3	Medical Management of Chelation Therapy For Thalassemia Major	10393
39	M2	GENERAL MEDICINE	M2.30	HIV with minor complications	7000
40	M2	GENERAL MEDICINE	M2.31	Blood transfusion -Children, Pregnant women, Anemic	2000

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41	M2	GENERAL MEDICINE	M2.32	Medical Management of Myelodysplastic Syndromes	30000
42	M2	GENERAL MEDICINE	M2.33	Non Obstructive Hydrocephalus / NPH /BIH	9000
43	M2	GENERAL MEDICINE	M2.34	Emergency management of Hematuria	5000
44	M2	GENERAL MEDICINE	M2.35	HEAT STROKE WITH / WITHOUT ICU	6000
45	M2	GENERAL MEDICINE	M2.36	Acute abdomen	6000
46	M2	GENERAL MEDICINE	M2.37	Renal colic	6000
47	M2	GENERAL MEDICINE	M2.38	Unexplained hepatosplenomegaly	7000
48	M2	GENERAL MEDICINE	M2.39	Chikungunya fever	6500
49	M2	GENERAL MEDICINE	M2.4	Medical Management of Cerebral Malaria	25655
50	M2	GENERAL MEDICINE	M2.40	Scorpion Bite	1700
51	M2	GENERAL MEDICINE	M2.41	Addisonâ€™s disease	20000
52	M2	GENERAL MEDICINE	M2.43	ELECTROLYTE IMBALANCE MANAGEMENT- HYPOKALAEMIA/HYPERKALEMIA	14562
53	M2	GENERAL MEDICINE	M2.44	HYPOGLYCEMIA MANAGEMENT	6800
54	M2	GENERAL MEDICINE	M2.46	GENERAL MEDICINE - Anaphylaxis	12880
55	M2	GENERAL MEDICINE	M2.47	MEDICAL MANAGEMENT OF DIABETIC FOOT	32376
56	M2	GENERAL MEDICINE	M2.48	PTB DEFAULTER	7000
57	M2	GENERAL MEDICINE	M2.49	OLD CVA WITH RIGHT HEMIPARESIS,T2DM	7000
58	M2	GENERAL MEDICINE	M2.5	Medical Management of TB Meningitis	30787
59	M2	GENERAL MEDICINE	M2.50	HYPONETRENIA	15861
60	M2	GENERAL MEDICINE	M2.51	MEDICAL MANAGEMENT OF PNEUMONIA WITH SEPTIC SHOCK	22253
61	M2	GENERAL MEDICINE	M2.52	IJV CATHETER INSERTION WITHOUT DIALYSIS	5000
62	M2	GENERAL MEDICINE	M2.53	PLASMAPHERESIS - PER SESSION	2000
63	M2	GENERAL MEDICINE	M2.54	ACUTE CEREBELLAR SYNDROME	15000
64	M2	GENERAL MEDICINE	M2.55	ALCOHOL WITHDRAWAL SEIZURES/SYNDROME	15000

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65	M2	GENERAL MEDICINE	M2.57	alcoholic cardiomyopathy	15000
66	M2	GENERAL MEDICINE	M2.58	LEPTOSPIROSIS WITH HEPATITIS WITH VIRAL FEVER	15000
67	M2	GENERAL MEDICINE	M2.59	NEUROTIC, STRESS-RELATED AND SOMATOFORM DISORDERS -ROUTINE WARD	15000
68	M2	GENERAL MEDICINE	M2.6	Medical Management of Snake Bite Requiring Ventilator Support	61572
69	M2	GENERAL MEDICINE	M2.6.1	Medical Management of Snake Bite	25000
70	M2	GENERAL MEDICINE	M2.60	RICKETTSIAL Fever	13000
71	M2	GENERAL MEDICINE	M2.63	Medical Management of Paraquet Poisoning	109660
72	M2	GENERAL MEDICINE	M2.7	Medical Management of Scorpion Sting Requiring Ventilator Support	25656
73	M2	GENERAL MEDICINE	M2.8	Medical Management of Metabolic Coma Requiring Ventilatory Support	45000
74	M2	GENERAL MEDICINE	M2.9	Medical Management of Dengue Haemorrhagic Fever	39500
75	M2	GENERAL MEDICINE	MG0100 A	Chronic PD catheter Insertion	4100
76	M2	GENERAL MEDICINE	MG0106 A	Diffuse alveolar Hemorrhage Associated with SLE Or Vasculitis Or GP Syndrome	136000
77	M2	GENERAL MEDICINE	MG0107 A	Severe Or Refractory Vasculitis	75000
78	M2	GENERAL MEDICINE	MG0112 A	Hyberbilirubinemia	6500
79	M2	GENERAL MEDICINE	MG044 A	Renal colic	16450
80	M2	GENERAL MEDICINE	MG053 A	Thyrotoxic crisis	36305
81	M2	GENERAL MEDICINE	MG072 B	Peritoneal Dialysis	2850
82	M2	GENERAL MEDICINE	MG072 C	HEMODIALYSIS-ACUTE/ CHRONIC	1050
83	M2	GENERAL MEDICINE	MG077 A	Initiation cost for disposable	16180
84	M2	GENERAL MEDICINE	MG085 A	DVT Pneumatic Compression Stockings -Add on package in ICU	900
85	M2	GENERAL MEDICINE	M5.12A	Medical Management of CAD - Chronic Stable Angina	10000
86	M2	GENERAL MEDICINE	M5.3B	Medical Management of Pulmonary Embolism	35916

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87	M2	GENERAL MEDICINE	M5.5.1A	Medical Management Of Simple Arrhythmias	8000
88	M2	GENERAL MEDICINE	M8.10A	Medical Management of Pleural Effusion	15000
89	M2	GENERAL MEDICINE	M12.19 A	Medical Management of Acute Hepatitis -Viral, Alcohol, Drugs, Misc. Infections	30000
90	M2	GENERAL MEDICINE	M12.34 A	Medical Management of Acute Liver Failure	15392
91	M3	INFECTIOUS DISEASES	M3.1	Medical Management of Neonatal Diseases-Severe Tetanus / Complicated Diptheria	28703
92	M3	INFECTIOUS DISEASES	M3.3	Medical Management of Cryptococcal Meningitis	31050
93	M4	PEDIATRICS	M4.1.1	Preterm/Term neonate requiring NICU admission-Without Ventilatory support	35917
94	M4	PEDIATRICS	M4.1.10	Preterm/Term neonate requiring NICU admission-With Ventilatory support	61572
95	M4	PEDIATRICS	M4.1.11	Medical Management of pre-term baby of less than 30 weeks severe hyaline membrane disease septi cemia culture positive, Hyperbili rubinemia with/without congenital heart disease	92358
96	M4	PEDIATRICS	M4.1.12	Term baby with HIE(hypoxic-ischemic encephalopathy) requiring ventilatory support with or without multi-organ failure.	51310
97	M4	PEDIATRICS	M4.1.19	Advanced Neonatal Care -Rs. 2500 per day : Babies of 1200-1499 g / with at least one of the conditions: on ventilation/HIE requiring hypothermia/Cardiac rhythm disorders needing intervention/Sepsis with complications/Renal failure requiring dialysis/Inborn errors of metabolism and KMC is mandatory	75000

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98	M4	PEDIATRICS	M4.1.20	Basic neonatal care package -Rs. 500 per day, maximum 1500 :â€¢ Any newborn needing feeding support â€¢ Babies requiring closer monitoring for conditions like: o Moderate jaundice requiring Phototherapy o Large for dates - greater than 97 percentile Babies o Small for gestational age -less than 3rd centile	5000
99	M4	PEDIATRICS	M4.1.28	LATE ONSET SEPSIS-AGE UPTO 28 DAYS	40000
100	M4	PEDIATRICS	M4.1.29	PRE TERM WITH SEVERE INTRAVENTRICULAR HEMORRHAGE	60000
101	M4	PEDIATRICS	M4.1.9	Medical management of Preterm baby of 33 To 34 Weeks with severe Hyaline Membrane Disease septicemia Culture Positive Hyperbilirubinemia Patent Ductus Arteriosus- requiring Mechanical ventilatory support.	61572
102	M4	PEDIATRICS	M4.10	Medical Management of Wilson Disease	15120
103	M4	PEDIATRICS	M4.11	Medical Management of Acute gastritis in Paediatric patient	8330
104	M4	PEDIATRICS	M4.12.1	Medical Management of Henoch - schonlein purpura in Paediatric patient	14380
105	M4	PEDIATRICS	M4.12.2	Medical Management of Idiopathic thrombocytopenic purpura in Paediatric patient	25000
106	M4	PEDIATRICS	M4.13.2	Medical Management of Muscular dystrophy in Paediatric patient	15000
107	M4	PEDIATRICS	M4.13.3.1	Medical Management of Acute flaccid paralysis in Paediatric patient	35000
108	M4	PEDIATRICS	M4.13.3.2	Opsoclonus myoclonus syndrome	10000
109	M4	PEDIATRICS	M4.13.4	Acute ataxia	25000
110	M4	PEDIATRICS	M4.14	Persistent/ Chronic diarrhea	10000
111	M4	PEDIATRICS	M4.15	Acute abdomen	10000
112	M4	PEDIATRICS	M4.16	Unexplained jaundice	7500
113	M4	PEDIATRICS	M4.17	Unexplained hepatosplenomegaly	10000

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11 4	M4	PEDIATRICS	M4.18	HIV with complications /Minor	10000
11 5	M4	PEDIATRICS	M4.19	Infantile cholestasis	20000
11 6	M4	PEDIATRICS	M4.2.1.1	Non ventilatory Medical management Severe Bronchiolitis / Aspiration Pneumonia	15393
11 7	M4	PEDIATRICS	M4.2.1.1 0	Medical Management of Severe respiratory distress in paediatric patient not requiring ventilatory support	35000
11 8	M4	PEDIATRICS	M4.2.1.1 1	Medical Management of Severe respiratory distress in paediatric patient requiring ventilatory support.	40000
11 9	M4	PEDIATRICS	M4.2.1.2	Ventilatory Management LRTI with ventilatory support	20524
12 0	M4	PEDIATRICS	M4.2.1.3	Medical Management of Severe Bronchopneumonia-Non Ventilated	15393
12 1	M4	PEDIATRICS	M4.2.1.4	Medical Management of Severe Bronchopneumonia-Ventilated	20524
12 2	M4	PEDIATRICS	M4.2.1.8	Medical Management of ARDS With Multi- Organ Failure -Swine Flu	11801 3
12 3	M4	PEDIATRICS	M4.2.1.9	Medical Management of ARDS Plus DIC -Blood and Blood Products	14366 8
12 4	M4	PEDIATRICS	M4.2.10	Haemolytic uremic syndrome	3000
12 5	M4	PEDIATRICS	M4.2.2.1	Medical Management of Severe Myocarditis in Paediatric patient	41068
12 6	M4	PEDIATRICS	M4.2.2.3	Medical mangament Of Congenital heart disease with PICU admissions	51310
12 7	M4	PEDIATRICS	M4.2.2.5	Medical Management of Infective Endocarditis	25654
12 8	M4	PEDIATRICS	M4.2.2.6	Medical Management of Rheumatic heart disease in Paediatric patient	15393
12 9	M4	PEDIATRICS	M4.2.2.7	Medical mangament Of Congenital heart disease without PICU admissions	10000
13 0	M4	PEDIATRICS	M4.2.3.1	Medical Management of Meningo- Encephalitis -Non Ventilated	41048
13 1	M4	PEDIATRICS	M4.2.3.2	Medical Management of Meningo- Encephalitis in Paediatric patients -Ventilated	61572

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13 2	M4	PEDIATRICS	M4.2.3.3	Medical Management of Status Epilepticus	22074
13 3	M4	PEDIATRICS	M4.2.3.4	Medical Management of Febrile Seizures -Atypical-Mechanical Ventilated in Paediatric patients	25655
13 4	M4	PEDIATRICS	M4.2.3.5	Medical Management of Intra Cranial Bleed in Paediatric patient	51310
13 5	M4	PEDIATRICS	M4.2.3.6	Medical Management of Hypertensive Emergencies	20000
13 6	M4	PEDIATRICS	M4.2.4.1	Medical Management of Acute Gastro Intestinal Bleed in Paediatric patients	25655
13 7	M4	PEDIATRICS	M4.2.4.1 .1	Lower GI hemorrhage	10000
13 8	M4	PEDIATRICS	M4.2.4.2	Medical management of Acute Pancreatitis -Mild in pediatric patients	51310
13 9	M4	PEDIATRICS	M4.2.4.3	Medical Management of Acute Hepatitis With Hepatic Encephalopathy in Paediatric patient	51310
14 0	M4	PEDIATRICS	M4.2.4.4	Acute hepatitis	7000
14 1	M4	PEDIATRICS	M4.2.4.5	Medical Management of Viral hepatitis in Paediatric patient	10000
14 2	M4	PEDIATRICS	M4.2.5.1	Medical Management of Acute Renal Failure	20524
14 3	M4	PEDIATRICS	M4.2.5.2	PEDIATRIC INTENSIVE CARE - CRRT	35000
14 4	M4	PEDIATRICS	M4.2.5.3	ACUTE RENAL FAILURE -CONSERVATIVE MANAGEMENT NOT REQUIRING DIALYSIS	20000
14 5	M4	PEDIATRICS	M4.2.6.1	Medical Management of Diabetic Ketoacidosis in Paediatric patient	30786
14 6	M4	PEDIATRICS	M4.2.7.1	Medical management of Septic shock	61572
14 7	M4	PEDIATRICS	M4.2.7.2	CELLULITIS/MUSCLE ABSCESS	10000
14 8	M4	PEDIATRICS	M4.2.7.3	Toxic epidermol necrolysis	50000
14 9	M4	PEDIATRICS	M4.2.8.1	Medical Management of Snake Bite Requiring Ventilatory Assistance	61572
15 0	M4	PEDIATRICS	M4.2.8.2	Medical management of poisoning requiring ventilatory assistance in paediatric patients	41048
15 1	M4	PEDIATRICS	M4.2.8.4	Poisonings with unstable vital signs with ventilator - ICU	30000

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15 2	M4	PEDIATRICS	M4.2.8.5	Poisonings with normal vital signs	25000
15 3	M4	PEDIATRICS	M4.2.9	Acute severe malnutrition	5400
15 4	M4	PEDIATRICS	M4.2.9.1	Medical Management of Portal hypertension in Paediatric patient	25000
15 5	M4	PEDIATRICS	M4.2.9.2	Raised intracranial pressure - ventilator / decompressive craniotomy / ICP monitoring / Shunt procedure / Other emergency neuro surgical procedures	30000
15 6	M4	PEDIATRICS	M4.20	Floppy infant	30000
15 7	M4	PEDIATRICS	M4.21	TREATMENT OF SCRUB TYPHUS	7525
15 8	M4	PEDIATRICS	M4.23	CROUP with Severe respiratory Distress	20000
15 9	M4	PEDIATRICS	M4.25	Viral fevers with complications requiring patient isolation-chicken pox/ measles	20000
16 0	M4	PEDIATRICS	M4.26	MUMPS WITH ASSOCIATED COMPLICATIONS	13490
16 1	M4	PEDIATRICS	M4.27	SHIGELLA-DYSENTRY	10000
16 2	M4	PEDIATRICS	M4.29	EVALUATION OF DYSMORPHIC BABIES- less than 1YR	25000
16 3	M4	PEDIATRICS	M4.3.1.1	Medical Management of Acute Broncho Lobar pneumonia With Empyema/ Pleural Effusion in Paediatric patients-J18.1/J43/J90	25655
16 4	M4	PEDIATRICS	M4.3.3.1	Medical Management of Steroid Resistant Nephrotic Syndrome Complicated Or Resistant in Paediatric patients	25655
16 5	M4	PEDIATRICS	M4.3.3.2	Medical Management of Urinary Tract Infection With Complications Like Pyelonephritis And Renal Failure in Paediatric patient-N13.617.9	14531
16 6	M4	PEDIATRICS	M4.3.3.4	Medical Management of Acute Renal Failure With Dialysis in Paediatric patients	20524
16 7	M4	PEDIATRICS	M4.3.4	BRONCHOPULMONARY DYSPLASIA	20000
16 8	M4	PEDIATRICS	M4.3.4.1	Chelation Therapy for Thalassemia major	10393

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16 9	M4	PEDIATRICS	M4.3.4.2	Initial Evaluation of Thalassemia major	20524
17 0	M4	PEDIATRICS	M4.3.4.3	Medical Management of Anemia Of Unknown Cause	10262
17 1	M4	PEDIATRICS	M4.3.5.1	Medical Management of Pyogenic Meningitis	28713
17 2	M4	PEDIATRICS	M4.3.5.2	Medical Management of Neuro Tuberculosis in Paediatric patient	15393
17 3	M4	PEDIATRICS	M4.3.5.3	Medical Management of Neuro Tuberculosis With Ventilation in Paediatric patient	25655
17 4	M4	PEDIATRICS	M4.3.5.4	Medical Management of Enteric Fever Complicated in Paediatric patient	11014
17 5	M4	PEDIATRICS	M4.3.5.5	Medical Management of Cerebral Malaria - Falciparum	25655
17 6	M4	PEDIATRICS	M4.3.6.1	Medical Management of Convulsive Disorders/Status Epilepticus -Fits in Paediatric patient	12732
17 7	M4	PEDIATRICS	M4.3.6.2	Medical Management of Stroke Syndrome in Paediatric patient	20524
17 8	M4	PEDIATRICS	M4.3.6.4	Medical Management of Guillian-Barre Syndrome	82096
17 9	M4	PEDIATRICS	M4.30.1	ADVERSE EVENTS FOLLOWING IMMUNISATION NOT REQUIRING VENTILATOR SUPPORT	20000
18 0	M4	PEDIATRICS	M4.31	Vector borne infections - dengue fever/malaria(Vivax, Falciparum)	10000
18 1	M4	PEDIATRICS	M4.31.1	Medical Management of Dengue Haemorrhagic Fever -Complicated	35000
18 2	M4	PEDIATRICS	M4.33	MANAGEMENTOF KAWASAKI DISEASE WITH VENTILATORY SUPPORT	40000
18 3	M4	PEDIATRICS	M4.33.1	MANAGEMENTOF KAWASAKI DISEASE WITHOUT VENTILATORY SUPPORT	20000
18 4	M4	PEDIATRICS	M4.34	Evaluation of NEUROREGRESSION	25000
18 5	M4	PEDIATRICS	M4.4.1.1	Cyanotic spells	25000
18 6	M4	PEDIATRICS	M4.4.4	Medical Management of Pulmonary koch with complications in Paediatric patient	10000

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187	M4	PEDIATRICS	M4.5.2.1	Medical Management of Nephrotic syndrome-non steroid resistant in Paediatric patient	15000
188	M4	PEDIATRICS	M4.5.2.2	Medical Management of Acute glomerulonephritis in Paediatric patient	10000
189	M4	PEDIATRICS	M4.5.2.3	Nephrotic syndrome with peritonitis	30000
190	M4	PEDIATRICS	M4.5.5	Medical Management of Renal Tubular Acidosis	14683
191	M4	PEDIATRICS	M4.5.6	Medical Management of UTI -Urinary Tract Infection	16310
192	M4	PEDIATRICS	M4.6.4	Medical Management of Auto immune hemolytic anemia in Paediatric patient	15404
193	M4	PEDIATRICS	M4.7.10	Wheezing/ LRTI	2000
194	M4	PEDIATRICS	M4.7.11	Acute Exacerbation of asthma	3000
195	M4	PEDIATRICS	M4.7.12	Hyper Pyrexia	4500
196	M4	PEDIATRICS	M4.7.13	Medical Management of Viral haemorrhagic fever with complications in Paediatric patient	34180
197	M4	PEDIATRICS	M4.7.14	Medical Management of Tetanus in Paediatric patient	13550
198	M4	PEDIATRICS	M4.7.15	Chikungunya	3000
199	M4	PEDIATRICS	M4.7.4.1	Medical Management of Typhoid And Paratyphoid Fevers	20000
200	M4	PEDIATRICS	M4.7.6	Medical Management of Diphtheria in Paediatric patient	15393
201	M4	PEDIATRICS	M4.7.7	Medical Management of Croup in Paediatric patient	25000
202	M4	PEDIATRICS	M4.7.9	URIT-Pharyngitis/Tonsillitis,Otitis	5000
203	M4	PEDIATRICS	M4.9	Medical Management of Rheumatoid Arthritis Requiring Hospitalisation	30000
204	M4	PEDIATRICS	M4.9.1	Cystic Fibrosis	40000
205	M4	PEDIATRICS	M4.9.3	New Born ROP Treatment	15000
206	M4	PEDIATRICS	M4.9.4	Hearing Assessment	5000
207	M4	PEDIATRICS	M4.9.5	Physiological Jaundice Assessment	10000
208	M4	PEDIATRICS	MG001A	Acute febrile illness	4500
209	M4	PEDIATRICS	MG003A	Malaria	6910000

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21 0	M4	PEDIATRICS	MG004 C	Dengue shock syndrome	10000
21 1	M4	PEDIATRICS	MG008 A	Leptospirosis	15000
21 2	M4	PEDIATRICS	MG009 B1	Acute gastroenteritis with severe dehydration	20000
21 3	M4	PEDIATRICS	MG016 A	Medical management of pediatric respiratory diseases-pneumonia/bronchiectasis	15000
21 4	M4	PEDIATRICS	MG019 A	Lung abscess	20000
21 5	M4	PEDIATRICS	MG020 A	Pericardial tuberculosis	20000
21 6	M4	PEDIATRICS	MG022 A	Viral Encephalitis	25000
21 7	M4	PEDIATRICS	MG023 A	Septic Arthritis	20000
21 8	M4	PEDIATRICS	MG024 A	Skin and soft tissue infections	5000
21 9	M4	PEDIATRICS	MG026 A	Pyrexia of unknown origin	19850
22 0	M4	PEDIATRICS	MG028 A	Acute bronchitis	7000
22 1	M4	PEDIATRICS	MG030 A	Acute exacerbation of Interstitial Lung Disease	25000
22 2	M4	PEDIATRICS	MG032 A	Vasculitis	10000
22 3	M4	PEDIATRICS	MG035 A	Acute transverse myelitis	20524
22 4	M4	PEDIATRICS	MG036 A	Atrial Fibrillation	15000
22 5	M4	PEDIATRICS	MG039 B	Status asthmaticus	22074
22 6	M4	PEDIATRICS	MG040 B	Type 2 respiratory failure	25000
22 7	M4	PEDIATRICS	MG041 B1	Upper GI bleeding - endoscopic	20000
22 8	M4	PEDIATRICS	MG050 A	Immune mediated CNS disorders	20524
22 9	M4	PEDIATRICS	MG051 A	Hydrocephalus	10000
23 0	M4	PEDIATRICS	MG055 A	Pneumothorax	21000
23 1	M4	PEDIATRICS	MG060 A	Electrolyte Imbalance-Hypo/Hypercalcemia, Hypo/Hyponatremia	10000
23 2	M4	PEDIATRICS	MG061 A	Hyperosmolar Non-Ketotic coma	25000
23 3	M4	PEDIATRICS	MG062 A	Accelerated hypertension	7000
23 4	M4	PEDIATRICS	MG064 A	Severe anemia	7000

Schedules to Insurance Contract

23 5	M4	PEDIATRICS	MG065 A	Medical Management of anemia-sickle cell anemia/iron deficiency anemia	10260
23 6	M4	PEDIATRICS	MG066 A	Anaphylaxis	5000
23 7	M4	PEDIATRICS	MG067 A	Heat stroke	6000
23 8	M4	PEDIATRICS	MG068 A	Systematic lupus erythematosus -SLE Or Diffuse alveolar hemmorrhage associated with SLE	15000
23 9	M4	PEDIATRICS	MG074 A	Whole Blood transfusion	2000
24 0	M4	PEDIATRICS	MG074 B	Blood component including platelet transfusion - RDP, PC, SDP	2000
24 1	M4	PEDIATRICS	MG075 A	High end radiological diagnostic - -CT, MRI, Imaging including nuclear imaging	5000
24 2	M4	PEDIATRICS	MG076 A	High end histopathology -Biopsies and advanced serology investigations	5000
24 3	M4	PEDIATRICS	MG098 A	PET Scan	20000
24 4	M4	PEDIATRICS	MG099 A	Platelet pheresis	11000
24 5	M4	PEDIATRICS	MN002 A	Neonates between 1500-1799g OR Neonates of any weight with mild illness like, but not limited to: - Mild Respiratory Distress Or tachypnea - Mild encephalopathy - Severe jaundice requiring intensive phototherapy- Unwell baby requiring monitoring- Some dehydration- Hypoglycaemia The above list is illustrative but not limited to these conditions. The required procedures may include radiant warmer care, gavage feeding, oxygen therapy, IV fluid administration, blood transfusion. The package includes food and stay for the mother in the hospital for breastfeeding, Kangaroo Mother Care -KMC and Family centered care.	25000

Schedules to Insurance Contract

24 6	M4	PEDIATRICS	MN003 A	Neonates of any birthweight with moderate illness like - Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support -CPAP, HFFNC - Sepsis Or pneumonia without complications - Hyperbilirubinemia requiring exchange transfusion- Seizures requiring anti-convulsants- Major congenital malformations -pre-surgical stabilization - Cholestasis requiring investigations and in-hospital management - Congestive heart failure or shock - The above list is illustrative but not limited to these conditions. The package includes mandatory stay and food of the mother in the hospital for breastfeeding, Kangaroo Mother Care -KMC and Family centered care	35000
24 7	M4	PEDIATRICS	MN005 A	Neonates less than 1200 g OR- Neonates of any weight with at least one of the following conditions: - Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide -iNO - Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes- Requiring parenteral nutrition Critical congenital heart disease -excluding surgical costs - The above list is illustrative but not limited to these conditions. The package includes mandatory stay and food of the mother in the hospital for breastfeeding, Kangaroo Mother Care -KMC and Family centered care	15000 0

Schedules to Insurance Contract

24 8	M4	PEDIATRICS	MN007 A	Includes but not limited to minimum six follow-up visits at 40 weeks PMA, and corrected ages of 3,6,9, 12 and 18 months for Assessment and Management of growth and development. Neurosonogram at 40 weeks PMA if indicated.	3000
24 9	M4	PEDIATRICS	MN008 A	Laser Therapy for Retinopathy of Prematurity- - Irrespective of no. of eyes affected - per session	1900
25 0	M4	PEDIATRICS	MN009 A	Advanced Surgery for Retinopathy- of Prematurity	18800
25 1	M4	PEDIATRICS	MN010 A	Ventriculoperitoneal Shunt Surgery -VP or Omayya Reservoir or External Drainage for- Hydrocephalus	6300
25 2	M4	PEDIATRICS	MN011 A	Neonates greater than 2.5 kg nursed with mother : Includes clinical monitoring, breastfeeding support, birth vaccination, thyroid screening, universal hearing screening and pre-discharge counselling	9000
25 3	M4	PEDIATRICS	MN012 A	ROP screening	625
25 4	M4	PEDIATRICS	MP001 D	Acute non-febrile seizures	10000
25 5	M4	PEDIATRICS	MP002 A	Epileptic encephalopathy	25000
25 6	M4	PEDIATRICS	MP003 A	Acute Febrile encephalopathy	25655
25 7	M4	PEDIATRICS	MP003B	Encephalopathy-acute disseminated encephalomyelitis/hypertensive encephalopathy viral	30000
25 8	M4	PEDIATRICS	MP005B	Aseptic meningitis tubercular,	15000
25 9	M4	PEDIATRICS	MP005C	Febrile encephalopathy fungal	25000
26 0	M4	PEDIATRICS	MP005E	Metabolic encephalopathy parasitic,	25000
26 1	M4	PEDIATRICS	MP005 G	Meningitis-brain abscess/intracranial abscess/pyogenic meningitis	10000
26 2	M4	PEDIATRICS	MP006 A	Chronic meningitis	5000
26 3	M4	PEDIATRICS	MP006E	Acute meningitis	25000
26 4	M4	PEDIATRICS	MP010 A	Intracranial space occupying lesion tuberculoma,	7500

Schedules to Insurance Contract

26 5	M4	PEDIATRICS	MP011 A	neurocysticercosis, brain tumours	5000
26 6	M4	PEDIATRICS	MP015 A	Juvenile myasthenia- requiring admission for work-up or in-patient care	5000
26 7	M4	PEDIATRICS	MP018 A	Acute asthma Or Status asthmaticus	3000
26 8	M4	PEDIATRICS	MP020 A	Acute urticaria Or anaphylaxis	5000
26 9	M4	PEDIATRICS	MP020B	Steven Johnson syndrome	10000
27 0	M4	PEDIATRICS	MP022 A	Celiac disease-requiring admission for Work Up and Or or in-patient management	5000
27 1	M4	PEDIATRICS	MP029 A	Global developmental delay Or Intellectual disability-requiring admission for Work Up and Or or in-patient management	5000
27 2	M4	PEDIATRICS	MP032 A	Developmental and behavioral disorders for Work Up and Or or in-patient management	5000
27 3	M4	PEDIATRICS	MP033 A	Short stature- requiring admission for Work Up	4500
27 4	M4	PEDIATRICS	MP036 A	Inborn errors of metabolism-requiring admission for work-up and Or or inpatient care	7500
27 5	M4	PEDIATRICS	MP039 A	Acute rheumatic fever-	15000
27 6	M4	PEDIATRICS	MP040 A	Cyanotic spells without CHD	25000
27 7	M4	PEDIATRICS	MP044 A	Steve Johnson syndrome	20000
27 8	M4	PEDIATRICS	MP046 A	Ketogenic diet initiation in refractory epilepsy	8500
27 9	M4	PEDIATRICS	MP048B	Platelet disorders	10000
28 0	M4	PEDIATRICS	MP050 A	Uncomplicated steroid sensitive	15000
28 1	M4	PEDIATRICS	MP051 A	Staphylococcal scalded skin syndrome	25000
28 2	M5	CARDIOLOGY	ER002A	Emergency with stable- cardiopulmonary status	2000
28 3	M5	CARDIOLOGY	ER002B	Emergency with unstable cardiopulmonary status with- resuscitation	11000

Schedules to Insurance Contract

28 4	M5	CARDIOLOGY	IN019B	Gelfoam embolization -with microcatheter	29400
28 5	M5	CARDIOLOGY	IN023A	Angioplasty -arterial	40800
28 6	M5	CARDIOLOGY	IN023B	Angioplasty -arterial using microguidewire and guiding catheter	65500
28 7	M5	CARDIOLOGY	IN023E	Angioplasty and covered stent placement -arterial	62700
28 8	M5	CARDIOLOGY	IN024A	Catheter directed thrombolysis -arterial Or venous	44100
28 9	M5	CARDIOLOGY	IN025A	Thrombectomy followed by thrombolysis -arterial Or venous	49900
29 0	M5	CARDIOLOGY	IN026A	Angioplasty -venous	25100
29 1	M5	CARDIOLOGY	IN026E	Angioplasty and covered stent placement -venous	56400
29 2	M5	CARDIOLOGY	IN027A	Angioplasty Below knee angioplasty	66600
29 3	M5	CARDIOLOGY	IN034A	IVC filter placement	19400
29 4	M5	CARDIOLOGY	IN034B	IVC filter Placement with Catheter directed thrombolysis -arterial Or venous	36200
29 5	M5	CARDIOLOGY	IN034C	IVC filter retrieval	14400
29 6	M5	CARDIOLOGY	IN072A	Diagnostic angiography -DSA	8700
29 7	M5	CARDIOLOGY	M5.1.1	Medical Management of Acute Mi -Conservative Management Without Angiogram	10262
29 8	M5	CARDIOLOGY	M5.1.2	Management Of Acute MI With Angiogram	32324
29 9	M5	CARDIOLOGY	M5.1.3	Medical Management of Acute MI With Cardiogenic Shock	33864
30 0	M5	CARDIOLOGY	M5.1.3.1	Medical Management Cardiogenic Shock -Non AMI With Out Angiogram	22000
30 1	M5	CARDIOLOGY	M5.1.3.2	Medical Management Cardiogenic Shock -Non AMI With Angiogram	25000
30 2	M5	CARDIOLOGY	M5.1.4	Medical Management of Acute MI Requiring IABP Pump	56440
30 3	M5	CARDIOLOGY	M5.1.5	Medical Management of Refractory Cardiac Failure	41048
30 4	M5	CARDIOLOGY	M5.10	CHF-Acute Decompensation-Medical Management With Ventilator	30000

Schedules to Insurance Contract

30 5	M5	CARDIOLOGY	M5.11	Medical Management of Deep Vein Thrombosis	25000
30 6	M5	CARDIOLOGY	M5.12	Medical Management of CAD - Chronic Stable Angina	10000
30 7	M5	CARDIOLOGY	M5.13	Medical Management Of Vascular Embolisation	15000
30 8	M5	CARDIOLOGY	M5.14	Atrial fibrillation - Medical management	15000
30 9	M5	CARDIOLOGY	M5.15	Management of acute exacerbation of COPD	15180
31 0	M5	CARDIOLOGY	M5.16	MEDICAL MANAGEMENT OF RECENT HEART FAILURE	6500
31 1	M5	CARDIOLOGY	M5.17	MEDICAL MANAGEMENT OF END STAGE-stage 4 HEART FAILURE	8000
31 2	M5	CARDIOLOGY	M5.18	AF WITH FVR,LRTI WITH SEPSIS	5000
31 3	M5	CARDIOLOGY	M5.19	MEDICAL MANAGEMENT OF ACUTE RIGHT HEART FAILURE/ADVANCED LUNG DISEASE	6200
31 4	M5	CARDIOLOGY	M5.2	Medical Management of Infective Endocarditis	25654
31 5	M5	CARDIOLOGY	M5.3	Medical Management of Pulmonary Embolism	35916
31 6	M5	CARDIOLOGY	M5.4	Medical Management of Complex Arrhythmias	14366 7
31 7	M5	CARDIOLOGY	M5.5	Ablation Therapy for Simple Arrhythmias	10000 0
31 8	M5	CARDIOLOGY	M5.5.1	Medical Management Of Simple Arrhythmias	8000
31 9	M5	CARDIOLOGY	M5.6	Medical Management of Pericardial Effusion, Tamponade withÂ¿Aspiration	16419
32 0	M5	CARDIOLOGY	M5.6.1	Medical Management Of Pericardial Effusion-Without Aspiration	6000
32 1	M5	CARDIOLOGY	M5.7	Medical Management of Chronic Heart Failure	5000
32 2	M5	CARDIOLOGY	M5.7.1	Coronary Balloon Angioplasty with stent-00.45	13417
32 3	M5	CARDIOLOGY	M5.8	Medical Management of Acute Rheumatic Fever	15000
32 4	M5	CARDIOLOGY	M5.9	Medical Management Of Aortic Dissection	20000

Schedules to Insurance Contract

325	M5	CARDIOLOGY	MC001A	Heart Catheterization-Right/Left	12500
326	M5	CARDIOLOGY	MC002A	For Deep vein thrombosis -DVT	38500
327	M5	CARDIOLOGY	MC002C	For Peripheral vessels	38500
328	M5	CARDIOLOGY	MC003B	Pulmonary Artery Stenosis	62300
329	M5	CARDIOLOGY	MC004A	Valvotomy-balloon pulmonory/aortic valvotomy	43300
330	M5	CARDIOLOGY	MC005A	Balloon Mitral Valvotomy	70000
331	M5	CARDIOLOGY	MC011A	PTCA, inclusive of diagnostic angiogram	84928
332	M5	CARDIOLOGY	MC012A	Electrophysiological Study	80700
333	M5	CARDIOLOGY	MC014A	Temporary Pacemaker implantation	24000
334	M5	CARDIOLOGY	MC015A	Permanent Pacemaker Implantation - - Single Chamber	75700
335	M5	CARDIOLOGY	MC016A	Permanent Pacemaker Implantation -Double Chamber	106900
336	M5	CARDIOLOGY	MC018A	Bronchial artery Embolisation - -for Haemoptysis	41000
337	M5	CARDIOLOGY	MC020A	Systemic Thrombolysis -for MI	22400
338	M5	CARDIOLOGY	MG037A	Cardiac Tamponade	10500
339	M5	CARDIOLOGY	MG038A	Congestive heart failure	10000
340	M5	CARDIOLOGY	MP039B	Rheumatic valvular heart disease	15393
341	M5	CARDIOLOGY	MP043A	KAWASAKI DISEASE	20000
342	M5	CARDIOLOGY	SV032A1	Low Cardiac Output syndrome requiring IABP insertion post - operatively	118800
343	M5	CARDIOLOGY	S7.11.12.3A	THROMBOLYSIS FOR ACUTE ISCHEMIA OF LIMB DUE TO ARTERIAL ABSTRUCTION	10000
344	M5	CARDIOLOGY	S7.11.15A	DVT - Ivc Filter implantation	102619
345	M5	CARDIOLOGY	S7.14A	Medical Management of congenital/valvular heart disease-requiring cardiac catheterization	17660
346	M5	CARDIOLOGY	S7.2.11.3A	Pericardiocentesis	17200
347	M6	NEPHROLOGY	M6.1	Medical Management of AKI	20227
348	M6	NEPHROLOGY	M6.10	CAPD Peritonitis	22950

Schedules to Insurance Contract

349	M6	NEPHROLOGY	M6.12	PYELONEPHRITIS	15800
350	M6	NEPHROLOGY	M6.3	Medical Management of Rapidly Progressive Renal Failure	40200
351	M6	NEPHROLOGY	M6.4	Medical Management of Chronic Renal Failure 1 -Crf	35800
352	M6	NEPHROLOGY	M6.5	Maintenance Hemodialysis For Crf	20560
353	M6	NEPHROLOGY	M6.6	Medical Management of Acute Glomerulo Nephritis	26702
354	M6	NEPHROLOGY	M6.7	Medical Management of Renal Tubular Acidosis	20300
355	M6	NEPHROLOGY	M6.9	Medical Management of Post Transplant Sepsis	50200
356	M6	NEPHROLOGY	PM039A	Palliative care end stage disease	16550
357	M7	NEUROLOGY	M7.1	Medical Management of ADEM	20524
358	M7	NEUROLOGY	M7.10	Medical Management of Guillian-Barre Syndrome	82096
359	M7	NEUROLOGY	M7.11	Medical Management of Optic Neuritis	11176
360	M7	NEUROLOGY	M7.12	Management with Immunoglobulin Therapy - Iv	102620
361	M7	NEUROLOGY	M7.13	Medical Management of Wilson Disease	15120
362	M7	NEUROLOGY	M7.14	Medical Management of Parkinsonism	12190
363	M7	NEUROLOGY	M7.15	Medical Management of Dementia	12940
364	M7	NEUROLOGY	M7.17	Medical Management of Epilepsy - Idiopathic Neurocysticercosis Tuberculoma	18000
365	M7	NEUROLOGY	M7.18	THRAMBOLYTIC THERAPY CVA,A/S	13800
366	M7	NEUROLOGY	M7.18.1	THROMBOLYTIC THERAPY FOR ACUTE ISCHEMIC STROKE	30000
367	M7	NEUROLOGY	M7.19	PLASMAPHERESIS FOR NEUROLOGICAL DISORDERS	100000
368	M7	NEUROLOGY	M7.2	Medical Management of Chronic Inflammatory Demyelinating Polyneuropathy-CIDP	14715
369	M7	NEUROLOGY	M7.3	Medical Management of Hemorrhagic Stroke/Strokes-I61/I62/I63/I64	31843

Schedules to Insurance Contract

37 0	M7	NEUROLOGY	M7.4	Medical Management of Ischemic Strokes	20524
37 1	M7	NEUROLOGY	M7.4.1	Stroke in Young	11418
37 2	M7	NEUROLOGY	M7.5	Medical Management of Acquired Myopathies	19970
37 3	M7	NEUROLOGY	M7.6	Medical Management of Neuroinfections -Fungal Meningitis	55754
37 4	M7	NEUROLOGY	M7.7	Medical Management of Neuroinfections -Pyogenic Meningitis-Bacterial	30000
37 5	M7	NEUROLOGY	M7.8	Medical Management of Neuroinfections -Viral Meningoencephalitis -Including Herpes Encephalitis	40503
37 6	M7	NEUROLOGY	M7.9	Medical Management of Neuromuscular disorders - Myasthenia Gravis	21910
37 7	M7	NEUROLOGY	MG0116 B	Myasthenic crisis -Plasmapheresis	82000
37 8	M7	NEUROLOGY	MG0118 A	Evaluation of drug resistant epilepsy-Phase-1	5000
37 9	M7	NEUROLOGY	MG047 A	Status epilepticus	8500
38 0	M7	NEUROLOGY	MG056 A	Neuromuscular Disorders	12568
38 1	M7	NEUROLOGY	MG069 A	Guillain Barre syndrome -IVIG	51922
38 2	M7	NEUROLOGY	MG087 A	Venous sinus thrombosis	18500
38 3	M7	NEUROLOGY	MG090 B	Autoimmune encephalitis - Immunoglobulin -IVIG	55922
38 4	M7	NEUROLOGY	MG094 A	Tuberculous meningitis -Hydrocephalus â€“ VP SHUNT Or EVD Or Omayya	20100
38 5	M8	PULMONOLOGY	M1.1A	Medical Management of Acute Respiratory Failure with - Acute Severe Asthma / Ventilator	51310
38 6	M8	PULMONOLOGY	M1.2A	Medical Management of COPD with Respiratory Failure -Infective Exacerbation	82095
38 7	M8	PULMONOLOGY	M1.3A	Medical Management of Acute Bronchitis with Pneumonia and Respiratory Failure	61572

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38 8	M8	PULMONOLOGY	M1.4A	Medical Management of ARDS	10261 9
38 9	M8	PULMONOLOGY	M2.16A	Acute bronchitis	7000
39 0	M8	PULMONOLOGY	M2.17A	Acute COPD / Asthama	5000
39 1	M8	PULMONOLOGY	M2.48A	PTB DEFAULTER	7000
39 2	M8	PULMONOLOGY	M5.15A	Management of acute exacerbation of COPD	15180
39 3	M8	PULMONOLOGY	M5.19A	MEDICAL MANAGEMENT OF ACUTE RIGHT HEART FAILURE Or ADVANCED LUNG DISEASE	6200
39 4	M8	PULMONOLOGY	M5.3A	Medical Management of Pulmonary Embolism	35916
39 5	M8	PULMONOLOGY	M8.1	Medical Management of Bronchiectasis with Repeated Hospitalisation greater than 6 per Year	30787
39 6	M8	PULMONOLOGY	M8.10	Medical Management of Pleural Effusion	15000
39 7	M8	PULMONOLOGY	M8.11	Medical Management of Empyema	22000
39 8	M8	PULMONOLOGY	M8.12	Medical Management of Inhalational Lung Injuries	20000
39 9	M8	PULMONOLOGY	M8.13	Medical Management of Chronic Persistent Asthama	15000
40 0	M8	PULMONOLOGY	M8.14	Medical Management of Emphysema Without Respirative Failure	15000
40 1	M8	PULMONOLOGY	M8.15	Medical Management of Pulmonary Vasculitis	20000
40 2	M8	PULMONOLOGY	M8.17.1	Medical Management of Aspergilloma	27335
40 3	M8	PULMONOLOGY	M8.17.2	Medical Management of A.B.P.A -Allergic Broncho Pulmonary Aspergillosis	24850
40 4	M8	PULMONOLOGY	M8.19	Medical Management of Sarcoidosis	16500
40 5	M8	PULMONOLOGY	M8.2	Medical Management of Lung Abscess ,Non Resolving	35918
40 6	M8	PULMONOLOGY	M8.22	Thoracoscopic Adhenolysis	35000
40 7	M8	PULMONOLOGY	M8.3	Medical Management of Pneumothorax - Large/Recurrent	30787
40 8	M8	PULMONOLOGY	M8.4	Medical Management of Interstitial Lung Diseases	33865

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409	M8	PULMONOLOGY	M8.5	Medical Management of Pneumoconiosis	35918
410	M8	PULMONOLOGY	M8.6	Medical Management of Acute Respiratory Failure - Without Ventilator	25656
411	M8	PULMONOLOGY	M8.8	Medical Management of Pneumonias	30786
412	M8	PULMONOLOGY	M8.9	Medical Management of Haemoptysis For Evaluation	10000
413	M8	PULMONOLOGY	MG096A	Bronchoscopy	10900
414	M8	PULMONOLOGY	MG097A	Endobronchial Ultrasound guided fine needle biopsy	10900
415	M8	PULMONOLOGY	M11.1.2A	Medical management of Lower Respiratory Tract Infection	23603
416	M8	PULMONOLOGY	M14.1.26A	Critical Care - ICU with NIV -CBAP, BIPAP, HFNO per day	10350
417	M8	PULMONOLOGY	M14.1.28A	Post Covid with Mucor Mycosis Management	31950
418	M9	DERMATOLOGY	M9.10	Medical Management of Bullous Disorders - Pemphigoid/Pemphigoids	23000
419	M9	DERMATOLOGY	M9.11	Medical Management of Skin Reactions-Adverse Drug Reactions / Acute Urticaria / Allergic Dermatitis	13664
420	M9	DERMATOLOGY	M9.12	Medical Management of Pustular Psoriasis	15000
421	M9	DERMATOLOGY	M9.15	Medical Management of Erythema Multiforme	8640
422	M9	DERMATOLOGY	M9.16	Medical Management of Erythroderma	18819
423	M9	DERMATOLOGY	M9.17	Medical Management of Connective tissue Disorder - SLE / SS / MCTD / Dermatomyositis	19382
424	M9	DERMATOLOGY	M9.19	Medical Management of Vitiligo Medical -OP Management	15000
425	M9	DERMATOLOGY	M9.5	Medical Management of Leprosy Reactions and Deformities -Type I and Type II	20000
426	M9	DERMATOLOGY	M9.6	Medical Management of Chlamydial Tests	27290
427	M9	DERMATOLOGY	M9.7	Medical Management of Herpes Zoster Post Herpetic Neuralgia	12592

Schedules to Insurance Contract

428	M9	DERMATOLOGY	M9.8	Medical Management of Electro/Cryocautery For Warts	8210
429	M10	RHEUMATOLOGY	M10.1.4	Medical Management of Severe Lupus Erythematosis	30000
430	M10	RHEUMATOLOGY	M10.11	Medical Management of Gout	10000
431	M10	RHEUMATOLOGY	M10.3.1	Medical Management of Undifferentiated Connective Tissue Disorder	20290
432	M10	RHEUMATOLOGY	M10.6.1	Medical Management of Rheumatoid Arthritis Requiring Hospitalisation	30000
433	M10	RHEUMATOLOGY	M10.6.6	Medical Management of Undifferentiated Inflammatory Arthritis	15000
434	M11	ENDOCRINOLOGY	M2.14.1A	Diabetic ketoacidosis	15000
435	M11	ENDOCRINOLOGY	M2.41A	Addison s disease	20000
436	M11	ENDOCRINOLOGY	M2.44A	HYPOGLYCEMIA MANAGEMENT	6800
437	M11	ENDOCRINOLOGY	M2.47A	MEDICAL MANAGEMENT OF DIABETIC FOOT	32376
438	M11	ENDOCRINOLOGY	MG052A1	Myxedema coma	45000
439	M11	ENDOCRINOLOGY	M11.1.1	Medical management of Pyelonephritis in uncontrolled Diabetes melitus	22074
440	M11	ENDOCRINOLOGY	M11.1.2	Medical management of Lower Respiratoy Tract Infection	23603
441	M11	ENDOCRINOLOGY	M11.1.3	Medical management of Fungal Sinusitis	42013
442	M11	ENDOCRINOLOGY	M11.1.4	Medical management of Cholecystitis	30479
443	M11	ENDOCRINOLOGY	M11.2.1	Initial evaluation and management of hypopituitarism with growth hormone	26681
444	M11	ENDOCRINOLOGY	M11.2.2	Hormonal therapy for Pituitary - Acromegaly	18923
445	M11	ENDOCRINOLOGY	M11.2.3	Medical Management of Cushings Syndrome	30787
446	M11	ENDOCRINOLOGY	M11.2.4	Hormonal therapy for Delayed Puberty Hypogonadism-Turners Syndrome/Klinefelter Syndrome-Q98.4	14880
447	M11	ENDOCRINOLOGY	M11.2.6	Hypopiturasim Maintanance Phase Monthly Package For Growth Hormone	18162

Schedules to Insurance Contract

448	M11	ENDOCRINOLOGY	M11.2.7	Medical Management of Graves Disease	10323
449	M11	ENDOCRINOLOGY	M11.2.8	Medical Management of Precocious Puberty	15865
450	M11	ENDOCRINOLOGY	M11.2.9	Medical Management of Osteoporosis	11090
451	M12	GASTROENTEROLOGY	M12.1	Medical management of Corrosive Oesophageal Injury	21868
452	M12	GASTROENTEROLOGY	M12.10	Medical management of Acute Pancreatitis -Mild	51310
453	M12	GASTROENTEROLOGY	M12.11	Acute Severe Pancreatitis / Necrotizing Pancreatitis	153930
454	M12	GASTROENTEROLOGY	M12.12	Conservative management of Acute Pancreatitis With Pseudocyst -Infected	36300
455	M12	GASTROENTEROLOGY	M12.13	Conservative management of Chronic Pancreatitis with Severe Pain	30785
456	M12	GASTROENTEROLOGY	M12.13.2	Medical Management of Chronic Pancreatitis With Pseudocyst Infected	33000
457	M12	GASTROENTEROLOGY	M12.14	Conservative management of Obscure GI Bleed	51309
458	M12	GASTROENTEROLOGY	M12.14.1	Medical Management of Lower GI Bleed	22000
459	M12	GASTROENTEROLOGY	M12.15	Conservative management of Cirrhosis with Hepatic Encephalopathy	41048
460	M12	GASTROENTEROLOGY	M12.16	Medical management of Cirrhosis with Hepato Renal Syndrome	55320
461	M12	GASTROENTEROLOGY	M12.17.1	Medical Management of Post OP Leaks / Stents	48057
462	M12	GASTROENTEROLOGY	M12.17.3	Medical management of Sclerosing Cholangitis	76965
463	M12	GASTROENTEROLOGY	M12.17.4	Cholidocholithiasis	30000
464	M12	GASTROENTEROLOGY	M12.18	Medical Management of Cirrhosis Decompensated Including SBP, Portal HTN, Bleed	37836
465	M12	GASTROENTEROLOGY	M12.18.1	Medical Management of Compensated Cirrhosis	23270
466	M12	GASTROENTEROLOGY	M12.19	Medical Management of Acute Hepatitis -Viral, Alcohol, Drugs, Misc. Infections	30000

Schedules to Insurance Contract

46 7	M12	GASTROENTEROLOGY	M12.2	Conservative management of Oesophageal Foreign Body	15000
46 8	M12	GASTROENTEROLOGY	M12.20	Medical Management of Ascities of any Etiology	15403
46 9	M12	GASTROENTEROLOGY	M12.21.1	Medical Management of Intestinal Infections- Bacterial / Viral /Infective Proctitis / Enterocolitis	17150
47 0	M12	GASTROENTEROLOGY	M12.22	Medical Management of Abdominal Tuberculosis	20000
47 1	M12	GASTROENTEROLOGY	M12.23	Medical Management - Post SEMS - Biliary Malignancy / Pancreatic Malignancy / GI	50000
47 2	M12	GASTROENTEROLOGY	M12.25.2	Medical Management of Mallory Weiss Tear	10000
47 3	M12	GASTROENTEROLOGY	M12.26	Medical Management of Ulcer - Gastric / Duodenal	11240
47 4	M12	GASTROENTEROLOGY	M12.26 A	Conservative Management of Duodenal Ulcer with Bleeding	16240
47 5	M12	GASTROENTEROLOGY	M12.27.3	Medical Management of Gastric Outlet Obstruction	12610
47 6	M12	GASTROENTEROLOGY	M12.27.4	Medical Management of Gastric Polyp	11080
47 7	M12	GASTROENTEROLOGY	M12.28.1	Medical Management of Ulcerative Colitis	25370
47 8	M12	GASTROENTEROLOGY	M12.28.3	Medical Management of Crohn Disease	42330
47 9	M12	GASTROENTEROLOGY	M12.28.4	Medical Management of Malabsorption Syndrome / Chronic Diarrohea	20000
48 0	M12	GASTROENTEROLOGY	M12.29.1	Medical Management of Rectal Polyp Medical Management	7040
48 1	M12	GASTROENTEROLOGY	M12.29.2	Medical Management of Solitary Rectal Ulcer Syndrome	10240
48 2	M12	GASTROENTEROLOGY	M12.29.3	Medical Management of Radiation Proctitis	10190
48 3	M12	GASTROENTEROLOGY	M12.29.4	Medical Management of Colorectal Polyps	10190
48 4	M12	GASTROENTEROLOGY	M12.3	Conservative management of Oesophageal Perforation	51309
48 5	M12	GASTROENTEROLOGY	M12.30.1	Medical Management of Chronic Hepatitis -Viral , Alchohol, NASH, Drug, auto Immune, metabolic	22060

Schedules to Insurance Contract

48 6	M12	GASTROENTEROLOGY	M12.30.2	Chronic hepatitis, unspecified	12920
48 7	M12	GASTROENTEROLOGY	M12.31.1	Medical Management of Fissure	5000
48 8	M12	GASTROENTEROLOGY	M12.31.2	Medical Management of Haemorrhoids	10130
48 9	M12	GASTROENTEROLOGY	M12.32	Medical Management of Liver Abscess -Amoebic, Pyogenic and Misc. Infections	30000
49 0	M12	GASTROENTEROLOGY	M12.33	Medical Management of Billiary Stricture	15000
49 1	M12	GASTROENTEROLOGY	M12.34	Medical Management of Acute Liver Failure	15392
49 2	M12	GASTROENTEROLOGY	M12.37	EUS FNA-FNB of SPLS in liver Pancreas GIT	30000
49 3	M12	GASTROENTEROLOGY	M12.5	Medical Management of Oesophageal Varices using Variceal Banding	12509
49 4	M12	GASTROENTEROLOGY	M12.6	Medical Management of Oesophageal Varices with Sclerotherapy	10364
49 5	M12	GASTROENTEROLOGY	M12.7	Medical management of Oesophageal Fistula	30786
49 6	M12	GASTROENTEROLOGY	M12.8	Medical management of GAVE-Gastric Antral Vascular Ectasia	20524
49 7	M12	GASTROENTEROLOGY	MG009 A	Medical Management of Dehydration	7290
49 8	M12	GASTROENTEROLOGY	MG009 B	Acute gastroenteritis with severe dehydration	10640
49 9	M12	GASTROENTEROLOGY	MG041 A	Upper GI bleeding -conservative	20000
50 0	M12	GASTROENTEROLOGY	MG041 B	Upper GI bleeding - endoscopic	15290
50 1	M12	GASTROENTEROLOGY	MG042 A	Lower GI hemorrhage	20000
50 2	M12	GASTROENTEROLOGY	MG078 A	Alcoholic Liver Disease	15392
50 3	M13	PSYCHIATRY	M13.1.1	Pre- Electro Convulsive Therapy -ECT and Pre-Transcranial Magnetic Stimulation -TMS Package	10000
50 4	M13	PSYCHIATRY	M13.1.2	Electro Convulsive Therapy -ECT - per session	3000
50 5	M13	PSYCHIATRY	M13.3	Medical Management of Bipolar Affective Disorder - A. Type-1	30500
50 6	M13	PSYCHIATRY	M13.4	Medical Management of Acute Psychotic Episode	25000
50 7	M13	PSYCHIATRY	M13.5	Medical Management of Schizophrenia	8528690

Schedules to Insurance Contract

508	M13	PSYCHIATRY	M13.6	FUNCTIONAL,PANIC ATTACK	6000
509	M13	PSYCHIATRY	MM001A	Intellectual Disability -ID - -	6900
510	M13	PSYCHIATRY	MM002A	Mental disorders - Organic, including symptomatic	6900
511	M13	PSYCHIATRY	MM006A	Behavioural syndromes associated with physiological disturbances and physical factors	6900
512	M13	PSYCHIATRY	MM007A	Mental and Behavioural disorders due to psychoactive substance use	6900
513	M13	PSYCHIATRY	MM010A	Developmental Disorder - Autism spectrum disorder/mixed development disorder / ADHD / Specific Developmental Disorders	2300
514	M13	PSYCHIATRY	MM011A	Behavirol Disorder - Autism spectrum disorder/mixed development disorder / ADHD / Specific Developmental Disorders	2300
515	M13	PSYCHIATRY	MM012A	Psychological, Behavioural and Developmental and Educational Interventions -Typically Includes Child Counselling Or Psychotherapy, Family Counselling Or Psychotherapy Or Training Such As Parent Management Training, Behavioral Or Cognitive-Behavioral Interventions, Developmental Interventions Such As Early Intervention, Speech Or Language Therapy, Occupational Therapy, Physiotherapy, Remediation For Specific Learning Disability and Other Rehabilitative Or Psychosocial Interventions	3300
516	M13	PSYCHIATRY	MM013A	Common Medications Used in Management of Child and Adult Psychological Disorders Including Anti-ADHD Medication	2200

Schedules to Insurance Contract

517	M13	PSYCHIATRY	MM014A	Psychological Assessments -Includes IQ Testing, Specific Learning Disability Assessments, Assessments For Autism Spectrum Disorder, Developmental Assessments, Projective Tests and Other Tests Of Psychopathology , Other Psychosocial Assessments -Family, Schooling	2800
518	M14	EPIDEMIC DISEASE	ID001A	Screening Test for COVID-19 Infection	230
519	M14	EPIDEMIC DISEASE	M14.1.24	Non Critical COVID 19 Treatment per day	2300
520	M14	EPIDEMIC DISEASE	M14.1.25	Non Critical COVID 19 Treatment with O2	4650
521	M14	EPIDEMIC DISEASE	M14.1.26	Critical Care - ICU with NIV -CBAP, BIPAP, HFNO per day	10350
522	M14	EPIDEMIC DISEASE	M14.1.27	Critical Care - ICU with Invasive Ventilatory Support	12440
523	M14	EPIDEMIC DISEASE	M14.1.28	Post Covid with Mucor Mycosis Management	31950
524	M14	EPIDEMIC DISEASE	M14.2.1	Multisystem Inflammatory Syndrome in Children - MIS-C with shock with or without respiratory support.	77533
525	M14	EPIDEMIC DISEASE	M14.2.3	Multisystem Inflammatory Syndrome in Children - MIS-C without shock	42233
526	S1	GENERAL SURGERY	S1.1.1.14	Surgical treatment for Cut Throat Injury	33280
527	S1	GENERAL SURGERY	S1.1.1.15	Aneurysm not Requiring Bypass Techniques t	36000
528	S1	GENERAL SURGERY	S1.1.1.18	Aspiration of Empyema with ICD	5000
529	S1	GENERAL SURGERY	S1.1.1.20	Branchial fistula excision	15300
530	S1	GENERAL SURGERY	S1.1.10	Excision of Cervical Rib	27584
531	S1	GENERAL SURGERY	S1.1.2.1	Hemimandibulectomy	43901
532	S1	GENERAL SURGERY	S1.1.2.2	Segmental Mandible Excision	35646
533	S1	GENERAL SURGERY	S1.1.3	Excision of Carotid Body Tumours	34819
534	S1	GENERAL SURGERY	S1.1.5.1.1	Laparoscopic Hemi Thyroidectomy	29072
535	S1	GENERAL SURGERY	S1.1.5.5.1	Laparoscopic Sub total Thyroidectomy	28508

Schedules to Insurance Contract

53 6	S1	GENERAL SURGERY	S1.1.5.6.1	Laprosopic Total Thyroidectomy	29565
53 7	S1	GENERAL SURGERY	S1.1.6.1	INFECTED SCALP WOUND	4300
53 8	S1	GENERAL SURGERY	S1.10.1	Foreign Body Removal in Peripheral Region-C ARM guided	10000
53 9	S1	GENERAL SURGERY	S1.10.2	Foreign Body Removal in Deep Region	28620
54 0	S1	GENERAL SURGERY	S1.10.3	Surgical Management of Superficial Penile Injuries	4000
54 1	S1	GENERAL SURGERY	S1.12.3	Exision of Scalp and frantonasan / Peripheral region	10380
54 2	S1	GENERAL SURGERY	S1.12.5.6	Release of fibrous bands and grafting -in -OSMF treatment under GAÂ	15000
54 3	S1	GENERAL SURGERY	S1.13.1.1	Haemangioma “ Excision -small	5000
54 4	S1	GENERAL SURGERY	S1.13.1.2	Haemangioma “ Excision -large	10000
54 5	S1	GENERAL SURGERY	S1.13.2.1	Laprosopic Surgical treatment for Laporoscopic / Open Intra Abdominal Abscess	35000
54 6	S1	GENERAL SURGERY	S1.13.4	Ganglion Sclerotherapy	2000
54 7	S1	GENERAL SURGERY	S1.13.6	Congenital Arteriovenus Fistula -small	10000
54 8	S1	GENERAL SURGERY	S1.13.7	Congenital Arteriovenus mall formation -large	25000
54 9	S1	GENERAL SURGERY	S1.15.2	Block dissection Cervical Nodes	13000
55 0	S1	GENERAL SURGERY	S1.15.4	Inguinal Node -dissection - U Or L	28100
55 1	S1	GENERAL SURGERY	S1.16.2	Thoracoplasty	34700
55 2	S1	GENERAL SURGERY	S1.16.3	Open Lumbar Sympathectomy -	23500
55 3	S1	GENERAL SURGERY	S1.17.1	Thymectomy	68200
55 4	S1	GENERAL SURGERY	S1.18.22	Dorsal Slit and Reduction of Paraphimosis	8840
55 5	S1	GENERAL SURGERY	S1.19.1	Sequestrectomy	1500
55 6	S1	GENERAL SURGERY	S1.19.3	Cellulitis surgical management	25000
55 7	S1	GENERAL SURGERY	S1.2.2.1	Wide Excision of Mammary Fistula	12820
55 8	S1	GENERAL SURGERY	S1.2.5	Breast Conservation Surgery	15000

Schedules to Insurance Contract

559	S1	GENERAL SURGERY	S1.20.5	Thermal/Flame/ Scald Burns:Percentage Total Body Surface Area Burns - TBSA - any Percentage - not requiring admission.Needs at least 5-6 dressing	7000
560	S1	GENERAL SURGERY	S1.21.3	USG GUIDED MINOR PROCEDURES -FNAC, BIOPSY, SINOGRAPHY,TAPPING	2000
561	S1	GENERAL SURGERY	S1.3.1.1.1	Laparoscopic Surgical treatment for Incisional Hernia with Mesh	28800
562	S1	GENERAL SURGERY	S1.3.1.2.1	Laparoscopic Surgical treatment for Epigastric Hernia repair with Mesh	51310
563	S1	GENERAL SURGERY	S1.3.1.3.1	Laparoscopic Surgical treatment for Unilateral Femoral Hernia With Mesh	23800
564	S1	GENERAL SURGERY	S1.3.1.4	Hiatus Hernia Repair - Abdominal	37400
565	S1	GENERAL SURGERY	S1.3.1.4.1	Laparoscopic Surgical treatment for Hiatus Hernia With Mesh	30800
566	S1	GENERAL SURGERY	S1.3.1.4.A	Hiatus Hernia Repair - Abdominal for Children and Adult	47500
567	S1	GENERAL SURGERY	S1.3.1.7.1	Laparoscopic Surgical treatment for - Umbilical Hernia With Mesh	51310
568	S1	GENERAL SURGERY	S1.3.3.1.0	Surgical management of Duodenal perforation	32100
569	S1	GENERAL SURGERY	S1.3.3.1.0.1	Surgical treatment for Acute Intestinal perforation LAP / Open	49258
570	S1	GENERAL SURGERY	S1.3.3.1.0.2	Surgical treatment for Duodenal Diverticulum	30010
571	S1	GENERAL SURGERY	S1.3.3.1.2	Drainage - Abdominal abscess Perigastric Abscess / sub diaphragmatic	32000
572	S1	GENERAL SURGERY	S1.3.3.1.6	Drainage of Psoas Abscess	22000
573	S1	GENERAL SURGERY	S1.3.3.1.8	Pyloplasty	14000
574	S1	GENERAL SURGERY	S1.3.3.1.9	Laparoscopic cystogastrostomy	30800
575	S1	GENERAL SURGERY	S1.3.3.2.0	Exploratory Laparotomy	15000
576	S1	GENERAL SURGERY	S1.3.3.5	Surgical Management for Bleeding Peptic ulcer	31900
577	S1	GENERAL SURGERY	S1.3.3.6	Partial/Subtotal Gastrectomy with anastomosis to Esophagus for ulcer	50600
578	S1	GENERAL SURGERY	S1.3.3.9	Gastrostomy Closure	8919600

Schedules to Insurance Contract

579	S1	GENERAL SURGERY	S1.3.4.1	Surgical treatment for Intususception	49258
580	S1	GENERAL SURGERY	S1.3.4.2	Surgical treatment for Acute Intestinal obstruction	49258
581	S1	GENERAL SURGERY	S1.3.4.6.1	Surgical management of entero cutaneous Fistula	40000
582	S1	GENERAL SURGERY	S1.3.4.7	Ileostomy	19400
583	S1	GENERAL SURGERY	S1.3.4.8	Ileostomy Closure	25655
584	S1	GENERAL SURGERY	S1.3.5.1	Surgical treatment for Mal-Rotation and Volvulus Of The Midgut	37300
585	S1	GENERAL SURGERY	S1.3.5.10	Loop Colostomy Sigmoid	20524
586	S1	GENERAL SURGERY	S1.3.5.10.1	Sigmoid Resection	27000
587	S1	GENERAL SURGERY	S1.3.5.2	Surgical treatment for Volvulus of Large bowel	49258
588	S1	GENERAL SURGERY	S1.3.5.3	Surgical treatment for Duplication Of Intestines	28800
589	S1	GENERAL SURGERY	S1.3.5.4.1	Laposcopic Left Hemicolectomy	40000
590	S1	GENERAL SURGERY	S1.3.5.5	Right Hemi Colectomy	40000
591	S1	GENERAL SURGERY	S1.3.5.6	Total Colectomy	54900
592	S1	GENERAL SURGERY	S1.3.5.6.1	Laposcopic Colectomy -Total Colectomy	54900
593	S1	GENERAL SURGERY	S1.3.5.7	Colostomy	20524
594	S1	GENERAL SURGERY	S1.3.5.9	Rectovaginal fistula Management without Colostomy	39816
595	S1	GENERAL SURGERY	S1.3.6.1	Pull Through Abdominal Resection	51310
596	S1	GENERAL SURGERY	S1.3.6.2	Anterior Resection of Rectum	51310
597	S1	GENERAL SURGERY	S1.3.6.3.1	Laposcopic Rectopexy With Mesh for Rectal Prolapse	51310
598	S1	GENERAL SURGERY	S1.3.6.7	Excision of Papilloma Rectum	19660
599	S1	GENERAL SURGERY	S1.3.6.8	Anorectoplasty	26050
600	S1	GENERAL SURGERY	S1.3.6.9.6	LASER HAEMORRHOIDDECTOMY / FISTULA ABALATION	15000
601	S1	GENERAL SURGERY	S1.3.6.9.7	Laser internal sphincterotomy	15000
602	S1	GENERAL SURGERY	S1.3.7.2	Caecostomy	20000

Schedules to Insurance Contract

603	S1	GENERAL SURGERY	S1.3.8	Surgical treatment for Minor Intra Abdominal Injuries	20290
604	S1	GENERAL SURGERY	S1.3.9	Surgical treatment for Burst Abdomen	40000
605	S1	GENERAL SURGERY	S1.4.1	Surgical treatment For Hydatid cyst of Liver	41048
606	S1	GENERAL SURGERY	S1.4.2	Portocaval Anastomosis	56800
607	S1	GENERAL SURGERY	S1.4.3	Drainage/Excision of liver Abscess	30000
608	S1	GENERAL SURGERY	S1.4.3.1	USG GUIDED MAJOR PROCEDURES - EG.IVER L ABSCCESS,POST OP COLLECTIONS DRAINAGE PIGTAIL INSERTION	8000
609	S1	GENERAL SURGERY	S1.4.4	Lap. Hepatic segmental resection	53300
610	S1	GENERAL SURGERY	S1.5.3.2	Gallbladder - Benign Biliary Stricture Repair	40000
611	S1	GENERAL SURGERY	S1.5.5	Pancreaticocystojejunostomy	50600
612	S1	GENERAL SURGERY	S1.6.1	Bilateral Adrenalectomy in nonmalignant conditions	41048
613	S1	GENERAL SURGERY	S1.6.2	Unilateral Adrenelectopmy in nonmalignant conditions	35917
614	S1	GENERAL SURGERY	S1.7.2	Splenorenal Anastomosis	71834
615	S1	GENERAL SURGERY	S1.7.3	Warren Shunt for Portal Hypertension	71834
616	S1	GENERAL SURGERY	S1.7.4	Laparoscopic Splenectomy	40000
617	S1	GENERAL SURGERY	SG001A	Oesophagectomy	92358
618	S1	GENERAL SURGERY	SG003A	Bleeding Ulcer - Partial Gastrectomy without Vagotomy	62500
619	S1	GENERAL SURGERY	SG003C	Partial Gastrectomy for Carcinoma	43500
620	S1	GENERAL SURGERY	SG003D	Subtotal Gastrectomy for Carcinoma	43500
621	S1	GENERAL SURGERY	SG003E	Total Gastrectomy - Lap.	81300
622	S1	GENERAL SURGERY	SG003F	Total Gastrectomy - Open	41048
623	S1	GENERAL SURGERY	SG007A	Gastric Perforation	22600
624	S1	GENERAL SURGERY	SG0106B	GASTROJEJUNOSTOMY - Lap.	34900
625	S1	GENERAL SURGERY	SG0108A	SYMPATHECTOMY-BILATERAL -B OR L	35000
626	S1	GENERAL SURGERY	SG0109A	ERCP	15000

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62 7	S1	GENERAL SURGERY	SG0110 A	Brachial sinus excision	20000
62 8	S1	GENERAL SURGERY	SG0117 A	Replacement Surgery For Corrosive Injury Stomach	58500
62 9	S1	GENERAL SURGERY	SG0118 A	Choledochoduodenostomy Or Choledocho Jejunostomy	41000
63 0	S1	GENERAL SURGERY	SG0119 A	Hepatico Jejunostomy for biliary stricture	45000
63 1	S1	GENERAL SURGERY	SG011B	CystoJejunostomy - Lap	22500
63 2	S1	GENERAL SURGERY	SG0120 A	I Stage- Sub Total Colectomy + Ileostomy + J - Pouch	93600
63 3	S1	GENERAL SURGERY	SG0121 A	Pancreatic Necrosectomy	70200
63 4	S1	GENERAL SURGERY	SG0122 A	Distal Pancreatectomy + Splenectomy	70200
63 5	S1	GENERAL SURGERY	SG0123 A	Heller Myotomy -Lap. Or Open	35100
63 6	S1	GENERAL SURGERY	SG0124 A	I STAGE-SUB TOTAL COLECTOMY + ILEOSTOMY	40000
63 7	S1	GENERAL SURGERY	SG020A	TOTAL COLECTOMY - OPEN / LAP	48300
63 8	S1	GENERAL SURGERY	SG021A	Right-Open	35200
63 9	S1	GENERAL SURGERY	SG023A	Colostomy	20000
64 0	S1	GENERAL SURGERY	SG028A	Rectal Polyp Excision	10000
64 1	S1	GENERAL SURGERY	SG029B	ANTERIOR RESECTION OF RECTUM - LAP.	50000
64 2	S1	GENERAL SURGERY	SG030B	RESECTION ANASTOMOSIS - Lap.	26700
64 3	S1	GENERAL SURGERY	SG032B	HAEMORROIDECTOMY - with Stapler	27000
64 4	S1	GENERAL SURGERY	SG034A	Exicision of Sinus and Curettage	5900
64 5	S1	GENERAL SURGERY	SG037A	HEPATIC RESECTION - Open	35000
64 6	S1	GENERAL SURGERY	SG037B	HEPATIC RESECTION - Lap.	37500
64 7	S1	GENERAL SURGERY	SG040B	OPERATIVE CHOLECYSTOSTOMY - Lap.	11300
64 8	S1	GENERAL SURGERY	SG044A	Distal Pancreatectomy Or Pancreatico Jejunostomy with Or without spleenlectomy	44600
64 9	S1	GENERAL SURGERY	SG047A	MESENTERIC CAVAL ANASTOMOSIS	48600
65 0	S1	GENERAL SURGERY	SG051D	Spigelian	27000
65 1	S1	GENERAL SURGERY	SG061A	Estlander Operation -lip	9300

Schedules to Insurance Contract

65 2	S1	GENERAL SURGERY	SG062A	Wedge Excision	25100
65 3	S1	GENERAL SURGERY	SG062B	Wedge Excision and Vermilionectomy	26800
65 4	S1	GENERAL SURGERY	SG063A	Complete Excision of Growth from Tongue only - - inclusive of Histopathology	20900
65 5	S1	GENERAL SURGERY	SG064A	Excision of Growth from Tongue with neck node dissection	39200
65 6	S1	GENERAL SURGERY	SG065A	Micro-laryngoscopic Surgery	26300
65 7	S1	GENERAL SURGERY	SG069A	Carotid Body tumour - Excision	37500
65 8	S1	GENERAL SURGERY	SG081B	LOBECTOMY - Open	32900
65 9	S1	GENERAL SURGERY	SG087A	Flap Reconstructive Surgery	36100
66 0	S1	GENERAL SURGERY	SG089A	Tissue Reconstruction Flap	35200
66 1	S1	GENERAL SURGERY	SG091A	Skin Flaps - Rotation Flaps	28800
66 2	S1	GENERAL SURGERY	SG093A	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	15000
66 3	S1	GENERAL SURGERY	SG094A	AV Fistula without prosthesis	21600
66 4	S1	GENERAL SURGERY	SG095B	Minor sclerotherapy	5000
66 5	S1	GENERAL SURGERY	SG096B	Endometrial Aspiration	2700
66 6	S1	GENERAL SURGERY	SG096C	Cervix Cancer screening -PAP + Colposcopy	2500
66 7	S1	GENERAL SURGERY	SG100A	Surgical management of Lower GI bleed -inclusive of sigmoidoscopy Or colonoscopy - Colonoscopic management only excluding local perineal conditions	28400
66 8	S1	GENERAL SURGERY	SG103A	ERCP + Stenting Or Stone removal	25000
66 9	S2	ENT SURGERY	S1.1.1.2 0A	Branchial fistula excision	15300
67 0	S2	ENT SURGERY	S1.1.1.2 1A	Thyroglossal sinus Or fistula Or cyst excision	15300
67 1	S2	ENT SURGERY	S1.1.11 A	Removal Of Submandibular Salivary Gland	25737
67 2	S2	ENT SURGERY	S1.1.1A	Excision of Branchial Cyst	24629
67 3	S2	ENT SURGERY	S1.1.2A	Excision of Branchial Sinus	24629
67 4	S2	ENT SURGERY	S1.1.5.1 A	Hemithyroidectomy	25655

Schedules to Insurance Contract

67 5	S2	ENT SURGERY	S1.1.5.6 A	Total Thyroidectomy	30796
67 6	S2	ENT SURGERY	S1.1.9A	Excision of Thyroglossal Cyst Fistula	30786
67 7	S2	ENT SURGERY	S2.1.10	Ear lobe repair - single -daycare	1500
67 8	S2	ENT SURGERY	S2.1.4	Myringoplasty	16200
67 9	S2	ENT SURGERY	S2.1.4.1	Myringoplasty with ossiculoplasty -19.3	18500
68 0	S2	ENT SURGERY	S2.1.4.2	Ossiculoplasty	18000
68 1	S2	ENT SURGERY	S2.1.5	Myringotomy with grommet for one ear	12000
68 2	S2	ENT SURGERY	S2.1.5.1	Myringotomy with-grommet for both ears	13000
68 3	S2	ENT SURGERY	S2.1.5.2	Myringotomy-with out grommet -Unilateral	9000
68 4	S2	ENT SURGERY	S2.1.5.3	Myringotomy-with out grommet -bilateral	10000
68 5	S2	ENT SURGERY	S2.1.6	Surgical treatment for Preauricular sinus	18550
68 6	S2	ENT SURGERY	S2.1.7.1	Partial amputation of Pinna -malignancy perichondritis	10000
68 7	S2	ENT SURGERY	S2.1.7.4	Excision of Pinna for Growths -Squamous/Basal Injuries - Total Amputation and Excision of External Auditory Meatus	16500
68 8	S2	ENT SURGERY	S2.1.8.1	Aural polypectomy +Tympanoplasty	19280
68 9	S2	ENT SURGERY	S2.1.8.2	Aural polypectomy	11000
69 0	S2	ENT SURGERY	S2.1.9	Removal of Impacted Ear wax	1500
69 1	S2	ENT SURGERY	S2.2.1	Microsurgical Surgery	20000
69 2	S2	ENT SURGERY	S2.2.1.1	Surgical treatment for Laryngotracheal stenosis	40000
69 3	S2	ENT SURGERY	S2.2.10	Excision of tumour of oral cavity Or paranasal sinus Or laryngopharynx without reconstruction	30000
69 4	S2	ENT SURGERY	S2.2.11	CUT THROAT INJURY NECK - EXPLORATION and REPAIR WITHOUT VASCULAR INTERVENTION	18000
69 5	S2	ENT SURGERY	S2.2.12	RADIO FREQUENCY ABLATION OF TONGUE	27910

Schedules to Insurance Contract

69 6	S2	ENT SURGERY	S2.2.2.1	Vidian neurectomy – Micro	9000
69 7	S2	ENT SURGERY	S2.2.3	Laryngo Fissurectomy	30000
69 8	S2	ENT SURGERY	S2.2.3.2	Bilateral Styloidectomy	15000
69 9	S2	ENT SURGERY	S2.2.3.3	TRANS ORAL LASER EXCISION OF LARYNGEAL TUMOR -TOLMS – BENIGN	40000
70 0	S2	ENT SURGERY	S2.2.6.1	Adeno tonsillectomy	12000
70 1	S2	ENT SURGERY	S2.2.6.1.1	Tonsillectomy - U/L-Diphtheria/ tumour of tonsills/Ulcer of Tonsills	10000
70 2	S2	ENT SURGERY	S2.2.6.1.2	Tonsillectomy - B/L -Diphtheria/ tumour of tonsills/Ulcer of Tonsills	10000
70 3	S2	ENT SURGERY	S2.2.6.2	Peritonsillar abscess drainage / intraoral calculus removal	8000
70 4	S2	ENT SURGERY	S2.2.7	Uvulo Palato - Pharyngoplasty	30000
70 5	S2	ENT SURGERY	S2.2.7.2	UPPP AND MODIFICATIONS	35000
70 6	S2	ENT SURGERY	S2.2.8.1	Surgical treatment for release of tongue tie	10950
70 7	S2	ENT SURGERY	S2.2.8.2	Ranula excision	20000
70 8	S2	ENT SURGERY	S2.2.8.3	Commondo Operation -glossectomy	25000
70 9	S2	ENT SURGERY	S2.2.9.1	Surgical treatment for Para / retro pharyngeal abscess	12500
71 0	S2	ENT SURGERY	S2.2.9.2.1	Neck dissection selectiveOr comprehensiveOr Benign neck tumour excision	35000
71 1	S2	ENT SURGERY	S2.2.9.2.2	Drainage Parapharyngeal abscess	12500
71 2	S2	ENT SURGERY	S2.2.9.6	Laryngectomy with block dissection	60960
71 3	S2	ENT SURGERY	S2.2.9.7	Micro-laryngeal surgery with or without laser	17000
71 4	S2	ENT SURGERY	S2.3.10	Youngs operation	15000
71 5	S2	ENT SURGERY	S2.3.11	Surgical treatment for Choanal atresia - Unilateral	20000
71 6	S2	ENT SURGERY	S2.3.11.1	Surgical treatment for Choanal atresia - Bilateral	25000
71 7	S2	ENT SURGERY	S2.3.12	Surgical treatment for Oro antral fistula	18000
71 8	S2	ENT SURGERY	S2.3.13.1	Antrostomy – Bilateral	10000

Schedules to Insurance Contract

71 9	S2	ENT SURGERY	S2.3.13. 2	Antrostomy â€“ Unilateral	8500
72 0	S2	ENT SURGERY	S2.3.13. 3	CSF rhinorrhoea - Endoscopic repair	35000
72 1	S2	ENT SURGERY	S2.3.13. 5	Caldwell-luc-unilateral	19000
72 2	S2	ENT SURGERY	S2.3.14. 1	Intranasal Diathermy	5000
72 3	S2	ENT SURGERY	S2.3.14. 2	Intra Nasal Ethmoidectomy	7000
72 4	S2	ENT SURGERY	S2.3.15. 1	Septoplasty with Turbinectomy Partial â€“ Unilateral	14000
72 5	S2	ENT SURGERY	S2.3.15. 2	Turbinectomy Partial â€“ Bilateral	5700
72 6	S2	ENT SURGERY	S2.3.16. 1	Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	5850
72 7	S2	ENT SURGERY	S2.3.16. 2	Fracture - setting nasal bone	12000
72 8	S2	ENT SURGERY	S2.3.17	Ant. Ethmoidal / sphenopalatine artery ligation - Open / Endoscopic	25000
72 9	S2	ENT SURGERY	S2.3.18	Radical fronto ethmo sphenodectomy	25000
73 0	S2	ENT SURGERY	S2.3.19	Epistaxis treatment - packing	2500
73 1	S2	ENT SURGERY	S2.3.20	oronasal fistula repair	20000
73 2	S2	ENT SURGERY	S2.3.3.1	Tympanotomy	15000
73 3	S2	ENT SURGERY	S2.3.4	Stapedectomy - Veingraft	20200
73 4	S2	ENT SURGERY	S2.3.7	Endoscopic Surgery for Dacrocystitis	16500
73 5	S2	ENT SURGERY	S2.3.8	Septo rhinoplasty	26600
73 6	S2	ENT SURGERY	S2.3.8.1	Rhinoplasty	20000
73 7	S2	ENT SURGERY	S2.3.8.2	Septoplasty	13000
73 8	S2	ENT SURGERY	S2.3.8.3	Septoplasty + FESS	18500
73 9	S2	ENT SURGERY	S2.3.8.4	NASAL ENDOSCOPIC SURGERY	18200
74 0	S2	ENT SURGERY	S2.3.9	lateral Rhinotomy	25000
74 1	S2	ENT SURGERY	S2.4.1	Bronchoscopy Foreign Body Removal from Oesophagus/Bronchous-98.15.2	15000
74 2	S2	ENT SURGERY	S2.4.2	Removal of foreign body in Ear under GA	9990
74 3	S2	ENT SURGERY	S2.5.1	Excision of Benign Parotid gland tumor	25000
74 4	S2	ENT SURGERY	S2.5.2	Total Parotidectomy	30000

Schedules to Insurance Contract

74 5	S2	ENT SURGERY	S2.6.1	Skull base surgery	45000
74 6	S2	ENT SURGERY	S2.8.1	Fracture - setting maxilla	20000
74 7	S2	ENT SURGERY	S2.8.2	Exision of Maxilla	40000
74 8	S2	ENT SURGERY	S2.8.3	Partial Maxilla “ Excision	23000
74 9	S2	ENT SURGERY	S2.8.4	Fracture - setting maxilla - Bilateral	25000
75 0	S2	ENT SURGERY	SG070C	Total Thyroidectomy with Block Dissection	43600
75 1	S2	ENT SURGERY	SL001A	Pinna surgery for tumor	12500
75 2	S2	ENT SURGERY	SL001B	Pinna surgery for trauma	10000
75 3	S2	ENT SURGERY	SL004B	Mastoidectomy-Radical	28000
75 4	S2	ENT SURGERY	SL011A	Inferior turbinate reduction B Or L	6000
75 5	S2	ENT SURGERY	SL012A	Open sinus surgery	16200
75 6	S2	ENT SURGERY	SL015A	Adenoidectomy	9400
75 7	S2	ENT SURGERY	SL020B	EXCISION OF TUMOUR OF ORAL CAVITY OR PARANASAL SINUS OR LARYNGOPHARYNX WITH OR WITHOUT RECONSTRUCTION - specific	45000
75 8	S2	ENT SURGERY	SL020C	EXCISION OF TUMOUR OF ORAL CAVITY OR PARANASAL SINUS OR LARYNGOPHARYNX WITH OR WITHOUT RECONSTRUCTION - specific	45000
75 9	S2	ENT SURGERY	SL021B	Superficial Parotidectomy	23800
76 0	S2	ENT SURGERY	SL023A	Rigid laryngoscopy - Diagnostic + Or - biopsy	7000
76 1	S2	ENT SURGERY	SL023B	Rigid bronchoscopy - Diagnostic + Or - - biopsy	7000
76 2	S2	ENT SURGERY	SL023C	Rigid oesophagoscopy - Diagnostic- + Or - biopsy	7000
76 3	S2	ENT SURGERY	SL025A	Open laryngeal framework surgery Or Thyroplasty	20000
76 4	S2	ENT SURGERY	SL026B	Tracheotomy	6393
76 5	S2	ENT SURGERY	SL027A	NECK DISSECTION - Benign neck tumour excision	23500
76 6	S2	ENT SURGERY	SL028A	Deep neck abscess drainage	12500

Schedules to Insurance Contract

76 7	S2	ENT SURGERY	SL028B	Post trauma neck exploration	21000
76 8	S2	ENT SURGERY	SL031A	Subtotal petrosectomy	39900
76 9	S2	ENT SURGERY	SL031C	CSF Otorrhoea repair	39900
77 0	S2	ENT SURGERY	SL032A	Fisch approach	58900
77 1	S2	ENT SURGERY	SL034B	Open reduction and internal fixation of mandible	18000
77 2	S2	ENT SURGERY	SL034C	Open reduction and internal fixation of zygoma	18000
77 3	S2	ENT SURGERY	SL035B	CLINIC BASED THERAPEUTIC INTERVENTIONS OF ENT - Biopsy	1200
77 4	S2	ENT SURGERY	SL035D	Wide bore aspiration	1200
77 5	S2	ENT SURGERY	S3.4.10 A	ENDOSCOPIC ORBITAL DECOMPRESSION	10130
77 6	S2	ENT SURGERY	S3.4.5A	Decompression Or Excision Of Optic Nerve Lesions	60000
77 7	S2	ENT SURGERY	S11.1.2. 1A	Bilateral neck dissection any type in malignant conditions	45000
77 8	S2	ENT SURGERY	S15.5.1 A	Tracheostomy	6393
77 9	S3	OPHTHALMOLOGY SURGERY	M7.11A	Medical Management of Optic Neuritis	11176
78 0	S3	OPHTHALMOLOGY SURGERY	S3.1.1	Fornix forming sutures	10690
78 1	S3	OPHTHALMOLOGY SURGERY	S3.1.2	Pterigium + conjunctival autograft	8388
78 2	S3	OPHTHALMOLOGY SURGERY	S3.1.3	Surgical treatment for Symblepharon	8500
78 3	S3	OPHTHALMOLOGY SURGERY	S3.1.4	Epicanthus repair	6810
78 4	S3	OPHTHALMOLOGY SURGERY	S3.10.1	Iridectomy-Iridotomy	4060
78 5	S3	OPHTHALMOLOGY SURGERY	S3.10.4	Surgical treatment for Iris prolapse	7240
78 6	S3	OPHTHALMOLOGY SURGERY	S3.10.6	Iridectomy	7123
78 7	S3	OPHTHALMOLOGY SURGERY	S3.11.1	Limbal Dermoid Removal	5930
78 8	S3	OPHTHALMOLOGY SURGERY	S3.12	Corneal embeded Foreign body	2500

Schedules to Insurance Contract

789	S3	OPHTHALMOLOGY SURGERY	S3.13	Dermoid cyst excision	14220
790	S3	OPHTHALMOLOGY SURGERY	S3.15	GLAUCOMA - HVF	1200
791	S3	OPHTHALMOLOGY SURGERY	S3.15.1	Aqueous Shunt Procedure -Glaucoma Drainage Device	18000
792	S3	OPHTHALMOLOGY SURGERY	S3.2.1	Therapeutic Penetrating Keratoplasty	22000
793	S3	OPHTHALMOLOGY SURGERY	S3.2.10	Cyclocryotherapy	10515
794	S3	OPHTHALMOLOGY SURGERY	S3.2.11	Corneal Tear Repair	12693
795	S3	OPHTHALMOLOGY SURGERY	S3.2.12	Mucous Membrane Grafting	18693
796	S3	OPHTHALMOLOGY SURGERY	S3.2.13	COLLAGEN CROSS LINKING FOR KERATOCONUS	20000
797	S3	OPHTHALMOLOGY SURGERY	S3.2.2	Lamellar Keratoplasty	19600
798	S3	OPHTHALMOLOGY SURGERY	S3.2.3	Corneal Patch Graft	11583
799	S3	OPHTHALMOLOGY SURGERY	S3.2.4	Scleral Patch Graft	11500
800	S3	OPHTHALMOLOGY SURGERY	S3.2.5	Penetrating Keratoplasty	15500
801	S3	OPHTHALMOLOGY SURGERY	S3.2.7	Amniotic Membrane Graft for Cornea/Sclera -12.87.2	12499
802	S3	OPHTHALMOLOGY SURGERY	S3.2.7.1	Pterygium repair	4000
803	S3	OPHTHALMOLOGY SURGERY	S3.2.9	Surgical treatment for Perforating scleral injury	18430
804	S3	OPHTHALMOLOGY SURGERY	S3.3.1	Vitrectomy	23623
805	S3	OPHTHALMOLOGY SURGERY	S3.3.1.10	Vitreous biopsy + Intraocular antibiotics -excluding vitrectomy -	8000
806	S3	OPHTHALMOLOGY SURGERY	S3.3.1.11	Silicone oil exchange - Endolaser - Membrane peel	20298
807	S3	OPHTHALMOLOGY SURGERY	S3.3.1.12	Vitrectomy - membrane/ ILM peel - air/gas injection	28000

Schedules to Insurance Contract

808	S3	OPHTHALMOLOGY SURGERY	S3.3.1.13	Vitrectomy - Membrane Peeling - Endolaser - Silicon oil or Gas - With belt buckling	42000
809	S3	OPHTHALMOLOGY SURGERY	S3.3.1.14	Bevacizumab including biosimilar injection for macular edema secondary to retinal or choroidal vascular conditions or inflammation or degenerations	9000
810	S3	OPHTHALMOLOGY SURGERY	S3.3.1.15	Ranibizumab including biosimilar injection for macular edema in retinal or choroidal vascular conditions or inflammation or degenerations	18000
811	S3	OPHTHALMOLOGY SURGERY	S3.3.1.3	Vitrectomy - Membrane Peeling- Endolaser	25513
812	S3	OPHTHALMOLOGY SURGERY	S3.3.1.7	INTRAVITREAL TRIAMCINOLONE / ANTIBIOTICS	3500
813	S3	OPHTHALMOLOGY SURGERY	S3.3.1.8	Intravitreal Anti-Vegf Injection for Retinopathy of Prematurity per eye	9000
814	S3	OPHTHALMOLOGY SURGERY	S3.3.1.9	Pneumatic retinopexy	11123
815	S3	OPHTHALMOLOGY SURGERY	S3.3.2.3	Pan Retinal Photocoagulation -PRP - Retinal Laser including 3 sittings/ package of retino laser photocoagulation -3 sittings per eye	10014
816	S3	OPHTHALMOLOGY SURGERY	S3.3.2.4	Scleral Buckle Removal	7584
817	S3	OPHTHALMOLOGY SURGERY	S3.3.2.5	Surgical Membranectomy	8000
818	S3	OPHTHALMOLOGY SURGERY	S3.3.2.7	Cryoretinopexy - closed	13365
819	S3	OPHTHALMOLOGY SURGERY	S3.3.3	Vitrectomy - Membrane Peeling - Endolaser - Silicon oil or Gas - without belt buckling	26500
820	S3	OPHTHALMOLOGY SURGERY	S3.3.3.1	Central serous chorio retinopathy	5000
821	S3	OPHTHALMOLOGY SURGERY	S3.3.4	Scleral buckle procedure for Retinal detachment	25263
822	S3	OPHTHALMOLOGY SURGERY	S3.3.5	Photocoagulation for Retinopathy	2052

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82 3	S3	OPHTHALMOLOGY SURGERY	S3.3.6	Photocoagulation For Retinopathy Of Prematurity	9760
82 4	S3	OPHTHALMOLOGY SURGERY	S3.3.7	Paediatric Cataract Surgery -Phacoemulsification IOL	15413
82 5	S3	OPHTHALMOLOGY SURGERY	S3.3.8	Glaucoma filtering surgery for paediatric glaucoma	14413
82 6	S3	OPHTHALMOLOGY SURGERY	S3.3.9	Glaucoma Surgery	8394
82 7	S3	OPHTHALMOLOGY SURGERY	S3.4.1	Socket Reconstruction	25613
82 8	S3	OPHTHALMOLOGY SURGERY	S3.4.10	Endoscopic orbital decompression	10130
82 9	S3	OPHTHALMOLOGY SURGERY	S3.4.11	Excision of Benign neoplasm of Eye and Adnexa	10620
83 0	S3	OPHTHALMOLOGY SURGERY	S3.4.12	RTA WITH EYE SWELLING	2750
83 1	S3	OPHTHALMOLOGY SURGERY	S3.4.13	OCULOPLASTY -SKIN GRAFTING	14000
83 2	S3	OPHTHALMOLOGY SURGERY	S3.4.2	Dermis Fat Graft	24798
83 3	S3	OPHTHALMOLOGY SURGERY	S3.4.3	Orbitotomy	27810
83 4	S3	OPHTHALMOLOGY SURGERY	S3.4.4	Enucleation with Orbital implant	15912
83 5	S3	OPHTHALMOLOGY SURGERY	S3.4.4.1	Evisceration	5500
83 6	S3	OPHTHALMOLOGY SURGERY	S3.4.5	Decompression Or Excision Of Optic Nerve Lesions	60000
83 7	S3	OPHTHALMOLOGY SURGERY	S3.4.6	Surgical Management of Proptosis	50000
83 8	S3	OPHTHALMOLOGY SURGERY	S3.4.7	Exenteration of Orbit	27800
83 9	S3	OPHTHALMOLOGY SURGERY	S3.4.8	Intraocular foreign body removal	23383
84 0	S3	OPHTHALMOLOGY SURGERY	S3.4.9	Anterior chamber reconstruction	7690
84 1	S3	OPHTHALMOLOGY SURGERY	S3.5.1	Rectus Muscle Surgery-Single	11000
84 2	S3	OPHTHALMOLOGY SURGERY	S3.5.2	Rectus Muscle Surgery-TwoThree	13153

Schedules to Insurance Contract

84 3	S3	OPHTHALMOLOGY SURGERY	S3.5.3	Oblique muscle surgery	15013
84 4	S3	OPHTHALMOLOGY SURGERY	S3.6.1	Lid Reconstruction surgery	12500
84 5	S3	OPHTHALMOLOGY SURGERY	S3.6.10	Chalazion Removal	2400
84 6	S3	OPHTHALMOLOGY SURGERY	S3.6.2	Surgical correction of Ptosis	9400
84 7	S3	OPHTHALMOLOGY SURGERY	S3.6.3	Surgical treatment for Ankyloblepharon	11370
84 8	S3	OPHTHALMOLOGY SURGERY	S3.6.4	Drainage of Lid Abscess	6700
84 9	S3	OPHTHALMOLOGY SURGERY	S3.6.5	Surgical treatment for disorders of Eyelid	9530
85 0	S3	OPHTHALMOLOGY SURGERY	S3.6.6	Exision of Small tumour of lid	9840
85 1	S3	OPHTHALMOLOGY SURGERY	S3.6.7	Ectropion Correction	12058
85 2	S3	OPHTHALMOLOGY SURGERY	S3.6.8	Lagophthalmos correction	13210
85 3	S3	OPHTHALMOLOGY SURGERY	S3.6.9	Entropion correction	15558
85 4	S3	OPHTHALMOLOGY SURGERY	S3.8.4.1	Lensectomy	13100
85 5	S3	OPHTHALMOLOGY SURGERY	S3.8.4.2	Enucleation with / without implant	7000
85 6	S3	OPHTHALMOLOGY SURGERY	S3.8.5	Posterior capsulotomy/polishing	10993
85 7	S3	OPHTHALMOLOGY SURGERY	S3.8.6	Yag laser capsulotomy	2200
85 8	S3	OPHTHALMOLOGY SURGERY	S3.8.7	Secondary IOL-scleral fixation-sulcus fixation of lens ACIOL	12000
85 9	S3	OPHTHALMOLOGY SURGERY	S3.8.8	Bandage contact lens with glue application	4740
86 0	S3	OPHTHALMOLOGY SURGERY	S3.8.9	CATARACT Surgery -SICS	4757
86 1	S3	OPHTHALMOLOGY SURGERY	S3.8.9.1	CATRACT EXTRACTION PHACO WITH FOLODABLE PCIOL	8157
86 2	S3	OPHTHALMOLOGY SURGERY	S3.9.1	Surgery for Congenital dacrocystitis	9365

Schedules to Insurance Contract

86 3	S3	OPHTHALMOLOGY SURGERY	S3.9.2	Congenital NLD probing	12000
86 4	S3	OPHTHALMOLOGY SURGERY	S3.9.2.1	NLD PROBING	7000
86 5	S3	OPHTHALMOLOGY SURGERY	S3.9.3	External Dacryocysto rhinostomy	14050
86 6	S3	OPHTHALMOLOGY SURGERY	S3.9.4	Canaliculo/conjunctivo Dacryocysto rhinostomy	14299
86 7	S3	OPHTHALMOLOGY SURGERY	S3.9.5.1	Canaliculo Dacryocystorhinostomy with Silicon Tube / Stent OR Canaliculo Dacryocystorhinostomy without Silicon Tube / Stent	14103
86 8	S3	OPHTHALMOLOGY SURGERY	S3.9.5.2	Dacrocystectomy	7840
86 9	S3	OPHTHALMOLOGY SURGERY	SE004A	Lid Tear Repair	7700
87 0	S3	OPHTHALMOLOGY SURGERY	SE009A	Conjunctival tumour excision including Amniotic Membrane Graft	7000
87 1	S3	OPHTHALMOLOGY SURGERY	SE010B	Canaliculo Dacryocystorhinostomy without Silicon Tube / Stent	10000
87 2	S3	OPHTHALMOLOGY SURGERY	SE010C	Dacryocystorhinostomy with Silicon Tube / Stent	14500
87 3	S3	OPHTHALMOLOGY SURGERY	SE011A	Corneal Ulcer Management	5000
87 4	S3	OPHTHALMOLOGY SURGERY	SE021C	Paediatric Membranectomy and anterior vitrectomy	13000
87 5	S3	OPHTHALMOLOGY SURGERY	SE023A	SFIOL - Inclusive of Vitrectomy	21800
87 6	S3	OPHTHALMOLOGY SURGERY	SE024A	IOL Exchange Or Explant	9200
87 7	S3	OPHTHALMOLOGY SURGERY	SE027B	Glaucoma Surgery -Trabeculectomy only with Mitomycin C Or Ologen	14200
87 8	S3	OPHTHALMOLOGY SURGERY	SE028A	EUA for Confirmation of Pediatric Glaucoma	3000
87 9	S3	OPHTHALMOLOGY SURGERY	SE029A	Retinal Laser Photocoagulation	1500
88 0	S3	OPHTHALMOLOGY SURGERY	SE034A	Endophthalmitis -excluding Vitrectomy	5000
88 1	S3	OPHTHALMOLOGY SURGERY	SE036A	Evisceration with orbital implant	14300

Schedules to Insurance Contract

88 2	S3	OPHTHALMOLOGY SURGERY	SE040A	GA Or EUA separate add on package	3000
88 3	S3	OPHTHALMOLOGY SURGERY	SE041A	Orbital fracture repair under GA	10500
88 4	S3	OPHTHALMOLOGY SURGERY	SU66	Vitreectomy Plus Silicon Oil Or Gas -14.75	25123
88 5	S3	OPHTHALMOLOGY SURGERY	SU67	Removal Of Silicon Oil Or Gas post Vitrectomy	9981
88 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.1	Caesarean Hysterectomy with Bladder Repair	48005
88 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.10	Poly Hydramnios Management including LSCS	21250
88 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.11	Any type of Placenta previa including LSCS	19250
88 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.12	Hyperemesis Gravidarum Management	7510
89 0	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.13	Diabetes complicating pregnancy Management including LSCS	19250
89 1	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.14	Hepatic Disorder Management in pregnancy including LSCS	19250
89 2	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.15	Intra Uterine Growth Retardation Management LSCS	21250
89 3	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.16	Surgical Management of Ectopic pregnancy	20250
89 4	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.16.1	LAPROTOMY-RUPTURED OVARIAN CYST/ RUPTURED ECTOPIC	27650
89 5	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.17.1	McDonald Stitch / Shirodkar Stitch	3250
89 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.17.3	Cervical Enciclage	6250
89 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.18	Heart disease complicating pregnancy Management including deliveryLSCS	19250

Schedules to Insurance Contract

89 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.19	PPH-Surgical management	31000
89 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.2	Surgery for Rupture Uterus with Tubectomy	32601
90 0	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.20	USG Scan - Antenatal case	250
90 1	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.21	TIFFA Scan - Antenatal case	1100
90 2	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.3	Management of Eclampsia with Complications Requiring Ventilatory Support	40298
90 3	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.3.1	Eclampsia Management without ventilator support LSCS	29250
90 4	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.3.2	Pre- eclampsia / PIH Management including delivery LSCS	19250
90 5	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.4	Surgical Management of Abruptio-Placenta with Coagulation Defects-Dic	26772
90 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.5	Normal Delivery	8050
90 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.5.2	Normal Vaginal Delivery in Twins-Multiple pregnency	14250
90 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.5.3	Normal Vaginal Delivery HIV +ve Mother	20150
90 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.5.4	Retained Placenta with Manual Removal	12000
91 0	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.5.5	Medical Management of PPH	10470
91 1	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.5.6	INSTRUMENTAL VAGINAL DELIVERY - VACCUM EXTRACTION -for primi	10950
91 2	S4	GYNAECOLOGY AND	S4.1.6	Caesarean Section	13350

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		OBSTETRICS SURGERY			
913	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.6.1	Caesarean Section In Rh-Negative Mother With LSCS	16250
914	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.6.2	Cesarean Section in HIV+ve Mother	23250
915	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.7.1	Secondary suturing of episiotomy	4000
916	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.7.2	Surgical Management of Post Coital tear / Perineal injury	4000
917	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.7.3	Complete perineal tear repair -After NVD with PPH	5628
918	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.8	HELLP Syndrome Management in pregnancy	19250
919	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.9	Severe Anemia Management in pregnancy including delivery LSCS	24510
920	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.12	Repair of Cystocele ,Rectocele andPerineorrhaphy-71.71	20524
921	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.12.1	Surgical Management of Cystocoele - Repair	14220
922	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.14	Mc Indoes operation For Vaginal Atresia	40022
923	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.16	Abdominal Repair for Vault Prolapse	35917
924	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.17	Abdominal Repair With Mesh for Vault Prolapse	41048
925	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.18	Open Abdominal Hysterectomy	28400
926	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.19.1	Cone Biopsy Cervix	4000

Schedules to Insurance Contract

92 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.19. 2	Cervical biopsy and Polypectomy	5900
92 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.19. 3	Manchesters Operation + Cervical amputation-67.4	28400
92 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.2	Laparoscopic Cystectomy	23400
93 0	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.2.1	Lap. Salpingo-oophrectomy	14000
93 1	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.2.2	Medical Management of Polycystic Ovarian Syndrome for a period of 6 months	8000
93 2	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.2.3	Surgery for Bartholin cyst-Marsupialisation, cyst removal	10000
93 3	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.2.4	Surgical Management of Endometriosis - Excision of Chocolate Cyst	25000
93 4	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.2.5	Cyst Labial / Vaginal Enucleation	5000
93 5	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.2.7	Ovarian Open Cystectomy	23400
93 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.20. 1	Surgical Treatment for Vulval Haematoma	13500
93 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.20. 2	Vulvectomy for simple Benign tumors	21200
93 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.21. 1	Laparotomy for broad ligament haematoma	17500
93 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.21. 2	Broad Ligament Haematoma drainage	11000
94 0	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.21. 3	Re exploration after laparotomy / Caesarean Section	25000
94 1	S4	GYNAECOLOGY AND	S4.2.22. 1	D and C -Dilatation and curettage	6000

Schedules to Insurance Contract

		OBSTETRICS SURGERY			
94 2	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.22. 2	Fractional Curettage	7250
94 3	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.22. 3	Surgical Management of Vesicular moles -Benign GTD Suction Evacuation	5900
94 4	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.23. 1	Surgical management of pelvic abscess -Laparotomy	27000
94 5	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.23. 2	Medical Management of Pelvic Inflammatory Disease	7690
94 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.24. 1	Ablation of Endometrium	10980
94 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.24. 2	Medical Management of Endometriosis for a period of 6 months	7850
94 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.25	Medical Management of AUB	10010
94 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.26. 1	Intra abdominal IUCD retrieval - Lap	25000
95 0	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.26. 2	Intra abdominal IUCD retrieval - Open	20000
95 1	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.27. 1	Hysteroscopic IUCD removal	5900
95 2	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.27. 2	Excision - Vaginal Septum	10500
95 3	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.27. 3	Hysteroscopic septal resection	17500
95 4	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.28. 1	Diagnostic Hysteroscopy with or without biopsy	9400
95 5	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.28. 3	Diagnostic / Staging laparoscopy	11000

Schedules to Insurance Contract

95 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.28. 4	Diagnostic laparoscopy and hysteroscopy for infertility	5500
95 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.29. 1	Intrauterine transfusions	13450
95 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.29. 2	Intra Uterine Insemination	10010
95 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.3	Laparoscopic Ectopic Resection	21960
96 0	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.30. 1	Polypectomy	1500
96 1	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.30. 2	Hysteroscopic polypectomy	12300
96 2	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.31. 1	Laprosopic Tubectomy	7000
96 3	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.31. 2	Laparoscopic tubal surgeries -for any indication including ectopic pregnancy	13150
96 4	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.31. 3	LAPROSCOPIC TUBECTOMY-for Previous LSCS	16000
96 5	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.31. 4	TUBAL RECANALISATION	29300
96 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.32	Karyotyping in Amniocentesis / Cordocentesis / Chorionic villus	13750
96 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.35. 1	Pelvic Abscess Management including Colpotomy	5700
96 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.35. 2	HaematoColpo	14500
96 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.36. 1	Electro Cauterisation / Cryo Surgery	4000
97 0	S4	GYNAECOLOGY AND	S4.2.36. 2	Cryo Surgery	8150

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		OBSTETRICS SURGERY			
97 1	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.37	Vulvo vaginal cyst enucleation / drainage	8200
97 2	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.38	Trans-vaginal tape/ Trans-obturator tape	15200
97 3	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.5	Laparoscopic Myomectomy	30786
97 4	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.5.1	Abdominal Myomectomy	25820
97 5	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.5.2	Hysteroscopic submucous fibroid resection	15000
97 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.5.3	Medical Management of Fibroids	8000
97 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.6	Laparoscopic Recanalisation	33587
97 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.7	Laparoscopic Sling Operations	33352
97 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.7.1	Purandares Sling operations - Open	25450
98 0	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.8	Laparoscopic Adhesiolysis	30786
98 1	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.8.1	Hysteroscopic adhesiolysis	9400
98 2	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.8.2	Adhenolysis+ Salpingostomy	20000
98 3	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.8.3	Adhenolysis+ Ovarian Cystectomy	10000
98 4	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.3.1.1	Hysterotomy	10000

Schedules to Insurance Contract

98 5	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.3.1.2	Medical Termination of Pregnancy up to 12 weeks	5900
98 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.3.3	MTP upto 12 weeks	8200
98 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.3.4	MTP greater than 12 weeks up to 20 weeks	8200
98 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.3.5	Incomplete Abortion	8850
98 9	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.3.6	Surgical Management of Septic Abortion	20000
99 0	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.3.7	Surgical Management of Missed abortion	10000
99 1	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.3.8	Inevitable abortion Management -D and C	5000
99 2	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.4.1	LNG-IUS -Levonorgestrene Intrauterine system	10000
99 3	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.5	LLETZ -including PAP smear and colposcopy	15000
99 4	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SC030A	Salpingo-Oophorectomy Open / Lap	25000
99 5	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO018A	DandC -Dilatationandcurretage With Endo Metrial Biopsy	5000
99 6	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO020A	Pyometra drainage	5000
99 7	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO025A	SACROCOLPOPEXY -ABDOMINAL - Open	20000
99 8	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO027A	Vaginal Sacrospinus fixation with repair	16900
99 9	S4	GYNAECOLOGY AND	SO029A	Hymenectomy for imperforate hymen	3400

Schedules to Insurance Contract

		OBSTETRICS SURGERY			
10 00	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO030A	Anterior and Posterior Colpoperineorrhapy	11300
10 01	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO032A	Vaginal repair for vesico-vaginal fistula -Open	40000
10 02	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO033A	Rectovaginal fistula repair	25000
10 03	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO036A	Radical Vulvectomy with Inguinal and Pelvic lymph node dissection	50000
10 04	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO037A	Abdomino Perineal repair for Mullerian Anomaly	34700
10 05	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO040B	LAPAROTOMY FOR ECTOPICOR BENIGN DISORDERS - PID	20000
10 06	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO043A	BURCH Open/Lap	25000
10 07	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO045A	EUA for -minor girls Or unmarried sexually inactive Or victims of sexual abuse	2700
10 08	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO052A	Medical management of ectopic pregnancy	2100
10 09	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO054E	Other Maternal and fetal conditions as per guidelines- PIH / Pre Eclampsia	10000
10 10	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO060A	Hysterectomy + salpingo ophorectomy + omentectomy + BPLND- Open	50000
10 11	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO061A	Vaginal Myomectomy	15000
10 12	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO066A	Diagnostic Hystero - Laparoscopy with Chromopertubation	15000
10 13	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO066A 1	Diagnostic Hystero - Laparoscopy with Chromopertubation	15000

Schedules to Insurance Contract

10 14	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO070A	Resuturing of wounds	5000
10 15	S5	ORTHOPEDIC SURGERY AND PROCEDURES	PM009 A	Osteoradionecrosis -Conservative	20000
10 16	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.1	Bone Grafting As Exclusive Procedure	21800
10 17	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.10	Closed Reduction and Percutaneous Pinning	15000
10 18	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.11. 1	Closed Reduction and Percutaneous Nailing	33000
10 19	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.13	Fracture Fibula - Internal Fixation	30000
10 20	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.15	Fracture Radius Internal Fixation - Forearm	30000
10 21	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.16	Fracture - Both Bones - Forearm - ORIF/CRIF - Plating	42000
10 22	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.17	Distal femur Fracture - ORIF/CRIF	40000
10 23	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.19	Excision of Radial head	20000
10 24	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.2	Excision Or Other Operations For Scaphoid Fractures	15393
10 25	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.2.1	HERBERT SCREW / AO SCREW	14200
10 26	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.20	ORIF with Proximal Humerus Fracture fixation - PHILOS	38000
10 27	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.22	Distal Radius Fracture - Forearm	25000
10 28	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.23	External fixation - Fracture of both bones of forearms	23400
10 29	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.24	Fracture intercondylarHumerus + olecranon osteotomy	45000
10 30	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.31	Patellectomy/Fixation	25000
10 31	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.32	small bones fixation-Internal/External	18300
10 32	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.34	Open Reduction of Small Joint	10300

Schedules to Insurance Contract

10 33	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.35	hemiarthroplasty-bipolar modular cemented/non- cemented/bipolar hemiarthroplasty of HIP with cement	42000
10 34	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.36	Hemiarthroplasty of Hip cemented	28800
10 35	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.37	Limb lengthening	45700
10 36	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.38	Cancellous screw/pins fixations for fracture neck of Femur	23200
10 37	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.39	Clavicle surgery	22900
10 38	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.4	Reduction Of Compound Fractures and External Fixation-78.10	24400
10 39	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.40	Internal fixation lateral/Medial condyle Humerus fractures	26460
10 40	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.42	Limb reconstruction system-lrs	38000
10 41	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.44	Neck Femur - ORIF Intertrochanteric / Sub Trochanteric Fracture with Dynamic Hip Screw or PFN	32900
10 42	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.45	Fracture - Metaphyseal - Fracture - Long Bones - ORIF or CRIF - Lower Limb	32900
10 43	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.46	Fracture - Ankle Internal Fixation Bi/Tri Malleolar	45000
10 44	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.47	CMR nailing side specific(left/right)-diaphyseal fracture-ORIF or CRIF-nailing/plating	35500
10 45	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.5	Ilizarov Ring Fixator Application	45153
10 46	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.7	Joint reconstruction/intraarticular fractures	35918
10 47	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.1.9.1	Elastic Nailing for fracture fixation - Femur or shaft Tibia	30000
10 48	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.10.1	Sequestrectomy and Saucerizations with Antibiotic Beads	38000
10 49	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.10.4	Debridement and Closure of Minor injuries - contused lacerated wounds -anti-biotic + dressing - minimum of 2 sessions	5800

Schedules to Insurance Contract

10 50	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.10.5	Drainage of acute osteomyelitis	28000
10 51	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.10.6	Cellulitis Conservative with antibiotics	8000
10 52	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.10.6. 1	Cellulitis surgical management	25000
10 53	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.11.4	Excision of Lower end Ulna	15000
10 54	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.11.5	Excision of Patella	16330
10 55	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.12.1	Long bone osteotomy with internal fixation	27100
10 56	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.12.3	High tibial osteotomy	29800
10 57	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.12.4	Osteotomy -Small Bone	12000
10 58	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.13.1	Surgical Management of Exostosis of small joints	22000
10 59	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.13.2	Surgical Management of Exostosis of long bones	28000
10 60	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.14.1	Replacement of Shoulder / Elbow	40010
10 61	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.15.1	Finger Amputations	10000
10 62	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.15.2	amputations-below/above elbow/foot	19000
10 63	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.15.4	amputations-below Knee/above Knee	21800
10 64	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.15.6	Amputation â€™ Wrist	15000
10 65	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.16	Drainage of cold abscess	30010
10 66	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.2.1	Open reduction of Deep dislocations	30787
10 67	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.2.10	closed reduction of shoulder/wrist/hip dislocation	7800
10 68	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.2.11	Closed reduction of fingers small joint dislocation	5000

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10 69	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.2.13	Acromioclavicular joint dislocation open reconstruction	25770
10 70	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.2.5	Closed reduction of dislocation -Shoulder/ Elbow/Knee	7000
10 71	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.2.8	Closed reduction of Knee dislocation	13400
10 72	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.1	Arthrodesis Of - Major Joints	29300
10 73	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.1.1	Arthrodesis of foot Small joints	15393
10 74	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.1.2	Triple arthrodesis	24300
10 75	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.1.3	Subtalar arthrodesis	35010
10 76	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.1.5	Arthrodesis of Knee -with implant	34300
10 77	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.1.5. 1	SEPTIC ARTHRITIS- ARTHROTOMY/ JOINT LAVAGE	35000
10 78	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.10	Arthroplasty of Shoulder	40000
10 79	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.2	Diagnostic Arthroscopy	24629
10 80	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.3	Arthroscopy . Operative Meniscectomy	25656
10 81	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.4	Anterior cruciate ligamentl reconstruction	53500
10 82	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.4.2	Posterior cruciate ligament reconstruction	53500
10 83	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.5	Surgery for Avascular Necrosis Of Femoral Head - Core Decompression	20000
10 84	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.4.9	Excision arthroplasty-81.8	20500
10 85	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.5.4	Anterior Spine Fixation	61800
10 86	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.5.5	MossMiami instrumentation for vertebral fractures	47600
10 87	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.5.6	Laminectomy and Discectomy	27348

Schedules to Insurance Contract

10 88	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.10	Fasciotomy	15000
10 89	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.11	Fasciotomy with skin graft	25000
10 90	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.15	Quadricepsplasty	35000
10 91	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.19	Tendon transfer procedure for wrist drop	28400
10 92	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.2	Neurolysis / Nerve Suture	15300
10 93	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.20	Synovial cyst excision/ganglion/Bakers Cyst	19790
10 94	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.24	Release of Stiff Elbow	30000
10 95	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.25	Synovectomy	32200
10 96	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.26	Surgical management Dequerenstenosynovities	6510
10 97	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.27	Flexion construction of hip release	40000
10 98	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.28	Arthrotomy and joint lavage	25000
10 99	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.29	Subacromial decompression	30000
11 00	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.30	Reconstruction around Radial head	32000
11 01	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.31	Rotator cuff repair- Open/Scopic	30000
11 02	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.32	Congenital ankle deformity correction	17600
11 03	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.33	CTEV correction	50000
11 04	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.34	Trigger Finger release	6500
11 05	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.35	Tenolysis	7100
11 06	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.36	Tension band wirings	25000

Schedules to Insurance Contract

11 07	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.37	Dupuytren's contracture release	15700
11 08	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.39	Obturator neurectomy	20000
11 09	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.4	Exploration and Ulnar nerve Repair	14000
11 10	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.41	Primary suturing with Debridement -with GA/SA	17600
11 11	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.6	Maxillary release for Volkmann	30010
11 12	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.7	Excision of Retrocalcaneal bursa	15010
11 13	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.8	Adductor release	15000
11 14	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.9	Tenotomy	7100
11 15	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.7.3	Bone tumor curettage and bone graft-78.00	31400
11 16	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.1	Removal of implants plates and nail	17600
11 17	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.1.1	Removal of implants wires and screws	5900
11 18	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.10. 3	POP Application below Joint - Knee or Elbow	3600
11 19	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.10. 4	application of P.O.P.Spikas and Jackets	4100
11 20	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.11	Application of skin traction	3000
11 21	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.13	Cervical spine injury-skull traction treatment	5900
11 22	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.15	Clavicle fracture management - conservative -daycare	1800
11 23	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.16	Early OA Hip/ Knee BMAC Injection, Age greater than 50yrs	10000

Schedules to Insurance Contract

11 24	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.17	INTRA ARTICULAR INJECTIONS OF PLATELET RICH PLASMA/STEROID/HYALURUNIC ACID - SHOULDER / ELBOW / WRIST / HIP / KNEE / ANKLE / JOINTS OF FOOT AND HAND	5000
11 25	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.18	PRP Injections for Tendonitis	5000
11 26	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.19	SPINAL FRACTURE - CONSERVATIVE MANAGEMENT	15000
11 27	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.2	POP application-above joint - Knee/Elbow/U-Slab application	4500
11 28	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.3	Synthetic cast application below Elbow Or Knee	5550
11 29	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.5	Synthetic cast application above Elbow or Knee	8000
11 30	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.7	Bandages and strapping procedures for fractures	2000
11 31	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.8.8	Application of skeletal traction	4400
11 32	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.9.1	Disarticulation at wrist level	23000
11 33	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.9.2	disarticulation-elbow/ankle level	25010
11 34	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.9.3	Disarticulation at Shoulder level	40010

Schedules to Insurance Contract

11 35	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.9.6	Disarticulations at knee level	27010
11 36	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB001A	Fracture - Conservative Management - - Without plaster	2300
11 37	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB005C	EXTERNAL FIXATION OF FRACTURE - Pelvis	26200
11 38	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB006A	Percutaneous - Fixation of Fracture	4250
11 39	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB007B	ELASTIC NAILING FOR FRACTURE FIXATION - Humerus	24100
11 40	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB007C	ELASTIC NAILING FOR FRACTURE FIXATION - Forearm	22300
11 41	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB009A	Fracture - Metaphyseal - Fracture - Long Bones - ORIF or CRIF - Upper Limb	24400
11 42	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB011A	Plating olecrenon fracture, ulna	19800
11 43	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB015B	ORIF with screw Or wire of Medial Condyle	11500
11 44	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB018A	ORIF THROUGH Single Approach PLATING	38000
11 45	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB018B	ORIF THROUGH combined Approach PLATING	33500
11 46	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB019C	ORIF Intertrochanteric Fracture with Proximal Femoral Nail	24100
11 47	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB021A	Cervical spine fixation including odontoid	46700
11 48	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB025A	arthrolysis of joint-elbow/knee/ankle	15000
11 49	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB026C	ARTHRODESIS - Wrist, Wrist with plating	22100

Schedules to Insurance Contract

11 50	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB026E	ARTHRODESIS - Hand	27000
11 51	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB026G	Ankle Or Triple without implant	17400
11 52	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB032B	rockwood type II-VI (severe acromio clavicular joint injury) classification	30500
11 53	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB034A	Open Reduction of CDH	20000
11 54	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB036A	Arthroscopic Meniscus Repair Or Meniscectomy	17000
11 55	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB038A	TOTAL HIP REPLACEMENT - Cemented	10185 0
11 56	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB038B	TOTAL HIP REPLACEMENT - Cementless	11130 0
11 57	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB038C	TOTAL HIP REPLACEMENT - Hybrid	11545 0
11 58	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB038D	Revision - Total Hip Replacement	21860 0
11 59	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB044A	two stage amputation-above elbow/below elbow/below Knee/above Knee/foot/hand/wrist	23200
11 60	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB045B	AMPUTATION - FINGERS OR TOES - Toe-s	13500
11 61	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB046B	Tendon Repair	19500
11 62	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB053A	Sequestectomy Or Curettage	10000
11 63	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB054A	Spine deformity correction	51650
11 64	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB056A	Pelvic Osteotomy and fixation	20400
11 65	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB060A	Growth Modulation and fixation	10700
11 66	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB061B	Other foot deformities	15000
11 67	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB062A	Correction of club foot per cast	5700
11 68	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB066A	Nerve Transposition	13000

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11 69	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB066B	Nerve Release	13000
11 70	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB067A	Nerve Repair Surgery	13800
11 71	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB070B	Screw	5000
11 72	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB071B	IMPLANT REMOVAL UNDER RA OR GA - Plate	15000
11 73	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB076A	POP slab	2000
11 74	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB076B	POP slab	2200
11 75	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB078A	ORIF with screw of proximal humerus	20500
11 76	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB079A	Revision of failed hemi Arthroplasty in to THR	10595 0
11 77	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB080A	Combined spinal segment - front and back -anterior Or posterior Or combined anterior and posterior	64350
11 78	S6	SURGICAL GASTRO ENTEROLOGY	S6.1.1	Surgery For Bleeding Ulcers	49258
11 79	S6	SURGICAL GASTRO ENTEROLOGY	S6.1.2	Surgery For Obscure Gi Bleed	73886
11 80	S6	SURGICAL GASTRO ENTEROLOGY	S6.11.1	Rt.Hepatectomy	88848
11 81	S6	SURGICAL GASTRO ENTEROLOGY	S6.11.2	Lt.Hepatectomy	92358
11 82	S6	SURGICAL GASTRO ENTEROLOGY	S6.11.3	Segmentectomy	61572
11 83	S6	SURGICAL GASTRO ENTEROLOGY	S6.12.1	Pancreatectomy-distal/central/with splenectomy	12314 4
11 84	S6	SURGICAL GASTRO ENTEROLOGY	S6.12.2	Enucleation Of Cyst	92358
11 85	S6	SURGICAL GASTRO ENTEROLOGY	S6.12.3	Whipples Any Type	10262 0
11 86	S6	SURGICAL GASTRO ENTEROLOGY	S6.12.4	Triple Bypass -Pancreas	61571
11 87	S6	SURGICAL GASTRO ENTEROLOGY	S6.12.5	Other Bypasses -Pancreas	40278

Schedules to Insurance Contract

11 88	S6	SURGICAL GASTRO ENTEROLOGY	S6.13.1	Anal Sphincter Repair -With Colostomy	34737
11 89	S6	SURGICAL GASTRO ENTEROLOGY	S6.13.1. 1	Anal Sphincter Repair -Without Colostomy	31320
11 90	S6	SURGICAL GASTRO ENTEROLOGY	S6.13.2	Rectovaginal fistula Management with Colostomy	40350
11 91	S6	SURGICAL GASTRO ENTEROLOGY	S6.13.3	Rectopexy Open without Mesh for Rectal Prolapse	30000
11 92	S6	SURGICAL GASTRO ENTEROLOGY	S6.2.1	Colonic Pull Up	61571
11 93	S6	SURGICAL GASTRO ENTEROLOGY	S6.2.2	Oesophagectomy	92358
11 94	S6	SURGICAL GASTRO ENTEROLOGY	S6.2.3	Oesophago-Gastrectomy	92358
11 95	S6	SURGICAL GASTRO ENTEROLOGY	S6.2.4	Lap Heller.S Myotomy	28847
11 96	S6	SURGICAL GASTRO ENTEROLOGY	S6.2.5	Lap Funduplications	55415
11 97	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.1.1	Partial Gastrectomy with anastomosis to duodenum	40000
11 98	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.5	Surgery for Corrosive Injury Stomach	61572
11 99	S6	SURGICAL GASTRO ENTEROLOGY	S6.4.1	Surgical management of Volvulus	49257
12 00	S6	SURGICAL GASTRO ENTEROLOGY	S6.4.2	Surgical management of Malrotation	49258
12 01	S6	SURGICAL GASTRO ENTEROLOGY	S6.4.3	Lap Adhesiolysis	30786
12 02	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.1	Hemicolectomy-Right/Left	41048
12 03	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.3	Extended Right Hemicolectomy	49257
12 04	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.4	Anterior Resection of Large Intestine	41048
12 05	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.5	Anterior Resection With Ileostomy	61572
12 06	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.6	Abdominoperineal Resection of rectum	52017

Schedules to Insurance Contract

12 07	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.7	Hartman.S Procedure With Colostomy	55414
12 08	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.8.1. 1	Large Intestine - I Stage-Sub Total Colectomy + Ileostomy-46.2	61572
12 09	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.8.1. 2	Large Intestine - II Stage-J - Pouch	51310
12 10	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.8.1. 3	Large Intestine - III Stage-Ileostomy Closure	25655
12 11	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.8.1. 4	LAP TOTAL PROCTOCOLECTOMY+ ILEOSTOMY	65000
12 12	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.8.2. 1	Large Intestine - I Stage- Sub Total Colectomy + Ileostomy + J - Pouch	98515
12 13	S6	SURGICAL GASTRO ENTEROLOGY	S6.5.8.2. 2	Large Intestine - II Stage- Ileostomy Closure	25655
12 14	S6	SURGICAL GASTRO ENTEROLOGY	S6.6.1	Hepato Cellular Carcinoma-Advanced Radio Frequency Ablation	73887
12 15	S6	SURGICAL GASTRO ENTEROLOGY	S6.6.2	Haemangioma Sol Liver Hepatectomy + Wedge Resection	92357
12 16	S6	SURGICAL GASTRO ENTEROLOGY	S6.6.3	Hydatid Cyst-Marsupilisation	41048
12 17	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.3	GB+ Calculi CBD Stones Or Dilated CBD	51310
12 18	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.5	Hepatico Jejunostomy	68725
12 19	S6	SURGICAL GASTRO ENTEROLOGY	S6.8.2	Splenectomy + Devascularisation + Spleno Renal Shunt-39.1	78566
12 20	S6	SURGICAL GASTRO ENTEROLOGY	S6.8.4	SPLENECTOMY WITH DEVASCULARISATION- NON TRAUMATIC	38000
12 21	S6	SURGICAL GASTRO ENTEROLOGY	S6.8.5	LAP SPLENECTOMY WITH DEVASCULARISATION	38000
12 22	S6	SURGICAL GASTRO ENTEROLOGY	S6.9.1	Laposcopic Pancreatic Necrosectomy	11573 0
12 23	S6	SURGICAL GASTRO ENTEROLOGY	S6.9.2	Lateral Pancreaticojejunostomy-Non- Malignant	10261 9
12 24	S6	SURGICAL GASTRO ENTEROLOGY	S6.9.3	Open Pancreatic Necrosectomy	12320 5
12 25	S6	SURGICAL GASTRO ENTEROLOGY	S6.9.7	Cysto Jejunostomy	51310

Schedules to Insurance Contract

12 26	S6	SURGICAL GASTRO ENTEROLOGY	S6.9.8	Cysto Gastrostomy	43025
12 27	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	M5.11A	Medical Management of Deep Vein Thrombosis	25000
12 28	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	MC002 C1	For Peripheral vessels	38550
12 29	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	MC016 A1	Permanent Pacemaker Implantation - Double Chamber	10690 0
12 30	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	MC002 B	For Mesenteric Thrombosis	38500
12 31	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.1.1	Coronary Balloon Angioplasty with stent-00.45	56441
12 32	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.1.2	PTCA 1 Additional Stent -00.46	7974
12 33	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.1.3	Coronary Balloon Angioplasty with Drug eluting stent-00.45	66713
12 34	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.1.4	PTCA 1 Additional Drug eluting Stent -00.46	20524
12 35	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.2.1	Septal defect correction-ASD/VSD device closure	83000
12 36	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.2.3	MINIMAL ACCESS SURGERY- ASD/VSD	90000
12 37	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.3.1	Patent Ductus Arterious - Stenting	76964
12 38	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.3.2	Patent Ductus Arterious - Device Closure	74215
12 39	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.4.2	Balloon Atrial Septostomy	37679
12 40	S7	CARDIAC AND CARDIOTHORA CIC SURGERY	S7.1.5.1	Permanent Pacemaker Implantation	79800

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12 41	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.5.2	Temporary Pacemaker Implantation	14675
12 42	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.5.3	CARDIAC RESYNCHRONISATION THERAPY - HOCM	11000 0
12 43	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.6.2	Coaractation of Aorta Repair Without Stent+ Aortoplasty-35.11	34700
12 44	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.7.1	Renal Angioplasty	61571
12 45	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.7.2	Peripheral Angioplasty	67729
12 46	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.7.3	Vertebral Angioplasty	76964
12 47	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.7.4	Perpheral Angioplasty - Additional Stent-00.46	9236
12 48	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.7.5	Balloon Dilatation of Pulmonary Artrey Stenosis	40000
12 49	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.7.6	Right ventricular outflow tract -RVOT stenting	50000
12 50	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.10.1	Surgery for Cardiac injuries Without CPB	71833
12 51	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.10.2	Surgery for Cardiac injuries With CPB	94369
12 52	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.1	Peripheral Embolectomy Without Graft	30786
12 53	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.10	Excision Of Arterio Venous Malformation - Large	92357

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12 54	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.11	Excision Of Arterio Venous Malformation - Small	45152
12 55	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.12	Arterial Embolectomy	30786
12 56	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.12 .1	Embolization - Arteriovenous Malformation -AVM in the Limbs -large	44000
12 57	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.12 .2	Thromboembolectomy -pre-auth not required, usually done as emergency	30800
12 58	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.12 .3	Thrombolysis for acute ischemia of limb due to arterial abstraction	10000
12 59	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.12 .4	TRANS ARTERIAL CHEMOEMBOLIZATION	91750
12 60	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.13	A V Fistula surgery -creation at Wrist	11287
12 61	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.14	A. V Fistula surgery -creation At Elbow	11287
12 62	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.15	DVT - Ivc Filter implantation	10261 9
12 63	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.16	Surgical management of Vascular Tumors	41048
12 64	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.17	Small Arterial Aneurysms - Repair	50523
12 65	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.17 A	SMALL ARTERIAL ANEURYSMS - REPAIR PTFE GRAFT LARGE LESS THAN 8MM -50000	70523
12 66	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.18	Medium Size Arterial Aneurysms - Repair	25654

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12 67	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.19	Medium Size Arterial Aneurysms - Repair With Synthetic Graft	10723 8
12 68	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.2	Aorto Billiac - Bifemoral Bypass With Synthetic Graft	12827 5
12 69	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.20	Pulmonary artero venous malformation	45000
12 70	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.23	B/L MANAGEMENT OF VARICOSE VEINS - VARICOSE ULCER - VENOUS MALFORMATIONS -RFA/EVLT	35000
12 71	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.24	U/L MANAGEMENT OF VARICOSE VEINS - VARICOSE ULCER - VENOUS MALFORMATIONS -RFA/EVLT	25000
12 72	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.25	COMPLEX AV ACCESS WITH GRAFT FOR HEMODIALYSIS	28500
12 73	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.26	THROMBIN INJECTION UNDER DUPLEX GUIDANCE FOR PSEUDOANEURYSM AND USG GUIDED COMPRESSION THERAPY	16000
12 74	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.3	Axillo Bifemoral Bypass With Synthetic Graft	10261 9
12 75	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.4	Femoro Distal Bypass With Vein Graft	61571
12 76	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.5	Femoro Distal Bypass With Synthetic Graft	82096
12 77	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.6	Axillo Brachial Bypass Using With Synthetic Graft	72000
12 78	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.7	Brachio - Radial Bypass With Synthetic Graft	60545
12 79	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.8	Excision Of Carotid Body Tumor With Vascular Repair	90306

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12 80	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.9	Carotid Artery Bypass With Synthetic Graft	12724 9
12 81	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.12	CAROTID ARTERY STENTING WITH EMBOLIC PROTECTION DEVICE	65000
12 82	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.13	Congenital Cystic Lesions of lung /mediastinum	35000
12 83	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.14	Medical Management Of Congenital Heart Diseases - Requiring Cardiac Catheterization	17660
12 84	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.15	Medical Management Of Valvular Heart Diseases - Requiring Cardiac Catheterization	17650
12 85	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.1.1	Coronary Bypass Surgery	11888 1
12 86	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.1.1. 2	MINIMAL ACCESS SURGERY add on to Open Cardiac Surgery Package	30000
12 87	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.1.2	Coronary Bypass Surgery-Post Angioplasty	12183 0
12 88	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.1.3	Cabg With Iabp Pump	14333 8
12 89	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.1.4	Cabg With Aneurismal Repair	15829 1
12 90	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.10. 1	Mitral Valve Replacement -With Valve	14879 9
12 91	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.10. 2	Aortic Valve Replacement -With Valve	15623 9
12 92	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.10. 3	Replacement of Tricuspid valve	14801 9

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12 93	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.10. 4	Double valve replacement -With Valve	18266 3
12 94	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.11. 1	Pericardiostomy	25655
12 95	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.11. 2	Pericardiectomy	55820
12 96	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.11. 3	Pericardiocentesis	17200
12 97	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.12. 1	Coarctation-Aorta Repair With Graft	10262 0
12 98	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.12. 2	Coarctation-Aorta Repair Without Graft	71834
12 99	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.12. 3	Balloon Dilatation of Coarctation of Aorta	38600
13 00	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.13. 1	Intra thoracic Aneurysm requiring bypass with graft/dissecting aneurysms	18622 5
13 01	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.14. 1	Aorto-Aorto Bypass With Graft	10262 0
13 02	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.15. 1	Femoro- Poplital Bypass With Graft	66703
13 03	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.15. 2	Femoro- Poplital Bypass Without Graft	50796
13 04	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.16. 1	Femoro- Ileal Bypass With Graft	66703
13 05	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.16. 2	Femoro- Ileal Bypass Without Graft	46179

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13 06	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.17. 1	Femoro-Femoral Bypass With Graft	66703
13 07	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.17. 2	Femoro-Femoral Bypass Without Graft	50797
13 08	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.18. 1	TGA - Arterial Switch	15392 9
13 09	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.18. 2	TGA - Sennings Procedure	16932 3
13 10	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.19. 1	TGA - Carotid Embolectomy	71834
13 11	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.2.1	Surgery For Intracardiac Tumors	10262 0
13 12	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.3.1	surgical management of Ruptured Sinus Of Valsalva	13340 5
13 13	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.4.1	surgical management -Correction of TAPVC	12298 0
13 14	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.5.1. 1	Systemic Pulmonary Shunts With Graft TOF	71793
13 15	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.5.1. 2	Systemic Pulmonary Shunts Without Graft TOF	62537
13 16	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.5.2	Total Correction of Tetralogy of Fallot	11770 1
13 17	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.6.1	Intra Cardiac Repair Of ASD	90305
13 18	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.6.2	Intracardiac Repair Of VSD	95950

Schedules to Insurance Contract

13 19	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.7.1	Surgery for-PDA	40000
13 20	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.8.1	Ross procedure - Intracardiac repair of complex congenital heart diseases with Special Conduits	15393 0
13 21	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.8.2	Ross procedure - Intracardiac repair of complex congenital heart diseases without Special Conduits	12361 7
13 22	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.9.1	Valve repair with Prosthetic Ring	14366 8
13 23	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.9.2	Valve repair without Prosthetic Ring	11288 1
13 24	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.9.3	Open Pulmonary Valvotomy	79017
13 25	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.9.4	CLOSED MITRAL VALVOTOMY	45153
13 26	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.9.5	Mitral valvotomy -Open	11288 1
13 27	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.9.6	Percutaneous Transluminal Tricuspid Commissurotomy -PTTC	26681
13 28	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.1	Pneumonectomy	61571
13 29	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.2	Lobectomy	61571
13 30	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.3	Decortication of lung	61572
13 31	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.4	Surgical management of lung cyst	41048

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13 32	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.5	Surgical management of Solitary fibrous tumor- Mediastinum	60000
13 33	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.6.1	Surgical management of Bronchopleural fistula - Thorocoplasty	69299
13 34	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.6.2	Surgical management of Bronchopleural Fistula - Myoplasty	77118
13 35	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.6.3	Transpleural Bronchopleural Fistula closure	66703
13 36	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.8	BRONCHIAL ARTERY EMBOLIZATION IN HEMOPTYSIS USING PVA AND MICRO CATHETER	60000
13 37	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.9	PLEURAL BIOPSY OPEN /VATS	20000
13 38	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.4.1	Surgical management of Diaphragmatic Eventration	56441
13 39	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.4.3	Surgical Management of Oesophageal Diverticula /Achalasia Cardia	51310
13 40	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.4.4	Surgical management of Empyema Thoracis	58857
13 41	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.5.1	Surgical management of Diaphragmatic injuries, Thoraco Abdominal approach	56441
13 42	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.6.1	Bronchoscopic Foreign body removal	20523
13 43	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.6.2	Surgical management For Bronchial Injuries due to foreign Body	61572
13 44	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.8.1	Gastro Study Followed By Thoracotomy and Repairs For Oesophageal Injury For Corrosive Injuries/Fb	66703

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13 45	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.9.1	Surgery for Arterial Injuries, Venous Injuries Without Graft	25655
13 46	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.9.1.1	Surgical Management of Vascular Injury In Upper Limbs - Axillary, Branchial, Radial And Ulnar -With Vein Graft	20523
13 47	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.9.1.2	Surgical Management of major Vascular injuries with or without vein graft	30786
13 48	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.9.1.3	surgical management of minor vascular injury-tibial Vessels In Leg/Vessels in Foot	20524
13 49	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.9.3	Surgical Management of Vascular Injury With Prosthetic Graft	41048
13 50	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.9.4	Surgical Management of Neck Vascular Injury - Carotid Vessels	10261 9
13 51	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.9.5	Surgical Management of Abdominal Vascular Injuries - Aorta, Iliac Arteries, Ivc, Iliac Veins	10261 9
13 52	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.9.6	Surgical Management of Thoracic Vascular Injuries	15393 0
13 53	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SG077A	Intercostal drainage Only- CMU0830-I	5600
13 54	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV001A	Unifocalization of MAPCA	15000 0
13 55	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV001C	Glenn procedure	12000 0
13 56	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV001D	Pulmonary Artery Banding- CMU0075	40000
13 57	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV001F	Vascular Ring division- CMU0080	60000

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13 58	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002A	ASD closure + Partial Anomalous Venous Drainage Repair	17000 0
13 59	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002C	ASD Closure + Tricuspid procedure	86100
13 60	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002D	ASD Closure + Pulmonary procedure	86100
13 61	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002E	ASD Closure + Infundibular procedure	86100
13 62	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002I	Partial AV canal repair	16000 0
13 63	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002J	Intermediate AV canal repair	16000 0
13 64	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002K	Atrial septectomy + Glenn	16000 0
13 65	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002L	Atrial septectomy + PA Band	70000
13 66	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002N	Sinus of Valsalva aneurysm repair without aortic valve procedure	16000 0
13 67	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV002O	Sub-aortic membrane resection	16000 0
13 68	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003A	Ebstein anomaly repair	17000 0
13 69	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003B	Double switch operation	16000 0
13 70	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003C	Rastelli Procedure	16000 0

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13 71	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003D	Fontan procedure	16000 0
13 72	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003E	AP window repair	16000 0
13 73	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003F	Arch interruption Repair without VSD closure	16000 0
13 74	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003G	Arch interruption Repair with VSD closure	16000 0
13 75	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003H	DORV Repair	16000 0
13 76	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003I	Supravalvular AS repair	16000 0
13 77	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003J	Konno procedure	16000 0
13 78	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003K	NORWOOD PROCEDURE	16000 0
13 79	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003L	VSD closure + RV - PA conduit	16000 0
13 80	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003M	VSD + Aortic procedure	16000 0
13 81	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003N	VSD + Mitral procedure	16000 0
13 82	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003O	VSD + Tricuspid procedure	86100
13 83	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003P	VSD + Pulmonary artery procedure	16000 0

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13 84	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003Q	VSD + Infundibular procedure	16000 0
13 85	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003R	VSD + Coarctation repair	16000 0
13 86	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003V	Complete AV canal repair	16000 0
13 87	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003Y	MUSTARD OPERATION	16000 0
13 88	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003Z	ALCAPA repair	12000 0
13 89	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV011A	Pericardial window -via thoracotomy	41300
13 90	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV014A	AORTIC ROOT REPLACEMENT SURGERY - Bental Procedure	22000 0
13 91	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV014C	Aortic Aneurysm	22000 0
13 92	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV014D	Valve sparing root replacement	22000 0
13 93	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV014E	AVR + Root enlargement	22000 0
13 94	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV015A	Aortic Arch Replacement using cardiopulmonary bypass	22000 0
13 95	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV015B	Thoracoabdominal aneurysm Repair using partial cardiopulmonary bypass	22000 0
13 96	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV016B	Aortic Aneurysm Repair using Left Heart Bypass	19500 0

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13 97	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV018A	Pulmonary Embolectomy	15000 0
13 98	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV018B	Thromboendarterectomy	15000 0
13 99	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019B	Carotid - endarterectomy	10810 0
14 00	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019D	Thoracic Outlet syndrome Repair	10810 0
14 01	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019E	Carotid aneurysm repair	10810 0
14 02	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019F	Subclavian aneurysm repair	10810 0
14 03	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019H	Brachial artery aneurysm repair	10810 0
14 04	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019I	Femoral artery aneurysm repair	10810 0
14 05	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019J	Popliteal artery aneurysm repair	10810 0
14 06	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019N	Carotido - subclavian artery bypass- CMU0374	79500
14 07	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019T	Patch Graft Angioplasty	11880 0
14 08	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019X	Surgery for Arterial Aneurysm Renal Artery	11880 0
14 09	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019Y	Operations for Acquired Arteriovenous Fistula	11880 0

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14 10	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV022A	Thoracotomy, Thoraco Abdominal Approach	41300
14 11	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV023D	Other simple lung procedure excluding lung resection	61900
14 12	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV025A	Foreign Body Removal with scope	27500
14 13	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV028A	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics and Physiotherapy	13800
14 14	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV031B	Aortic valve replacement Or repair	22410 0
14 15	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV031C	Mitral valve replacement Or repair	22410 0
14 16	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV031D	Tricuspid valve replacement Or repair	22410 0
14 17	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV031E	Double valve replacement Or repair	12570 0
14 18	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV031F	TRIPLE VALVE REPLACEMENT OR REPAIR	14490 0
14 19	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV032A	Low Cardiac Output syndrome requiring IABP insertion post - operatively	11880 0
14 20	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV033A	Re-do sternotomy	27500
14 21	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV034A	Excessive bleeding requiring re-exploration	13800
14 22	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV035A	Mediastinotomy	39600

Schedules to Insurance Contract

14 23	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV037A	Left ventricular aneurysm repair	16240 0
14 24	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV039A	Tracheal repair	62500
14 25	S8	PEDIATRIC SURGERIES	SG011B 1	CYSTOJEJUNOSTOMY - LAP	22500
14 26	S8	PEDIATRIC SURGERIES	SG030B 1	RESECTION ANASTOMOSIS - Lap.	26700
14 27	S8	PEDIATRIC SURGERIES	SG040B 1	OPERATIVE CHOLECYSTOSTOMY - Lap.	11300
14 28	S8	PEDIATRIC SURGERIES	SG051C 1	Paraumbilical	27000
14 29	S8	PEDIATRIC SURGERIES	SG082A 1	Thoracoscopic Segmental Resection	54900
14 30	S8	PEDIATRIC SURGERIES	S8.1.1.1	Surgical management of Oesophageal Atresia In Paediatric Patients	63512
14 31	S8	PEDIATRIC SURGERIES	S8.1.1.3	Surgical Management of Intestinal Atresias and Obstructions In Paediatric Patients	53235
14 32	S8	PEDIATRIC SURGERIES	S8.1.1.4	Surgical Management of Biliary Atresia and Choledochal Cyst In Paediatric Patients	71270
14 33	S8	PEDIATRIC SURGERIES	S8.1.1.5	Stage 1 procedure for Anorectal Malformations In Paediatric Patients	49257
14 34	S8	PEDIATRIC SURGERIES	S8.1.1.6	Stage 2 procedure for Anorectal Malformations In Paediatric Patients	61572
14 35	S8	PEDIATRIC SURGERIES	S8.1.1.7	Stage 1 procedure for Hirschsprungs Disease In Paediatric Patients	49257
14 36	S8	PEDIATRIC SURGERIES	S8.1.1.8	Stage 2 procedure for Hirschsprungs Disease In Paediatric Patients	70420
14 37	S8	PEDIATRIC SURGERIES	S8.1.2.1	Surgical Management of Congenital Hydronephrosis in Paediatric Patients	54710
14 38	S8	PEDIATRIC SURGERIES	S8.1.2.2	Surgical Management of Ureteric Reimplantations	34770
14 39	S8	PEDIATRIC SURGERIES	S8.1.2.3	Stage 1 procedure for Exstrophy Bladder in Paediatric Patients	75129
14 40	S8	PEDIATRIC SURGERIES	S8.1.2.4	Stage 2 procedure for Exstrophy Bladder in Paediatric Patients	72071
14 41	S8	PEDIATRIC SURGERIES	S8.1.2.5	Surgical Management of Posterior Urethral Valves in Paediatric Patients	50747

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14 42	S8	PEDIATRIC SURGERIES	S8.1.2.6	Single Stage procedure for Hypospadiasis	41048
14 43	S8	PEDIATRIC SURGERIES	S8.1.2.8	Stage 2 procedure for Hypospadiasis	30642
14 44	S8	PEDIATRIC SURGERIES	S8.1.3.1	Surgical Management of Paediatric Tumors	51310
14 45	S8	PEDIATRIC SURGERIES	S8.1.4.1	Surgical correction of Cleft Lip	25655
14 46	S8	PEDIATRIC SURGERIES	S8.1.4.2	Surgical correction of Cleft Palate in pediatric patients	25656
14 47	S8	PEDIATRIC SURGERIES	S8.1.4.4	Surgical correction of Syndactyly of Hand For Each Hand in Paediatric Patient	25655
14 48	S8	PEDIATRIC SURGERIES	S8.1.9	VULVAL SYNECHIAE	4000
14 49	S8	PEDIATRIC SURGERIES	S8.10.1	Excision of Retention Cyst Lip	5000
14 50	S8	PEDIATRIC SURGERIES	S8.10.3	Excision of Sebacecyst / Lipoma in Paediatric Patient	4000
14 51	S8	PEDIATRIC SURGERIES	S8.11	Excision of External angular dermoid in Paediatric Patient	3000
14 52	S8	PEDIATRIC SURGERIES	S8.12	High risk delivery: Major Fetal malformation requiring intervention immediately after birth	11500
14 53	S8	PEDIATRIC SURGERIES	S8.13	Surgical treatment for Preauricular sinus in pediatric patient	10000
14 54	S8	PEDIATRIC SURGERIES	S8.2.1	Surgical Management of Hamartoma Excision	56143
14 55	S8	PEDIATRIC SURGERIES	S8.2.2	Surgical Management of Hemangioma Excision	36300
14 56	S8	PEDIATRIC SURGERIES	S8.2.3	Surgical management of Lymphangioma In Paediatric Patients	49257
14 57	S8	PEDIATRIC SURGERIES	S8.2.6.1	Stage 1 procedure for Hypospadiasis	41048
14 58	S8	PEDIATRIC SURGERIES	S8.3.1	Neuroblastoma	51310
14 59	S8	PEDIATRIC SURGERIES	S8.3.2.1	Excision of congenital dermal sinus	29990
14 60	S8	PEDIATRIC SURGERIES	S8.3.4	Surgical management of Encephalocele	43183
14 61	S8	PEDIATRIC SURGERIES	S8.3.6	Meningo Myelocele Spinal Procedure	35000
14 62	S8	PEDIATRIC SURGERIES	S8.3.7	Surgical Management of Torticollis in Paediatric Patient	20000
14 63	S8	PEDIATRIC SURGERIES	S8.3.8.1	Ankyloglossia Major	15000

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14 64	S8	PEDIATRIC SURGERIES	S8.3.8.3	Surgical treatment for release of tongue tie	7000
14 65	S8	PEDIATRIC SURGERIES	S8.4.1	Bronchoscopy for Foreign Body Removal	25655
14 66	S8	PEDIATRIC SURGERIES	S8.4.1A	Bronchoscopy for Foreign Body Removal	20523
14 67	S8	PEDIATRIC SURGERIES	S8.4.2	Surgical Correction of Esophageal Obstructions In Paediatric Patients	25656
14 68	S8	PEDIATRIC SURGERIES	S8.4.2A	Surgical Correction of Esophageal Obstructions In Paediatric Patients	60032
14 69	S8	PEDIATRIC SURGERIES	S8.4.3	Surgical Correction of Esophageal Substitutions In Paediatric Patients	75083
14 70	S8	PEDIATRIC SURGERIES	S8.4.4.1	Syndactoly correction-multiple correction in Paediatric Patient	28000
14 71	S8	PEDIATRIC SURGERIES	S8.4.4A	Excision of Thoracoscopic Cysts	41049
14 72	S8	PEDIATRIC SURGERIES	S8.4.5	Thoracoscopic Decortication In Paediatric Patients	46900
14 73	S8	PEDIATRIC SURGERIES	S8.5.10	Laparoscopic Pull Through Surgeries For Hirschsprungs Disease In Paediatric Patients	69637
14 74	S8	PEDIATRIC SURGERIES	S8.5.12	Adrenal Gland Surgeries In Paediatric patients- 07.3and07.4	42400
14 75	S8	PEDIATRIC SURGERIES	S8.5.1A	Surgical Management of - Gastric Outlet Obstructions In Paediatric Patients	30787
14 76	S8	PEDIATRIC SURGERIES	S8.5.2A	Surgical management of Gastro Esophageal Reflux In Paediatric Patients	37364
14 77	S8	PEDIATRIC SURGERIES	S8.5.3	Surgical Correction of Hydatid Cysts In Paediatric Patient	49257
14 78	S8	PEDIATRIC SURGERIES	S8.5.5	Surgical Correction of Intususception	38400
14 79	S8	PEDIATRIC SURGERIES	S8.5.6	Surgical mangement of Acute Intestinal Obstruction In Paediatric Patients	49258
14 80	S8	PEDIATRIC SURGERIES	S8.5.9	Laparoscopic Pull Through For Ano Rectal Anomalies In Paediatric Patients	55840
14 81	S8	PEDIATRIC SURGERIES	S8.6.1	Simple Nephrectomy in pediatric patients	41048

Schedules to Insurance Contract

14 82	S8	PEDIATRIC SURGERIES	S8.6.10	CONGENITAL LUNG LESIONS - CPAM,BRONCHOGENIC CYST, SEQUESTRATION - In Paediatric Patients	63545
14 83	S8	PEDIATRIC SURGERIES	S8.6.11	CYSTOSCOPY AND PROCEDURES - DIAGNOSTIC,URETEROCELE PUNCUTRE,VUR INJECTION THERAPY, DJ STENT PLACEMENT AND REMOVAL ECT. In Paediatric Patients	43210
14 84	S8	PEDIATRIC SURGERIES	S8.6.12	EXAMINATION UNDER ANAESTHESIA In Paediatric Patients	34173
14 85	S8	PEDIATRIC SURGERIES	S8.6.13	LYMPH NODE BIOPSY In Paediatric Patients	39160
14 86	S8	PEDIATRIC SURGERIES	S8.6.5	Surgical Management for Torsion of Testis	21300
14 87	S8	PEDIATRIC SURGERIES	S8.6.6	Laparoscopic Orchidopexy In Paediatric Patients	25655
14 88	S8	PEDIATRIC SURGERIES	S8.6.7	Laparoscopic Varicocele Ligation	41048
14 89	S8	PEDIATRIC SURGERIES	S8.6.8	RIGID AND FLEXIBLE BRONCHOSCOPY In Paediatric Patients	53345
14 90	S8	PEDIATRIC SURGERIES	S8.6.9	BURST ABDOMEN, SECONDARY SUTURING In Paediatric Patients	48483
14 91	S8	PEDIATRIC SURGERIES	S8.7.4.1	Open excision of Lung cyst In Paediatric Patient	40000
14 92	S8	PEDIATRIC SURGERIES	S8.7.8	Empyema decortication In Paediatric Patients	35000
14 93	S8	PEDIATRIC SURGERIES	S8.7.8.1	Empyema-ICD drainage In Paediatric Patients	25000
14 94	S8	PEDIATRIC SURGERIES	S8.7.9	Surgery for Congenital Lobar Emphysema	25000
14 95	S8	PEDIATRIC SURGERIES	S8.8.1.1	Feeding Jejunostomy In Paediatric Patients	20000
14 96	S8	PEDIATRIC SURGERIES	S8.8.13	Meckels Diverticulectomy In Paediatric Patients	41048
14 97	S8	PEDIATRIC SURGERIES	S8.8.13. 1	Correction of Vitello intestinal duct anomalies in Paediatric Patients	35570
14 98	S8	PEDIATRIC SURGERIES	S8.8.14	Hernia Repar in Children -Unilateral Inguinal / Femoral	23400
14 99	S8	PEDIATRIC SURGERIES	S8.8.15	Bilateral Inguinal Hernia repair In Paediatric Patients	29961

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15 00	S8	PEDIATRIC SURGERIES	S8.8.16	Lumbar Hernia repair In Paediatric Patients	25000
15 01	S8	PEDIATRIC SURGERIES	S8.8.18	Umbilical Hernia repair In Paediatric Patients	20525
15 02	S8	PEDIATRIC SURGERIES	S8.8.19	Incisional Hernia repair In Paediatric Patients	28800
15 03	S8	PEDIATRIC SURGERIES	S8.8.20	Colostomy closure exept in ARM	25000
15 04	S8	PEDIATRIC SURGERIES	S8.8.21	ABDOMEN - Exomphalo	25000
15 05	S8	PEDIATRIC SURGERIES	S8.8.23	GI Tumor Excision	30000
15 06	S8	PEDIATRIC SURGERIES	S8.8.24	Ileostomy closure In Paediatric Patients	25010
15 07	S8	PEDIATRIC SURGERIES	S8.8.25	Surgical management of peritonitis in Paediatric Patients	40000
15 08	S8	PEDIATRIC SURGERIES	S8.8.28	Coccygeal Teratoma Excision	35000
15 09	S8	PEDIATRIC SURGERIES	S8.8.29	OPEN CYSTECTOMY	45000
15 10	S8	PEDIATRIC SURGERIES	S8.8.30	Pancreatic surgery in Paediatric Patients	75000
15 11	S8	PEDIATRIC SURGERIES	S8.8.5.1	Intussusception - Non “Operative Reduction in infants	20000
15 12	S8	PEDIATRIC SURGERIES	S8.8.9.1	Rectopexy Open without Mesh for Rectal Prolapse	35000
15 13	S8	PEDIATRIC SURGERIES	S8.8.9.2	Rectal polypectomy In Paediatric Patients	15000
15 14	S8	PEDIATRIC SURGERIES	S8.8.9.3	Surgical mangement of Anal Fissure and Fistula In Paediatric Patients	22590
15 15	S8	PEDIATRIC SURGERIES	S8.8.9.4	Anal Dilatation	1000
15 16	S8	PEDIATRIC SURGERIES	S8.9.1.1	Nephrolithotomy in Paediatric Patients	38195
15 17	S8	PEDIATRIC SURGERIES	S8.9.1.2	Ureterostomy in Paediatric Patients	28800
15 18	S8	PEDIATRIC SURGERIES	S8.9.1.3	Vesical calculi-vesicolithotomy in Paediatric Patients	25000
15 19	S8	PEDIATRIC SURGERIES	S8.9.1.4	Supra pubic drainage- open in Paediatric Patients	10000
15 20	S8	PEDIATRIC SURGERIES	S8.9.1.5. 1	Vesicotomy closure in Paediatric Patients	26307
15 21	S8	PEDIATRIC SURGERIES	S8.9.1.5. 2	Vesicostomy	25760
15 22	S8	PEDIATRIC SURGERIES	S8.9.1.7	Ureteric Implantation with tailoring	41880
15 23	S8	PEDIATRIC SURGERIES	S8.9.10	Open ureterolithotomy	1448841

Schedules to Insurance Contract

15 24	S8	PEDIATRIC SURGERIES	S8.9.12	URSL	27900
15 25	S8	PEDIATRIC SURGERIES	S8.9.14	Open pylo lithotomy	23500
15 26	S8	PEDIATRIC SURGERIES	S8.9.15	Endoscopic removal of Vessical calculus	20000
15 27	S8	PEDIATRIC SURGERIES	S8.9.16	PCNL in pediatrics	37600
15 28	S8	PEDIATRIC SURGERIES	S8.9.17	CAPD -Tenchkoff catheter insertion	36000
15 29	S8	PEDIATRIC SURGERIES	S8.9.7.1	Open Varicocele ligation	20000
15 30	S8	PEDIATRIC SURGERIES	S8.9.7.2	Hydrocele in Paediatric Patients	15000
15 31	S8	PEDIATRIC SURGERIES	S8.9.8.1	Surgical Management of Phimosis and Paraphimosis	14200
15 32	S8	PEDIATRIC SURGERIES	S8.9.8.2	Surgical Management of Penile Injuries	24920
15 33	S8	PEDIATRIC SURGERIES	S8.9.9	Intersex-Genitoplasty surgery-70.6	50000
15 34	S8	PEDIATRIC SURGERIES	SG002A	Operations for Replacement of Oesophagus by Colon	61200
15 35	S8	PEDIATRIC SURGERIES	SG004A	Operative Gastrostomy	25000
15 36	S8	PEDIATRIC SURGERIES	SG009A	Pyloromyotomy	37500
15 37	S8	PEDIATRIC SURGERIES	SG011A	CYSTOJEJUNOSTOMY - OPEN	22500
15 38	S8	PEDIATRIC SURGERIES	SG011C	Cystogastrostomy - Open	26300
15 39	S8	PEDIATRIC SURGERIES	SG015A	Operation for Duplication of Intestine	25400
15 40	S8	PEDIATRIC SURGERIES	SG017A	Appendicectomy	20000
15 41	S8	PEDIATRIC SURGERIES	SG019A	Operative drainage of Appendicular Abscess	15000
15 42	S8	PEDIATRIC SURGERIES	SG035A	Exploratory Laparotomy	11800
15 43	S8	PEDIATRIC SURGERIES	SG039A	CHOLECYSTECTOMY - Without Exploration of CBD - Open	31100
15 44	S8	PEDIATRIC SURGERIES	SG039C	CHOLECYSTECTOMY - Without Exploration of CBD - Lap	31100
15 45	S8	PEDIATRIC SURGERIES	SG039D	CHOLECYSTECTOMY - With Exploration of CBD - Lap	31100
15 46	S8	PEDIATRIC SURGERIES	SG040A	OPERATIVE CHOLECYSTOSTOMY - Open	26300
15 47	S8	PEDIATRIC SURGERIES	SG041A	Operation of Choledochal Cyst	31700
15 48	S8	PEDIATRIC SURGERIES	SG042B	SPLENECTOMY - Lap.	35200

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15 49	S8	PEDIATRIC SURGERIES	SG048A	Mesenteric Cyst “ Excision	20700
15 50	S8	PEDIATRIC SURGERIES	SG051A	Epigastric	22000
15 51	S8	PEDIATRIC SURGERIES	SG057A	Epididymal Excision - Cyst / Nodule	5300
15 52	S8	PEDIATRIC SURGERIES	SG084A	Incision and Drainage of Abscess	5000
15 53	S8	PEDIATRIC SURGERIES	SS005A	Ladds Procedure	48800
15 54	S8	PEDIATRIC SURGERIES	SS008C	Rectal Biopsy - Open / Punch	16000
15 55	S8	PEDIATRIC SURGERIES	SS010A	ANO RECTAL MALFORMATION - Abd - Perineal PSARP	31900
15 56	S8	PEDIATRIC SURGERIES	SS010B	Anoplasty	28600
15 57	S8	PEDIATRIC SURGERIES	SS010C	Cutback	25000
15 58	S8	PEDIATRIC SURGERIES	SS010D	PSARP	31500
15 59	S8	PEDIATRIC SURGERIES	SS013A	Congenital Diaphragmatic Hernia	50400
15 60	S8	PEDIATRIC SURGERIES	SS014B	Gastroschisis	38500
15 61	S8	PEDIATRIC SURGERIES	SS015A	Hernia and Hydrocele	25000
15 62	S8	PEDIATRIC SURGERIES	SS019B	Bilateral Palpable	19700
15 63	S8	PEDIATRIC SURGERIES	SS019C	Bilateral Non - Palpable	23800
15 64	S8	PEDIATRIC SURGERIES	SS019D	Unilateral - Palpable	19700
15 65	S8	PEDIATRIC SURGERIES	SS024A	Excision of supernumerary digit	17500
15 66	S8	PEDIATRIC SURGERIES	SS026A	Repair of tongue laceration	17500
15 67	S8	PEDIATRIC SURGERIES	SS028A	Non-operative management of liver trauma	50000
15 68	S8	PEDIATRIC SURGERIES	SS029A	PORTAL HYPERTENSION - NON-SHUNTS	56300
15 69	S8	PEDIATRIC SURGERIES	SS035A	Esophageal dilatation	37500
15 70	S8	PEDIATRIC SURGERIES	SS038A	Vesicostomy	35000
15 71	S9	GENITO URINARY SURGERIES	S9.1.2	A.V. Fistula surgery -creation [Pre-Transplant Procedure Only]	10262
15 72	S9	GENITO URINARY SURGERIES	S9.1.3	Renal Transplantation Surgery	25600 0
15 73	S9	GENITO URINARY SURGERIES	S9.1.4	Post Renal Transplant Immunosuppressive Treatment From 1st To 6th Months	94072

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15 74	S9	GENITO URINARY SURGERIES	S9.1.7	Post transplant graft Nephrectomy	49320
15 75	S9	GENITO URINARY SURGERIES	S9.1.8	Post transplant revision Ureteroneo cystostomy/Pyelo Ureterostomy	47420
15 76	S9	GENITO URINARY SURGERIES	S9.1.9	Open post transplant lymphocele	33920
15 77	S9	GENITO URINARY SURGERIES	S9.10.1. 1	Orchiopexy with laparoscopy	30000
15 78	S9	GENITO URINARY SURGERIES	S9.10.1. 2	Orchiectomy-simple	16000
15 79	S9	GENITO URINARY SURGERIES	S9.10.1. 4	Orchiopexy-without laparoscopy, unilateral	23500
15 80	S9	GENITO URINARY SURGERIES	S9.10.1. 5	High Inguinal Orchiectomy -For Testis Cancer	23500
15 81	S9	GENITO URINARY SURGERIES	S9.10.1. 6	Laprosopic orchidopexy in Children Bilateral	37855
15 82	S9	GENITO URINARY SURGERIES	S9.10.1. 7	High Inguinal Orchiectomy -For Testis Cancer	23500
15 83	S9	GENITO URINARY SURGERIES	S9.10.12	Vasectomy reversal	23010
15 84	S9	GENITO URINARY SURGERIES	S9.10.13	Plaque Excision/Plasty for Penile curvature/Peyronies disease	40000
15 85	S9	GENITO URINARY SURGERIES	S9.10.14	Surgery for Priapism	35000
15 86	S9	GENITO URINARY SURGERIES	S9.10.16	Scrotal/Perineal Injuries	27460
15 87	S9	GENITO URINARY SURGERIES	S9.10.17	Open Varicocele ligation	25000
15 88	S9	GENITO URINARY SURGERIES	S9.10.2	Surgical management of Torsion of Testis	25850
15 89	S9	GENITO URINARY SURGERIES	S9.10.2. 1	Torsion testis in children	23500
15 90	S9	GENITO URINARY SURGERIES	S9.10.20	Testis Biopsy -Infertility	11500
15 91	S9	GENITO URINARY SURGERIES	S9.10.8. 1	Varicocele-unilateral-non microsurgical	17000
15 92	S9	GENITO URINARY SURGERIES	S9.10.9	Varicocele-unilateral-microsurgical	15000

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15 93	S9	GENITO URINARY SURGERIES	S9.11.1	CAPD-Tenchkoff catheter insertion	37476
15 94	S9	GENITO URINARY SURGERIES	S9.11.2	CAPD-Tenchkoff catheter removal	34829
15 95	S9	GENITO URINARY SURGERIES	S9.11.3	CAPD bags per month	8788
15 96	S9	GENITO URINARY SURGERIES	S9.13	Retrograde Intrarenal Surgery-RIRS	31580
15 97	S9	GENITO URINARY SURGERIES	S9.14.1	Emergency Management of Hematuria	15000
15 98	S9	GENITO URINARY SURGERIES	S9.14.2	ACUTE RETENTION OF URINE - SUPRAPUBIC DRAINAGE - CLOSED /TROCAR , SPC	6000
15 99	S9	GENITO URINARY SURGERIES	S9.15.2	Intravesical BCG maintenance for one time	3600
16 00	S9	GENITO URINARY SURGERIES	S9.15.3	Trans abdominal repair of Vesicovaginal Fistula with omentoplasty	52500
16 01	S9	GENITO URINARY SURGERIES	S9.15.4	BLADDER INJURY REPAIR WITH COLOSTOMY -WITH OR WITHOUT URETHRAL INJURY	50000
16 02	S9	GENITO URINARY SURGERIES	S9.15.5	Bladder injury repair -with or without urethral injury	40000
16 03	S9	GENITO URINARY SURGERIES	S9.15.6	URETEROLITHOTOMY - a)LAPROSCOPIC b) OPEN	30000
16 04	S9	GENITO URINARY SURGERIES	S9.16.1	Urachal Cyst excision - Laparoscopic	34660
16 05	S9	GENITO URINARY SURGERIES	S9.16.2	Urachal Cyst excision - Open	18500
16 06	S9	GENITO URINARY SURGERIES	S9.17	Uni-lateral ilioinguinal block dissection in non malignant conditions	30000
16 07	S9	GENITO URINARY SURGERIES	S9.18	Surgery for Retroperitoneal Fibrosis Open/Lap	39430
16 08	S9	GENITO URINARY SURGERIES	S9.19	Parapelvic Cyst Excision-Open/Lap	32000
16 09	S9	GENITO URINARY SURGERIES	S9.2.1	OPEN PYEOLITHOTOMY AND NEPHROLITHOTOMY	35000
16 10	S9	GENITO URINARY SURGERIES	S9.2.3	Open Cystolithotomy	19631

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16 11	S9	GENITO URINARY SURGERIES	S9.2.4	Laparoscopic Pyelolithotomy	42901
16 12	S9	GENITO URINARY SURGERIES	S9.2.6	ANY TYPE OF RENAL CALCULI a) PCNL b) COMPLETE STAG HORN CALCULI c) PARTIAL STAG HORN CALCULI	37620
16 13	S9	GENITO URINARY SURGERIES	S9.20.2	Ilio-Inguinal lymphadenectomy	31200
16 14	S9	GENITO URINARY SURGERIES	S9.3.1	URINARY BLADDER STONE REMOVAL a) CYSTOLITHOTRIPTY ENDOSCOPIC, INCLUDING CYSTOSCOPY b) ENDOSCOPE REMOVAL c) CYSTOLITHOTRIPTY	14700
16 15	S9	GENITO URINARY SURGERIES	S9.3.3	Extracorporeal shockwave lithotripsy -ESWL	20000
16 16	S9	GENITO URINARY SURGERIES	S9.3.4	ursl	25655
16 17	S9	GENITO URINARY SURGERIES	S9.3.5	Nephrostomy - Lithotripsy	13340
16 18	S9	GENITO URINARY SURGERIES	S9.3.6	Dj Stent -One Side	6600
16 19	S9	GENITO URINARY SURGERIES	S9.3.7	DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram	10000
16 20	S9	GENITO URINARY SURGERIES	S9.3.8	Laser URSL	32900
16 21	S9	GENITO URINARY SURGERIES	S9.4.1.1	Single Stage Urethroplasty for stricture Urethra	51309
16 22	S9	GENITO URINARY SURGERIES	S9.4.1.2. 1	URETHROPLASTY FOR STRICTURE DOUBLE STAGE a) STAGE-1 b) STAGE-2	39683
16 23	S9	GENITO URINARY SURGERIES	S9.4.3.1	Single Stage HYPOSPADIASIS -ADULT	41048
16 24	S9	GENITO URINARY SURGERIES	S9.4.3.2. 1	HYPOSPADIAS STAGE-1 ADULT / CHILDREN	33120
16 25	S9	GENITO URINARY SURGERIES	S9.4.3.2. 2	Stage-2 HYPOSPADIASIS -ADULT	30642
16 26	S9	GENITO URINARY SURGERIES	S9.4.4	Transurethral resection of bladder tumour -TURBT	40022

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16 27	S9	GENITO URINARY SURGERIES	S9.4.5	Transurethral resection of bladder tumour -TURBT with intravesical Mitomycin instillation	35000
16 28	S9	GENITO URINARY SURGERIES	S9.4.6.1	Single Stage procedure for Hypospadias in Children	37600
16 29	S9	GENITO URINARY SURGERIES	S9.4.6.3	Stage - II procedure for Hypospadias in Children	32900
16 30	S9	GENITO URINARY SURGERIES	S9.5.1	Post Renal Transplant Immunosuppressive Treatment From 7th To 12 Th Month.	62814
16 31	S9	GENITO URINARY SURGERIES	S9.6.1.1	Nephropexy	35730
16 32	S9	GENITO URINARY SURGERIES	S9.6.10	Drainage of Perinephric Abscess	37970
16 33	S9	GENITO URINARY SURGERIES	S9.6.12	Laparoscopic deroofing of Renal Cyst	31790
16 34	S9	GENITO URINARY SURGERIES	S9.6.13	Adrenelectomy in Children	57000
16 35	S9	GENITO URINARY SURGERIES	S9.6.14	Nephrectomy in Children	40000
16 36	S9	GENITO URINARY SURGERIES	S9.6.15	Paediatric Hydronephrosis	47000
16 37	S9	GENITO URINARY SURGERIES	S9.6.4	Laprosopic Simple Nephrectomy	51310
16 38	S9	GENITO URINARY SURGERIES	S9.6.5	Laprosopic Radical Nephrectomy	63501
16 39	S9	GENITO URINARY SURGERIES	S9.6.6	Lap. Partial Nephrectomy	61572
16 40	S9	GENITO URINARY SURGERIES	S9.6.6.1	Partial nephrectomy in children	52500
16 41	S9	GENITO URINARY SURGERIES	S9.6.7.1	Hemi- Nephroureterectomy	45000
16 42	S9	GENITO URINARY SURGERIES	S9.6.7.2	Open unilateral Nephroureterectomy	45010
16 43	S9	GENITO URINARY SURGERIES	S9.6.7.3	Laprosopic unilateral Nephroureterectomy	50000
16 44	S9	GENITO URINARY SURGERIES	S9.6.7.4	Radical Nephro-Ureterectomy	50000

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16 45	S9	GENITO URINARY SURGERIES	S9.6.7.5	NEPHRO URETERECTOMY WITH or With out CUFF OF BLADDER	45000
16 46	S9	GENITO URINARY SURGERIES	S9.6.9	Nephrolysis/surgery for Chyluria Open/Lap	40000
16 47	S9	GENITO URINARY SURGERIES	S9.7.2	Anatrophic Peylolithotomy For Staghorn Calculus	51310
16 48	S9	GENITO URINARY SURGERIES	S9.8.1	Anderson Hynes Pyeloplasty	49258
16 49	S9	GENITO URINARY SURGERIES	S9.8.1.1	ENDOPYELOTOMY WITH LASER/ BUGBEE - RETROGRADE / ANTEGRADE	35000
16 50	S9	GENITO URINARY SURGERIES	S9.8.1.3	LAP PYELOPLASTY	50000
16 51	S9	GENITO URINARY SURGERIES	S9.8.10	Excision of Ureterocele with Ureteric Implantation	43480
16 52	S9	GENITO URINARY SURGERIES	S9.8.12. 1	Ileal replacement for ureteric stricture	52000
16 53	S9	GENITO URINARY SURGERIES	S9.8.12. 2	Boari flap for ureteric stricture, Laparoscopic	40000
16 54	S9	GENITO URINARY SURGERIES	S9.8.13. 1	Uretero-vaginal/uterine fistula repair open	37000
16 55	S9	GENITO URINARY SURGERIES	S9.8.13. 2	Uretero-vaginal/uterine fistula repair Laparoscopic	50000
16 56	S9	GENITO URINARY SURGERIES	S9.8.14	Ureterostomy -Cutaneous	20000
16 57	S9	GENITO URINARY SURGERIES	S9.8.15	Ureterocalycostomy Laparoscopic	50000
16 58	S9	GENITO URINARY SURGERIES	S9.8.16	Uretero-ureterostomy Open	30000
16 59	S9	GENITO URINARY SURGERIES	S9.8.17	Uretero-ureterostomy Laparoscopic	48000
16 60	S9	GENITO URINARY SURGERIES	S9.8.18	Internal Ureterotomy including cystoscopy as an independent procedure	15000
16 61	S9	GENITO URINARY SURGERIES	S9.8.19	Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram	11000
16 62	S9	GENITO URINARY SURGERIES	S9.8.2.1	VVF/Uterovaginal Repair - Abdominal, Laparoscopic	35000

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16 63	S9	GENITO URINARY SURGERIES	S9.8.2.2	Urethrovaginal fistula repair	34000
16 64	S9	GENITO URINARY SURGERIES	S9.8.4	Closure Of Urethral Fistula	30786
16 65	S9	GENITO URINARY SURGERIES	S9.8.5	Optical Urethrotomy	23420
16 66	S9	GENITO URINARY SURGERIES	S9.8.6	Perineal Urethrostomy	32479
16 67	S9	GENITO URINARY SURGERIES	S9.8.7	Ureteric Reimplantations	35681
16 68	S9	GENITO URINARY SURGERIES	S9.8.7.1	Ureteric replacement	44880
16 69	S9	GENITO URINARY SURGERIES	S9.8.7.2	Ureteric Implantation with tailoring	41880
16 70	S9	GENITO URINARY SURGERIES	S9.8.7.3	Paediatric Ureteric Re Implantation -Unilateral	47000
16 71	S9	GENITO URINARY SURGERIES	S9.8.7.4	Paediatric Ureteric Re Implantation -Bilateral	66500
16 72	S9	GENITO URINARY SURGERIES	S9.8.8	Surgical Procedure for Ileal Conduit Formation	70000
16 73	S9	GENITO URINARY SURGERIES	S9.9.1	TURP a) WITH OUT CYSTOLITHOTRIPSY b) WITH CYSTOLITHOTRIPSY	30786
16 74	S9	GENITO URINARY SURGERIES	S9.9.1.1	Bipolar TURP	40000
16 75	S9	GENITO URINARY SURGERIES	S9.9.10	Mid urethral sling procedure for stress urinary incontinence	30786
16 76	S9	GENITO URINARY SURGERIES	S9.9.11	MMK/birch colpo suspension for stress urinary Incontinence	40000
16 77	S9	GENITO URINARY SURGERIES	S9.9.12. 1	Bladder neck incision	24140
16 78	S9	GENITO URINARY SURGERIES	S9.9.12. 2	Excision of Urethral Caruncle	8000
16 79	S9	GENITO URINARY SURGERIES	S9.9.13	Meatoplasty	12280
16 80	S9	GENITO URINARY SURGERIES	S9.9.14. 1	Dilatation for Urethra stenosis	1500
16 81	S9	GENITO URINARY SURGERIES	S9.9.14. 2	Urethral Dilatation-endoscopic as an independent procedure	3000

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16 82	S9	GENITO URINARY SURGERIES	S9.9.14. 3	Surgical management of Posterior Urethral Valves	27900
16 83	S9	GENITO URINARY SURGERIES	S9.9.15	Stress incontinence surgery, laparoscopic	35000
16 84	S9	GENITO URINARY SURGERIES	S9.9.16	Meatotomy	4000
16 85	S9	GENITO URINARY SURGERIES	S9.9.17	Mitrafanoff procedure	46250
16 86	S9	GENITO URINARY SURGERIES	S9.9.19	Intravesical BCG Induction therapy	9750
16 87	S9	GENITO URINARY SURGERIES	S9.9.2.1	TURP/Laser + Hydrocele surgery	40000
16 88	S9	GENITO URINARY SURGERIES	S9.9.2.2	TURBT - Restage	22000
16 89	S9	GENITO URINARY SURGERIES	S9.9.2.3	TURP/ LASER ALONG WITH a) CIRCUMCISION b) ORCHIDECTOMY	32000
16 90	S9	GENITO URINARY SURGERIES	S9.9.2.6	TURP/Laser + VIU -visual internal Ureterotomy	40000
16 91	S9	GENITO URINARY SURGERIES	S9.9.2.7	TURP/Laser + Hernioplasty	40000
16 92	S9	GENITO URINARY SURGERIES	S9.9.2.8	TURP/ LASER URETHRAL DILATATION a) NON ENDOSCOPIC b) ENDOSCOPIC	40000
16 93	S9	GENITO URINARY SURGERIES	S9.9.20	EXTENTERATION IN CHILDREN OR ADULTS a)TOTAL EXTENTERATION b) ANTERIOR EXTENTERATION FOR Ca.BLADDER	66500
16 94	S9	GENITO URINARY SURGERIES	S9.9.22	Clot Evacuation -Bladder for Clot retention	23500
16 95	S9	GENITO URINARY SURGERIES	S9.9.3.1	Open radical Prostatectomy	51310
16 96	S9	GENITO URINARY SURGERIES	S9.9.3.2	Laser Prostatectomy	40000
16 97	S9	GENITO URINARY SURGERIES	S9.9.3.3	Transrectal Ultrasound guided prostate biopsy - minimum 12 core	10000
16 98	S9	GENITO URINARY SURGERIES	S9.9.3.4	Laprosopic radical Prostatectomy	60000
16 99	S9	GENITO URINARY SURGERIES	S9.9.3.5	LAP TOTAL PROSTATECTOMY	50000

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17 00	S9	GENITO URINARY SURGERIES	S9.9.4	Caecocystoplasty	42936
17 01	S9	GENITO URINARY SURGERIES	S9.9.5.1	Partial Cystectomy	34737
17 02	S9	GENITO URINARY SURGERIES	S9.9.5.3	Open radical cystectomy with Continent Urinary diversion	50000
17 03	S9	GENITO URINARY SURGERIES	S9.9.5.4	Radical Cystectomy with ureterostomy-open	40000
17 04	S9	GENITO URINARY SURGERIES	S9.9.5.6	Partial Cystectomy-Laparoscopic	36000
17 05	S9	GENITO URINARY SURGERIES	S9.9.5.7	AUGMENTATION CYSTOPLASTY a) LAPROSCOPIC b)OPEN	40000
17 06	S9	GENITO URINARY SURGERIES	S9.9.5.8	Diagnostic Cystoscopy	3750
17 07	S9	GENITO URINARY SURGERIES	S9.9.7	Surgical Management of Incontinence Urine -Female	22576
17 08	S9	GENITO URINARY SURGERIES	S9.9.8	Surgical Management of Incontinence Urine -Male	26270
17 09	S9	GENITO URINARY SURGERIES	S9.9.9	Bladder neck reconstruction for Incontinence	61572
17 10	S9	GENITO URINARY SURGERIES	S9.9.9.1	Bilateral DJ Stenting	10000
17 11	S9	GENITO URINARY SURGERIES	S9.9.9.2	Bilateral nephrostomy	21400
17 12	S9	GENITO URINARY SURGERIES	S9.9.9.3	Psoas hitch for ureteric reimplantation	37720
17 13	S9	GENITO URINARY SURGERIES	SU001A	ADRENALECTOMY - Open	29900
17 14	S9	GENITO URINARY SURGERIES	SU001B	ADRENALECTOMY - Lap.	29100
17 15	S9	GENITO URINARY SURGERIES	SU003C	Radical -Renal tumor - Open	41100
17 16	S9	GENITO URINARY SURGERIES	SU005B	NEPHROLITHOTOMY - Anatomic	38000
17 17	S9	GENITO URINARY SURGERIES	SU010A	NEPHRO URETERECTOMY -BENIGN - Open	41100
17 18	S9	GENITO URINARY SURGERIES	SU011A	NEPHRO URETERECTOMY WITH CUFF OF BLADDER - Open	41100

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17 19	S9	GENITO URINARY SURGERIES	SU013B	Percutaneous	18800
17 20	S9	GENITO URINARY SURGERIES	SU014B	URETEROSCOPY + STONE REMOVAL WITH LITHOTRIPSY - Upper Ureter	37500
17 21	S9	GENITO URINARY SURGERIES	SU021C	OPEN URINARY Drainage Procedure	38700
17 22	S9	GENITO URINARY SURGERIES	SU021D	LAPROSCOPIC Urinary Drainage Procedure	43400
17 23	S9	GENITO URINARY SURGERIES	SU023A	Ureterocalycostomy - Open	39900
17 24	S9	GENITO URINARY SURGERIES	SU029B	FISTULA REPAIR IN FEMALE a) URETERO- UTERINE FISTULA REPAIR-OPEN b) URETERO- VAGINAL FISTULA REPAIR-LAP	32900
17 25	S9	GENITO URINARY SURGERIES	SU030B	URETERIC REIMPLANTATION - Lap.	31900
17 26	S9	GENITO URINARY SURGERIES	SU031A	BOARI FLAP FOR URETERIC STRICTURE - Open	39900
17 27	S9	GENITO URINARY SURGERIES	SU034A	DJ Stent Removal	5000
17 28	S9	GENITO URINARY SURGERIES	SU041A	Cystolithotripsy endoscopic, including cystoscopy	21000
17 29	S9	GENITO URINARY SURGERIES	SU041B	Urethral Stone removal endoscopic, including cystoscopy	21000
17 30	S9	GENITO URINARY SURGERIES	SU052A	Neurogenic bladder - Package for evaluation Or investigation -catheter + ultrasound + culture + RGU Or MCU for 1 month -medicines - antibiotics	20500
17 31	S9	GENITO URINARY SURGERIES	SU057A	Post TURBT - Check Cystoscopy -Per sitting with cold-cup biopsy	7000
17 32	S9	GENITO URINARY SURGERIES	SU066A	Urethroplasty - End to end	37500
17 33	S9	GENITO URINARY SURGERIES	SU066D	Urethroplasty - Transpubic	43200
17 34	S9	GENITO URINARY SURGERIES	SU069A	Perineal Urethrostomy without closure	25400
17 35	S9	GENITO URINARY SURGERIES	SU070A	Post. Urethral Valve fulguration-to be checked from pead surgery	25000

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17 36	S9	GENITO URINARY SURGERIES	SU077A	Open simple prostatetctomy for BPH	37300
17 37	S9	GENITO URINARY SURGERIES	SU082A	Partial Penectomy	25000
17 38	S9	GENITO URINARY SURGERIES	SU083A	SURGERY FOR PRIAPISM - Aspiration	18800
17 39	S9	GENITO URINARY SURGERIES	SU090A	RADICAL RETROPERITONEAL LYMPH NODE DISSECTION - Open	49800
17 40	S9	GENITO URINARY SURGERIES	SU090B	RADICAL RETROPERITONEAL LYMPH NODE DISSECTION - Lap.	50700
17 41	S9	GENITO URINARY SURGERIES	SU094A	Emergency management of Ureteric stone - Package for evaluation Or investigation -ultrasound + culture for 3 weeks -medicines .	2700
17 42	S9	GENITO URINARY SURGERIES	SU096B	REPAIR FOR VVF - Laparoscopic Or open	37500
17 43	S9	GENITO URINARY SURGERIES	SU097A	Permanent tunnelled catheter placement as substitute for AV fistula in long term dialysis	30000
17 44	S9	GENITO URINARY SURGERIES	SU098A	PELVIC LYMPHADENECTOMY, AFTER PRIOR CANCER SURGERY - Open	25000
17 45	S9	GENITO URINARY SURGERIES	SU099A	Botulinum toxin injection for Neuropathic bladder	12500
17 46	S10	NEUROSURGER Y	S10.1.1	Craniotomy And Evacuation of Subdural Haematoma	70300
17 47	S10	NEUROSURGER Y	S10.1.10	Excision of brain tumours-parasagital/basal/CP angle/brain stem/other	73300
17 48	S10	NEUROSURGER Y	S10.1.11	Excision of Subtentorial Brain Tumours	73300
17 49	S10	NEUROSURGER Y	S10.1.12	ventricular shunt-VP shunt/ventriculo atrial shunt/atrial shunt/VP shunt for NPH	44900
17 50	S10	NEUROSURGER Y	S10.1.13	Twist Drill Craniostomy	21300
17 51	S10	NEUROSURGER Y	S10.1.14	Subdural Tapping	26600
17 52	S10	NEUROSURGER Y	S10.1.15	Ventricular Tapping	26600
17 53	S10	NEUROSURGER Y	S10.1.16	Tapping of Brain Abscess	41048
17 54	S10	NEUROSURGER Y	S10.1.17	Surgical Management of Vascular Malformations	74000

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17 55	S10	NEUROSURGER Y	S10.1.18 .2	LUMBAR PERITONEAL/SYRINGO SUBARACHANOID /CYSTO PERITONEAL SHUNT	40000
17 56	S10	NEUROSURGER Y	S10.1.2	Craniotomy And Evacuation of Extradural Haematoma	70300
17 57	S10	NEUROSURGER Y	S10.1.20	Surgical Management of Meningo Encephalocele	41048
17 58	S10	NEUROSURGER Y	S10.1.21	surgical management of neural tube defects- meningocele/meningomyelocele/spina bifida	54300
17 59	S10	NEUROSURGER Y	S10.1.22	Surgical Management of C.S.F. Rhinorrhoea	41048
17 60	S10	NEUROSURGER Y	S10.1.23	cranioplasty-with or without implants	39100
17 61	S10	NEUROSURGER Y	S10.1.23 .2	Depressed / Elevated Fracture	40000
17 62	S10	NEUROSURGER Y	S10.1.23 .3	Depressed Fracture	40000
17 63	S10	NEUROSURGER Y	S10.1.23 .4	arnold chiari malformation-surgery	82100
17 64	S10	NEUROSURGER Y	S10.1.25	Ventriculo Atrial Shunt	44900
17 65	S10	NEUROSURGER Y	S10.1.26	Excision Of Brain Abcess	70900
17 66	S10	NEUROSURGER Y	S10.1.27	Aneurysm Clipping	97700
17 67	S10	NEUROSURGER Y	S10.1.28	External Ventricular Drainage -EVD	36700
17 68	S10	NEUROSURGER Y	S10.1.29	Craniostenosis	42000
17 69	S10	NEUROSURGER Y	S10.1.3	Burr Hole procedure for evacuation of Brain Abscess	26600
17 70	S10	NEUROSURGER Y	S10.1.4	Excision Of Lobe -Frontal,Temporal,Cerebe llum Etc.	41048
17 71	S10	NEUROSURGER Y	S10.1.4. 1	Brain Biopsy	15000
17 72	S10	NEUROSURGER Y	S10.1.4. 2	INTRACRANIAL FOREIGN BODY REMOVAL	62000
17 73	S10	NEUROSURGER Y	S10.1.5. 5.1	Pre-operative tumour embolization	40000
17 74	S10	NEUROSURGER Y	S10.1.5. 5.2	Brain Tumour Embolisation	80000
17 75	S10	NEUROSURGER Y	S10.10.1	Scalp Arterio venous malformation -AVM	25000
17 76	S10	NEUROSURGER Y	S10.10.2	Excision Of Scalp Lesions	10000
17 77	S10	NEUROSURGER Y	S10.11	Muscle Biopsy with report	157000

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1778	S10	NEUROSURGERY	S10.12.1	duroplasty-exogenous/endogenous	15540
1779	S10	NEUROSURGERY	S10.2.1	Surgery for Cord Tumours	63500
1780	S10	NEUROSURGERY	S10.2.10	Surgical Management of Intra Medullary Spinal Tumours	51310
1781	S10	NEUROSURGERY	S10.2.12	Surgical Management of Spina Bifida Minor	30786
1782	S10	NEUROSURGERY	S10.2.13.1	Spine - Extradural Haematoma	30000
1783	S10	NEUROSURGERY	S10.2.13.2	Spine - Extradural Haematoma with fixation	55000
1784	S10	NEUROSURGERY	S10.2.13.3	Spine - Intradural Tumour	61000
1785	S10	NEUROSURGERY	S10.2.13.4	Spine - Intradural Haematoma	40000
1786	S10	NEUROSURGERY	S10.2.13.5	Spine - Extradural Tumour	49400
1787	S10	NEUROSURGERY	S10.2.15	Spine - Canal Stenosis	40000
1788	S10	NEUROSURGERY	S10.2.2.1	Cervical Ribs – Unilateral	20000
1789	S10	NEUROSURGERY	S10.2.3	Posterior Cervical Discectomy	31500
1790	S10	NEUROSURGERY	S10.2.4	Anterior Cervical Discectomy	31500
1791	S10	NEUROSURGERY	S10.2.5	Anterior Cervical Spine Surgery With Fusion	52000
1792	S10	NEUROSURGERY	S10.2.6	Anterior Lateral Decompression	30786
1793	S10	NEUROSURGERY	S10.2.7.1	Laminoplasty With Implants	30971
1794	S10	NEUROSURGERY	S10.2.9	Spinal Fusion Procedure	51309
1795	S10	NEUROSURGERY	S10.2.9.1	Spine - Decompression and Fusion	35000
1796	S10	NEUROSURGERY	S10.2.9.2	SPINAL FRACTURE - CONSERVATIVE MANAGEMENT	25000
1797	S10	NEUROSURGERY	S10.2.9.3	kyphoplasty/vertebroplasty	40000
1798	S10	NEUROSURGERY	S10.3.1	Stereotactic Procedures	82900
1799	S10	NEUROSURGERY	S10.3.2	Trans Sphenoidal Surgery	73300
1800	S10	NEUROSURGERY	S10.3.3	Trans Oral Surgery	74000
1801	S10	NEUROSURGERY	S10.3.4	Combined Trans-Oral Surgery and Cv Junction Fusion	65000
1802	S10	NEUROSURGERY	S10.3.5	C.V. Junction Fusion	65000
1803	S10	NEUROSURGERY	S10.3.6	Excision of Orbital Tumour	63400

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18 04	S10	NEUROSURGER Y	S10.4.1	Endoscopy Procedures -Brain	80043
18 05	S10	NEUROSURGER Y	S10.4.1. 1	De-Compressive Craniectomy -Non Traumatic	73300
18 06	S10	NEUROSURGER Y	S10.4.2	Evacuation of Intra-Cerebral Hematoma	73886
18 07	S10	NEUROSURGER Y	S10.4.3	Endoscopic Third Ventriculostomy	41048
18 08	S10	NEUROSURGER Y	S10.5.1	Anterior Discectomy and Bone Grafting	41048
18 09	S10	NEUROSURGER Y	S10.5.3	Corpectomy For Spinal Fixation	76964
18 10	S10	NEUROSURGER Y	S10.5.5	Surgical Management of Syringomyelia	75000
18 11	S10	NEUROSURGER Y	S10.5.6	Endoscopy - Spinal	29000
18 12	S10	NEUROSURGER Y	S10.5.7	Surgery for Lumbar Disc including pre and post Op. MRI	33000
18 13	S10	NEUROSURGER Y	S10.5.9	DERMAL SINUS WITH INTRADURAL EXTENSION/TETHERED CORD /RELEASE OF TIGHT FILUM	42000
18 14	S10	NEUROSURGER Y	S10.6.1	Surgical treatment for brachial plexus injuries	52100
18 15	S10	NEUROSURGER Y	S10.6.10 .1	Additonal balloon for Parent Vessel Occlusion	11000
18 16	S10	NEUROSURGER Y	S10.6.10 .2	Additonal coil for Parent Vessel Occlusion	24000
18 17	S10	NEUROSURGER Y	S10.6.10 .3	Parent vessel occlusion - Basic	50000
18 18	S10	NEUROSURGER Y	S10.6.11	Peripheral Nerve Surgery Minor	15000
18 19	S10	NEUROSURGER Y	S10.6.12	Nerve Biopsy excluding Hensens	8000
18 20	S10	NEUROSURGER Y	S10.6.13	Surgical management Carpal tunnel syndrome	14000
18 21	S10	NEUROSURGER Y	S10.6.4	Decompression/Excision Of Optic Nerve Lesions	80043
18 22	S10	NEUROSURGER Y	S10.6.5	Peripheral Nerve Injury Repair	41048
18 23	S10	NEUROSURGER Y	S10.6.7. 2	Facet, Nerve Root Blocks	10000
18 24	S10	NEUROSURGER Y	S10.6.8	Carotid Endarterectomy	65600
18 25	S10	NEUROSURGER Y	S10.7.2	lesionectomy-type1/type2	58348
18 26	S10	NEUROSURGER Y	S10.7.4	Temporal Lobectomy Plus Depth Electrodes	14366 8

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18 27	S10	NEUROSURGER Y	S10.8.1	Radiofrequency Ablation For Trigeminal Neuralgia	28400
18 28	S10	NEUROSURGER Y	S10.8.2	Microvascular Decompression For Trigeminal Neuralgia	61571
18 29	S10	NEUROSURGER Y	S10.9.1	Embolization of Aneurysm	84660
18 30	S10	NEUROSURGER Y	S10.9.2	Coil Embolization of Aneurysm -each coil cost	12700 0
18 31	S10	NEUROSURGER Y	S10.9.3	Intra Cranial Vascular Bypass	95900
18 32	S10	NEUROSURGER Y	SN025B	Laminectomy Or Laminotomy and excision of Intraspinal arteriovenous malformation	60000
18 33	S10	NEUROSURGER Y	SN027A	Skull Traction	12500
18 34	S10	NEUROSURGER Y	SN029A	Posterior cervical fusion using lateral mass or pedicle screws and rods	65700
18 35	S10	NEUROSURGER Y	SN042B	Excision of Intradural extramedullary tumor with fusion and fixation -Cost of implants to be extra	71000
18 36	S10	NEUROSURGER Y	SN043A	Excision of Intramedullary tumor of spine	64500
18 37	S10	NEUROSURGER Y	SN049B	Peripheral nerve tumor excision and repair	42200
18 38	S10	NEUROSURGER Y	SN059A	Radiofrequency lesioning for sacroilitis	10200
18 39	S10	NEUROSURGER Y	SN059B	Radiofrequency lesioning for chronic back pain	10200
18 40	S10	NEUROSURGER Y	SN060A	Discectomy - Dorsal	42200
18 41	S10	NEUROSURGER Y	SN061A	Diagnostic Cerebral Or Spinal Angiography -DSA - Digital Substraction Angiography	20800
18 42	S10	NEUROSURGER Y	SN062A	Reexploration for Cranial Or Spinal surgeries	31300
18 43	S10	NEUROSURGER Y	SN063A	Conservatively managed spinal injury with ventilator	55000
18 44	S10	NEUROSURGER Y	SN063C	Conservatively managed Severe Head injury	25000
18 45	S10	NEUROSURGER Y	SN064A	AVM EMBOLISATION Or THROMBECTOMY	14500 0
18 46	S11	SURGICAL ONCOLOGY	SG0106 A1	GASTROJEJUNOSTOMY - Open	34900

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18 47	S11	SURGICAL ONCOLOGY	SG0106 B1	GASTROJEJUNOSTOMY - LAP.	34900
18 48	S11	SURGICAL ONCOLOGY	SG029B 1	ANTERIOR RESECTION OF RECTUM - Lap.	50000
18 49	S11	SURGICAL ONCOLOGY	SG070C 1	Total Thyroidectomy with Block Dissection	43600
18 50	S11	SURGICAL ONCOLOGY	PM003 A	Trans arterial Embolization	66000
18 51	S11	SURGICAL ONCOLOGY	PM004 A	Osteoradionecrosis -Surgical intervention	44000
18 52	S11	SURGICAL ONCOLOGY	PM005 A	Pressure sore-Interventions	30000
18 53	S11	SURGICAL ONCOLOGY	PM008 A	Palliative neurological interventions	66000
18 54	S11	SURGICAL ONCOLOGY	PM021 A	Conservative management of fatal bleeding in cancer patients	26250
18 55	S11	SURGICAL ONCOLOGY	PM023 A	Pleural effusion and Pleurodesis	8300
18 56	S11	SURGICAL ONCOLOGY	PM024 A	Management of malignant Ascitis,Tapping and conservative management	26250
18 57	S11	SURGICAL ONCOLOGY	PM026 A	Palliative Breathlessness Intervntions	44000
18 58	S11	SURGICAL ONCOLOGY	PM028 A	Palliative Wound Conservative management	26250
18 59	S11	SURGICAL ONCOLOGY	PM031 A	Conservative management of Lymphedema	26250
18 60	S11	SURGICAL ONCOLOGY	PM033 A	Vertebroplasty Or Kyphoplasty	44000
18 61	S11	SURGICAL ONCOLOGY	PM036 A	Palliative Bowel Obstruction interventions	44000
18 62	S11	SURGICAL ONCOLOGY	S11.1.1	Composite Resection and Reconstruction - Head and Neck in malignant conditions	68313
18 63	S11	SURGICAL ONCOLOGY	S11.1.10	Head and Neck - Wide Excision	54839
18 64	S11	SURGICAL ONCOLOGY	S11.1.11	External carotid artery ligation	25000
18 65	S11	SURGICAL ONCOLOGY	S11.1.2	Neck Dissection Any Type in malignant conditions	38300
18 66	S11	SURGICAL ONCOLOGY	S11.1.2. 1	Bilateral neck dissection any type in malignant conditions	45000
18 67	S11	SURGICAL ONCOLOGY	S11.1.3	Hemiglossectomy in malignant conditions	57352
18 68	S11	SURGICAL ONCOLOGY	S11.1.4	Maxillectomy Any Type in malignant conditions	42931

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18 69	S11	SURGICAL ONCOLOGY	S11.1.5	Thyroidectomy any type in malignant conditions	31500
18 70	S11	SURGICAL ONCOLOGY	S11.1.6	Parotidectomy any type in malignant conditions	26250
18 71	S11	SURGICAL ONCOLOGY	S11.1.7	Laryngectomy Any Type in malignant conditions	71589
18 72	S11	SURGICAL ONCOLOGY	S11.1.8	Laryngopharyngo Oesophagectomy in malignant conditions	10185 0
18 73	S11	SURGICAL ONCOLOGY	S11.1.9	Hemimandibulectomy in malignant conditions	39648
18 74	S11	SURGICAL ONCOLOGY	S11.10.1	Orbital Exenteration in malignant conditions	44195
18 75	S11	SURGICAL ONCOLOGY	S11.10.2	Maxillectomy + Orbital Exenteration in malignant conditions	56553
18 76	S11	SURGICAL ONCOLOGY	S11.10.3	MAXILLECTOMY - Total / Maxillectomy + Infratemporal Fossa Clearance in malignant conditions	68964
18 77	S11	SURGICAL ONCOLOGY	S11.10.4	Cranio Facial Resection in malignant conditions	95550
18 78	S11	SURGICAL ONCOLOGY	S11.11.1	Resection of Nasopharyngeal Tumor in malignant conditions	79600
18 79	S11	SURGICAL ONCOLOGY	S11.11.2	Excision of Parapharyngeal tumours in malignant conditions	47430
18 80	S11	SURGICAL ONCOLOGY	S11.12.1	Palatectomy any type in malignant conditions	55031
18 81	S11	SURGICAL ONCOLOGY	S11.13.2	Resection of Temporal Bone in malignant conditions - Lateral / SubTotal	71526
18 82	S11	SURGICAL ONCOLOGY	S11.13.4	Total Resection of Temporal Bone in malignant conditions	81900
18 83	S11	SURGICAL ONCOLOGY	S11.14.1	Excision of Submandibular gland in malignant conditions	21900
18 84	S11	SURGICAL ONCOLOGY	S11.15.1	Tracheal Resection in malignant conditions - CA. THYROID	68250
18 85	S11	SURGICAL ONCOLOGY	S11.16.1	Superior Mediastinal Dissection+Sternotomy in malignant conditions-77.31	83722
18 86	S11	SURGICAL ONCOLOGY	S11.16.3	Stenting - Tracheal /Oesophageal	93900

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18 87	S11	SURGICAL ONCOLOGY	S11.17.1	Parathyroidectomy in malignant conditions	29300
18 88	S11	SURGICAL ONCOLOGY	S11.18.1	Small Bowel Resection in malignant conditions	66307
18 89	S11	SURGICAL ONCOLOGY	S11.18.1 .1	Stapplers in Bowel Resection and anastomosis	35000
18 90	S11	SURGICAL ONCOLOGY	S11.18.2	Ileostomy Closure in malignant conditions	26250
18 91	S11	SURGICAL ONCOLOGY	S11.18.3	Colostomy Closure in malignant conditions	26250
18 92	S11	SURGICAL ONCOLOGY	S11.19.3	Pelvic Exenteration - Exenteration for Carcinoma Rectum / Carcinoma Cervix / Total LAP	10290 0
18 93	S11	SURGICAL ONCOLOGY	S11.2.1	Oesophagectomy any type in malignant conditions - Lymphadenectomy	10000 0
18 94	S11	SURGICAL ONCOLOGY	S11.2.10	Thoracoscopic Mobilization of Oesophagus + Laparoscopic Mobilization of stomach + Gastric Pull-up in malignant conditions	12000 0
18 95	S11	SURGICAL ONCOLOGY	S11.2.11	Laparoscopic mobilization of stomach with distal gastrectomy with billroth i/ii anastomosis in malignant conditions	92300
18 96	S11	SURGICAL ONCOLOGY	S11.2.12	HCC Chemo embolization	20000 0
18 97	S11	SURGICAL ONCOLOGY	S11.2.2	Gastrectomy Any Type in malignant conditions	52500
18 98	S11	SURGICAL ONCOLOGY	S11.2.3	Colectomy Any Type in malignant conditions	54600
18 99	S11	SURGICAL ONCOLOGY	S11.2.3. 1	Laprosopic Right Hemicolectomy in malignant conditions	40000
19 00	S11	SURGICAL ONCOLOGY	S11.2.3. 2	Laparoscopic Left Hemicolectomy in malignant conditions	40000
19 01	S11	SURGICAL ONCOLOGY	S11.2.4	Anterior Resection of rectum in malignant conditions	63000
19 02	S11	SURGICAL ONCOLOGY	S11.2.6	Whipples Any Type In malignant conditions	11000 0
19 03	S11	SURGICAL ONCOLOGY	S11.2.7	Triple Bypass -Pancreas in malignant conditions	63000
19 04	S11	SURGICAL ONCOLOGY	S11.2.8	Other Bypasses-Pancreas in malignant conditions	71000 163

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19 05	S11	SURGICAL ONCOLOGY	S11.2.9	Hartman procedure in malignant conditions	49790
19 06	S11	SURGICAL ONCOLOGY	S11.20.1	Radical Cholecystectomy in malignant conditions	98700
19 07	S11	SURGICAL ONCOLOGY	S11.21.1	Splenectomy in malignant conditions	44940
19 08	S11	SURGICAL ONCOLOGY	S11.22.1	Resection Of Retroperitoneal Tumors in malignant conditions	44600
19 09	S11	SURGICAL ONCOLOGY	S11.23.1	Abdominal Wall Tumor Resection in malignant conditions	55104
19 10	S11	SURGICAL ONCOLOGY	S11.23.2	Resection With Reconstruction of Abdominal wall Tumors in malignant conditions	61950
19 11	S11	SURGICAL ONCOLOGY	S11.24.1	Bilateral Pelvic Lymph Node Dissection-BPLND - Gynaec cancers	54285
19 12	S11	SURGICAL ONCOLOGY	S11.24.2	Radical Trachelectomy in malignant conditions	67800
19 13	S11	SURGICAL ONCOLOGY	S11.24.3	Radical Vaginectomy in malignant conditions	54700
19 14	S11	SURGICAL ONCOLOGY	S11.24.4	Radical Vaginectomy + Reconstruction-70.62	63578
19 15	S11	SURGICAL ONCOLOGY	S11.24.5	ExtraFACIAL Hysterectomy - Laparoscopic ExtraFACIAL Hysterectomy with Bilateral pelvic node dissection in malignant conditions / Laparoscopic extraFACIAL hysterectomy + multiple biopsies + omentectomy in malignant conditions	50000
19 16	S11	SURGICAL ONCOLOGY	S11.25.1	Radical Hysterectomy +Bilateral Pelvic Lymph Node Dissection -Bplnd + Bilateral Salpingo Oophorectomy -Bso / Ovarian Transposition in malignant conditions	60900
19 17	S11	SURGICAL ONCOLOGY	S11.25.4	Exenteration Cervix - Carcinoma -Anterior / Posterior / Anterior - Lap	10290 0
19 18	S11	SURGICAL ONCOLOGY	S11.26.1	Total Abdominal Hysterectomy-Tah + Bilateral Salpingo Oophorectomy -Bso + Bilateral Pelvic Lymph Node Dissection -Bplnd + Omentectomy in malignant conditions	65247

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19 19	S11	SURGICAL ONCOLOGY	S11.27.1	Surgical Resection of Soft tissue /Bone tumors of Chest wall	12470 0
19 20	S11	SURGICAL ONCOLOGY	S11.27.2	Surgical Resection and Reconstruction of Soft tissue /Bone tumors of Chest wall in malignant conditions	80770
19 21	S11	SURGICAL ONCOLOGY	S11.28.1 .1	Surgery -Removal for Bone Or Soft tissue tumors-Without Prosthesis in malignant conditions-83.49	60000
19 22	S11	SURGICAL ONCOLOGY	S11.28.1 .2	Surgery -removal for Bone / Soft tissue tumors-With Custom Made Prosthesis in malignant conditions-83.49+84.40	89786
19 23	S11	SURGICAL ONCOLOGY	S11.28.1 .3	Surgery -removal for Bone / Soft tissue tumors-With Modular Prosthesis in malignant conditions-83.49+84.40	11030 0
19 24	S11	SURGICAL ONCOLOGY	S11.28.2	Forequarter Amputation in malignant conditions	82142
19 25	S11	SURGICAL ONCOLOGY	S11.28.3	Hemipelvectomy in malignant conditions	82830
19 26	S11	SURGICAL ONCOLOGY	S11.28.4	Internal Hemipelvectomy in malignant conditions	10520 0
19 27	S11	SURGICAL ONCOLOGY	S11.28.5	Curettage and Bone Cement in malignant conditions	53687
19 28	S11	SURGICAL ONCOLOGY	S11.28.6	Bone Resection in malignant conditions	45119
19 29	S11	SURGICAL ONCOLOGY	S11.28.7	Shoulder Girdle Resection in malignant conditions	57845
19 30	S11	SURGICAL ONCOLOGY	S11.28.8	Sacral Resection in malignant conditions	63000
19 31	S11	SURGICAL ONCOLOGY	S11.29.1	Open Partial Nephrectomy	42000
19 32	S11	SURGICAL ONCOLOGY	S11.29.2	Nephroureterectomy For Transitional Cell Carcinoma Of Renal Pelvis in malignant conditions	68250
19 33	S11	SURGICAL ONCOLOGY	S11.29.3	Channel TURP	43500
19 34	S11	SURGICAL ONCOLOGY	S11.3.1	Radical Nephrectomy	52500
19 35	S11	SURGICAL ONCOLOGY	S11.3.1. 1	Laparoscopic radical nephrectomy in malignant conditions	70000
19 36	S11	SURGICAL ONCOLOGY	S11.3.10	Emasculation in malignant conditions	42588
19 37	S11	SURGICAL ONCOLOGY	S11.3.2	Open radical cystectomy with Ilealconduit diversion	11000 0

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19 38	S11	SURGICAL ONCOLOGY	S11.3.2. 1	Laprosopic radical cystectomy with Ilealconduit diversion	10500 0
19 39	S11	SURGICAL ONCOLOGY	S11.3.3	Other Cystectomies in malignant conditions	92022
19 40	S11	SURGICAL ONCOLOGY	S11.3.4	Penectomy - Total / Partial	38504
19 41	S11	SURGICAL ONCOLOGY	S11.3.6	Inguinal Block Dissection One Side in malignant conditions	31269
19 42	S11	SURGICAL ONCOLOGY	S11.3.6. 1	Bilateral inguinal block dissection in malignant conditions	44000
19 43	S11	SURGICAL ONCOLOGY	S11.3.6. 2	Bi-lateral Ilioinguinal block dissection in malignant conditions	63850
19 44	S11	SURGICAL ONCOLOGY	S11.3.7	Radical Prostatectomy in malignant conditions	90978
19 45	S11	SURGICAL ONCOLOGY	S11.3.8	High Orchidectomy	23100
19 46	S11	SURGICAL ONCOLOGY	S11.3.9	Bilateral Orchidectomy	24507
19 47	S11	SURGICAL ONCOLOGY	S11.30.1	Retro Peritoneal Lymph Node Dissection-Rplnd -For Residual Disease in malignant conditions	81900
19 48	S11	SURGICAL ONCOLOGY	S11.30.2	Unilateral Adrenalectomy in malignant conditions	68918
19 49	S11	SURGICAL ONCOLOGY	S11.30.3	Urinary Diversion in malignant conditions-56.6/56.7	66413
19 50	S11	SURGICAL ONCOLOGY	S11.30.4	Retro Peritoneal Lymph Node Dissection Rplnd As Part Of Staging in malignant conditions	42000
19 51	S11	SURGICAL ONCOLOGY	S11.30.5	Scrotoctomy in malignant conditions	38440
19 52	S11	SURGICAL ONCOLOGY	S11.31.1	Anterior Exenteration -CA. URINARY BLADDER	14720 0
19 53	S11	SURGICAL ONCOLOGY	S11.31.2	Total Exenteration -CA. URINARY BLADDER	78750
19 54	S11	SURGICAL ONCOLOGY	S11.31.3	Bilateral Pelvic Lymph Node Dissection-Bplnd -CA. URINARY BLADDER	63700
19 55	S11	SURGICAL ONCOLOGY	S11.32.1	Resection of mediastinal tumors in malignant conditions	66948
19 56	S11	SURGICAL ONCOLOGY	S11.33.1	Metastatectomy in malignant conditions- Solitary Lung / Lung Metastatectomy multiple in malignant conditions	83900

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19 57	S11	SURGICAL ONCOLOGY	S11.33.3	Sleeve Resection of Lung Cancer	11340 0
19 58	S11	SURGICAL ONCOLOGY	S11.35.1	Tracheostomy in malignant conditions	6542
19 59	S11	SURGICAL ONCOLOGY	S11.35.2	Gastrostomy in malignant conditions	21000
19 60	S11	SURGICAL ONCOLOGY	S11.35.3	Jejunostomy in malignant conditions	33443
19 61	S11	SURGICAL ONCOLOGY	S11.35.4	Ileostomy in malignant conditions	34230
19 62	S11	SURGICAL ONCOLOGY	S11.35.4 .1	Laparoscopic anterior/low resection with stapplers with diversion covering ileostomy in malignant conditions	90000
19 63	S11	SURGICAL ONCOLOGY	S11.35.5	Colostomy in malignant conditions	21000
19 64	S11	SURGICAL ONCOLOGY	S11.35.6	Suprapubic cystostomy	17840
19 65	S11	SURGICAL ONCOLOGY	S11.35.7	Intercostal Drainage-Icd in malignant conditions	3150
19 66	S11	SURGICAL ONCOLOGY	S11.35.8	Gastro Jejunostomy in malignant conditions	52500
19 67	S11	SURGICAL ONCOLOGY	S11.35.9	Ileotransverse Colostomy in malignant conditions	63000
19 68	S11	SURGICAL ONCOLOGY	S11.36.1	Reconstructon with Myocutaneous / Cutaneous Flap in malignant conditions	41000
19 69	S11	SURGICAL ONCOLOGY	S11.36.2	Micro Vascular Reconstruction in malignant conditions	82500
19 70	S11	SURGICAL ONCOLOGY	S11.36.3	Vascular reconstruction with synthetic graft in malignant conditions	85500
19 71	S11	SURGICAL ONCOLOGY	S11.36.4	Reconstruction with Ossco MyoCutaneous flap	70000
19 72	S11	SURGICAL ONCOLOGY	S11.36.5	Revision Surgeires for Flap necrosis	35000
19 73	S11	SURGICAL ONCOLOGY	S11.37	Diagnostic Laparoscopy in malignant conditions	22140
19 74	S11	SURGICAL ONCOLOGY	S11.37.1	Chemo port -Below 13 years age group + EWS + Breast cancer patients + folfox patients.	40000
19 75	S11	SURGICAL ONCOLOGY	S11.37.2	Surgical Management of Post Operative Anastamotic leak	40000
19 76	S11	SURGICAL ONCOLOGY	S11.39	IVC thrombectomy in malignant conditions	53660
19 77	S11	SURGICAL ONCOLOGY	S11.4.1	Hysterectomy in malignant conditions	43700
19 78	S11	SURGICAL ONCOLOGY	S11.4.2	Radical Hysterectomy in malignant conditions	58443

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19 79	S11	SURGICAL ONCOLOGY	S11.4.3	Surgery For Carcinoma Ovary Early Stage	44500
19 80	S11	SURGICAL ONCOLOGY	S11.4.4	Surgery For Carcinoma Ovary Advance Stage	65520
19 81	S11	SURGICAL ONCOLOGY	S11.4.5	Vulvectomy in malignant conditions	48153
19 82	S11	SURGICAL ONCOLOGY	S11.4.6	Unilateral /BilateralSalpingo Oophorectomy in malignant conditions-65.6.1	31500
19 83	S11	SURGICAL ONCOLOGY	S11.4.8	Excision of Complex ovarian mass in malignant conditions	50080
19 84	S11	SURGICAL ONCOLOGY	S11.4.9	Laparoscopic wertheim hysterectomy in malignant conditions	44220
19 85	S11	SURGICAL ONCOLOGY	S11.40	Inoperable Laparotomy in malignant conditions	20000
19 86	S11	SURGICAL ONCOLOGY	S11.41	Voice prosthesis	35964
19 87	S11	SURGICAL ONCOLOGY	S11.42	Popliteal lymphadenectomy in malignant conditions	30000
19 88	S11	SURGICAL ONCOLOGY	S11.5.1	Mastectomy Any Type in malignant conditions	34560
19 89	S11	SURGICAL ONCOLOGY	S11.5.2	Axillary Dissection in malignant conditions	36500
19 90	S11	SURGICAL ONCOLOGY	S11.5.3	Wide Excision - Breast in malignant conditions	5408
19 91	S11	SURGICAL ONCOLOGY	S11.5.4	Lumpectomy	3245
19 92	S11	SURGICAL ONCOLOGY	S11.5.5	Breast Reconstruction Surgery	46302
19 93	S11	SURGICAL ONCOLOGY	S11.5.6	Surgical Resection of Soft tissue /Bone tumors of Chest wall	31500
19 94	S11	SURGICAL ONCOLOGY	S11.6.1	Skin Tumors Wide Excision in malignant conditions	36173
19 95	S11	SURGICAL ONCOLOGY	S11.6.2	Skin Tumors wide Excision + Reconstruction in malignant conditions-86.6/86.7	42000
19 96	S11	SURGICAL ONCOLOGY	S11.6.3	Skin Tumors amputation in malignant conditions	25599
19 97	S11	SURGICAL ONCOLOGY	S11.7.1	Soft Tissue And Bone Tumors Wide Excision	60000
19 98	S11	SURGICAL ONCOLOGY	S11.7.2	Soft Tissue And Bone Tumors Wide Excision + Reconstruction	42600

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19 99	S11	SURGICAL ONCOLOGY	S11.7.3	Bone and Soft Tissue Tumors Amputation in malignant conditions-83.49	25641
20 00	S11	SURGICAL ONCOLOGY	S11.8.1	TUMOR RESECTION - BRONCHOSCOPIC / Lobectomy for Carcinoma Lung/ Pneumonectomy for Carcinoma Lung	84300
20 01	S11	SURGICAL ONCOLOGY	S11.8.3	Decortication	63000
20 02	S11	SURGICAL ONCOLOGY	S11.8.4. 1	Surgical Correction Of Bronchopleural Fistula. Thoracoplasty	70907
20 03	S11	SURGICAL ONCOLOGY	S11.8.4. 2	Bronchopleural Fistula. - Surgical Correction Of Myoplasty / TRANSPLEURAL BPF CLOSURE IN MALIGNANT CONDITIONS	78908
20 04	S11	SURGICAL ONCOLOGY	S11.8.4. 4	LUNG CANCER - Icd + pleurodesis	19380
20 05	S11	SURGICAL ONCOLOGY	S11.8.5	Extrapleural Pneumonectomies	90000
20 06	S11	SURGICAL ONCOLOGY	S11.9.1	Marginal Mandibulectomy in malignant conditions	46326
20 07	S11	SURGICAL ONCOLOGY	S11.9.2	Segmental Mandibulectomy	36473
20 08	S11	SURGICAL ONCOLOGY	S11.9.3	Total Glossectomy + Reconstruction in malignant conditions-25.59	79931
20 09	S11	SURGICAL ONCOLOGY	S11.9.4	Full Thickness Buccal Mucosal Resection and Reconstruction in malignant conditions-27.59	66476
20 10	S11	SURGICAL ONCOLOGY	S11.9.5	Cyst and tumour of Maxilla/mandible by enucleation/excision/marsupialization under LA	2500
20 11	S11	SURGICAL ONCOLOGY	S11.9.6	Mandible Tumour Resection and reconstruction/Cancer surgery	55000
20 12	S11	SURGICAL ONCOLOGY	SC003A	MAXILLECTOMY - Partial	60800
20 13	S11	SURGICAL ONCOLOGY	SC007A	Gastric pull-up Or Jejunal Graft	10200 0
20 14	S11	SURGICAL ONCOLOGY	SC008B	RADICAL SMALL BOWEL RESECTION - Lap.	11500 0
20 15	S11	SURGICAL ONCOLOGY	SC011A	Exploratory laparotomy - f Or b diversion stoma / f Or b diversion bypass	50000
20 16	S11	SURGICAL ONCOLOGY	SC012B	Abdomino Perineal Resection -Apr + Sacrectomy in malignant conditions-77.99 / Posterior Exenteration for Carcinoma Rectum	86900

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20 17	S11	SURGICAL ONCOLOGY	SC013A	Omentectomy	35600
20 18	S11	SURGICAL ONCOLOGY	SC014A	Procedures Requiring Bypass Techniques	61400
20 19	S11	SURGICAL ONCOLOGY	SC015A	Segmentectomy - hepatobiliary system	69300
20 20	S11	SURGICAL ONCOLOGY	SC016B	RADICAL OR REVISION CHOLECYSTECTOMY - Revision	86900
20 21	S11	SURGICAL ONCOLOGY	SC017A	Enucleation of pancreatic neoplasm	59800
20 22	S11	SURGICAL ONCOLOGY	SC018A	Hepatoblastoma Excision	85300
20 23	S11	SURGICAL ONCOLOGY	SC023A	Distal ureterectomy with reimplantation	44500
20 24	S11	SURGICAL ONCOLOGY	SC024A	RADICAL CYSTECTOMY - WITH CONTINENT DIVERSION - OPEN / WITH URETEROSTOMY - LAP	45000
20 25	S11	SURGICAL ONCOLOGY	SC024D	RADICAL CYSTECTOMY - With neobladder - Open	50000
20 26	S11	SURGICAL ONCOLOGY	SC024F	RADICAL CYSTECTOMY - WITH URETEROSIGMOIDOSTOMY - OPEN / WITH URETEROSTOMY -OPEN	40000
20 27	S11	SURGICAL ONCOLOGY	SC026A	Radical Urethrectomy	48600
20 28	S11	SURGICAL ONCOLOGY	SC027A	Penile preserving surgery - -WLE, Glansctomy, Laser	36100
20 29	S11	SURGICAL ONCOLOGY	SC028A	Excision of undescended testicular mass	35700
20 30	S11	SURGICAL ONCOLOGY	SC029A	Germ Cell Tumour Excision	44500
20 31	S11	SURGICAL ONCOLOGY	SC031A	LEIOMYOMA EXCISION - Open / MIS	98300
20 32	S11	SURGICAL ONCOLOGY	SC032A	Class I radical hysterectomy + bilateral salpingoophorectomy + BPLND - Lap.	53600
20 33	S11	SURGICAL ONCOLOGY	SC032E	Class II radical hysterectomy + BPLND	53600
20 34	S11	SURGICAL ONCOLOGY	SC032F	Class III radical hysterectomy + BPLND	53600
20 35	S11	SURGICAL ONCOLOGY	SC032G	Hysterectomy + bilateral salpingoophorectomy + omentectomy + peritonectomy and organ resections	88100
20 36	S11	SURGICAL ONCOLOGY	SC034A	Vulvectomy + reconstruction procedures	72500
20 37	S11	SURGICAL ONCOLOGY	SC036B	Posterior approach	11000 0
20 38	S11	SURGICAL ONCOLOGY	SC045A	Diagnostic thoracoscopy	20800

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20 39	S11	SURGICAL ONCOLOGY	SC047A	MEDIASTINOSCOPY - Diagnostic	43200
20 40	S11	SURGICAL ONCOLOGY	SC053B	LUNG METASTECTOMY - VATS	73900
20 41	S11	SURGICAL ONCOLOGY	SC054A	Thoracostomy	10796
20 42	S11	SURGICAL ONCOLOGY	SC055B	Video - assisted	98400
20 43	S11	SURGICAL ONCOLOGY	SC057A	SEGMENTAL RESECTION OF LUNG - Open	87000
20 44	S11	SURGICAL ONCOLOGY	SC058A	WEDGE RESECTION LUNG - Open	10000 0
20 45	S11	SURGICAL ONCOLOGY	SC059A	Breast conserving surgery - -lumpectomy + axillary surgery	49200
20 46	S11	SURGICAL ONCOLOGY	SC060A	Axillary Sampling Or Sentinel Node Biopsy	20700
20 47	S11	SURGICAL ONCOLOGY	SC062A	Scalp tumour excision with skull bone excision	44500
20 48	S11	SURGICAL ONCOLOGY	SC063A	Neuroblastoma Excision	51310
20 49	S11	SURGICAL ONCOLOGY	SC065A	Neck dissection - comprehensive	33300
20 50	S11	SURGICAL ONCOLOGY	SC067A	Malignant Soft Tissue Tumour -Small - Excision - New procedure	51000
20 51	S11	SURGICAL ONCOLOGY	SC068B	Flap Myocutaneous / Fasciocutaneous flap	54000
20 52	S11	SURGICAL ONCOLOGY	SC071B	ENDOPROSTHESIS REVISION - Partial	67600
20 53	S11	SURGICAL ONCOLOGY	SC072A	Vertebral Tumour Excision and Reconstruction	10000 0
20 54	S11	SURGICAL ONCOLOGY	SC079A	Head and Neck Flap Cutting any type	24000
20 55	S11	SURGICAL ONCOLOGY	SP009A 1	Resuturing of Any Wound gap Surgeries	3800
20 56	S12	MEDICAL ONCOLOGY	M0074A	SA Carboplatin AUC 7 once every 3 weeks	30000
20 57	S12	MEDICAL ONCOLOGY	MO001 C	Weekly Paclitaxel in metastatic setting- Paclitaxel 80mg Or m2 every week	6600
20 58	S12	MEDICAL ONCOLOGY	MO001I	Carboplatin + Paclitaxel- Paclitaxel 175mg Or m2 D1- Carboplatin AUC 5-6 D1 every 21 days	16400
20 59	S12	MEDICAL ONCOLOGY	MO001J	Capecitabine- Capecitabine - 1000mg Or m2 orally twice daily D1-D14 every 21 days	8200

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20 60	S12	MEDICAL ONCOLOGY	MO001 K	Carboplatin + Gemcitabine- Gemcitabine - 1000mg Or m2 D1 D8- Carboplatin AUC 2 D1 D8- Gemcitabine - 1000mg Or m2 D1 D8 - Carboplatin AUC 5-6 D1 only	15300
20 61	S12	MEDICAL ONCOLOGY	MO001 M	Fulvestrant- Fulvestrant 500 mg D1 D15 D28 then every 28 days	45000
20 62	S12	MEDICAL ONCOLOGY	MO001 O	Exemestane- Exemestane 25 mg orally daily -q 3 monthsly	4300
20 63	S12	MEDICAL ONCOLOGY	MO001 P	Lapatinib- Lapatinib 500 mg BD orally , daily	16600
20 64	S12	MEDICAL ONCOLOGY	MO003 A	Cisplatin + Irinotecan- Cisplatin 60mg Or m2 D1- Irinotecan 60 mg Or m2 D1 D8 D15 every 28 days	14400
20 65	S12	MEDICAL ONCOLOGY	MO003 B	Lipodox + Carboplatin- Lipodox 30 mg Or m2 D1- Carboplatin AUC 5-6 D1 every 28 days	19000
20 66	S12	MEDICAL ONCOLOGY	MO003 C	Etoposide 50 mg Or m2 OD D1-D21 every 28 days	3800
20 67	S12	MEDICAL ONCOLOGY	MO003 D	Irinotecan- Irinotecan 60 -90 mg Or m2 D1 D8 every 21 days	12100
20 68	S12	MEDICAL ONCOLOGY	MO003 E	Lipodox- Lipodox 40 mg Or m2 IV every 28 days	19800
20 69	S12	MEDICAL ONCOLOGY	MO003 F	Carboplatin + Gemcitabine- Gemcitabine - 1000mg Or m2 D1 D8 - Carboplatin AUC 2 D1 D8- Gemcitabine - 1000mg Or m2 D1 D8- Carboplatin AUC 5-6 D1 only	15300
20 70	S12	MEDICAL ONCOLOGY	MO003 H	Cyclophosphamide 50 mg Or m2 OD D1-D21 every 28 days	3100
20 71	S12	MEDICAL ONCOLOGY	MO003I	Tamoxifen- Tamoxifem 20 mg orally daily -3 months	1400
20 72	S12	MEDICAL ONCOLOGY	MO003J	Letrozole- Letrozole 2.5 mg orally daily -3 months	4300
20 73	S12	MEDICAL ONCOLOGY	MO003 K	Single agent Carboplatin - Carboplatin AUC 5-6 D1 every 21 days - maximum -6 cycle	7700
20 74	S12	MEDICAL ONCOLOGY	MO003 L	Cisplatin- Cisplatin 40 mg Or m2 every week - maximum- 6 cycles	4600

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20 75	S12	MEDICAL ONCOLOGY	MO004 A	Carboplatin -AUC 7 - Carboplatin AUC 7 every 21 days	8100
20 76	S12	MEDICAL ONCOLOGY	MO004 C	Etoposide + Cisplatin- Cisplatin 20 mg Or m2 IV D1- D5- Etoposide 100mg Or m2 D1-D5 every 21 days	12000
20 77	S12	MEDICAL ONCOLOGY	MO004 D	Gemcitabine + Oxaliplatin- Gemcitabine 1000mg Or m2 D1 D8- Oxaiplatin 130mg Or m2 D1 every 21 days	19300
20 78	S12	MEDICAL ONCOLOGY	MO004 E	Gemcitabine + Paclitaxel- Gemcitabine 1000mg Or m2 D1 D8 D15- Paclitaxel 100 mg Or m2 D1 D8 D15 every 28 days	19300
20 79	S12	MEDICAL ONCOLOGY	MO004 F	Paclitaxel + Ifosfamide + Cisplatin- Paclitaxel 240 mg Or m2 D1- Ifosfamide 1500mg Or m2 D2-D5- Mesna 300 mg Or m2 0h 4h 8h D2-D5- Cisplatin 25mg Or m2 D2-D5 every 21 days	26900
20 80	S12	MEDICAL ONCOLOGY	MO004 G	Vinblastin + Ifosfamide + Cisplatin- Vinblastine 0.11 mg Or kg IV D1-D2- Mesna 240mg Or m2 0h 4h 8h D1-D5- Ifosfamide 1200mg Or m2 D1-D5- Cisplatin 20 mg Or m2 D1-D5 every 21 days	15000
20 81	S12	MEDICAL ONCOLOGY	MO005 B	Etoposide + Methotrexate + Dactinomycin + Cisplatin- Etoposide 100mg Or m2 IV D1 D2 D8- Dactinomycin 0.5 mg IV push D1 D2 Methotrexate 300 mg Or m2 D1- Leucovorin 15 mg PO every 12 hrs for 4 doses Cisplatin 75mg Or m2 D8 every 2 weeks	14100
20 82	S12	MEDICAL ONCOLOGY	MO005 D	Dactinomycin- Inj Dactinomycin 0.5 mg D1- D5 every 14 days	7700
20 83	S12	MEDICAL ONCOLOGY	MO006 A	Carboplatin + Paclitaxel- Paclitaxel 175mg Or m2 D1- Carboplatin AUC 5-6 D1 every 21 days	16400
20 84	S12	MEDICAL ONCOLOGY	MO007 A	Carboplatin + Paclitaxel- Paclitaxel 175mg Or m2 D1- Carboplatin AUC 5 D1 every 21 days	16400

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20 85	S12	MEDICAL ONCOLOGY	MO007 B	Cisplatin + Doxorubicin- Doxorubicin 60 mg Or m2 D1- Cisplatin 50mg Or m2 every 3 weeks	4900
20 86	S12	MEDICAL ONCOLOGY	MO007 C	Lipodox + Carboplatin- Lipopdox 30 mg Or m2 D1- Carboplatin AUC 5 D1 every 28 days	19000
20 87	S12	MEDICAL ONCOLOGY	MO007 D	Carboplatin + Gemcitabine- Gemcitabine - 1000mg Or m2 D1 D8- Carboplatin AUC 2 D1 D8- Gemcitabine - 1000mg Or m2 D1 D8 - Carboplatin AUC 5-6 D1 only every 3 weeks	15300
20 88	S12	MEDICAL ONCOLOGY	MO007 E	Anastrozole - 1 mg orally daily -for 3 months	4300
20 89	S12	MEDICAL ONCOLOGY	MO008 A	Cisplatin + 5 FU- 5 FU 1000mg Or m2 D1-D4- Cisplatin 75mg Or m2 D1 every 3 weeks	9100
20 90	S12	MEDICAL ONCOLOGY	MO008 B	Cisplatin- Cisplatin 40 mg Or m2 every week	2600
20 91	S12	MEDICAL ONCOLOGY	MO008 C	Carboplatin + Paclitaxel- Paclitaxel 175mg Or m2 D1- Carboplatin AUC 5 D1 every 21 days	16000
20 92	S12	MEDICAL ONCOLOGY	MO009 A	Vincristine + Topotecan + Cyclophosphamide + Irinotecan + Temozolamide- Vincristine 1.5mg Or m2- day 1 - Topotecan 1.5mg Or m2 -day 1-5 - Cyclophosphamide 250mg Or m2 -days 1-5 - Given every 3 weeks- Irinotecan 10-50 mg Or sqM days 1-5 and days 8-12 Temozolamide 100mg Or m2 days 1-5 of each cycle every 3 weeks	25500

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20 93	S12	MEDICAL ONCOLOGY	MO009 B	Vincristine + Ifosfamide + Etoposide- Vincristine + Doxorubicin + Cyclophosphamide- Vincristine + Cyclophosphamide + Dactinomycin.- 4 cycles VIE, 6 cycles VAC, 4 cycles VCD- Vincristine 1.5mg Or m2 -day 1, 8 and 15 - Ifosfamide: 1800mg Or m2 -days1-5 - Etoposide: 100mg Or sq.m -days 1-5 - Given every 3 weeks- Vincristine 1.5mg Or m2 -day 1 and 8 - Adriamycin: 60mg Or m2 -day 1 - Cyclophosphamide 600mg Or m2 -day 1 - Given 2-3 weekly- Vincristine 1.5mg Or m2 -day 1 and 8 Cyclophosphamide 600mg Or m2 -day 1 Dactinomycin1mg Or m2 -day1 - Given 3 weekly	10900
20 94	S12	MEDICAL ONCOLOGY	MO009 C	Vincristine + Adriamycin + Cyclophosphamide- Ifosfamide + Etoposide- Ifosfamide: 1800mg Or m2 - days1-5 - Etoposide: 100mg Or sq.m -days 1-5 - Given every 2-3 weekly- Vincristine 1.5mg Or m2 -day 1 and 8 - Adriamycin: 75mg Or m2 -day 1 - Cyclophosphamide 1200mg Or m2 -day 1 - Given 2-3 weekly	14000
20 95	S12	MEDICAL ONCOLOGY	MO010 A	Doxorubicin + Cisplatin- Cisplatin 100mg Or m2- Doxorubicin 75mg Or m2 given every 3 weeks	13200
20 96	S12	MEDICAL ONCOLOGY	MO010 B	Methotrexate + Doxorubicin + Cisplatin for Relapsed Osteogenic Sarcoma- Cisplatin 120mg Or sq.m- Doxorubicin 75mg Or m2- Methotrexate 8-12 gram Or m2- Each cycle for 5 weeks	29700
20 97	S12	MEDICAL ONCOLOGY	MO010 C	OGS - 12- Ifosfamide 1800 mg Or m2 D1-D5- Mesna 600mg Or m2 0h 3h 6h 9h D1-D5- Adriamycin 25mg Or m2 D1- D3- Cisplatin 33 mg Or m2 D1-D3 every 21 days	32600

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20 98	S12	MEDICAL ONCOLOGY	MO010 D	OGS - 12- Ifosfamide 1800 mg Or m2 D1-D5- Mesna 600mg Or m2 0h 3h 6h 9h D1-D5- Cisplatin 33 mg Or m2 D1-D3 every 21 days	31500
20 99	S12	MEDICAL ONCOLOGY	MO011 A	Gemcitabine + Docetaxel- Gemcitabine 900 mg Or m2 D1 D8- Docetaxel 100 mg Or m2 D8 every 21 days	26400
21 00	S12	MEDICAL ONCOLOGY	MO011 B	Ifosfamide + Adriamycin- Doxorubicin 30mg Or m2 D1 D2- Ifosfamide 2000 to 3000mg Or m2- Mesna 400 to 600 mg Or m2 0h 4h 8h D1 - D3- Every 21 days	15100
21 01	S12	MEDICAL ONCOLOGY	MO011 C	Doxorubicin 60-75 Or m2, every 21 days	4400
21 02	S12	MEDICAL ONCOLOGY	MO012 A	Dacarbazine + Cisplatin- Dacarbazine 250mg Or m2 D1-D5- Cisplatin 75 mg Or m2 Every 21 days	7900
21 03	S12	MEDICAL ONCOLOGY	MO012 B	Temozolamide- Temozolamide 200mg Or m2 D1-D5 every 28 days	5500
21 04	S12	MEDICAL ONCOLOGY	MO012 C	Imatinib - Tab Imatinib 400 Or 800 mg daily-	5500
21 05	S12	MEDICAL ONCOLOGY	MO013 B	Capecitabine + Mitomycin C- Capecitabine 825mg Or m2 PO twice daily till completion of RT- Mitomycin 10mg Or 2 D1	18600
21 06	S12	MEDICAL ONCOLOGY	MO013 C	Cisplatin + 5 FU- 5 FU 1000mg Or m2 D1-D4- Cisplatin 75mg Or m2 D1 every 4 weeks	9000
21 07	S12	MEDICAL ONCOLOGY	MO013 D	Carboplatin + Paclitaxel- Paclitaxel 175mg Or m2 D1- Carboplatin AUC 5-6 D1 every 21 days	16400
21 08	S12	MEDICAL ONCOLOGY	MO013 E	Cisplatin + Paclitaxel- Paclitaxel 175 mg Or m2 D1- Cisplatin 75mg Or m2 D1 every 21 days	14700
21 09	S12	MEDICAL ONCOLOGY	MO014 A	5 FU + Leucovorin- 5 FU 1200mg Or m2 D1 D2- Leucovorin 400mg Or m2 D1 every 14 days	6100
21 10	S12	MEDICAL ONCOLOGY	MO014 D	5FU + Leucovorin + Irinotecan- 5 FU 1200mg Or m2 D1 D2- Leucovorin 400mg Or m2 D1- Irinotecan 180mg Or m2 85 mg Or m2 D1 every 14 days	10600

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21 11	S12	MEDICAL ONCOLOGY	MO014 F	Capecitabine along with RT- Capecitabine 825 mg Or m2 twice daily	8000
21 12	S12	MEDICAL ONCOLOGY	MO014 G	Capecitabine- Capecitabine 1000mg Or m2 D1-D14 every 21 days	8100
21 13	S12	MEDICAL ONCOLOGY	MO014 H	5FU + Leucovorin + Oxaliplatin + Irinotecan- 5 FU 1200mg Or m2 D1 D2- Leucovorin 400mg Or m2 D1- Oxaliplatin 85 mg Or m2 D1- Irinotecan 180mg Or m2 every 14 days	20700
21 14	S12	MEDICAL ONCOLOGY	MO015 A	Carboplatin + Paclitaxel- Paclitaxel 175mg Or m2 D1- Carboplatin AUC 5-6 D1 every 21 days	16400
21 15	S12	MEDICAL ONCOLOGY	MO015 B	Cisplatin + 5 FU- 5 FU 1000mg Or m2 D1-D4- Cisplatin 75mg Or m2 D1 every 4 weeks	10700
21 16	S12	MEDICAL ONCOLOGY	MO015 D	Paclitaxel + Carboplatin- Paclitaxel 50mg Or m2 D1- Carboplatin AUC 2 D1 every week	11400
21 17	S12	MEDICAL ONCOLOGY	MO015 E	Paclitaxel + Carboplatin- Paclitaxel 50mg Or m2 D1- Carboplatin AUC 2 D1 every week	11400
21 18	S12	MEDICAL ONCOLOGY	MO016 A	Cisplatin + Docetaxel- Docetaxel 40mg Or m2 D1- Cisplatin 40 mg Or m2 D1- Leucovorin 400mg Or m2 D1- 5FU 1000mg Or m2 D1 D2 every 14 days	15300
21 19	S12	MEDICAL ONCOLOGY	MO016 B	Irinotecan- Irinotecan 60- 90 mg Or m2 D1 D8 every 21 days	12100
21 20	S12	MEDICAL ONCOLOGY	MO016 C	5 FU- 5 FU 250 mg Or m2 D1-D5 over 24 hrs every week	5000
21 21	S12	MEDICAL ONCOLOGY	MO016 D	Capecitabine- Capecitabine 825 mg Or m2 twice daily	8000
21 22	S12	MEDICAL ONCOLOGY	MO016 E	Capecitabine + Oxaliplatin- Capecitabine 1000mg Or m2 D1-D14- Oxaliplatin 130 mg Or m2 D1 every 21 days	13800
21 23	S12	MEDICAL ONCOLOGY	MO016 G	Docetaxel + Cisplatin + Capecitabine- Docetaxel 40mg Or m2 D1- Cisplatin 40 mg Or m2 D1- Capecitabine 825mg Or m2 twice daily every 14 days	16000

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21 24	S12	MEDICAL ONCOLOGY	MO016 H	Docetaxel + Oxaliplatin + 5 FU- Docetaxel 50mg Or m2 D1- Oxaliplatin 85 mg Or m2 D1- Leucovorin 400mg Or m2 D1- 5FU 1200mg Or m2 D1 D2 every 14 days	20400
21 25	S12	MEDICAL ONCOLOGY	MO016I	Docetaxel + Oxaliplatin + Capecitabine- Docetaxel 50mg Or m2 D1- Oxaliplatin 85 mg Or m2 D1- Capecitabine 825 mg Or m2 Twice daily every 14 days	20400
21 26	S12	MEDICAL ONCOLOGY	MO016J	5FU + Leucovorin + Irinotecan- 5 FU 1200mg Or m2 D1 D2- Leucovorin 400mg Or m2 D1- Irinotecan 180mg Or m2 85 mg Or m2 D1 every 14 days	10600
21 27	S12	MEDICAL ONCOLOGY	MO016 K	5FU + Leucovorin + Oxaliplatin- 5 FU 1200mg Or m2 D1 D2- Leucovorin 400mg Or m2 D1- Oxaliplatin 85 mg Or m2 D1 every 14 days	15100
21 28	S12	MEDICAL ONCOLOGY	MO016 L	Paclitaxel- Paclitaxel 80mg Or m2 every week	6600
21 29	S12	MEDICAL ONCOLOGY	MO017 A	Doxorubicin -TACE - Doxorubicin 30-75 mg Or m2 one course	24800
21 30	S12	MEDICAL ONCOLOGY	MO017 C	Lenvatinib 12 mg daily	16000
21 31	S12	MEDICAL ONCOLOGY	MO018 A	Gemcitabine + Nanopaclitaxel- Gemcitabine 1000mg Or m2 D1 D8 D16- Albumin bound Paclitaxel 125mg Or m2 D1 D8 D15 every 28 days	31300
21 32	S12	MEDICAL ONCOLOGY	MO018 B	Gemcitabine- Gemcitabine 1000mg Or m2 D1 D8 every 21 days	9900
21 33	S12	MEDICAL ONCOLOGY	MO018 C	Gemcitabine- Gemcitabine 300mg Or m2 weekly	4400
21 34	S12	MEDICAL ONCOLOGY	MO018 D	5FU + Leucovorin + Oxaliplatin + Irinotecan- 5 FU 1200mg Or m2 D1 D2- Leucovorin 400mg Or m2 D1- Oxaliplatin 85 mg Or m2 D1- Irinotecan 180mg Or m2 every 14 days	20800
21 35	S12	MEDICAL ONCOLOGY	MO018 E	Capecitabine- Capecitabine 825 mg Or m2 twice daily	8000

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21 36	S12	MEDICAL ONCOLOGY	MO018 F	Capecitabine + Gemcitabine- Gemcitabine 1000mg Or m2 D1 D8 D15- Capecitabine 830mg Or m2 twice daily D1-D21 every 28 days	24000
21 37	S12	MEDICAL ONCOLOGY	MO019 A	Capecitabine- Capecitabine 1000 - 1250 mg Or m2 twice daily D1 -D14 every 21 days	8100
21 38	S12	MEDICAL ONCOLOGY	MO019 B	Cisplatin + Gemcitabine- Gemcitabine 1000 mg Or m2 D1 D8- Cisplatin 25 mg Or m2 D1 D8 every 21 days	13400
21 39	S12	MEDICAL ONCOLOGY	MO019 C	5FU + Leucovorin + Irinotecan- 5 FU 1200mg Or m2 D1 D2- Leucovorin 400mg Or m2 D1- Irinotecan 180mg Or m2 85 mg Or m2 D1 every 14 days	10600
21 40	S12	MEDICAL ONCOLOGY	MO019 D	Gemcitabine- Gemcitabine 300 mg Or m2 D 1every week -till RT ends	5000
21 41	S12	MEDICAL ONCOLOGY	MO019 E	Gemcitabine- Gemcitabine 1000mg Or m2 D1 D8 every 21 days	9900
21 42	S12	MEDICAL ONCOLOGY	MO019 F	Oxaliplatin + Gemcitabine- Gemcitabine 1000 mg Or m2 D1- Oxaliplatin 100 mg Or m2 D1 every 14 days	19200
21 43	S12	MEDICAL ONCOLOGY	MO019 G	Capecitabine + Irinotecan- Capecitabine 1000mg Or m2 D1-D14- Irinotecan 200 mg Or m2 D1 every 21 days	13800
21 44	S12	MEDICAL ONCOLOGY	MO019 H	5FU + Leucovorin + Oxaliplatin- 5 FU 1200mg Or m2 D1 D2- Leucovorin 400mg Or m2 D1- Oxaliplatin 85 mg Or m2 D1 every 14 days	15100
21 45	S12	MEDICAL ONCOLOGY	MO020 B	Sunitinib- Sunitinb 37.5 mg once daily	11000
21 46	S12	MEDICAL ONCOLOGY	MO021 B	Temozolamide- Temozolomide 75mg Or m2 once daily	26000
21 47	S12	MEDICAL ONCOLOGY	MO022 A	Gemcitabine + Cisplatin- Gemcitabine 1000 mg Or m2 D1 D8- Cisplatin 75 mg Or m2 D1 every 21 days	13400
21 48	S12	MEDICAL ONCOLOGY	MO022 B	Pemetrexed + Cisplatin- Pemetrexed 500mg Or m2 D1- Cisplatin 75 mg Or m2 D1 every 21 days	10400
21 49	S12	MEDICAL ONCOLOGY	MO022 C	Pemetrexed + Carboplatin- Pemetrexed 500mg Or m2 D1- Carboplatin AUC 5-6 D1 every 21 days	11200

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21 50	S12	MEDICAL ONCOLOGY	MO023 A	Cisplatin + Etoposide- Etoposide 100mg Or m2 D1 - D3- Cisplatin 75-100 mg Or m2 D1 every 21 days	7800
21 51	S12	MEDICAL ONCOLOGY	MO023 B	Cisplatin + Adriamycin + Cyclophosphamide- Cisplatin 50 mg Or m2 D1- Doxorubicin 50 mg Or m2 D1- Cyclophosphamide 500 mg Or m2 D1 every 21 days	6500
21 52	S12	MEDICAL ONCOLOGY	MO024 A	Cisplatin + Docetaxel- Docetaxel 75 mg Or m2 D1- Cisplatin 75 mg Or m2 D1 every 21 days	13700
21 53	S12	MEDICAL ONCOLOGY	MO024 B	Cisplatin- Cisplatin 100mg Or m2 every 21 days	6260
21 54	S12	MEDICAL ONCOLOGY	MO024 C	Carboplatin + Gemcitabine- Gemcitabine 1000 mg Or m2 D1 D8- Carboplatin AUC 5-6 D1 every 21 days	15300
21 55	S12	MEDICAL ONCOLOGY	MO024 D	Docetaxel + Cisplatin + 5 FU- Docetaxel 75 mg Or m2 D1- Cisplatin 75 mg Or m2 D1- 5 FU 750 mg Or m2 D1- D5 every 21 days	16000
21 56	S12	MEDICAL ONCOLOGY	MO024 E	Docetaxel- Docetaxel 20mg Or m2 every week	3600
21 57	S12	MEDICAL ONCOLOGY	MO024 F	Docetaxel- Docetaxel 75 mg Or m2 D1 every 21 days	9400
21 58	S12	MEDICAL ONCOLOGY	MO024 G	Etoposide + Carboplatin- Etoposide 100mg Or m2 D1 - D3- Carboplatin AUC 5-6 D1 every 21 days	8500
21 59	S12	MEDICAL ONCOLOGY	MO024 H	Etoposide + Cisplatin- Etoposide 100mg Or m2 D1 - D3- Cisplatin 75-100 mg Or m2 D1 every 21 days	10200
21 60	S12	MEDICAL ONCOLOGY	MO024I	Gemcitabine- Gemcitabine 1000 mg Or m2 D1 D8 every 21 days	9900
21 61	S12	MEDICAL ONCOLOGY	MO024J	Gemcitabine + Cisplatin- Gemcitabine 1000 mg Or m2 D1 D8- Cisplatin 75 mg Or m2 D1 every 21 days	13400
21 62	S12	MEDICAL ONCOLOGY	MO024 K	Paclitaxel + Carboplatin- Paclitaxel 80mg Or m2 D1- Carboplatin AUC 2 D1 every week	8500
21 63	S12	MEDICAL ONCOLOGY	MO024 M	Paclitaxel- Paclitaxel 80mg Or m2 every week	6600

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21 64	S12	MEDICAL ONCOLOGY	MO024 N	Paclitaxel- Paclitaxel 175mg Or m2 every 21 days	13000
21 65	S12	MEDICAL ONCOLOGY	MO024 O	Carboplatin- Carboplatin AUC 2 every week	3000
21 66	S12	MEDICAL ONCOLOGY	MO024 P	Cisplatin- Cisplatin 40mg Or m2 every week	2600
21 67	S12	MEDICAL ONCOLOGY	MO025 A	Sunitinib- 50 mg once daily 4 weeks on 2 weeks off	11000
21 68	S12	MEDICAL ONCOLOGY	MO025 B	Cabozantinib 60 mg od x 1 month- every 4 weeks-	14300
21 69	S12	MEDICAL ONCOLOGY	MO026 B	Carboplatin + Gemcitabine- Gemcitabine 1000 mg Or m2 D1 D8- Carboplatin AUC 5-6 D1 every 21 days	15300
21 70	S12	MEDICAL ONCOLOGY	MO026 C	Cisplatin + Gemcitabine- Gemcitabine 1000 mg Or m2 D1 D8- Cisplatin 75 mg Or m2 D1 every 21 days	13400
21 71	S12	MEDICAL ONCOLOGY	MO026 D	Cisplatin + 5 FU- 5 FU 1000mg Or m2 D1-D4- Cisplatin 75mg Or m2 D1 every 4 weeks	9000
21 72	S12	MEDICAL ONCOLOGY	MO026 E	Cisplatin + Paclitaxel- Paclitaxel 175 mg Or m2 D1- Cisplatin 75 mg Or m2 D1 every 21 days	14700
21 73	S12	MEDICAL ONCOLOGY	MO026 F	Docetaxel- Docetaxel 75 mg Or m2 D1 every 21 days	9400
21 74	S12	MEDICAL ONCOLOGY	MO026 G	Gemcitabine + Paclitaxel- Gemcitabine 2500 mg Or m2 D1- Paclitaxel 150 mg Or m2 D1 every 14 days	17100
21 75	S12	MEDICAL ONCOLOGY	MO026 H	Gemcitabine- Gemcitabine 1000mg Or m2 D1 D8 every 21 days	9900
21 76	S12	MEDICAL ONCOLOGY	MO026I	Methotrexate + Vinblastin + Doxorubicin + Cisplatin- Methotrexate 30mg Or m2 D1- Vinblastine 3 mg Or m2 D2- Doxorubicin 30 mg Or m2 D2- Cuisplatin 70 mg Or m2 D2 every 14 days	8300
21 77	S12	MEDICAL ONCOLOGY	MO026J	Paclitaxel + Carboplatin- Paclitaxel 175mg Or m2 D1- Carboplatin AUC 5-6 D1 every 21 days	16000
21 78	S12	MEDICAL ONCOLOGY	MO026 K	Paclitaxel- Paclitaxel 80 mg Or m2 D1 every week	7100

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21 79	S12	MEDICAL ONCOLOGY	MO027 A	Cisplatin + Paclitaxel- Paclitaxel 175 mg Or m2 D1- Cisplatin 75 mg Or m2 D1 every 21 days	14700
21 80	S12	MEDICAL ONCOLOGY	MO027 B	5 FU + Cisplatin- 5 FU 1000mg Or m2 D1-D4- Cisplatin 75mg Or m2 D1 every 4 weeks	9000
21 81	S12	MEDICAL ONCOLOGY	MO027 C	Capecitabine- Capecitabine 1000-1250 mg Or m2 PO twice daily D1 -D14 every 21 days	8100
21 82	S12	MEDICAL ONCOLOGY	MO027 D	Paclitaxel + Carboplatin- Paclitaxel 175mg Or m2 D1- Carboplatin AUC 5-6 D1 every 21 days	16000
21 83	S12	MEDICAL ONCOLOGY	MO027 E	Paclitaxel- Paclitaxel 80 mg Or m2 D1 every week	6600
21 84	S12	MEDICAL ONCOLOGY	MO027 F	Paclitaxel- Paclitaxel 175 mg Or m2 D1 every 21 days	13000
21 85	S12	MEDICAL ONCOLOGY	MO027 G	Paclitaxel + Carboplatin- Paclitaxel 80 mg Or m2 D1- Carboplatin AUC 2 D1 every week	8500
21 86	S12	MEDICAL ONCOLOGY	MO028 B	Docetaxel- Docetaxel 75 mg Or m2 D1 every 21 days	9400
21 87	S12	MEDICAL ONCOLOGY	MO028 C	Etoposide + Carboplatin- Etoposide 100mg Or m2 D1 - D3- Carboplatin AUC 5-6 D1 every 21 days	8500
21 88	S12	MEDICAL ONCOLOGY	MO028 D	LHRH Agonist- Leuprolide 22.5 ug every 3 months	16900
21 89	S12	MEDICAL ONCOLOGY	MO028 E	Mitoxantrone + Prednisolone- Mitoxantrone 12mg Or m2 every 3 weeks- Prednsiolone 10 mg daily	4700
21 90	S12	MEDICAL ONCOLOGY	MO028 F	Paclitaxel + Carboplatin- Paclitaxel 80mg Or m2 D1- Carboplatin AUC 2 D1 every week	8500
21 91	S12	MEDICAL ONCOLOGY	MO028 G	Paclitaxel + Carboplatin- Paclitaxel 175mg Or m2 D1- Carboplatin AUC 5-6 D1 every 21 days	16000
21 92	S12	MEDICAL ONCOLOGY	MO028 H	Docetaxel- Docetaxel 20mg Or m2 D1 every week	3600
21 93	S12	MEDICAL ONCOLOGY	MO028I	Abiraterone 1000 mg + Prednisolone 10mg daily - Once every month	14300

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21 94	S12	MEDICAL ONCOLOGY	MO029 A	Rituximab + Cyclophosphamide + Etoposide + Prednisolone- Rituximab 375mg Or m2- Cyclophosphamide 750 mg Or m2- Vincristine 1.4 mg Or m2, on Day1- Etoposide 65mg Or m2 Day 1 to 3- Prednisolone 100 mg Day 1-5- Total 6 cycles, repeat 21 days	28900
21 95	S12	MEDICAL ONCOLOGY	MO029 B	Rituximab + Cyclophosphamide + Doxorubicin + Prednisolone- Rituximab 375mg Or m2- Cyclophosphamide 750 mg Or m2- Doxorubicin 50mg Or m2- Vincristine 1.4 mg Or m2 on Day1- Prednisolone 100 mg Day 1-5- Total 6 cycles, repeat 21 days	29700
21 96	S12	MEDICAL ONCOLOGY	MO030 A	Rituxmab + Dexamethasone + High Dose Cytarabine + Cisplatin- Rituximab 375mg Or m2 Day 1- Cytarabine 2g Or m2 BD on day 2- Dexamethasone 40 mg Day 1 - 4- Cisplatin 75mg Or m2 or - Carboplatin AUC-5 on day 1- Cycle to be repeated every 21days	38400
21 97	S12	MEDICAL ONCOLOGY	MO031 A	GDP - R- Rituximab 375mg Or m2 Day 1- Gemcitabine 1000mg Or m2 on day 1 and 8- Dexamethasone 40 mg Day 1 - 4- Cisplatin 75mg Or m2 on day 1- Cycle to be repeated every 21days- Total- 6 cycles	38900
21 98	S12	MEDICAL ONCOLOGY	MO032 A	Etoposide + Prednisolone + Vincristine + Cyclophosphamide + Doxorubicin- Rituximab 375mg Or m2 Day 1- Etoposide 50mg Or m2- VCR 0.4mg Or m2- Doxorubicin 10mg Or m2 Day1 - 4- Cyclophosphamide 750mg Or m2 on day 5 Prednisolone 100 mg day 1-5- Every 21 days- Dose adjustment each cycle depending on nadir counts- Total- 6 cycles	34900
21 99	S12	MEDICAL ONCOLOGY	MO033 A	Codox - M - IVAC Or GMALL Or BFM Or Hyper CVAD	38000

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22 00	S12	MEDICAL ONCOLOGY	MO035 A	Rituximab- Rituximab 375mg Or m2 per week for 6 weeks	17600
22 01	S12	MEDICAL ONCOLOGY	MO036 A	Fludarabine + Cyclophosphamide- Fludarabine 25mg Or m2 D1-3- Cyclophosphamide 250 mg Or m2 D1-3 every 28 days for 6 cycles	20000
22 02	S12	MEDICAL ONCOLOGY	MO036 B	Rituxmab + Chlorambucil- Rituximab 375mg Or m2 Day 1- Chlorambucil 10 mg Or m2 D1-7- Repeat every 28 days for 12 cycles	18900
22 03	S12	MEDICAL ONCOLOGY	MO036 C	Rituximab + Fludarabine + Cyclophosphamide- Rituximab 375mg Or m2 on day 1- Fludarabine 25mg Or m2 D1 - 3- Cyclophosphamide 250 mg Or m2 D1 - 3- Every 28 days for 6 cycles	44800
22 04	S12	MEDICAL ONCOLOGY	MO036 D	Lenalidomide- lenalidomide-10-25 mg Or day day 1 to 21 every 28 days	5300
22 05	S12	MEDICAL ONCOLOGY	MO037 A	CHOEP- Cyclophosphamide 750mg Or m2 D1- Vincristine 1.4mg Or m2 D1- Adriamycin 50 mg Or m2 D1- Etoposide 100mg Or m2 D1-3- Prednisolone 100 mg D1-5- Every 21days. Total 6 cycles	5800
22 06	S12	MEDICAL ONCOLOGY	MO038 A	GELOX- Gemcitabine 1000mg Or m2 D1 and D8- Oxaliplatin 130mg Or m2 D1- L- asparaginase 6000 U Or m2 D1-7- Repeat every 21 days	21300
22 07	S12	MEDICAL ONCOLOGY	MO038 B	LVP- L-asparaginase 6000U Or m2 D1-5- Vincristine 1.4mg Or m2 D1- Prednisolone 100mg D1-5- Repeat every 21 days	8800
22 08	S12	MEDICAL ONCOLOGY	MO039 A	COPP- Cyclophosphamide 650mg Or m2 D1, 8- Vincristine 1.4mg Or m2 D1, 8- Procarbazine 100 mg Or m2 D1-14- Prednisolone 40mg Or m2 D1-14- Every 28days. Total 6 - 8 cycles	4300

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22 09	S12	MEDICAL ONCOLOGY	MO039 C	AEVD- Adriamycin 25mg Or m2- Vinblastine 6mg Or m2- Dacarbazine 375 mg Or m2 Day 1,15- Etoposide 65mg Or m2 Day 1-3, 15-17- Every 28 days for 6 cycles	11300
22 10	S12	MEDICAL ONCOLOGY	MO040 A	ICE- Ifosfamide 1.5 mg Or m2 D1-3- Carboplatin AUC5 D2- Etoposide 100mg Or m2 D1-3- Every 3 weeks	11600
22 11	S12	MEDICAL ONCOLOGY	MO040 B	MINE- Ifosfamide 4 gm Or m2 over 3days -D1-3 - Mitoxantrone 8mg Or m2- Etoposide 65mg Or m2 D1-3- Every 3 weeks	11600
22 12	S12	MEDICAL ONCOLOGY	MO040 C	PTCL - GDP- Gemcitabine 1000mg Or m2 D1 and D8- Dexamethasone 40mg D1-4- Cisplatin 75mg Or m2 D1 or- Cacrboptatin AUC-5- Every 3 weeks	16300
22 13	S12	MEDICAL ONCOLOGY	MO041 A	DHAP- Dexamethasone 40mg D1-4- Cisplatin 100mg Or m2 or - Carboplatin AUC-5D1- Cytarabine 2 gm Or m2 BD D2- Repeat every 21 days	13800
22 14	S12	MEDICAL ONCOLOGY	MO042 B	Pomalidomide + Dexamethasone- Pomalidomide 4 mg daily Day 1-21- Dexamethasone 40mg Day 1, 8, 15, 22- Every 28 days	7900
22 15	S12	MEDICAL ONCOLOGY	MO043 A	Cyclophosphamide + Thalidomide + Dexamethasone- Cyclophosphamide 100mg D1-D14- Thalidomide 100-200 mg daily Day 1-28- Dexamethasone 40mg Day 1, 8, 15, 22- Every 28 days	4500
22 16	S12	MEDICAL ONCOLOGY	MO043 C	Bortezomib + Cyclophosphamide + Dexamethasone- Cyclophosphamide - 300 mg Or m2 day 1, 8, 15, 22- Dexamethasone 40mg Day 1, 8, 15, 22- Bortezomib 1.3 mg Or m2 Day1, 8, 15, 22- Every 28 days	16100
22 17	S12	MEDICAL ONCOLOGY	MO043 E	Bortezomib + Melphalan + Prednsiolone- Melphalan 9mg Or m2 D1-D4- Prednisolone 100mg Day 1-4- Bortezomib 1.3 mg Or m2 Day 1, 8, 15, 22- Every 28 days	13900

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22 18	S12	MEDICAL ONCOLOGY	MO043 F	Bortezomib + Lenalidomide + Dexamethasone- Lenalidomide 25 mg daily Day 1 - 21- Dexamethasone 40mg Day 1, 8, 15, 22- Bortezomib 1.3 mg Or m2 Day 1, 8, 15, 22- Every 28 days	19600
22 19	S12	MEDICAL ONCOLOGY	MO043 G	Bortezomib + Thalidomide + Dexamethasone- Thalidomide 100 mg daily Day 1 - 28 Dexamethasone 40 mg Day 1, 8, 15, 22- Bortezomib 1.3 mg Or m2 Day 1, 8, 15, 22- Every 28 days	16500
22 20	S12	MEDICAL ONCOLOGY	MO044 B	Dasatinib 100 mg once a day	5500
22 21	S12	MEDICAL ONCOLOGY	MO045 A	Hydroxurea- Hydroxurea daily- -Dose will be based on blood counts	2500
22 22	S12	MEDICAL ONCOLOGY	MO046 A	Cytarabine 2 gm Or M2 BD for 3 days- Every 21 days for 3 cycles	78400
22 23	S12	MEDICAL ONCOLOGY	MO048 A	BFM-90- BFM-95- BFM-2000- HyperCVAD- UKALL- GMALL	17600 0
22 24	S12	MEDICAL ONCOLOGY	MO048 B	BFM-90- BFM-95- BFM-2000- HyperCVAD- UKALL- GMALL	13620 0
22 25	S12	MEDICAL ONCOLOGY	MO048 C	6 Mercaptopurine 50 mg Or M2 daily and - Methotrexate 25 mg Or M2 Weekly for 2 Years	4400
22 26	S12	MEDICAL ONCOLOGY	MO049 B	Arsenic trioxide- ATRA- Daunomycin or Idarubicin- Cytarabine - multiagent - vary on protocol	10650 0
22 27	S12	MEDICAL ONCOLOGY	MO049 C	6 MP 50 mg Or day daily- Methotrexate 15 mg Weekly- ATRA 45 mg Or M2 for 14 days - Every three months for 18 Months	8800
22 28	S12	MEDICAL ONCOLOGY	MO050 B	ATO 0.15 mg Or kg day 1-45 or 60- ATRA 45 mg Or M2 - day 1-45 or 60	89100
22 29	S12	MEDICAL ONCOLOGY	MO051 A	Cefoperazone + Sulbactam- Piperacillin + Tazobactam- Cefoperazone- Piperacillin- Amikacin- Gentamicin- Cefipime- Levofloxacin- Amoxycillin and clavulanate- Teicoplanin- Vancomycin	36600
22 30	S12	MEDICAL ONCOLOGY	MO051 B	Meropenem- Imipenem- Colistin- Tigecyclin- Linezolid- Voriconazole- Caspofungin- Amphotericin - B	86700

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22 31	S12	MEDICAL ONCOLOGY	MO052 A	Rasburicase- Febuxostat- Allopurinol- Sevelamer	26400
22 32	S12	MEDICAL ONCOLOGY	MO053 A	5 microgram Or kg Or day- -max 300 microgram per day for 7 days or- PEG - GCSF 6mg one single dose per chemotherapy cycle	5000
22 33	S12	MEDICAL ONCOLOGY	MO054 B	Langerhans Cell Histiocytosis- -Histiocytosis Protocol - Maintenance	31800
22 34	S12	MEDICAL ONCOLOGY	MO055 A	Vincristine + Carboplatin- Vincristine 1.5mg Or m2 - day 1, 8 and 15 for first 4 cycles and then only day 1 from cycle 5 to 17 - Carboplatin 550mg Or m2 every 3 weeks -all cycles	6500
22 35	S12	MEDICAL ONCOLOGY	MO055 B	Vinblastin- Vinblastine 6 mg Or m2 every week	3700
22 36	S12	MEDICAL ONCOLOGY	MO056 A	CT FOR MEDULLOBLASTOMA OR BRAIN PNET - PACKER	7000
22 37	S12	MEDICAL ONCOLOGY	MO057 B	Carboplatin + Cisplatin + Cyclophosphamide + Vincristine + Etoposide	8400
22 38	S12	MEDICAL ONCOLOGY	MO057 C	13-cis retinoic acid 160mg Or m2 per day for 2 weeks- Each cycle given 4 weekly	2300
22 39	S12	MEDICAL ONCOLOGY	MO058 A	Vincristine + Carboplatin + Etoposide- Carboplatin 600mg Or m2 day 1- Etoposide 150mg Or m2 days 1-3 Vincristine1.5mg Or m2 day 1	8200
22 40	S12	MEDICAL ONCOLOGY	MO059 B	Vincristine + Ifosfamide + Etoposide- Vincristine 1.5mg Or m2 -days 1, 8 and 15 - Ifosfamide 1.8gm Or m2 -days 1-5 - Etoposide 100mg Or m2 -days 1-5 - Each cycle every 3 weeks	17900

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22 41	S12	MEDICAL ONCOLOGY	MO060 A	Vincristine + Topotecan + Cyclophosphamide and- Vincristine + Adriamycin + Cyclophosphamide- Vincristine 1.5mg Or m2 -day 1 - Topotecan 1.5mg Or m2 -day 1-5 - Cyclophosphamide 250mg Or m2 - days 1-5 - 3 - weekly- Vincristine 1.5mg Or m2- Adriamycin 60mg Or m2- Cyclophosphamide 600mg Or m2 -all Day 1 - Every 3 weeks. Cycles given in couplets	13700
22 42	S12	MEDICAL ONCOLOGY	MO061 B	Vincristine + Actinomycin D + Doxorubicin- Vincristine 1.5 mg Or m2 weekly for 12 weeks and then 3 weekly- Actinomycin D 45 microgram Or kg 3 weekly- Doxorubicin 60mg Or m2 for 24 weeks	5500
22 43	S12	MEDICAL ONCOLOGY	MO061 C	Cyclophosphamide + Doxorubicin + Etoposide + Vincristine + Dactinomycin- Vincristine 1.5 mg Or m2- Dactinomycin 45 microgram Or kg- Adriamycin 60mg Or m2- Cyclophosphamide- Etoposide- Weekly chemotherapy - varying hybrid regimen	16800
22 44	S12	MEDICAL ONCOLOGY	MO062 A	Consolidation - -Phase II, CNS Therapy Reinduction	26370 0
22 45	S12	MEDICAL ONCOLOGY	MO062 B	ICICLE- BFM- KLALL- MCP:841	95700
22 46	S12	MEDICAL ONCOLOGY	MO062 C	6 - Mercaptopurine 75mg Or m2 daily- Methotrexate 20mg Or m2 weekly- Vincristine 1.5mg Or m2 monthly- Intrathecal methotrexate 12 mg 3 monthly	3000
22 47	S12	MEDICAL ONCOLOGY	MO062 D	Dasatinib + chemo -to be used only with ALL therapy	6250
22 48	S12	MEDICAL ONCOLOGY	MO062 E	Imatinib + chemo --to be used only with ALL therapy	6250
22 49	S14	PLASTIC SURGERY	S14.1.11	TOE TRANSFER	75000
22 50	S12	MEDICAL ONCOLOGY	MO063 B	ICICLE- BFM- KLALL- MCP:841	95700

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22 51	S12	MEDICAL ONCOLOGY	MO063 C	6 - Mercaptopurine 75mg Or m2 daily- Methotrexate 20mg Or m2 weekly- Vincristine 1.5mg Or m2 monthly- Intrathecal methotrexate 12 mg 3 monthly	3000
22 52	S12	MEDICAL ONCOLOGY	MO064 B	Cytrabine 200mg Or m2 Or day days 1-10 and - Daunorubicin 50mg Or m2 days 1, 3 and 5- Etoposide 100mg Or m2 days 1-5	11580 0
22 53	S12	MEDICAL ONCOLOGY	MO064 C	Cytrabine 100-200mg Or m2 Or day days 1-7 and Daunorubicin 50mg Or m2 days 1, 3 and 5	11540 0
22 54	S12	MEDICAL ONCOLOGY	MO065 A	Consolidation	64700
22 55	S12	MEDICAL ONCOLOGY	MO065 B	CT FOR PEDIATRIC ACUTE PROMYELOCYTIC LEUKEMIA - Induction	14240 0
22 56	S12	MEDICAL ONCOLOGY	MO065 C	Maintenance -18 months total cost	43300
22 57	S12	MEDICAL ONCOLOGY	MO066 A	COPDAC	10400
22 58	S12	MEDICAL ONCOLOGY	MO066 B	CT FOR PEDIATRIC HODGKINS LYMPHOMA - OPEA	14300
22 59	S12	MEDICAL ONCOLOGY	MO067 C	CT FOR PEDIATRIC HODGKINS LYMPHOMA RELAPSE - IGVD	37400
22 60	S12	MEDICAL ONCOLOGY	MO068 A	LMB 89 - 96 - Consolidation -second month	46900
22 61	S12	MEDICAL ONCOLOGY	MO068 B	LMB 89 - 96 - Induction - COPADAM - first month	46700
22 62	S12	MEDICAL ONCOLOGY	MO068 C	LMB 89 - 96 - Maintenance	72400
22 63	S12	MEDICAL ONCOLOGY	MO068 D	MCP - 842	10860 0
22 64	S12	MEDICAL ONCOLOGY	MO069 A	Pediatric - Germ Cell Tumor Or JEB	11800
22 65	S12	MEDICAL ONCOLOGY	MO070 A	Carboplatin + Cisplatin + Doxorubicin	6200
22 66	S12	MEDICAL ONCOLOGY	MO071 A	Docetaxel- Docetaxel 75 mg Or m2 D1 every 21 days	9400
22 67	S12	MEDICAL ONCOLOGY	MO071 F	Topotecan- Topotecan 1.5 mg Or m2 D1-D5 every 21 days	27100
22 68	S12	MEDICAL ONCOLOGY	MO071 G	Docetaxel- Docetaxel 20 mg Or m2 D1 every week	3500

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22 69	S12	MEDICAL ONCOLOGY	MO071I	Etoposide + Cisplatin- Etoposide 100mg Or m2 D1 - D3- Cisplatin 75-100 mg Or m2 D1 every 21 days	7500
22 70	S12	MEDICAL ONCOLOGY	MO071J	Gemcitabine- Gemcitabine 1000mg Or m2 D1 D8 every 21 days	9900
22 71	S12	MEDICAL ONCOLOGY	MO071 K	Gemcitabine + Carboplatin- Gemcitabine 1000 mg Or m2 D1 D8- Carboplatin AUC 5-6 D1 every 21 days	15300
22 72	S12	MEDICAL ONCOLOGY	MO071 L	Gemcitabine + Cisplatin- Gemcitabine 1000 mg Or m2 D1 D8- Cisplatin 75 mg Or m2 D1 D8 every 21 days	13400
22 73	S12	MEDICAL ONCOLOGY	MO071 M	Paclitaxel- Paclitaxel 80mg Or m2 every week	6600
22 74	S12	MEDICAL ONCOLOGY	MO071 N	Paclitaxel- Paclitaxel 175mg Or m2 every 21 days	13000
22 75	S12	MEDICAL ONCOLOGY	MO071 O	Paclitaxel + Carboplatin- Paclitaxel 50mg Or m2 D1- Carboplatin AUC 2 D1 every week	8500
22 76	S12	MEDICAL ONCOLOGY	MO071 P	Paclitaxel + Cisplatin- Paclitaxel 175 mg Or m2 D1- Cisplatin 75mg Or m2 D1 every 21 days	14700
22 77	S12	MEDICAL ONCOLOGY	MO071 Q	Pemetrexed + Cisplatin- Pemetrexed 500mg Or m2 D1- Cisplatin 75 mg Or m2 D1 every 21 days	10400
22 78	S12	MEDICAL ONCOLOGY	MO071 R	Pemetrexed- Pemetrexed 500mg Or m2 D1 every 21 days	8400
22 79	S12	MEDICAL ONCOLOGY	MO071 S	Vinorelbine + Carboplatin- Vinorelbine 25mg Or m2 D1 D8- CarboplatinAUC 5-6 D1 every 21 days	18700
22 80	S12	MEDICAL ONCOLOGY	MO071 T	Vinorelbine + Cisplatin- Vinorelbine 25mg Or m2 D1 D8- Cisplatin 75mg Or m2 D1 every 21 days	18700
22 81	S12	MEDICAL ONCOLOGY	MO072 A	Carboplatin Carboplatin AUC 2 every week	3000
22 82	S12	MEDICAL ONCOLOGY	MO073 A	De-Angelis Or MTR	39600
22 83	S12	MEDICAL ONCOLOGY	MO076 A	Temozolamide 150mg Or m2 D9-14 + Capecitabine 1gm Or me D1-14 every 28 days	8800
22 84	S12	MEDICAL ONCOLOGY	MO076 B	Carboplatin AUC 5 + Etoposide 100mg Or m2 D1- D3 every 21 days	14800

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22 85	S12	MEDICAL ONCOLOGY	S12.1.1	Chemotherapy for Breast Cancer with Adriamycin / Cyclophosphamide -Ac	5122
22 86	S12	MEDICAL ONCOLOGY	S12.1.10	Chemotherapy for Breast Cancer with Trastuzumab - Remaining 15 Cycles	26500
22 87	S12	MEDICAL ONCOLOGY	S12.1.14	BREAST CANCER - EC - EPIRUBICIN/CYCLOPHOSPHAMIDE , DAY 1: EPIRUBICIN 100MG/M2 IV , DAY 1: CYCLOPHOSPHAMIDE 830MG/M2 IV. , REPEAT CYCLE - EVERY 21 DAYS FOR 8 CYCLES	5100
22 88	S12	MEDICAL ONCOLOGY	S12.1.4	Chemotherapy for Breast Cancer with Paclitaxel	7700
22 89	S12	MEDICAL ONCOLOGY	S12.1.5	Chemotherapy for Breast Cancer with Cyclophosphamide/ Methotrexate / 5fluorouracil - Cmf	2733
22 90	S12	MEDICAL ONCOLOGY	S12.1.6	Chemotherapy for Breast Cancer with Tamoxifen Tabs	1400
22 91	S12	MEDICAL ONCOLOGY	S12.1.7	Chemotherapy for Breast Cancer with Aromatase Inhibitors	1634
22 92	S12	MEDICAL ONCOLOGY	S12.1.8	Chemotherapy for Breast Cancer with Docetaxel	10000
22 93	S12	MEDICAL ONCOLOGY	S12.1.9	Chemotherapy for Breast Cancer with Trastuzumab - 1st Cycle	45000
22 94	S12	MEDICAL ONCOLOGY	S12.10.2	Chemotherapy for Bladder Cancer with Methotrexate Vinblastine Adriamycin Cyclophosphamide -Mvac	8227
22 95	S12	MEDICAL ONCOLOGY	S12.11.1	Chemotherapy for Non SMAL cell Lung Cancer with Cisplatin/Etoposide -Iiib	9700
22 96	S12	MEDICAL ONCOLOGY	S12.11.2	Chemotherapy for Non SMAL cell Lung Cancer with Erlotinib	5700
22 97	S12	MEDICAL ONCOLOGY	S12.11.3	Chemotherapy for Non SMAL cell Lung Cancer with PEM + Cisplatin	12700
22 98	S12	MEDICAL ONCOLOGY	S12.11.4	Chemotherapy for Non SMAL cell Lung Cancer with GEFITINIB	3200
22 99	S12	MEDICAL ONCOLOGY	S12.11.5	Chemotherapy for Non SMAL cell Lung Cancer with Paclitaxel /Carboplatin	13750

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23 00	S12	MEDICAL ONCOLOGY	S12.12.1	Chemotherapy for Oesophageal Cancer with Cisplatin/5fu Cross protocol -Paclitaxel and Carboplatin Weekly for concurrent chemo radio therapy for Oesophageal along with radiation protocol - 6 cycles allowed	7659
23 01	S12	MEDICAL ONCOLOGY	S12.13.5	Chemotherapy for Gastric Cancer with Imatinib-CML	7750
23 02	S12	MEDICAL ONCOLOGY	S12.13.6	Chemotherapy for Gastric Cancer with Dcf	18200
23 03	S12	MEDICAL ONCOLOGY	S12.14.2	Chemotherapy for Colorectal Cancer with 5-Fluorouracil-Oxaliplatin Leucovorin -Folfox -Stage III Only	16000
23 04	S12	MEDICAL ONCOLOGY	S12.14.4	Chemotherapy for Colorectal Cancer with Capecitabine + Oxalipantia -adjuvant and metastatic	13211
23 05	S12	MEDICAL ONCOLOGY	S12.14.5	Chemotherapy for Colorectal Cancer with Capcitabine	9200
23 06	S12	MEDICAL ONCOLOGY	S12.14.6	ANAL CANAL CANCER - 5-FU + MITOMYCIN , DAYS 1-4 AND 29-32: 5-FU 1,000MG/M2/DAY IV , DAYS 1 AND 29: MITOMYCIN 10MG/M2 IV BOLUS -MAXIMUM 20MG PER COURSE , WITH CONCURRENT RADIOTHERAPY	13000
23 07	S12	MEDICAL ONCOLOGY	S12.15.5	OTHER BONE TUMORS - GIANT CELL TUMOR OF BONE - DENOSUMAB , DENOSUMAB 120MG SUBCUTANEOUS ON WEEK 1,2 AND 3 OF A 4 WEEK CYCLE	56000
23 08	S12	MEDICAL ONCOLOGY	S12.16.1 .1	Chemotherapy for Bone Tumors - Hodgkin Lymphoma disease with Adriamycin Bleomycin Vinblastine Dacarbazine -Abvd	7045
23 09	S12	MEDICAL ONCOLOGY	S12.16.1 .2	Relapse Hodgekin Lymphoma Protocol - ICE/DHAP - 3 cycles are allowed	17500
23 10	S12	MEDICAL ONCOLOGY	S12.16.2 .1	Chemotherapy for Non Hodgkin Lymphoma with Cyclophosphamide Adriamycin Vincristine Prednisone -Chop	6372
23 11	S12	MEDICAL ONCOLOGY	S12.16.2 .2	Chemotherapy for Non Hodgkin Lymphoma with R - chop	21900

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23 12	S12	MEDICAL ONCOLOGY	S12.16.2 .3	Relapse Non- Hodgekin LymphomaProtocol - RICE/RDHAP - 3 cycles are allowed	39900
23 13	S12	MEDICAL ONCOLOGY	S12.17.5	Multiple Myeloma Bortezomib + dexamethasone, per cycle x 9	6660
23 14	S12	MEDICAL ONCOLOGY	S12.18.1	Chemotherapy for Wilms Tumor with Siopwts Regimen-Stages I-III	4700
23 15	S12	MEDICAL ONCOLOGY	S12.19.1	Chemotherapy for Hepatoblastoma operable with Cisplatin -Adriamycin	7000
23 16	S12	MEDICAL ONCOLOGY	S12.19.2	Chemotherapy Chemotherapy for Hepatoblastoma operable with Sorafenib	11011
23 17	S12	MEDICAL ONCOLOGY	S12.2.1	Chemotherapy for Cervical Cancer with Weekly Cisplatin	2733
23 18	S12	MEDICAL ONCOLOGY	S12.21.1	Chemotherapy for Neuroblastoma -Stages I-III with Variable Regimen	10800
23 19	S12	MEDICAL ONCOLOGY	S12.21.2	Chemotherapy for Neuroblastoma -Stages I-III PCV -medulloblastoma	7045
23 20	S12	MEDICAL ONCOLOGY	S12.23.2	HISTIOCYTOSIS - OTHER REGIMEN -MAY BE CHOSEN FOR ANY OTHER INTERNATIONALLY APPROVED CURATIVE REGIMEN WITH SUBMISSION OF SUBSTANTIATING DOCUMENTS	31600
23 21	S12	MEDICAL ONCOLOGY	S12.24.1	Chemotherapy for Rhabdomyosarcoma with Vincristine-Actinomycin-Cyclophosphamide-Vactc Based Chemo	7200
23 22	S12	MEDICAL ONCOLOGY	S12.26.1	Chemotherapy for Acute Myeloid Leukaemia with Induction in 1st month -includes Chemotherapy for Febrile Neutropenia with 2nd Line IV antibiotics and other supportive Therapy -Carbapenems, Fourth Generation Cephalosporins, Piperacillin, Anti-Fungal. Azoles Etc	13200 0

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23 23	S12	MEDICAL ONCOLOGY	S12.26.2	Chemotherapy for Acute Myeloid Leukaemia with Induction in 2nd month -includes Chemotherapy for Febrile Neutropenia with 2nd Line IV antibiotics and other supportive Therapy -Carbapenems, Fourth Generation Cephalosporins, Piperacillin, Anti-Fungal. Azoles Etc	72000
23 24	S12	MEDICAL ONCOLOGY	S12.26.5	APML- Induction	90000
23 25	S12	MEDICAL ONCOLOGY	S12.26.5 .1	APML - Consolidation - 4 cycles allowed	60000
23 26	S12	MEDICAL ONCOLOGY	S12.27.1 .1	Chemotherapy for Acute Lymphoblastic Leukaemia with Induction 1st And 2nd Months for - less than15 years one time only	15000 0
23 27	S12	MEDICAL ONCOLOGY	S12.27.1 .1.2	Chemotherapy for Acute Lymphoblastic Leukaemia with Induction 1st And 2nd Months for - greater than 25 years one time only	20000 0
23 28	S12	MEDICAL ONCOLOGY	S12.27.1 .4	Acute Lymphatic LeukemiaMaintenance Phase - Per month -x 24	5000
23 29	S12	MEDICAL ONCOLOGY	S12.29.1	Palliative And Supportive Therapy for terminally ill cancer patient	3300
23 30	S12	MEDICAL ONCOLOGY	S12.31.1	Chemotherapy for Multiple myeloma with Zoledronic Acid Along With Adjuvant Chemotherapy Of As-I	4202
23 31	S12	MEDICAL ONCOLOGY	S12.31.2	Chemotherapy for Multiple myeloma with Lenalidomide dexta	6500
23 32	S12	MEDICAL ONCOLOGY	S12.31.3	Chemotherapy for Multiple myeloma with MPT-myeloma	5200
23 33	S12	MEDICAL ONCOLOGY	S12.31.5	Myeloma autologous HSCT	65000 0
23 34	S12	MEDICAL ONCOLOGY	S12.32.1	Chemotherapy for Febrile Neutropenia with 1st Line Iv Antibiotics And Other Supportive Therapy - Third Generation Cephalosporin, Aminoglycoside Etc.,	6000
23 35	S12	MEDICAL ONCOLOGY	S12.34.1	Chemotherapy With Temozolamide -brain tumours	6300
23 36	S12	MEDICAL ONCOLOGY	S12.35.1	Chemotherapy With Benadamustin -RITUXIMAB	31300
23 37	S12	MEDICAL ONCOLOGY	S12.35.1 2	Dose Dense AC -includes growth factor + appetiteant, Once in two weeks - upto 4 cycles	10000

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23 38	S12	MEDICAL ONCOLOGY	S12.35.1 3	Dose Dense Paclitaxel -includes growth factor , Once in two weeks - upto 4 cycles	13000
23 39	S12	MEDICAL ONCOLOGY	S12.35.1 4	Chemotherapy for NET Pancreas with octreotide depot - for every 4 weeks for a period of one year	30000
23 40	S12	MEDICAL ONCOLOGY	S12.35.1 5	auto transplant for lymphomas	93500 0
23 41	S12	MEDICAL ONCOLOGY	S12.35.1 6	Lymphoma workup	20000
23 42	S12	MEDICAL ONCOLOGY	S12.35.1 7	Transplant for paediatric solid cancers -EWS, Neuro blastoma, Wilms tumour, RMS, Germcell tumour,	65000 0
23 43	S12	MEDICAL ONCOLOGY	S12.35.1 9	Pet scan only for hodgkin and non hodgkin lymphoma -Only two pet scans in entire course. - Maximum 2 pet scans are allowed	15000
23 44	S12	MEDICAL ONCOLOGY	S12.35.3 4	SMILE	24600
23 45	S12	MEDICAL ONCOLOGY	S12.35.3 5	LENALIDOMIDE + RITUXIMAB	28200
23 46	S12	MEDICAL ONCOLOGY	S12.35.5	Palliative Chemotherapy with paclitaxel/Carboplatin - for every 3 weeks upto 6 cycles	11000
23 47	S12	MEDICAL ONCOLOGY	S12.35.5 1	NILOTINIB III	17801
23 48	S12	MEDICAL ONCOLOGY	S12.35.6 1	THYROID CANCER - PAZOPANIB	9501
23 49	S12	MEDICAL ONCOLOGY	S12.35.7 7	Allogenic -peripheral / Bone marrow stem cell Transplantation - less than14 Yrs	10000 00
23 50	S12	MEDICAL ONCOLOGY	S12.35.7 8	Allogenic -peripheral / Bone marrow stem cell Transplantation - greater than14 Yrs	11000 00
23 51	S12	MEDICAL ONCOLOGY	S12.35.8	Weekly paclitaxel - Per week	7500
23 52	S12	MEDICAL ONCOLOGY	S12.35.9	Docetaxel + Cyclophosphamide -includes groth factor - for every 3 weeks upto 4 cycles	11600
23 53	S12	MEDICAL ONCOLOGY	S12.5.1	Chemotherapy for Ovarian cancer with Carboplatin / Paclitaxel	13500
23 54	S12	MEDICAL ONCOLOGY	S12.6.1	Chemotherapy for Ovarian cancer with Germ Cell Tumor Bleomycin-Etoposide-Cisplatin -Bep	13600

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23 55	S12	MEDICAL ONCOLOGY	S12.7.1. 1	Chemotherapy for low risk Gestational trophoblast DS with Weekly Methotrexate	1600
23 56	S12	MEDICAL ONCOLOGY	S12.7.2. 1	Chemotherapy for high risk Gestational trophoblast DS with Etoposide-Methotrexate -Actinomycin / Cyclophosphamide Vincristine -Ema-Co	12100
23 57	S12	MEDICAL ONCOLOGY	S12.9.2	FLOT-GASTRIC CANCER 4 CYCLES followed by Surgery and 4 CYCLES after Surgery	35800
23 58	S12	MEDICAL ONCOLOGY	S12.9.3	Chemotherapy for CLL with IBRUTINIB	10000
23 59	S12	MEDICAL ONCOLOGY	SU060A	Induction cycles -PC - Rate per dose -Rs 5000 max no- 06 -including drug	3200
23 60	S13	RADIATION ONCOLOGY	MR001 D	Additional fractions - 18 Max upto -Every additional fraction at Rs.500 per Fraction	9900
23 61	S13	RADIATION ONCOLOGY	MR002 A	2D EXTERNAL BEAM RADIOTHERAPY - PALLIATIVE -TELECOBALT OR STROCK LA - UPTO 10 FRACTIONS -INCLUSIVE OF SIMULATION AND PLANNING COST - Palliative	11000
23 62	S13	RADIATION ONCOLOGY	MR003 C	2D EXTERNAL BEAM RADIOTHERAPY - TELECOBALT OR STROCK LA -25 FRACTIONS -INCLUSIVE OF SIMULATION AND PLANNING COST - Neoadjuvant	22000
23 63	S13	RADIATION ONCOLOGY	MR003 D	Additional fractions - 10 Max upto -additional fraction at Rs.500 per Fraction upto a max	5500
23 64	S13	RADIATION ONCOLOGY	MR004 B	LINEAR ACCELERATOR, EXTERNAL BEAM RADIOTHERAPY 3D CRT -6 FRACTIONS - INCLUSIVE OF SIMULATION AND PLANNING COST - Adjuvant / Neoadjuvant	23100
23 65	S13	RADIATION ONCOLOGY	MR004 D	Additional fractions - 18 Max upto -Every additional fraction at Rs.1000 per Fraction	19800

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23 66	S13	RADIATION ONCOLOGY	MR005 C	LINEAR ACCELERATOR, EXTERNAL BEAM RADIOTHERAPY 3D CRT -25 FRACTIONS - INCLUSIVE OF SIMULATION AND PLANNING COST - Neoadjuvant	44000
23 67	S13	RADIATION ONCOLOGY	MR005 D	Additional fractions - 10 Max upto -Every additional fraction at Rs.1000 per Fraction	11000
23 68	S13	RADIATION ONCOLOGY	MR006 C	LINEAR ACCELERATOR, EXTERNAL BEAM RADIOTHERAPY IMRT -INTENSITY MODULATED RADIOTHERAPY -20 FRACTIONS -INCLUSIVE OF SIMULATION AND PLANNING COST - Neoadjuvant	77000
23 69	S13	RADIATION ONCOLOGY	MR006 D	Additional fractions - 15 -Every additional fraction at Rs.2000 per Fraction	33000
23 70	S13	RADIATION ONCOLOGY	MR007 A	LINEAR ACCELERATOR, EXTERNAL BEAM RADIOTHERAPY IMRT -INTENSITY MODULATED RADIOTHERAPY -6 FRACTIONS -INCLUSIVE OF SIMULATION AND PLANNING COST - Radical	46200
23 71	S13	RADIATION ONCOLOGY	MR007 B	LINEAR ACCELERATOR, EXTERNAL BEAM RADIOTHERAPY IMRT -INTENSITY MODULATED RADIOTHERAPY -6 FRACTIONS -INCLUSIVE OF SIMULATION AND PLANNING COST - Adjuvant	46200
23 72	S13	RADIATION ONCOLOGY	MR007 D	Additional fractions - 18 Max upto -Every additional fraction at Rs.2000 per Fraction	39600
23 73	S13	RADIATION ONCOLOGY	MR008 A	LINEAR ACCELERATOR EXTERNAL BEAM RADIOTHERAPY IGRT -IMAGE GUIDED RADIOTHERAPY WITH 3D CRT OR IMRT -20 FRACTIONS -INCLUSIVE OF SIMULATION AND PLANNING COST - Radical / Adjuvant / Neoadjuvant	99000

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23 74	S13	RADIATION ONCOLOGY	MR008 D	Additional fractions - 15 Max upto- -Every additional fraction at Rs.2500 per Fraction	41300
23 75	S13	RADIATION ONCOLOGY	MR009 A	LINEAR ACCELERATOR EXTERNAL BEAM RADIOTHERAPY IGRT -IMAGE GUIDED RADIOTHERAPY WITH 3D CRT OR IMRT -6 FRACTIONS -INCLUSIVE OF SIMULATION AND PLANNING COST - Radical	60500
23 76	S13	RADIATION ONCOLOGY	MR009 B	LINEAR ACCELERATOR EXTERNAL BEAM RADIOTHERAPY IGRT -IMAGE GUIDED RADIOTHERAPY WITH 3D CRT OR IMRT -6 FRACTIONS -INCLUSIVE OF SIMULATION AND PLANNING COST - Adjuvant	60500
23 77	S13	RADIATION ONCOLOGY	MR009 C	LINEAR ACCELERATOR EXTERNAL BEAM RADIOTHERAPY IGRT -IMAGE GUIDED RADIOTHERAPY WITH 3D CRT OR IMRT -6 FRACTIONS -INCLUSIVE OF SIMULATION AND PLANNING COST - Neoadjuvant	60500
23 78	S13	RADIATION ONCOLOGY	MR009 D	Additional fractions - 18 Max upto- Every additional fraction at Rs.2500 per Fraction	49500
23 79	S13	RADIATION ONCOLOGY	MR010 B	Additional fractions - 4- Every additional fraction at Rs.11000 per Fraction	48400
23 80	S13	RADIATION ONCOLOGY	MR011 A	SRS with IGRT -Stereotacatic radiotherapy	77000
23 81	S13	RADIATION ONCOLOGY	MR012 A	Respiratory Gating along with Linear Accelerator planning	71500
23 82	S13	RADIATION ONCOLOGY	MR012 B	Additional fractions - 10 Max upto- Every additional fraction at Rs.3500 per Fraction	38500
23 83	S13	RADIATION ONCOLOGY	MR013 B	BRACHYTHERAPY Intraluminal / ENDOBILIARY / ENDOBRONCHIAL / HIGH DOSE RADIATION - 2D OR X-RAY -MAXIMUM OF 4 SESSION - CVS	3900
23 84	S13	RADIATION ONCOLOGY	MR014 B	Surface Mould Or Intracavitary complex planning like CT or MR	46200

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23 85	S13	RADIATION ONCOLOGY	MR015 A	large Dose scan Or Pre Ablation - calculation of treatment	11400
23 86	S13	RADIATION ONCOLOGY	MR015 B	Ablation residual disease any risk	16900
23 87	S13	RADIATION ONCOLOGY	MR017 A	Ablation for metastatic disease, High risk	22400
23 88	S13	RADIATION ONCOLOGY	MR018 A	Ablation for metastatic disease, High risk	30100
23 89	S13	RADIATION ONCOLOGY	MR019 A	Ablation for metastatic disease, High risk	34500
23 90	S13	RADIATION ONCOLOGY	MR020 A	Ablation for metastatic disease, High risk	40000
23 91	S13	RADIATION ONCOLOGY	S13.1.1	Radical Treatment with Cobalt 60 External Beam Radiotherapy	25000
23 92	S13	RADIATION ONCOLOGY	S13.1.2	Palliative /Adjuvant Treatment with Cobalt 60 External Beam Radiotherapy	13800
23 93	S13	RADIATION ONCOLOGY	S13.2.1	Radical Treatment With Photons External Beam Radiotherapy -on Linear Accelerator	87500
23 94	S13	RADIATION ONCOLOGY	S13.2.2	Palliative Treatment With Photons External Beam Radiotherapy -on Linear Accelerator	13800
23 95	S13	RADIATION ONCOLOGY	S13.2.3	Adjuvant Treatment With Photons/Electrons / -92.25 External Beam Radiotherapy -on Linear Accelerator	25000
23 96	S13	RADIATION ONCOLOGY	S13.3.1. 2	Brachytherapy Intracavitary II. Hdr Per Application	23500
23 97	S13	RADIATION ONCOLOGY	S13.3.1. 3	Brachytherapy High Dose Radiation -Intraluminal - per fraction, maximum 4 sessions	4400
23 98	S13	RADIATION ONCOLOGY	S13.3.2. 2	Brachytherapy Interstitial II. Hdr One Application And Multiple Dose Fractions	52500
23 99	S13	RADIATION ONCOLOGY	S13.4.1. 1	Specialized Radiation therapy- IMRT -Intensity modulated radiotherapy Upto 40 Fractions IMRT In 8 Weeks	87500
24 00	S13	RADIATION ONCOLOGY	S13.4.1. 2	SPECIALIZED RADIATION THERAPY - RAPID ARC THERAPY	15000 0

Schedules to Insurance Contract

24 01	S13	RADIATION ONCOLOGY	S13.4.2. 1	Radical - Specialized Radiation therapy - 3DCRT-3-D conformational radiotherapy Upto 30 Fractions 3DCRT In 6 Weeks	50000
24 02	S13	RADIATION ONCOLOGY	S13.4.2. 1.1	Palliative - Specialized Radiation therapy - 3DCRT-3-D conformational radiotherapy Upto 30 Fractions 3DCRT In 6 Weeks	26300
24 03	S13	RADIATION ONCOLOGY	S13.4.2. 1.2	Adjuvant - Specialized Radiation therapy - 3DCRT-3-D conformational radiotherapy Upto 30 Fractions 3DCRT In 6 Weeks	50000
24 04	S13	RADIATION ONCOLOGY	S13.4.3. 1	Specialized Radiation therapy - SRS/SRT Upto 30 Fractions In SRS/SRT 6 Weeks	10250 0
24 05	S13	RADIATION ONCOLOGY	S13.6.1	IGRT:List of Diseases - 1. CA Prostate non metastatic2. CA Lung non metastatic -minimum of 6600cGy in 33 fractions or its equivalent	27500 1
24 06	S13	RADIATION ONCOLOGY	S13.7.1	I-131 Radio iodine ablation therapy for Thyroid Malignancies -For every 50 milli curie given dose in each application	20400
24 07	S14	PLASTIC SURGERY	BM001 A	Criteria 1: percentage Total Body Surface Area Burns -TBSA :less than 20 percentage in adults and less than 10 percentage in children younger than 12 years. Dressing without anesthesia	7000
24 08	S14	PLASTIC SURGERY	BM001 B	Criteria 2: percentage Total Body Surface Area Burns -TBSA : Upto 25 percentage - Includes percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	50000

Schedules to Insurance Contract

24 09	S14	PLASTIC SURGERY	BM001 C	Criteria 3: percentage Total Body Surface Area Burns -TBSA : 25-40 percentage - Includes percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	62500
24 10	S14	PLASTIC SURGERY	BM002 A	Criteria 1: percentage Total Body Surface Area Burns -TBSA : less than 20 percentage in adults and less than 10 percentage in children younger than 12 years. Dressing without anesthesia	7000
24 11	S14	PLASTIC SURGERY	BM002 B	Criteria 2: percentage Total Body Surface Area Burns -TBSA : Upto 25 percentage - Includes percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	50000
24 12	S14	PLASTIC SURGERY	BM002 C	Criteria 3: percentage Total Body Surface Area Burns -TBSA : 25-40 percentage - Includes percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	62500
24 13	S14	PLASTIC SURGERY	BM002 D	Criteria 4: percentage Total Body Surface Area Burns -TBSA : 40- 60 percentage - Includes percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	10000 0

Schedules to Insurance Contract

24 14	S14	PLASTIC SURGERY	BM002 E	Criteria 5: percentage Total Body Surface Area Burns -TBSA :60-80 percentage - Includes percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	10000 0
24 15	S14	PLASTIC SURGERY	BM003 A	Percentage Total Body Surface Area Burns -TBSA - any percentage -not requiring admission - Needs at least 5-6 dressing	7000
24 16	S14	PLASTIC SURGERY	BM003 B	Percentage Total Body Surface Area Burns -TBSA : Upto 40 percentage - Includes percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	50000
24 17	S14	PLASTIC SURGERY	BM003 C	Percentage Total Body Surface Area Burns -TBSA : 40 Percentage - 60 Percentage - Includes Percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	62500
24 18	S14	PLASTIC SURGERY	BM003 D	Percentage Total Body Surface Area Burns -TBSA : greater than 60 percentage - Includes percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	10000 0

Schedules to Insurance Contract

24 19	S14	PLASTIC SURGERY	BM004 B	Electrical contact burns: Low voltage - with part of limb Or limb loss- Includes percentage TBSA skin grafted, flap cover, follow-up dressings Amputation etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	50000
24 20	S14	PLASTIC SURGERY	BM004 D	Electrical contact burns: High voltage - without part of limb Or limb loss- Includes percentage TBSA skin grafted, flap cover, fasciotomy + Or - Or debridement Or early skin grafting Or flap cover: pedicle or free flap coverage, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	62500
24 21	S14	PLASTIC SURGERY	BM005 A	Chemical burns: Without significant facial scarring and Or or loss of function- Includes percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary- Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.-Similar to thermal burns- require more grafting, debridement,-skin grafting Or canthopexy	50000
24 22	S14	PLASTIC SURGERY	S14.1.10	Reimplantation at wrist	75000
24 23	S14	PLASTIC SURGERY	S14.1.12	ULNAR /RADIAL CLUB HAND	50000
24 24	S14	PLASTIC SURGERY	S14.1.13	Reconstructive surgery for facial palsy -conventional/ Microvascular	70000
24 25	S14	PLASTIC SURGERY	S14.1.2. 1	Palatal fistula Repair	39790
24 26	S14	PLASTIC SURGERY	S14.1.3	Surgical correction of Velo-Pharyngeal Incompetence	36256
24 27	S14	PLASTIC SURGERY	S14.1.4	Surgical Management of Syndactyly of Hand For Each Hand	33604

Schedules to Insurance Contract

24 28	S14	PLASTIC SURGERY	S14.1.4. 1	Polydactyly Repair each digit	29230
24 29	S14	PLASTIC SURGERY	S14.1.5. 1	Ear reconstruction per stage-2/3 stages	41880
24 30	S14	PLASTIC SURGERY	S14.1.8. 1	Penis reconstruction traumatic/ oncology	11500 0
24 31	S14	PLASTIC SURGERY	S14.10	Surgical Correction of hemifacial microsomia	83133
24 32	S14	PLASTIC SURGERY	S14.12	Surgical Correction of Nerve and Tendon Repair + Vascular Repair -82.4+39.3	48016
24 33	S14	PLASTIC SURGERY	S14.14	Surgical Correction of lid retraction with Tumour of Mandible And Maxilla	60392
24 34	S14	PLASTIC SURGERY	S14.16	Surgical correction for Vascular malformations	57300
24 35	S14	PLASTIC SURGERY	S14.17	Tarsorrhaphy surgery to prevent exposure keratitis to prevent loss or impairment of vision especially in facial burns	10272
24 36	S14	PLASTIC SURGERY	S14.18	Panfacial fractures combination with polytrauma	10519 6
24 37	S14	PLASTIC SURGERY	S14.19	Aplasia / hypoplasia / post traumatic loss of thumb for reconstruction - conventional surgery	65205
24 38	S14	PLASTIC SURGERY	S14.2.1. 1	Conservative management of 40 Percentage burns	61572
24 39	S14	PLASTIC SURGERY	S14.2.1. 2	Surgical Management of 40 Percentage mixed burns	66703
24 40	S14	PLASTIC SURGERY	S14.2.1. 3	Conservative management of 50 Percentage burns	12314 4
24 41	S14	PLASTIC SURGERY	S14.2.1. 4	Surgical Management of 50 Percentage mixed burns	11828 0
24 42	S14	PLASTIC SURGERY	S14.2.2. 1	Conservative management of 60 Percentage burns	92897
24 43	S14	PLASTIC SURGERY	S14.2.2. 2	Surgical Management of 60 Percentage mixed burns	13703 9
24 44	S14	PLASTIC SURGERY	S14.2.2. 3	Surgical Management of above 60 Percentage mixed burns	11360 0

Schedules to Insurance Contract

24 45	S14	PLASTIC SURGERY	S14.2.3. 1	Electrical contact burns: Low voltage- without part of limb/limb loss, Includes Percentage TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary, Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	42600
24 46	S14	PLASTIC SURGERY	S14.2.3. 2	Burn requiring Multiple Procedures with long stay - Electric burn / Chemical	85200
24 47	S14	PLASTIC SURGERY	S14.20	Reimplantation or Revascularization Single / Multiple Digit	86119
24 48	S14	PLASTIC SURGERY	S14.22	Flap cover for trauma of the hand / forearm / arm / foot / leg / thigh etc., with exposure of the underlying vital structures like tendons, nerves, vessels, bone, with or without any fracture- flap insert	61582
24 49	S14	PLASTIC SURGERY	S14.23.1	Surgical management for keloid and hypertrophic scar requiring flap cover/SSG	25300
24 50	S14	PLASTIC SURGERY	S14.23.2	Nose injuries / avulsions -flap cover	33750
24 51	S14	PLASTIC SURGERY	S14.23.3	Ear injuries / avulsions - flap cover	35370
24 52	S14	PLASTIC SURGERY	S14.23.4	Lip injuries / avulsions - flap cover	33290
24 53	S14	PLASTIC SURGERY	S14.23.5	Sub mucosal fibrosis - surgical management with flap	48420
24 54	S14	PLASTIC SURGERY	S14.23.6	Crush injury hand involving loss of skin and vital parts requiring flap cover	48940
24 55	S14	PLASTIC SURGERY	S14.24.2	Any raw area which needs skin grafting - moderate 5-10 Percentage	36660
24 56	S14	PLASTIC SURGERY	S14.25.1	Treatment for Facial Avulsion Injuries with / without Skin Graft - Nose / Ear / Lip	20000
24 57	S14	PLASTIC SURGERY	S14.26.1	Breast reduction for gynacomastia-male-each side unilateral	25000
24 58	S14	PLASTIC SURGERY	S14.26.2	Breast reduction for gigantomastia female -each side - procedure name unilateral	25000
24 59	S14	PLASTIC SURGERY	S14.27.1	Surgical treatment for release of tongue tie	9990

Schedules to Insurance Contract

24 60	S14	PLASTIC SURGERY	S14.27.2	Macroglossia Correction	45000
24 61	S14	PLASTIC SURGERY	S14.28.1	Sequalae of brachial plexus injuries	40580
24 62	S14	PLASTIC SURGERY	S14.28.2	Conservative treatment for brachial plexus injuries	10000
24 63	S14	PLASTIC SURGERY	S14.28.3	Compressive neuropathies	30690
24 64	S14	PLASTIC SURGERY	S14.29.1	Treatment for trisser fingerenosynovitis-82.2	28730
24 65	S14	PLASTIC SURGERY	S14.29.2	Mallet finger Surgery	26680
24 66	S14	PLASTIC SURGERY	S14.29.3	Boutonnieres deformity Repair	35000
24 67	S14	PLASTIC SURGERY	S14.29.4	Treatment for supparativechondritis-EAR	15000
24 68	S14	PLASTIC SURGERY	S14.29.5	Dupuytrens contracture release	20000
24 69	S14	PLASTIC SURGERY	S14.29.6	Tendon transfer procedure for wrist drop	32000
24 70	S14	PLASTIC SURGERY	S14.3.1	Mild to Moderate Post burn contracture surgery	71000
24 71	S14	PLASTIC SURGERY	S14.3.3	Post Burn Contracture Surgeries - Severe	49257
24 72	S14	PLASTIC SURGERY	S14.30.1	Disarticulation through shoulder	36510
24 73	S14	PLASTIC SURGERY	S14.30.2	Disarticulation through thigh	40000
24 74	S14	PLASTIC SURGERY	S14.31.1	Amputation of hand / fore arm / arm / foot / leg / thigh with skin cover -84.1	35000
24 75	S14	PLASTIC SURGERY	S14.31.2	Amputation of digit with skin cover-84.11	10000
24 76	S14	PLASTIC SURGERY	S14.32	Post cabg-sternal dehiscence/osdo Repair	40750
24 77	S14	PLASTIC SURGERY	S14.33	Tuboplasty/Open Tubal Recanalisation	26590
24 78	S14	PLASTIC SURGERY	S14.34.1	Scar revision procedures involving natural orifices	27980
24 79	S14	PLASTIC SURGERY	S14.34.2	Post traumatic squeal like contractures, severe hypertrophy, unstable scars, non-healing ulcers etc.,	38770
24 80	S14	PLASTIC SURGERY	S14.35	Injection treatment - each sitting for keloid,haemangioma, lymphangioma and vascular malformations	1000
24 81	S14	PLASTIC SURGERY	S14.36.1	Corrective surgery for congenital deformities of foot - per foot	50000

Schedules to Insurance Contract

24 82	S14	PLASTIC SURGERY	S14.37.1	Tissue expansion -for functional purpose	71000
24 83	S14	PLASTIC SURGERY	S14.37.2	Cleft hand / foot Correction	60000
24 84	S14	PLASTIC SURGERY	S14.37.3	Tessiers cleft	51500
24 85	S14	PLASTIC SURGERY	S14.38.1	Pressure Sore “ Surgery	48000
24 86	S14	PLASTIC SURGERY	S14.38.2	Diabetic Foot “ Surgery	30000
24 87	S14	PLASTIC SURGERY	S14.39	Hypospadias cripples	39680
24 88	S14	PLASTIC SURGERY	S14.4	Surgical correction for Congenital Deformity of Hand -Per Hand	24126
24 89	S14	PLASTIC SURGERY	S14.40.1	Nose fractures with implants	45000
24 90	S14	PLASTIC SURGERY	S14.40.2	Closed reduction -1 jaw using wires - under LA	5000
24 91	S14	PLASTIC SURGERY	S14.40.3	Alveolar bone grafting with bone graft	30320
24 92	S14	PLASTIC SURGERY	S14.40.4	Surgical Correction Of Fracture Lefort III	51080
24 93	S14	PLASTIC SURGERY	S14.5	Surgical correction for Craniosynostosis	90173
24 94	S14	PLASTIC SURGERY	S14.7	Management of electrical burns with vitals exposed with flap cover	51310
24 95	S14	PLASTIC SURGERY	S14.8	Reduction Surgery For Filarial Lymphoedema	40648
24 96	S14	PLASTIC SURGERY	SP003A	Revascularization of limb Or digit	39900
24 97	S14	PLASTIC SURGERY	SP004B	Ear Pinna Reconstruction with costal cartilage Or Prosthesis - -including the cost of prosthesis Or implants	10000 0
24 98	S14	PLASTIC SURGERY	SP005A	Scalp avulsion reconstruction	60000
24 99	S14	PLASTIC SURGERY	SP006C	Tissue Expander for disfigurement following congenital deformity	62500
25 00	S14	PLASTIC SURGERY	SP007A	Sclerotherapy under GA	20000
25 01	S14	PLASTIC SURGERY	SP007B	HEMANGIOMA - Debulking	40000
25 02	S14	PLASTIC SURGERY	SP009A	Diabetic Foot “ Surgery	3800
25 03	S15	POLY TRAUMA	S15.1.2	Amputation Surgery	10262
25 04	S15	POLY TRAUMA	S15.1.3	Management of Soft Tissue Injury	6671
25 05	S15	POLY TRAUMA	S15.10	Visceral injury requiring surgical intervention	42600

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25 06	S15	POLY TRAUMA	S15.10.1	Blood Transfusion for trauma patients	2000
25 07	S15	POLY TRAUMA	S15.2.1. 1	Medical Management in General Ward @ Rs.900/- Neuro surgical trauma	11084
25 08	S15	POLY TRAUMA	S15.2.1. 2	Intensive care management of Neuro Surgical Trauma in Neuro Icu @Rs.4000/Day	49258
25 09	S15	POLY TRAUMA	S15.2.2	Surgical Treatment -Up To for Neuro Surgical Trauma	10650 0
25 10	S15	POLY TRAUMA	S15.3.1. 1	Conservative management for Chest Injuries In General Ward@Rs.900/Day	5541
25 11	S15	POLY TRAUMA	S15.3.1. 2	Intensive care management for Chest injuries in RICU Rs. 4000/- per day	35918
25 12	S15	POLY TRAUMA	S15.3.2	Surgical Treatment for Chest injuries	29566
25 13	S15	POLY TRAUMA	S15.4.1. 1	Conservative management for Abdominal Injuries In General Ward@Rs.900/Day	5541
25 14	S15	POLY TRAUMA	S15.4.1. 2	Intensive care management for abdominal injuries in surgical ICU @ Rs.4000/-	28734
25 15	S15	POLY TRAUMA	S15.4.2	Surgical Management for Abdominal Injuries	76965
25 16	S15	POLY TRAUMA	S15.5.2	Thoracostomy	10796
25 17	S15	POLY TRAUMA	S15.6.1	Surgical Management of Grade I and II Compound Fractures	15393
25 18	S15	POLY TRAUMA	S15.6.2	Surgical Management of Grade III Compound Fractures	26681
25 19	S15	POLY TRAUMA	S15.6.3	Surgical Management of wound In Compound Fracture with Flap cover-86.7	26682
25 20	S15	POLY TRAUMA	S15.7.2	Surgical management with K-Wiring for Small bone fractures -To Be Covered Along With Other Injuries Only And Not As Exclusive Procedure	5132
25 21	S15	POLY TRAUMA	S15.8.1	Surgical Management with Facial Bone Fractures - Facio- Maxillary Injuries	15393
25 22	S15	POLY TRAUMA	S15.9.1	Surgical Correction Of Pelvic Bone Fractures.	35814
25 23	S15	POLY TRAUMA	S15.9.2	Internal fixation of Pelvic acetabular fracture	56800

Schedules to Insurance Contract

25 24	S15	POLY TRAUMA	SN063B	Moderate head injury	66900
25 25	S15	POLY TRAUMA	SN063D	Simple head injury	50250
25 26	S15	POLY TRAUMA	ST002A	Head injury with repair of Facio-Maxillary Injury and fixations -including implants	42800
25 27	S15	POLY TRAUMA	ST003A	Subdural hematoma along with fixation of fracture of single long bone	75000
25 28	S15	POLY TRAUMA	ST003B	Extradural hematoma along with fixation of fracture of single long bone	75000
25 29	S15	POLY TRAUMA	ST003D	Extradural hematoma along with fixation of fracture of 2 or more long bone.	93800
25 30	S15	POLY TRAUMA	ST004A	Management of Chest injury with fixation of Single Long bone	35000
25 31	S15	POLY TRAUMA	ST004B	Management of Chest injury with fixation of 2 or more Long bones	45000
25 32	S15	POLY TRAUMA	ST007A	Internal fixation with Flap cover Surgery for wound in compound fracture	45000
25 33	S15	POLY TRAUMA	ST008A	Emergency tendons repair ± Peripheral Nerve repair	37500
25 34	S15	POLY TRAUMA	ST009A	Nerve and Or or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair	32660
25 35	S15	POLY TRAUMA	ST009B	Nerve and Or or tendon injury. A. Wound exploration and closure. B. Nerve graft. C. Tendon graft Or transfer	25560
25 36	S15	POLY TRAUMA	ST009C	Tendon injury repair	40000
25 37	S15	POLY TRAUMA	ST009D	Tendon graft repair	45000
25 38	S15	POLY TRAUMA	ST010A	Nerve and Or or tendon injury. A. Wound exploration and closure. B. Nerve repair. C. Tendon repair D. Vascular repair Or graft	11360
25 39	S15	POLY TRAUMA	ST010B	Plexus injury along with Vascular injury graft	75000
25 40	S16	COCHLEAR IMPLANT SURGERY	S16.1.1	Cochlear Implant Surgery	80000

Schedules to Insurance Contract

25 41	S16	COCHLEAR IMPLANT SURGERY	S16.1.2	Already unilateral surgery done in other Scheme and proposed opposite side -Second Implant ear cochlear implantation under Dr,YSR Aarogyasri Scheme	80000
25 42	S16	COCHLEAR IMPLANT SURGERY	S16.1.4	Bilateral Cochlear Implantation	11000 0
25 43	S16	COCHLEAR IMPLANT SURGERY	S16.2.1	INITIAL MAPPING/SWITCH ON FOR AUDITORY - VERBAL THERAPY	51310
25 44	S16	COCHLEAR IMPLANT SURGERY	S16.2.2	POST SWITCH ON MAPPING/INITIATION OF AVT AND TRAINING OF CHILD AND MOTHER - FIRST INSTALLMENT	20524
25 45	S16	COCHLEAR IMPLANT SURGERY	S16.2.3	POST SWITCH ON MAPPING/INITIATION OF AVT AND TRAINING OF CHILD AND MOTHER - SECOND INSTALLMENT	20524
25 46	S16	COCHLEAR IMPLANT SURGERY	S16.2.4	POST SWITCH ON MAPPING/INITIATION OF AVT AND TRAINING OF CHILD AND MOTHER - THIRD INSTALLMENT	20524
25 47	S16	COCHLEAR IMPLANT SURGERY	S16.2.5	POST SWITCH ON MAPPING/INITIATION OF AVT AND TRAINING OF CHILD AND MOTHER - FOURTH INSTALLMENT	20524
25 48	S16	COCHLEAR IMPLANT SURGERY	S16.3.1	BEHIND EAR ANALOGUE HEARING AID FOR HEARING IMPAIRED	10262
25 49	S16	COCHLEAR IMPLANT SURGERY	S16.4.1	ADDITIONAL EXTERNAL PROCESSOR FOR CONGINITAL DEAF CHILDREN	25000 0
25 50	S19	ORGAN TRANSPLANTA TION SURGERY	S19.2.1	Heart Transplantation Surgery	10775 10

Annexure II to the Schedule 3*Procedures and Rates Covered Under Trust Mode*

S.No	Speciality	Speciality Name	Procedure Code	Procedure Name	Price
1	M4	PEDIATRICS	M4.9.2	Covid infections in children	30000
2	M4	PEDIATRICS	MG031B	FUNGAL ENDOCARDITIS	15000
3	M5	CARDIOLOGY	IN033A	POST EVAR ENDOLEAK MANAGEMENT	27300
4	M5	CARDIOLOGY	M5.20	OCT guided PTCA -CAD Bifurcation	50000
5	M5	CARDIOLOGY	M5.21	CARDIOLOGY - FFR	45000
6	M5	CARDIOLOGY	MG031B1	FUNGAL ENDOCARDITIS	15000
7	M7	NEUROLOGY	M7.16	Medical Management of Migraine	1650
8	M7	NEUROLOGY	M7.20	RITUXIMAB FOR NEUROLOGICAL DISORDERS-INITIAL DOSE - Day 1 - 1000mg Day 14 - 1000mg	50000
9	M7	NEUROLOGY	M7.21	RITUXIMAB FOR NEUROLOGICAL DISORDERS- MAINTENANCE DOSE - 1000 mg ever 6 months from the initial dose	22500
10	M7	NEUROLOGY	M7.26	Peripheral Neuropathy	12568
11	M7	NEUROLOGY	M7.9.3	Spinal Muscular Atrophy	12568
12	M7	NEUROLOGY	MG0119A	Drug resistant epilepsy	6900
13	M8	PULMONOLOGY	M8.21	FNAC Lung	4000
14	M10	RHEUMATOLOGY	M10.6.3	Medical Management of Juvenile Idiopathic Arthritis	10000
15	M14	EPIDEMIC DISEASE	ID001B	TEST FOR CONFIRMATION OF COVID-19 INFECTION	350
16	M14	EPIDEMIC DISEASE	M14.1.23	Post COVID Management with NIV -Nasal O2,CPAP, BIPAP, HFNO	3800
17	M14	EPIDEMIC DISEASE	M14.1.23A	POST COVID MANAGEMENT WITH NIV -NASAL O2,CPAP, BIPAP, HFNO	3800

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18	M14	EPIDEMIC DISEASE	M14.1.24 A	NON CRITICAL COVID 19 TREATMENT PER DAY	2300
19	M14	EPIDEMIC DISEASE	M14.1.25 A	NON CRITICAL COVID 19 TREATMENT WITH O2	4650
20	S1	GENERAL SURGERY	S1.1.1.13	Superficial Parotidectomy- Non-malignant	2181 7
21	S1	GENERAL SURGERY	S1.1.1.17	Submandibular Gland Excision	2000 0
22	S1	GENERAL SURGERY	S1.1.1.21	Thyroglossal sinus/ fistula/ cyst excision	1530 0
23	S1	GENERAL SURGERY	S1.1.5.4	Resection Enucleation - Thyroid	2565 5
24	S1	GENERAL SURGERY	S1.1.6.2	MULTIPLE LACERATION OVER SCALP B/L	9400
25	S1	GENERAL SURGERY	S1.11.1	Excision of Granuloma / Pyogenic Granuloma	9910
26	S1	GENERAL SURGERY	S1.11.2	Excision of Pyogenic Granuloma	7710
27	S1	GENERAL SURGERY	S1.12.1	Excision of Keloid	2530 0
28	S1	GENERAL SURGERY	S1.12.2	Surgical treatment for Carbuncle back	5000
29	S1	GENERAL SURGERY	S1.12.4	Excision of benign lesions	1200 0
30	S1	GENERAL SURGERY	S1.12.5.2	Split thickness skin grafts Large - greater than 8 percentage TBSA	2500 0
31	S1	GENERAL SURGERY	S1.12.5.3	Split thickness skin grafts Medium - 4 - 8 percentage TBSA	2060 0
32	S1	GENERAL SURGERY	S1.12.5.4	Split thickness skin grafts Small - less than 4 Percentage TBSA	2130 0
33	S1	GENERAL SURGERY	S1.12.5.5	Excision and Skin Graft of Venous Ulcer	2000 0
34	S1	GENERAL SURGERY	S1.12.5.7	Skin Grafting	2000 0
35	S1	GENERAL SURGERY	S1.12.6	Soft Tissue Tumor -small â€™ Excision	5000
36	S1	GENERAL SURGERY	S1.12.7	Debridement of Large Ulcer-Leprosy -5cm to 10 cm	5900
37	S1	GENERAL SURGERY	S1.12.7.1	CHRONIC NON HEALING ULCER - VACCUM	8000
38	S1	GENERAL SURGERY	S1.13.2	Drainage of Abscess	5900
39	S1	GENERAL SURGERY	S1.13.3.1	Excision of Small Swelling in Hand	1078 0
40	S1	GENERAL SURGERY	S1.13.3.1 0	Adventitious Bursae â€™ Excision	1000 0
41	S1	GENERAL SURGERY	S1.13.3.1 1	Lipoma excision	4000
42	S1	GENERAL SURGERY	S1.13.3.1 2	Cystic Mass â€™ Excision	4000
43	S1	GENERAL SURGERY	S1.13.3.1 3	Swelling in foot -small â€™ Excision	2124000

Schedules to Insurance Contract

44	S1	GENERAL SURGERY	S1.13.3.1 4	Excision of Sebaceous Cyst	4000
45	S1	GENERAL SURGERY	S1.13.3.1 5	Excision of Ganglion - large	4000
46	S1	GENERAL SURGERY	S1.13.3.1 6	Bursa “ Excision	4000
47	S1	GENERAL SURGERY	S1.13.3.2	Excision of Large Swelling in Hand -more than 2 cms	5000
48	S1	GENERAL SURGERY	S1.13.3.3	Excision of Fibro Lipoma	8950
49	S1	GENERAL SURGERY	S1.13.3.4	Excision of Small Dermoid Cyst	6930
50	S1	GENERAL SURGERY	S1.13.3.5	Excision of Corn	5420
51	S1	GENERAL SURGERY	S1.13.3.6	Excision of swelling Neck	1114 0
52	S1	GENERAL SURGERY	S1.13.3.7	Excision of Swelling in Right Cervical Region	5000
53	S1	GENERAL SURGERY	S1.13.3.8	Swelling in foot -large “ Excision	4000
54	S1	GENERAL SURGERY	S1.13.3.9	Excision of Neurofibroma	5000
55	S1	GENERAL SURGERY	S1.13.5	Surgical treatment for Infected Bunion Foot	4000
56	S1	GENERAL SURGERY	S1.14.1	Paronychia Drainage	2000
57	S1	GENERAL SURGERY	S1.14.2	Surgical treatment for Ingrowing Nail	2400
58	S1	GENERAL SURGERY	S1.15.1	Submandibular Lymph node “ Excision	2840 0
59	S1	GENERAL SURGERY	S1.15.3	Cervial Lymphnodes “ Excision	3000
60	S1	GENERAL SURGERY	S1.15.5	Any Lymph Node Biopsy	5900
61	S1	GENERAL SURGERY	S1.18.1	Orchidectomy -Unilateral	1800 0
62	S1	GENERAL SURGERY	S1.18.11	Surgical treatment for Filarial Scrotum -without graft	2500 0
63	S1	GENERAL SURGERY	S1.18.11. 1	Surgical treatment for Filarial Scrotum -with graft	2790 0
64	S1	GENERAL SURGERY	S1.18.12	Surgical treatment for Fourniers Gangrene	3200 0
65	S1	GENERAL SURGERY	S1.18.13	Excision of multiple Scrotal Cysts	8250
66	S1	GENERAL SURGERY	S1.18.14	Excision of multiple Scrotal cyst / solid swellings	3100
67	S1	GENERAL SURGERY	S1.18.15	Cyst over Scrotum “ Excision	5900
68	S1	GENERAL SURGERY	S1.18.16	Eversion of Hydrocele Sac “ Bilateral	1000 0
69	S1	GENERAL SURGERY	S1.18.17	Eversion of Hydrocele Sac “ Unilateral	5000
70	S1	GENERAL SURGERY	S1.18.18	Operation for Hydrocele -U Or L	1170 0
71	S1	GENERAL SURGERY	S1.18.19	Hydrocele - Excision “ Bilateral	1500 0
72	S1	GENERAL SURGERY	S1.18.2	Orchidopexy with Eversion of Sac	2500 0
73	S1	GENERAL SURGERY	S1.18.20	Hydrocele + C/L Orchidectomy	2600 0
74	S1	GENERAL SURGERY	S1.18.21	Epididymal -Cyst/ solid Swelling “Excision	2136200

Schedules to Insurance Contract

75	S1	GENERAL SURGERY	S1.18.3	Orchidectomy + Herniorraphy / Hernio plasty	3000 0
76	S1	GENERAL SURGERY	S1.18.4	Evacuation of Scrotal Hematoma	1856 0
77	S1	GENERAL SURGERY	S1.18.5	Laposcopic Excision of Varicocele	2500 0
78	S1	GENERAL SURGERY	S1.18.5.1	Open Excision of Varicocele	1840 0
79	S1	GENERAL SURGERY	S1.18.6	Excision of Epididymal Cyst	6200
80	S1	GENERAL SURGERY	S1.18.7	Epididectomy	1500 0
81	S1	GENERAL SURGERY	S1.18.8	Circumcision	1420 0
82	S1	GENERAL SURGERY	S1.18.9	Vasectomy	2500
83	S1	GENERAL SURGERY	S1.19.2	Cellulitis Conservative with antibiotics	8000
84	S1	GENERAL SURGERY	S1.2.2	Excision of Mammary Fistula	1410 0
85	S1	GENERAL SURGERY	S1.2.3	Excision of Fibroma	9180
86	S1	GENERAL SURGERY	S1.2.3.1	Excision of Bilateral Fibroadenoma	1000 0
87	S1	GENERAL SURGERY	S1.2.3.2	Excision of Unilateral Fibroadenoma	7000
88	S1	GENERAL SURGERY	S1.2.4	Bilateral Lumpectomy	1500 0
89	S1	GENERAL SURGERY	S1.2.4.1	Breast Lump “ Excision	7000
90	S1	GENERAL SURGERY	S1.2.5.1	Segmental Resection of Breast	1487 0
91	S1	GENERAL SURGERY	S1.2.6	Surgical repair of bilateral Gynaecomastia	1180 0
92	S1	GENERAL SURGERY	S1.2.6.1	Surgical repair of unilateral Gynaecomastia	9200
93	S1	GENERAL SURGERY	S1.2.7	I and D of Breast Abscess	8940
94	S1	GENERAL SURGERY	S1.20.6	RTA Pain in non - traumatic chest injury	4100
95	S1	GENERAL SURGERY	S1.21.1	SUTURE DEHISCENCE - RESUTURING	2790 0
96	S1	GENERAL SURGERY	S1.21.2	MANAGEMENT OF TRAUMA WITH LACERATION	3600
97	S1	GENERAL SURGERY	S1.21.4	Gangrene foot below knee amputation	2500 0
98	S1	GENERAL SURGERY	S1.21.5	TOE Amputation -Toe Gangrene	8000
99	S1	GENERAL SURGERY	S1.3.1.10	Herinoplasty with Mesh Direct Inguinal Hernia	2565 5
100	S1	GENERAL SURGERY	S1.3.1.10 .1	All Inguinal Hernia Operation with out Mesh	2340 0
101	S1	GENERAL SURGERY	S1.3.1.10 .2	Hernioplasty - Indirect inguinal hernia	2500 0
102	S1	GENERAL SURGERY	S1.3.1.10 .3	Open Bilateral hernioplasty with mesh	4250 0
103	S1	GENERAL SURGERY	S1.3.1.5	Rare Hernias repair - Spigalion,Obuturator,Sciati c	2680 0

Schedules to Insurance Contract

104	S1	GENERAL SURGERY	S1.3.10	Laparoscopic Adhesiolysis other than interstinal obsession	1800 0
105	S1	GENERAL SURGERY	S1.3.2.2	Surgical treatment for Appendicular Perforation	2840 0
106	S1	GENERAL SURGERY	S1.3.2.3	Open Appendicectomy	2340 0
107	S1	GENERAL SURGERY	S1.3.2.4	Operative drainage of Appendicular Abscess	1760 0
108	S1	GENERAL SURGERY	S1.3.3.13	Open Drainage of Pelvic Abscess	3200 0
109	S1	GENERAL SURGERY	S1.3.3.15	Excision of Mesenteric Cyst	3126 0
110	S1	GENERAL SURGERY	S1.3.4.10	Excision Benign Tumor - Small intestine	3000 0
111	S1	GENERAL SURGERY	S1.3.4.6	Resection and Anastomosis Of Small Intestine-45.9	3790 0
112	S1	GENERAL SURGERY	S1.3.4.9	Excision of Meckels Diverticulum	4104 8
113	S1	GENERAL SURGERY	S1.3.5.4	Left Hemi Colectomy	4000 0
114	S1	GENERAL SURGERY	S1.3.5.8	Colostomy Closure	2565 5
115	S1	GENERAL SURGERY	S1.3.6.3	Rectopexy Open with Mesh for Rectal Prolapse	2880 0
116	S1	GENERAL SURGERY	S1.3.6.3.2	Rectopexy Open with Mesh for Rectal Prolapse	3000 0
117	S1	GENERAL SURGERY	S1.3.6.4	Fistulectomy	1500 0
118	S1	GENERAL SURGERY	S1.3.6.6	Drainage of Ischio Rectal Abscess	2200 0
119	S1	GENERAL SURGERY	S1.3.6.9.1	Fissurectomy and Haemorrhoidectomy	1350 0
120	S1	GENERAL SURGERY	S1.3.6.9.2	Lord Procedure for Haemorrhoids	1000 0
121	S1	GENERAL SURGERY	S1.3.6.9.3	Fissurectomy with Sphincterotomy	1500 0
122	S1	GENERAL SURGERY	S1.3.6.9.4	Anal Dilation	2500
123	S1	GENERAL SURGERY	S1.3.6.9.4.1	ANAL STRICTURE	5000
124	S1	GENERAL SURGERY	S1.3.6.9.5	Haemorrhoidectomy	1667 0
125	S1	GENERAL SURGERY	S1.5.3.1	Laprosopic Cholecystectomy With CBD Exploration -51.41	3078 6
126	S1	GENERAL SURGERY	S1.5.6	Pancreaticocystogastrostomy	4302 5
127	S1	GENERAL SURGERY	S1.7.5	Open Splenectomy	2350 0
128	S1	GENERAL SURGERY	S1.8.1	Excision and Ligation of Varicose Veins	2350 0
129	S1	GENERAL SURGERY	S1.8.2	Ligation of Perforators incompetence	1000 0
130	S1	GENERAL SURGERY	S1.9.1	Excision of any Sinus	1685 0
131	S1	GENERAL SURGERY	S1.9.2	Excision of Umbillical Sinus	1670 0
132	S1	GENERAL SURGERY	S1.9.3	Excision of Pilonidal Sinus 21	56600

Schedules to Insurance Contract

133	S1	GENERAL SURGERY	SG008A	Pyloroplasty	2070 0
134	S1	GENERAL SURGERY	SG008A1	PYLOROPLASTY	2070 0
135	S1	GENERAL SURGERY	SG0106A	GASTROJEJUNOSTOMY - Open	3490 0
136	S1	GENERAL SURGERY	SG0108A1	Sympathectomy-Bilateral - B Or L	3500 0
137	S1	GENERAL SURGERY	SG010A	Gastrojejunostomy	3000 0
138	S1	GENERAL SURGERY	SG0113A	Mole Excision	2000
139	S1	GENERAL SURGERY	SG012A	Feeding Jejunostomy	1500 0
140	S1	GENERAL SURGERY	SG021C	HEMI COLECTOMY - Left-Open	3520 0
141	S1	GENERAL SURGERY	SG050B	Inguinal - Lap.	2080 0
142	S1	GENERAL SURGERY	SG051C	Paraumbilical	2700 0
143	S1	GENERAL SURGERY	SG059A	Orchidectomy	1200 0
144	S1	GENERAL SURGERY	SG066A	Submandibular Mass Excision	2500 0
145	S1	GENERAL SURGERY	SG070A	Hemi thyroidectomy	2565 5
146	S1	GENERAL SURGERY	SG074A	Breast Lump Excision - Benign	1000 0
147	S1	GENERAL SURGERY	SG075A	Simple Mastectomy	2500 0
148	S1	GENERAL SURGERY	SG096E	BIOPSY - Vulval	2500
149	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.23	Excision of Bursa/Ganglion	3600
150	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB027A	DISARTICULATION - Hind quarter	3130 0
151	S5	ORTHOPEDIC SURGERY AND PROCEDURES	SB027B	FORE QUARTER	3130 0
152	S10	NEUROSURGERY	S10.6.7.1	LOCAL NEURECTOMY	1760 0
153	S11	SURGICAL ONCOLOGY	SC064B	EXCISION OF PINNA FOR GROWTHS OR INJURIES - TOTAL AMPUTATION AND EXCISION OF EXTERNAL AUDITORY MEATUS - GROWTH - BASAL	1000 0
154	S11	SURGICAL ONCOLOGY	SC064C	EXCISION OF PINNA FOR GROWTHS OR INJURIES - TOTAL AMPUTATION AND EXCISION OF EXTERNAL AUDITORY MEATUS - INJURY	1000 0
155	S15	POLY TRAUMA	S15.5.1	Tracheostomy	6393
156	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.1.5.3 A	CARDIAC RESYNCHRONISATION THERAPY - HOCM	1100 00

Schedules to Insurance Contract

157	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.12.3B	THROMBOLYSIS FOR ACUTE ISCHEMIA OF LIMB DUE TO ARTERIAL ABSTRUCTION	1000 0
158	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.21	Operations for Congenital Arteriovenous Fistula	1500 0
159	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.11.6A	AXILLO BRACHIAL BYPASS USING WITH SYNTHETIC GRAFT PTFE GRAFT LARGE LESS THAN 8MM -50000	9200 0
160	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.11	VERTEBRAL ARTERY STENTING WITH EMBOLIC PROTECTION DEVICE	6500 0
161	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.10.6	Surgical Treatment For MVR And Atrial Fibrillation- Maze Method/ Cryoablation Method / Hifu Method	1500 00
162	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.13.2	Intrathoracic Aneurysm - Aneurysm Not Requiring Bypass	1026 20
163	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.2.14.2	AORTO-AORTO BYPASS WITHOUT GRAFT	8722 7
164	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.3.7	PULMONARY SEQUESTRATION RESECTION	4000 0
165	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV003T	TRUNCUS ARTERIOSUS REPAIR	1600 00
166	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV007A	TRIPLE VALVE REPLACEMENT OR REPAIR- CMU0029	1600 00
167	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV016D	AORTIC ANEURYSM REPAIR WITHOUT USING LEFT HEART BYPASS	1201 00
168	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019G	AXILLARY ANEURYSM REPAIR	1081 00
169	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019O	CAROTIDO - AXILLARY BYPASS- CMU0375	5780 0
170	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019P	AXILLO - FEMORAL BYPASS - U OR L	1081 00
171	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019Q	AXILLO - FEMORAL BYPASS - B OR L	1081 00
172	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019R	AORTO - CAROTID BYPASS	1081 00
173	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019S	AORTO - SUBCLAVIAN BYPASS	1081 00
174	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV019W	SURGERY FOR ARTERIAL ANEURYSM – VERTEBRAL	1188 00
175	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV036A	PECTUS EXCAVATION	6250 0
176	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV041B	SECOND FOLLOW-UP- AFTER 3 MONTHS	4400

Schedules to Insurance Contract

177	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV041C	THIRD FOLLOW-UP-AFTER 3 MONTHS	2200
178	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV041D	FOURTH FOLLOW-UP-AFTER 3 MONTHS	2200
179	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV041E	FIFTH FOLLOW-UP - AFTER 3 MONTHS	2200
180	M5	CARDIOLOGY	IN019A	GELFOAM EMBOLIZATION - WITHOUT MICROCATETER	1460 0
181	M5	CARDIOLOGY	IN031A	FENESTRATION OF DISSECTING ANEURYSM	4710 0
182	S2	ENT SURGERY	S2.1.1	LABYRINTHECTOMY	2315 0
183	S2	ENT SURGERY	S2.1.7.2	Total Amputation and Excision of External Auditory Meatus	1500 0
184	S2	ENT SURGERY	S2.1.7.3	EXCISION OF PINNA FOR GROWTHS - SQUAMOUS/BASAL INJURIES TOTAL AMPUTATION	6500
185	S2	ENT SURGERY	S2.2.3.1	LARYNGECTOMY IN NONMALIGNANT CONDITIONS	4000 0
186	S2	ENT SURGERY	S2.2.7.1	ZETA PLASTY	2000 0
187	S2	ENT SURGERY	S2.2.9.3	PHARYNGECTOMY AND RECONSTRUCTION	4860 0
188	S2	ENT SURGERY	S2.2.9.4	Pharyngeal diverticulum “ Excision	2656 0
189	S2	ENT SURGERY	S2.3.1.1	ENDOSCOPIC SINUS SURGERY-INTERNAL MAXILLARY ARTERY LIGATION	3454 6
190	S2	ENT SURGERY	SL029D	CRANIOFACIAL RESECTION	4090 0
191	S2	ENT SURGERY	SL029E	MAXILLARY SWING	4090 0
192	S2	ENT SURGERY	SL030A	ENDOSCOPIC HYPOPHYSECTOMY	5880 0
193	S2	ENT SURGERY	SL030B	CLIVAL TUMOUR EXCISION	5880 0
194	S2	ENT SURGERY	SL032B	TRANSLABYRINTHINE APPROACH	5890 0
195	S2	ENT SURGERY	SL032C	TRANSCOCHLEAR APPROACH	5890 0
196	M14	EPIDEMIC DISEASE	M14.2.2	Multisystem Inflammatory Syndrome in Children - MIS-C presenting as Kawasaki like illness	6253 3
197	M14	EPIDEMIC DISEASE	M14.2.4	Febrile Inflammatory Syndrome	4218 3
198	M2	GENERAL MEDICINE	MG052A	MYXEDEMA COMA	2000 0
199	S1	GENERAL SURGERY	SG051D1	SPIGELIAN	2700 0

Schedules to Insurance Contract

200	S1	GENERAL SURGERY	SG062C	CHEEK ADVANCEMENT	2680 0
201	S1	GENERAL SURGERY	SG081A	LOBECTOMY - THORACOSCOPIC	4660 0
202	S1	GENERAL SURGERY	SG082A	THORACOSCOPIC SEGMENTAL RESECTION	5490 0
203	S1	GENERAL SURGERY	SG102A	REPAIR OF RENAL ARTERY STENOSIS	8630 0
204	S9	GENITO URINARY SURGERIES	S9.1.6	LAPROSCOPIC POST TRANSPLANT LYMPHOCELE	3139 0
205	S9	GENITO URINARY SURGERIES	S9.10.18	PENILE PROSTHESIS INSERTION	4000 0
206	S9	GENITO URINARY SURGERIES	S9.10.19	SURGICAL MANAGEMENT OF PENILE INJURIES	2492 0
207	S9	GENITO URINARY SURGERIES	S9.10.6	INFERTILITY- VASOEPIDIDYMOSTOM Y, MICROSURGICAL, BILATERAL	2300 0
208	S9	GENITO URINARY SURGERIES	S9.12.3	Difficult vascular access/graft	3000 0
209	S9	GENITO URINARY SURGERIES	S9.20.1	PELVIC LYMPHADENECTOMY OPEN, AFTER PRIOR CANCER SURGERY	2500 0
210	S9	GENITO URINARY SURGERIES	S9.20.3	RPLND FOR TESTIS CANCER IN CHILDREN	6302 0
211	S9	GENITO URINARY SURGERIES	S9.20.4	RPLND as a part of Staging	3172 5
212	S9	GENITO URINARY SURGERIES	S9.6.7	Bilateral Nephroureterectomy	8209 6
213	S9	GENITO URINARY SURGERIES	S9.8.3.1	Epispadias Correction in Children	3760 0
214	S9	GENITO URINARY SURGERIES	S9.9.2.5	TURP/Laser + URS with stone removal	4000 0
215	S9	GENITO URINARY SURGERIES	S9.9.5.2	OPEN RADICAL CYSTECTOMY WITH URETEROSIGMOIDOST OMY -57.88	4500 0
216	S9	GENITO URINARY SURGERIES	S9.9.5.5	RADICAL CYSTECTOMY WITH URETEROSIGMOIDOST OMY-OPEN	4000 0
217	S9	GENITO URINARY SURGERIES	SU0101A	FOLLOW UP FOR UROLOGICAL PROCEDURES	1900
218	S9	GENITO URINARY SURGERIES	SU026B	URETEROLYSIS FOR RETROPERITONEAL FIBROSIS -WITH OR WITHOUT OMENTAL WRAPPING - LAP.	3660 0
219	S9	GENITO URINARY SURGERIES	SU037A	ACUTE MANAGEMENT OF UPPER URINARY TRACT TRAUMA - CONSERVATIVE	1100 0

Schedules to Insurance Contract

220	S9	GENITO URINARY SURGERIES	SU046A	DEFLUX FOR VUR-ONLY PROCEDURE CHARGE	5300
221	S9	GENITO URINARY SURGERIES	SU051A	EXTROPHY BLADDER REPAIR INCLUDING OSTEOTOMY IF NEEDED + EPISPADIAS REPAIR + URETERIC REIMPLANT	1000 00
222	S9	GENITO URINARY SURGERIES	SU068A	Non endoscopic as an independent procedure	3200
223	S9	GENITO URINARY SURGERIES	SU076A	Urethrectal fistula repair	5100 0
224	S9	GENITO URINARY SURGERIES	SU098B	PELVIC LYMPHADENECTOMY, AFTER PRIOR CANCER SURGERY - LAPAROSCOPIC	3800 0
225	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO015A	LAP. SURGERY FOR ENDOMETRIOSIS - - OTHER THAN HYSTERECTOMY	1740 0
226	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO024B	TRANS-OBTURATOR TAPE	8000
227	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO054C	MAJOR FETAL MALFORMATION REQUIRING INTERVENTION IMMEDIATELY AFTER BIRTH	1500 0
228	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO069A	MOLAR FOLLOW UP FOR CHEMOTHERAPY	6000
229	S12	MEDICAL ONCOLOGY	MO067B	CT FOR PEDIATRIC HODGKINS LYMPHOMA RELAPSE - DECA	1540 0
230	S10	NEUROSURGERY	S10.2.14	SELECTIVE POSTERIOR RHIZOTOMY	3000 0
231	S10	NEUROSURGERY	S10.2.2	Excision Of Cervical Inter-Vertebral Discs	3078 5
232	S10	NEUROSURGERY	S10.6.9	Cranial Nerve Anastomosis	3550 0
233	S10	NEUROSURGERY	S10.7.1	Temporal Lobectomy	7696 5
234	S10	NEUROSURGERY	SN035B	TRIGEMINAL NERVE NEURECTOMY	3110 0
235	S10	NEUROSURGERY	SN054A	GAMMA KNIFE RADIOSURGERY FOR TUMORS OR AVMS OR TRIGEMINAL NEURALGIA	9380 0
236	S3	OPHTHALMOLOGY SURGERY	S3.10.2	Exision of tumours of iris	1573 0
237	S3	OPHTHALMOLOGY SURGERY	S3.14	REF ER WITH OD MYALINATED N FIBERSD WITH OS TILTED DISC - EVERY YEAR HVF	1200
238	S3	OPHTHALMOLOGY SURGERY	S3.2.6	DOUBLE Z-PLASTY	6093

Schedules to Insurance Contract

239	S3	OPHTHALMOLOGY SURGERY	SE027A	CYCLOPHOTOCOAGULATION	4700
240	S19	ORGAN TRANSPLANTATION SURGERY	S19.2.2	HEART TRANSPLANTATION REJECTION	3078 60
241	S19	ORGAN TRANSPLANTATION SURGERY	S19.2.3	HEART TRANSPLANTATION INFECTION	1539 30
242	S8	PEDIATRIC SURGERIES	S8.4.4	Excision of Thoracoscopic Cysts	2565 5
243	S8	PEDIATRIC SURGERIES	S8.7.10	MEDIASTINAL CYST EXCISION IN PAEDIATRIC PATIENTS	6600 0
244	S8	PEDIATRIC SURGERIES	S8.9.1.6	REPAIR OF URETHRAL INJURIES IN PAEDIATRIC PATIENTS	2802 0
245	S8	PEDIATRIC SURGERIES	S8.9.1.8	Bladder augmentation	4530 0
246	S8	PEDIATRIC SURGERIES	S8.9.13	ESWL	2100 0
247	S8	PEDIATRIC SURGERIES	S8.9.18	CAPD -TENCHKOFF CATHETER REMOVAL	3400 0
248	S8	PEDIATRIC SURGERIES	SG011D	CYSTOGASTROSTOMY - LAP	2630 0
249	S8	PEDIATRIC SURGERIES	SG013A	ILEOSTOMY	1650 0
250	S8	PEDIATRIC SURGERIES	SG022A	OPERATIVE MANAGEMENT OF VOLVULUS OF LARGE BOWEL	3290 0
251	S8	PEDIATRIC SURGERIES	SG030A	RESECTION ANASTOMOSIS - OPEN	2670 0
252	S8	PEDIATRIC SURGERIES	SG039B	CHOLECYSTECTOMY - WITH EXPLORATION OF CBD - OPEN	3110 0
253	S8	PEDIATRIC SURGERIES	SG050E	OBTURATOR - LAP.	4290 0
254	S8	PEDIATRIC SURGERIES	SG053A	HIATUS HERNIA REPAIR - OPEN	2630 0
255	S8	PEDIATRIC SURGERIES	SG053B	HIATUS HERNIA REPAIR - LAP	2630 0
256	S8	PEDIATRIC SURGERIES	SG060A	INGUINAL NODE - DISSECTION - U OR L	1980 0
257	S8	PEDIATRIC SURGERIES	SG072A	THYMECTOMY	6000 0
258	S8	PEDIATRIC SURGERIES	SG078A	RIB RESECTION AND DRAINAGE	2000 0
259	S8	PEDIATRIC SURGERIES	SG079A	THORACOPLASTY	2440 0
260	S8	PEDIATRIC SURGERIES	SG083A	LUNG HYDATID CYST REMOVAL	2630 0
261	S8	PEDIATRIC SURGERIES	SL017A	PERITONSILLAR ABSCESS DRAINAGE	5800
262	S8	PEDIATRIC SURGERIES	SS004A	Gastrostomy + Esophagoscopy + Threading	2770 0
263	S8	PEDIATRIC SURGERIES	SS007B	OPERATIVE IN INFANTS	3380 0

Schedules to Insurance Contract

264	S8	PEDIATRIC SURGERIES	SS008A	MYECTOMY	3200 0
265	S8	PEDIATRIC SURGERIES	SS008E	SPHINCTEROTOMY	2070 0
266	S8	PEDIATRIC SURGERIES	SS010E	REDO - PULLTHROUGH	3000 0
267	S8	PEDIATRIC SURGERIES	SS010F	TRANSPOSITION	2680 0
268	S8	PEDIATRIC SURGERIES	SS011A	FECAL FISTULA CLOSURE	3540 0
269	S8	PEDIATRIC SURGERIES	SS012A	GI TUMOR EXCISION	4170 0
270	S8	PEDIATRIC SURGERIES	SS020A	EXCISION OF ACCESSORY AURICLE	2380 0
271	S8	PEDIATRIC SURGERIES	SS021A	REPAIR OF MACROSTOMIA	4880 0
272	S8	PEDIATRIC SURGERIES	SS022A	PARATHYROIDECTOMY	4880 0
273	S8	PEDIATRIC SURGERIES	SS023A	DILATATION OF STENOSIS DUCT	1380 0
274	S8	PEDIATRIC SURGERIES	SS030A	SEPARATION OF TWINS	1188 00
275	S8	PEDIATRIC SURGERIES	SS034A	SPLENORAPPHY	3880 0
276	S8	PEDIATRIC SURGERIES	SS036A	KIDNEY BIOPSY	4130 0
277	S8	PEDIATRIC SURGERIES	SS037A	APPENDICOVESICOSTOMY OR MONTI PROCEDURE	5380 0
278	S8	PEDIATRIC SURGERIES	SS039A	SUPRA-GLOTOPLASTY	3380 0
279	S8	PEDIATRIC SURGERIES	SS040A	AIRWAY RECONSTRUCTION	6880 0
280	S8	PEDIATRIC SURGERIES	SS041A	STAGED AIRWAY RECONSTRUCTION	6250 0
281	S8	PEDIATRIC SURGERIES	SS042A	SLIDE TRACHEOPLASTY	7500 0
282	S8	PEDIATRIC SURGERIES	SS019E	REEXPLORATION OR SECOND STAGE	2250 0
283	M4	PEDIATRICS	M4.30	ADVERSE EVENTS FOLLOWING IMMUNISATION REQUIRING VENTILATOR SUPPORT	4000 0
284	M4	PEDIATRICS	MG073A	PLASMAPHERESIS	2000
285	M4	PEDIATRICS	MN013A	BERA	500
286	M4	PEDIATRICS	MP006D	COMPLICATED BACTERIAL MENINGITIS	1000 0
287	S14	PLASTIC SURGERY	S14.1.9	MICROGNATHIA - PIERRE ROBBINSEQUALAE- 3 STAGES -PER STAGE	6000 0
288	S14	PLASTIC SURGERY	S14.24.1	Any raw area which needs skin grafting - mild less than 5 Percentage	3261 0
289	S14	PLASTIC SURGERY	S14.24.3	Any raw area which needs skin grafting - major - greater than 10 Percentage	4989 0

Schedules to Insurance Contract

290	S14	PLASTIC SURGERY	S14.36.2	CORRECTIVE SURGERY FOR HYPERCHALONISM ELECANTHES	52740
291	S14	PLASTIC SURGERY	SP006B	TISSUE EXPANDER FOR DISFIGUREMENT FOLLOWING TRAUMA	62500
292	S14	PLASTIC SURGERY	SP008A	NPWT	4700
293	S15	POLY TRAUMA	ST005B	Surgical intervention for Visceral injury and fixation of fracture of 2 or more long bones	56300
294	M13	PSYCHIATRY	MM010C	TOURETTE SYNDROME OR CHRONIC TIC DISORDER	2300
295	S13	RADIATION ONCOLOGY	MR007C	LINEAR ACCELERATOR, EXTERNAL BEAM RADIOTHERAPY IMRT - INTENSITY MODULATED RADIOTHERAPY -6 FRACTIONS - INCLUSIVE OF SIMULATION AND PLANNING COST - NEOADJUVANT	46200
296	S11	SURGICAL ONCOLOGY	PM007A	MALIGNANT SPINAL CORD COMPRESSION	16500
297	S11	SURGICAL ONCOLOGY	PM029A	Constipation - Palliative Invasive interventions	33000
298	S11	SURGICAL ONCOLOGY	S11.13.1	Sleeve Resection of Ear in malignant conditions	61815
299	S11	SURGICAL ONCOLOGY	S11.25.5	Supra Levator Exenteration - Carcinoma Cervix	94500
300	S11	SURGICAL ONCOLOGY	S11.35.10	SUBSTERNAL GASTRIC BYPASS IN MALIGNANT CONDITIONS	52259
301	S11	SURGICAL ONCOLOGY	SC002A	SOFT PALATE	45100
302	S11	SURGICAL ONCOLOGY	SC009B	INTERSPHINCTERIC RESECTION - LAP.	80000
303	S11	SURGICAL ONCOLOGY	SC022A	URETERIC END TO END ANASTOMOSIS	44000
304	S11	SURGICAL ONCOLOGY	SC024E	RADICAL CYSTECTOMY - WITH NEOBLADDER - LAP	50000
305	S11	SURGICAL ONCOLOGY	SC024G	RADICAL CYSTECTOMY - WITH URETEROSIGMOIDOSTOMY - LAP	45000
306	S11	SURGICAL ONCOLOGY	SC032C	CLASS I RADICAL HYSTERECTOMY + OR - BILATERAL SALPINGOOPHORECTOMY - LAP.	38500
307	S11	SURGICAL ONCOLOGY	SC038A	TOTAL PHARYNGECTOMY	67400

Schedules to Insurance Contract

308	S11	SURGICAL ONCOLOGY	SC043A	TRACHEAL STENOSIS - END TO END ANASTAMOSIS - THROAT	5000 0
309	S11	SURGICAL ONCOLOGY	SC044A	CENTRAL AIRWAY TUMOUR DEBULKING	3510 0
310	S11	SURGICAL ONCOLOGY	SC047B	MEDIASTINOSCOPY - STAGING	4320 0
311	S11	SURGICAL ONCOLOGY	SC050A	CHAMBERLAIN PROCEDURE	3070 0
312	S11	SURGICAL ONCOLOGY	SC058B	WEDGE RESECTION LUNG - THORACOSCOPIC	1000 00
313	S11	SURGICAL ONCOLOGY	SC069A	Rotationplasty	8010 0
314	S11	SURGICAL ONCOLOGY	SC075A	CUROPSY OR SCLEROTHERAPY	2790 0
315	S11	SURGICAL ONCOLOGY	SC057B	SEGMENTAL RESECTION OF LUNG - THORACOSCOPIC	8700 0
316	S11	SURGICAL ONCOLOGY	S11.27.3	BRONCHOSCOPIC TUMOR RESECTION	8500 0
317	S9	GENITO URINARY SURGERIES	S9.6.11	Renal Cyst deroofing or marsupialization-Open	2300 0
318	S10	NEUROSURGERY	S10.1.25	Ventriculo Atrial Shunt	4490 0
319	S14	PLASTIC SURGERY	S14.26.3	Nipple areola reconstruction	2500 0
320	S11	SURGICAL ONCOLOGY	SC009A	INTERSPHINCTERIC RESECTION - Open	8780 0
321	S1	GENERAL SURGERY	SG0111A	EPIDIDYMAL EXCISION UNDER GA	2000
322	M4	PEDIATRICS	M4.28	MANAGEMENT OF KALA AZAR	1800 0
323	M6	NEPHROLOGY	M6.8	Medical Management of UTI -Urinary Tract Infection	1000 0
324	M11	ENDOCRINOLOGY	M11.1.5	Medical management of Cavernous Sinus Thrombosis in uncontrolled Diabetes melitus	4208 5
325	M11	ENDOCRINOLOGY	M11.1.6	Medical management of Rhinocerebral Mucormycosis	5297 3
326	S1	GENERAL SURGERY	S1.1.5.2. 1	LAPROSCOPIC ISTHMECTOMY	2942 1
327	S1	GENERAL SURGERY	S1.1.5.7	Laprosopic Thyroid Nodule Excision	2597 0
328	S1	GENERAL SURGERY	S1.12.5.1	FREE GRAFTS - WOLFE GRAFTS	3550 0
329	S1	GENERAL SURGERY	S1.12.8	ESTLANDER OPERATION -LIP	2100 0
330	S1	GENERAL SURGERY	S1.12.8.1	OPERATION FOR CARCINOMA LIP- CHEEK ADVANCEMENT/ WEDGE EXCISION/ WEDGE EXCISION AND VERMILIONECTOMY	4260 0

Schedules to Insurance Contract

331	S1	GENERAL SURGERY	S1.13.1	HEMANGIOMA SCLEOTHERAPY	9150
332	S1	GENERAL SURGERY	S1.16.1	Laposcopic-Lumbar Sympathectomy	2500 0
333	S1	GENERAL SURGERY	S1.18.10	COCCYGEAL TERATOMA EXCISION	1500 0
334	S1	GENERAL SURGERY	S1.20.1	THORAX - PENETRATING WOUNDS	1250 0
335	S1	GENERAL SURGERY	S1.20.2	RIB RESECTION AND DRAINAGE	2840 0
336	S1	GENERAL SURGERY	S1.20.3	THORACOSCOPIC SEGMENTAL RESECTION	4660 0
337	S1	GENERAL SURGERY	S1.20.4	THORACOCENTESIS	1000 0
338	S1	GENERAL SURGERY	S1.3.1.11 .1	Laposcopic Surgical treatment for Incisional Hernia without Mesh	3000 0
339	S1	GENERAL SURGERY	S1.3.11	MESENTERIC CAVAL ANASTOMOSIS	2850 0
340	S1	GENERAL SURGERY	S1.3.3.10 .3	Duodenectomy	3865 0
341	S1	GENERAL SURGERY	S1.3.3.17	Drainage of perivertebral abscess	1000 0
342	S1	GENERAL SURGERY	S1.3.4.4	Surgical management For Haemorrhage Of The Small Intestine	4925 8
343	S1	GENERAL SURGERY	S1.3.4.5	Surgical treatment For Recurrent Intestinal obstruction -Noble Plication Other	4925 7
344	S1	GENERAL SURGERY	S1.3.4.7. 1	Illieo Sigmoidostomy	4800 0
345	S1	GENERAL SURGERY	S1.3.6.5	Fissurectomy with lateral spinctrotomy	1500 0
346	S1	GENERAL SURGERY	S1.3.7.1	ABDOMEN - Cecopexy	3000 0
347	S1	GENERAL SURGERY	S1.5.8	GALLBLADDER - PANCREAS DIVISUM	3000 0
348	S2	ENT SURGERY	S2.9	Cryosurgery	1840 0
349	S2	ENT SURGERY	SE040A1	GA Or EUA separate add on package	3000
350	S8	PEDIATRIC SURGERIES	S8.1.1.2	Open repair of diaphragmatic hernia in paediatric patients	5131 0
351	S8	PEDIATRIC SURGERIES	SG073A	SYMPATHECTOMY- UNILATERAL -U OR L	2070 0
352	S16	COCHLEAR IMPLANT SURGERY	S16.1.3	Already unilateral surgery done in Dr.YSR Aarogyasri Scheme previously and proposed opposite side - second Implant ear cochlear implantation in same Dr.YSR Aarogyasri scheme	8000 0

Schedules to Insurance Contract

353	M5	CARDIOLOGY	IN023D	Angioplasty and bare metal stenting -arterial CTO lesion	7610 0
354	M5	CARDIOLOGY	IN026B	Angioplasty and stenting hepatic vein	6280 0
355	M5	CARDIOLOGY	IN026C	Angioplasty and bare metal stenting -venous	6310 0
356	M5	CARDIOLOGY	IN026D	Angioplasty -IVC Or central vein with high pressure balloon	6620 0
357	M5	CARDIOLOGY	IN028A	Angioplasty -complex : cutting balloon Or drug coated balloon	6650 0
358	M5	CARDIOLOGY	IN029A	Angioplasty with medicated SFA stent Or Specialised stent -arterial CTO lesion	2976 00
359	M5	CARDIOLOGY	IN030A	Angioplasty -central vein Or CIV with high pressure balloon Aand specilaised venous stent	2078 00
360	M5	CARDIOLOGY	IN032A	TEVAR FOR AORTIC ANEURYSM OR DISSECTION	8380 0
361	M5	CARDIOLOGY	IN046A	STROKE-STENT RETREIVER	2910 00
362	M5	CARDIOLOGY	IN046B	Stroke-Aspiration Catheter	3103 00
363	M5	CARDIOLOGY	IN047A	Intervention for Acute stroke -Aspiration and stent retrieval	3932 00
364	M5	CARDIOLOGY	IN048B	Aneurysm-5 Coil	2704 00
365	M5	CARDIOLOGY	IN048C	ANEURYSM-7 COIL	3217 00
366	M5	CARDIOLOGY	IN048E	ENDOVASCULAR THERAPY FOR INTRACRANIAL ANEURYSM - 5 Coil + Balloon	3454 00
367	M5	CARDIOLOGY	IN048G	ENDOVASCULAR THERAPY FOR INTRACRANIAL ANEURYSM - 5 Coil + Balloon+Stent	4323 00
368	M5	CARDIOLOGY	IN048H	ENDOVASCULAR THERAPY FOR INTRACRANIAL ANEURYSM - 7 COIL + BALLOON+STENT	4743 00
369	M5	CARDIOLOGY	IN049A	PIAL AVF -SINGLE HOLE	1204 00
370	M5	CARDIOLOGY	IN050A	CAROTID STENTING	1250 00
371	M5	CARDIOLOGY	IN050B	Carotid stenting-membrane layered	1767 00
372	M5	CARDIOLOGY	IN053A	Carotid stenting with protection device	2079 00
373	M5	CARDIOLOGY	M5.22	CARDIOLOGY - ICD - Intra Cardia De-febrillator	4500 226 00

Schedules to Insurance Contract

374	M5	CARDIOLOGY	MC013A	PERCUTANEOUS TRANSLUMINAL SEPTAL MYOCARDIAL ABLATION	4250 0
375	M5	CARDIOLOGY	SV040A1	Aortic stenting	4210 00
376	M6	NEPHROLOGY	M6.2	Medical Management of Nephrotic Syndrome	1733 3
377	M7	NEUROLOGY	M7.14.1	Parkinson Plus syndromes	7174
378	M7	NEUROLOGY	M7.22	Neurocutaneous Syndromes	1265 1
379	M7	NEUROLOGY	M7.23	Mucopoly Sacharidosis	1107 3
380	M7	NEUROLOGY	M7.24	Multiple Sclerosis	1750 0
381	M7	NEUROLOGY	M7.25	Motor Neuron Disease	1383 3
382	M7	NEUROLOGY	M7.9.1	Leucodystrophies	1127 0
383	M7	NEUROLOGY	M7.9.2	Muscular Dystophies	1156 8
384	M9	DERMATOLOGY	M9.1	Medical management of Pemphigus	3249 8
385	M9	DERMATOLOGY	M9.12.2	Medical management of Chronic plaque psoriasis greater than20 percentage BSA /Palmo plantar psoriasis	2335 7
386	M9	DERMATOLOGY	M9.18.3	Management of connective tissue disorders. Morphea - Linear/Generalised	1172 6
387	M9	DERMATOLOGY	M9.2	Medical management of Toxic Epidermal Necrolysis	3879 1
388	M9	DERMATOLOGY	M9.20	Medical management of cutaneous vasculitis	1551 6
389	M9	DERMATOLOGY	M9.21	Medical management of Hidradenitis suppurativa	1672 4
390	M9	DERMATOLOGY	M9.22	Medical management of Alopecia Areata greater than10 percentage of scalp involvement	1046 9
391	M9	DERMATOLOGY	M9.23	Medical management of Mycetoma/Subcutaneous mycoses	2114 1
392	M9	DERMATOLOGY	M9.3	Medical management of Stevens- Johnson Syndrome	2222 4
393	M10	RHEUMATOLOGY	M10.1	Medical management of SLE -Systemic Lupus Erythematosis	2632 3
394	M10	RHEUMATOLOGY	M10.1.2	Medical management of Sle -Systemic Lupus Erythematosis with sepsis	7311 6
395	M10	RHEUMATOLOGY	M10.2	Medical management of Scleroderma	3078 6
396	M10	RHEUMATOLOGY	M10.5	Medical management of Vasculitis	3078 6
397	M12	GASTROENTEROLOGY	M12.4	Medical management of Achalasia Cardia	1363 8

Schedules to Insurance Contract

398	M12	GASTROENTEROLOGY	M12.9	Medical management of Gastric Varices	1529 0
399	S1	GENERAL SURGERY	S1.1.1	Excision of Branchial Cyst	2462 9
400	S1	GENERAL SURGERY	S1.1.11	Removal Of Submandibular Salivary Gland	2573 7
401	S1	GENERAL SURGERY	S1.1.12	Parotid Duct Repair	2683 5
402	S1	GENERAL SURGERY	S1.1.2	Excision of Branchial Sinus	2462 9
403	S1	GENERAL SURGERY	S1.1.3.1	Partial Glossectomy	2734 4
404	S1	GENERAL SURGERY	S1.1.4	Excision of Cystic Hygroma -Extensive	2384 9
405	S1	GENERAL SURGERY	S1.1.4.1	ABBE Operation	2052 4
406	S1	GENERAL SURGERY	S1.1.4.2	Vermilionectomy	2172 4
407	S1	GENERAL SURGERY	S1.1.4.3	Wedge Excision of LipandVermilionectomy-27.43	1819 4
408	S1	GENERAL SURGERY	S1.1.4.4	Wedge Excision of Lip	1511 6
409	S1	GENERAL SURGERY	S1.1.5	Excision of Cystic Hygroma -Major	2462 9
410	S1	GENERAL SURGERY	S1.1.5.1	Hemithyroidectomy	2565 5
411	S1	GENERAL SURGERY	S1.1.5.2	Isthmectomy	2493 6
412	S1	GENERAL SURGERY	S1.1.5.3	Partial Thyroidectomy	2484 4
413	S1	GENERAL SURGERY	S1.1.5.5	Subtotal Thyroidectomy	2873 4
414	S1	GENERAL SURGERY	S1.1.5.6	Total Thyroidectomy	3078 6
415	S1	GENERAL SURGERY	S1.1.6	Cystic Hygroma Excision-Minor	1026 2
416	S1	GENERAL SURGERY	S1.1.7	Excision of Lingual Thyroid	3078 6
417	S1	GENERAL SURGERY	S1.1.8	Parathyroidectomy -Non Malignant	2930 0
418	S1	GENERAL SURGERY	S1.1.9	Excision of Thyroglossal Cyst Fistula	3078 6
419	S1	GENERAL SURGERY	S1.2.1	Simple Mastectomy -Non Malignant	2930 0
420	S1	GENERAL SURGERY	S1.3.1.1	Epigastric Hernia repair without Mesh	2340 0
421	S1	GENERAL SURGERY	S1.3.1.2	Epigastric Hernia repair with Mesh	4104 8
422	S1	GENERAL SURGERY	S1.3.1.3	Unilateral Femoral Hernia repair	2340 0
423	S1	GENERAL SURGERY	S1.3.1.6	Umbilical Hernia repair without Mesh	2930 0
424	S1	GENERAL SURGERY	S1.3.1.7	Umbilical Hernia repair with Mesh	3078 6
425	S1	GENERAL SURGERY	S1.3.1.8	Ventral And Scar Hernia repair without Mesh	3078 6
426	S1	GENERAL SURGERY	S1.3.1.9	Ventral And Scar Hernia repair with Mesh	4104 8

Schedules to Insurance Contract

427	S1	GENERAL SURGERY	S1.3.2.1	Laparoscopic Appendicectomy	2340 0
428	S1	GENERAL SURGERY	S1.3.3.1	Highly Selective Vagotomy	2565 5
429	S1	GENERAL SURGERY	S1.3.3.2	Selective Vagotomy drainage	4925 8
430	S1	GENERAL SURGERY	S1.3.3.3	Pyloroplasty and Vagotomy	3650 0
431	S1	GENERAL SURGERY	S1.3.3.4	Gastrojejunostomy and Vagotomy	3650 0
432	S1	GENERAL SURGERY	S1.3.3.7	Pyloromyotomy	4260 0
433	S1	GENERAL SURGERY	S1.3.3.8	Gastrostomy	2840 0
434	S1	GENERAL SURGERY	S1.5.1	Cholecystectomy	2565 5
435	S1	GENERAL SURGERY	S1.5.2	Laparoscopic Cholecystectomy	3078 6
436	S1	GENERAL SURGERY	S1.5.3	Cholecystectomy With CBD Exploration -51.41	4104 8
437	S1	GENERAL SURGERY	S1.5.4	Cholecystostomy	3043 7
438	S1	GENERAL SURGERY	S1.5.7	Repair Of CBD	4925 7
439	S1	GENERAL SURGERY	S1.7.1	Splenectomy For Hypersplenism	4104 8
440	S2	ENT SURGERY	S2.1.2	Facial Nerve Decompression	3510 0
441	S2	ENT SURGERY	S2.1.3	Temporal Bone Excision	5670 0
442	S2	ENT SURGERY	S2.2.2	Phono Surgery For Vocal Cord Paralysis	2750 0
443	S2	ENT SURGERY	S2.2.4	Exision of Tumors In Pharynx	3000 0
444	S2	ENT SURGERY	S2.2.5	Exision of Parapharyngeal Tumour	3000 0
445	S2	ENT SURGERY	S2.2.6	Adenoidectomy - Gromet Insertion	1236 2
446	S2	ENT SURGERY	S2.3.1	Endoscopic Sinus Surgery	1820 0
447	S2	ENT SURGERY	S2.3.2	Mastoidectomy - simple	2500 0
448	S2	ENT SURGERY	S2.3.3	Tympanoplasty	1800 0
449	S2	ENT SURGERY	S2.3.5	Excision of Benign tumours of Nose	1800 0
450	S2	ENT SURGERY	S2.3.6	Surgery for Angiofibroma	4500 0
451	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.1.1.1	Hysterectomy - abdominal with OR without Salpingo-Oophrectomy	2392 0
452	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.1	Laparoscopic Vaginal Hysterectomy	2340 0
453	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.10	Vaginal Hysterectomy With Pelvic Floor Repair-70.79	3078 6
454	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.9	Vaginal Hysterectomy	2340 0

Schedules to Insurance Contract

455	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO010A	Abdominal Hysterectomy	2000 0
456	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	SO010E	Laparoscopic hysterectomy -TLH	2000 0
457	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.3.1	Amputations - Forequarter	2650 0
458	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.3	Surgery for Brachial Plexus and Cervical Rib	4593 3
459	S6	SURGICAL GASTRO ENTEROLOGY	S6.10.1	Diaphragmatic Hernia - Gortex Mesh Repair	4925 8
460	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.1	Partial Gastrectomy with anastomosis to esophagus/jejunum-43.6.2	4104 8
461	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.2	Total Gastrectomy	4104 8
462	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.3	Truncal Vagotomy + Gastro Jejunostomy-44.3	4925 7
463	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.4	Distal Gastrectomy For Gastric Outlet Obstruction	4104 7
464	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.1	Cyst Excision+Hepatic Jejunostomy-51.37	5541 4
465	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.2	Cholecystectomy	2565 5
466	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.4	Lap.Cholecystectomy	3078 6
467	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.6	Choledochoduodenostomy Or Choledocho Jejunostomy	4165 9
468	S6	SURGICAL GASTRO ENTEROLOGY	S6.8.1	Splenectomy	3591 7
469	S6	SURGICAL GASTRO ENTEROLOGY	S6.8.3	Spleenectomy For Space Occupying Lesion	4310 0
470	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.1	CATH LAB PROCEDURES - CATH	9000
471	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.10	ROTABLATION	4887 5
472	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.2	ENDOMYOCARDIAL BIOPSY	9000
473	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.3	INTRA VASCULAR COILS	4500 0
474	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.4	DIGITAL SUBTRACTION ANGIOGRAPHY- - PERIPHERAL ARTERY	1150 0
475	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.5	DIGITAL SUBTRACTION ANGIOGRAPHY- - VENOGRAM	1150 0

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476	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.6	EMBOLISATION	1620 0
477	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.7	CATH LAB PROCEDURES - IVUS	2250 0
478	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.8	CARONARY ANGIOGRAPHY	1150 0
479	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.12.9	CAROTID STENTING	4226 3
480	S7	CARDIAC AND CARDIOTHORACIC SURGERY	S7.4.2	Surgical Management of Diaphragmatic Hernia	4890 0
481	S7	CARDIAC AND CARDIOTHORACIC SURGERY	SV040A	Aortic stenting	4125 00
482	S8	PEDIATRIC SURGERIES	S8.3.2	Surgical Management of Congenital Dermal Sinus	3078 6
483	S8	PEDIATRIC SURGERIES	S8.3.3	Surgical Management of Cystic Lesions Of The Neck	3000 0
484	S8	PEDIATRIC SURGERIES	S8.3.5	Surgical management of Sinuses and Fistula of the neck in Paediatric Patient	2141 7
485	S8	PEDIATRIC SURGERIES	S8.4.6	Surgical Correction of Thoracic Duplications In Paediatric Patients	4570 8
486	S8	PEDIATRIC SURGERIES	S8.4.7	SURGICAL CORRECTION OF THORACIC WALL DEFECTS	6671 0
487	S8	PEDIATRIC SURGERIES	S8.5.11	Paediatric Splenectomy - Non Traumatic	4000 0
488	S8	PEDIATRIC SURGERIES	S8.5.4	Surgical management of Intestinal Polyposis In Paediatric Patients	3273 0
489	S8	PEDIATRIC SURGERIES	S8.5.7	Laparoscopic Appendicectomy	1948 8
490	S8	PEDIATRIC SURGERIES	S8.5.8	Laparoscopic Cholecystectomy	3500 0
491	S8	PEDIATRIC SURGERIES	S8.6.2	Surgical Correction of Epispadiasis	4296 3
492	S8	PEDIATRIC SURGERIES	S8.6.3	Surgical Correction of Scrotal Transposition In Paediatric Patients	2052 4
493	S8	PEDIATRIC SURGERIES	S8.6.4	Undescended testis	2240 0
494	S9	GENITO URINARY SURGERIES	S9.10.1	Orchidopexy Bilateral	2346 5
495	S9	GENITO URINARY SURGERIES	S9.10.3	Surgical correction of Chordee	3372 1
496	S9	GENITO URINARY SURGERIES	S9.10.4	Partial Amputation Of Penis-Non-Malignant	3763 1

Schedules to Insurance Contract

497	S9	GENITO URINARY SURGERIES	S9.10.5	Total Penectomy	4260 0
498	S9	GENITO URINARY SURGERIES	S9.6.3	Simple Nephrectomy	4104 8
499	S9	GENITO URINARY SURGERIES	S9.6.8	Renal Cyst Excision	2382 8
500	S9	GENITO URINARY SURGERIES	S9.8.2	Surgical correction of Vesicovaginal Fistula	4515 3
501	S9	GENITO URINARY SURGERIES	S9.8.3	Epispadiasis - Correction	4296 3
502	S9	GENITO URINARY SURGERIES	S9.8.9	Surgical correction of Ureterocele	2427 9
503	S9	GENITO URINARY SURGERIES	S9.9.3	Open Prostatectomy	3386 4
504	S9	GENITO URINARY SURGERIES	S9.9.5	Total Cystectomy	4619 9
505	S9	GENITO URINARY SURGERIES	S9.9.6	Bladder Diverticulectomy	3304 3
506	S10	NEUROSURGERY	S10.1.19	Atrial Shunt	4490 0
507	S10	NEUROSURGERY	S10.2.7	Laminectomy	2734 8
508	S10	NEUROSURGERY	S10.2.8	Discectomy	3000 0
509	S10	NEUROSURGERY	S10.5.2	Discectomy With Implants	7100 0
510	S10	NEUROSURGERY	S10.5.4	Spinal Fixation Rods And Plates, Artificial Discs	8722 6
511	S10	NEUROSURGERY	S10.6.2	Cervical Sympathectomy	3078 6
512	S10	NEUROSURGERY	S10.6.3	Lumbar Sympathectomy	3078 6
513	S10	NEUROSURGERY	S10.6.6	Proptosis	6157 2
514	S14	PLASTIC SURGERY	S14.1.1	Surgical Management Of Cleft Lip	2052 4
515	S14	PLASTIC SURGERY	S14.1.2	Surgical correction of Cleft Palate	2565 6
516	S14	PLASTIC SURGERY	S14.1.5	Reconstruction or prosthetic appliance for absent ear	7100 0
517	S14	PLASTIC SURGERY	S14.1.6	Surgery for Tm Joint Ankylosis	4570 7
518	S14	PLASTIC SURGERY	S14.13	Correction of lid retraction	2565 5
519	S14	PLASTIC SURGERY	S14.15	Reconstructive procedures for vaginal atresia	3843 1
520	S14	PLASTIC SURGERY	S14.6	Surgical Correction of anomalies of Ear -cup and bat ears	2565 5
521	S14	PLASTIC SURGERY	S14.9	Surgical Correction of Hemifacial Atrophy	9064 4

a. Schedule 3 (b)

Differential Pricing Guidelines:

AB PMJAY-Dr.NTRVS provides additional incentive on the procedure rate based on following criteria's:

S. No.	Criteria	Incentive (Over and above base procedure rate)
1	Full NABH	5%

b. Schedule 3 (c): Quality Assurance of Empaneled Health Care Provider

- a. The SHA, through Insurance Company, shall ensure the quality of service provided to the beneficiaries in EHCP.
- b. EHCP has to monthly submit the online Self – Assessment checklist which can be accessed in HEM web portal in [www. pmjay.gov.in](http://www.pmjay.gov.in) to State Empanelment Department and Dr.NTR VST shall focus on low performing hospitals for further improvement.
- c. EHCP will be encouraged by Insurer to attain quality milestones by attaining AB PMJAY Quality Certification (Bronze, Silver and Gold).
- d. Bronze Quality Certification is pre-entry level certificate in AB PMJAY Quality Certification. EHCP which do not possess any accreditation or certification from any other recognized certification body (NQAS, NABH & JCI) can apply for this certificate.
- e. Bronze Quality Certified EHCP can apply for AB PMJAY Silver Quality Certification after completion of 6 months from the date of receiving Bronze certification. This certification is also benchmarked with NABH Entry Level / NQAS certification and EHCP with these certifications can directly apply for Silver Quality Certification without getting Bronze Quality Certification with simplified process.
- f. Silver Quality Certified EHCP can apply for AB PMJAY Gold Quality Certification after completion of 6 months from the date of receiving Silver certification. This certification is benchmarked with NABH full/ JCI accreditation and EHCP with these certifications can directly apply for Gold Quality Certification without getting Silver or Bronze Quality Certification with simplified process

Schedule 4: Guidelines for Identification of AB-PM JAY, Dr NTR Vaidya Seva Beneficiary Family Units

- f) The Beneficiary Verification Process shall be carried out at empanelled hospitals using any of the following identifiers: Aadhaar Number, ABHA ID, or E-Health Card. (A Xerox copy of the selected identification document shall be taken for verification purposes.)
- g) The Operator/Mithra shall log in to the HMIS Suite and access the Dr. NTR VST Beneficiary API.
- h) Search can be performed using Aadhaar, ABHA ID, or E-Health Card to retrieve beneficiary details from the repository and confirm eligibility and active beneficiary status.
- i) Upon successful verification, the system shall display a Verified Beneficiary Record, enabling the initiation of hospitalization.
- j) Responsibility of printing of E- Health Card shall be responsibility of insurer.

Schedule 5: Guidelines for Empanelment of Health Care Providers and Other Related Issues

(The empanelment of the hospital shall be as per the guideline issued by SHA and as amended from time to time).

5.1 Basic Principles:

For providing the benefits envisaged under the scheme, Dr.NTR VS State Empanelment Committee (SEC) and District Empanelment Committee (DEC) shall empanel private health care service providers. Public healthcare providers (Primary Health Centers and above level) shall automatically stand empaneled under the scheme.

Introduction:

Dr.Nandamuri Taraka Rama Rao Vaidya Seva Trust provides health insurance coverage to around 1.62 Crore poor families in the State of Andhra Pradesh for up to Rs.25.00 lakhs per annum through a network of empaneled Government and private hospitals spread across the State.

The geographical distribution of hospitals ranges from urban/semi-urban areas to rural and tribal areas. The network hospitals include both teaching and non-teaching hospitals.

Empanelment process is done through an online platform in order to bring in transparency. The hospitals should meet certain requirements in the areas of infrastructure, manpower, equipment, and services offered. A health care provider who fulfils the empanelment criteria of the trust will become eligible for empanelment with the trust. An empaneled health care provider is referred to as a network hospital.

5.2 Institutional Set-Up for Empanelment

a) State Empanelment Committee (SEC) will constitute of following members:

- CEO, State Health Agency – Chairperson;
- Medical Officer not less than the level Director, preferably Director In Charge for Implementation of Clinical Establishment Regulation Act – Member;
- Two State government officials nominated by the Department – Members;
- Insurance company to nominate a representative not below Additional General Manager or equivalent;

The state government may invite other members to SEC as it may deem fit to assist the Committee in its activities. The State Government may also require the Insurance Company to mandatorily provide a medical representative to assist the SEC in its activities.

The SHAs through State Empanelment Committee (SEC) shall ensure:

- Ensuring empanelment within the stipulated timeline for quick implementation of the programme;
- The empanelled provider meets the minimum criteria as defined by the guidelines for general or specialty care facilities;

- Empanelment and de-empanelment process transparency;
- Time-bound processing of all applications; and
- Time-bound escalation of appeals.
- The SEC will consider, among other things, the reports submitted by the DEC and recommendation approve or deny or return to the hospital the empanelment request.

b) District Empanelment Committee (DEC)

District Empanelment Committee (DEC) will be formed which will be responsible for hospital empanelment related activities at the district level and to assist the SEC in empanelment and disciplinary proceedings with regards to network providers in their districts. The Government may require the Insurance Company to mandatorily provide a medical representative to assist the DEC in its activities.

District Empanelment Committee (DEC) will constitute of the following members:

- Chief Medical Officer of the district
- District Program Manager – State Health Agency
- In case of Insurance Model, Insurance company representative

The DEC will be responsible for:

- Getting the field verification done along with the submission of the verification reports to the SEC through the online empanelment portal.
- Recommending, if applicable, any relaxation in empanelment criteria that may be required to ensure that sufficient number of empanelled facilities are available in the district.
- Final approval of relaxation will lie with SEC

5.3 Approach for Empanelment

- a. NTR VST can empanel healthcare providers in their own State/UT and other
- b. states
- c. To improve access and increase utilization of services, if Dr.NTR VST determines the need to empanel healthcare service providers outside one's own state, Dr.NTR VST can approach NHA with the specific request with rationale for the same. NHA will review the request with the hospital state (State where the hospital is situated), and after ascertaining need may request the hospital state to empanel the hospital. If the hospital state is a non-PM-JAY implementing state, NHA may directly empanel the healthcare provider or may designate specific SHAs for empanelment of healthcare service

providers.

- d. All Public Hospitals under other schemes/government bodies including Employee State Insurance Corporation (ESIC) and CGHS hospitals are eligible for empanelment under the scheme, if they meet the minimum eligible requirement under AB PMJAY - DR.NTRVS. These hospitals will have to fill in the application on the web portal.
- e. All healthcare service providers empaneled under the scheme including the public hospitals which are deemed empaneled must mandatorily adhere to the registration process on the web portal.
- f. Private hospitals are encouraged to provide ROHINI ID provided by Insurance Information Bureau (IIB) and public hospitals are encouraged to have National Identification Number (NIN) provided by SHA.
- g. Healthcare service providers are encouraged to attain quality milestones by attaining PM-JAY Certification i.e., Bronze, Silver and Gold. These quality certifications would also provide incentive (if state decides) in terms of higher price for health benefit packages to the healthcare service providers under the scheme.
- h. For the healthcare service providers which were Empaneled based on Quality Certification/ accreditation, healthcare service providers will undergo a renewal process, once every 3 years or till the expiry of validity of PM-JAY Bronze/NABH certification whichever is earlier; to determine compliance to minimum standards.
- i. SHA may revise the empanelment criteria from time to time during the scheme if required and will undertake any required re-assessments for the same within a stipulated timeline.

5.4 CRITERIA FOR EMPANELMENT

- a) For empanelment under the scheme, healthcare providers should meet the basic minimum eligibility requirements. As these are minimum standards, no exceptions can be provided on these. The eligibility of the hospitals for empanelment with the Trust under the scheme is given below.
 - i. Bed Strength: A hospital intending to empanel is required to have a minimum 50 beds and it shall apply for at least two specialties.
 - ii. Govt. vide G.O.Ms.No.162 HM&FW (K1) Dept. dated.23.05.2005 has issued orders that single specialty Ophthalmology & ENT hospitals bed strength is reduced to 20 for empanelment.
 - iii. Statutory Requirements: The hospital shall have got registered Certificate under APAPMCE(R&R) Act 2002. A hospital intending to empanel is required to have an Outpatient Department, Inpatient Department, Operation Theatre, Specialty Care Units –Intensive care units & Post-operative wards, Specialty specific care units, Emergency and Accident Department/ Casualty, Central Sterilization and Supply Department, Medical Records Department.

All the Essential drugs should be available in the Pharmacy round the clock. Adequate number of nursing staff, helpers, administrative and maintenance staff are mandatory.

- iv. A minimum of 2 MEDCOs are mandatory.

All the above requirements are in accordance with the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Act, 2002

- b) Additionally, specialty specific eligibility criteria have been defined for healthcare providers offering specific specialties, e.g., Oncology, Neurology etc. This is applicable over and above the basic minimum criteria.
- c) State Governments will have the flexibility to revise/relax the empanelment criteria (barring the minimum requirements based on their local context, availability of providers, and the need to balance quality and access, with prior approval from National Health Authority. The same will have to be incorporated in the web-portal for online empanelment of healthcare providers.

5.5 Incentive Structure for Empanelment

- a. For all healthcare providers empaneled under the scheme, the additional incentives will be provided on the base health benefits packages as per State's AB PMJAY - DR.NTRVS guidelines.

5.6 Role of SHA (Dr NTR VST)

- a) Awareness generation among the healthcare service providers:** Dr.NTR VST will be responsible for creating awareness among the healthcare service providers about the scheme and ensuring maximum eligible healthcare providers participate in the scheme. Dr.NTR VST may conduct IEC campaigns or sensitisation workshops at district, sub-district, taluka and block level to discuss the details of the scheme including the contours of the scheme, the empanelment criteria, benefit packages, process of empanelment and claims settlement etc. with the healthcare providers and address any query that they may have about the scheme. Representatives of both public and private healthcare providers (both managerial and operational persons) including officials from Insurance Company may be invited to participate in the workshop.
- b) Verification and approval of the applications:** Dr.NTR VST will play a key role in the approval flow for the submitted applications. The final decision to approve/reject the application of the health care service provider will rest with SHA. The decision on relaxation to be given to any health care service provider based on the recommendation of the Empanelment department (ED) will also rest with SHA. Additionally, Dr.NTR VST will be responsible for providing supportive supervision to ED and ensuring time bound empanelment process throughout its lifecycle.

c) Analysis of the Healthcare Service Provider Landscape: To ensure equity and access to the beneficiaries, Dr. NTR VST will be responsible for conducting state and district level analysis of the empaneled healthcare service providers to understand the current landscape and plan for the empanelment for the future. Some of the indicators that may be considered are as follows:

- Hospital to population ratio
- Beds to population ratio
- Doctors to population ratio
- Percentage of active empaneled hospitals
- Specialties in various districts
- Geographic distribution of empaneled hospitals
- Percentage of available eligible hospitals in the district empaneled

5.7 Empanelment Department (ED) both District and State level - Structure and Role It is prescribed that an Empanelment Department (ED) will assist SEC/SHA in the empanelment process and disciplinary proceedings for healthcare providers. It will be responsible for conducting the following:

- Validation and scrutiny of the uploaded documents by the hospital for completeness and accuracy.
- Conducting field and desktop-based verification of hospitals both during empanelment and in case of any complaints related to infrastructure.
- Submission of the verification reports to the Dr. NTR VST through the online empanelment portal with a recommended decision to approve or reject with clear reasons for rejection.
- Recommending any relaxation in empanelment criteria, if needed (with justification for relaxation).

5.8 Process of Empanelment

- Application and Registration on the Portal.
- Applications will be received through out the year.
- Healthcare service providers will have to register themselves on a web-based platform called 'Hospital Empanelment Module' (HEM) portal to get empaneled under the AB PMJAY - DR. NTRVS. The hospital must apply through this portal using URL <https://hospitals.pmjay.gov.in> as a first step for empanelment.
- Each provider will have to fill in some basic information in the HEM portal and create an account which will provide an exclusive hospital reference number and password to the hospital on their registered mobile number. Using the credentials, a detailed application form will have to be filled for empanelment of the healthcare service provider.

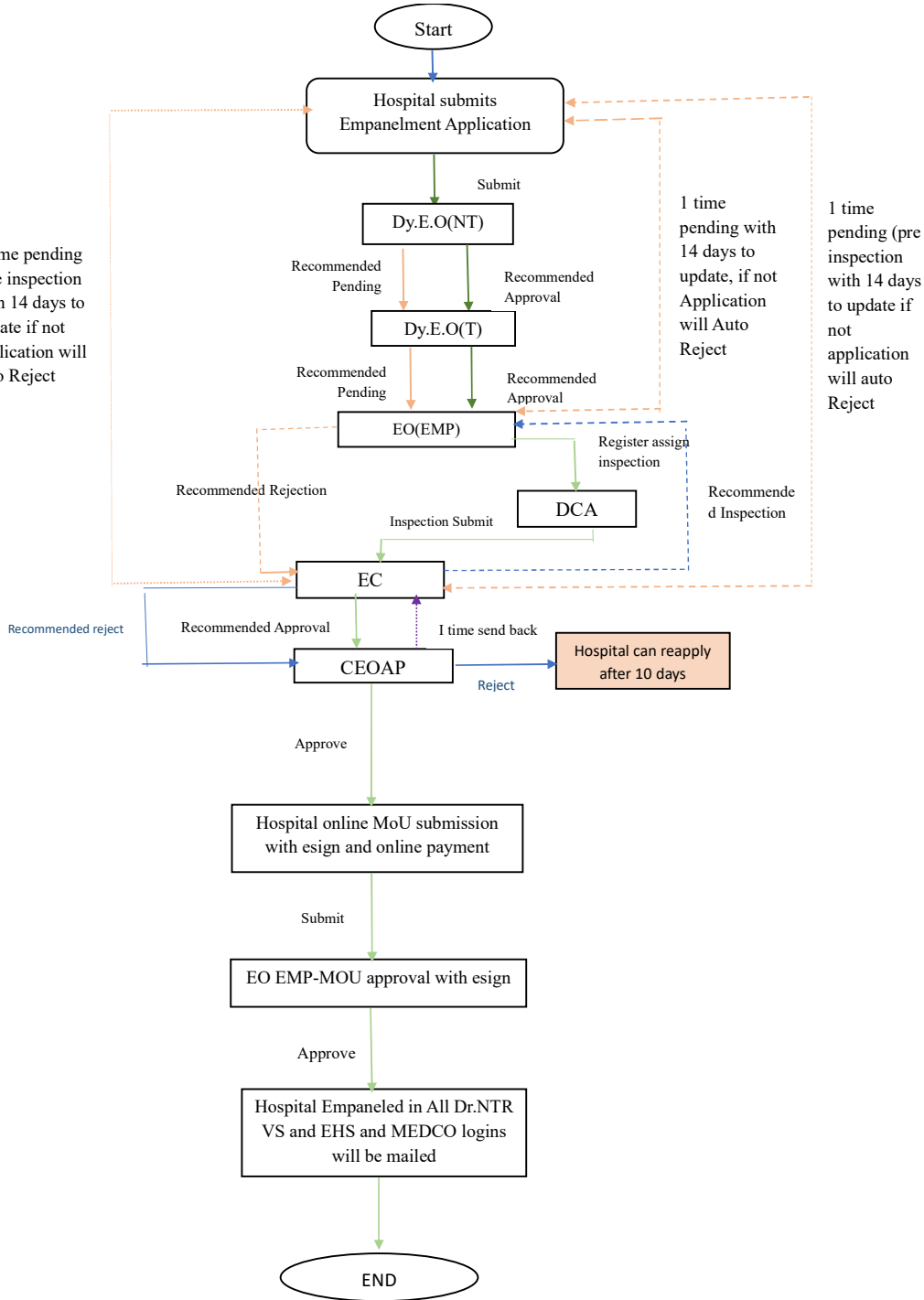
5.9 Approval Process of the Application

Approval Flow and Process :-

- Once the healthcare provider has filled the application, the verification and approval process will be undertaken by the SHA. Only those healthcare providers will be allowed to get empaneled under the scheme who have been registered as an establishment under

the relevant central or state acts (if applicable). The verification process may be undertaken through one or a combination of the following suggested (Figure 1).

Figure 1: Approval Process for Empanelment



1. The Empanelment applications will be evaluated twice in a year in the month of Jan & June.
2. As a first step, the documents uploaded by the hospital will be verified by SEC for completeness. In case any documents are found wanting, the SEC may return the application to the hospital for rectifying any errors in the documents.
3. After desktop verification, SEC Recommended officer will physically inspect the premises of the hospital and verify the accuracy of the details entered in the empanelment application, including but not limited to equipment, human resources, service, and quality standards. Post the physical verification, it will submit its report as per the format given in the HEM portal along with supporting pictures/videos/document scans. A login account for a District Coordinator Dr.NTR VST from SEC will be created by Dr.NTR VST . This login ID will be used to upload the inspection report.
4. The district Coordinator will upload the reports through the portal login assigned to him/her. The SEC can exercise the following options while forwarding the case to the state:
 - i. Recommend approval: SEC will review the documents and conduct a physical verification of the hospital within the stipulated time. If the findings are satisfactory, a recommendation may be sent to State empanelment committee along with the report findings for approval of the application, if found suitable.
 - ii. Recommend relaxation and approve: The SEC will also be responsible for recommending, if applicable, any relaxation in empanelment criteria (above the minimum empanelment criteria) that may be required to ensure that an adequate number of empaneled facilities are available in the district. All such relaxations need to be approved by the State empanelment committee with due rationale clearly documented.
 - iii. For healthcare providers where some minor lacunae are observed, SEC may intimate the hospital to rectify the lacunae within a 14-days period. During this time, the SEC can put the application in clarification required status; giving time to the healthcare provider to rectify and upload the additional documents within a period of 14 working days from the time the lacunae were communicated to the healthcare provider. If the hospital does not provide proof of rectification within the stipulated time, the application is automatically rejected. If satisfactory proof of rectification is obtained, the SEC can recommend approval of the application.
 - iv. Recommend rejection: For applications which do not meet the minimum

standards, or the healthcare providers have been found to be misreporting information, SEC will recommend rejection. The information will also be available on the Hospital Empanelment Module.

5. Healthcare providers where the application has been rejected can reapply for empanelment after 10 working days of rejection through the portal.

5.10 Criteria for Empanelment

This annexure contains the basic minimum criteria for empanelment for all the healthcare service providers. It also covers the criteria for empanelment of specialties under the scheme.

1. Minimum Criteria

i) General requirements:

General Empanelment requirements are for three purposes:

1. Requirements for Dr.NTR Vaidya Seva Scheme,
2. For ensuring quality treatment of patients and
3. For convenience and safety of patients & public.

a. Requirements for the scheme: The requirements mentioned below are specific to Dr.NTR Vaidya Seva Scheme and are mandatory for empanelment. These are intended for Scheme administration.

Reception: The hospital shall earmark a space of 50 sq.ft. in its reception for a dedicated Scheme kiosk. It should be by the side of the hospital entrance.

Computer: For submission of Pre-auths and claims in electronic format to Trust, hospital must have dedicated equipment

(Computer and Peripherals), connectivity (Minimum 2 Mbps), webcam and biometric device.

MEDCO: Hospital shall provide a Doctor (Allopathic) as Medical Coordinator for Dr.Nandamuri Taraka Rama Rao Vaidya Seva

Trust who is responsible for all the entries of work flow in the Trust portal and shall act as medical representative of hospital.

Hospital shall provide a paramedic as coordinator for conducting health camps as and when instructed by Trust.

b. Requirements of functional units in the hospital: The following are the minimum requirements for functional units. The detailed requirements are:

i) Out Patient: The hospital must have separate outpatient department and shall have earmarked outpatient services for Scheme patients.

ii) Casualty: Hospital must have 5% of total bed strength subject to minimum of three bedded emergency department equipped with multipara-monitors, defibrillators, crash carts, resuscitation equipment, central oxygen & suction facilities and attached toilet facility.

iii) ICU: Hospital must have at least 10% of total bed strength subject to minimum of five bedded intensive care department with multipara-monitors, Defibrillators, Crash Carts, Resuscitation equipment, central oxygen & suction facilities.

iv) Operation Theatre: Hospital must have fully equipped Operation Theatre along with

required equipment and trained staff.

v) Post Operative Ward: Hospital must have at least 5% of total bed strength subject to minimum of three bedded post operative ward with bed side multipara-monitors, central oxygen and suction.

vi) Inpatient Ward: The Hospital shall have separate male & female wards for the patients and the hospital shall agree to allocate minimum of 25% Bed Strength in each speciality for Scheme patients.

vii) Diagnostic Facilities: It is mandatory on the part of hospital to have basic laboratory and imageology facilities in-house.

Higher diagnostic facilities shall be provided either in-house or through tie-up. The types of laboratories are given below.

- Small Laboratory: It is a laboratory performing routine tests in the field of haematology, fluids and excretions and biochemistry up to 100 tests per day, either manual or semi-automated should be manned by a qualified doctor/ lab technician (M.Sc).
- Medium Laboratory: It is a laboratory performing 101-500 tests per day. It should be manned by a qualified doctor/ lab technician (M.Sc).
- Large Laboratory: A laboratory performing more than 500 tests per day with automated instruments. It should be manned by a qualified doctor.

viii) Imageology: A hospital shall have X-Ray and ultra sound facility. Facilities such as MRI, CT-Scan, Endoscopy, etc., shall be made available by the hospital as per the required by the specialities empanelled.

ix) Pharmacy: A hospital shall have 24 Hrs In-house pharmacy. Pharmacy shall have approval given by the competent authority, Director General (Drug Control and Administration), AP., Hyderabad. Separate male and female windows shall be there.

x) Physiotherapy: Physiotherapy centre facility either 'In-House' or 'Tie-up' with a nearby Physiotherapy Center, wherever applicable shall be available.

xi) Blood Bank: Round-the-clock Blood Bank facility either 'In-House' or 'Tie-up' with a nearby Blood Bank shall be available.

c. Requirements of other facilities in the Hospital: The hospital must also have the following requirements for safety, logistics and convenience of the patients and public.

i) Food & Pantry: Food and Dietary facilities shall be provided as per the prescribed diet regulations to the patients and also to the attendants. Food & Diet Facilities must be made available either "In-house" or "Tie-Up" and shall carry a Food & Sanitation Inspector's Certificate of the Local Authority.

ii) Ambulance: Mobile facility provided for the transportation of the patient with basic emergency services such as oxygen, ventilator etc. shall be available.

iii) Bio Medical Waste Disposal: Bio medical waste management processes are to be followed mandatorily in every hospital as per applicable law. Authorisation from Pollution Control Board is required.

iv) Fire Fighting System: The hospital shall have Fire fighting system in working condition as licensed by the Fire and Municipal Authorities.

v) 24 hrs uninterrupted Power: A Generator in working condition to support 24hrs OT, ICU, Casualty, Elevator and other important hospital functional requirements is required.

vi) Ramp/Lift: Hospital shall have either or both Elevator and Ramp facility to cater to the Emergency or Non-Ambulatory patients.

- vii) Linen & Laundry: Proper washing and drying facilities must be available in accordance with the hospital bed strength and departments.
- viii) CSSD: Hospital must have proper sterilization facility.
- ix) Safe drinking water: Clean & filtered drinking water must be made available to all the patients in a tidy place in all the floors of the hospital.
- x) Medical Records: A separate section with proper upkeep of all patient records must be made available.
- xi) Stores: A centralized procurement and storage cell must be available.
- xii) Training: For ongoing training and capacity building for nursing staff, paramedics and doctors a training cell must be available.

ii. Specialty wise requirements:

A hospital intending to empanel under specific categories needs to fulfill the necessary manpower, infrastructure and medical equipment mandatory for the specific category. Guidelines on combination of specialties are given in Annexure xy. Category wise requirements are given in Annexure yz.

Guidelines for enrolment of Basic Speciality Doctor: The basic speciality doctors are permitted to work as Inhouse doctor in One hospital (or) can attend up to 3 hospitals as consultant doctor in the same district.

Guidelines for enrolment of Super Speciality Doctor: The Super Speciality doctors are permitted to work as Inhouse Doctor in one hospital and as consultant in 3 hospitals in the same district.

In-house means: The Specialist must available round the clock in hospital / at least 8 hours per a day.

a. Basic specialties: The specialties that can be empanelled as single entities are ENT, Ophthalmology, Dental and Psychiatry. A hospital can be empanelled for single, dual or multiple basic specialties. The combinations for basic specialties are provided in Annexure xy. Category wise requirements for basic specialties are mentioned in Annexure yz.

i) General Surgery: Empanelment for General Surgery requires a Qualified M.S or DNB (General Surgery), Laparoscopic equipment & trained staff.

ii) Orthopedic Surgery: Empanelment for Orthopedic Surgery requires a Qualified M.S or Diploma or DNB (Ortho.) and an Operation theatre with C-Arm facility.

iii) Obstetrics and Gynecology: Empanelment for Obstetrics and Gynaecology requires a Qualified M.S or DGO or DNB (OBG) Operation theatre with Laparoscopic equipment.

iv) Ophthalmology : Empanelment for Ophthalmology requires a Qualified M.S or D.O or DNB (Oph.), Optometry facility and a well equipped Operation theatre facility

v) ENT: Empanelment for ENT requires a Qualified M.S or D.L.O or DNB (ENT), Operating Micro Scope & Endoscopic equipment.

vi) General Medicine: Empanelment for General Medicine requires a Qualified M.D or DNB (General Medicine), AMC & ICU facilities.

vii) Pediatrics: Empanelment for Pediatrics requires a Qualified M.D or D.C.H or DNB (Paed.), well equipped PICU & NICU.

viii) Pulmonology: Empanelment for Pulmonology requires a Qualified Pulmonologist M.D (chest diseases) or equivalent to

DTCD, RICU with spirometry & bronchoscopy and well equipped AMC & ICU facilities.

ix) Dermatology: Empanelment for Dermatology requires a Qualified M.D (Derm.) or M.D (DVL) or D.D.V.L or DNB (DVL), well equipped AMC and General Physician support.

x) Cochlear Implant Surgery with Auditory–Verbal Therapy: Empanelment for Cochlear Implant Surgery with Auditory Verbal Therapy requires services of Qualified and Trained ENT Specialist in Cochlear Implant Surgery and sufficient number of qualified Auditory–Verbal Therapists, Equipment and Infrastructure related to Cochlear Implant Surgery.

xi) Poly Trauma: Empanelment for Polytrauma requires round the clock anaesthetist services and ability to provide round the clock services of Neuro-surgeon, Orthopaedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon, Oral and Maxillofacial Surgeon and other support specialties wherever applicable.

xii) Prostheses (Artificial limbs): Empanelment for prostheses requires facilitation, supply, fitting of appropriate prosthesis and gait training of patient by physiotherapist. The hospital shall ensure that an appropriate prosthesis is prescribed based on occupation of the person and standard prosthesis is supplied as per quality norms of BIS (Bureau of Indian Standards).

b. Super Specialties: A hospital can be empanelled for dual or multiple super specialties in combination with either specified basic or super specialties according to Annexure xy. Category wise requirements for super specialties are mentioned in Annexure yz.

i) Cardiology: Empanelment for Cardiology requires a Qualified D.M (Cardiology) or equivalent Degree (Round the clock), well equipped ICCU and Cath-lab facilities.

ii) Cardio-thoracic surgery: Empanelment for Cardio-thoracic surgery requires a Qualified CT Surgeon (M.ch or equivalent), well equipped ICCU, CT theatre with Heart Lung machine & IABP machine.

iii) Neurology: Empanelment for Neurology requires a Qualified Neurologist (DM or equivalent) EEG, ENMG, Angio CT facility & Neuro ICU facility.

iv) Neuro surgery: Empanelment for Neuro surgery requires a Qualified Neuro-Surgeon (M.Ch or equivalent) Well Equipped Theatre with Operating Microscope, Post Operative ward and ICU facilities, Neuro ICU facility & round the clock CT/MRI services.

- a) Nephrology: Empanelment for Nephrology requires a Qualified Nephrologist (DM or equivalent) & Heamo-dialysis facility.
- vi) Urology: Empanelment for Urology requires a Qualified urologist (M.ch or equivalent), C-ARM facility, Availability of Endoscopic equipment, ESWL (optional- Tie up allowed).
- vii) Pediatric Surgery: Empanelment for Pediatric Surgery requires a Qualified Paediatric surgeon (M.ch or equivalent), well equipped theatre, Post Operative ward and PICU facilities.
- viii) Medical Gastroenterology: Empanelment for Medical-Gastro-Enterology requires a Qualified specialist (DM or equivalent) Endoscopic facilities, Well equipped AMC & ICU facilities.
- ix) Surgical Gastroenterology: Empanelment for Surgical-Gastro-Enterology requires a Qualified Surgical Gastroenterologist or equivalent Well Equipped Theatre, Endoscopic equipment, ICU & Post Operative ward.
- x) Plastic Surgery: Empanelment for Plastic surgery requires a Qualified Plastic Surgeon (M.ch or equivalent), well Equipped Theatre with Operating Microscope, Post Operative ward, ICU and support services of General Surgeon, Burns ward, Post-op rehabilitation & Physio therapy.
- xi) Endocrinology: Empanelment for Endocrinology requires a Qualified Endocrinologist (DM or Equivalent), well equipped AMC & ICU facilities.
- xii) Rheumatology: Empanelment for Rheumatology requires a Qualified Rheumatologist, well equipped AMC & ICU facilities, Physician, Nephrologists and Orthopedic Support.

5.11 Process for Empanelment

The empanelment process has to be initiated by the Hospital through an online application available on the Dr.Nandamuri Taraka Rama Rao Vaidya Seva Trust home page. The hospital having the required facilities may submit their application for empanelment. The process flow is shown below.

i. Fill the fresh application form:

Application form consists of six parts which need to be duly filled in for further processing.

a. First step: Hospital Basic Information -The basic details of the hospital like name, address etc are to be duly filled in. All fields are mandatory.

b. Second step: Hospital Mandatory Approval Details – All the concerned licenses and approvals from various authorities like APMCE registration certificate, etc with date of issue and date of expiry are to be provided. All fields are mandatory. The following documents are mandatory requirements for an existing hospital and hence are necessary for empanelment with the Trust.

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S. No	Name of the Certificate	Issuing Authority	Mandatory (M) /Desirable(D)
A	Building plan approval	Municipal Commissioner/ Executive Officer Panchayat	M
B	D & O trade licence	Municipal Commissioner/ Executive Officer Panchayat	D
C	Fire dept., clearance certificate	Fire Services Authority	M
D	APMCE Registration	DM & HO	M
E	PCPNDT Act Registration	DM & HO	M
F	Blood bank licence	Director Drug Control administration (DCA)	M
G	Pharmacy licence	Director Drug Control administration (DCA)	M
H	Transplantation of human organs registration certification	Director of Medical Education Committee	M*
I	Pollution Control Board certificate	Pollution Control Board	M
j	Registration certificate of Ambulance	Regional Transport Authority	M
K	Licence for surgical spirit	Excise Authority	D
L	Licence for morphine	Excise Authority	D
M	Licence for opium	Excise Authority	D

*In the specialties of Urology (S9), Ophthalmology (S3), ENT (S2) & Cochlear Implant Surgery (S16), Surgical Gastroenterology (S6), CT Surgery (S7) and Plastic Surgery (S14).

c. Third step: Hospital Infrastructure Details – The infrastructure details of the hospital specifying various departments, floor areas, bed strengths, etc are to be provided. All fields are mandatory.

d. Fourth step: Financial Details – Details of Bank account number and other concerned specifications are to be provided. All fields are mandatory.

e. Fifth step: Specialty Services Facilities – Specialty wise admissions for previous two consecutive financial years are to be provided. Details pertaining to those specialties which are be treated in the hospital are to be filled in.

f. Sixth step: General Services Facilities – All the facilities available in the hospital, e.g.: radiology, laboratory, blood bank, ambulance, pantry, etc. are to be provided.

g. Once the basic details are submitted, an HSIN No. and Pin No. will be generated.

ii. Fill the signed application form:

a. After receiving the HSIN No. and Pin No., the hospital applicants fill-up the details online. The applicant shall go back to the home page, click ‘Online Application Form for Empanelment’, scroll down the page till the end and then click on signed application, enter the HSIN No. and Pin No. Select the option to fill up the application either in ‘Excel form or online form’.

b. If the hospital applicant would like to opt for excel format, it needs to follow 3 steps.

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Step 1: Download the form and fill all the details,

Step 2: save and upload the excel sheet.

Step 3: Click on 'show online application form'. Filled-up hospital application form will be displayed, then applicant

shall click on the add attachment option; upload all the certificates and photographs.

c. If the hospital would like to fill an 'online application form', click on 'online application form' and fill out

Step 1: Fill the details in Basic Application Form

Step 2: Fill the details in General – Infrastructure Form

Step 3: Fill the details in General – Equipment Form

Step4: Fill the details in General – Manpower Form

Step5: Fill the details in General –Services

Step6: Fill the details for the applied specialty which automatically reflects based on the previously filled fresh

application form.

d. Applicant shall click on the print application form, take the print out and the MD/CEO of the hospital shall sign with hospital seal on the form, scan the form and attach the e-copy of the application form. Then submit the application.

e. All information shall be furnished in the application. If particular facility is not available, it shall be entered as 'not available'; it shall not be mentioned as 'not applicable'.

f. The application is liable to be ignored if the information given on eligibility criteria is not complete.

6. SEC will review the reports submitted by the DEC and will consider their recommendation to approve or deny or return the request to the hospital. Based on the review, CEO, Dr.NTR VST shall make the final decision on empanelment.
 - i. In case the empanelment is approved, the same will be updated on the PM- JAY/AB PMJAY - DR.NTRVS web-based portal and the healthcare provider will be notified through SMS/email of the final decision within 7 working days.
 - ii. In case of rejection of empanelment request, the Dr.NTR VST will state the reasons for rejection of the request and share it with the healthcare provider. The decision (and reasons) will also be updated on the PM-JAY/AB PMJAY - DR.NTRVS web portal. The Dr.NTR VST may direct the hospital to remedy the deficiencies observed and submit a fresh request for empanelment, if needed.
 - iii. SHA will also consider the ED's recommendations for 'relaxation criteria of empanelment' and decide to approve or reject it. A decision may be taken based on the local need while balancing quality of care and access to healthcare services in the state.
7. The final decision on empanelment under AB PMJAY - DR.NTRVS should be completed within 45 working days of receiving the application.

5.12 On-boarding Processes after Approval

- Once the application is approved, the healthcare service provider will be assigned a unique national hospital registration number under the scheme. Additionally, Dr.NTR VST will ensure that the status of the application is updated on the PM-JAY portal and the respective healthcare service provider is informed about the decision through email/SMS on the registered phone number within 7 working days.
- SHA and the healthcare service provider will sign a tripartite agreement with the insurance company and the hospital within 7 working days of updating the decision on the portal. A prefilled contract copies as defined in the tripartite agreement will be sent by the system to the healthcare provider. The contract will be printed on a non-judicial stamp paper of INR 100 value by the hospital and physically signed with two original copies (one for each party). A tripartite agreement will be made including IC as one of the members. A copy of the signed contract will be uploaded on the HEM portal within 7 working days of signing.
- Once the hospital is empaneled, a user admin (MEDCO) login will be created for the

healthcare service provider.

- SHA/Insurer will ensure automatic creation of BIS/TMS login through the system within 5 working days of tripartite agreement signing. A link for access to training videos will also be shared simultaneously.
- Insurer will also ensure that training on systems and processes like beneficiary identification system, transaction management system, health benefit package, standard treatment guidelines, claim settlement process is provided within 15 working days of tripartite agreement signing.
- It will be the responsibility of hospital to update changes in Hospital Basic information, infrastructure or manpower on HEM as soon as possible.

6 Disciplinary Proceedings and De-empanelment of Healthcare Providers

- The institution structures established for empanelment will also be responsible for processes leading up to disciplinary proceedings/de-empanelment. The SHA, SEC at the state level will form the key institutions in enforcing this mechanism.
- Process for Disciplinary Proceedings and De-empanelment
- Disciplinary Action against the EHCPs: Disciplinary action against the EHCPs shall be taken as per the guidelines for suspension /de empanelment of EHCPs issued by Dr.NTR VS <https://drntrvaidyaseva.ap.gov.in/> available at these guidelines can be amended by NTRVS from time to time.

**Format: AGREEMENT BY THE HOSPITAL FOR TIED UP
DIAGNOSTIC FACILITIES/ PHARMACY/ CATERING/ LAUNDRY/
LITHOTRIPSY
UNIT**

**Format of Affidavit (to be furnished on Rs. 100 stamp paper / Franking with
notarized from the hospital about tied up diagnostic facilities/ Pharmacy/
Catering/ Laundry/ Lithotripsy Unit – separately if the parties are different)**

I _____ S/o. _____, age _____, Occ: _____, R/
o. _____ do hereby solemnly affirm and state on oath
as follows:

That I am the MD/CEO/Superintendent of _____ Hospital and signed MoU
with Trust to implement the AB-PMJAY - Dr. NTR Vaidya Seva Scheme, Employee
Health Scheme and WJHS Scheme.

That as per the terms of MoU/SCA it is agreed by our hospital to provide (Advanced
diagnostic (Lab& Radiology)/ Blood Bank/ Ambulance/Pharmacy/ Canteen) services to
the AB-PMJAY - Dr. NTR Vaidya Seva, Employee Health Scheme and WJHS Patients
on cashless basis. Further it is also agreed to facilitate and provide (Advanced
diagnostic(Lab& Radiology)/ Blood Bank/ Ambulance/Pharmacy/ Canteen) services
which are not available in our hospital through tie-up (Advanced diagnostic(Lab&
Radiology)/ Blood Bank/ Ambulance/Pharmacy/ Canteen) services on cashless basis to
Vaidya Seva Scheme, Employees Health Scheme and WJHS patients.

Contd.....2

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We had made tie-up with M/s. _____ to provide (Advanced diagnostic (Lab& Radiology)/ Blood Bank/ Ambulance/Pharmacy/ Canteen) Services AB-PMJAY - Dr. NTR Vaidya Seva, Employees Health Scheme and WJHS Patients on cashless basis for the (Advanced diagnostic(Lab& Radiology)/ Blood Bank/ Ambulance/Pharmacy/ Canteen) services which are not available in our hospital.

The following (Advanced diagnostic(Lab& Radiology)/ Blood Bank/ Ambulance/Pharmacy/ Canteen) are not available in our hospital.

1. _____
2. _____
3. _____
4. _____

As such the above mentioned (Advanced diagnostic(Lab& Radiology)/ Blood Bank/ Ambulance/Pharmacy/ Canteen) will be provided to the AB-PMJAY - Dr. NTR Vaidya Seva, Employees Health Scheme and WJHS Patients through above mentioned tie-up center on cashless basis.

We are here with submitting the tie-up letter issued by the (Advanced diagnostic(Lab& Radiology)/ Blood Bank/ Ambulance/Pharmacy/ Canteen) centre. That all the contents stated above are true and correct.

Date :

Place :

DEPONENT

Attestation

The contents of the affidavit are read over and explained and who after understanding the same signed before me on this ____ day of ____, 20 . Hence attested.

Date:

Place:

ATTESTOR

Schedule 6: Service Agreement with Empaneled Health Care Providers

**Draft Agreement
For Implementation of**

**Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), Dr.NTR
Vaidya Seva in Andhra Pradesh.**

Between

[Insert Name of the Empaneled Health Care Provider]

[Insert Name of the State Health Agency] and [Insert

Name of the Insurance Company] (IF APPLICABLE)

AB PMJAY - DR.NTRVS INTRODUCTION AND BACKGROUND

The objective of AB-PMJAY – DR NTR Vaidya Seva Trust (DR NTR VS) is to reduce catastrophic health expenditure and improve access to quality healthcare for all the families of Andhra Pradesh, excluding those covered under the Employees Health Scheme (EHS) and the Working Journalists Health Scheme (WJHS) as certified by the DR NTR Vaidya Seva Trust from time to time. The scheme aims to provide quality inpatient and day care treatment, follow-up care, and management of diseases and medical conditions requiring secondary and/or tertiary level services through a network of Empanelled Health Care Providers (EHCPs). The annual risk cover up to Rs.2,50,000/- (Rupees two lakh fifty thousand only) through insurance mode (Insurance Companies' liability) and over & above Rs.2,50,000/- and up to Rs.25,00,000/- (Rupees twenty five lakhs only) would be borne by the State Government (Through assurance mode) on family floater basis (irrespective of size of the family) per annum through an established network of health care providers to the AB PM-JAY-Dr NTR VS Beneficiary Family Units (defined below).

This Agreement (Hereinafter referred to as “Agreement”) made at__ on this_____day of_____20__.

BETWEEN

_____(Empaneled Health Care Provider or EHCP) an institution located in _____, having their registered office at _____(here inafter referred to as “EHCP”, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors and permitted assigns) as party of the FIRST PART

AND

_____State Health Agency, a Society/ Trust registered by the State Government of _____and _____having its registered office

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_____ (hereinafter referred to as “SHA” which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors, affiliate and assigns) as party of the SECOND PART.

AND

_____ Insurance Company Limited, a Company registered under the provisions of the Companies Act, 1956 and having its registered office

_____ (hereinafter referred to as “Insurer” which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors, affiliate and assigns) as party of the THIRD PART.

The EHCP, Dr.NTR VST and Insurer are individually referred to as a "Party" or “party” and collectively as "Parties” or “parties")

WHEREAS

1. EHCP is a health care provider duly recognized and authorized by appropriate authorities to impart health care services to the public at large.
2. SHA is Trust that has been set-up/identified by the State Government for implementation of AB PM-JAY, Dr NTR Vaidya Seva Yojana in the State of Andhra Pradesh.
3. Insurer is registered with Insurance Regulatory and Development Authority. Insurer has entered into an agreement with the Government of _____ wherein it has agreed to provide the health insurance/ implementation support services to identified Beneficiary families covered under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), Dr.NTR Vaidya Seva.
4. EHCP has expressed its desire to join AB PMJAY-Dr.NTRVS's network of EHCPs and has represented that it has requisite facilities to extend medical facilities and treatment to beneficiaries as covered under AB PMJAY - DR.NTRVS on terms and conditions herein agreed.
5. Insurer after approval of Dr.NTR VST and on the basis of desire expressed by the EHCP and on its representation/application has accepted the provisional empanelment for rendering health services as per the specified clinical specialities.

In this **AGREEMENT**, unless the context otherwise requires:

1. Natural persons include created entities (corporate or incorporate) and vice versa;
2. Marginal notes or headings to clauses are for reference purposes only and do not bear upon the interpretation of this **AGREEMENT**.
3. Should any condition contained herein, contain a substantive condition, then such substantive condition shall be valid and binding on the **PARTIES** notwithstanding the fact that it is embodied in the definition clause.

In this **AGREEMENT** unless inconsistent with, or otherwise indicated by the context, the following terms shall have the meanings assigned to them hereunder, namely:

Definitions

1. **AB PM-JAY** shall refer to Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) managed and administered by the National Health Agency on behalf of Ministry of Health and Family Welfare, Government of India with the objective of reducing out of pocket healthcare expenses and improving access of Beneficiary Family Units to quality inpatient care and day care surgeries (as applicable) for treatment of diseases and medical conditions through a network of Empaneled Health Care Providers.
2. **Appellate Authority** shall mean the authority designated by the Trust which has the powers to accept and adjudicate on appeals by the aggrieved party against the decisions of any Grievance Redressal Committee set up pursuant to the Insurance Contract between the Trust and the Insurer.
3. **Beneficiaries** refers to those families including all its members figuring in the Socio-Economic Caste Census (SECC), 2011 database under the deprivation criteria specified, Dr NTR Vaidya Seva, or any additional categories as may be decided by Government of India/ State Government from time to time under AB PMJAY - DR.NTRVS. This includes members added in the identified families as per provisions under AB PMJAY - DR.NTRVS.
4. **Benefit Package** shall refer to the package of benefits that the insured families would receive under the AB PMJAY-Dr.NTRVS.
5. **Claim** shall mean a claim that is received by the Insurer from an Empaneled Health Care Provider, either online or through alternate mechanism in absence of internet connectivity.
6. **Claim Payment** shall mean the payment of eligible Claim received by an Empaneled Health Care Provider from the Insurer in respect of benefits under the Risk Cover made available to a Beneficiary.
7. **Days** shall be interpreted as calendar days unless otherwise specified.
8. **Fraud** under the AB PMJAY-Dr.NTRVS shall refer to, mean and include any intentional deception, manipulation of facts and / or documents or misrepresentation made by the EHCP or by any person or organization appointed / employed / contracted by the EHCP with the knowledge that the deception could result in unauthorized financial or other benefit to herself/himself or some other person or the organisation itself. It includes any act that may constitute fraud under any applicable law in India.
9. **Health Services** shall mean all services necessary or required to be rendered by the Institution under an agreement with an insurer in connection with "health insurance business" or "health cover" but does not include the business of an insurer and or an insurance intermediary or an insurance agent.
10. **Hospitalization** shall mean any Medical Treatment or Surgical Procedure which requires the Beneficiary to stay at the premises of an Empaneled Health Care Provider for 24 hours or more including day care treatment as defined

11. **ICU or Intensive Care Unit** shall mean an identified section, ward or wing of an Empaneled Health Care Provider which is under the constant supervision of dedicated Medical Practitioners and which is specially equipped for the continuous monitoring and treatment of patients who are in critical condition, require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the general ward.
12. **Institution** shall for all purpose mean an EHCP.
13. **Insurer** shall mean an Insurance Company registered with IRDAI which has been selected pursuant to bidding process and has signed the Insurance Contract with the State/ UT Government in insurance mode of implementation of AB PMJAY-Dr.NTRVS.
14. **Dr.NTRVS** shall refer to Dr.NTR Vaidya Seva managed and administered by the Health and Family Welfare Department, Government of Andhra Pradesh for the Below Poverty Line (BPL)families with the objective of reducing out of pocket healthcare expenses and improving access of validated beneficiary family units to quality inpatient care and day care surgeries (as applicable) for treatment of diseases and medical conditions through a network of Empaneled health care providers.
15. **Medical Treatment** shall mean any medical treatment of an illness, disease or injury, including diagnosis and treatment of symptoms thereof, relief of suffering and prolongation of life, provided by a Medical Practitioner, but that is not a Surgical Procedure. Medical Treatments include but not limited to: bacterial meningitis, bronchitis-bacterial/viral, chicken pox, dengue fever, diphtheria, dysentery, epilepsy, filariasis, food poisoning, hepatitis, malaria, measles, meningitis, plague, pneumonia, septicaemia, tuberculosis (extra pulmonary, pulmonary etc.), tetanus, typhoid, viral fever, urinary tract infection, lower respiratory tract infection and other such diseases requiring Hospitalization.
16. **Medically Necessary Treatment** under AB PMJAY - DR.NTRVS shall mean any medical treatment, surgical procedure, day-care treatment or follow-up care, which:
 - i is required for the medical management of the illness, disease or injury suffered by the Beneficiary;
 - ii does not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
 - iii has been prescribed by a Medical Practitioner; and
 - iv conforms to the professional standards widely accepted in international medical practice or by the medical community in India.
17. **MoHFW** shall mean the Ministry of Health and Family Welfare, Government of India.
18. **NHA** shall mean the National Health Agency set up the Ministry of Health and Family Welfare, Government of India with the primary objective of coordinating the implementation, operation and management of AB PM-JAY. It will also foster co-ordination and convergence with other similar schemes being implemented by the

19. **Package Rate** shall mean the fixed maximum charges for a Medical Treatment or Surgical Procedure or for any Follow-up Care that will be paid by the Insurer under Cover, which shall be determined in accordance with the rates provided in this Contract.
20. **Policy Cover Period** shall mean the standard period of 12 calendar months from the date of start of the Policy Cover or lesser period as stipulated by Dr.NTR VST from time to time.
21. **AB PMJAY - DR.NTRVS** shall refer to Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), Dr.NTR Vaidya Seva
22. **Benefit Risk Cover** or Benefit Cover or Risk cover refers to the annual basic cashless hospitalization coverage of Rs. 25,00,000/- for BPL families on family floater basis, and Rs.2,50,000/- for APL families on family floater basis would receive under the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana and Dr NTR Vaidya Seva Scheme. Up to Rs.2,50,000/- (Rupees two lakh fifty thousand only) through insurance mode (Insurance Companies' liability) and over & above Rs.2,50,000/- and up to Rs.25,00,000/- (Rupees twenty five lakhs only) would be borne by the State Government (Through assurance mode) on family floater basis (irrespective of size of the family).
23. Service Area shall refer to all State covered and included for the implementation of AB PMJAY-Dr.NTRVS.
24. **Trust (SHA)** refers to the Dr. NTR VST, Government of Andhra Pradesh for the purpose of coordinating and implementing the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), Dr. NTR Vaidya Seva in the State of Andhra Pradesh.
25. **Scheme** shall mean the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana and Dr.NTR Vaidya seva Universal health scheme managed and administered by the National Health Authority in Andhra Pradesh state *along with Dr NTR Vaidya Seva by Trust Andhra Pradesh*.
26. **Sum Insured** shall mean the sum of Rs.2,50,000/- (INR Two lakhs Fifty thousand only) per AB PMJAY - DR.NTRVS Beneficiary Family Unit per annum or any other coverage as determined by the Government of India/State Government from time to time under AB PMJAY - DR.NTRVS.
27. **Turn-around Time** shall mean the time taken by the Insurer in processing a Claim received from an Empaneled Health Care Provider and Insurer making a Claim Payment including investigating such Claim or rejection of such Claim.

NOW IT IS HEREBY AGREED AS FOLLOWS:

Section 1: Term

This Agreement shall be for a period of 1 year. However, it is understood and agreed between the Parties that the term of this agreement may be renewed Annually upon mutual consent of the Parties in writing, either by execution of a Supplementary Agreement or by exchange of letters.

Section 2: Scope of services

1. The EHCP undertakes to provide the services to beneficiaries in a precise, reliable and professional manner to the satisfaction of SHA and in accordance with additional instructions issued by SHA in writing from time to time.
2. The EHCP will treat the beneficiaries according to good business practice and as per the prescribed manner.
3. The EHCP will extend priority admission facilities to the beneficiaries, whenever possible.
4. The EHCP shall provide treatment/interventions to beneficiary as per specified packages as per therates mentioned in **Annexure 2**. The following is agreed among the parties regarding the packages:
 - i The treatment/interventions to AB PMJAY - DR.NTRVS beneficiaries shall be provided in a complete cashless manner. Cashless means that for the required treatment/interventions as per package rates and no payment shall need to be done by the AB PMJAY - DR.NTRVS beneficiary undergoing treatment/intervention or any of its family member till such time there is balance amount left in sum insured.
 - ii The various benefits under AB PMJAY - DR.NTRVS which EHCP can provide include,
 - hospitalization expense benefits
 - Day care treatment benefits (as applicable)
 - Pre and post hospitalization expense benefits
 - New born/children care benefit (as applicable)
 - Transportation cost of Rs.300 during each hospitalization

An EHCP is able to provide these benefits subject to exclusions mentioned in Annex 1 and subject to availability of sum insured/remaining available cover balance and subject to pre- authorization for selected procedures by SHA.

- iii However, the EHCP_____ (include the name of the hospital) is eligible to provide treatment/interventions to beneficiaries only for those clinical specialties for which it has been Empaneled
- iv The EHCP agrees that in future if it adds or foregoes any clinical specialty to its services, the information regarding the same shall be provided to the Dr. NTR VST in written or in Prescribed manner, who then shall update ~~the~~ empanelment status of the EHCP after due process.
- v The charges payable to EHCP for medical/ day care/surgical procedures/interventions under the Benefit package will be no more than the package rate agreed by the Parties, for that particular year. The EHCP shall be paid for the treatment/intervention provided to the beneficiary based on package rates determined as below-
 - a. If the Package Rate for a medical treatment or surgical procedure requiring Hospitalisation or Day Care Treatment (as applicable) is fixed as in **Annexure 2** then it shall apply.
 - b. If the Package Rate for any surgical procedure requiring Hospitalisation or Day Care Treatment (as applicable) is not listed in **Annexure 2**, then the Insurer shall refer to SHA for approval of pre-authorize and further process .

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- c. In case of AB PMJAY - DR.NTRVS Beneficiary is required to undertake multiple surgical/Medical treatment, then the highest Package Rate shall be taken at 100%, thereupon the 2nd treatment package shall be taken as 50% of Package Rate and 3rd treatment package shall be at 25% of the Package Rate as configured in the transaction management software.
 - d. Surgical and Medical packages will not be allowed to be availed at the same time.
 - e. Certain packages as mentioned in **Annexure 2** will only be reserved for Public EHCPs and Teaching Hospitals as decided by the SHA.
- vi These Package Rates (in case of surgical or defined day care benefits) will include:
- a. Registration Charges
 - b. Bed charges (General Ward in case of surgical)
 - c. Nursing and Boarding charges
 - d. Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
 - e. Anaesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
 - f. Medicines and Drugs
 - g. Cost of Prosthetic Devices, implants
 - h. Pathology and radiology tests: radiology to include but not be limited to X-ray, MRI, CTScan, etc. (as applicable)
 - i. Food to patient
 - j. Transportation cost of Rs.300 during each hospitalization
 - k. Pre and Post Hospitalisation expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital and cost of diagnostic tests and medicines and up to 15 days of the discharge from the hospital for the same ailment/ surgery.
 - l. Any other expenses related to the treatment of the patient in the EHCP.
5. If the treatment cost is more than the benefit coverage amount available with the beneficiary families then the remaining treatment cost will be borne by the AB PMJAY - DR.NTRVS beneficiary family as per the package rates defined in this document. Beneficiary will need to be clearly communicated in advance about the additional payment.
6. The follow up care prescription for identified packages are set out in **Annexure 2**.
7. The EHCP shall ensure that medical treatment/facility under this agreement should be provided with all due care and accepted standards is extended to the beneficiary.
8. EHCP agrees to provide treatment to all eligible beneficiaries of PMJAY subject to sum insured available and as per agreed Package Rate from all over the India. The EHCP shall be paid at the Package Rates applicable in the EHCP State and not as per the package rates applicable in the beneficiary State. The EHCP agrees not to discriminate between the beneficiaries on any basis.
9. The EHCP shall allow Dr.NTR VST and/ or Insurance Company official to visit the beneficiary while she/he is admitted in the EHCP. Dr.NTR VST and/ or Insurer shall not interfere with the medical team of the EHCP. Further access to medical treatment

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records and bills prepared in the EHCP will be allowed to SHA/ Insurer on a case to case basis from the EHCP.

10. The EHCP shall also endeavor to comply with future requirements of Dr.NTR VST and Insurer to facilitate better services to beneficiaries e.g. providing for standardized billing, ICD coding or implementation of Standard Clinical and Treatment Protocols and if mandatory by statutory requirement both parties agree to review the same.
11. The EHCP agrees to have bills audited on a case to case basis as and when necessary through SHA/Insurer audit team. This will be done on a pre-agreed date and time and on a regular basis. The Dr.NTR VST shall have the right to undertake spot checks without any prior intimation and the EHCP agrees to provide full cooperation regarding the same.
12. The EHCP will convey to its medical consultants to keep the beneficiary only for the required number of days of treatment and carry only the required investigation & treatment for the ailment, which he is admitted. Any other incidental investigation required by the patient on their own request needs to be approved separately by SHA/Insurer and if it is not covered under the policy will not be paid by SHA/Insurer and the EHCP needs to recover it from the patient.

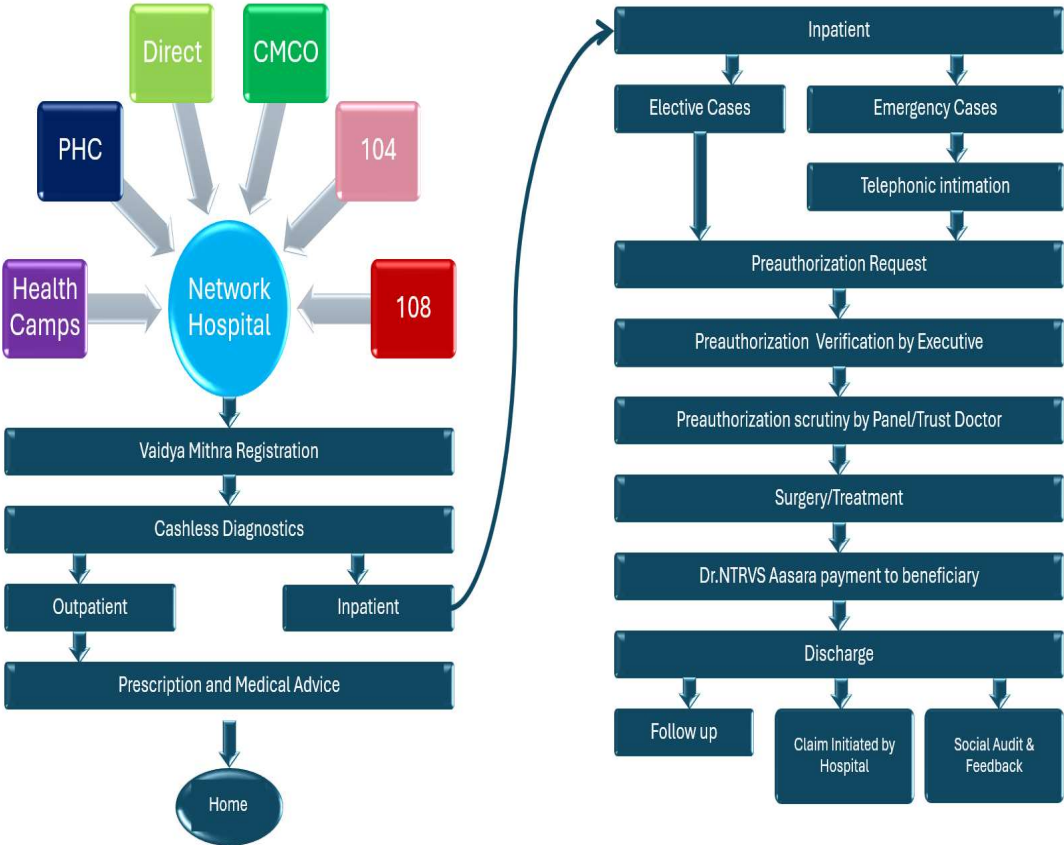
Section 3: Identification of Beneficiaries

- a) The Beneficiary Verification Process shall be carried out at empanelled hospitals using any of the following identifiers: Aadhaar Number, ABHA ID, or E-Health Card. (A Xerox copy of the selected identification document shall be taken for verification purposes.)
- b) The Operator/Mithra shall log in to the HMIS Suite and access the Dr. NTR VST Beneficiary API.
- c) Search can be performed using Aadhaar, ABHA ID, or E-Health Card to retrieve beneficiary details from the repository and confirm eligibility and active beneficiary status.
- d) Upon successful verification, the system shall display a Verified Beneficiary Record, enabling the initiation of hospitalization.
- e) Responsibility of printing of E- Health Card shall be responsibility of insurer.

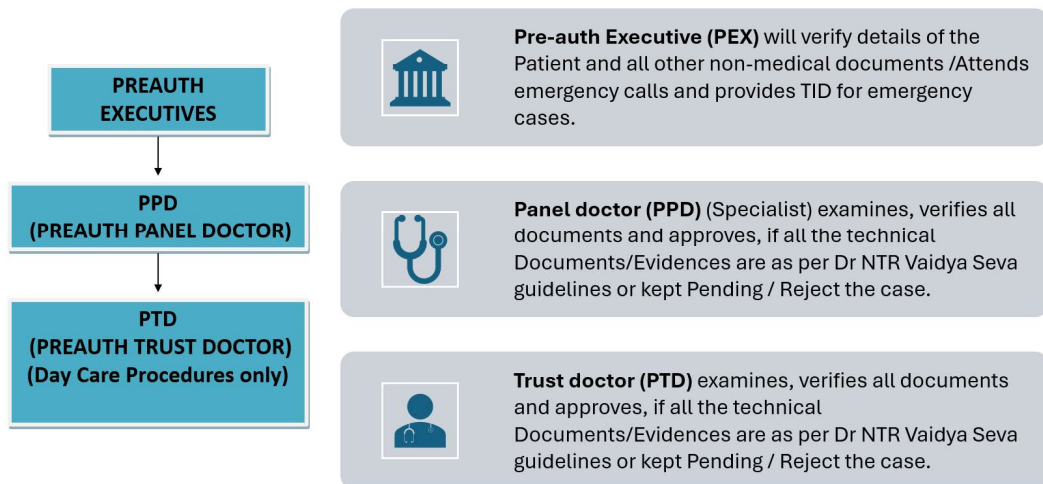
Section 4: EHCP Services- Admission Procedure

1. NWHs shall send preauthorization requests after duly evaluating the patient. The preauthorization requests are scrutinized as per guidelines within 6 hours.
2. Telephonic approval: The NWH shall obtain Telephonic pre-authorization through dedicated telephone lines in all cases of emergencies. NWH shall only obtain telephonic approval after confirming that the particular case falls within the purview of the scheme. A telephonic pre-authorization shall be deemed to be a provisional approval, and shall necessarily be followed by a regular pre-authorization within 1 hour.

Operations – Preauthorization Process Flow



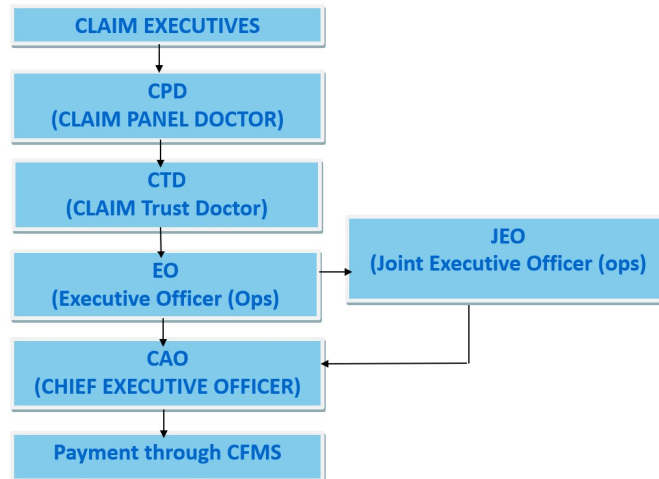
Pre-authorisations Workflow



Section 5: The Discharge and Claim Procedure

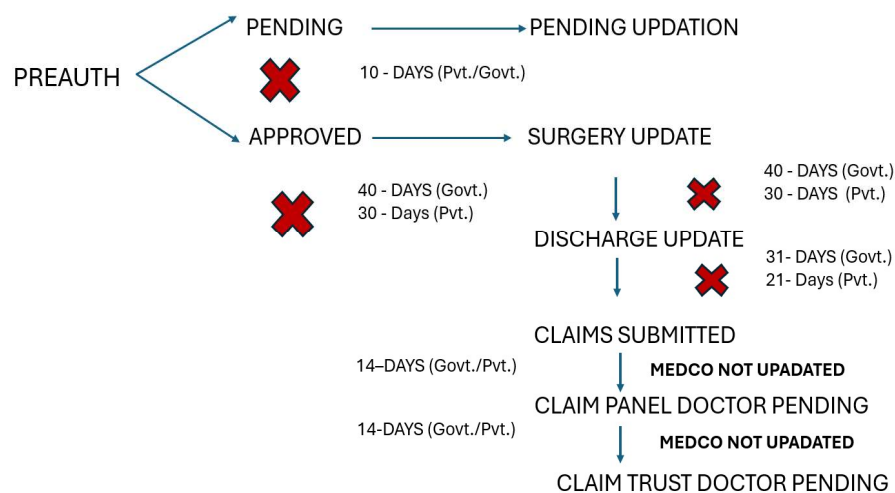
1. All the claims processing shall be carried out electronically through the Trust portal payments to the NWH shall be made through electronic clearance facility of the Trust.
- ii. The claim intimation, collection of claim documents, scrutiny of claim documents shall all be done through the Trust portal.
- iii. The Trust, NWH and the IPA shall follow the claim control number generated by the Trust portal for further reference. Decision of Trust on any claim settlement shall be final.
- iv. As soon as the claim lands, the following verification alone needs shall be performed.
 - a. Verification of identity of the patient
 - b. Verification whether the claim amount is limited to pre-authorised amount.
 - c. Verification of case management as per the pre-authorisation.
 - d. Verification of evidence of treatment.

Claims Workflow



Operations –Timelines for online process

Timelines Flowchart



⏪ ⏩ ⏴ ⏵ ⏶ ⏷ ⏸ ⏹ ⏺ ⏻ ⏼ ⏽ ⏾ ⏿

Section 6: Payment terms

1. EHCP will submit claims online in accordance with the process described in **Annexure 5**.
2. The Insurer will have to take a decision and settle the Claim within 15 days from requiring all the necessary documents/information. If required, Insurer can visit EHCP to gather further documents related to treatment to process the case.
3. However, the Insurer must note that requirements for such information are assessed by the Insurer at once and the same be intimated to the EHCP. The information must not be sought in bits and instalments or in a piecemeal method.

4. In case the Insurer decides to reject the claim then that decision also will need to be taken within 15 days.
5. In case of inter-operability claim arising from patient visiting from other Zone the decision on claim settlement and actual payment has to be done within 15 days by the Insurer from the State to which beneficiary belongs.
6. If claim payment to the EHCP is delayed beyond defined period of 15 days, the Insurer is liable to pay an interest of 1% for every seven days of delays to EHCP in addition to the claim amount.
7. The EHCP must ensure that the required documents are in place.
8. Payment will be done by Electronic Fund Transfer as far as possible.
9. The Dr. NTR VST shall have the right to initiate recovery actions against the EHCP for any financial/Medical fraud or financial dues to the Dr. NTR VST on account of acts of fraud by the EHCP which may include, adjusting payments against future claims or any other remedies to recover funds available to SHA under Applicable Laws.

Section 7: Declarations and undertakings of a EHCP

1. The EHCP undertakes that they have obtained all the registrations/ licenses/ approvals required by law in order to provide the services pursuant to this agreement and that they have the skills, knowledge and experience required to provide the services as required in this agreement.
2. The EHCP undertakes to uphold all requirement of law in so far as these apply to him and in accordance to the provisions of the law and the regulations enacted from time to time, by the local bodies or by the central or the state govt. The EHCP declares that it has never committed a criminal offence which prevents it from practicing medicines and no criminal charge has been established against it by a court of competent jurisdiction.
3. The EHCP hereby declares that it has not been blacklisted from another government scheme or by any government body or by a licensed insurer or under the provisions of any law of the land.

Section 8: General responsibilities & obligations of the EHCP

1. Ensure that no confidential information is shared or made available by the EHCP or any person associated with it to any person or entity not related to the EHCP without prior written consent of SHA.
2. The EHCP shall provide cashless facility to the beneficiary in strict adherence to the provisions of the agreement.

Schedules to Insurance Contract

3. The EHCP may have their facility covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the Agreement. The cost/ premium of such policy shall be borne solely by the EHCP.
4. The EHCP shall provide the best of the available medical facilities to the beneficiary.
5. The EHCP shall also have two contact persons nominated for all matters related to AB PMJAY- Dr.NTR VST one person from clinical team (a doctor-MEDCO who is actively engaged in the treatment of the patients) and one officer - AMCO in the administration department assigned for AB PMJAY-Dr.NTRVS. These officers will eventually be required to make themselves trained with the processes described in AB PMJAY-Dr.NTRVS.
6. The EHCP shall endeavor to make their team including MEDCO and AMCO actively participate in all AB PMJAY - DR.NTRVS trainings and workshops to be organized by SHA/Insurer from time to time.

Insurer will organize trainings for Arogya Mitras and other contact persons of EHCP. In addition, the EHCP may also be required to conduct trainings for its staff regarding AB PMJAY - DR.NTRVS at their premise with the help of Dr.NTR VST and Insurer. The cost of attending such trainings and organising trainings shall be borne by the EHCP unless otherwise agreed with SHA.

7. SHA may decide, if the EHCP has received accreditation of NABH, it will receive an additional 5%. over the listed package rate.
8. The EHCP agrees that it shall display their status of preferred service provider of AB PMJAY-Dr.NTRVS at their main gate, reception/ admission desks along with the display and other materials supplied by SHA/Insurer whenever possible for the ease of the beneficiaries. Format, design and other details related to these signages as provided by NHA/SHA shall be used.
9. The EHCP hereby agrees that it shall unconditionally comply with all the provisions of the Anti- Fraud Guidelines issued by the Dr.NTR VST / NHA including all its amendments from time to time.
10. The EHCP further agrees and acknowledges that lack of compliance the Anti-Fraud Guidelines shall be deemed as a material breach of this contract and in such a situation the Dr.NTR VST may, at its

sole discretion, initiate disciplinary proceedings as per the provisions of this contract, which may lead to termination and / or if the situation so demands seeking recourse to civil or criminal remedies available under Applicable Laws.

Section 9: Fraud management

1. EHCP hereby agrees that under the AB PMJAY-Dr.NTRVS fraud shall be defined as any intentional deception, manipulation of facts and / or documents or misrepresentation made by the EHCP or by any person or organization appointed employed / contracted by the EHCP with the knowledge that the deception could result in unauthorized financial or other benefit to herself/himself or some other person or the organisation itself. It includes any act that may constitute fraud under any applicable law in India.
2. Pursuant to any trigger alert related to possible fraud at the level of the EHCP, the Dr.NTR VST or its authorised representatives shall have the liberty to undertake investigation of the case.
3. The Dr.NTR VST shall on an ongoing basis measure the effectiveness of anti-fraud measures in the AB PMJAY-Dr.NTRVS through a set of indicators. For a list of such indicative (not exhaustive) indicators, refer to **Annexure 8**.
4. In the event that the EHCP or any of its employee or consultant or contractor undertakes any fraudulent activity and if the fraud is proven through investigation, the Dr.NTR VST shall:
 - i refuse to honor a fraudulent Claim or Claim arising out of fraudulent activity or reclaim all benefits paid in respect of a fraudulent claim or any fraudulent activity relating to a claim from the EHCP; and/or
 - ii de-empanel or delist the EHCP, with the procedure specified in Annexure 6; and/or
 - iii terminate this services agreement with the EHCP and if deemed appropriate initiate civil and /or criminal proceedings as per Applicable Laws.
5. For fraudulent activities by any of its employee or consultant or contractor, the vicarious liability shall vest with the EHCP and the EHCP shall be obliged to initiate action against such employee or consultant or contractor as per the directions of the Dr.NTR VST which may include but not be limited to (a) disciplinary actions; and / or (b) termination of services / contract; and / or under AB PMJAY-Dr.NTRVS; and / or (c) civil and / or criminal proceedings as per Applicable Laws.

Section 10: General responsibilities of SHA, Insurer

SHA, Insurer has a right to avail similar services as contemplated herein from other institution for the health services covered under this agreement.

Section 11: Monitoring and verification

1. The Dr.NTR VST shall, either directly or through the Insurer or any of its authorized representatives, shall have the right to conduct monitoring visits and random audits of any or all cases of hospitalisation and any or all claims submitted by the EHCP.
2. Monitoring of EHCPs shall include but not be limited to:
 - i Overall performance and conduct of the EHCP

Schedules to Insurance Contract

- ii Beneficiary registration process
 - iii Pre-authorisation and claims submission
 - processiv EHCP facility and infrastructure.
3. The scope of medical audit of services provided by the EHCP shall focus on ensuring comprehensiveness of medical records and shall include but not be limited to:
 - i Completeness of the medical records file
 - ii Evidence of patient history and current illness
 - iii Operation report (if surgery is done)
 - iv Patient progress notes from admission to discharge
 - v Pathology and radiology reports.
 - vi Payment of transportation cost of Rs.300 during each hospitalization
 4. If at any point in time the Dr.NTR VST issues Standard Treatment Guidelines for all or some of the medical/surgical procedures, assessing compliance to Standard Treatment Guidelines shall be within the scope of the medical audit.
 5. The SHA/Insurer shall conduct the medical audit through on-site visits to the EHCP facility for inspection of records, discussions with the nursing and medical staff.
 6. The SHA/Insurer shall conduct hospital audit of the EHCP that will focus on compliance to minimum empanelment criteria including but not limited to facilities, infrastructure, human resources, medical record keeping system and EHCP's obligations like operational help desk, appropriate signage of the Scheme prominently displayed.
 7. The EHCP shall be obliged to provide unconditional support to the Insurer / SHA or any of its authorised representatives in all their monitoring activities which shall include but not be limited to providing access to the hospital facility, patients and record for planned and unplanned supervision visits, providing copies of all medical records of AB PMJAY-Dr.NTRVS beneficiaries as required for purposes of audit or otherwise and any other cooperation and support that may be required under the provisions of this Agreement.

Section 12: Relationship of the Parties

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties hereto agrees not to hold itself or allow its Directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

Section 13: Reporting

In the first week of each month, beginning from the first month of the commencement of this Agreement, the EHCP and SHA/ Insurer shall exchange information on their experiences during the month and review the functioning of the process and make suitable

Schedules to Insurance Contract

changes whenever required. However, all such changes have to be in writing and by way of suitable supplementary agreements or by way of exchange of letters.

All official correspondence, reporting, etc. pertaining to this Agreement shall be conducted with SHA/ Insurer at its corporate office at the address _____.

Section 14: Termination

1. SHA reserves the right to terminate this agreement in case of material breach of this Agreement, material breach of the Anti-Fraud Guidelines issued by the Dr.NTR VST and any fraudulent activity of the EHCP that has been investigated and proven as fraud, and as per the guidelines issued by National Health Agency/SHA as given in Annexure 6.
2. This Agreement may be terminated by either party by giving one month's prior written notice by means of registered letter or a letter delivered at the office and duly acknowledged by the other, provided that this Agreement shall remain effective thereafter with respect to all rights and obligations incurred or committed by the parties hereto prior to such termination.
3. Either party reserves the right to inform public at large along with the reasons of termination of the agreement by the method which they deem fit.

Section 15: Confidentiality

This clause shall survive the termination/expiry of this Agreement.

1. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The EHCP 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 insured, and other unpublished information except as maybe authorized in writing by SHA. Insurer shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the EHCP including without limitation to the EHCP's proprietary information, process flows, and other required details.
2. In Particular the EHCP agrees to:
 - ☐ Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with health services under this agreement of all information received by the EHCP or such other medical practitioner or such other person by virtue of this agreement or otherwise, including Insurer's proprietary information, confidential information relating to insured, medicals test reports whether created/ handled/ delivered by the EHCP. Any personal information relating to a Insured received by the EHCP shall be used only for the purpose of inclusion/preparation/finalisation of medical reports/ test reports for transmission to

Schedules to Insurance Contract

Insurer only and shall not give or make available such information/ any documents to any third party whatsoever.

- Keep confidential and endeavour to maintain confidentiality by its medical officer, employees, medical staff, or such other persons, of medical reports relating to Insured, and that the information contained in these reports remains confidential and the reports or any part of report is not disclosed/ informed to the Insurance Agent / Advisor under any circumstances.
- Keep confidential and endeavour to maintain confidentiality of any information relating to Insured, and shall not use the said confidential information for research, creating comparative database, statistical analysis, or any other studies without appropriate previous authorisation from Insurer and through Insurer from the Insured.

Section 16: Indemnities and other provisions

1. SHA/Insurer will not interfere in the treatment and medical care provided to its beneficiaries. SHA and/ or Insurer will not be in any way held responsible for the outcome of treatment or quality of care provided by the provider.
2. SHA and/ or / Insurer shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the EHCP and the EHCP shall obtain professional indemnity policy on its own cost for this purpose. The EHCP agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure to provide identified service.
3. Notwithstanding anything to the contrary in this agreement no Parties shall be liable by reason of failure or delay in the performance of its duties and obligations under this agreement if such failure or delay is caused by acts of God, Strikes, lock-outs, embargoes, war, riots civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.
4. The EHCP will indemnify, defend and hold harmless the Dr.NTR VST and Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the company may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the EHCP or any of its employees or doctors or medical staff.
5. SHA will not have legal obligations towards claim settlement amount which falls under the preview of Insurer in the cases where an insurance company has been hired by Dr.NTR VST to implement AB PMJAY-Dr.NTRVS.

Section 17: Force Majeure

Notwithstanding anything to the contrary in this agreement no Parties shall be liable by

Schedules to Insurance Contract

reason of failure or delay in the performance of its duties and obligations under this agreement if such failure or delay is caused by acts of God, Strikes, lock-outs, embargoes, war, riots civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.

Section 18: Notices

All notices, demands or other communications to be given or delivered under or by reason of the provisions of this Agreement will be in writing and delivered to the other Party:

- A. By registered mail;
- B. By courier;
- C. By email;

In the absence of evidence of earlier receipt, a demand or other communication to the other Party is deemed given

- If sent by registered mail, seven working days after posting it; and
- If sent by courier, seven working days after posting it; and
- If sent by facsimile, two working days after transmission. In this case, further confirmation has to be done via telephone and e-mail.

The notices shall be sent to the other Party to the above addresses (or to the addresses which may be provided by way of notices made in the above said manner):

If to the EHCP:

Attn:

Tel:

Fax:

If to Insurance company

_____ Insurance Company Limited

If to the SHA

CEO, Dr. NTR Vaidya Seva Trust.

Address: Door No. – 241, MGM Capital Building, Near NRI Junction Beside Little Village Restaurant,

Chinnakakani, Mangalagiri, Andhra Pradesh 522503.

Tel No.: 0863-2259861 (Ext-312)

Email: ceoap@drntrvaidyaseva.ap.gov.in/ apsha@drntrvaidyaseva.ap.gov.in

Section 19: Miscellaneous

1. This Agreement together with the clauses specified in the tender document floated for selection of Insurance Company and any Annexure attached hereto constitutes the entire Agreement between the parties and supersedes, with respect to the matters regulated herein, and all other mutual understandings, accord and agreements, irrespective of their form between the parties. Any annexure shall constitute an integral part of the Agreement.
2. Except as otherwise provided herein, no modification, amendment or waiver of any provision of this Agreement will be effective unless such modification, amendment or waiver is approved in writing by the parties hereto.
3. Should specific provision of this Agreement be wholly or partially not legally effective or unenforceable or later lose their legal effectiveness or enforceability, the validity of the remaining provisions of this Agreement shall not be affected thereby.
4. The EHCP may not assign, transfer, encumber or otherwise dispose of this Agreement or any interest herein without the prior written consent of SHA/ Insurer, provided whereas that the SHA/Insurer may assign this Agreement or any rights, title or interest herein to an Affiliate without requiring the consent of the EHCP.
5. The failure of any of the parties to insist, in any one or more instances, upon a strict performance of any of the provisions of this Agreement or to exercise any option herein contained, shall not be construed as a waiver or relinquishment of such provision, but the same shall continue and remain in full force and effect.
6. The EHCP will indemnify, defend and hold harmless the Dr.NTR VST /Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the latter may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the EHCP or any of its employees/doctors/other medical staff.
7. Law and Arbitration
 - i The provisions of this Agreement shall be governed by and construed in accordance with Indian law.
 - ii Any dispute, controversy or claims arising out of or relation to this Agreement or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.
 - iii The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.
 - iv The place of arbitration shall be Andhra Pradesh and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in _____.
 - v The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.

Schedules to Insurance Contract

- vi The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgement thereon in any one or more of the highest courts having jurisdiction.
- vii The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian law.
- viii The cost of the arbitration proceeding would be borne by the parties on equal sharing basis.

NON – EXCLUSIVITY

SHA reserves the right to appoint any other health care provider for implementing the packages envisaged herein and the EHCP shall have no objection for the same.

8. Severability

The invalidity or unenforceability of any provisions of this Agreement in any jurisdiction shall not affect the validity, legality or enforceability of the remainder of this Agreement in such jurisdiction or the validity, legality or enforceability of this Agreement, including any such provision, in any other jurisdiction, it being intended that all rights and obligations of the Parties hereunder shall be enforceable to the fullest extent permitted by law.

9. Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

1. SIGNED AND DELIVERED BY
the EHCP. - the within named _____, by the Hand of _____ its
Authorised Signatory

In the presence of:

2. SIGNED AND DELIVERED BY _____, Government of
.....the within named _____, by the hand of
_____ its Authorised Signatory

In the presence of:

3. SIGNED AND DELIVERED BY _____, Government of
..... the within named _____, by the hand of _____ its Authorised
Signatory

In the presence

of:

Annexure 1 – Exclusions to the Policy

The Insurance 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:

1. Condition that does not require hospitalization and can be treated under Out Patient Care
2. Except those expenses covered under pre and post hospitalisation expenses, further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
3. Any dental treatment or surgery which is corrective, prosthetic, cosmetic procedure, filling of toothcavity, root canal including wear and tear of teeth, periodontal diseases, dental implants etc. are excluded. Exception to the above would be treatment needs arising from trauma / injury, neoplasia/ tumour / cyst requiring hospitalisation for bone treatment.
4. Any assisted reproductive techniques, or infertility related procedures, unless featuring in the National Health Benefit Package list.
5. Vaccination and immunization
6. Surgeries related to ageing face & body, laser procedures for tattoo removals, augmentation surgeries and other purely cosmetic procedures such as fat grafting, neck lift, aesthetic rhinoplasty etc.
7. Circumcision for children less than 2 years of age shall be excluded (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident)
8. Persistent Vegetative State: a condition in which a medical patient is completely unresponsive to psychological and physical stimuli and displays no sign of higher brain function, being kept alive only by medical intervention.

Annexure 2 – Packages and Rates (refer to Schedule 3)

Annexure 3: Beneficiary Identification System

- A. The Beneficiary Verification Process shall be carried out at empanelled hospitals using any of the following identifiers: Aadhaar Number, ABHA ID, or E-Health Card. (A Xerox copy of the selected identification document shall be taken for verification purposes.)
- B. The Operator/Mithra shall log in to the HMIS Suite and access the Dr. NTR VST Beneficiary API.

Schedules to Insurance Contract

- C. Search can be performed using Aadhaar, ABHA ID, or E-Health Card to retrieve beneficiary details from the repository and confirm eligibility and active beneficiary status.
- D. Upon successful verification, the system shall display a Verified Beneficiary Record, enabling the initiation of hospitalization.
- E. Responsibility of printing of E- Health Card shall be responsibility of insurer.
- F. Addition of new family members will be allowed. This requires at least one other family member has been approved by the Insurance Company/Trust. Proof of being part of the same family is required in the form of
 - i Name of the new member is in the family ration card or State defined family card
 - ii A marriage certificate relating to marriage to a family member existing in the family
 - iii A birth certificate relating to a birth to a family member existing in the family is available.

Specification of Hardware and Software to be inserted here

Annexure 4: Vaidya Mitra under AB PMJAY-Dr.NTRVS

Dr.NTR Vaidya Mithra will need to be hired by the Insurer for managing the helpdesk in public and private EHCPs. Public EHCP to follow the final guidelines issued by Dr.NTR VST for Vaidya Mithra. This help desk will need to be set up exclusively for AB PMJAY-Dr.NTRVS. Indicative role of Vaidya Mithra is as follows:

- A. Receive beneficiary at the EHCP
- B. Guide beneficiary regarding AB PMJAY - DR.NTRVS and process to be followed in the EHCP for taking the treatment
- C. Carry out the process of Beneficiary Identification for such persons who are beneficiaries of AB PMJAY-Dr.NTRVS.
- D. Take photograph of the beneficiary
- E. Carry out the Aadhaar based identification for such beneficiaries who are carrying Aadhaar
- F. If the person is not carrying Aadhaar carry out the identification through other defined Government issued ID
- G. Scan the identification documents as per the guidelines and upload through the software
- H. Send the result of beneficiary identification process to Insurer/ ISA for approval
- I. After getting confirmation from Insurer/ ISA or Dr.NTR VST regarding identification of the beneficiary, issue e-card to the beneficiary
- J. Refer the patient to doctor for consultation
- K. Check the balance of AB PMJAY - DR.NTRVS Beneficiary family in her/ his AB PMJAY - DR.NTRVS Cover amount.
- L. Upon advice of the doctor admit the patient in the EHCP
- M. Take the pre-authorisation as and when required as per the guidelines
- N. Enter all the relevant details of package and other information as provided by the doctor and required by the AB PMJAY - DR.NTRVS software
- O. At the time of discharge again enter all the relevant details and discharge summary

in the AB PMJAY - DR.NTRVS software

- P. Carry out any other task as defined by the SHA related to AB PMJAY-Dr.NTRVS

Detailed guidelines for Vaidya Mitras issued by NHA/SHA from time to time is to be followed.

Annexure 5: Process of Delivery of Benefits, Claim reporting and Submission

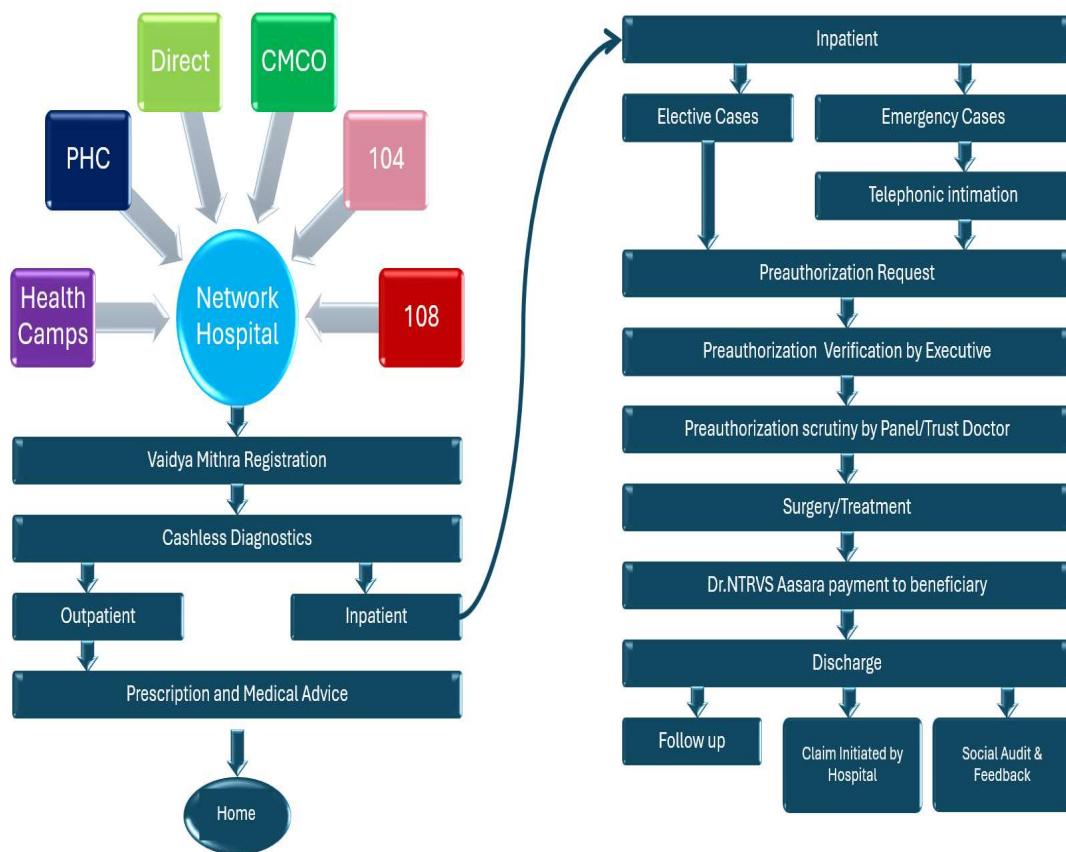
1. Cashless Access of Services

- A. The AB PMJAY - DR.NTRVS beneficiaries shall be provided treatment free of cost for all such ailments covered under the Scheme within the limits/ sub-limits and sum insured, i.e., not specifically excluded under the Scheme.
- B. The EHCP shall be reimbursed as per the package cost specified in the Tender Document agreed for specified packages or as pre-authorised amount in case of unspecified packages.
- C. The SHA/ Insurer/ ISA shall ensure that each EHCP shall at a minimum possess the Hospital IT Infrastructure required to access the AB PMJAY - DR.NTRVS Beneficiary Database and undertake verification based on the Beneficiary Identification process laid out, using unique AB PMJAY- MA Family ID on the AB PMJAY - DR.NTRVS Card and also ascertain the balance available under the AB PMJAY-Dr.NTRVS Cover provided by the Insurer.
- D. The SHA/ Insurer/ ISA shall provide each EHCP with an transaction manual describing in detail the verification, pre-authorisation and claims procedures.
- E. The Dr.NTR VST / Insurer/ ISA shall train Arogya Mitras that will be deputed in each EHCP that will be responsible for the administration of the AB PMJAY - DR.NTRVS on the use of the Hospital IT infrastructure for making Claims electronically and providing Cashless Access Services.
- F. The EHCP shall establish the identity of the member of a AB PMJAY - DR.NTRVS Beneficiary Family Unit by Aadhaar Based Identification System (No person shall be denied the benefit in the absence of Aadhaar Card) and ensure:
 - i That the patient is admitted for a covered procedure and package for such an intervention is available.
 - ii AB PMJAY - DR.NTRVS Beneficiary has balance in her/ his AB PMJAY - DR.NTRVS Cover amount.
 - iii Provisional entry shall be made on the server using the AB PMJAY - DR.NTRVS ID of the patient. It has to be ensured that no procedure is carried out unless provisional entry is completed through blocking of claim amount.
 - iv At the time of discharge, the final entry shall be made on the patient account after completion of Aadhaar Card Identification Systems verification or any other recognised system of identification adopted by the Dr.NTR VST of AB PMJAY - DR.NTRVS Beneficiary Family Unit to complete the transaction.

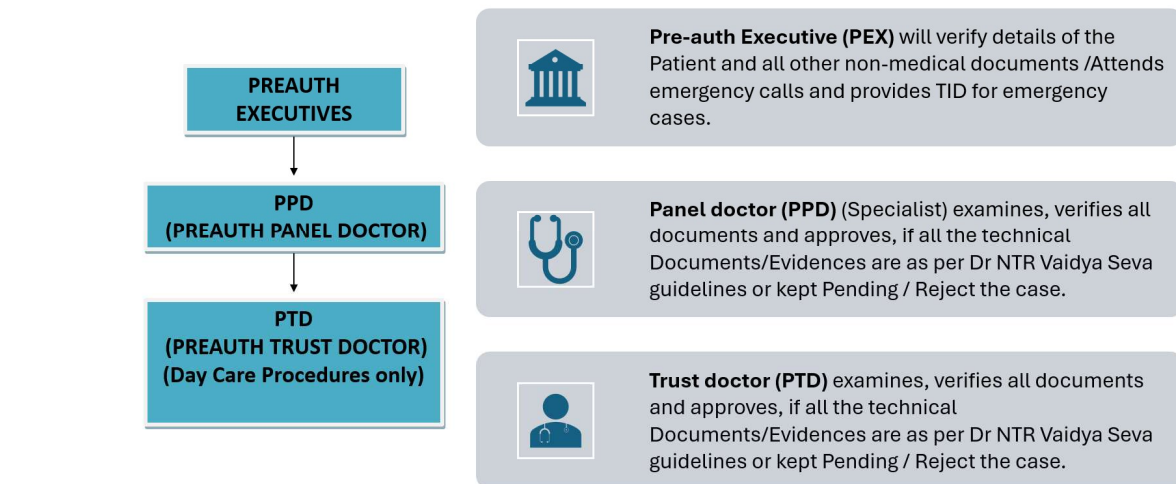
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Operations – Preauthorization Process Flow



Pre-authorisations Workflow

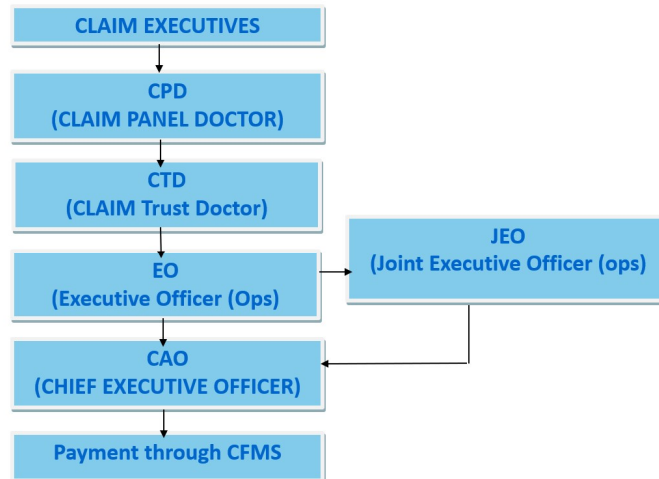


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3. Claims Management

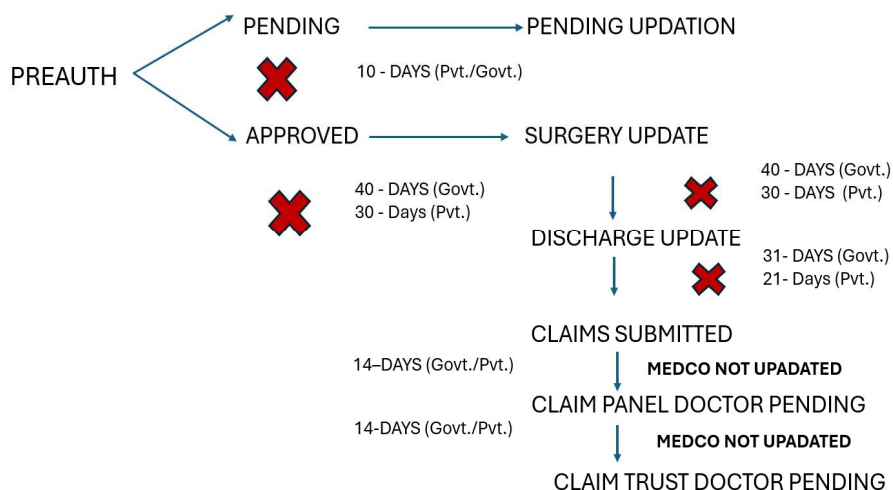
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 - c. Verification of case management as per the pre-authorisation.
 - d. Verification of evidence of treatment.

Claims Workflow



Operations –Timelines for online process

Timelines Flowchart



4. Process for Beneficiary identification, issuance of AB PMJAY - DR.NTRVS e-card and transaction for service delivery

A.Beneficiary Verification & Authentication

Member may bring the following to the AB PMJAY - DR.NTRVS helpdesk:

- Letter from MoHFW/NHA
- MA/MAV Card
- Any other defined document as prescribed by the State Government

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- Arogya Mitra/Operator will check if AB PMJAY - DR.NTRVS e-Card/ AB PMJAY - DR.NTRVS ID/Aadhaar Number is available with the beneficiary
- In case Internet connectivity is available at hospital
 - Operator/Arogya Mitra identifies the beneficiary's eligibility and verification status from AB PMJAY - DR.NTRVS Central Server
 - If beneficiary is eligible and verified under AB PMJAY - DR.NTRVS, server will show the details of the members of the family with photo of each verified member
 - If found OK then beneficiary can be registered for getting the cashless treatment.
 - If patient is eligible but not verified then patient will be asked to produce Aadhaar Card/Number/ Ration Card for verification (in absence of Aadhaar)
 - Beneficiary mobile number will be captured.
 - If Aadhaar Card/Number is available and authenticated online then patient will be verified under scheme (as prescribed by the software) and will be issued a AB PMJAY-MA e-Card for getting the cashless treatment.
 - Beneficiary gender and year of birth will be captured with Aadhaar eKYC or Ration Card
 - If Aadhaar Card/Number is not available then beneficiary will be advised to get the Aadhaar Card/number within stipulated time.
- In case Internet connectivity is not available at hospital
 - Arogya Mitra at AB PMJAY - DR.NTRVS Registration Desk at Hospital will call Central Helpline and using IVRS enters AB PMJAY - DR.NTRVS ID or Aadhaar number of the patient. IVRS will speak out the details of all beneficiaries in the family and hospital will choose the beneficiary who has come for treatment. It will also inform the verification status of the beneficiary
 - If eligible and verified then beneficiary will be registered for getting treatment by sending an OTP on the mobile number of the beneficiary
 - In case beneficiary is eligible but not verified then she/he can be verified using Aadhaar OTP authentication and can get registered for getting cashless treatment
- In case of emergency or in case person does not show AB PMJAY - DR.NTRVS e-Card/ID or Aadhaar Card/Number and claims to be AB PMJAY - DR.NTRVS beneficiary and show some photo ID proof issued by Government, then beneficiary may get the treatment after getting TPIN (Telephonic Patient Identification Number) from the call centre and same will be recorded. Government Photo ID proof need not be insisted in case of emergency. In all such cases, relevant AB PMJAY - DR.NTRVS beneficiary proof will be supplied within specified time before discharge otherwise beneficiary will pay for the treatment to the Hospital.
- If eligibility, verification and authentication are successful, beneficiary should be allowed for treatment

These details captured will be available at SHA/ Insurance Company/ ISA level for their approval. Once approved, the beneficiary will be considered as successfully identified and verified under AB PMJAY - DR.NTRVS.

B. Package Selection

- i The operator will check for the specialty for which the hospital is Empaneled. Hospitals will only be allowed to view and apply treatment package for the specialty for which they are Empaneled.
- ii Based on diagnosis sheet provided by doctor, operator should be able to block Surgical or Non-Surgical benefit package(s) using AB PMJAY - DR.NTRVS system.
- iii Both surgical and non-surgical packages cannot be blocked together, either of the type can only be blocked.
- iv As per the package list, the mandatory diagnostics/documents will need to be uploaded alongwith blocking of packages.
- v Some packages will be reserved for blocking only in public hospitals.
- vi The operator can block more than one package for the beneficiary. A logic will be built in formultiple package selection, such that reduced payment is made in case of multiple packages being blocked in the same hospitalisation event.
- vii If a registered mobile number of beneficiary family is available, an SMS alert will be sent to the beneficiary notifying him of the packages blocked for him.
- viii At the same time, a printable registration slip needs to be generated and handed over to the patient or patient's attendant.
- ix If for any reason treatment is not availed for any package, the operator can unblock the packagebefore discharge from hospital.

C. Pre-authorisation

- a) There would be defined packages which will require pre-authorisation from the insurance company/ trust. In case any inpatient treatment is not available in the packages defined, then hospital will be able to provide that treatment up to Rs. 2,50,000/- to the beneficiary only after the same gets approved by the Insurance company/ trust and will be reflected as unspecified package. Under both scenarios, the operator should be able to initiate a request to the insurancecompany/trust for pre-authorisation using the web application.
- b) The hospital operator will send all documents required for pre-authorisation to the insurance company/trust using the Centralized AB PMJAY - DR.NTRVS / States transaction management application.
- c) The documents exchanged will not be stored on the AB PMJAY - DR.NTRVS server permanently. Only the information about pre-authorisation request and response received will be stored on the central server. It is the responsibility of the insurance company/ Dr.NTR VST to maintain the documents at their end.
- d) The documents needed may vary from package to package and hence a master list of all documents required for all packages will be available on the server.
- e) The request as well as approval of the form will be done using the AB PMJAY -

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DR.NTRVS IT system or using API exposed by AB PMJAY - DR.NTRVS (Only one option can be adopted by the insurance Co.), or using State's own IT system (if adopted by the State).

- f) In case of no or limited connectivity, the filled form can also be sent to the insurance company/trust either through fax/ email. However, once internet connectivity is established, the form should also be submitted using online system as described above.
- g) The insurance company/ SHA/ ISA will have to approve or reject the request latest by 3 hours. If the insurance company/ SHA/ ISA fails to do so, the request will be considered deemed to be approved after 3 hours by default.
- h) In case of an emergency or delay in getting the response for pre-authorisation request due to technical issues, provision will be there to get the pre-authorisation code over the phone from Insurance Company/ SHA/ ISA or the call centre setup by Insurance Company/ Trust. The documents required for the processing, may be sent using the transaction system within stipulated time.
- i) In case of emergency, insurance company/ SHA/ ISA will provide the pre-authorisation code generated through the algorithm/ utility provided by MoHFW/NHA-NIC.
- j) Pre-authorisation code provided by the Insurer/ SHA/ ISA will be entered by the operator and will be verified by the system.
- k) If pre-authorisation request is rejected, Insurance Company/ SHA/ ISA will provide the reasons for rejection. Rejection details will be captured and stored in the transaction database.
- l) If the beneficiary or the hospital are not satisfied by the rejection reason, they can appeal through grievance system.

D. Balance Check, Treatment, Discharge and Claim Request

- a) Based on selection of package(s), the operator will check from the Central AB PMJAY - DR.NTRVS Server if sufficient balance is available with the beneficiary to avail services.
- b) States using their own IT system for hospital transaction will be able to check and update balance from Central AB PMJAY - DR.NTRVS server using API
- c) If balance amount under available covers is not enough for treatment, then remaining amount (treatment cost - available balance), will be paid by beneficiary (OOP expense will also be captured and stored)
- d) The hospital will only know if there is sufficient balance to provide the selected treatment in a yes or no response. The exact amount will not be visible to the hospital.
- e) SMS will be sent to the beneficiary registered mobile about the transaction and available balance
- f) List of diagnostic reports recommended for the blocked package will be made available and upload of all such reports will be mandatory before discharge of beneficiary.
- g) Transaction System would have provision of implementation of Standard Treatment Guidelines for providing the treatment
- h) After the treatment, details will be saved and beneficiary will be discharged with a summary sheet.
- i) Treatment cost will be deducted from available amount and will be updated on the

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Central AB PMJAY - DR.NTRVS Server.

- j) The operator/AM fills the online discharge summary form and the patient will be discharged. In case of mortality, a flag will be raised against the deceased member declaring him as dead or inactive.
- k) At the same time, a printable receipt needs to be generated and handed over to the patient or patient's attendant.
- l) After discharge, beneficiary gets a confirmation and feedback call from the AB PMJAY - DR.NTRVS call centre; response from beneficiary will be stored in the database
- m) Data (Transaction details) should be updated to Central Server and accessible to Insurance Company/ SHA/ ISA for Claim settlement. Claim will be presumed to be raised once the discharge information is available on the Central server and is accessible to the SHA/ ISA/ Insurance Company
- n) SMS will be sent to beneficiary registered mobile about the transaction and available balance
- o) After every discharge, claims would be deemed to be raised to the insurance company/ SHA/ ISA. An automated email alert will be sent to the insurance company/trust specifying patient name, A AB PMJAY - DR.NTRVS ID, registration number & date and discharge date. Details like Registration ID, AB PMJAY - DR.NTRVS, date and amount of claim raised will be accessible to the insurance company/trust on AB PMJAY - DR.NTRVS System/ State IT system. Also details like Registration-ID, AB PMJAY - DR.NTRVS -ID, Date and amount of claim raised, date and amount of claim disbursement, reasons for different in claims raised and claims settled (if any), reasons for rejection of claims (if any) will be retrieved from the insurance company/trust through APIs.
- p) Once the claim is processed and the hospital gets the payment, the above-mentioned information along with payment transaction ID will be updated on central AB PM-JAY system by the insurance company/ SHA/ ISA for each claim separately.
- q) Hospital Transaction Management Module would be able to generate a basic MIS report of beneficiary admitted, treated and claim settled and in process and any other report needed by Hospitals on a regular basis
- r) Upon discharge, beneficiary will receive a feedback call from the Call centre where he can share his feedback about his/her hospitalisation experience.

Annexure 6: Process for Disciplinary Proceedings and De-Empanelment

A. Institutional Mechanism

- i De-empanelment process can be initiated by SDC/SHA after conducting proper disciplinary proceedings against Empaneled hospitals on misrepresentation of claims, fraudulent billing, wrongful beneficiary identification, overcharging, charging money from patients unnecessarily, unnecessary procedures, false/misdiagnosis, referral misuse and other frauds that impact delivery of care to eligible beneficiaries.
- ii Hospital can contest the action of de empanelment by SDC with SHA. If hospital is aggrieved with actions of SDC, the former can approach the CEO, Dr. NTR VST to review its decision, following which it can request for redressal through the Grievance Redressal Mechanism as per guidelines.
- iii The SDC may also initiate disciplinary proceedings based on field audit reports/survey reports/feedback reports/ complaints filed with them/ complaints.
- iv For disciplinary proceedings, the DDC may consider submissions made by the beneficiaries (through call center/ Mera hospital or any other application/ written submissions/ emails etc.) or directions from SDC or information from other sources to investigate a claim of fraud by a hospital.
- v On taking up such a case for fraud, after following the procedure defined, the DDC will forward its report to the SDC along with its recommendation for action to be taken based on the investigation.
- vi The SDC will consider all such reports from the DDC and pass an order detailing the case and the penalty provisions levied on the hospital.
- vii Any disciplinary proceeding so initiated shall have to be completed within 30 days.

B. Steps for Disciplinary Proceedings

Step 1 - Putting the provider on “Watch-list”

Based on the claims, data analysis and/or the provider visits, if there is any doubt on the performance of a Provider, the SDC on the request of the IC or the Dr. NTR VST or on its own findings or on the findings of the DDC, can put that hospital on the watch list. The data of such hospital shall be analysed very closely on a daily basis by the SHA/SDC for patterns, trends and anomalies and flagged events/patterns will be brought to the scrutiny of the DDC and the SDC as the case may be.

The IC shall notify such service provider that it has been put on the watch-list and the reasons for the same.

Step 2 – Issuing show-cause notice to the hospital

Based on the activities of the hospital if the insurer/ trust believes that there are clear grounds of hospital indulging in wrong practices, a show cause notice shall be issued to the hospital. Hospital will need to respond to the notice within 7 days of receiving it.

Step 3 - Suspension of the hospital

A Provider can be temporarily suspended in the following cases:

- i) For the Providers which are on the “Watch-list” or have been issued showcause notice if the SDC observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of the hospital or in case of unsatisfactory reply of the hospital to the showcause notice, the hospital may be suspended from providing services to beneficiaries under the scheme and a formal investigation shall be instituted.
- ii) If a Provider is not in the “Watch-list”, but the SDC observes at any stage that it has data/ evidence that suggests that the Provider is involved in any unethical Practice/ is not adhering to the major clauses of the contract with the Insurance Company / Involved in financial fraud related to health insurance patients, it may immediately suspend the Provider from providing services to policyholders/insured patients and a formal investigation shall be instituted.

A formal letter shall be sent to the concerned hospital regarding its suspension with mentioning the time frame within which the formal investigation will be completed.

Step 4 - Detailed Investigation

The detailed investigation shall be undertaken for verification of issues raised in disciplinary proceedings and may include field visits to the providers (with qualified allopathic doctor as part of the team), examination of case papers, talking with the beneficiary/ policyholders/insured (if needed), examination of provider records etc. If the investigation reveals that the report/ complaint/ allegation against the provider is not substantiated, the SHA would immediately revoke the suspension (in case of suspension) on the direction of the SDC. A letter regarding revocation of suspension shall be sent to the provider within 24 hours of that decision.

Step 5 – Presentation of Evidence to the SDC

The detailed investigation report should be presented to the SDC and the detailed investigation should be carried out in stipulated time period of not more than 7 days. The SHA will present the findings of the detailed investigation. If the investigation reveals that the complaint/allegation against the provider is correct, then the following procedure shall be followed:

- i The hospital must be issued a “show-cause” notice seeking an explanation for the

- ii If during investigation, it is observed that treating doctor has also connived to commit the fraud with ECHP/beneficiary/insurance company/any other party, a show cause Notice

shall be issued by the EHCP to such doctor(s) employed by it for unethical practices under relevant provisions of the Medical Council of India / State Council / Clinical Establishment Act / other laws of land. Similar notice shall be issued by the EHCP to all parties e.g. medical device company, pathology/diagnostic lab, pharma supplier etc. which are complicit to the fraud(s). The EHCP shall submit to the SDC a copy of such Notice(s) served by it to relevant parties.

- iii In case the proceedings are under the SDC, after receipt of the explanation and its examination, the charges may be dropped or modified or an action can be taken as per the guidelines depending on the severity of the malafide/error. In cases of de-empanelment, a second show cause shall be issued to the hospital to make a representation against the order and after considering the reply to the second show cause, the SDC can pass a final order on de-empanelment. If the hospital is aggrieved with actions of SDC, the former can approach the CEO, Dr. NTR VST to review its decision, following which it can request for redressal through the Grievance Redressal Mechanism as per guidelines.
- iv In case the preliminary proceedings are under the DDC, the DDC will have to forward thereport to the SDC along with its findings and recommendations for a final decision. The SDC may ask for any additional material/investigation to be brought on record and to consider all the material at hand before issuing a final order for the same.

The entire process should be completed within 30 days from the date of suspension. The disciplinary proceedings shall also be undertaken through the online portal only.

Step 6 - Actions to be taken after De- empanelment

Once the hospital has been de-Empaneled, following steps shall be taken: i A letter shall be sent to the hospital regarding this decision.

- ii A decision may be taken by the SDC to ask the SHA/Insurance Company to lodge an FIR in case there is suspicion of criminal activity.
- iii This information shall be sent to all the other Insurance Companies as well as other regulatory bodies and the MoHFW/ NHA.
- iv The Dr. NTR VST may be advised to notify the same in the local media, informing all policyholders/insured about the de-empanelment ensuring that the beneficiaries are aware that the said hospital will not be providing services under AB PMJAY-Dr. NTRVS.
- v A de-Empaneled hospital cannot re-apply for empanelment for at least 6 months after de- empanelment. However, if the order for de-empanelment mentions a longer period, such a period shall apply for such a hospital.

- vi The EHCP shall not be able to initiate any new transaction on the Scheme's transaction software. However, patients already admitted would not be denied treatment and such transactions shall be allowed to be completed and all processes carried out till the discharge of such patients as in a normal course.
- vii The name of de-Empaneled provider shall be prominently displayed on the website of the Dr.NTR VST along with reason(s) for de-empanelment and state-wise consolidated list of all de- Empaneled hospitals shall be displayed on the website of the NHA along with reason(s) for de-empanelment.

C. Gradation of Offences

On the basis of the investigation report/field audits, the following charges may be found to be reasonably proved and a gradation of penalties may be levied by the SDC. However, this tabulation is intended to be as guidelines rather than mandatory rules and the SEC may take a final call on the severity and quantum of punishment on a case to case basis.

Penalties for offences by the Hospital			
Case Issue	First Offence	Second Offence	Third Offence
Illegal cash payments by beneficiary	Full refund and penalty 5 times of illegal payment to be paid to the Dr.NTR VST by the hospital within 7 working days of the receipt of notice. Dr.NTR VST shall thereafter transfer money to the beneficiary, charged in- actual, within 7 working days	In addition to actions as mentioned for first offence, rejection of claim for the case, suspension of hospital	De-empanelment/ blacklisting
Billing for services not provided	Rejection of claim and penalty 5 times the amount claimed for services not provided, to IC/SHA	Rejection of claim and penalty of 10 times the amount claimed for services not provided, to IC/SHA, suspension of hospital	De-empanelment/ blacklisting
Up coding/ Unbundling/ Unnecessary Procedures	Rejection of claim and penalty of up to 10 times the excess amount claimed due to up coding/unbundling/ unnecessary procedures, to IC/SHA Dr.NTR VST may decide the amount based on the severity of the breach	Rejection of claim and penalty of up to 20 times the excess amount claimed due to up coding/unbundling/ unnecessary	De-empanelment/ blacklisting

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		procedures, to IC/SHA, suspension of hospital	
Wrongful beneficiary identification	Rejection of claim and penalty of the amount claimed for wrongful beneficiary identification to IC/SHA if hospital is found to be in connivance Dr.NTR VST may decide the amount based on the severity of the breach	Rejection of claim and penalty of up to 10 times the amount claimed for wrongful beneficiary to SHA/IC if the hospital is found to be in connivance, suspension of hospital	De-empanelment/ blacklisting
Non-adherence to minimum criteria for empanelment, quality and service standards as laid	In case of minor gaps: Show cause notice with compliance period of 2 weeks for rectification and rejection of claims related to gaps In case major gaps and willful suppression/ misrepresentation of facts: Show cause notice with compliance period of 2 weeks for	Penalty of up to 5 times of all the approved claims related to the gaps observed and suspension until rectification of gaps and validation by SDC	De-empanelment and penalty of up to 5 times of all the approved claims related
under PM-JAY	rectification, suspended if not rectified after 2 weeks and rejection of claims related to gaps and penalty up to 3 times of all cases related to gaps observed. Suspension of services until rectification of gaps and validation by SDC		to the gaps observed

Please note:

- For Detailed Empanelment Criteria refer **schedule 7 of tender document** (RFP, Contract and Schedules).
- MEDCO will be a medical person Minimum MBBS who will look after the technical aspect of the Scheme at Empaneled hospital.
- AMCO will be one officer in the administration department assigned for AB

PMJAY-Dr.NTRVS.

- iv. SDC is State Disciplinary Committee and DDC is District Disciplinary Committee
- v. Provider should not refuse to admit any scheme patients for any services available at the hospital which is provided to paid patients.
- vi. Provider shall provide cashless facility during every follow-up as defined under the scheme. The follow-up benefit includes the cost of medicines, diagnostic tests, doctors' consultations, etc.

PERFORMANCE
(PROFORMA OF SECURITY
GUARANTEE)⁶ BANK

THIS DEED OF GUARANTEE executed on this the _____ day of _____ at _____ by _____ (Name of the Bank) having its Head/Registered office at _____ hereinafter referred to as "the Guarantor" which expression shall unless it be repugnant to the subject or context thereof include successors and assigns;

In favour of State Nodal Cell (SNC), (herein after referred to as the State Nodal Cell) and having its office at Andhra Pradesh, which expression shall, unless repugnant to the context or meaning thereof include its administrators, successors or assigns.

WHEREAS

By the Agreement ("the Agreement") dated- entered into between the State Nodal Cell and the Agency..... (herein after referred to as the Agency) the Agency has agreed to provide service as per the Agreement for the AB PMJAY-Dr.NTRVS (hereinafter referred to as "the Scheme").

- A. In terms of the said Agreement, the Agency is required to furnish to the State Nodal Cell, an unconditional and irrevocable bank guarantee for an amount of Rs. [Rupees only] as security for due and punctual performance/discharge of its obligations under the Agreement, relating to the execution of the Scheme.
- B. At the request of the Agency, the Guarantor has agreed to provide bank guarantee, being these presents guaranteeing the due and punctual performance/discharge by the Agency of its obligations relating to the Project.

NOW THEREFORE THIS DEED WITNESSETH AS FOLLOWS:

1. The Guarantor hereby irrevocably guarantees the due and punctual performance by the Agency of all its obligations relating to the Scheme and in connection with execution of the Scheme as envisaged in the Agreement.
2. The Guarantor shall, without demur, pay to the State Nodal Cell sums not exceeding in aggregate Rs. [Rupees only], within 15 days of receipt of a written demand therefore from the State Nodal Cell stating that the Agency has failed to meet its obligations under the Agreement. The Guarantor shall not go into the veracity of any breach or failure on the part of the Agency or validity of demand so made by the State Nodal Cell and shall pay the amount specified in the demand notwithstanding any direction to the contrary given or any dispute whatsoever raised by the Agency or any other Person. The Guarantor's obligations hereunder shall subsist until all such demands are duly met and discharged in accordance with the provisions hereof.
3. In order to give effect to this Guarantee, the State Nodal Cell shall be entitled to treat the Guarantor as the principal debtor. The obligations of the Guarantor shall not be affected by any variations in the terms and conditions of the Agreement or other documents or by the extension of time for performance granted to the Agency or postponement/non exercise/ delayed exercise of any of its rights by the State Nodal Cell or any indulgence shown by the State Nodal Cell to the Agency and the Guarantor shall not be relieved from its obligations under this Guarantee on account of any such (⁶To be issued by a Nationalized Bank in India) variation, extension, postponement, non-exercise, delayed exercise of any of its rights by the State Nodal Cell or any indulgence shown by the State Nodal Cell, provided nothing contained herein shall enlarge the Guarantor's obligation hereunder.
4. This Guarantee shall be irrevocable and shall remain in full force and effect for the contract period and one month thereafter, unless discharged/released earlier by the State Nodal Cell in accordance with the provisions of the Agreement. The Guarantor's liability in aggregate be limited to a sum of Rs. (Rupees Only).
5. This Guarantee shall not be affected by any change in the constitution or winding up of the Agency/the Guarantor or any absorption, merger or amalgamation of the Agency/the Guarantor with any other person.

The Guarantor has power to issue this guarantee and discharge the obligations contemplated herein, and the undersigned is duly authorised to execute this Guarantee pursuant to the power granted under

_____.

IN WITNESS WHEREOF THE GUARANTOR HAS SET ITS HANDS HEREUNTO ON THE DAY, MONTH AND YEAR FIRST HEREIN ABOVE WRITTEN.

SIGNED AND DELIVERED

by _____ Bank by the hand
of Shri _____ its _____ and
authorised official.



Schedule 7: List of Empaneled Health Care Providers under the Scheme

S. No	District	Hops Name	Beds
1	KAKINADA	7 STAR SUPER SPECIALITY HOSPITAL	50
2	SRIKAKULAM	A ONE HOSPITAL A UNIT OF AKHILA MEMORIAL HOSPITAL	80
3	HYDERABAD	AAROGYA EMERGENCY GENERAL HOSPITAL	50
4	ELURU	AAROGYA MULTI SPECIALITY HOSPITAL	50
5	ANANTHAPU RAMU	AASHA HOSPITAL	50
6	ANANTHAPU RAMU	AASHA HOSPITAL	53
7	CHITTOOR	AASHRAYA MULTI SPECIALITY HOSPITAL	50
8	HYDERABAD	AAYUSH MULTI SPECIALITY HOSPITAL	50
9	KURNOOL	AAYUSHMAN HOSPITAL	100
10	VISHAKAPAT ANAM	ABC HOSPITALS	50
11	EAST GODAVARI	ABHAYA EMERGENCY CENTRE SREE HOSPITALS	54
12	ANANTHAPU RAMU	ABHAYA KIDNEY CARE MULITYSPECIALITY HOSPITAL	152
13	PALNADU	ABHAYA MULTI SPECIALTY HOSPITALS	50
14	NTR	ABHAYA MULTISPECIALITY HOSPITAL	50
15	KURNOOL	ABHAYA MULTISPECIALITY HOSPITAL	50
16	YSR KADAPA	ABHILASH NETRA VYDYA SALA	50
17	VIZIANAGAR AM	ABHINAV NURSING HOME	50
18	SRI POTTISRIRAM ULU NELLORE	ABHIRAM INSTITUTE OF MEDICAL SCIENCES	50
19	PRAKASAM	ADARSHA MEDICAL CENTRE PVT LTD	50
20	HYDERABAD	ADITYA HOSPITAL	80
21	ANANTHAPU RAMU	ADITYA MULTI SPECIALITY HOSPITAL	52
22	GUNTUR	ADITYA MULTISPECIALITY HOSPITAL	50
23	KURNOOL	AGRASENI HOSPITAL	50
24	GUNTUR	AHALYA HOSPITAL	100
25	GUNTUR	AHALYA NURSING HOME	50

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2 6	NTR	AIMS FOR CHILD HEALTH	5 0
2 7	DR.B.R.AMBE DKAR KONASEEMA	AKASAM HOSPITALS	5 0
2 8	BENGALURU	AKASH HOSPITAL	6 5 0
2 9	EAST GODAVARI	AKIRA EYE HOSPITAL	5 0
3 0	VISHAKAPAT ANAM	AKSHAYA HOSPITAL MEDIGENE MULTI SPECIALITY HOSPITAL PVT LTD	5 0
3 1	ANAKAPALLI	AKSHAYA HOSPITALS	5 0
3 2	GUNTUR	ALL INDIA INSTITUTE OF MEDICAL SCIENCES	2 0 0
3 3	ELURU	ALLURI SITARAMA RAJU ACADEMY OF MEDICAL SCIENCES ASRAM HOSPITAL	1 6 8 0
3 4	HYDERABAD	ALPHA SUPER SPECIALITY HOSPITAL	1 0 0
3 5	GUNTUR	AMAR ORTHOPAEDIC HOSPITAL	5 0
3 6	TIRUPATI	AMARA HOSPITAL A UNIT OF G II HEALTHCARE PRIVATE LIMITED	1 0 0
3 7	NTR	AMARAVATHI EYE HOSPITAL	2 0
3 8	ANNAMAYYA	AMARAVATHI HOSPITALS	7 0
3 9	TIRUPATI	AMARAVATHI HOSPITALS	5 0
4 0	GUNTUR	AMARAVATHI INSTITUTE OF MEDICAL SCIENCES PVT LTD	1 0 0
4 1	KURNOOL	AMEELIO HOSPITAL A UNIT OF SURAKSHITHA HEALTHCARE PVT LTD	2 0 0
4 2	YSR KADAPA	AMEEN MULTI SPECIALITY HOSPITAL	5 2
4 3	SRI SATHAYA SAI	AMEER NURSING HOME	5 0
4 4	TIRUPATI	AMERICAN LASER EYE HOSPITAL	2 0
4 5	KRISHNA	AMERICAN ONCOLOGY INSTITUTE A UNIT OF CANCER TREATMENT SERVICES HYDERABAD PVT LTD	1 0 0
4 6	GUNTUR	AMERICAN ONCOLOGY INSTITUTE A UNIT OF CTSI	1 0 0
4 7	GUNTUR	AMERICAN ONCOLOGY INSTITUTE UNIT OF CTSH PVT LTD	1 0 0
4 8	KURNOOL	AMITA HOSPITAL	8 0
4 9	PRAKASAM	AMMA CHILDRENS HOSPITAL	5 0
5 0	KURNOOL	AMMA HOSPITAL	5 0

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5 1	BAPATLA	AMMA MULTI SPECIALITY EYE HOSPITAL	2 0
5 2	GUNTUR	AMMAJI PAVANI MEMORIAL SUPER SPECIALITY HOSPITAL	1 0 0
5 3	KRISHNA	AMRUTHA HEALTH CARE HOSPITAL	5 0
5 4	PRAKASAM	AMRUTHA HEART HOSPITAL	6 5
5 5	VIZIANAGAR AM	AMRUTHA HOSPITAL	5 4
5 6	GUNTUR	AMRUTHA HOSPITALS	5 0
5 7	PALNADU	AMULYA NURSING HOME	5 0
5 8	ANNAMAYYA	ANAND BABU HOSPITAL	5 0
5 9	SRI POTTISRIRAM ULU NELLORE	ANAND HOSPITAL	7 0
6 0	ANANTHAPU RAMU	ANANTAPUR ORTHOPAEDICCENTRE	5 1
6 1	SRI POTTISRIRAM ULU NELLORE	ANASUYA INSTITUTE OF MEDICAL SCIENCES	6 0
6 2	VISHAKAPAT ANAM	ANBEACH HOSPITAL	5 0
6 3	NTR	ANDHRA HEALTH DIAGNOSTIC SERVICES LIMITEDGLOBAL VIJAYAWADA	1 0 0
6 4	VIZIANAGAR AM	ANDHRA HOSPITALS	5 2
6 5	NTR	ANDHRA HOSPITALS BHAVANIPURAM PVT LTD	1 0 0
6 6	ELURU	ANDHRA HOSPITALS ELURU PVT LTD	1 0 0
6 7	KRISHNA	ANDHRA HOSPITALS MACHILIPATNAM A UNIT OF VISWADEEP MEDICAL SERVICES PVT LTD	1 0 0
6 8	NTR	ANDHRA HOSPITALS VIJAYAWADA PVT LTD	5 0
6 9	VISHAKAPAT ANAM	ANDHRA HOSPITALS VISHAKAPATNAM PRIVATE LIMITED	1 5 5
7 0	GUNTUR	ANDHRAPRIMEHOSPITALS	1 0 0
7 1	PRAKASAM	ANEESH KIDNEY CENTRE	5 0
7 2	VISHAKAPAT ANAM	ANIL NEERUKONDA HOSPITAL SANGIVALASA AFFILIATAED TO NRI INSTITUTE OF MEDICAL SCIENCES	9 2 0
7 3	EAST GODAVARI	ANJANA VAIDYALAYA	5 0
7 4	PRAKASAM	ANJANI SUPER SPECIALITY HOSPITAL	5 0
7 5	PRAKASAM	ANNA INSTITUTE OF MEDICAL SCIENCES	5 0

Schedules to Insurance Contract

7 6	VISHAKAPAT ANAM	ANNAPOORNA HOSPITAL	1 0 0
7 7	EAST GODAVARI	ANNAPURNA HOSPITALS EMERGENCY CARE CENTRE	5 0
7 8	KRISHNA	ANNAPURNA MULTI SPECIALITY HOSPITAL	5 0
7 9	NTR	ANU INSTITUTE OF NUERO AND CARDIAC SCIENCE A UNIT OF SRI ANU HOSPITALS PVT LTD	2 5
8 0	TIRUPATI	ANVESH MOTHER AND CHILD HOSPITAL	5 0
8 1	HYDERABAD	APEX HOSPITALS	5 0
8 2	HYDERABAD	APOLLO HOSPITALS	1 5 0
8 3	HYDERABAD	APOLLO HOSPITALS ENTERPRISE LTD DRDO	5 0
8 4	VISHAKAPAT ANAM	APOLLO HOSPITALS ENTERPRISES LTD - VIZAG	1 1 0
8 5	HYDERABAD	APOLLO HOSPITALS ENTERPRISES LTD JUBILEE HILLS	3 0 0
8 6	CHITTOOR	APOLLO HOSPITALS ENTERPRISES LTD- A	5 0
8 7	HYDERABAD	APOLLO HOSPITALS SECUNDERABAD	1 2 0
8 8	HYDERABAD	APOLLO INSTITUTE OF MECDICAL SCIENCES AND RESEARCH	1 3 0
8 9	PALNADU	APOORVA HOSPITAL	5 0
9 0	CHENNAI	APPASAMY MEDICARE CENTRE PRIVATE LIMITED	1 0 5
9 1	ANANTHAPU RAMU	APPLE EYE CARE	2 0
9 2	WEST GODAVARI	APPLE HOSPITAL A UNIT OF TANUKU HOSPITAL	1 0 0
9 3	BENGALURU	APURVA MOTHER AND CHILD HOPSITAL	5 0
9 4	SRI POTTISRIRAM ULU NELLORE	ARAVIND KIDNEY CENTER	5 2
9 5	EAST GODAVARI	ARAVINDAM ORTHOPDEICS AND PHYSIOTHERAPY CENTRE	5 0
9 6	HYDERABAD	ARCHANA HOSPITALS PRIVATE LIMITED	7 5
9 7	VISHAKAPAT ANAM	AREA HOSPITAL - AGNAMPUDI	5 0
9 8	DR.B.R.AMBE DKAR KONASEEMA	AREA HOSPITAL - AMALAPURAM	1 0 0
9 9	EAST GODAVARI	AREA HOSPITAL - ANAPARTHY	3 0
1 0 0	ALLURI SITHARAMA RAJU	AREA HOSPITAL - ARAKU	1 5 0

Schedules to Insurance Contract

1 0 1	HYDERABAD	AREA HOSPITAL - BADRACHALAM	1 3 0
1 0 2	NANDHYALA	AREA HOSPITAL - BANAGANAPALLI	1 0 0
1 0 3	BAPATLA	AREA HOSPITAL - BAPATLA	1 0 0
1 0 4	WEST GODAVARI	AREA HOSPITAL - BHIMAVARAM	8 0
1 0 5	VIZIANAGAR AM	AREA HOSPITAL - CHEEPURUPALLI	1 0 0
1 0 6	BAPATLA	AREA HOSPITAL - CHEERALA	1 2 0
1 0 7	ALLURI SITHARAMA RAJU	AREA HOSPITAL - CHINTAPALLI	1 0 0
1 0 8	SRI SATHAYA SAI	AREA HOSPITAL - DHARMAVARAM	5 0
1 0 9	VIZIANAGAR AM	AREA HOSPITAL - GAJAPATHINAGARAM	3 0
1 1 0	PRAKASAM	AREA HOSPITAL - GIDDALUR	5 0
1 1 1	HYDERABAD	AREA HOSPITAL - GOLCONDA	1 0 0
1 1 2	KRISHNA	AREA HOSPITAL - GUDIVADA	1 0 0
1 1 3	TIRUPATI	AREA HOSPITAL - GUDUR	1 0 0
1 1 4	ANANTHAPU RAMU	AREA HOSPITAL - GUNTAKAL	7 0 0
1 1 5	YSR KADAPA	AREA HOSPITAL - JAMMALAMADUGU	5 0
1 1 6	ELURU	AREA HOSPITAL - JANGAREDDY GUEDEM	1 0 0
1 1 7	SRI SATHAYA SAI	AREA HOSPITAL - KADIRI	1 0 0
1 1 8	SRI POTTISRIRAM ULU NELLORE	AREA HOSPITAL - KANDUKUR	1 0 0
1 1 9	SRI POTTISRIRAM ULU NELLORE	AREA HOSPITAL - KAVALI	1 0 0
1 2 0	CHITTOOR	AREA HOSPITAL - KUPPAM	1 0 0

Schedules to Insurance Contract

1			
2	SRI SATHAYA		5
1	SAI	AREA HOSPITAL - MADAKASIRA	0
1			
2			6
2	CHITTOOR	AREA HOSPITAL - NAGARI	7
1			1
2			0
3	HYDERABAD	AREA HOSPITAL - NAMPALLY	0
1			1
2			0
4	NTR	AREA HOSPITAL - NANDIGAMA	0
1			
2			6
5	SRIKAKULAM	AREA HOSPITAL - NARASANNAPET	0
1			
2	WEST		5
6	GODAVARI	AREA HOSPITAL - NARASAPURAM	0
1			1
2			0
7	PALNADU	AREA HOSPITAL - NARSARAOPET	0
1			1
2			5
8	ANAKAPALLI	AREA HOSPITAL - NARSIPATNAM	0
1			1
2			0
9	ELURU	AREA HOSPITAL - NUZIVIDU	0
1			
3	WEST		6
0	GODAVARI	AREA HOSPITAL - PALAKOLE	0
1	PARVATHIPU		1
3	RAM		0
1	MANYAM	AREA HOSPITAL - PALAKONDA	0
1			
3			5
2	CHITTOOR	AREA HOSPITAL - PALAMANERU	0
1			5
3			0
3	ANNAMAYYA	AREA HOSPITAL - PILER	
1			1
3	VIZIANAGAR		0
4	AM	AREA HOSPITAL - RAJAM	0
1			
3			5
5	ANNAMAYYA	AREA HOSPITAL - RAJAMPETA	0
1	DR.B.R.AMBE		1
3	DKAR		0
6	KONASEEMA	AREA HOSPITAL - RAMACHANDRAPURAM	0
1	ALLURI		
3	SITHARAMA		5
7	RAJU	AREA HOSPITAL - RAMPACHODAVARAM	0
1			
3			5
8	ANNAMAYYA	AREA HOSPITAL - RAYACHOTY	0
1			
3	ANANTHAPU		3
9	RAMU	AREA HOSPITAL - RAYADURGAM	0
1			4
4	VIZIANAGAR		5
0	AM	AREA HOSPITAL - S.KOTA	0
1	PARVATHIPU		
4	RAM		3
1	MANYAM	AREA HOSPITAL - SALURU	0

Schedules to Insurance Contract

1 4 2	PARVATHIPU RAM MANYAM	AREA HOSPITAL - SEETHAMPETA	3 0
1 4 3	TIRUPATI	AREA HOSPITAL - SRI KALAHASTHI	1 0 0
1 4 4	WEST GODAVARI	AREA HOSPITAL - TADEPALLIGUDEM	1 3 0
1 4 5	ANANTHAPU RAMU	AREA HOSPITAL - TADIPATRI	1 0 0
1 4 6	KURNOOL	AREA HOSPITAL - YEMMIGANUR	5 0
1 4 7	PRAKASAM	AREA HOSPITAL - YERRAGONDAPALEM	5 0
1 4 8	PALNADU	AREA HOSPITAL -CHILAKURIPETA	1 0 0
1 4 9	NANDHYALA	AREA HOSPITAL -DHONE	1 0 0
1 5 0	CHITTOOR	AREA HOSPITAL PUNGANUR	1 0 0
1 5 1	KAKINADA	AREA HOSPITAL - TUNI	1 0 0
1 5 2	HYDERABAD	ARK HEALTH CARE PVT LTD	5 0
1 5 3	GUNTUR	ARKA HOSPITAL AND RESEARCH INSTITUTE A UNIT OF ABHAYA SUPERSPECIALITY HOSPITALS PVT LTD	1 0 0
1 5 4	KAKINADA	ARUNA HOSPITAL	5 0
1 5 5	YSR KADAPA	ARUNACHALA INSTITUTE OF MEDICAL SCIENCES	2 1 0
1 5 6	SRIKAKULAM	ARUNODAYA MULTI SPECIALITY HOSPITAL A UNIT OF SRI SAI GAYATRI HEALTH CARE	5 0
1 5 7	EAST GODAVARI	ASCENT HOSPITALS A UNIT OF ASCENT MEDI EXCELLENCE PRIVATE LIMITED	5 0
1 5 8	PALNADU	ASIAN HOSPITALS	8 0
1 5 9	NTR	ASSURE MULTISPECIALITY HOSPITAL	5 0
1 6 0	TIRUPATI	ASTER NARAYANADRI HOSPITAL (A UNIT OF ASTER DM HEALTH CARE LIMITED)	1 5 0
1 6 1	HYDERABAD	ASTER PRIME HOSPITAL	1 5 1
1 6 2	GUNTUR	ASWANI NURSING HOME	5 0

Schedules to Insurance Contract

1 6 3	GUNTUR	ASWINI HOSPITAL	1 0 0
1 6 4	NANDHYALA	ASWINI HOSPITALS	5 0
1 6 5	GUNTUR	AVINASH NURSING HOME	5 0
1 6 6	WEST GODAVARI	AVINASH ORTHO TRAUMA AND CRITICAL CARE HOSPITAL	5 0
1 6 7	HYDERABAD	AVS WELLNESS HOSPITALS	5 0
1 6 8	PALNADU	Area Hospital Sattenapalli	1 0 0
1 6 9	YSR KADAPA	B G R HOSPITAL	5 0
1 7 0	CHITTOOR	BABU HOSPITALS	5 0
1 7 1	ANANTHAPU RAMU	BABY HOSPITAL	5 0
1 7 2	GUNTUR	BALAJI CANCER CARE CENTRE	5 0
1 7 3	ANANTHAPU RAMU	BALAJI EYE CARE LASER CENTRE	5 0
1 7 4	KURNOOL	BALAJI HOSPITAL	5 0
1 7 5	SRI SATHAYA SAI	BALAJI MULTISPECIALITY HOSPITAL	5 0
1 7 6	ANNAMAYYA	BALAJI MULTISPECIALITY HOSPITAL	5 0
1 7 7	TIRUPATI	BALAJI ORTHOPAEDIC AND TRAUMA HOSPITAL	5 0
1 7 8	BENGALURU	BANGALORE CANCER CENTRE	5 0
1 7 9	BENGALURU	BANGALORE MEDICAL COLLEGE REASEARCH INSTITUTE SUPER SPECIALTY HOSPITAL PMSSY	2 0 3
1 8 0	BENGALURU	BASAPPA MULTISPECIALITY HOSPITAL	5 0
1 8 1	HYDERABAD	BASAVATARAKAM INDO AMERICAN CANCER HOSPITAL AND RESEARCH INSTITUTE, HYDERABAD	5 0
1 8 2	WEST GODAVARI	BATTINA HOSPITAL	7 0
1 8 3	GUNTUR	BAYYA ENT AND EYE HOSPITAL	5 0

Schedules to Insurance Contract

1 8 4	HYDERABAD	BBR MULTI SPECIALITY HOSPITAL	1 5 0
1 8 5	VISHAKAPAT ANAM	BEHARA HOSPITAL	6 0
1 8 6	NTR	BELEAF HOSPITALS	5 0
1 8 7	NTR	BEST HOSPITAL	5 0
1 8 8	KAKINADA	BEST HOSPITAL	5 0
1 8 9	KURNOOL	BHARATH HOSPITAL	2 0
1 9 0	YSR KADAPA	BHARATHI HOSPITAL	6 1
1 9 1	PALNADU	BHARATHI HOSPITALS	1 0 0
1 9 2	PALNADU	BHAVANAM VENKATRAM MEMORIAL GBR SUPER SPECIALITY HOSPITAL	1 0 0
1 9 3	SRI POTTISRIRAM ULU NELLORE	BHAVYA SREE EYE HOSPITAL	2 0
1 9 4	ELURU	BHUVANESWARI HOSPITAL	5 0
1 9 5	HYDERABAD	BIBI HOSPITALS PRIVATE LIMITED	1 2 0
1 9 6	GUNTUR	BMR HOSPITAL	7 0
1 9 7	NTR	BMR HOSPITALS	5 5
1 9 8	CHITTOOR	BRD MEMORIAL HOSPITAL	5 0
1 9 9	TIRUPATI	C R REDDY HOSPITAL	6 0
2 0 0	GUNTUR	C V R HOSPITAL MULTI SPECIALITY	6 0
2 0 1	CHENNAI	CANCER INSTITUTE WIA	5 8 2
2 0 2	KRISHNA	CAPITAL HOSPITALS	1 0 0
2 0 3	VISHAKAPAT ANAM	CARE HOSPITAL	1 5 0

Schedules to Insurance Contract

204	KURNOOL	CBR KURNOOL RAMESH HOSPITALS	100
205	ANANTHAPU RAMU	CDH-ANANTAPURAM	50
206	EAST GODAVARI	CDR HOSPITAL	50
207	EAST GODAVARI	CEM HOSPITAL	50
208	HYDERABAD	CENTURY ONCONET CANCER HOSPITAL	50
209	HYDERABAD	CENTURY SUPER SPECIALITY HOSPITALS PVT LTD	200
210	GUNTUR	CHADALAVADA SKIN AND EYE CARE CENTRE	20
211	PRAKASAM	CHAITANYA CARDIAC CENTER	50
212	NTR	CHAITANYA CARDIAC CENTRE MEDSTAR HOSPITALS	50
213	NTR	CHAITANYA HOSPITAL	20
214	ELURU	CHAITRA HOSPITAL	75
215	EAST GODAVARI	CHAKRADHAR HOSPITALS	50
216	DR.B.R.AMBE DKAR KONASEEMA	CHANAKYA HOSPITAL	60
217	PRAKASAM	CHANDAMAMA CHILDRENS HOSPITAL	50
218	ANNAMAYYA	CHANDRA MOHANS NURSING HOME	85
219	ANANTHAPU RAMU	CHANDRA SUPERSPECIALTY HOSPITAL	75
220	BENGALURU	CHANRE RHEUMATOLOGY AND IMMUNOLOGY CENTER AND RESEARCH PVT LTD	50
221	WEST GODAVARI	CHC -ACHANTA	30
222	BAPATLA	CHC -ADDANKI	30
223	ALLURI SITHARAMA RAJU	CHC -ADDATEEGALA	30
224	WEST GODAVARI	CHC -AKIVIDU	30

Schedules to Insurance Contract

2	DR.B.R.AMBE		
2	DKAR		3
5	KONASEEMA	CHC -ALAMURU	0
2			
2			5
6	NANDHYALA	CHC -ALLAGADDA	0
2	DR.B.R.AMBE		
2	DKAR		3
7	KONASEEMA	CHC -ALLAVARAM	0
	SRI		
2	POTTISRIRAM		
2	ULU		3
8	NELLORE	CHC -ALLUR	0
2			
2			3
9	KURNOOL	CHC -ALUR	0
2			
3			3
0	SRIKAKULAM	CHC -AMADALAVALASA	0
2			
3			3
1	PALNADU	CHC -AMARAVATHI	0
2			
3			3
2	NANDHYALA	CHC -ATMAKUR	0
2			
3			3
3	KRISHNA	CHC -AVANIGADDA	0
2			
3			3
4	ANNAMAYYA	CHC -B.KOTHAKOTA	0
2			
3	VIZIANAGAR		5
5	AM	CHC -BADANGI	0
2			
3			5
6	YSR KADAPA	CHC -BADVEL	0
2			
3			6
7	CHITTOOR	CHC -BANGARU PALLYAM	7
2			
3			3
8	SRIKAKULAM	CHC -BARUVA	0
2			
3			3
9	NANDHYALA	CHC -BETHAMCHERLA	0
2	PARVATHIPU		
4	RAM		5
0	MANYAM	CHC -BHADRAGIRI	0
2			
4	VISHAKAPAT		3
1	ANAM	CHC -BHEEMUNIPATNAM	0
2			
4			3
2	ELURU	CHC -BHIMADOLU	0
2			
4	VIZIANAGAR		3
3	AM	CHC -BHOGAPURAM	0
2			
4	VIZIANAGAR		3
4	AM	CHC -BOBBILI	0

Schedules to Insurance Contract

2	SRI		
4	POTTISRIRAM		6
5	ULU		7
	NELLORE	CHC -BUCHI REDDY PALEM	
2			3
4			0
6	SRIKAKULAM	CHC -BUDITHI	
2			3
4			0
7	ELURU	CHC -BUTTAIGUEDEM	
2			3
4			0
8	KRISHNA	CHC -CHALLAPALLI	
2			5
4			0
9	TIRUPATI	CHC -CHANDRAGIRI	
2			3
5	SRI SATHAYA		0
0	SAI	CHC -CHENNEKOTHAPALLI	
2			3
5			0
1	YSR KADAPA	CHC -CHENNUR	
2			5
5			0
2	PRAKASAM	CHC -CHIMAKURTHY	
2	PARVATHIPU		3
5	RAM		0
3	MANYAM	CHC -CHINAMERANGI	
2			3
5			0
4	TIRUPATI	CHC -CHINNAGOTTIGALLU	
2			5
5			0
5	ELURU	CHC -CHINTALPAUDI	
2	ALLURI		3
5	SITHARAMA		0
6	RAJU	CHC -CHINTOOR	
2			3
5			0
7	ANAKAPALLI	CHC -CHODAVARAM	
2			5
5			0
8	PRAKASAM	CHC -CUMBUM	
2			5
5			0
9	PRAKASAM	CHC -DARSI	
2			3
6			0
0	ELURU	CHC -DENDULURU	
2			3
6			0
1	KRISHNA	CHC -GANNAVARAM	
2			3
6	EAST		0
2	GODAVARI	CHC -GOKAVARAM	
2			3
6	ANANTHAPU		0
3	RAMU	CHC -GOOTY	
2			3
6	VISHAKAPAT		0
4	ANAM	CHC -GOPALAPATNAM	

Schedules to Insurance Contract

2 6 5	EAST GODAVARI	CHC -GOPALAPURAM	3 0
2 6 6	SRI SATHAYA SAI	CHC -GORANTLA	3 0
2 6 7	KRISHNA	CHC -GUDURU	3 0
2 6 8	PALNADU	CHC -GURAZALA	6 0
2 6 9	SRIKAKULAM	CHC -HARIPURAM	3 0
2 7 0	SRIKAKULAM	CHC -ICCHAPURAM	3 0
2 7 1	SRI POTTISRIRAM ULU NELLORE	CHC -INDUKURPETA	3 0
2 7 2	PALNADU	CHC -IPUR	3 0
2 7 3	NTR	CHC -JAGGAIAHPETA	5 0
2 7 4	KAKINADA	CHC -JAGGAMPETA	1 0
2 7 5	ANAKAPALLI	CHC -K.KOTAPADU	5 0
2 7 6	EAST GODAVARI	CHC -KADIYAM	3 0
2 7 7	ELURU	CHC -KAIKALUR	3 0
2 7 8	ANNAMAYYA	CHC -KALIKIRI	3 0
2 7 9	ANANTHAPU RAMU	CHC -KALYANDURG	5 0
2 8 0	YSR KADAPA	CHC -KAMALAPURAM	3 0
2 8 1	ANANTHAPU RAMU	CHC -KANEKAL	3 0
2 8 2	PRAKASAM	CHC -KANIGIRI	1 8 0
2 8 3	KRISHNA	CHC -KANKIPADU	3 0
2 8 4	DR.B.R.AMBE DKAR KONASEEMA	CHC -KAPILESWARAPURAM	3 0

Schedules to Insurance Contract

2 8 5	CHITTOOR	CHC -KARVETINAGAR	5 0
2 8 6	SRIKAKULAM	CHC -KAVITI	3 0
2 8 7	KURNOOL	CHC -KODUMUR	3 0
2 8 8	NANDHYALA	CHC -KOILKUNTALA	3 0
2 8 9	GUNTUR	CHC -KOLLIPARA	3 0
2 9 0	ANANTHAPU RAMU	CHC -KONAKONDLA	3 0
2 9 1	PRAKASAM	CHC -KONDAPI	3 0
2 9 2	TIRUPATI	CHC -KOTA	3 0
2 9 3	SRIKAKULAM	CHC -KOTABOMMALI	3 0
2 9 4	ANAKAPALLI	CHC -KOTAURATLA	5 0
2 9 5	SRI SATHAYA SAI	CHC -KOTHACHERUVU	3 9 0
2 9 6	DR.B.R.AMBE DKAR KONASEEMA	CHC -KOTHAPETA	3 0
2 9 7	SRIKAKULAM	CHC -KOTTURU	3 0
2 9 8	SRI POTTISRIRAM ULU NELLORE	CHC -KOVUR	6 0
2 9 9	EAST GODAVARI	CHC -KOVVURU	3 0
3 0 0	ALLURI SITHARAMA RAJU	CHC -KUNAVARAM	3 0
3 0 1	PARVATHIPU RAM MANYAM	CHC -KURUPAM	3 0 0
3 0 2	ANNAMAYYA	CHC -LAKKIREDDY PALLI	3 0
3 0 3	PALNADU	CHC -MACHERLA	5 0
3 0 4	ANNAMAYYA	CHC -MAHAL	3 0

Schedules to Insurance Contract

3 0 5	DR.B.R.AMBE DKAR KONASEEMA	CHC -MANDAPETA	3 0
3 0 6	BAPATLA	CHC -MARTUR	3 0
3 0 7	NANDHYALA	CHC -MIDTHUR	3 0
3 0 8	DR.B.R.AMBE DKAR KONASEEMA	CHC -MUMMIDIVARAM	3 0
3 0 9	ALLURI SITHARAMA RAJU	CHC -MUNCHINGIPUTTU	3 0
3 1 0	YSR KADAPA	CHC -MYDUKUR	3 0
3 1 1	NTR	CHC -MYLAVARAM	6 5
3 1 2	BAPATLA	CHC -NAGARAM	3 0
3 1 3	TIRUPATI	CHC -NAIDUPET	6 0
3 1 4	ANAKAPALLI	CHC -NAKKAPALLI	5 0
3 1 5	SRI SATHAYA SAI	CHC -NALLAMADA	1 8 0
3 1 6	NANDHYALA	CHC -NANDIKOTKUR	3 0
3 1 7	TIRUPATI	CHC -NARAVARI PALLI	3 0
3 1 8	VIZIANAGAR AM	CHC -NELLIMARALA	3 0
3 1 9	EAST GODAVARI	CHC -NIDADAVOLE	3 0
3 2 0	BAPATLA	CHC -NIZAMPATNAM	3 0
3 2 1	KURNOOL	CHC -ORVAKAL	1 0
3 2 2	NANDHYALA	CHC -OWK	5 0
3 2 3	PRAKASAM	CHC -P.DORNALA	5 0
3 2 4	DR.B.R.AMBE DKAR KONASEEMA	CHC -P.GANNAVARAM	5 0
3 2 5	CHITTOOR	CHC -P.KOTHAKOTA	3 0

Schedules to Insurance Contract

3			
2			3
6	BAPATLA	CHC -P.V.PALEM	0
3			
2			3
7	KRISHNA	CHC -PAMARRU	0
3			
2	ANANTHAPU		3
8	RAMU	CHC -PAMIDI	0
3			
2			3
9	PRAKASAM	CHC -PAMUR	0
3			
3			3
0	NANDHYALA	CHC -PANYAM	0
3			
3			3
1	BAPATLA	CHC -PARCHURU	0
3			
3			5
2	SRIKAKULAM	CHC -PATAPATNAM	0
3			
3			3
3	KURNOOL	CHC -PATHIKONDA	0
3			
3			3
4	PALNADU	CHC -PEDAKURAPADU	0
3			
3			3
5	KAKINADA	CHC -PEDAPUDI	0
3			
3			3
6	KAKINADA	CHC -PEDDAPURAM	0
3			
3	VISHAKAPAT		3
7	ANAM	CHC -PENDURTHI	0
3			
3	WEST		3
8	GODAVARI	CHC -PENUGONDA	0
3			
3	SRI SATHAYA		3
9	SAI	CHC -PENUKONDA	0
3			
4			5
0	CHITTOOR	CHC -PENUMUR	0
3			
4			1
1	KAKINADA	CHC -PITAHAPURAM	0
3	SRI		
3	POTTISRIRAM		
4	ULU		3
2	NELLORE	CHC -PODALAKURU	0
3			
4			3
3	PRAKASAM	CHC -PODILI	0
3			
4			3
4	ELURU	CHC -POLAVARAM	0
3			
4			3
5	SRIKAKULAM	CHC -PONDURU	0

Schedules to Insurance Contract

3			
4			3
6	GUNTUR	CHC -PONNUR	0
3			
4			5
7	YSR KADAPA	CHC -PORUMAMILLA	0
3			
4			3
8	GUNTUR	CHC -PRATHIPADU	0
3			
4			5
9	KAKINADA	CHC -PRATHIPADU	0
3			
5			3
0	TIRUPATI	CHC -PUTTUR	0
3			
5			3
1	SRIKAKULAM	CHC -RANASTHALAM	0
3	SRI		
3	POTTISRIRAM		
5	ULU		6
2	NELLORE	CHC -RAPUR	0
3	DR.B.R.AMBE		
5	DKAR		3
3	KONASEEMA	CHC -RAZOLE	0
3			
5			3
4	BAPATLA	CHC -REPALLE	0
3			
5			3
5	ANNAMAYYA	CHC -RLY.KODUR	0
3			
5	SRI SATHAYA		3
6	SAI	CHC -ROLLA	0
3			
5			1
7	KAKINADA	CHC -ROUTHULAPUDI	0
3			
5			1
8	KAKINADA	CHC -SAMALKOT	0
3			
5			3
9	TIRUPATI	CHC -SATYAVEDU	0
3			
6			5
0	NTR	CHC -SHAIK RAJA SAHEB	0
3			
6			3
1	YSR KADAPA	CHC -SIDHOUT	0
3			
6	ANANTHAPU		3
2	RAMU	CHC -SINGANAMALA	0
3			
6			5
3	CHITTOOR	CHC -SODAM	0
3			
6			3
4	SRIKAKULAM	CHC -SOMPETA	0
3			
6			6
5	TIRUPATI	CHC -SULLURUPET	0

Schedules to Insurance Contract

3 6 6	NANDHYALA	CHC -SUNNIPENTA	3 0
3 6 7	DR.B.R.AMBE DKAR KONASEEMA	CHC -T.KOTTAPALLI	3 0
3 6 8	KAKINADA	CHC -TALLAREVU	3 0
3 6 9	SRI SATHAYA SAI	CHC -TANAKALLU	1 3 0
3 7 0	ANNAMAYYA	CHC -THAMBALLAPALLE	3 0
3 7 1	NTR	CHC -TIRUVURU	3 0
3 7 2	SRI POTTISRIRAM ULU NELLORE	CHC -UDAYAGIRI	3 0
3 7 3	SRI POTTISRIRAM ULU NELLORE	CHC -ULAVAPADU	3 0
3 7 4	ANANTHAPU RAMU	CHC -URAVAKONDA	5 0
3 7 5	ANAKAPALLI	CHC -V MADUGULA	3 0
3 7 6	CHITTOOR	CHC -V.KOTA	3 0
3 7 7	PALNADU	CHC -V.P.SOUTH	3 0
3 7 8	TIRUPATI	CHC -VAKADU	3 0
3 7 9	ANNAMAYYA	CHC -VAYALPADU	5 0
3 8 0	KURNOOL	CHC -VELDURTHY	3 0
3 8 1	NANDHYALA	CHC -VELUGODU	3 0
3 8 2	YSR KADAPA	CHC -VEMPALLI	5 0
3 8 3	BAPATLA	CHC -VEMURU	3 0
3 8 4	SRI POTTISRIRAM ULU NELLORE	CHC -VENKATACHALAM	3 0
3 8 5	TIRUPATI	CHC -VENKATAGIRI	6 0

Schedules to Insurance Contract

3 8 6	SRI POTTISRIRAM ULU NELLORE	CHC -VINJAMUR	1 0
3 8 7	PALNADU	CHC -VINUKONDA	3 0
3 8 8	NTR	CHC -VISSANNAPETA	3 0
3 8 9	KRISHNA	CHC -VUYYURU	3 0
3 9 0	ALLURI SITHARAMA RAJU	CHC -Y RAMAVARAM	3 0
3 9 1	NANDHYALA	CHC -YALLUR	3 0
3 9 2	KAKINADA	CHC -YELESWARAM	5 0
3 9 3	ANAKAPALLI	CHC -YELLAMANCHILI	5 0
3 9 4	SRIKAKULAM	CHC PALASA	5 0
3 9 5	PALNADU	CHERUKURI HOSPITAL	5 0
3 9 6	PALNADU	CHIGURUPATI HOSPITAL	5 0
3 9 7	NTR	CHIKITSA HOSPITALS	5 0
3 9 8	ELURU	CHIRANJEEVI HOSPITALS ORTHO AND MULTI SPEICILITY	5 0
3 9 9	ANNAMAYYA	CITI HOSPITALS	5 0
4 0 0	NTR	CITI ORTHOPAEDIC CENTER	7 0
4 0 1	YSR KADAPA	CITY CARE HOSPITAL	5 0
4 0 2	KAKINADA	CITY HOSPITAL	5 0
4 0 3	KURNOOL	CNHOSPITAL	1 2
4 0 4	HYDERABAD	CONTINENTAL HOSPITALS LIMITED	2 5 0
4 0 5	YSR KADAPA	CSI CAMPBELL HOSPITAL	1 0 0

Schedules to Insurance Contract

406	YSR KADAPA	CSR HOSPITAL	24
407	VISHAKAPATANAM	DAMAYANTHI DURGA HOSPITAL	100
408	TIRUPATI	DBR AND SK SUPER SPECIALITY HOSPITAL	100
409	KURNOOL	DEEPAK TEJA HOSPITAL	50
410	EAST GODAVARI	DELTA HOSPITALS UNIT OF RAJAMAHENDRI HEALTHCARE PVT LTD	220
411	ANNAMAYYA	DESAI HOSPITALS	63
412	KURNOOL	DESAI NURSING HOME	30
413	SRI SATHAYA SAI	DEVI NURSING HOME	50
414	PRAKASAM	DGR HOSPITAL	50
415	KURNOOL	DHEERAN MEDICARE HOSPITAL	51
416	SRIKAKULAM	DINESH EYE HOSPITAL	20
417	YSR KADAPA	DINESH MEDICAL CENTRE a unit of Carmel Health Care LLP	125
418	ANAKAPALLI	DISTRICT HOSPITAL - ANAKAPALLI	200
419	SRI POTTISRIRAM ULU NELLORE	DISTRICT HOSPITAL - ATMAKUR	150
420	CHITTOOR	DISTRICT HOSPITAL - CHITTOOR	650
421	SRI SATHAYA SAI	DISTRICT HOSPITAL - HINDUPUR	300
422	HYDERABAD	DISTRICT HOSPITAL - KINGKOTI	200
423	PARVATHIPURAM MANYAM	DISTRICT HOSPITAL - PARVATIPURAM (T)	150
424	YSR KADAPA	DISTRICT HOSPITAL - PRODDUTUR	350
425	WEST GODAVARI	DISTRICT HOSPITAL - TANUKU	150

Schedules to Insurance Contract

4			2
2			0
6	SRIKAKULAM	DISTRICT HOSPITAL - TEKKALI	0
4			2
2			0
7	GUNTUR	DISTRICT HOSPITAL - TENALI	0
4			1
2			5
8	PRAKASAM	DISTRICT HOSPITAL -MARKAPUR	0
4			5
2			0
9	GUNTUR	DIVI HOSPITALS	0
4			7
3	ANANTHAPU		5
0	RAMU	DIVYASREE HOSPITALS	
4	SRI		
4	POTTISRIRAM		
3	ULU		2
1	NELLORE	DR AGARWAL S HEALTHCARE LIMITED	0
4			
3	VISHAKAPAT		2
2	ANAM	DR AGARWALS EYE HOSPITAL	0
4			
3			2
3	NTR	DR AGARWALS HEALTH CARE LIMITED	0
4			
3	EAST		2
4	GODAVARI	DR AGARWALS HEALTH CARE LIMITED	0
4			
3			2
5	GUNTUR	DR AGARWALS HEALTH CARE LTD	0
4			
3			2
6	GUNTUR	DR AGARWALS HEALTH CARE LTD	0
4			
3			2
7	TIRUPATI	DR AGRAWALS HEALTH CARE LTD	0
4			
3	ANANTHAPU		5
8	RAMU	DR AKBAR EYE HOSPITAL PHACO AND LASER CENTER	0
4			
3			5
9	PALNADU	DR ANJI REDDY MULTI SPECIALITY HOSPITAL PVT LTD	2
4			
4			7
0	PALNADU	DR ANJIREDDY SUPER SPECIALITY HOSPITAL	0
4			
4			5
1	GUNTUR	DR BASAVAPUNNAIAH PRANAHITHA MULTISPECIALITY HOSPITAL	0
4			
4			5
2	KAKINADA	DR BRM CAREWELL HOSPITAL	0
4			
4	VISHAKAPAT		5
3	ANAM	DR DEMUDUBABU KAMALA NURSING HOME	0
4			
4	WEST		2
4	GODAVARI	DR G R REDDY EYE CARE CENTER	0
4	SRI		
4	POTTISRIRAM		
4	ULU		5
5	NELLORE	DR G VIJAYAKUMAR MEMORIAL NELLORE HOSPITAL	0

Schedules to Insurance Contract

4			
4			6
6	SRIKAKULAM	DR GOLIVI HOSPITAL PVT LTD	0
4	SRI		
4	POTTISRIRAM		2
4	ULU		0
7	NELLORE	DR HR SMART VISION EYE HOSPITAL	
4			2
4			0
8	PRAKASAM	DR HR SMART VISION EYE HOSPITAL	
4	DR.B.R.AMBE		5
4	DKAR		0
9	KONASEEMA	DR KVR HOSPITAL	
4			2
5			0
0	PALNADU	DR MV REDDY EYE HOSPITAL	
4			2
5	VISHAKAPAT		1
1	ANAM	DR PAVANIS BEST VISION ADVANCED EYE HOSPITAL	
4			2
5			0
2	PALNADU	DR PSR ANJANEYULU AND MEENAKSHI EYE HOSPITAL	
4			7
5	VISHAKAPAT		5
3	ANAM	DR R.S.P.R.GOV.T.REGIONAL EYE HOSPITAL	
4			5
5	VISHAKAPAT		0
4	ANAM	DR RADHIKA MULTI SPECIALITY HOSPITAL AND FERTILITY CENTER	
4	SRI		2
4	POTTISRIRAM		0
5	ULU		
5	NELLORE	DR RAJA SEKHAR EYE HOSPITAL	
4			2
5			5
6	PALNADU	DR RAM LINGA REDDY MAXIVISION EYE HOSPITALS PVT LTD	
4			2
5			0
7	PALNADU	DR RAMALINGA REDDY MAXIVISION EYE HOSPITAL PVT LTD	
4			2
5			0
8	GUNTUR	DR RAMALINGA REDDY MAXIVISION EYE HOSPITALS PVT LTD	
4			2
5	VISHAKAPAT		0
9	ANAM	DR RAMANA RAJUS VISION TREE SUPER SPECIALITY EYE CARE CENTER	
4	SRI		1
4	POTTISRIRAM		0
6	ULU		0
0	NELLORE	DR RAMASWAMY HOSPITALS A DIVISION OF BALAJI WELLNESS PVT LTD	
4			5
6			0
1	YSR KADAPA	DR RAMESH MULTISPECIALITY HOSPITAL	
4			5
6			0
2	CHENNAI	DR RELAINSTITUTE AND MEDICAL CENTRE	0
4			5
6			0
3	NTR	DR TVS CLINIC	
4			2
6			0
4	SRIKAKULAM	DR YSR KIDNEY RESEARCH CENTRE AND SUPER SPECIALTY HOSPITAL	0
4			5
6			0
5	PALNADU	DR YSR MEMORIAL GAJJALA HOSPITALS	

Schedules to Insurance Contract

4			1
6	ANANTHAPU		0
6	RAMU	DR YSR MEMORIAL HOSPITALS	0
4			2
6			0
7	ANNAMAYYA	DRUSHTI EYE HOSPITAL	0
4			2
6			0
8	ANNAMAYYA	DRUSHTI NAYANADHAMA A SUPER SPECILAITY EYE HOSPITAL	0
4			2
6			0
9	HYDERABAD	DURGA BHAI DESHMUKH HOSPITAL AND RESEARCH CENTRE A UNIT OF ANDHRA MAHILA SHABA	0
4			1
7			0
0	GUNTUR	DVC HOSPITAL AND RESEARCH CENTRE	0
4	SRI		1
4	POTTISRIRAM		0
7	ULU		0
1	NELLORE	ENEL HOSPITALS A UNIT OF ENEL HEALTH CARE PRIVATE LIMITED	0
4			5
7	WEST		0
2	GODAVARI	ENLIVEN HEALTHCARE	0
4			5
7			0
3	KRISHNA	EVR SUPER SPECIALTY HOPTAL	0
4			5
7			0
4	CHENNAI	FAITH MULTISPECIALTY HOSPITAL	0
4			5
7			0
5	PALNADU	FARZANA HOSPITALS	0
4			6
7			2
6	YSR KADAPA	FATHIMA INSTITUTE OF MEDICAL SCIENCES	0
4			2
7			6
7	BENGALURU	FORTIES HOSPITAL LIMITED	4
4			5
7			0
8	BENGALURU	FORTIS HEALTH MANAGEMENT LTD	0
4			2
7			5
9	CHENNAI	FORTIS HEALTHCARE LIMITED	0
4			1
8			2
0	BENGALURU	FORTIS HOSPITALS LIMITED	5
4			5
8			0
1	BENGALURU	FORTIS INTERNATIONAL HOSPITAL LTD	0
4			1
8			0
2	CHENNAI	FRONTIER LIFELINE HOSPITAL	0
4			5
8			0
3	PALNADU	G SOWREDDY MEMORIAL NURSING HOME	0
4			1
8			0
4	KURNOOL	G V R CHILDREN HOSPITAL	0
4			5
8	VISHAKAPAT		0
5	ANAM	GAJUWAKA HOSPITALS PVT LTD RK HOSPITAL	0

Schedules to Insurance Contract

4 8 6	DR.B.R.AMBE DKAR KONASEEMA	GANDHI HOSPITAL	5 0
4 8 7	EAST GODAVARI	GANDHI HOSPITALS	5 0
4 8 8	HYDERABAD	GANDHI HOSPITALS	1 6 3 6
4 8 9	VIZIANAGAR AM	GAYATRI HOSPITALS	1 3 0
4 9 0	VISHAKAPAT ANAM	GAYATRI VIDYA PARISHAD INSTITUTE OF HEALTH CARE AND MEDICAL TECHNOLOGY	1 5 5 0
4 9 1	WEST GODAVARI	GEETA HOSPITALS	2 0
4 9 2	PALNADU	GEETHA HOSPITALS	5 0
4 9 3	NANDHYALA	GELIVI MULTI SPECIALITY HOSPITAL	5 0
4 9 4	CHENNAI	GEM HOSPITAL AND RESEARCH CENTRE PVT LTD	2 0 0
4 9 5	KURNOOL	GEMCARE KAMINENI HOSPITALS KURNOOL	1 1 0
4 9 6	SRIKAKULAM	GEMS HOSPITAL ADITYA EDUCATION SOCIETY	8 7 2
4 9 7	ELURU	GIFFARD MEMORIAL HOSPITAL OF SEVENTH DAY ADVENTIST	5 0
4 9 8	VISHAKAPAT ANAM	GITAM INSTITUTE OF MEDICAL SCIENCES AND RESEARCH	6 5 0
4 9 9	VISHAKAPAT ANAM	GJ HOSPITAL AND TRAUMA CENTRE	1 1 0
5 0 0	HYDERABAD	GLOBAL EYE AND LASER HOSPITAL PVT LTD	5 0
5 0 1	VIZIANAGAR AM	GMR VARALAKSHMI CARE HOSPITAL	2 0 0
5 0 2	KURNOOL	GNR HOSPITALS	5 0
5 0 3	ELURU	GOOD SAMARITAN CANCER AND GENERAL HOSPITAL	1 6 0
5 0 4	HYDERABAD	GOODWILL KIDNEY AND SURGICAL CENTRE	6 0
5 0 5	TIRUPATI	GOPI MADHAVI HOSPITAL	2 0

Schedules to Insurance Contract

506	BAPATLA	GORANTLA SUPER SPECIALTY HOSPITAL	50
507	EAST GODAVARI	GOUTAMI EYE INSTITUTE	50
508	VISHAKAPATNAM	GOVERNMENT ENT HOSPITAL	100
509	HYDERABAD	GOVERNMENT ENT HOSPITAL - KOTI	122
510	HYDERABAD	GOVERNMENT GENERAL AND CHEST HOSPITAL	500
511	KURNOOL	GOVERNMENT GENERAL HOSPITAL - ADONI	330
512	ANANTHAPURAM	GOVERNMENT GENERAL HOSPITAL - ANANTAPUR	500
513	GUNTUR	GOVERNMENT GENERAL HOSPITAL - GUNTUR	1200
514	KAKINADA	GOVERNMENT GENERAL HOSPITAL - KAKINADA	1155
515	KURNOOL	GOVERNMENT GENERAL HOSPITAL - KURNOOL	1050
516	KRISHNA	GOVERNMENT GENERAL HOSPITAL - MACHILIPATNAM	350
517	NANDHYALA	GOVERNMENT GENERAL HOSPITAL - NANDYAL	350
518	SRI POTTISRIRAMULU NELLORE	GOVERNMENT GENERAL HOSPITAL - NELLORE	264
519	ALLURI SITHARAMA RAJU	GOVERNMENT GENERAL HOSPITAL - PADERU	330
520	YSR KADAPA	GOVERNMENT GENERAL HOSPITAL - PULIVENDULA	330
521	NTR	GOVERNMENT GENERAL HOSPITAL - VIJAYAWADA	239
522	VIZIANAGARAM	GOVERNMENT GENERAL HOSPITAL - VIZIANAGARAM	300
523	ELURU	GOVERNMENT GENERAL HOSPITAL -ELURU	400
524	ANNAMAYYA	GOVERNMENT GENERAL HOSPITAL MADANAPALLI	150

Schedules to Insurance Contract

5			1
2			0
5	PRAKASAM	GOVERNMENT GENERAL HOSPITAL MARKAPUR	0
5			2
2	VISHAKAPAT		8
6	ANAM	GOVERNMENT HOSPITAL FOR CHEST AND COMMUNICABLE DISEASES	8
5			1
2			0
7	GUNTUR	GOVERNMENT HOSPITAL FOR CHEST AND COMMUNICABLE DISEASES	0
5			3
2	VISHAKAPAT		0
8	ANAM	GOVERNMENT HOSPITAL FOR MENTAL CARE	0
5			3
2			8
9	TIRUPATI	GOVERNMENT MATERNITY HOSPITAL - TIRUPATHI	0
5			1
3			6
0	HYDERABAD	GOVERNMENT METERNITY HOSPITAL - KOTI	5
5			1
3	VISHAKAPAT		7
1	ANAM	GOVERNMENT VICTORIA HOSPITAL	7
5			2
3			1
2	KURNOOL	GOWRI GOPAL HOSPITAL	0
5			8
3	EAST		2
3	GODAVARI	GSL MEDICAL COLLEGE AND GSL GENERAL HOSPITAL	0
5			1
3	EAST		1
4	GODAVARI	GSL TRUST CANCER HOSPITAL AND RESEARCH CENTRE	0
5			5
3			0
5	NANDHYALA	GSR HOSPITAL	
5			6
3	EAST		0
6	GODAVARI	GTGH RAJAMAHENDRAVARAM	4
5			6
3			0
7	GUNTUR	GUNTUR KIDNEY AND MULTISPECIALITY HOSPITAL	
5			5
3			0
8	ANNAMAYYA	GUPTA HOSPITAL	
5			5
3			0
9	NTR	HANSHU ORTHO AND ENT HOSPITAL	
5			1
4			0
0	KAKINADA	HARITHA HOSPITALS	0
5			5
4	ANANTHAPU		0
1	RAMU	HARSHITHA MULTI SPECIALITY HOSPITAL	
5			2
4			0
2	GUNTUR	HASINI MULTISPECIALITY EYE HOSPITAL	
5			1
4			0
3	NTR	HCG CITY CANCER CENTRE	0
5			1
4			1
4	NTR	HCG CURIE CITY CANCER CENTRE HEALTH CARE GLOBAL ENTERPRISES LTD	0
5			5
4	VISHAKAPAT		
5	ANAM	HCG Cancer Centre a unit of Health Care Global Enterprises	0

Schedules to Insurance Contract

5			
4			8
6	PRAKASAM	HCG MNR CURIE CANCER CENTRE HEALTH CARE GLOBAL ENTERPRISES LTD	0
5			
4			5
7	YSR KADAPA	HEALTH CURE AND CARE HOSPITAL	0
5			
4			8
8	GUNTUR	HEALTH HOSPITALS L.G MEDICAL SPECIALITIES	0
5			
4			2
9	BENGALURU	HEALTHCARE GLOBAL ENTERPRISES LIMITED	1
5			0
5			
0	NTR	HEART CARE CENTRE	7
5			5
5	EAST		
1	GODAVARI	HELIOS HOSPITAL	5
5			0
5			
2	NTR	HELP HOSPITALS PVT LTD	1
5			0
5			0
3	PALNADU	HIMABINDU HOSPITAL	5
5			0
5			
4	HYDERABAD	HIMAGIRI HOSPITALS	5
5			0
5			
5	YSR KADAPA	HIMALAYA MULTI SPECIALITY HOSPITAL	6
5			5
5	ANANTHAPU		
6	RAMU	HITA MULTI SPECIALITY HOSPITAL	5
5			2
5	VISHAKAPAT		
7	ANAM	HOMI BHABHA CANCER HOSPITAL AND RESEARCH CENTRE	5
5			0
5			
8	HYDERABAD	HOPE CHILDRENS HOSPITAL	5
5			0
5			
9	GUNTUR	HOPE WIN HOSPITALS	5
5			0
6			
0	KRISHNA	HYDERABAD EYE INSTITUTE	4
5			0
6	VISHAKAPAT		
1	ANAM	HYDERABAD EYE INSTITUTE OPERATING TRUST OF LV PRASAD EYE INSTITUTE	5
5			4
6			
2	HYDERABAD	HYDERABAD NURSING HOME	5
5			0
6			
3	GUNTUR	HYMA HOSPITAL	8
5			0
6			
4	ANAKAPALLI	HYMA NETHRALAYAM	2
5			0
6			
5	HYDERABAD	IMAGE HOSPITAL- AMEERPET	2
5			5
6			0
6	HYDERABAD	IMAGE HOSPITALS	5
6			0

Schedules to Insurance Contract

5 6 7	ELURU	INDIAN RED CROSS SOCIETY SRI VELAMATI SEETHARAMABRAHMAM AND SMT SOWBHAGYAVATHAMMA THALASSEMIA SICKLE CELL ANEMIA AND HEMOPHILIA DIAGNOSTIC AND TRANSFU	5 0
5 6 8	KAKINADA	INDIAN RED CROSS SOCIETY THALASSEMIA CLINIC	2 0
5 6 9	HYDERABAD	INDO US SUPERSPECIALITY HOSPITAL	1 0 0
5 7 0	NTR	INDOBRTISH HOSPITAL	8 0
5 7 1	NANDHYALA	INDUS HEART INSTITUTE	5 0
5 7 2	VISHAKAPAT ANAM	INDUS HOSPITAL A UNIT OF VASUGAN MEDICAL SPECIALITIES PRIVATE LIMITED	1 0 0
5 7 3	HYDERABAD	INDUSS HOSPITALS	5 0
5 7 4	HYDERABAD	INNOVA CHILDRENS HEART HOSPITAL PVT	1 0 0
5 7 5	KAKINADA	INODAYA HOSPITALS A UNIT OF GODAVARTHY NARASIMHA MURTHY HEALTHCARE PVT LTD	5 0
5 7 6	YSR KADAPA	INSTITUTE OF MENTAL HEALTH	1 0 0
5 7 7	SRI POTTISRIRAM ULU NELLORE	IRCS CANCER HOSPITAL INDIAN RED CROSS SOCIETY CANCER HOSPITAL	1 0 5
5 7 8	ANNAMAYYA	ISHI EYE HOSPITAL	2 0
5 7 9	ELURU	JABILLI MOTHER AND CHILDREN HOSPITAL	5 0
5 8 0	HYDERABAD	JAGRUTHI ORTHOPAEDIC HOSPITAL	5 0
5 8 1	WEST GODAVARI	JANAKI HOSPITAL	5 0
5 8 2	PRAKASAM	JANATHA INSTITUTE OF MEDICAL SCIENCES	5 0
5 8 3	NANDHYALA	JAYA SPECIALITY HOSPITAL	5 0
5 8 4	SRI POTTISRIRAM ULU NELLORE	JAYABHARAT HOSPITAL	1 2 0
5 8 5	HYDERABAD	JAYABHARATHI MULTISPECIALITY HOSPITAL	5 0
5 8 6	KURNOOL	JAYALAKSHMI NETRALAYA	2 0

Schedules to Insurance Contract

5 8 7	BENGALURU	JAYASHREE MULTISPECIALITY HOSPITAL	7 0
5 8 8	HYDERABAD	JEEVAN HOSPITAL	5 2
5 8 9	KURNOOL	JEEVAN MULTI SUPER SPECIALTY	6 0
5 9 0	ELURU	JMR HOSPITALS	5 0
5 9 1	WEST GODAVARI	JNANANANDA OPHTHALMIC INSTITUTE	2 0
5 9 2	EAST GODAVARI	JUPITER HOSPITAL	5 0
5 9 3	YSR KADAPA	JYOTHI HOSPITAL	5 0
5 9 4	BENGALURU	JYOTSNAREDDY HOSPITAL PVT LTD	1 0 0
5 9 5	CHITTOOR	K C HOSPITAL	5 0
5 9 6	KURNOOL	K G N MULTI SPECIALITY HOSPITAL	2 0
5 9 7	KURNOOL	K M HOSPITALS	5 0
5 9 8	NANDHYALA	K V R HOSPITAL	5 0
5 9 9	NTR	K V SHINE HOSPITALS PRIVATE LIMITED	5 0
6 0 0	YSR KADAPA	KADAPA HOSPITALS	5 0
6 0 1	KAKINADA	KAKINADA INSTITUTE OF ONCOLOGY PVT LTD	1 0 0
6 0 2	PRAKASAM	KAKUMANI HOSPITAL	5 0
6 0 3	HYDERABAD	KAMALA HOSPITAL AND RESEARCH CENTRE FOR THALASSEMIA AND SICKLE CELL PATIENTS	5 0
6 0 4	DR.B.R.AMBE DKAR KONASEEMA	KAMALA NURSING HOME	5 0
6 0 5	PRAKASAM	KAMALA NURSING HOME	5 0
6 0 6	EAST GODAVARI	KAMALAKAR HOSPITAL	5 0
6 0 7	KRISHNA	KAMINENI HOSPITAL	1 0 0

Schedules to Insurance Contract

6 0 8	HYDERABAD	KAMINENI HOSPITAL KING KOTI	1 5 0
6 0 9	HYDERABAD	KAMINENI HOSPITALS PVT LTD	3 0 0
6 1 0	HYDERABAD	KAMINENI ONCOLOGY PRIVATE LIMITED	6 0
6 1 1	BENGALURU	KARNATAKA CANCER HOSPITAL	5 0
6 1 2	PARVATHIPU RAM MANYAM	KARSHAKA MAHARSHI HOSPITALS PVT LTD	6 0
6 1 3	TIRUPATI	KARTHIKA EYE AND ENT HOSPITAL	2 0
6 1 4	NTR	KARTHIKA PVR MULTISPECIALITY HOSPITALS	1 0 0
6 1 5	KAKINADA	KARTHIKEYA MULTI SPECIALITY HOSPITAL	5 0
6 1 6	GUNTUR	KARUMURI HOSPITAL	6 5
6 1 7	VIZIANAGAR AM	KASHVI HOSPITALS	8 0
6 1 8	GUNTUR	KATURI MEDICAL COLLEGE AND HOSPITAL A UNIT OF VIGNAN EDUCATIONAL FOUNDATION	8 1 0
6 1 9	GUNTUR	KAUSHIKS CAPITAL HOSPITAL	5 0
6 2 0	BENGALURU	KAUVERY HOSPITAL BENGALURU PVT LTD	2 0 0
6 2 1	ANANTHAPU RAMU	KAVETY MULTISPECIALITY HOSPITAL	5 8
6 2 2	GUNTUR	KAVURU INSTITUTE OF MEDICAL SCIENCES KIMS HOSPITAL	5 0
6 2 3	NANDHYALA	KEDAM PRASAD HOSPITAL	5 0
6 2 4	BENGALURU	KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY	6 5 0
6 2 5	EAST GODAVARI	KIMS (KRISHNA INSTITUTE OF MEDICAL SCIENCES LTD) RAJAHMUNDRY	1 8 0
6 2 6	VISHAKAPAT ANAM	KIMS ICON HOSPITAL(A UNIT OF ICON KRISHI INSTITUTE OF MEDICAL SCIENCES(P)LTD)	2 5 0
6 2 7	SRIKAKULAM	KIMS SAI SESHADRI HOSPITAL	1 2 0

Schedules to Insurance Contract

6 2 8	VISHAKAPAT ANAM	KING GEORGE HOSPITAL	1 0 9 7
6 2 9	ANANTHAPU RAMU	KISHORE ORTHO AND MULTISPECIALITY HOSPITAL	5 2
6 3 0	ANANTHAPU RAMU	KK NURSING HOME	5 0
6 3 1	CHENNAI	KKR ENT HOSPITAL AND RESEARCH INSTITUTE	5 0
6 3 2	NTR	KMR UNIVERSAL HOSPITAL	1 0 0
6 3 3	GUNTUR	KNR HOSPITAL	5 0
6 3 4	VIZIANAGAR AM	KOLAPARTHI HOSPITAL	5 0
6 3 5	YSR KADAPA	KOMMA SUPER SPECIALITY HOSPITAL	5 0
6 3 6	PALNADU	KOMMINENI SUPER SPECIALITY HOSPITAL	5 0
6 3 7	DR.B.R.AMBE DKAR KONASEEMA	KONASEEMA INSTITUTE OF MEDICAL SCIENCE	8 0 0
6 3 8	PALNADU	KONDAVEEDU ENT HOSPITALS	5 0
6 3 9	PALNADU	KOSURU KIDNEY AND SKIN HOSPITAL	5 0
6 4 0	PALNADU	KOTAMMA MEMORIAL AKSHARA NURSING HOME	5 0
6 4 1	HYDERABAD	KRISHNA INSTITUTE OF MEDICAL SCIENCES LTD	2 5 0
6 4 2	PRAKASAM	KRISHNA INSTITUTE OF MEDICAL SCINCES LTD., ONGOLE	6 7
6 4 3	PRAKASAM	KRISHNA MULTI SPECIALITY HOSPITAL	2 0
6 4 4	GUNTUR	KRISHNA NURSING HOME	5 1
6 4 5	ANANTHAPU RAMU	KUMAR ORTHO AND MULTISPECIALITY HOSPITAL	7 5
6 4 6	NTR	KUNDA HOSPITALS	5 0
6 4 7	KURNOOL	KURNOOL HEART AND MULTI SPECIALITY HOSPITAL	5 0

Schedules to Insurance Contract

648	KURNOOL	KURNOOL RAINBOW HOSPITALS	400
649	KAKINADA	KUSUMA HOSPITALS	500
650	YSR KADAPA	KVR MULTISPECIALITY HOSPITAL, PRODDATUR	500
651	NANDHYALA	KVS MOTHER AND CHILD HOSPITAL	600
652	ANANTHAPURAMU	L M R MULTI SPECIALTY HOSPITAL	500
653	GUNTUR	LAKSHMI AARUSH HEALTH CARE PVT LTD CATHLAB-INTERVENTIONAL CORDIOLOGY SERVICE PROVIDED TO GOVERNMENT OF AP -GOVERNMENT GENERAL HOSPITAL-GUNTUR	100
654	VISHAKAPATNAM	LAKSHMI AARUSH HEALTH CARE PVT LTD CATHLAB-INTERVENTIONAL CORDIOLOGY SERVICE PROVIDED TO GOVERNMENT OF AP -KING GEORGE HOSPITAL-VIZG	100
655	NTR	LAKSHMI SANDHYA HEALTHCARE PVT LTD	250
656	GUNTUR	LAKSHMI SRINIVASA HOSPITAL	200
657	GUNTUR	LALITHA SUPER SPECIALITY HOSPITAL P LTD	250
658	HYDERABAD	LANDMARK HOSPITALS	1000
659	GUNTUR	LATHA CHILDRENS HOSPITAL	500
660	YSR KADAPA	LATHA POLY NURSING HOME	500
661	YSR KADAPA	LATHA POLYNURSING HOME AND MULTI SPECIALITY HOSPITAL	500
662	NTR	LATHA SUPER SPECIALITY HOSPITAL	1000
663	KAKINADA	LAXMI HOSPITAL	500
664	HYDERABAD	LEGEND HOSPITA	500
665	VISHAKAPATNAM	LG HOSPITAL,VISHAKHAPATNAM	500
666	GUNTUR	LIFE HOSPITAL	500
667	KAKINADA	LIFE LINE EMERGENCY NEURO AND TRAUMA HOSPITAL	500
668	CHITTOOR	LIFE LINE HOSPITAL	500

Schedules to Insurance Contract

6 6 9	PALNADU	LIFE LINE HOSPITALS	5 0
6 7 0	NTR	LIFE LINE TRIMURTY HOSPITAL	5 0
6 7 1	BENGALURU	LIFECARE HOSPITAL	5 0
6 7 2	ANANTHAPU RAMU	LIFELINE HOSPITAL	5 0
6 7 3	PALNADU	LIKHITHA SUPER SPECIALITY HOSPITAL	5 3
6 7 4	ELURU	LILITHA PRIYA HOSPITAL	5 0
6 7 5	WEST GODAVARI	LIONS DIST.316G SRI VANKA SATYANARAYANA NAGAMANI RENAL DIALYSIS UNIT-DISTRICT HOSPITAL (TANUKU)	5 0
6 7 6	VISHAKAPAT ANAM	LIONS DISTRICT 324 C1 CANCER TREATMENT AND RESEARCH CENTER	1 1 0
6 7 7	ANNAMAYYA	LIONS EYE HOSPITAL	2 0
6 7 8	HYDERABAD	LOTUS CHILDRENS HOSPITAL	1 5 0
6 7 9	SRI POTTISRIRAM ULU NELLORE	LOTUS HOSPITAL	5 0
6 8 0	SRI POTTISRIRAM ULU NELLORE	LOTUS HOSPITAL BRANCH	5 0
6 8 1	VISHAKAPAT ANAM	M B MULTISPECIALITY HOSPITALS	5 0
6 8 2	YSR KADAPA	M M HOSPITAL	5 0
6 8 3	GUNTUR	M N HOSPITAL	5 4
6 8 4	SRIKAKULAM	M S BAGGU SAROJINI DEVI HOSPITAL	6 0
6 8 5	TIRUPATI	M S HOSPITAL	5 0
6 8 6	NTR	M S NEW DELHI CENTRE FOR SIGHT LIMITED	2 0
6 8 7	BENGALURU	M S RAMAIAH HOSPITAL	1 0 5 0
6 8 8	BENGALURU	M S RAMAIAH NARAYANA HEART CENTRE	7 9

Schedules to Insurance Contract

6 8 9	NTR	M V S ACCIDENT HOSPITAL	1 5 0
6 9 0	HYDERABAD	M.N.J.HOSPITALS	2 5 0
6 9 1	HYDERABAD	MAA HOSPITALS PVT. LTD. UNIT OF VASAVI ENT INSTITUTE	5 0
6 9 2	KURNOOL	MAA VIJAYA SUPER SPECIALITY HOSPITAL	5 0
6 9 3	PALNADU	MADHAVA HOSPITAL	5 0
6 9 4	HYDERABAD	MADHAVA NURSING HOME, SECUNDERABAD	7 6
6 9 5	NANDHYALA	MADHU CHILDREN HOSPITAL	5 0
6 9 6	KURNOOL	MADHU HOSPITAL	7 0
6 9 7	NANDHYALA	MADHUMANI NURSING HOME	5 0
6 9 8	TIRUPATI	MADHURI REMEDY HOSPITAL	5 0
6 9 9	SRI POTTISRIRAM ULU NELLORE	MADURAI NETRALAYA	2 0
7 0 0	EAST GODAVARI	MAGNA MOTHER AND CHILD HOSPITAL	5 0
7 0 1	ANANTHAPU RAMU	MAGNUS HOSPITAL	6 0
7 0 2	ELURU	MAHALAKSHMI HOSPITALS	5 0
7 0 3	GUNTUR	MAHALAKSHMI SRINKHALA HOSPITALS PVT LTD	5 0
7 0 4	VIZIANAGAR AM	MAHARAJAH INSTITUTE OF MEDICAL SCIENCES	7 5 0
7 0 5	HYDERABAD	MAHAVIR HOSPITAL AND RESEARCH CENTRE	1 5 0
7 0 6	HYDERABAD	MAHESH HOSPITAL AND RESEARCH FOUNDATION	5 8
7 0 7	NTR	MAKKENA HOSPITALS	5 0
7 0 8	HYDERABAD	MALLA REDDY NARAYANA MULTISPECIALITY HOSPITALA UNIT OF CHANDRAMMA EDUCATIONAL SOCIETY	3 0 0

Schedules to Insurance Contract

7 0 9	HYDERABAD	MALLAREDDY HOSPITAL	5 0
7 1 0	GUNTUR	MALLIKA HOSPITALS	5 0
7 1 1	BENGALURU	MALLYA HOSPITAL	2 2 0
7 1 2	ANANTHAPU RAMU	MALVINA HOSPITAL AND EYE CENTRE	2 0
7 1 3	HYDERABAD	MAMATA ACADEMY OF MEDICAL SCIENCES HOSPITAL	4 0 0
7 1 4	KAKINADA	MAMATA MULTI SPECIALITY HOSPITAL	5 0
7 1 5	ANANTHAPU RAMU	MAMATHA SUPER SPECIALTY HOSPITAL	5 0
7 1 6	ANAKAPALLI	MANI HOSPITALS	5 0
7 1 7	GUNTUR	MANIPAL HOSPITALS DWARAKA PRIVATE LIMITED	3 5 0
7 1 8	PRAKASAM	MANNE PARDHASARADHI MEMORIAL HOSPITAL	5 0
7 1 9	ANANTHAPU RAMU	MARK HEART INSTITUTE AND SUPER SPECIALITY HOSPITAL	5 0
7 2 0	NTR	MARTHA HEALTH CARE SERVICE PRIVATE LIMITED	5 5
7 2 1	VIZIANAGAR AM	MARUTHI HOSPITAL	5 0
7 2 2	ANNAMAYYA	MARY LOTT LYLES HOSPITAL	5 0
7 2 3	ANANTHAPU RAMU	MATRUSRI HOSPITAL	5 0
7 2 4	KAKINADA	MAURYA HOSPITAL A UNIT OF GOWRI SARAYU HEALTH CARE SERVICES	5 0
7 2 5	VISHAKAPAT ANAM	MAXIVISION EYE HOSPITALS PRIVATE LIMITED	2 0
7 2 6	NTR	MAXIVISION EYE HOSPITALS PVT LTD	2 0
7 2 7	VIZIANAGAR AM	MCH - VIZIANAGARAM	1 5 0
7 2 8	KURNOOL	MCH HOSPITAL ADONI	5 0
7 2 9	PRAKASAM	MCH ONGOLE	5 0

Schedules to Insurance Contract

7 3 0	SRI POTTISRIRAM ULU NELLORE	MEDICOVER HOSPITALS A UNIT OF ABHAYANJANEYA HEALTH CARE PRIVATE LIMITED, NELLORE	2 0 0
7 3 1	KAKINADA	MEDICOVER HOSPITALS A UNIT OF SAHRUDAYA HEALTH CARE PVT LTD KAKINADA	1 5 0
7 3 2	SRIKAKULAM	MEDICOVER HOSPITALS SAHRUDAYA HEALTH CARE SRIKAKULAM PVT LTD	1 5 0
7 3 3	VISHAKAPAT ANAM	MEDICOVER HOSPITALS UNIT III A UNIT OF SAHRUDAYA HEALTH CARE PRIVATE LIMITED	2 9 0
7 3 4	KURNOOL	MEDICOVER HOSPITALS(A UNIT OF SAHRUDAYA HEALTH CARE PRIVATE LIMITED)	1 8 0
7 3 5	HYDERABAD	MEDICOVER HOSPITALS(A UNIT OF SAHRUDAYA HEALTH CARE PVT.LTD)	2 0 0
7 3 6	HYDERABAD	MEDISYS HOSPITAL	1 0 0
7 3 7	HYDERABAD	MEDIVISION EYE CARE CENTRE PRIVATE LIMITED COMPANY	5 0
7 3 8	CHENNAI	MEDWAY HOSPITALS	5 0
7 3 9	HYDERABAD	MEDWIN HOSPITALS	3 0 0
7 4 0	BENGALURU	MEENAKSHI HOSPITALS	8 0
7 4 1	NTR	METRO SUPERSPECIALITY HOSPITALS	8 6
7 4 2	TIRUPATI	MGM HOSPITALS	1 0 0
7 4 3	NTR	MITHRA MULTISPECIALITY HOSPITAL	5 0
7 4 4	SRI POTTISRIRAM ULU NELLORE	MODERN EYE HOSPITAL AND RESEARCH CENTRE	5 2
7 4 5	PRAKASAM	MODERN EYE HOSPITAL AND RESEARCH CENTRE	2 0
7 4 6	ANNAMAYYA	MODERN HOSPITAL	5 0
7 4 7	NANDHYALA	MOKSHITH HOSPITALS	5 0
7 4 8	SRI POTTISRIRAM ULU NELLORE	MOTHER AND CHILD HOSPITAL	1 5 0
7 4 9	PALNADU	MOTHER THERESA MULTI SPECIALITY	5 0

Schedules to Insurance Contract

7 5 0	WEST GODAVARI	MOTHER VANNINI HOSPITAL	1 2 0
7 5 1	VIZIANAGAR AM	MR.GOVERNMENT GENERAL HOSPITAL,VIZIANAGARAM	3 0 0
7 5 2	HYDERABAD	MRS ARUNDATHI HOSPITAL ARUNDATHI INSTITUTE OF MEDICAL SCIENCES AND KMR EDUCATIONAL SOCEITY	3 5 0
7 5 3	VISHAKAPAT ANAM	MS MAHATMA GANDHI CANCER HOSPITAL AND RESEARCH INSTITUTE	2 0 0
7 5 4	NTR	MS SANKARANETRACHIKITSALAYA	2 0
7 5 5	KURNOOL	MSR MULTI SPECIALITY HOSPITAL	5 0
7 5 6	SRI POTTISRIRAM ULU NELLORE	MUPPA ROSAIAH HOSPITAL	5 0
7 5 7	ELURU	MURALI KRISHNA MULTI SPECIALITY AND EMERGENCY HOSPITAL	5 0
7 5 8	CHENNAI	MUTHU HOSPITAL	5 0
7 5 9	VIZIANAGAR AM	MUVVA GOPALA HOSPITALS PVT LTD	5 0
7 6 0	BENGALURU	MVJ MEDICAL COLLEGE RESEARCH HOSPITAL	7 5 0
7 6 1	VISHAKAPAT ANAM	MYCURE HOSPITALSA UNIT OF SAHRUDAYA HELATH CARE PRIVATE LIMITED	1 0 0
7 6 2	TIRUPATI	MYDHILI HOSPITAL	5 0
7 6 3	GUNTUR	MYTHRI MULTI SPECIALITY HOSPITAL	5 0
7 6 4	ANANTHAPU RAMU	MYTHRIHOSPITAL	5 0
7 6 5	VISHAKAPAT ANAM	Medicover Hospitals A Unit of sahrudaya Health Care PVT LTD	6 0 0
7 6 6	KRISHNA	NAGAMANI RETINA INSTITUTE	2 0
7 6 7	ELURU	NALINI HOSPITAL	6 0
7 6 8	BAPATLA	NALLURI MULTISPECIALITY HOSPITAL	5 0
7 6 9	KURNOOL	NAMRATHA HOSPITAL	2 5

Schedules to Insurance Contract

7 7 0	KURNOOL	NAMRATHA HOSPITAL	2 5
7 7 1	GUNTUR	NANDANA HOSPITAL	6 0
7 7 2	YSR KADAPA	NANDIKA HOSPITAL	5 0
7 7 3	NANDHYALA	NANDYAL CRITICAL CARE CENTER	5 0
7 7 7 4	SRI POTTISRIRAM ULU NELLORE	NARAYANA MEDICAL COLLEGE HOSPITAL	1 4 8 9
7 7 5	EAST GODAVARI	NARAYANA REDDY EYE HOSPITAL	2 0
7 7 6	GUNTUR	NARAYANA SUPER SPECIALITY HOSPITAL	5 0
7 7 7	DR.B.R.AMBE DKAR KONASEEMA	NARAYANAREDDY HOSPITALS	5 0
7 7 8	TIRUPATI	NARENDRA HOSPITALS	5 0
7 7 9	NANDHYALA	NARMADA HOSPITAL	5 0
7 8 0	GUNTUR	NATCO CANCER CENTER	1 1 0
7 8 1	HYDERABAD	NATIONAL INSTITUTE OF GASTROENTEROLOGY AND LIVER DISEASES A UNIT OF VISHWA HEALTH INSTITUTE PRIVATE LIMITED	5 0
7 8 2	EAST GODAVARI	NAVEEN MULTISPECIALITY HOSPITAL	5 0
7 8 3	NANDHYALA	NAVYA HOSPITAL	5 0
7 8 4	TIRUPATI	NAVYA NETRALAYA HOSPITAL PVT LTD	2 0
7 8 5	NANDHYALA	NAYANA EYE CARE AND DENTAL RESEARCH CENTRE	2 0
7 8 6	HYDERABAD	NEELIMA HOSPITALS PRIVATE LTD	5 0
7 8 7	HYDERABAD	NEO BBC NEW BORN AND CHILDREN HOSPITAL	5 2
7 8 8	ELURU	NEPHROPLUS (DH ELURU)	4 0 0
7 8 9	VIZIANAGAR AM	NEPHROPLUS (DH VIZIANAGARAM)	3 0 0

Schedules to Insurance Contract

7 9 0	SRI POTTISRIRAM ULU NELLORE	NEPHROPLUS (DSR -NELLORE)	1 0
7 9 1	GUNTUR	NEPHROPLUS (GGH GUNTUR)	2 1
7 9 2	KAKINADA	NEPHROPLUS (GGH KAKINADA)	2 3
7 9 3	KURNOOL	NEPHROPLUS (GGH KURNOOL)	9
7 9 4	NTR	NEPHROPLUS (GGH VIJAYAWADA)	1 0
7 9 5	ANANTHAPU RAMU	NEPHROPLUS (GGH-ANT)	1 0
7 9 6	VISHAKAPAT ANAM	NEPHROPLUS (KGH VISHAKAPATNAM)	2 1
7 9 7	SRIKAKULAM	NEPHROPLUS (RIMS SRIKAKULAM)	2 1
7 9 8	YSR KADAPA	NEPHROPLUS (RIMS-KADAPA)	5 0
7 9 9	PRAKASAM	NEPHROPLUS (RIMS-ONGOLE)	5 0
8 0 0	TIRUPATI	NEPHROPLUS (SVRR GGH TIRUPATI)	2 0
8 0 1	VISHAKAPAT ANAM	NEPHROPLUS (VIMS VISHAKAPATNAM)	1 2
8 0 2	SRIKAKULAM	NEPHROPLUS DH TEKKALI	5 0
8 0 3	SRIKAKULAM	NEPHROPLUS DR YSR KIDNEY RESEARCH CENTRE	5 0
8 0 4	EAST GODAVARI	NETRA EYE CARE	2 0
8 0 5	CHENNAI	NEW HOPE MEDICAL CENTRE	5 0
8 0 6	CHENNAI	NEW LIFE HOSPITALS PVT LTD	5 0
8 0 7	CHENNAI	NEW LIFE TEJA HOSPITAL	5 0
8 0 8	ELURU	NEW VIJAYA HOSPITALS	2 0
8 0 9	HYDERABAD	NICE INSTITUTE FOR THE NEWBORN	1 2 0

Schedules to Insurance Contract

8 1 0	PALNADU	NIKHIL HOSPITAL	5 0
8 1 1	HYDERABAD	NIKHIL HOSPITAL	1 0 0
8 1 2	HYDERABAD	NIKHIL HOSPITALS	5 5
8 1 3	HYDERABAD	NIKITHA HOSPITAL	5 0
8 1 4	HYDERABAD	NILOUFER HOSPITAL	5 0 0
8 1 5	NTR	NIMRA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER	6 5 0
8 1 6	HYDERABAD	NIMS HOSPITALS	9 8 5
8 1 7	PALNADU	NIMS TWENTY FOURTHE HITECH MULTI SPECIALITY HOSPITAL	5 0
8 1 8	SRI POTTISRIRAM ULU NELLORE	NIZAMS LITTLE STAR CHILDREN HOSPITAL	5 0
8 1 9	CHENNAI	NOBLE HOSPITAL	1 0 0
8 2 0	KURNOOL	NOBLE MULTI SPECIALITY HOSPITAL	6 0
8 2 1	GUNTUR	NRI ACADEMYOF SCIENCES	1 0 0 0
8 2 2	BENGALURU	NRR HOSPITAL	5 0
8 2 3	GUNTUR	NUHA HOSPITALS	2 4 0
8 2 4	HYDERABAD	OLIVE HOSPITAL	1 0 5
8 2 5	TIRUPATI	OM HOSPITAL	5 0
8 2 6	WEST GODAVARI	OMEGA BHIMAVARAM HOSPITALS	5 0
8 2 7	GUNTUR	OMEGA HOSPITALS A UNIT OF GUNTUR INSTITUTE OF ONCOLOGY PVT LTD	1 1 0
8 2 8	HYDERABAD	OMEGA HOSPITALS A UNIT OF HYDERABAD INSTITUTE OF ONCOLOGY PVT LTD	5 0
8 2 9	KURNOOL	OMEGA HOSPITALS A UNIT OF KURNOOL INSTITUTE OF ONCOLOGY PVT LTD	1 1 0

Schedules to Insurance Contract

830	VISHAKAPAT ANAM	OMEGA HOSPITALS A UNIT OF VIZAG SPECIALITY HOSPITALS	105
831	KURNOOL	OMNI HOSPITALS, A UNIT OF MS. INCOR PADMACHANDRA HOSPITLS PVT. LTD	150
832	VISHAKAPAT ANAM	OMNI RK HOSPITAL A UNIT OF INCOR HOSPITALS VIZAG PVT LTD	150
833	PRAKASAM	ONGOLE CHILDRENS HOSPITALS	50
834	HYDERABAD	OSMANIA GENERAL HOSPITAL	1168
835	HYDERABAD	OZONE HOSPITALS	100
836	SRI POTTISRIRAM ULU NELLORE	P H C GRIDDALURU	50
837	SRIKAKULAM	P V S RAMA MOHANA RAO HOSPITAL	50
838	KURNOOL	PADMABHUSHAN DR.PSR GOVT.REGIONAL EYE HOSPITAL	120
839	VISHAKAPAT ANAM	PADMAJA HOSPITAL	60
840	YSR KADAPA	PADMAVATHI HOSPITAL	50
841	YSR KADAPA	PALLA HOSPITALS	50
842	PALNADU	PALNADUHOSPITALS	50
843	PRAKASAM	PANDU CHILDREN AND MULTI SPECIALITY HOSPITAL	50
844	KAKINADA	PANDURANGA PRAJA VYDYASALA	100
845	ANNAMAYYA	PARAMAHANSA YOGANANDA EYE HOSPITAL	20
846	CHENNAI	PARVATHY ORTHO HOSPITAL PVT LIMITED	100
847	ANNAMAYYA	PAVANI HOSPITAL	100
848	ANANTHAPU RAMU	PAVANI MULTI SPECIALITY HOSPITAL	65
849	KRISHNA	PELICAN HOSPITAL	50

Schedules to Insurance Contract

8 5 0	BENGALURU	PEOPLE TREE HOSPITAL	1 5 0
8 5 1	GUNTUR	PEOPLES TRAUMA AND EMERGENCY HOSPITAL	5 3
8 5 2	CHITTOOR	PES INSTITUTE OF MEDICAL SCIENCES AND RESEARCH HOSPITAL	8 8 4
8 5 3	VIZIANAGAR AM	PG STAR HOSPITAL	1 5 0
8 5 4	PALNADU	PHC -75 TYALLURU	5 0
8 5 5	PALNADU	PHC -A MUPPALLA	5 0
8 5 6	NTR	PHC -A.KONDURU	1 0
8 5 7	SRI POTTISRIRAM ULU NELLORE	PHC -A.S.PET	1 0
8 5 8	SRI POTTISRIRAM ULU NELLORE	PHC -A.SAGARAM	1 0
8 5 9	KAKINADA	PHC -A.V.NAGARAM	1 0
8 6 0	WEST GODAVARI	PHC -A.VEMAVARAM	1 0
8 6 1	ELURU	PHC -AGIRIPALLI	6
8 6 2	NANDHYALA	PHC -AHOBILAM	1 0
8 6 3	DR.B.R.AMBE DKAR KONASEEMA	PHC -AINAVILLI	1 0
8 6 4	PRAKASAM	PHC -AKAVEEDU	6
8 6 5	ANNAMAYYA	PHC -AKEPADU	6
8 6 6	SRIKAKULAM	PHC -AKKULAPETA	6
8 6 7	SRIKAKULAM	PHC -AKKUPALLI	6
8 6 8	NANDHYALA	PHC -AKUMALLA	1 0
8 6 9	VIZIANAGAR AM	PHC -ALAMANDA	1 0

Schedules to Insurance Contract

8 7 0	NANDHYALA	PHC -ALAMUR	1 0
8 7 1	WEST GODAVARI	PHC -ALAMURU	1 0
8 7 2	SRI POTTISRIRAM ULU NELLORE	PHC -ALLIPURAM	6
8 7 3	NTR	PHC -ALLURU	4
8 7 4	SRI SATHAYA SAI	PHC -AMADAGUR	6
8 7 5	SRI SATHAYA SAI	PHC -AMARAPURAM	6
8 7 6	ELURU	PHC -AMARAVARAM	1 0
8 7 7	BAPATLA	PHC -AMARTHALURU	5 0
8 7 8	DR.B.R.AMBE DKAR KONASEEMA	PHC -AMBAJIPETA	5 0
8 7 9	PRAKASAM	PHC -AMMANABROLU	1 0
8 8 0	VISHAKAPAT ANAM	PHC -ANANDAPURAM	1 0
8 8 1	ALLURI SITHARAMA RAJU	PHC -ANANTHAGIRI	6
8 8 2	DR.B.R.AMBE DKAR KONASEEMA	PHC -ANGARA	5 0
8 8 3	EAST GODAVARI	PHC -ANNADEVARAPETA	6
8 8 4	PRAKASAM	PHC -ANNASAMUDRAM	6
8 8 5	PARVATHIPU RAM MANYAM	PHC -ANNAVARAM	6
8 8 6	ELURU	PHC -ANTHERVEDIGUDEM	1 0
8 8 7	PRAKASAM	PHC -ANUMALAVEEDU	1 0
8 8 8	BAPATLA	PHC -APPIKATLA	5 0
8 8 9	PRAKASAM	PHC -ARDHAVEEDU	1 0

Schedules to Insurance Contract

8			
9	VIZIANAGAR		
0	AM	PHC -ARIKATHOTA	6
8			
9			
1	CHITTOOR	PHC -ARIMAKULAPALLI	6
8			
9			1
2	KURNOOL	PHC -ASPARI	0
8			
9			5
3	PALNADU	PHC -ATCHAMPETA	0
8	DR.B.R.AMBE		
9	DKAR		5
4	KONASEEMA	PHC -ATCHUTAPURAM	0
8			
9			1
5	ANAKAPALLI	PHC -ATCHUTHAPURAM	0
8			
9			
6	SRIKAKULAM	PHC -ATCHUTHAPURAM	6
8			
9			
7	TIRUPATI	PHC -ATHIVARAM	6
8			
9			1
8	YSR KADAPA	PHC -ATLOOR	0
8			
9	ANANTHAPU		1
9	RAMU	PHC -ATMAKUR	0
9	DR.B.R.AMBE		
0	DKAR		1
0	KONASEEMA	PHC -ATREYAPURAM	0
9			
0			1
1	PALNADU	PHC -ATTALURU	0
9			
0	WEST		
2	GODAVARI	PHC -ATTILI	8
9	DR.B.R.AMBE		
0	DKAR		1
3	KONASEEMA	PHC -AVIDI	0
9			
0	ANANTHAPU		
4	RAMU	PHC -AVULADHATLA	6
9			
0	ANANTHAPU		
5	RAMU	PHC -B PAPPUR	6
9			
0			1
6	YSR KADAPA	PHC -B.CHERLA	0
9			
0			
7	ANNAMAYYA	PHC -B.G.RACHAPALLI	6
9			
0			
8	YSR KADAPA	PHC -B.KODUR	6
9			
0			1
9	YSR KADAPA	PHC -B.MATTAM	0
9			
1			1
0	TIRUPATI	PHC -B.N.KANDRIGA	0

Schedules to Insurance Contract

9 1 1	KURNOOL	PHC -BADINEHAL	6
9 1 2	PARVATHIPU RAM MANYAM	PHC -BAGUVALASA	8
9 1 3	SRIKAKULAM	PHC -BAIDALAPURAM	1 0
9 1 4	CHITTOOR	PHC -BAIREDDIPALLI	1 0
9 1 5	NANDHYALA	PHC -BAIRLUTY	1 0
9 1 6	TIRUPATI	PHC -BAKARAPETA	5 0
9 1 7	TIRUPATI	PHC -BALAYAPALLI	1 0
9 1 8	PARVATHIPU RAM MANYAM	PHC -BALERU	1 0
9 1 9	PARVATHIPU RAM MANYAM	PHC -BALIJIPETA	1 0
9 2 0	TIRUPATI	PHC -BALIREDDYPALEM	6
9 2 1	PARVATHIPU RAM MANYAM	PHC -BANDALUPPI	1 0
9 2 2	DR.B.R.AMBE DKAR KONASEEMA	PHC -BANDARULANKA	5 0
9 2 3	NANDHYALA	PHC -BANDIATMAKUR	1 0
9 2 4	PRAKASAM	PHC -BANDLAMUDI	6
9 2 5	KRISHNA	PHC -BANTUMILLI	6
9 2 6	KRISHNA	PHC -BAPULAPADU	6
9 2 7	SRI SATHAYA SAI	PHC -BATHALAPALLI	6
9 2 8	SRIKAKULAM	PHC -BATHUVA	1 0
9 2 9	SRIKAKULAM	PHC -BATTIGALLURU	6
9 3 0	PARVATHIPU RAM MANYAM	PHC -BATTILI	1 0
9 3 1	ELURU	PHC -BAYYANAGUDEM	1 0

Schedules to Insurance Contract

9 3 2	SRIKAKULAM	PHC -BELAGAM	6
9 3 3	ANANTHAPU RAMU	PHC -BELUGUPPA	1 0
9 3 4	PRAKASAM	PHC -BESTHAVARIPETA	1 0
9 3 5	ANANTHAPU RAMU	PHC -BETHAPALLI	6
9 3 6	SRI SATHAYA SAI	PHC -BEVANAHALLI	6
9 3 7	PARVATHIPU RAM MANYAM	PHC -BHAMINI	1 0
9 3 8	BAPATLA	PHC -BHATTIPROLU	1 0
9 3 9	ALLURI SITHARAMA RAJU	PHC -BHEEMAVARAM	1 0
9 4 0	DR.B.R.AMBE DKAR KONASEEMA	PHC -BHIMANNAPALLI	5 0
9 4 1	EAST GODAVARI	PHC -BICCAVOLU	1 0
9 4 2	YSR KADAPA	PHC -BIDINAMCHERLA	6
9 4 3	PARVATHIPU RAM MANYAM	PHC -BITIWADA	6
9 4 4	VIZIANAGAR AM	PHC -BODDAM	6
9 4 5	ALLURI SITHARAMA RAJU	PHC -BODULURU	1 0
9 4 6	PALNADU	PHC -BOLLAPALLI	1 0
9 4 7	CHITTOOR	PHC -BOMASAMUDRAM	6
9 4 8	ANNAMAYYA	PHC -BOMMANACHERUVU	5 0
9 4 9	ANANTHAPU RAMU	PHC -BOMMANAHAL	1 0
9 5 0	VIZIANAGAR AM	PHC -BONDAPALLI	6
9 5 1	SRIKAKULAM	PHC -BONTHU	1 0
9 5 2	SRIKAKULAM	PHC -BORIVANKA	6

Schedules to Insurance Contract

953	ELURU	PHC -BORRAMPALEM	6
954	SRIKAKULAM	PHC -BORUBHADRA	10
955	PRAKASAM	PHC -BOTLAGUDUR	10
956	NANDHYALA	PHC -BRAMHANKOTKUR	6
957	NTR	PHC -BUCHAVARAM	50
958	SRIKAKULAM	PHC -BUDUMBO COLONY	10
959	CHITTOOR	PHC -BUGGA AGRAHARAM	10
960	SRI SATHAYA SAI	PHC -BUKKAPATNAM	10
961	VIZIANAGARAM	PHC -BURADA	10
962	SRIKAKULAM	PHC -BURJA	6
963	ANAKAPALLI	PHC -BURUGUPALEM	50
964	ANAKAPALLI	PHC -BUTCHAIMPETA	10
965	ANAKAPALLI	PHC -BUTCHAYYPETA	6
966	TIRUPATI	PHC -Bangarupeta	6
967	YSR KADAPA	PHC -C K DINNE	50
968	KURNOOL	PHC -C.BELAGAL	10
969	PRAKASAM	PHC -C.S.PURAM	10
970	SRIKAKULAM	PHC -CALINGAPATNM	6
971	ELURU	PHC -CH.POTHEPALLI	10
972	NANDHYALA	PHC -CHAGALAMARRI	10
973	EAST GODAVARI	PHC -CHAGALLU	10

Schedules to Insurance Contract

9 7 4	SRI POTTISRIRAM ULU NELLORE	PHC -CHAKALIKONDA	6
9 7 5	SRI POTTISRIRAM ULU NELLORE	PHC -CHAKICHERLA	1 0
9 7 6	YSR KADAPA	PHC -CHAKRAYAPETA	6
9 7 7	VIZIANAGAR AM	PHC -CHALLAPETA	6
9 7 8	PRAKASAM	PHC -CHANDALURU	5
9 7 9	NTR	PHC -CHANDARLAPADU	1 0
9 8 0	BAPATLA	PHC -CHANDOLU	5 0
9 8 1	PALNADU	PHC -CHANDRAJUPALEM	5 0
9 8 2	NTR	PHC -CHANDRALA	6
9 8 3	YSR KADAPA	PHC -CHAPADU	1 0
9 8 4	NANDHYALA	PHC -CHAPIREVULA	4
9 8 5	SRIKAKULAM	PHC -CHAPRA	1 0
9 8 6	ELURU	PHC -CHATAPARRU	1 0
9 8 7	ELURU	PHC -CHATRAI	1 0
9 8 8	ALLURI SITHARAMA RAJU	PHC -CHAVITIDIBBALU	1 0
9 8 9	KAKINADA	PHC -CHEBROLU	5 0
9 9 0	ELURU	PHC -CHEBROLU	6
9 9 1	GUNTUR	PHC -CHEBROLU	5 0
9 9 2	ANAKAPALLI	PHC -CHEEDIKADA	5 0
9 9 3	SRI POTTISRIRAM ULU NELLORE	PHC -CHEJERLA	1 0

Schedules to Insurance Contract

9 9 4	ANNAMAYYA	PHC -CHEMBAKUR	1 0
9 9 5	TIRUPATI	PHC -CHEMBEDU	5 0
9 9 6	YSR KADAPA	PHC -CHENNAKESHAMPALLI	6
9 9 7	YSR KADAPA	PHC -CHENNUR	6
9 9 8	TIRUPATI	PHC -CHENNUR	6
9 9 9	CHITTOOR	PHC -CHERUKU VARI PALLI	1 0
1 0 0 0	BAPATLA	PHC -CHERUKURU	1 0
1 0 0 1	PRAKASAM	PHC -CHETLAMITTA	6
1 0 0 2	KRISHNA	PHC -CHEVENDRAPALEM	6
1 0 0 3	YSR KADAPA	PHC -CHILAMAKURU	1 0
1 0 0 4	SRI SATHAYA SAI	PHC -CHILAMATHUR	1 0
1 0 0 5	BAPATLA	PHC -CHINAMATLAPUDI	1 0
1 0 0 6	KRISHNA	PHC -CHINAPANDRAKA	1 0
1 0 0 7	TIRUPATI	PHC -CHINATHOTA	6
1 0 0 8	BAPATLA	PHC -CHINNAGANJAM	6
1 0 0 9	ANNAMAYYA	PHC -CHINNAMANDEM	6
1 0 1 0	KRISHNA	PHC -CHINNAOGIRALA	6

Schedules to Insurance Contract

1 0 1 1	TIRUPATI	PHC -CHINNAPANDUR	1 0
1 0 1 2	KRISHNA	PHC -CHINNAPURAM	1 0
1 0 1 3	ANNAMAYYA	PHC -CHINNATHIPPASAMUDRAM	4
1 0 1 4	PRAKASAM	PHC -CHINTALA	1 0
1 0 1 5	NTR	PHC -CHINTALAPADU	6
1 0 1 6	ANNAMAYYA	PHC -CHINTHAPARTHY	1 0
1 0 1 7	TIRUPATI	PHC -CHINTHAVARAM	1 0
1 0 1 8	SRI POTTISRIRAM ULU NELLORE	PHC -CHIRAMANA	6
1 0 1 9	TIRUPATI	PHC -CHITTAMURU	6
1 0 2 0	TIRUPATI	PHC -CHITTEDU	6
1 0 2 1	ANNAMAYYA	PHC -CHITVEL	1 0
1 0 2 2	DR.B.R.AMBE DKAR KONASEEMA	PHC -CHOPPELLA	5 0
1 0 2 3	SRIKAKULAM	PHC -CHORLANGI	1 0
1 0 2 4	CHITTOOR	PHC -CHOWDEPALLI	1 0
1 0 2 5	ANAKAPALLI	PHC -CHOWDUWADA	6
1 0	SRI SATHAYA SAI	PHC -CHOWLUR	6

Schedules to Insurance Contract

2 6			
1 0 2 7	NTR	PHC -CHOWTAPALLI	6
1 0 2 8	ANAKAPALLI	PHC -CHUCHUKONDA	6
1 0 2 9	ANANTHAPU RAMU	PHC -D.HIREHAL	1 0
1 0 3 0	ELURU	PHC -D.TIRUMALA	1 0
1 0 3 1	TIRUPATI	PHC -D.V.SATRAM	1 0
1 0 3 2	PALNADU	PHC -DACHEPALLI	1 0
1 0 3 3	SRI POTTISRIRAM ULU NELLORE	PHC -DAGADARTHI	6
1 0 3 4	BAPATLA	PHC -DAGGUPADU	1 0
1 0 3 5	TIRUPATI	PHC -DAKKILI	1 0
1 0 3 6	TIRUPATI	PHC -DAMALACHERUVU	1 0
1 0 3 7	TIRUPATI	PHC -DAMINEDU	1 0
1 0 3 8	DR.B.R.AMBE DKAR KONASEEMA	PHC -DANGERU	5 0
1 0 3 9	ALLURI SITHARAMA RAJU	PHC -DARAKONDA	6
1 0 4 0	SRI SATHAYA SAI	PHC -DARSANAMALA	6
1 0 4 1	TIRUPATI	PHC -DASUKUPPAM	6

Schedules to Insurance Contract

1 0 4 2	VIZIANAGAR AM	PHC -DATTIRAJERU	6
1 0 4 3	VIZIANAGAR AM	PHC -DENKADA	4
1 0 4 4	VISHAKAPAT ANAM	PHC -DEVADA	1 0
1 0 4 5	ANNAMAYYA	PHC -DEVALAMPALLI	6
1 0 4 6	KURNOOL	PHC -DEVANAKONDA	1 0
1 0 4 7	ANNAMAYYA	PHC -DEVAPATLA	1 0
1 0 4 8	ELURU	PHC -DEVAPUDI	6
1 0 4 9	ANAKAPALLI	PHC -DEVARAPALL	1 0
1 0 5 0	EAST GODAVARI	PHC -DEVARAPALLI	1 0
1 0 5 1	ALLURI SITHARAMA RAJU	PHC -DEVIPATNAM	1 0
1 0 5 2	VIZIANAGAR AM	PHC -DEVUPALLI	6
1 0 5 3	SRIKAKULAM	PHC -DGPURAM	6
1 0 5 4	ELURU	PHC -DHARMAJIGUDEM	1 0
1 0 5 5	PARVATHIPU RAM MANYAM	PHC -DHUDDUKHALLU	1 0
1 0 5 6	BAPATLA	PHC -DHULIPUDI	6
1 0	ELURU	PHC -DIGAVALLI	5 0

Schedules to Insurance Contract

5 7			
1 0 5 8	ANAKAPALLI	PHC -DIMILI	4
1 0 5 9	DR.B.R.AMBE DKAR KONASEEMA	PHC -DKESAVARAM	5 0
1 0 6 0	WEST GODAVARI	PHC -DODDIPATLA	1 0
1 0 6 1	PARVATHIPU RAM MANYAM	PHC -DOKISEELA	1 0
1 0 6 2	EAST GODAVARI	PHC -DOMMERU	6
1 0 6 3	PRAKASAM	PHC -DONAKONDA	6
1 0 6 4	PARVATHIPU RAM MANYAM	PHC -DONUBAIPHC	6
1 0 6 5	ELURU	PHC -DORAMAMIDI	1 0
1 0 6 6	NANDHYALA	PHC -DORNIPADU	1 0
1 0 6 7	EAST GODAVARI	PHC -DOSAKAYALAPALLI	5 0
1 0 6 8	EAST GODAVARI	PHC -DOWLESWARAM	1 0
1 0 6 9	ALLURI SITHARAMA RAJU	PHC -DOWNURU	1 0
1 0 7 0	DR.B.R.AMBE DKAR KONASEEMA	PHC -DRAKSHARAMAM	5 0
1 0 7 1	BAPATLA	PHC -DRONADULA	6
1 0 7 2	BAPATLA	PHC -DUDDUKURU	6

Schedules to Insurance Contract

1 0 7 3	GUNTUR	PHC -DUGGIRALA	5 0
1 0 7 4	KAKINADA	PHC -DUGGUDURU	1 0
1 0 7 5	ALLURI SITHARAMA RAJU	PHC -DUMBRIGUDA	6
1 0 7 6	PRAKASAM	PHC -DUPADU	6
1 0 7 7	ALLURI SITHARAMA RAJU	PHC -DUPPULAPALEM	1 0
1 0 7 8	PALNADU	PHC -DURGI	1 0
1 0 7 9	SRIKAKULAM	PHC -DUSI	6
1 0 8 0	SRI POTTISRIRAM ULU NELLORE	PHC -DUTTALUR	6
1 0 8 1	YSR KADAPA	PHC -DUVVURU	1 0
1 0 8 2	DR.B.R.AMBE DKAR KONASEEMA	PHC -DWARAPUDI	5 0
1 0 8 3	KURNOOL	PHC -E THANDRAPADU	1 0
1 0 8 4	PRAKASAM	PHC -EAST GANGAVARAM	1 0
1 0 8 5	ELURU	PHC -EDARA	6
1 0 8 6	PALNADU	PHC -EDLAPADU	5 0
1 0 8 7	BAPATLA	PHC -EDLAPALLI	5 0
1 0 8 0	ALLURI SITHARAMA RAJU	PHC -EDUGURALLAPALLI	1 0

Schedules to Insurance Contract

8			
8			
1			
0			
8			
9	KRISHNA	PHC -EDURUMONDI	6
1			
0	ALLURI		
9	SITHARAMA		1
0	RAJU	PHC -EEDULAPALEM	0
1			
0			
9	WEST		1
1	GODAVARI	PHC -ELAMANCHILI	0
1			
0			
9			5
2	GUNTUR	PHC -EMANI	0
1			
0			
9			1
3	TIRUPATI	PHC -EMPEDU	0
1			
0			
9			5
4	PALNADU	PHC -ENUGUPALEM	0
1			
0			
9			
5	BAPATLA	PHC -EPURUPALEM	6
1			
0			
9			1
6	ANNAMAYYA	PHC -ERRAKOTAPALLI	0
1			
0			
9			
7	TIRUPATI	PHC -ESWARAWAKA	6
1			
0			
9			
8	SRIKAKULAM	PHC -ETCHERLA	6
1			
0			
9			
9	PRAKASAM	PHC -ETHAMUKKALA	1
1			
1			
0			
0	CHITTOOR	PHC -G D NELLORE	6
1			
1	ALLURI		
0	SITHARAMA		1
1	RAJU	PHC -G MADUGULA	0
1			
1	ALLURI		
0	SITHARAMA		
2	RAJU	PHC -G.K.VEEDHI	5
1			
1			
0			
3	SRIKAKULAM	PHC -G.SIGADAM	6

Schedules to Insurance Contract

1 1 0 4	ANANTHAPU RAMU	PHC -GADEHOTHUR	6
1 1 0 5	PALNADU	PHC -GADEVARIPALLI	1 0
1 1 0 6	NANDHYALA	PHC -GADIVEMULA	1 0
1 1 0 7	PRAKASAM	PHC -GAJJALAKONDA	6
1 1 0 8	KURNOOL	PHC -GAJJEHALLI	6
1 1 0 9	NANDHYALA	PHC -GAJULAPALLI	1 0
1 1 1 0	PARVATHIPU RAM MANYAM	PHC -GALAVILLI	6
1 1 1 1	ANNAMAYYA	PHC -GALIVEEDU	1 0
1 1 1 2	PRAKASAM	PHC -GALIZERUGULLA	1 0
1 1 1 3	NTR	PHC -GAMPALAGUDEM	1 0
1 1 1 4	WEST GODAVARI	PHC -GANAPAVARAM	1 0
1 1 1 5	KAKINADA	PHC -GANDEPALLI	5 0
1 1 1 6	SRI SATHAYA SAI	PHC -GANDLAPENTA	6
1 1 1 7	ALLURI SITHARAMA RAJU	PHC -GANGAVARAM	1 0
1 1 1 8	CHITTOOR	PHC -GANGAVARAM	6
1 1	SRIKAKULAM	PHC -GANGUWADA	1 0

Schedules to Insurance Contract

1 9			
1 1 2 0	ALLURI SITHARAMA RAJU	PHC -GANNELA	6
1 1 2 1	VIZIANAGAR AM	PHC -GANTYADA	5 0
1 1 2 2	SRIKAKULAM	PHC -GARA	6
1 1 2 3	VIZIANAGAR AM	PHC -GARBFHAM	1 0
1 1 2 4	KURNOOL	PHC -GARGEYAPURAM	5
1 1 2 5	VIZIANAGAR AM	PHC -GARIVIDI	6
1 1 2 6	ANANTHAPU RAMU	PHC -GARLADINNE	6
1 1 2 7	ANNAMAYYA	PHC -GARMPALLI	1 0
1 1 2 8	ANNAMAYYA	PHC -GARNIMITTA	1 0
1 1 2 9	ANANTHAPU RAMU	PHC -GARUDACHEDU	6
1 1 3 0	PARVATHIPU RAM MANYAM	PHC -GARUGUBILLI	1 0
1 1 3 1	SRI POTTISRIRAM ULU NELLORE	PHC -GATTUPALLI	4
1 1 3 2	ANAKAPALLI	PHC -GAVARAVARAM	4
1 1 3 3	KAKINADA	PHC -GEDDANAPALLE	5 0
1 1 3 4	ALLURI SITHARAMA RAJU	PHC -GEMMELI	6

Schedules to Insurance Contract

1			
1			
3			
5	KRISHNA	PHC -GHANTASALA	6
1			
1			
3			
6	KRISHNA	PHC -GHANTASALAPALEM	6
1			
1			
3			
7	NTR	PHC -GKONDURU	6
1			
1			
3			
8	TIRUPATI	PHC -GKPALLI	6
1			
1	PARVATHIPU		
3	RAM		
9	MANYAM	PHC -GN PETA	10
1			
1			
4			
0	ANAKAPALLI	PHC -GODICHERLA	10
1			
1	DR.B.R.AMBE		
4	DKAR		
1	KONASEEMA	PHC -GODILANKA	50
1			
1			
4			
2	NANDHYALA	PHC -GOKAVARAM	10
1			
1			
4			
3	NTR	PHC -GOLLAMUDI	6
1			
1			
4			
4	KAKINADA	PHC -GOLLAPALEM	50
1			
1			
4			
5	ELURU	PHC -GOLLAPALLI	50
1			
1			
4			
6	TIRUPATI	PHC -GOLLAPALLI	50
1			
1			
4			
7	KAKINADA	PHC -GOLLAPROLU	50
1			
1			
4	WEST		
8	GODAVARI	PHC -GOLLAVANITHIPPA	6
1			
1			
4			
9	ANAKAPALLI	PHC -GOLUGONDA	6
1	ALLURI		
1	SITHARAMA		
1	RAJU	PHC -GOMANGI	10

Schedules to Insurance Contract

50			
1151	KURNOOL	PHC -GONEGANDLA	10
1152	DR.B.R.AMBE DKAR KONASEEMA	PHC -GOPALAPURAM	50
1153	ELURU	PHC -GOPANNAPALEM	10
1154	YSR KADAPA	PHC -GOPAVARAM	6
1155	NANDHYALA	PHC -GOPSADU	6
1156	PRAKASAM	PHC -GOTLAGATTU	6
1157	GUNTUR	PHC -GOTTIPADU	50
1158	TIRUPATI	PHC -GOTTIPROLU	6
1159	VIZIANAGAR AM	PHC -GOVINDAPURAM	10
1160	SRIKAKULAM	PHC -GOVINDAPURAM	6
1161	ALLURI SITHARAMA RAJU	PHC -GOWRIDEVIPETA	10
1162	EAST GODAVARI	PHC -GOWRIPATNAM	10
1163	CHITTOOR	PHC -GUDIPALA	10
1164	ELURU	PHC -GUDIWAKALANKA	6
1165	KRISHNA	PHC -GUDLAVALLERU (SRIKOSARAJU VEKATADRI CHOWDARY MEMRIAL PRIMAY HEALTH CENTER	10

Schedules to Insurance Contract

1 1 6 6	SRI POTTISRIRAM ULU NELLORE	PHC -GUDLUR	1 0
1 1 6 7	CHITTOOR	PHC -GUDUPALLE	5 0
1 1 6 8	KURNOOL	PHC -GUDUR	1 0
1 1 6 9	ANAKAPALLI	PHC -GULLEPALLI	6
1 1 7 0	ANANTHAPU RAMU	PHC -GUMMAGATTA	1 0
1 1 7 1	TIRUPATI	PHC -GUNAPATIPALEM	6
1 1 7 2	ELURU	PHC -GUNDUGOLANU	1 0
1 1 7 3	BAPATLA	PHC -GUNTUPALLI	1 0
1 1 7 4	ANAKAPALLI	PHC -GUNUPUDI	1 0
1 1 7 5	SRIKAKULAM	PHC -GUPPIDIPETA	6
1 1 7 6	ELURU	PHC -GURAJA	5 0
1 1 7 7	PRAKASAM	PHC -GURAVAJIPETA	6
1 1 7 8	VIZIANAGAR AM	PHC -GURLA	1 0
1 1 7 9	ANNAMAYYA	PHC -GURRAMKONDA	1 0
1 1 8 0	ALLURI SITHARAMA RAJU	PHC -GURTHEDU	1 0
1 1	SRIKAKULAM	PHC -GUTTAVALLI	1 0

Schedules to Insurance Contract

8 1			
1 1 8 2	SRI SATHAYA SAI	PHC -GUTTUR	1 0
1 1 8 3	DR.B.R.AMBE DKAR KONASEEMA	PHC -GVEMAVARAM	5 0
1 1 8 4	YSR KADAPA	PHC -GVSATRAM	6
1 1 8 5	KURNOOL	PHC -HALAHARVI	6
1 1 8 6	KURNOOL	PHC -HALAHARVI	6
1 1 8 7	KURNOOL	PHC -HARDAGERI	6
1 1 8 8	ANAKAPALLI	PHC -HARIPALEM	5 0
1 1 8 9	SRIKAKULAM	PHC -HIRAMANDALAM	6
1 1 9 0	PRAKASAM	PHC -HMPADU	6
1 1 9 1	KURNOOL	PHC -HOLAGUNDA	1 0
1 1 9 2	EAST GODAVARI	PHC -HUKUMPETA	1 0
1 1 9 3	ALLURI SITHARAMA RAJU	PHC -HUKUMPETA	1 0
1 1 9 4	KURNOOL	PHC -HUSSAINAPURAM	1 0
1 1 9 5	NTR	PHC -IBRAHIMPATNAM	1 0
1 1 9 6	SRI POTTISRIRAM ULU NELLORE	PHC -INAMADUGU	6

Schedules to Insurance Contract

1 1 9 7	ALLURI SITHARAMA RAJU	PHC -INDUKURUPETA	1 0
1 1 9 8	KRISHNA	PHC -INDUPALLI	1
1 1 9 9	BAPATLA	PHC -INKOLLU	6
1 2 0 0	BAPATLA	PHC -INTURU	1 0
1 2 0 1	WEST GODAVARI	PHC -IRAGAVARAM	6
1 2 0 2	CHITTOOR	PHC -IRALA	6
1 2 0 3	SRI POTTISRIRAM ULU NELLORE	PHC -ISKAPALEM	1 0
1 2 0 4	SRI POTTISRIRAM ULU NELLORE	PHC -ISKAPALLI	6
1 2 0 5	BAPATLA	PHC -J PANGULURU	6
1 2 0 6	SRI POTTISRIRAM ULU NELLORE	PHC -JAGADEVIPETA	6
1 2 0 7	SRI POTTISRIRAM ULU NELLORE	PHC -JALADANKI	1 0
1 2 0 8	SRIKAKULAM	PHC -JALUMURU	1 0
1 2 0 9	VIZIANAGAR AM	PHC -JAMI	1 0
1 2 1 0	PRAKASAM	PHC -JARUGUMALLI	6
1 2 1 1	ALLURI SITHARAMA RAJU	PHC -JEEDI GUPPA	1 0
1 2	ELURU	PHC -JEELUGUMILLI	1 0

Schedules to Insurance Contract

1			
2			
1	ALLURI		
2	SITHARAMA		
1	RAJU	PHC -JERRILA	9
3			
1			
2			
1			
4	NANDHYALA	PHC -JILLELLA	3
1			
2	PARVATHIPU		
1	RAM		1
5	MANYAM	PHC -JIYYMMAVALASA	0
1	SRI		
2	POTTISRIRAM		
1	ULU		
6	NELLORE	PHC -JONNAWADA	6
1			
2			
1			1
7	NANDHYALA	PHC -JUPADUBUNGLOW	0
1			
2			
1			1
8	ELURU	PHC -K GOKAVARAM	0
1			
2			
1			
9	SRIKAKULAM	PHC -K KOTHURU	6
1			
2			
2	SRI SATHAYA		
0	SAI	PHC -K.B.HALLI	6
1			
2			
2			1
1	ELURU	PHC -K.R.PURAM	0
1			
2			
2			1
2	PRAKASAM	PHC -K.S.PALLI	0
1			
2			
2			1
3	TIRUPATI	PHC -K.V.B.PURAM	0
1			
2			
2			
4	YSR KADAPA	PHC -K.V.G.PALLI	6
1			
2			
2	SRI SATHAYA		
5	SAI	PHC -KADIREPALLI	4
1			
2			
2			
6	NANDHYALA	PHC -KADUMURU	6
1			
2			
2			1
7	ELURU	PHC -KAGUPADU	0

Schedules to Insurance Contract

1			
2			
2			
8	PRAKASAM	PHC -KAKARLA	6
1			
2			
2			5
9	ANNAMAYYA	PHC -KALAKADA	0
1			
2			
3			1
0	YSR KADAPA	PHC -KALASAPADU	0
1			
2			
3	EAST		1
1	GODAVARI	PHC -KALAVALAPALLI	0
1			
2			
3			1
2	ELURU	PHC -KALIDINDI	0
1	SRI		
2	POTTISRIRAM		
3	ULU		1
3	NELLORE	PHC -KALIGIRI	0
1			
2			
3	WEST		1
4	GODAVARI	PHC -KALLA	0
1			
2			
3			
5	KURNOOL	PHC -KALLUDEVAKUNTALA	6
1			
2			
3	SRI SATHAYA		1
6	SAI	PHC -KALLUMARRI	0
1			
2			
3			5
7	YSR KADAPA	PHC -KALLUR	0
1			
2			
3			1
8	KURNOOL	PHC -KALLUR	0
1			
2			
3			
9	CHITTOOR	PHC -KALLURU	6
1	SRI		
2	POTTISRIRAM		
4	ULU		1
0	NELLORE	PHC -KALUVOYA	0
1			
2			
4			1
1	YSR KADAPA	PHC -KAMANURU	0
1			
2			
4			1
2	ELURU	PHC -KAMAVARAPUKOTA	0
1			
2	ELURU	PHC -KAMAYYAPALEM	1
			0

Schedules to Insurance Contract

4			
3			
1			
2			
4	ANANTHAPU		1
4	RAMU	PHC -KAMBADUR	0
1			
2			
4			5
5	PALNADU	PHC -KAMBHAMPADU	0
1			
2			
4			1
6	PRAKASAM	PHC -KAMEPALLI	0
1			
2			
4			
7	TIRUPATI	PHC -KAMMAPALLI	6
1			
2			
4			1
8	KURNOOL	PHC -KAMMARACHEDU	0
1			
2			
4			
9	BAPATLA	PHC -KANAGALA	6
1			
2			
5	SRI SATHAYA		1
0	SAI	PHC -KANAGANAPALLI	0
1			
2			
5			1
1	NTR	PHC -KANCHIKACHERLA	0
1			
2			
5			
2	SRIKAKULAM	PHC -KANCHILI	6
1			
2			
5			1
3	KAKINADA	PHC -KANDRAKOTA	0
1			
2			
5			1
4	ANNAMAYYA	PHC -KANDUKUR	0
1			
2			
5			5
5	CHITTOOR	PHC -KANDURU	0
1			
2			
5			5
6	CHITTOOR	PHC -KANGUNDI	0
1			
2			
5			1
7	CHITTOOR	PHC -KANIPAKAM	0
1			
2	ALLURI		
5	SITHARAMA		
8	RAJU	PHC -KANTARAM	6

Schedules to Insurance Contract

1			
2			
5			
9	KRISHNA	PHC -KANUMURU	6
1			
2			
6	EAST		1
0	GODAVARI	PHC -KANURU	0
1			
2			
6			
1	KRISHNA	PHC -KAPILESWARAPURAM	6
1			
2			
6			1
2	SRIKAKULAM	PHC -KARAJADA	0
1			
2			
6			1
3	PALNADU	PHC -KARALAPADU	0
1			
2			
6			
4	BAPATLA	PHC -KARAMCHEDU	7
1			
2			
6			
5	PRAKASAM	PHC -KARAVADI	6
1	SRI		
2	POTTISRIRAM		
6	ULU		
6	NELLORE	PHC -KAREDU	6
1			
2			
6			1
7	PALNADU	PHC -KAREMPUDI	0
1			
2			
6	VIZIANAGAR		1
8	AM	PHC -KARLAM	0
1			
2			
6			5
9	BAPATLA	PHC -KARLAPALEM	0
1			
2			
7			5
0	TIRUPATI	PHC -KASARAM	0
1			
2			
7			1
1	ANAKAPALLI	PHC -KASIMKOTA	0
1	SRI		
2	POTTISRIRAM		
7	ULU		1
2	NELLORE	PHC -KASUMURU	0
1			
2			
7			
3	GUNTUR	PHC -KATRAPADU	6
1	DR.B.R.AMBE		
1	DKAR		1
2	KONASEEMA	PHC -KATRENIKONA	0

Schedules to Insurance Contract

7 4			
1 2 7 5	KRISHNA	PHC -KATURU	1 0
1 2 7 6	BAPATLA	PHC -KAVURU	1 0
1 2 7 7	PALNADU	PHC -KAVURU CPT	5 0
1 2 7 8	DR.B.R.AMBE DKAR KONASEEMA	PHC -KESANKURU	5 0
1 2 7 9	YSR KADAPA	PHC -KHAJIPETA	1 0
1 2 8 0	ALLURI SITHARAMA RAJU	PHC -KILAGADA	6
1 2 8 1	ALLURI SITHARAMA RAJU	PHC -KILLOGUDA	6
1 2 8 2	ANAKAPALLI	PHC -KINTHALI	6
1 2 8 3	SRIKAKULAM	PHC -KINTHALI	6
1 2 8 4	KAKINADA	PHC -KIRLAMPUDI	1 0
1 2 8 5	ANAKAPALLI	PHC -KJ PURAM	1 0
1 2 8 6	VIZIANAGAR AM	PHC -KKOTHAVALASA	6
1 2 8 7	SRI POTTISRIRAM ULU NELLORE	PHC -KODAVALUR	6
1 2 8 8	SRI POTTISRIRAM ULU NELLORE	PHC -KODURU	6
1 2 8 9	KRISHNA	PHC -KODURU	6

Schedules to Insurance Contract

1 2 9 0	GUNTUR	PHC -KOLAKALURU	5 0
1 2 9 1	CHITTOOR	PHC -KOLAMASANA PALLI	6
1 2 9 2	SRIKAKULAM	PHC -KOLIGAM	2
1 2 9 3	NANDHYALA	PHC -KOLIMIGUNDLA	1 0
1 2 9 4	ELURU	PHC -KOLLETIKOTA	6
1 2 9 5	BAPATLA	PHC -KOLLURU	1 0
1 2 9 6	PARVATHIPU RAM MANYAM	PHC -KOMARADA	1 0
1 2 9 7	KAKINADA	PHC -KOMARAGIRI	5 0
1 2 9 8	PRAKASAM	PHC -KOMAROLU	1 2
1 2 9 9	PRAKASAM	PHC -KONAKANAMITLA	1 0
1 3 0 0	YSR KADAPA	PHC -KONAMPETA	6
1 3 0 1	ALLURI SITHARAMA RAJU	PHC -KONDAMODALU	1 0
1 3 0 2	NTR	PHC -KONDAPALLI	6
1 3 0 3	SRI POTTISRIRAM ULU NELLORE	PHC -KONDAPURAM	1 0
1 3 0 4	YSR KADAPA	PHC -KONDAPURAM	1 0
1 3 0	ELURU	PHC -KONDRUKOTA	1 0

Schedules to Insurance Contract

05			
1306	WEST GODAVARI	PHC -KONITHIWADA	6
1307	VIZIANAGAR AM	PHC -KONURU	6
1308	PALNADU	PHC -KOPPUNUR	10
1309	BAPATLA	PHC -KORISAPADU	10
1310	SRIKAKULAM	PHC -KORLAM	6
1311	ANANTHAPU RAMU	PHC -KORRAPADU	6
1312	PRAKASAM	PHC -KORRAPROLU	6
1313	ELURU	PHC -KORUKOLLU	6
1314	ALLURI SITHARAMA RAJU	PHC -KORUKONDA	6
1315	EAST GODAVARI	PHC -KORUKONDA	10
1316	KURNOOL	PHC -KOSIGI	10
1317	ANNAMAYYA	PHC -KOSUVARIPALLI	6
1318	KAKINADA	PHC -KOTANANDURU	10
1319	PALNADU	PHC -KOTAPPAKONDA	50
1320	PALNADU	PHC -KOTCHERLA	50

Schedules to Insurance Contract

1 3 2 1	ANAKAPALLI	PHC -KOTHAKOTA	5 0
1 3 2 2	DR.B.R.AMBE DKAR KONASEEMA	PHC -KOTHALANKA	5 0
1 3 2 3	NANDHYALA	PHC -KOTHAPALLI	1 0
1 3 2 4	YSR KADAPA	PHC -KOTHAPALLI	6
1 3 2 5	SRIKAKULAM	PHC -KOTHAPALLI	1 0
1 3 2 6	PRAKASAM	PHC -KOTHAPATNAM	4
1 3 2 7	VIZIANAGAR AM	PHC -KOTHAVALASA	1 0
1 3 2 8	NANDHYALA	PHC -KOTTALACHERUVU	1 0
1 3 2 9	VIZIANAGAR AM	PHC -KOTTAM	6
1 3 3 0	TIRUPATI	PHC -KOVANOOR	6
1 3 3 1	SRI POTTISRIRAM ULU NELLORE	PHC -KOVURPALLI	1 0
1 3 3 2	SRI POTTISRIRAM ULU NELLORE	PHC -KOVURUPALLI	6
1 3 3 3	KURNOOL	PHC -KOWTHALAM	1 0
1 3 3 4	KRISHNA	PHC -KOWTHAVARAM	1 0
1 3 3 5	ELURU	PHC -KOYYALAGUDEM	1 0
1 3 3	PARVATHIPU RAM MANYAM	PHC -KRB PURAM	1 0

Schedules to Insurance Contract

3 6			
1 3 3 7	ANAKAPALLI	PHC -KRISHNADEVIPETA	1 0
1 3 3 8	KURNOOL	PHC -KRISHNAGIRI	1 0
1 3 3 9	ANANTHAPU RAMU	PHC -KRISTIPADU	1 0
1 3 4 0	PALNADU	PHC -KROSURU	1 0
1 3 4 1	KRISHNA	PHC -KRUTHIVENNU	4
1 3 4 2	BAPATLA	PHC -KUCHINAPUDI	6
1 3 4 3	ANANTHAPU RAMU	PHC -KUDAIR	1 0
1 3 4 4	ELURU	PHC -KUKUNURU	1 0
1 3 4 5	SRI POTTISRIRAM ULU NELLORE	PHC -KULLURU	6
1 3 4 6	ANANTHAPU RAMU	PHC -KUNDURPI	6
1 3 4 7	DR.B.R.AMBE DKAR KONASEEMA	PHC -KUNDURU	1 0
1 3 4 8	PALNADU	PHC -KUNKALAGUNTA	5 0
1 3 4 9	TIRUPATI	PHC -KUPPAMBADUR	5 0
1 3 5 0	ANNAMAYYA	PHC -KURABALAKOTA	5 0
1 3 5 1	PRAKASAM	PHC -KURICHEDU	1 0

Schedules to Insurance Contract

1 3 5 2	PARVATHIPU RAM MANYAM	PHC -KUSUMI	1 0
1 3 5 3	ALLURI SITHARAMA RAJU	PHC -KUTURU	1 0
1 3 5 4	ANAKAPALLI	PHC -KV PURAM	5 0
1 3 5 5	WEST GODAVARI	PHC -L.B.CHERLA	6
1 3 5 6	ELURU	PHC -L.N.D.PETA	1 0
1 3 5 7	ALLURI SITHARAMA RAJU	PHC -LABBURU	1 0
1 3 5 8	ALLURI SITHARAMA RAJU	PHC -LAGARAI	1 0
1 3 5 9	DR.B.R.AMBE DKAR KONASEEMA	PHC -LAKKAVARAM	1 0
1 3 6 0	ELURU	PHC -LAKKAVARAM	6
1 3 6 1	VIZIANAGAR AM	PHC -LAKKAVARAPUKOTA	6
1 3 6 2	KRISHNA	PHC -LAKSHMIPURAM	4
1 3 6 3	ALLURI SITHARAMA RAJU	PHC -LAMBASING	6
1 3 6 4	WEST GODAVARI	PHC -LANKALAKODERU	1 0
1 3 6 5	SRIKAKULAM	PHC -LAVERU	1 0
1 3 6 6	ALLURI SITHARAMA RAJU	PHC -LAXMIPURAM	1 0
1 3	SRI SATHAYA SAI	PHC -LEPAKSHI	1 0

Schedules to Insurance Contract

6			
7			
1			
3			
6			1
8	YSR KADAPA	PHC -LINGALA	0
1			
3			
6			
9	NTR	PHC -LINGALAPADU	6
1			
3			
7			1
0	ELURU	PHC -LINGAPALEM	0
1	SRI		
3	POTTISRIRAM		
7	ULU		1
1	NELLORE	PHC -LINGASAMUDRAM	0
1			
3			
7			
2	SRIKAKULAM	PHC -LN PETA	6
1			
3	ALLURI		
7	SITHARAMA		2
3	RAJU	PHC -LOTHUGEDDA	6
1			
3	ALLURI		
7	SITHARAMA		
4	RAJU	PHC -LUNGAPARTHI	8
1			
3	DR.B.R.AMBE		
7	DKAR		5
5	KONASEEMA	PHC -LUTTUKURU	0
1			
3			
7			
6	ANAKAPALLI	PHC -LVPALEM	6
1			
3	PARVATHIPU		
7	RAM		1
7	MANYAM	PHC -M.SINGUPURAM	0
1			
3			
7			1
8	PALNADU	PHC -MACHAVARAM	0
1			
3			
7			1
9	PRAKASAM	PHC -MACHAVARAM-KANIGIRI	0
1	SRI		
3	POTTISRIRAM		
8	ULU		1
0	NELLORE	PHC -MACHAVARAM-KND	0
1			
3			
8			
1	PALNADU	PHC -MACHERLATRIBAL	6
1			
3	ALLURI		
8	SITHARAMA		
2	RAJU	PHC -MADAGADA	6

Schedules to Insurance Contract

1 3 8 3	KURNOOL	PHC -MADDIKERA	1 0
1 3 8 4	PRAKASAM	PHC -MADDIPADU	1 0
1 3 8 5	NANDHYALA	PHC -MADDUR	1 0
1 3 8 6	YSR KADAPA	PHC -MADHAVARAM	6
1 3 8 7	WEST GODAVARI	PHC -MADHAVARAM	6
1 3 8 8	VISHAKAPAT ANAM	PHC -MADHURAWADA	1 0
1 3 8 9	CHITTOOR	PHC -MADIREDDYPALLI	6
1 3 9 0	PALNADU	PHC -MADUGULA	1 0
1 3 9 1	SRI POTTISRIRAM ULU NELLORE	PHC -MAHIMALUR	6
1 3 9 2	ANAKAPALLI	PHC -MAKAVARAPALEM	1 0
1 3 9 3	SRIKAKULAM	PHC -MAKIVALASA	6
1 3 9 4	PARVATHIPU RAM MANYAM	PHC -MAKKUVA	6
1 3 9 5	EAST GODAVARI	PHC -MALAKAPALLI	1 0
1 3 9 6	KAKINADA	PHC -MALLAM	5 0
1 3 9 7	TIRUPATI	PHC -MALLAM	1 0
1 3	CHITTOOR	PHC -MALLANURU	6

Schedules to Insurance Contract

9			
8			
1			
3			
9			
9	KRISHNA	PHC -MALLAVOLU	6
1			
4	PARVATHIPU		
0	RAM		1
0	MANYAM	PHC -MAMIDIPALLI	0
1			
4			
0	WEST		1
1	GODAVARI	PHC -MANCHILI	0
1			
4			
0			5
2	GUNTUR	PHC -MANDAPADU	0
1			
4			
0			
3	KRISHNA	PHC -MANDAPAKALA	6
1			
4			
0			1
4	SRIKAKULAM	PHC -MANDASA	0
1			
4			
0	VIZIANAGAR		
5	AM	PHC -MANDAVAKURTHI	6
1			
4			
0			5
6	ELURU	PHC -MANDAVALLI	0
1			
4			
0			3
7	GUNTUR	PHC -MANGALAGIRI	0
1			
4			
0			
8	TIRUPATI	PHC -MANGALAM	6
1			
4			
0			1
9	ANAKAPALLI	PHC -MANGAVARAM	0
1			
4			
1			
0	SRIKAKULAM	PHC -MANIKYAPURAM	6
1			
4			
1			1
1	GUNTUR	PHC -MANNAVA	0
1			
4	ALLURI		
1	SITHARAMA		1
2	RAJU	PHC -MAREDUMILLI	0
1			
4			
1			1
3	PRAKASAM	PHC -MARELLA	0

Schedules to Insurance Contract

1 4 1 4	EAST GODAVARI	PHC -MARKONDAPADU	1 0
1 4 1 5	SRI POTTISRIRAM ULU NELLORE	PHC -MARRIPADU	1 0
1 4 1 6	PARVATHIPU RAM MANYAM	PHC -MARRIPADU	1 0
1 4 1 7	PRAKASAM	PHC -MARRIPUDI	1 0
1 4 1 8	WEST GODAVARI	PHC -MARTERU	1 0
1 4 1 9	VIZIANAGAR AM	PHC -MARUPALLI	5 0
1 4 2 0	SRI POTTISRIRAM ULU NELLORE	PHC -MD PURAM	6
1 4 2 1	WEST GODAVARI	PHC -MEDAPADU	6
1 4 2 2	BAPATLA	PHC -MEDARAMETLA	1 0
1 4 2 3	ANNAMAYYA	PHC -MEDIDINNE	6
1 4 2 4	GUNTUR	PHC -MEDIKONDURU	1 0
1 4 2 5	ANNAMAYYA	PHC -MEDIKURTHI	5 0
1 4 2 6	SRIKAKULAM	PHC -MELIYAPUTTI	1 0
1 4 2 7	VIZIANAGAR AM	PHC -MENTADA	6
1 4 2 8	VIZIANAGAR AM	PHC -MERAKAMUDIDAM	6
1 4	YSR KADAPA	PHC -MIDUTHURU	6

Schedules to Insurance Contract

2 9			
1 4 3 0	ALLURI SITHARAMA RAJU	PHC -MINUMULURU	1 0
1 4 3 1	BAPATLA	PHC -MODEPALLI	6
1 4 3 2	WEST GODAVARI	PHC -MOGALTURU	1 0
1 4 3 3	PRAKASAM	PHC -MOKSHAGUNDAM	6
1 4 3 4	KURNOOL	PHC -MOLAGAVALLY	2
1 4 3 5	ANNAMAYYA	PHC -MOLAKALACHERVU	1 0
1 4 3 6	SRI SATHAYA SAI	PHC -MOLAKAVEMULA	6
1 4 3 7	BAPATLA	PHC -MOLLAGUNTA	1 0
1 4 3 8	PARVATHIPU RAM MANYAM	PHC -MONDEMKHALLU	1 0
1 4 3 9	VIZIANAGAR AM	PHC -MOPADA	1 0
1 4 4 0	BAPATLA	PHC -MOPARRU	5 0
1 4 4 1	KRISHNA	PHC -MOPIDEVI	6
1 4 4 2	YSR KADAPA	PHC -MORAGUDI	6
1 4 4 3	DR.B.R.AMBE DKAR KONASEEMA	PHC -MORI	5 0
1 4 4 4	KRISHNA	PHC -MOTURU	6

Schedules to Insurance Contract

1 4 4 5	KRISHNA	PHC -MOVVA	1 0
1 4 4 6	SRIKAKULAM	PHC -MS PALLI	6
1 4 4 7	YSR KADAPA	PHC -MUDDANURU	1 0
1 4 4 8	ANANTHAPU RAMU	PHC -MUDDINAYANAPALLI	6
1 4 4 9	SRI SATHAYA SAI	PHC -MUDIGUBBA	1 0
1 4 5 0	ELURU	PHC -MUDINEPALLI	1 0
1 4 5 1	CHITTOOR	PHC -MUDIPAPANAPALLI	4
1 4 5 2	WEST GODAVARI	PHC -MUDUNURU	6
1 4 5 3	DR.B.R.AMBE DKAR KONASEEMA	PHC -MUKKAMALAA	5 0
1 4 5 4	ANNAMAYYA	PHC -MUKKAVARIPALLI	6
1 4 5 5	ELURU	PHC -MULALANKA	6
1 4 5 6	BAPATLA	PHC -MULPURU	1 0
1 4 5 7	ANAKAPALLI	PHC -MUNAGAPAKA	4
1 4 5 8	PRAKASAM	PHC -MUNDLAMUR	6
1 4 5 9	GUNTUR	PHC -MUNNANGI	1 0
1 4	PALNADU	PHC -MUPPALLA	1 0

Schedules to Insurance Contract

60			
1461	SRIKAKULAM	PHC -MURAPAKA	6
1462	KRISHNA	PHC -MUSTHABADA	6
1463	ELURU	PHC -MUSUNURU	6
1464	SRI POTTISRIRAM ULU NELLORE	PHC -MUTHUKUR	10
1465	GUNTUR	PHC -MUTLURU	10
1466	PRAKASAM	PHC -MUTUKULA	6
1467	PALNADU	PHC -MUTUKUR	10
1468	YSR KADAPA	PHC -MYLAVARAM	6
1469	SRI POTTISRIRAM ULU NELLORE	PHC -MYPADU	10
1470	CHITTOOR	PHC -N KOTHAPALLI	6
1471	SRI SATHAYA SAI	PHC -N.P.KUNTA	10
1472	SRI SATHAYA SAI	PHC -N.S.GATE	10
1473	PALNADU	PHC -NADENDLA	10
1474	TIRUPATI	PHC -NAGALAPURAM	50
1475	DR.B.R.AMBE DKAR KONASEEMA	PHC -NAGARAM	10

Schedules to Insurance Contract

1 4 7 6	ANNAMAYYA	PHC -NAGARIMADUGU	5 0
1 4 7 7	ANANTHAPU RAMU	PHC -NAGASAMUDRAM	1 0
1 4 7 8	KRISHNA	PHC -NAGAYALANKA	1 0
1 4 7 9	PRAKASAM	PHC -NAGIREDDYPALLI	6
1 4 8 0	DR.B.R.AMBE DKAR KONASEEMA	PHC -NAGULLANKA	1 0
1 4 8 1	PRAKASAM	PHC -NAGULUPPALAPADU	6
1 4 8 2	SRI SATHAYA SAI	PHC -NALLACHERUVU	1 0
1 4 8 3	EAST GODAVARI	PHC -NALLAJERLA	1 0
1 4 8 4	YSR KADAPA	PHC -NALLAPUREDDYPALLI	6
1 4 8 5	ANNAMAYYA	PHC -NANDALURU	1 0
1 4 8 6	KURNOOL	PHC -NANDAVARAM	6
1 4 8 7	ELURU	PHC -NANDHAPURAM	1 0
1 4 8 8	SRIKAKULAM	PHC -NANDIGAM	1 0
1 4 8 9	YSR KADAPA	PHC -NANDIMANDALAM	6
1 4 9 0	KURNOOL	PHC -NANNUR	4
1 4	NANDHYALA	PHC -NARASAPURAM	6

Schedules to Insurance Contract

91			
1492	YSR KADAPA	PHC -NARASAPURAM	10
1493	ALLURI SITHARAMA RAJU	PHC -NARASAPURAM	10
1494	BAPATLA	PHC -NARASAYAPALEM	50
1495	CHITTOOR	PHC -NARASINGARAYANIPETA	6
1496	NANDHYALA	PHC -NARAYANAPURAM	10
1497	TIRUPATI	PHC -NARAYANAVANAM	4
1498	ANANTHAPURAMU	PHC -NARPALA	10
1499	SRI POTTISRIRAM ULU NELLORE	PHC -NARRAWADA	10
1500	ANAKAPALLI	PHC -NATHAVARAM	6
1501	PALNADU	PHC -NEKARIKALLU	50
1502	TIRUPATI	PHC -NERABAILU	50
1503	TIRUPATI	PHC -NIDIGURTHY	6
1504	KRISHNA	PHC -NIDUMOLU	6
1505	KRISHNA	PHC -NIMMAKUR	6
1506	ANNAMAYYA	PHC -NIMMANAPALLI	10

Schedules to Insurance Contract

1 5 0 7	CHITTOOR	PHC -NINDRA	6
1 5 0 8	ANNAMAYYA	PHC -NOOLIVEEDU	6
1 5 0 9	SRIKAKULAM	PHC -NOWPADA	1 0
1 5 1 0	GUNTUR	PHC -NUDURUPADU	1 0
1 5 1 1	PALNADU	PHC -NUZENDLA	1 0
1 5 1 2	SRI SATHAYA SAI	PHC -O.D.CHERUVU	1 0
1 5 1 3	ANNAMAYYA	PHC -OBULAVARIPALLI	1 0
1 5 1 4	CHITTOOR	PHC -OGU	5 0
1 5 1 5	TIRUPATI	PHC -OZILI	1 0
1 5 1 6	ALLURI SITHARAMA RAJU	PHC -P.GEDDADA	1 0
1 5 1 7	ANANTHAPU RAMU	PHC -P.KOTTALAPALLI	6
1 5 1 8	ANANTHAPU RAMU	PHC -P.KOWKUNTALA	1 0
1 5 1 9	ELURU	PHC -P.N.KOLANU	1 0
1 5 2 0	ELURU	PHC -P.R.GUDEM	1 0
1 5 2 1	CHITTOOR	PHC -PACHIKAPALAM	1 0
1 5 2 5	PARVATHIPU RAM MANYAM	PHC -PACHIPENTA	1 0

Schedules to Insurance Contract

2			
2			
1			
5			
2			1
3	KURNOOL	PHC -PAGIDIROY	0
1			
5			
2			1
4	NANDHYALA	PHC -PAGIDYALA	0
1			
5			
2			
5	CHITTOOR	PHC -PAIPALYAM	6
1			
5			
2			1
6	TIRUPATI	PHC -PAKALA	0
1			
5			
2	VIZIANAGAR		
7	AM	PHC -PAKKI	6
1			
5			
2	EAST		5
8	GODAVARI	PHC -PALACHERLA	0
1			
5			
2	WEST		1
9	GODAVARI	PHC -PALAKODERU	0
1			
5			
3			5
0	CHITTOOR	PHC -PALASAMUDRAM	0
1			
5	DR.B.R.AMBE		
3	DKAR		5
1	KONASEEMA	PHC -PALLAMKURU	0
1			
5			
3	ANANTHAPU		
2	RAMU	PHC -PALTHUR	6
1			
5			
3			
3	YSR KADAPA	PHC -PALUGURALLAPALLI	6
1			
5			
3			1
4	NANDHYALA	PHC -PALUKUR	0
1			
5			
3			1
5	PRAKASAM	PHC -PALUTLA	0
1			
5	DR.B.R.AMBE		
3	DKAR		5
6	KONASEEMA	PHC -PAMARU	0
1			
5			
3	SRI SATHAYA		1
7	SAI	PHC -PAMUDURTHY	0

Schedules to Insurance Contract

1 5 3 8	NANDHYALA	PHC -PAMULAPADU	1 0
1 5 3 9	BAPATLA	PHC -PANDILLAPALLI	6
1 5 4 0	GUNTUR	PHC -PANDRAPADU	5 0
1 5 4 1	KAKINADA	PHC -PANDURU	5 0
1 5 4 2	PALNADU	PHC -PANIDAM	1 0
1 5 4 3	TIRUPATI	PHC -PAPANAIDUPET	1 0
1 5 4 4	TIRUPATI	PHC -PARAMESWARIMANGALAM	1 0
1 5 4 5	ANAKAPALLI	PHC -PARAWADA	1 0
1 5 4 6	SRI SATHAYA SAI	PHC -PARIGI	1 0
1 5 4 7	SRIKAKULAM	PHC -PATHARLAPALLI	1 0
1 5 4 8	CHITTOOR	PHC -PATHIKONDA	6
1 5 4 9	SRI SATHAYA SAI	PHC -PATNAM	1 0
1 5 5 0	ANAKAPALLI	PHC -PAYAKARAOPETA	1 0
1 5 5 1	YSR KADAPA	PHC -PAYASAMPALLI	1 0
1 5 5 2	NANDHYALA	PHC -PEAPULLY	1 0
1 5 5	ALLURI SITHARAMA RAJU	PHC -PEDABAYALU	6

Schedules to Insurance Contract

53			
1554	PARVATHIPURAM MANYAM	PHC -PEDABONDAPALLI	10
1555	PRAKASAM	PHC -PEDACHERLOPALLI	10
1556	ANAKAPALLI	PHC -PEDAGOGADA	4
1557	GUNTUR	PHC -PEDAKAKANI	6
1558	KRISHNA	PHC -PEDAKALLEPALLI	6
1559	WEST GODAVARI	PHC -PEDAKAPAVARAM	10
1560	GUNTUR	PHC -PEDANANDIAPADU	50
1561	ELURU	PHC -PEDAPADU	10
1562	GUNTUR	PHC -PEDAPALAKALURU	10
1563	DR.B.R.AMBE DKAR KONASEEMA	PHC -PEDAPALLA	50
1564	TIRUPATI	PHC -PEDAPARIYA	6
1565	KRISHNA	PHC -PEDATUMMIDI	6
1566	GUNTUR	PHC -PEDAVADLAPUDI	10
1567	ALLURI SITHARAMA RAJU	PHC -PEDAVALASA	8
1568	ELURU	PHC -PEDAVEGI	3

Schedules to Insurance Contract

1 5 6 9	YSR KADAPA	PHC -PEDDACHEPPALI	6
1 5 7 0	KAKINADA	PHC -PEDDADA	5 0
1 5 7 1	KURNOOL	PHC -PEDDAHARIVANAM	6
1 5 7 2	KURNOOL	PHC -PEDDAKADUBUR	1 0
1 5 7 3	ANNAMAYYA	PHC -PEDDAMANDYAM	1 0
1 5 7 4	ANNAMAYYA	PHC -PEDDAMUDIUM	1 0
1 5 7 5	KRISHNA	PHC -PEDDAOUTAPALLI	6
1 5 7 6	CHITTOOR	PHC -PEDDAPANJANI	6
1 5 7 7	ANANTHAPU RAMU	PHC -PEDDAPAPPUR	1 0
1 5 7 8	PRAKASAM	PHC -PEDDARAVEEDU	1 0
1 5 7 9	ANNAMAYYA	PHC -PEDDATHIPPASAMUDRAM	6
1 5 8 0	KURNOOL	PHC -PEDDATHUMBALAM	1 0
1 5 8 1	CHITTOOR	PHC -PEDDAUPPARAPALLI	5 0
1 5 8 2	ANANTHAPU RAMU	PHC -PEDDAVADUGUR	1 0
1 5 8 3	NANDHYALA	PHC -PEDDAYEMMANUR	6
1 5 8 5	KAKINADA	PHC -PEDDIPALEM	5 0

Schedules to Insurance Contract

84			
1585	PARVATHIPU RAM MANYAM	PHC -PEDHANKALAM	4
1586	DR.B.R.AMBE DKAR KONASEEMA	PHC -PEKERU	50
1587	TIRUPATI	PHC -PELLAKUR	6
1588	ANNAMAYYA	PHC -PENAGALURU	10
1589	KRISHNA	PHC -PENAMALURU	10
1590	YSR KADAPA	PHC -PENDLIMARRI	6
1591	NTR	PHC -PENDYALA	6
1592	WEST GODAVARI	PHC -PENTAPADU	6
1593	NTR	PHC -PENUGANCHIPROLU	10
1594	ANAKAPALLI	PHC -PENUGOLLU	50
1595	WEST GODAVARI	PHC -PENUMANTRA	6
1596	BAPATLA	PHC -PERAVALI	10
1597	TIRUPATI	PHC -PERNADU	6
1598	VIZIANAGAR AM	PHC -PERUMALI	6
1599	DR.B.R.AMBE DKAR KONASEEMA	PHC -PERURU	10

Schedules to Insurance Contract

1 6 0 0	NANDHYALA	PHC -PERUSOMULA	1 0
1 6 0 1	PRAKASAM	PHC -PETLURU	6
1 6 0 2	TIRUPATI	PHC -PICHATUR	5 0
1 6 0 3	ALLURI SITHARAMA RAJU	PHC -PIDATHAMAMIDI	1 0
1 6 0 4	PALNADU	PHC -PIDUGURALLA	1 0
1 6 0 5	ALLURI SITHARAMA RAJU	PHC -PINAKOTA	1 0
1 6 0 6	WEST GODAVARI	PHC -PIPPARA	1 0
1 6 0 7	VIZIANAGAR AM	PHC -PIRIDI	1 0
1 6 0 8	VIZIANAGAR AM	PHC -PMPALEM	6
1 6 0 9	WEST GODAVARI	PHC -PODURU	1 0
1 6 1 0	VIZIANAGAR AM	PHC -POGIRI	6
1 6 1 1	SRIKAKULAM	PHC -POLAKI	1 0
1 6 1 2	VIZIANAGAR AM	PHC -POLIPALLI	4
1 6 1 3	SRIKAKULAM	PHC -PONNADA	6
1 6 1 4	PRAKASAM	PHC -PONNALUR	1 0
1 6	GUNTUR	PHC -PONNEKALLU	1 0

Schedules to Insurance Contract

1 5			
1 6 1 6	PRAKASAM	PHC -POOSALAPADU	1 0
1 6 1 7	PRAKASAM	PHC -POTHAVARAM	6
1 6 1 8	ELURU	PHC -POTHUNURU	1 0
1 6 1 9	BAPATLA	PHC -PRASANGULAPADU	6
1 6 2 0	NANDHYALA	PHC -PRATHAKOTA	6
1 6 2 1	KURNOOL	PHC -PUCHAKAYALAMADA	5
1 6 2 2	CHITTOOR	PHC -PULICHERLA	1 0
1 6 2 3	KAKINADA	PHC -PULIMERU	5 0
1 6 2 4	ELURU	PHC -PULLA	6
1 6 2 5	PRAKASAM	PHC -PULLALACHERUVU	1 0
1 6 2 6	ANNAMAYYA	PHC -PULLAMPETA	6
1 6 2 7	KRISHNA	PHC -PURITI GADDA	6
1 6 2 8	VIZIANAGAR AM	PHC -PUSAPATI REGA	1 0
1 6 2 9	CHITTOOR	PHC -PUTHALAPATTU	5 0
1 6 3 0	ANANTHAPU RAMU	PHC -PUTLUR	6

Schedules to Insurance Contract

1 6 3 1	SRI SATHAYA SAI	PHC -PUTTAPARTHI	6
1 6 3 2	VIZIANAGAR AM	PHC -R AMADALAVALSA	6
1 6 3 3	ALLURI SITHARAMA RAJU	PHC -R V NAGAR	6
1 6 3 4	NANDHYALA	PHC -R.S.RANGAPURAM	1 0
1 6 3 5	VISHAKAPAT ANAM	PHC -R.THALLAVALASA	6
1 6 3 6	ELURU	PHC -RACHANNAGUDEM	6
1 6 3 7	KAKINADA	PHC -RACHAPALLI	1 0
1 6 3 8	ELURU	PHC -RAGHAVAPURAM	6
1 6 3 9	EAST GODAVARI	PHC -RAJANAGARAM	1 0
1 6 4 0	KAKINADA	PHC -RAJAPUDI	5 0
1 6 4 1	SRIKAKULAM	PHC -RAJAPURAM	6
1 6 4 2	ALLURI SITHARAMA RAJU	PHC -RAJAVOMMANGI	1 0
1 6 4 3	ALLURI SITHARAMA RAJU	PHC -RAJENDRAPALEM	6
1 6 4 4	NTR	PHC -RAJUGUDEM	6
1 6 4 5	YSR KADAPA	PHC -RAJUPALEM	1 0
1 6 4 6	PRAKASAM	PHC -RAJUPALEM	1 0

Schedules to Insurance Contract

4 6			
1 6 4 7	PALNADU	PHC -RAJUPALEM	1 0
1 6 4 8	VIZIANAGAR AM	PHC -RAKODU	6
1 6 4 9	CHITTOOR	PHC -RALLABUDUGUR	1 0
1 6 5 0	SRI SATHAYA SAI	PHC -RAMAGIRI	1 0
1 6 5 1	CHITTOOR	PHC -RAMAKUPPAM	1 0
1 6 5 2	ELURU	PHC -RAMANAKKAPET	5 0
1 6 5 3	TIRUPATI	PHC -RAMAPURAM	6
1 6 5 4	ANNAMAYYA	PHC -RAMAPURAM	1 0
1 6 5 5	KRISHNA	PHC -RAMAPURAM	6
1 6 5 6	ANNAMAYYA	PHC -RAMASAMUDRAM	1 0
1 6 5 7	SRI POTTISRIRAM ULU NELLORE	PHC -RAMATHEERTHAM	1 0
1 6 5 8	EAST GODAVARI	PHC -RAMAVARAM	5 0
1 6 5 9	ANAKAPALLI	PHC -RAMBILLI	1 0
1 6 6 0	DR.B.R.AMBE DKAR KONASEEMA	PHC -RAMESWARAM	5 0
1 6 6 1	EAST GODAVARI	PHC -RANGAMPETA	1 0

Schedules to Insurance Contract

1 6 6 2	ANANTHAPU RAMU	PHC -RAPTHADU	4
1 6 6 3	SRIKAKULAM	PHC -RAVADA	6
1 6 6 4	ANAKAPALLI	PHC -RAVIKAMATHAM	6
1 6 6 5	KAKINADA	PHC -RAVIKAMPADU	5 0
1 6 6 6	DR.B.R.AMBE DKAR KONASEEMA	PHC -RAYAVARAM	5 0
1 6 6 7	ANNAMAYYA	PHC -RAYAVARAM	1 0
1 6 6 8	VIZIANAGAR AM	PHC -RB PURAM	1 0
1 6 6 9	PALNADU	PHC -REDDIPALEM	1 0
1 6 7 0	SRI SATHAYA SAI	PHC -REDDIPALLI	6
1 6 7 1	NTR	PHC -REDDYGUDEM	1 0
1 6 7 2	ANNAMAYYA	PHC -REGALLU	1 0
1 6 7 3	PARVATHIPU RAM MANYAM	PHC -REGIDI	1 0
1 6 7 4	ANAKAPALLI	PHC -REGUPALEM	6
1 6 7 5	ALLURI SITHARAMA RAJU	PHC -REKHAPALL	1 0
1 6 7 6	WEST GODAVARI	PHC -RELANGI	1 0
1 6	VIZIANAGAR AM	PHC -RELLIVALASA	6

Schedules to Insurance Contract

7			
7			
1			
6			
7			1
8	TIRUPATI	PHC -RENIGUNTA	0
1			
6			
7			1
9	PALNADU	PHC -RENTACHINTHALA	0
1			
6			
8			
0	SRIKAKULAM	PHC -RENTIKOTA	6
1			
6			
8	VISHAKAPAT		1
1	ANAM	PHC -REVIDI	0
1			
6			
8			
2	ANNAMAYYA	PHC -RLYKODUR	6
1			
6			
8	SRI SATHAYA		1
3	SAI	PHC -RODDAM	0
1			
6			
8			
4	ANAKAPALLI	PHC -ROLUGUNTA	6
1			
6			
8			1
5	CHITTOOR	PHC -ROMPICHERLA	0
1			
6			
8			1
6	PALNADU	PHC -ROMPICHERLA	0
1			
6			
8			
7	CHITTOOR	PHC -ROYALPETA	6
1			
6	PARVATHIPU		
8	RAM		1
8	MANYAM	PHC -RRBPURAM	0
1			
6	ALLURI		
8	SITHARAMA		
9	RAJU	PHC -RUDAKOTA	6
1			
6			
9			
0	KRISHNA	PHC -RUDRAPAKA	6
1			
6			
9			1
1	NANDHYALA	PHC -RUDRAVARAM	0
1			
6	DR.B.R.AMBE		
9	DKAR		5
2	KONASEEMA	PHC -RYALI	0

Schedules to Insurance Contract

1 6 9 3	PRAKASAM	PHC -S.N.PADU	1 0
1 6 9 4	CHITTOOR	PHC -S.R.PURAM	1 0
1 6 9 5	DR.B.R.AMBE DKAR KONASEEMA	PHC -S.YANAM	1 0
1 6 9 6	ANAKAPALLI	PHC -SABBAVARAM	1 0
1 6 9 7	ELURU	PHC -SAGGURU	6
1 6 9 8	DR.B.R.AMBE DKAR KONASEEMA	PHC -SAKHINETIPALLI	5 0
1 6 9 9	PARVATHIPU RAM MANYAM	PHC -SAMBARA	1 0
1 7 0 0	ANNAMAYYA	PHC -SAMBEPALLI	6
1 7 0 1	EAST GODAVARI	PHC -SAMISRIGUDEM	1 0
1 7 0 2	KAKINADA	PHC -SAMPARA	5 0
1 7 0 3	SRI POTTISRIRAM ULU NELLORE	PHC -SANGAM	1 0
1 7 0 4	GUNTUR	PHC -SANGAMJAGARLAMUDI	5 0
1 7 0 5	NANDHYALA	PHC -SANJAMALA	1 0
1 7 0 6	PRAKASAM	PHC -SANJEEVARAOPETA	6
1 7 0 7	KAKINADA	PHC -SANKAVARAM	5 0
1 7 0	SRIKAKULAM	PHC -SANTHABOMMALI	6

Schedules to Insurance Contract

08			
1709	VIZIANAGAR AM	PHC -SANTHAKAVITI	6
1710	YSR KADAPA	PHC -SANTHAKOVVURU	10
1711	BAPATLA	PHC -SANTHAMAGULURU	10
1712	BAPATLA	PHC -SANTHARAVURU	6
1713	KAKINADA	PHC -SANTHIASRAMAM	50
1714	CHITTOOR	PHC -SANTHIPURAM	6
1715	ALLURI SITHARAMA RAJU	PHC -SAPPARLA	6
1716	SRIKAKULAM	PHC -SARAVAKOTA	10
1717	SRIKAKULAM	PHC -SARUBUJJILI	6
1718	ANAKAPALLI	PHC -SARVASIDDI	10
1719	VIZIANAGAR AM	PHC -SATHIVADA	6
1720	PALNADU	PHC -SAVALYAPURAM	50
1721	ELURU	PHC -SEETANAPALLI	10
1722	EAST GODAVARI	PHC -SEETHANAGARAM	10
1723	SRI POTTISRIRAM ULU NELLORE	PHC -SEETHARAMAPURAM	10

Schedules to Insurance Contract

1 7 2 4	DR.B.R.AMBE DKAR KONASEEMA	PHC -SERILANKA	5 0
1 7 2 5	ANANTHAPU RAMU	PHC -SETTUR	1 0
1 7 2 6	WEST GODAVARI	PHC -SIDDANTHAM	1 0
1 7 2 7	ALLURI SITHARAMA RAJU	PHC -SILERU	7
1 7 2 8	YSR KADAPA	PHC -SIMHADRIPURAM	6
1 7 2 9	PRAKASAM	PHC -SINGARAYAKONDA	6
1 7 3 0	SRIKAKULAM	PHC -SINGPURAM	6
1 7 3 1	PALNADU	PHC -SIRIGIRIPADU	6
1 7 3 2	SRIKAKULAM	PHC -SIRIPURAM	6
1 7 3 3	NANDHYALA	PHC -SIRIVELLA	1 0
1 7 3 4	CHITTOOR	PHC -SOMALA	1 0
1 7 3 5	SRI SATHAYA SAI	PHC -SOMANDEPALLI	6
1 7 3 6	KRISHNA	PHC -SORLAGONDI	6
1 7 3 7	SRI POTTISRIRAM ULU NELLORE	PHC -SOUTHMOPUR	6
1 7 3 8	ANANTHAPU RAMU	PHC -SREEDHARAGATTA	6
1 7	ANAKAPALLI	PHC -SREERAMPURAM	1 0

Schedules to Insurance Contract

3 9			
1 7 4 0	ANANTHAPU RAMU	PHC -SREERANGAPURAM	6
1 7 4 1	KRISHNA	PHC -SRIKAKUKLAM	6
1 7 4 2	SRIKAKULAM	PHC -SRIKURMAM	6
1 7 4 3	NANDHYALA	PHC -SRISAILAM	1 0
1 7 4 4	ALLURI SITHARAMA RAJU	PHC -SUNKARAMETTA	6
1 7 4 5	YSR KADAPA	PHC -SURABHI	1 0
1 7 4 6	BAPATLA	PHC -SWARNA	4
1 7 4 7	SRI POTTISRIRAM ULU NELLORE	PHC -SYDAPURAM	1 0
1 7 4 8	SRIKAKULAM	PHC -SYRIGAM	1 0
1 7 4 9	ELURU	PHC -T.NARASAPURAM	1 0
1 7 5 0	ANNAMAYYA	PHC -T.SAKIBANDA	6
1 7 5 1	TIRUPATI	PHC -TADA	6
1 7 5 2	GUNTUR	PHC -TADEPALLI	5 0
1 7 5 3	EAST GODAVARI	PHC -TADIMALLA	6
1 7 5 4	SRI SATHAYA SAI	PHC -TADIMARRI	1 0

Schedules to Insurance Contract

1 7 5 5	SRIKAKULAM	PHC -TADIVALASA	6
1 7 5 6	ELURU	PHC -TADUVA	1 0
1 7 5 7	ALLURI SITHARAMA RAJU	PHC -TAJANGI	8
1 7 5 8	NANDHYALA	PHC -TALAMUDIPI	6
1 7 5 9	KRISHNA	PHC -TALLAPALEM	6
1 7 6 0	EAST GODAVARI	PHC -TALLAPUDI	1 0
1 7 6 1	PRAKASAM	PHC -TALLUR	1 0
1 7 6 2	SRI SATHAYA SAI	PHC -TALUPULA	1 0
1 7 6 3	PRAKASAM	PHC -TANGUTUR	6
1 7 6 4	ANANTHAPU RAMU	PHC -TARIMELA	1 0
1 7 6 5	PRAKASAM	PHC -TARLUPADU	1 0
1 7 6 6	DR.B.R.AMBE DKAR KONASEEMA	PHC -TATIPAKA	5 0
1 7 6 7	YSR KADAPA	PHC -TEKURPETA	6
1 7 6 8	NTR	PHC -TELLADEVARAPALLI	6
1 7 6 9	KAKINADA	PHC -TETAGUNTA	5 0
1 7 7	PARVATHIPU RAM MANYAM	PHC -THADIKONDA	1 0

Schedules to Insurance Contract

7 0			
1 7 7 1	ANAKAPALLI	PHC -THAGARAMPUDI	6
1 7 7 2	ANNAMAYYA	PHC -THALAPULA	5 0
1 7 7 3	ANAKAPALLI	PHC -THALLAPALEM	5 0
1 7 7 4	YSR KADAPA	PHC -THALLAPALLI	6
1 7 7 5	YSR KADAPA	PHC -THALLAPRODDUTUR	5
1 7 7 6	YSR KADAPA	PHC -THANDUR	6
1 7 7 7	ANNAMAYYA	PHC -THARIGONDA	6
1 7 7 8	CHITTOOR	PHC -THAVANAMPALLE	6
1 7 7 9	CHITTOOR	PHC -THEERTHAM	6
1 7 8 0	VIZIANAGAR AM	PHC -THERLAM	6
1 7 8 1	VIZIANAGAR AM	PHC -THETTANGI	6
1 7 8 2	NANDHYALA	PHC -THIMMAPURAM	1 0
1 7 8 3	PRAKASAM	PHC -THIMMASAMUDRAM	5
1 7 8 4	PRAKASAM	PHC -THIPPAYAYAPALEM	6
1 7 8 5	SRIKAKULAM	PHC -THOGARAM	6

Schedules to Insurance Contract

1 7 8 6	TIRUPATI	PHC -THOGARAMUDI	1 0
1 7 8 7	PARVATHIPU RAM MANYAM	PHC -THONAM	1 0
1 7 8 8	KAKINADA	PHC -THONDANGI	1 0
1 7 8 9	KRISHNA	PHC -THOTLAVALLURU	1 0
1 7 9 0	TIRUPATI	PHC -THOTTAMBEDU	6
1 7 9 1	YSR KADAPA	PHC -THOTTIGARIPALLI	1 0
1 7 9 2	CHITTOOR	PHC -THUGUNDRAM	1 0
1 7 9 3	GUNTUR	PHC -THULLURU	5 0
1 7 9 4	SRI POTTISRIRAM ULU NELLORE	PHC -THUMMALAPENTA	1 0
1 7 9 5	PRAKASAM	PHC -THURIMELLA	1 0
1 7 9 6	SRIKAKULAM	PHC -TILARU	6
1 7 9 7	PRAKASAM	PHC -TRIPURANTHAKAM	1 0
1 7 9 8	BAPATLA	PHC -TSUNDURU	1 0
1 7 9 9	KURNOOL	PHC -TUGGALI	1 0
1 8 0 0	ALLURI SITHARAMA RAJU	PHC -TULASIPAKALU	1 0
1 8	CHITTOOR	PHC -TUMBAKUPPAM	6

Schedules to Insurance Contract

01			
1802	ANAKAPALLI	PHC -TUMMAPALA	10
1803	WEST GODAVARI	PHC -TUNDURRU	10
1804	ANAKAPALLI	PHC -TURAKALAPUDI	10
1805	KAKINADA	PHC -TURANGI	10
1806	WEST GODAVARI	PHC -TURPUTALLU	10
1807	ALLURI SITHARAMA RAJU	PHC -U. CHEEDIPALEM	10
1808	KAKINADA	PHC -U.KOTHAPALLI	10
1809	DR.B.R.AMBE DKAR KONASEEMA	PHC -UBALANKA	10
1810	ANANTHAPU RAMU	PHC -UHCBSAMUDRAM	6
1811	KURNOOL	PHC -ULINDAKONDA	10
1812	WEST GODAVARI	PHC -UNDI	10
1813	EAST GODAVARI	PHC -UNDRAJAVARAM	6
1814	KRISHNA	PHC -UNGUTUR	6
1815	ALLURI SITHARAMA RAJU	PHC -UPPA	10
1816	DR.B.R.AMBE DKAR KONASEEMA	PHC -UPPALAGUPTA M	10

Schedules to Insurance Contract

1 8 1 7	PALNADU	PHC -UPPALAPADU	1 0
1 8 1 8	NANDHYALA	PHC -UPPALAPADU	1 0
1 8 1 9	PRAKASAM	PHC -UPPALAPADU	6
1 8 2 0	KRISHNA	PHC -UPPULURU	6
1 8 2 1	SRIKAKULAM	PHC -URLAM	6
1 8 2 2	NTR	PHC -UTUKURU	1 0
1 8 2 3	NANDHYALA	PHC -UYYALAWADA	1 0
1 8 2 4	SRIKAKULAM	PHC -V.KOTTURU	1 0
1 8 2 5	ANAKAPALLI	PHC -VADACHEEPURUPALLI	4
1 8 2 6	VIZIANAGAR AM	PHC -VADADA	6
1 8 2 7	TIRUPATI	PHC -VADAMALAPETA	5 0
1 8 2 8	ALLURI SITHARAMA RAJU	PHC -VADAPALLI	1 0
1 8 2 9	ANAKAPALLI	PHC -VADDADI	6
1 8 3 0	YSR KADAPA	PHC -VADDIRALA	1 0
1 8 3 1	TIRUPATI	PHC -VAJJAVARIPALEM	6
1 8 3	DR.B.R.AMBE DKAR KONASEEMA	PHC -VAKATIPPA	5 0

Schedules to Insurance Contract

3 2			
1 8 3 3	TIRUPATI	PHC -VALLIPEDU	1 0
1 8 3 4	YSR KADAPA	PHC -VALLUR	6
1 8 3 5	WEST GODAVARI	PHC -VALLURU	4
1 8 3 6	DR.B.R.AMBE DKAR KONASEEMA	PHC -VANAPALLI	5 0
1 8 3 7	YSR KADAPA	PHC -VANIPENTA	1 0
1 8 3 8	TIRUPATI	PHC -VARADAIAHPALEM	5 0
1 8 3 9	SRI POTTISRIRAM ULU NELLORE	PHC -VARIGONDA	6
1 8 4 0	SRI POTTISRIRAM ULU NELLORE	PHC -VARIKUNTAPADU	6
1 8 4 1	ELURU	PHC -VATLURU	1 0
1 8 4 2	NTR	PHC -VATSAVAI	1 0
1 8 4 3	GUNTUR	PHC -VATTICHERUKURU	5 0
1 8 4 4	ANAKAPALLI	PHC -VECHALAEM	6
1 8 4 5	BAPATLA	PHC -VEDULLAPALLI	5 0
1 8 4 6	YSR KADAPA	PHC -VEERABALLI	1 0
1 8 4 7	PARVATHIPU RAM MANYAM	PHC -VEERAGHATTAM	1 0

Schedules to Insurance Contract

1 8 4 8	KRISHNA	PHC -VEERANKILOCK	1 0
1 8 4 9	YSR KADAPA	PHC -VEERAPUNAYUNIPALLI	6
1 8 5 0	KRISHNA	PHC -VEERAVALL	1 0
1 8 5 1	DR.B.R.AMBE DKAR KONASEEMA	PHC -VEERAVALLIPALEM	5 0
1 8 5 2	KAKINADA	PHC -VEERAVARAM	5 0
1 8 5 3	WEST GODAVARI	PHC -VEERAVASARAM	1 0
1 8 5 4	CHITTOOR	PHC -VEERNAMALA	5 0
1 8 5 5	NTR	PHC -VEERULLAPADU	6
1 8 5 6	NTR	PHC -VELAGALERU	1 0
1 8 5 7	ELURU	PHC -VELAIRPADU	1 0
1 8 5 8	KAKINADA	PHC -VELANGI	5 0
1 8 5 9	PRAKASAM	PHC -VELIGANDLA	6
1 8 6 0	DR.B.R.AMBE DKAR KONASEEMA	PHC -VELLA	1 0
1 8 6 1	BAPATLA	PHC -VELLATURU	5 0
1 8 6 2	PALNADU	PHC -VELLATURU B	5 0
1 8	WEST GODAVARI	PHC -VELPUR	1 0

Schedules to Insurance Contract

63			
1864	NANDHYALA	PHC -VELUGODU TRIBAL	10
1865	YSR KADAPA	PHC -VEMULA	10
1866	PRAKASAM	PHC -VEMULAPADU	6
1867	ANAKAPALLI	PHC -VEMULAPUDI	10
1868	SRI SATHAYA SAI	PHC -VENGALAMMACAHERUVU	6
1869	GUNTUR	PHC -VENIGADLA	50
1870	KRISHNA	PHC -VENKANURU	50
1871	PRAKASAM	PHC -VENKATADRIPALEM	10
1872	SRIKAKULAM	PHC -VENKATAPURAM	6
1873	KRISHNA	PHC -VENTRAPRAGADA	6
1874	VIZIANAGARAM	PHC -VEPADA	10
1875	SRI POTTISRIRAM ULU NELLORE	PHC -VEPINAPI	6
1876	BAPATLA	PHC -VETAPALEM	6
1877	BAPATLA	PHC -VETAPALEM	10
1878	KAKINADA	PHC -VETLAPALEM-	10

Schedules to Insurance Contract

1 8 7	ANANTHAPU RAMU	PHC -VIDAPANAKAL	1 0
1 8 8 0	SRI POTTISRIRAM ULU NELLORE	PHC -VIDAVALUR	6
1 8 8 1	CHITTOOR	PHC -VIJALAPURAM	5 0
1 8 8 2	CHITTOOR	PHC -VIJAYAPURAM	1 0
1 8 8 3	ELURU	PHC -VINJARAM	1 0
1 8 8 4	KAKINADA	PHC -VIRAVA	1 0
1 8 8 5	BAPATLA	PHC -VISWESWARAM	1 0
1 8 8 6	VIZIANAGAR AM	PHC -VIYYAMPETA	1 0
1 8 8 7	SRI POTTISRIRAM ULU NELLORE	PHC -VOLETIVARIPALEM	1 0
1 8 8 8	YSR KADAPA	PHC -VONTIMITTA	1 0
1 8 8 9	WEST GODAVARI	PHC -VRGUDEM	6
1 8 9 0	NANDHYALA	PHC -W KOTHAPALLI	6
1 8 9 1	ANNAMAYYA	PHC -Y.KOTA	6
1 8 9 2	PRAKASAM	PHC -YACHAVARAM	1 0
1 8 9 3	CHITTOOR	PHC -YADAMAR	1 0
1 8	BAPATLA	PHC -YADDANAPUDI	6

Schedules to Insurance Contract

94			
1895	ANANTHAPU RAMU	PHC -YADIKI	10
1896	KRISHNA	PHC -YELAMARRU	6
1897	TIRUPATI	PHC -YELLAMANDA	50
1898	CHITTOOR	PHC -YELLANKIVARIPALLI	50
1899	ANANTHAPU RAMU	PHC -YELLANUR	10
1900	ALLURI SITHARAMA RAJU	PHC -YELLA VARAM	10
1901	SRI POTTISRIRAM ULU NELLORE	PHC -YELLAYAPALEM	6
1902	WEST GODAVARI	PHC -YENDAGANDI	10
1903	TIRUPATI	PHC -YERPEDU	6
1904	ANANTHAPU RAMU	PHC -YERRAGUNTA	10
1905	ELURU	PHC -YERRAGUNTAPALLI	10
1906	NANDHYALA	PHC -YERRAGUNTALA	6
1907	YSR KADAPA	PHC -YERRAGUNTALA	6
1908	NANDHYALA	PHC -YERRAMATAM	10
1909	TIRUPATI	PHC -YERRAVARIPALEM	6

Schedules to Insurance Contract

1 9 1 0	ALLURI SITHARAMA RAJU	PHC -ZEDDANGI	1 0
1 9 1 1	KRISHNA	PHC -ZEMIGOLVEPALLI	6
1 9 1 2	ANNAMAYYA	PHC -ZILLELAMANDA	1 0
1 9 1 3	YSR KADAPA	PHC AKKAYAPALLI	5 0
1 9 1 4	VIZIANAGAR AM	PHC BODDAM	5 0
1 9 1 5	VIZIANAGAR AM	PHC BONDAPALLI G	5 0
1 9 1 6	TIRUPATI	PHC CHILLAKUR	5 0
1 9 1 7	NANDHYALA	PHC CHINNAMALKAPURAM	5 0
1 9 1 8	KURNOOL	PHC CHIPPAGIRI	5 0
1 9 1 9	KAKINADA	PHC GADIMOGA	5 0
1 9 2 0	SRI POTTISRIRAM ULU NELLORE	PHC GANDIPALEM	5 0
1 9 2 1	SRI SATHAYA SAI	PHC GUDIBANDA	5 0
1 9 2 2	SRI SATHAYA SAI	PHC HEMAVATHI	5 0
1 9 2 3	NANDHYALA	PHC JALADURGAM	5 0
1 9 2 4	SRI SATHAYA SAI	PHC K GUNDUMALA	5 0
1 9	KAKINADA	PHC K PERUMALLAPURAM	5 0

Schedules to Insurance Contract

25			
1926	VISHAKAPAT ANAM	PHC KANITHI	50
1927	KAKINADA	PHC KARAPA	50
1928	NANDHYALA	PHC KATRAVULAPALLI	50
1929	SRI SATHAYA SAI	PHC KOKKANTI	50
1930	SRI SATHAYA SAI	PHC KONDAPURAM	50
1931	EAST GODAVARI	PHC KONKUDURU	50
1932	NANDHYALA	PHC KOTHABURJU	50
1933	SRI SATHAYA SAI	PHC KRISHNAPURAM	50
1934	SRIKAKULAM	PHC KURIGAM	50
1935	KURNOOL	PHC LADDAGIRI	50
1936	DR.B.R.AMBE DKAR KONASEEMA	PHC MACHAVARAM	50
1937	SRI POTTISRIRAM ULU NELLORE	PHC MANUBOLU	50
1938	NANDHYALA	PHC MAYALURU	50
1939	KAKINADA	PHC N SURAVARAM	50
1940	SRI SATHAYA SAI	PHC NEELAKANTAPURAM	50

Schedules to Insurance Contract

1 9 4 1	SRIKAKULAM	PHC NIMMADA	5 0
1 9 4 2	NANDHYALA	PHC NOSSAM	5 0
1 9 4 3	KAKINADA	PHC P MALLAPURAM	5 0
1 9 4 4	VISHAKAPAT ANAM	PHC PEDAGANTYADA	5 0
1 9 4 5	KRISHNA	PHC PEDANA	5 0
1 9 4 6	KRISHNA	PHC PEDAPARUPUDI	5 0
1 9 4 7	SRI SATHAYA SAI	PHC PERURU	5 0
1 9 4 8	KURNOOL	PHC POLAKAL	5 0
1 9 4 9	NANDHYALA	PHC REVANUR	5 0
1 9 5 0	SRI POTTISRIRAM ULU NELLORE	PHC SARVAYAPALEM	5 0
1 9 5 1	ANNAMAYYA	PHC T SUNDUPALLI	5 0
1 9 5 2	NANDHYALA	PHC TANGUTUR	5 0
1 9 5 3	SRI POTTISRIRAM ULU NELLORE	PHC THURIMERLA	5 0
1 9 5 4	TIRUPATI	PHC VARAGALI	5 0
1 9 5 5	NANDHYALA	PHC VELPANUR	5 0
1 9	SRI POTTISRIRAM	PHC-CHITTALURU	5 0

Schedules to Insurance Contract

5	ULU		
6	NELLORE		
1			
9			
5	VISHAKAPAT		1
7	ANAM	PHC-GAJUWAKA	0
1			
9			
5			5
8	GUNTUR	PHC-KAKUMANU	0
1			
9			
5	EAST		5
9	GODAVARI	PHC-KOTIKESAVARAM	0
1			
9			
6	EAST		5
0	GODAVARI	PHC-KUTUKULURU	0
1			
9			
6			5
1	KAKINADA	PHC-NAGULAPALLI	0
1			
9			
6	EAST		5
2	GODAVARI	PHC-PERAVALI	0
1			
9			
6	EAST		5
3	GODAVARI	PHC-YADAVOLE	0
1			
9	PARVATHIPU		
6	RAM		5
4	MANYAM	PHILADELPHIA LEPROSY HOSPITAL	0
1			
9			
6			6
5	KRISHNA	PINNAMANENI INSTITUTE OF MEDICAL SCIENCES	5
1			
9			
6			8
6	BENGALURU	PM SANTOSHA HOSPITAL	5
1			
9			
6			1
7	HYDERABAD	POULOMI HOSPITAL	1
1			
9			
6			
8	ELURU	PRABHA HOSPITAL	5
1			
9			
6			6
9	PALNADU	PRAGATHI NURSING HOME	7
1			
9	DR.B.R.AMBE		
7	DKAR		5
0	KONASEEMA	PRAGATHI NURSING HOME MULTI SPECIALITY HOSPITAL	0
1			
9			
7			5
1	GUNTUR	PRAJA VYDYA SALA	5

Schedules to Insurance Contract

1 9 7 2	HYDERABAD	PRAJASAI HOSPITAL	5 2
1 9 7 3	PRAKASAM	PRAKASAM SUPER SPECIALITY HOSPITAL	6 0
1 9 7 4	BENGALURU	PRAKRIYA HOSPITALS	2 0 0
1 9 7 5	WEST GODAVARI	PRANAVI NURSING HOME	5 0
1 9 7 6	HYDERABAD	PRASAD HOSPITALS(A UNIT OF BIOSCIENCES PVT LTD)	6 0
1 9 7 7	PRAKASAM	PRASAD MULTI SPECIALITY HOSPITAL	5 0
1 9 7 8	PALNADU	PRASANTHI HOSPITAL	5 0
1 9 7 9	BENGALURU	PRASHANTH HOSPITAL	5 0
1 9 8 0	NTR	PRASHANTHI MULTISPECIALITY HOSPITAL A UNIT OF PRASHANTI RAVINDRA HEALTHCARE PVT LTD	5 0
1 9 8 1	HYDERABAD	PRATHIMA HOSPITAL (A UNIT OF MAMATHA MEDICARE PVT. LTD)	5 0
1 9 8 2	HYDERABAD	PRATHIMA HOSPITALS (A UNIT OF SRI SAI BALAJI HEALTHCARE INDIA PRIVATE LIMITED)	6 7
1 9 8 3	NTR	PRAVEEN CARDIAC CENTRE	5 1
1 9 8 4	SRI POTTISRIRAM ULU NELLORE	PRAVEEN MULTI SPECIALITY HOSPITAL	5 0
1 9 8 5	ANANTHAPU RAMU	PREETHI NURSING HOME	5 0
1 9 8 6	NANDHYALA	PRIMARY HEALTH CENTER PARUMANCHAL	5 0
1 9	HYDERABAD	PRINCESS ESRA HOSPITAL DCMS	4 0 0

Schedules to Insurance Contract

8			
7			
1			
9			
8			7
8	YSR KADAPA	PRIYABHAVANA HOSPITALS PRIVATE LIMITED	0
1			
9			
8			5
9	CHENNAI	PROMED HOSPITAL	0
1			
9			
9			5
0	KAKINADA	PULSE EMERGENCY HOSPITAL	0
1			
9			
9			5
1	TIRUPATI	PURNAS REMEDY HOSPITAL	0
1			
9			
9			5
2	HYDERABAD	PUSHPAGIRI EYE HOSPITAL	2
1			
9			
9			5
3	YSR KADAPA	PUSHPAGIRI VITREO RETINA INSTITUTE	0
1			
9			
9	VIZIANAGAR		5
4	AM	PUSHPAGIRI VITREO RETINA INSTITUTE	0
1			
9			
9			5
5	PALNADU	PUVVADA HOSPITALS	0
1			
9			
9			5
6	ELURU	PVR HOSPITALS	0
1			
9			
9			6
7	SRIKAKULAM	PVS RAMMOHAN HOSPITALS	0
1			
9			
9	VISHAKAPAT		6
8	ANAM	Q ONE BONE AND JOINT HOSPITAL	0
1			
9			
9			3
9	HYDERABAD	QUALITY CARE INDIA LTD CARE HOSPITALS BANJARAHILLS	5
2			
0			2
0			5
0	HYDERABAD	QUALITY CARE INDIA LTD CARE HOSPITALS- NAMPALLY	9
2			
0			
0	VIZIANAGAR		5
1	AM	QUEENS NRI HOSPITAL ASSOCIATION WITH AAROGYA HEALTH CARE SERVICES	0
2			
0			2
0	VISHAKAPAT		5
2	ANAM	Queens NRI hospital A unit of Chalasani Hospitals PVT Ltd	0

Schedules to Insurance Contract

2 0 0 3	WEST GODAVARI	R K GAYATHRI HOSPITAL	5 0
2 0 0 4	BENGALURU	R L JALAPPA NARAYANA HEART CENTRE	6 0
2 0 0 5	BENGALURU	R.L.JALAPPA HOSPITAL AND RESEARCH CENTRE	1 1 6 7
2 0 0 6	WEST GODAVARI	RADHAKRISHNA NETHRYALAYA	2 0
2 0 0 7	KAKINADA	RAGHAVA 24 HOURS HOSPITAL	1 2 7
2 0 0 8	VISHAKAPAT ANAM	RAGHAVENDRA HOSPITAL	5 0
2 0 0 9	HYDERABAD	RAGHAVENDRA SRIKARA HOSPITAL	6 5
2 0 1 0	BENGALURU	RAINBOW CHILDRENS MEDICARE PRIVATE LIMITED	2 0 0
2 0 1 1	KURNOOL	RAINBOW INSTITUTE OF CHILD HEALTH AND MATERNITY HOSPITAL	6 0
2 0 1 2	SRI POTTISRIRAM ULU NELLORE	RAINBOW SUPER SPECIALITY HOSPITAL	5 0
2 0 1 3	EAST GODAVARI	RAJAHMUNDRY ORTHOPEDIC HOSPITAL	5 0
2 0 1 4	GUNTUR	RAJARAJESHWARI MEMORIAL HOSPITAL	7 0
2 0 1 5	BENGALURU	RAJARAJESWARI MEDICAL COLLEGE AND HOSPITAL	1 1 1 0
2 0 1 6	WEST GODAVARI	RAJARSHI HOSPITALS	5 0
2 0 1 7	PRAKASAM	RAJIV GANDHI INSTITUTE OF MEDICAL SCIENCES RIMS ONGOLE	5 0 0
2 0 0	EAST GODAVARI	RAJU NEURO AND MULTISPECIALITY HOSPITALS P LTD	1 0 0

Schedules to Insurance Contract

1 8			
2 0 1 9	HYDERABAD	RAKSHA MULTI SPECIALITY HOSPITAL	5 2
2 0 2 0	ANANTHAPU RAMU	RAKSHAA MULTI SPECIALITY HOSPITAL	5 5
2 0 2 1	ANNAMAYYA	RAMA NETHRALAYA	2 0
2 0 2 2	ELURU	RAMACHANDRA SANKARA NETRA CHIKITSALAYA LLP	2 0
2 0 2 3	PALNADU	RAMAKRISHNA MEMORIAL NURSING HOME	5 0
2 0 2 4	YSR KADAPA	RAMAS SREEKARA	7 0
2 0 2 5	HYDERABAD	RAMDEVRAO HOSPITAL	5 0
2 0 2 6	NTR	RAMEEZA ORTHOPAEDIC CENTRE	5 0
2 0 2 7	VISHAKAPAT ANAM	RAMSARANYA HOSPITALS PVT LTD UNIT II	5 0
2 0 2 8	KAKINADA	RAMYA HOSPITALS	5 0
2 0 2 9	VISHAKAPAT ANAM	RANI CHANDRAMANI DEVI GOVT HOSPITAL	7 0
2 0 3 0	SRI POTTISRIRAM ULU NELLORE	RAVI INSTITUTE OF CHILD HEALTH PVT LTD RICH HOSPITALS NELLORE	1 0 6
2 0 3 1	PRAKASAM	RAVI MOTHER AND CHILDREN HOSPITAL	5 0
2 0 3 2	YSR KADAPA	RAVI NETRALAYAM	5 0
2 0 3 3	KRISHNA	RAVI PRAKASH SILICON ANDHRA SANJIVANI MULTI SPECIALTY HOSPITAL	5 0

Schedules to Insurance Contract

2 0 3 4	GUNTUR	RAVINDRA MULTI SPECIALITY HOSPITAL	5 0
2 0 3 5	PRAKASAM	RAVINDRA UDAY SUPER SPECIALITY HOSPITAL A UNIT OF UDAY SUPER SPECIALY HOSPITAL	5 0
2 0 3 6	HYDERABAD	RAVINDRANATH GE MEDICAL ASSOCIATES PVT LTD. GLOBAL HOSPITAL LAKDIKAPOL	1 5 0
2 0 3 7	HYDERABAD	RED CROSS SARASWATHI RAO MEMORIAL HOSPITAL	2 0
2 0 3 8	BENGALURU	REGAL HOSPITAL UNIT OF SI VEGA HOSPITAL PVT LTD	5 0
2 0 3 9	KURNOOL	RENUKA MULTISPECIALITY HOSPITAL	6 0
2 0 4 0	GUNTUR	RENUKA HOSPITAL	5 0
2 0 4 1	CHENNAI	RETTERI SRI KUMARAN HEALTH CENTRE(P)LTD	5 0
2 0 4 2	EAST GODAVARI	REVATHI HOSPITAL	5 0
2 0 4 3	CHENNAI	RIGID HOSPITALS PVT LTD	5 5
2 0 4 4	YSR KADAPA	RIMS GENERAL HOSPITAL	6 2 0
2 0 4 5	SRIKAKULAM	RIMS GOVT. GENERAL HOSPITAL, SRIKAKULAM	5 0 0
2 0 4 6	ANNAMAYYA	RISHI ORTHO AND TRAUMA HOSPITAL	5 0
2 0 4 7	KURNOOL	RK EYE HOSPITAL	2 0
2 0 4 8	PALNADU	RK MULTISPECIALITY HOSPITAL	5 0
2 0 4 9	NTR	ROOPA ORTHOPAEDIC AND MULTI SPECIALITY HOSPITAL	5 0

Schedules to Insurance Contract

4 9			
2 0 5 0	KRISHNA	ROTARY EYE HOSPITAL	3 0
2 0 5 1	EAST GODAVARI	ROYAL HOSPITAL	1 0 0
2 0 5 2	PRAKASAM	ROYAL MULTI SPECIALITY HOSPITAL	5 0
2 0 5 3	GUNTUR	RR SPECIALITY HOSPITAL	2 0
2 0 5 4	KURNOOL	RR.HOSPITAL	7 5
2 0 5 5	EAST GODAVARI	RS NEURO AND MULTISPECIALITY HOSPITAL	5 0
2 0 5 6	SRI SATHAYA SAI	RURAL DEVELOPMENT TRUST HOSPITAL	3 2 2
2 0 5 7	ANANTHAPU RAMU	RURAL DEVELOPMENT TRUST KALYANDURG	1 5 0
2 0 5 8	VISHAKAPAT ANAM	RURAL HEALTH CENTER SIMHACHALAM	1 1 0
2 0 5 9	TIRUPATI	RUSSH HOSPITALS PVT LTD	1 1 9
2 0 6 0	CHITTOOR	RVS HOSPITALS AND RESEARCH FOUNDATION	4 5 0
2 0 6 1	KURNOOL	S J HOSPITAL	5 0
2 0 6 2	ANNAMAYYA	S K R HOSPITAL	5 0
2 0 6 3	VISHAKAPAT ANAM	S R HOSPITAL	6 0
2 0 6 4	HYDERABAD	S R R I T C D GOVT FEVER HOSPITAL	3 3 0

Schedules to Insurance Contract

2 0 6 5	EAST GODAVARI	S.A.I. HOSPITALS	7 0
2 0 6 6	TIRUPATI	S.V.R.R.HOSPITAL	1 0 5 0
2 0 6 7	KAKINADA	SAFE EMERGENCY HOSPITAL	5 0
2 0 6 8	NTR	SAFE NUTRIENTS PRIVATE LIMITED	5 0
2 0 6 9	BENGALURU	SAGAR HOSPITALS	1 5 0
2 0 7 0	VISHAKAPAT ANAM	SAGARA DURGA HOSPITAL	6 5
2 0 7 1	HYDERABAD	SAGARLAL MEMORIAL HOSPITAL AND MATADIN GOEL RESEARCH CENTRE	1 0 0
2 0 7 2	ELURU	SAI DURGA MULTI SPECIALITY HOSPITAL	5 0
2 0 7 3	KAKINADA	SAI HEALTH CARE	5 0
2 0 7 4	SRI SATHAYA SAI	SAI KRISHNA NETHRALAYA	2 0
2 0 7 5	KURNOOL	SAI MEGHA MULTISPECIALITY HOSPITAL	5 0
2 0 7 6	PRAKASAM	SAI NURSING HOME	5 0
2 0 7 7	ANANTHAPU RAMU	SAI RATHNA MULTI SPECIALITY HOSPITAL	5 0
2 0 7 8	PRAKASAM	SAI SHASHINI MULTI SPECIALITY HOSPITAL	5 0
2 0 7 9	PRAKASAM	SAI SINDHURA INSTITUTE OF MEDICAL SCIENCES	5 0
2 0 8 0	VISHAKAPAT ANAM	SAI SPOORTHY HOSPITAL	5 0

Schedules to Insurance Contract

80			
2081	ELURU	SAI SPURTHI HOSPITAL	50
2082	ELURU	SAI SPURTHI MULTISPECIALITY HOSPITAL	50
2083	YSR KADAPA	SAI SRI HOSPITALS	50
2084	PALNADU	SAI SRINIVASA HOSPITALS	20
2085	KAKINADA	SAI SUDHA HOSPITAL	70
2086	PALNADU	SAI TIRUMALA SUPER SPECIALITY HOSPITAL	50
2087	NANDHYALA	SAI VANI HOSPITALS	50
2088	HYDERABAD	SAI VANI SUPER SPECIALITY HOSPITALS LTD A UNIT OF VISHWA HEALTH INSTITUTE PVT LTD	60
2089	PRAKASAM	SAI VEENA CHILDRENS HOSPITAL	50
2090	GUNTUR	SAILAJA MULTISPECIALITY HOSPITAL	50
2091	SRI SATHAYA SAI	SAINATH HOSPITAL	50
2092	KURNOOL	SAIRAM NURSING HOME	52
2093	HYDERABAD	SAISANJEEVINI HOSPITALSA UNIT OF SINGAPANGA HEALTH CARE INDIA-HYDERABAD	53
2094	WEST GODAVARI	SAISWETHA SUPER SPECIALITY HOSPITAL A UNIT OF SAISWETHA HOSPITAL PRIVATE LIMITED	90
2095	DR.B.R.AMBE DKAR KONASEEMA	SAIVISWAS HOSPITALS	50

Schedules to Insurance Contract

2096	KRISHNA	SAMATA SANKARA NETRA CHIKITSALAYA	20
2097	GUNTUR	SAMATHA HOSPITALS UNIT OF ANANDHI DIAGNOSTICS PRIVATE LIMITED	100
2098	GUNTUR	SAMISHTA HOSPITAL AND RESEARCH INSTITUTE	100
2099	CHENNAI	SAMPAT NURSING HOME	50
2100	KAKINADA	SAMUDRA HEALTHCARE ENTERPRISES LTD APOLLO HOSPITAL KAKINADA	100
2101	ANNAMAYYA	SANDEEP HOSPITALS	50
2102	PALNADU	SANJANA SPECIALITY HOSPITAL	51
2103	KURNOOL	SANJEEVANI HEALTH CARE	50
2104	ANAKAPALLI	SANJEEVANI MULTI SPECIALITY HOSPITAL	50
2105	VIZIANAGAR AM	SANJEEVANI SUPER SPECIALITY HOSPITAL	50
2106	ANANTHAPU RAMU	SANJEEVINI HOSPITALS	50
2107	KAKINADA	SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD	50
2108	GUNTUR	SANJIVI ORTHOPAEDIC AND PHYSIOTHERAPY CENTRE	67
2109	TIRUPATI	SANKALPA SUPER SPECIALITY HOSPITAL	100
2110	GUNTUR	SANKAR EYE HOSPITAL	225
2111	SRIKAKULAM	SANKAR FOUNDATION EYE HOSPITAL	50

Schedules to Insurance Contract

1			
1			
2			
1			
1	VISHAKAPAT		2
2	ANAM	SANKAR FOUNDATION EYE INSTITUTE	5
2			
1			
1			2
3	ELURU	SANKARA NETRA CHIKITSALAYA	0
2			
1			
1			2
4	GUNTUR	SANKARA NETRA CHIKITSALAYA LLP	0
2			
1			
1	ANANTHAPU		5
5	RAMU	SANTHI MULTISPECIALITY HOSPITAL	0
2			
1			
1			2
6	KURNOOL	SANTHIRAM EYE HOSPITAL	0
2			
1			
1			5
7	NANDHYALA	SANTHWANA MULTI SPECIALITY HOSPITAL	0
2			
1			1
1			5
8	BENGALURU	SANTOSH HOSPITAL	0
2			
1			
1			2
9	TIRUPATI	SAPTHAGIRI EYE CARE CENTRE	0
2			
1			
2			7
2			0
0	BENGALURU	SAPTHAGIRI SUPER SPECIALITY HOSPITAL	0
2			
1	DR.B.R.AMBE		
2	DKAR		5
1	KONASEEMA	SARADA NURSING HOME	0
2			
1			1
2	EAST		0
2	GODAVARI	SARADHI HOSPITALS	0
2			
1			5
2			5
3	HYDERABAD	SAROJINI DEVI EYE HOSPITAL	7
2			
1			
2			5
4	ANNAMAYYA	SASHI ORTHO AND MULTI SPECIALITY HOSPITAL	0
2			
1			1
2			0
5	BENGALURU	SATHYA SAI ORTHOPAEDIC AND MULTISPECIALITY HOSPITAL	0
2			
1			
2			5
6	HYDERABAD	SATYA KIDNEY CENTRE AND SUPER SPECIALITY HOSPITAL	0

Schedules to Insurance Contract

2			
1			
2			5
7	ANAKAPALLI	SATYADEV HOSPITALS PRIVATE LIMITED	0
2			
1			2
2	ANANTHAPU		5
8	RAMU	SAVEERA INSTITUTE OF MEDICAL SCIENCES PVT LTD	0
2			
1			5
2			0
9	KURNOOL	SAYED QURAISHI MULTI SPECIALITY HOSPITAL	
2			
1			5
3			0
0	HYDERABAD	SBR PULSE HOSPITAL	
2			
1			1
3			6
1	NTR	SENTINI HOSPITALS PRIVATE LIMITED	0
2			
1			5
3	EAST		0
2	GODAVARI	SESHA GIRI HOSPITALS A UNIT OF SRI RATNA NURSING HOME	
2			
1			5
3	WEST		0
3	GODAVARI	SESHADRI HOSPITAL	
2			
1			9
3			9
4	PALNADU	SESHADRI SUPER SPECIALITY HOSPITAL	
2			
1			5
3			0
5	NANDHYALA	SEVEN HILLS SUPER SPECIALITY HOSPITAL	
2			
1			1
3	VISHAKAPAT		9
6	ANAM	SEVENHILLS HOSPITALS LTD	4
2			
1			5
3			0
7	KURNOOL	SGR HOSPITALS	
2			
1			2
3	VISHAKAPAT		0
8	ANAM	SHANKAR FOUNDATION AND EYE INSTITUTE	0
2			
1			5
3			0
9	HYDERABAD	SHANMUKHA VAISHNAVI HOSPITALS	
2			
1			7
4			5
0	NANDHYALA	SHANTIRAM MEDICAL COLLEGE GENERAL HOSPITAL	0
2			
1			5
4			0
1	PALNADU	SHIRIDI SAI ORTHOPAEDIC MATERNITY AND MULTISPECIALITY HOSPITAL	
2			7
1	GUNTUR	SHIVA HOSPITALS	0

Schedules to Insurance Contract

4 2			
2 1 4 3	NTR	SHREE HOSPITALS	5 0
2 1 4 4	YSR KADAPA	SHREE MADAN MULTI SPECIALITY HOSPITAL	5 0
2 1 4 5	NTR	SHREYAS ORTHO SKIN MULTI SPECIALITY HOSPITAL	5 0
2 1 4 6	PRAKASAM	SHRI KANDULA OBULA REDDY HOSPITAL	5 5
2 1 4 7	KURNOOL	SHRI VIJAYA DURGA ORTHOPAEDIC CENTRE	5 0
2 1 4 8	BENGALURU	SHUSHRUSHA HOSPITAL	1 0 0
2 1 4 9	EAST GODAVARI	SIDDARATHA NURSING HOME AND POLYCLINIC	5 0
2 1 5 0	KAKINADA	SIDDHARTHA HOSPITAL	1 0 0
2 1 5 1	ANNAMAYYA	SILOAM EYE HOSPITAL PVT LTD	2 0
2 1 5 2	PARVATHIPU RAM MANYAM	SIMHADRI HOSPITAL	5 0
2 1 5 3	SRI SATHAYA SAI	SIMS HOSPITAL	5 0
2 1 5 4	SRIKAKULAM	SINDHURA HOSPITALS	5 0
2 1 5 5	VISHAKAPAT ANAM	SKE SUSRUTA INSTITUTE OF MEDICAL SCIENCES PVT LTD	6 7
2 1 5 6	BAPATLA	SKR ICON SUPER SPECIALITY HOSPITAL	5 0
2 1 5 7	HYDERABAD	SLG HOSPITALS A UNIT OF SREE LAKSHMI GAYATHRI HOSPITALS PRIVATE LIMITED	2 0 0

Schedules to Insurance Contract

2 1 5 8	VISHAKAPAT ANAM	SMART VISION EYE HOSPITAL	2 0
2 1 5 9	NTR	SMILE MULTI SPECIALITY HOSPITAL	5 0
2 1 6 0	NTR	SMILE MULTISPECIALTY HOSPITALS	4 0
2 1 6 1	EAST GODAVARI	SMT RAJESWARI RAMAKRISHNAN LIONS EYE HOSPITAL	5 0
2 1 6 2	KAKINADA	SMT RAJESWARI RAMAKRISHNAN LIONS EYE HOSPITAL	2 0
2 1 6 3	SRI POTTISRIRAM ULU NELLORE	SMT V SUBBALAKSHMI MEMORIAL HOSPITAL	5 0
2 1 6 4	TIRUPATI	SNEHA HOSPITAL	5 0
2 1 6 5	ANANTHAPU RAMU	SNEHALATHA HOSPITALS VAATSALYA HOSPITAL	5 2
2 1 6 6	NTR	SOWJANYA HOSPITAL	5 0
2 1 6 7	HYDERABAD	SOWMYA HOSPITAL RAMNAGAR	5 6
2 1 6 8	SRI SATHAYA SAI	SPANDANA HOSPITAL	5 0
2 1 6 9	BENGALURU	SPARSH HOSPITAL	3 2 5
2 1 7 0	BENGALURU	SPECIALIST HEALTH SYSTEMS PVT LTD	1 5 0
2 1 7 1	BENGALURU	SPINE CARE AND ORTHO CARE HOSPITAL	5 0
2 1 7 2	ANANTHAPU RAMU	SR MULTI SPECIALITY HOSPITAL	5 0
2 1	GUNTUR	SRAVANI HOSPITAL	1 0 0

Schedules to Insurance Contract

7 3			
2 1 7 4	ANANTHAPU RAMU	SREE AMARAVATHI MULTI SPECIALITY HOSPITAL	5 2
2 1 7 5	SRI SATHAYA SAI	SREE ASHRAYA HOSPITAL	5 0
2 1 7 6	NTR	SREE GAYATRI SUPERSPECIALITY CANCER HOSPITAL PRIVATE LIMITED	6 5
2 1 7 7	YSR KADAPA	SREE HOSPITAL	5 0
2 1 7 8	NANDHYALA	SREE MAHALAKSHMI NURSING HOME	5 0
2 1 7 9	YSR KADAPA	SREE MOHAN HOSPITALS	5 0
2 1 8 0	ANANTHAPU RAMU	SREE NETHRA ENT AND EYE CARE HOSPITAL	2 0
2 1 8 1	ANANTHAPU RAMU	SREE NIDHI HOSPITAL	5 0
2 1 8 2	GUNTUR	SREE PRATHIMA SUPERSPECIALITY HOSPITAL	5 0
2 1 8 3	SRI SATHAYA SAI	SREE RAGHAVENDRA MULTISPECIALITY HOSPITAL	5 0
2 1 8 4	YSR KADAPA	SREE RAJA RAGHAVENDRA MULTISPECIALITY HOSPITAL	5 0
2 1 8 5	TIRUPATI	SREE RAMADEVI MULTY SPECIALITY HOSPITAL	1 3 5
2 1 8 6	NANDHYALA	SREE SAI MULTISPECIALITY HOSPITAL	5 5
2 1 8 7	YSR KADAPA	SREE SAI NURSING HOME	5 0
2 1 8 8	VISHAKAPAT ANAM	SREE SIVANI MULTI SPECIALITY HOSPITAL AND RESEARCH INSTITUTE PRIVATE LIMITED	5 0

Schedules to Insurance Contract

2189	PALNADU	SREE SRINIVASA MULTI SPECIALITY HOSPITAL	50
2190	EAST GODAVARI	SREELATHA HOSPITAL	50
2191	BENGALURU	SREENIVASA HOSPITAL	75
2192	ANANTHAPURAM	SREENIVASA MULTI SPECIALITY HOSPITAL	52
2193	PRAKASAM	SRESHTA CHILDRENS HOSPITAL	50
2194	HYDERABAD	SRESHTA ORANGE HOSPITALS	71
2195	HYDERABAD	SRESHTA SRI KAMALA HOSPITALS	80
2196	PALNADU	SREYA HOSPITALS AND IVF CENTRE	50
2197	KAKINADA	SRI AKSHARA HOSPITALS	50
2198	ANANTHAPURAM	SRI ANAND HOSPITAL	50
2199	GUNTUR	SRI ANJALI MULTI SPECIALITY HOSPITAL	50
2200	NTR	SRI ANUHOSPITALS PVT LTD	100
2201	VIZIANAGARAM	SRI BABUJI HOSPITAL	50
2202	GUNTUR	SRI BALAJI HOSPITALS	50
2203	TIRUPATI	SRI BALAJI INSTITUTE OF SURGERY RESEARCH AND REHABILITATION FOR DISABLEDBIRRD TRUST HOSPITAL	300
2202	CHITTOOR	SRI BALAJI MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE	37

Schedules to Insurance Contract

04			00
2205	PALNADU	SRI BALAJI NURSING HOME	60
2206	KURNOOL	SRI BALAJI YASHODA NURSING HOME	50
2207	NTR	SRI BHAVANI HOSPITAL	50
2208	DR.B.R.AMBE DKAR KONASEEMA	SRI BIKKINA NURSING HOME	60
2209	PALNADU	SRI CARE HOSPITAL	50
2210	KURNOOL	SRI CHAKRA HOSPITAL	100
2211	KURNOOL	SRI CHAKRA HOSPITAL	50
2212	TIRUPATI	SRI CHAKRA HOSPITALS	100
2213	PALNADU	SRI DATTA SUPER SPECIALITY HOSPITAL	70
2214	BAPATLA	SRI EVURU SUBBARAO MEMORIAL NURSING HOME	50
2215	ANANTHAPU RAMU	SRI GAYATHRI HOSPITL	50
2216	GUNTUR	SRI GEETHA SUPER SPECIALTY EYE HOSPITAL	20
2217	PRAKASAM	SRI HARSHITHA MULTI SPECIALITY HOSPITAL	150
2218	PALNADU	SRI HOSPITALS	50
2219	BAPATLA	SRI KAMAKSHI CARE HOSPITAL	50

Schedules to Insurance Contract

2			
2			1
2			2
0	KAKINADA	SRI KIRAN INSTITUTE OF OPHTHALMOLOGY	6
2			
2			5
2			0
1	PALNADU	SRI KRISHNA HOSPITAL	
2			
2			2
2			0
2	YSR KADAPA	SRI KRISHNA SAHITHI EYE HOSPITAL	
2			
2			5
2			0
3	NTR	SRI LAKSHMI HOSPITAL	
2			
2			8
2			0
4	PALNADU	SRI LAKSHMI HOSPITALS	
2			
2			5
2			0
5	WEST GODAVARI	SRI LAKSHMI HOSPITALS	
2			
2			6
2			0
6	GUNTUR	SRI LAKSHMI MATERNITY AND SURGICAL NURSING HOME	
2			
2			5
2			0
7	BENGALURU	SRI LAKSHMI SUPER SPECIALITY HOSPITAL	
2			
2			6
2			0
8	GUNTUR	SRI LAKSHMI SUPER SPECIALITY HOSPITALS	
2			
2			5
2			6
9	KAKINADA	SRI LALITHA HOSPITALS INSITUTE OF LAPAROSCOPIC SURGERY AND TRAINING	
2			
2			5
3			0
0	ANAKAPALLI	SRI LALITHA NURSING HOME	
2			
2			5
3			0
1	TIRUPATI	SRI MARUTHI SPECALITY HOSPITALS	
2			
2			2
3			0
2	NANDHYALA	SRI MEENAKSHI RETINA AND COMPLETE EYE CARE	
2			
2			5
3			6
3	HYDERABAD	SRI NARMADA HOSPITAL,GANDHINAGAR	
2			
2			5
3			0
4	TIRUPATI	SRI PADMAVATHI CHILDRENS HEART CENTRE	
2	ANANTHAPU		5
2	RAMU	SRI PADMAVATHI SRINIVASA MULTISPECILITY HOSPITAL	0

Schedules to Insurance Contract

3			
5			
2			
2			
3	ANANTHAPU		5
6	RAMU	SRI PRAAGNA HOSPITALS	0
2			
2			
3	ANANTHAPU		2
7	RAMU	SRI PRAKASH EYE HOSPITAL	0
2			
2			
3			5
8	PRAKASAM	SRI PRASANTHI HOSPITAL AND TESTTUBE BABY CENTRE	0
2			
2			1
3			2
9	CHITTOOR	SRI PRIYA NURSING HOME	0
2			
2			
4			5
0	HYDERABAD	SRI RADHIKA MULTY SPECIALITY HOSPITAL	0
2			
2			
4			5
1	PALNADU	SRI RAGHAVENDRA MULTI SPECIALITY HOSPITAL	0
2			
2			
4			5
2	KURNOOL	SRI RAMA HOSPITAL	0
2			
2			
4			5
3	GUNTUR	SRI RAMA HOSPITALS	0
2			
2			
4			5
4	PALNADU	SRI RATNA LAKSHMI NURSING HOME	0
2			
2			
4	EAST		5
5	GODAVARI	SRI RAVI HOSPITALS	0
2			
2			
4			5
6	KURNOOL	SRI SAHASRA HOSPITAL	0
2			
2			
4			5
7	PALNADU	SRI SAI BALAJI MOTHER AND CHILD HOSPITAL	0
2			
2			
4			5
8	PALNADU	SRI SAI HOSPITAL	0
2			
2			
4			1
9	GUNTUR	SRI SAI HOSPITALS	0
2			
2			
5			5
0	HYDERABAD	SRI SAI KIDNEY CENTER	0

Schedules to Insurance Contract

2			
2			
5	VIZIANAGAR		5
1	AM	SRI SAI KRISHNA HOSPITAL	0
2			
2			
5	ANANTHAPU		5
2	RAMU	SRI SAI KRUPA NURSING HOME	0
2	SRI		
2	POTTISRIRAM		
5	ULU		5
3	NELLORE	SRI SAI MULTISPECIALITY HOSPITAL	0
2			
2			
5	VIZIANAGAR		5
4	AM	SRI SAI P V R HOSPITALS	0
2			
2			
5			5
5	GUNTUR	SRI SAI SATYA HOSPITAL	0
2			
2			
5			5
6	KURNOOL	SRI SAI SATYA HOSPITAL	0
2			
2			
5	EAST		5
7	GODAVARI	SRI SAI SPURTHI HOSPITALS	0
2			
2			
5			6
8	TIRUPATI	SRI SAI SUDHA HOSPITAL	4
2			
2			
5			6
9	TIRUPATI	SRI SAI SUDHA HOSPITAL MULTISPECIALITY EYE BRANCH	4
2			
2			
6	VIZIANAGAR		1
0	AM	SRI SAI SUPER SPECIALITY HOSPITAL-VIZIANAGARAM	5
2			
2			
6	EAST		2
1	GODAVARI	SRI SANTHI ENT HOSPITAL	0
2			
2			
6			5
2	NTR	SRI SANTHI HOSPITALS	0
2			
2			
6			5
3	SRIKAKULAM	SRI SATYA SAI DAY AND NIGHT HOSPITAL	0
2			
2			
6			4
4	BENGALURU	SRI SHANKARA CANCER HOSPITAL AND RESEARCH CENTRE	0
2			
2	PARVATHIPU		
6	RAM		5
5	MANYAM	SRI SOWJANYA HOSPITALS	0
2			
2		SRI SRI HOLISTIC HOSPITAL A UNIT OF SREE RAMCHANDRA HEALTH SERVICES PRIVATE LIMITED	1
2	HYDERABAD		0
			0

Schedules to Insurance Contract

6			
6			
2			
2			
6			5
7	YSR KADAPA	SRI SRI HOLISTIC HOSPITALS	0
2			
2			1
6			0
8	YSR KADAPA	SRI SRI HOLISTIC HOSPITALS	0
2			
2			
6			5
9	HYDERABAD	SRI SRINIVAS NURSING HOME	1
2			
2			1
7			6
0	YSR KADAPA	SRI SRINIVASA HOSPITAL	0
2			
2			1
7	WEST		0
1	GODAVARI	SRI STAR HOSPITAL EMERGENCY AND CRITICAL CARE	0
2			
2			
7			5
2	KRISHNA	SRI SURAKSHA MULTI SPECIALITY HOSPITAL	0
2			
2			
7	WEST		5
3	GODAVARI	SRI SURYA HOSPITAL	0
2			
2			
7	WEST		5
4	GODAVARI	SRI SURYA NURSING HOME	0
2			
2			
7			6
5	NTR	SRI SWARUPA SUPER SPECIALITY HOSPITAL	0
2			
2			
7			5
6	NTR	SRI VAISHNAVI HOSPITAL	0
2			
2			
7			5
7	TIRUPATI	SRI VENKATA SAI HRUDAYALAYA	0
2			
2			1
7			4
8	TIRUPATI	SRI VENKATESWARA ARAVIND EYE HOSPITAL	0
2			
2			
7			6
9	GUNTUR	SRI VENKATESWARA HOSPITALS	0
2			
2			
8		SRI VENKATESWARA INSTITUTE OF CANCER CARE AND ADVANCED RESEARCH A	9
0	TIRUPATI	UNIT OF ALAMELU CHARITABLE FOUNDATION	2
2			
2			5
8			2
1	TIRUPATI	SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES	5

Schedules to Insurance Contract

2			
2			1
8		SRI VENKATESWARA INSTITUTE OF RESEARCH AND REHABILITATION FOR THE	0
2	ELURU	DISABLED	0
2			
2			5
8			0
3	GUNTUR	SRI VENKATESWARA MULTI SPECIALITY HOSPITAL	
2			
2			7
8			5
4	GUNTUR	SRI VENKATESWARA NURSING HOME	
2	SRI		
2	POTTISRIRAM		
8	ULU		5
5	NELLORE	SRI VENKATESWARA PRAJA VYDYASALA	0
2			
2			5
8			0
6	KURNOOL	SRI VIJAYA DURGA CARDIAC CENTRE	
2			
2	DR.B.R.AMBE		
8	DKAR		5
7	KONASEEMA	SRI VIJAYA MULTI SPECIALTY HOSPITAL	0
2			
2	PARVATHIPU		2
8	RAM		0
8	MANYAM	SRI VIJAYA MULTISPECIALTY HOSPITAL	0
2			
2			5
8			0
9	CHENNAI	SRICHAKRA MULTISPECIALITY HOSPITAL	
2			
2	DR.B.R.AMBE		
9	DKAR		5
0	KONASEEMA	SRIJANAKIRAMANURSINGHOME	0
2			
2			5
9			0
1	NTR	SRIKARA	
2			
2			5
9			4
2	HYDERABAD	SRIKARA HOSPITALS	
2			
2			1
9	EAST		3
3	GODAVARI	SRIKESHAVEMERGENCYANDMULTISPECIALITYHOSPITAL	0
2			
2	DR.B.R.AMBE		
9	DKAR		5
4	KONASEEMA	SRINIDHI HOSPITALS VN NURSING HOME	0
2			
2			5
9	VIZIANAGAR		0
5	AM	SRINIVASANURSING HOME	
2			
2			5
9	WEST		0
6	GODAVARI	SRISAIHOSPITAL	
2			
2	KURNOOL	SS HOSPITAL	5
			0

Schedules to Insurance Contract

9			
7			
2			
2			
9			5
8	BAPATLA	SS MEDICARE MULTISPECIALITY HOSPITAL	0
2			
2			4
9			0
9	BENGALURU	SSNMC SUPER SPECIALTY HOSPITAL	3
2			
3			
0	VISHAKAPAT		5
0	ANAM	ST ANNS JUBILEE MEMORIAL HOSPITAL	0
2			
3			
0			5
1	ELURU	ST JOSEPH DENTAL COLLEGE AND GENERAL HOSPITAL	0
2			
3			2
0			0
2	HYDERABAD	ST THERESA HOSPITAL	0
2			
3			2
0			5
3	HYDERABAD	ST THERESAS HOSPITAL	0
2			
3			2
0			5
4	GUNTUR	ST. JOSEPH	0
2	SRI		
3	POTTISRIRAM		
0	ULU		6
5	NELLORE	ST.JOSEPHS GENERAL HOSPITAL	0
2			
3			
0			5
6	KURNOOL	STAR CARE HOSPITAL	0
2			
3			1
0			0
7	GUNTUR	STAR HOSPITAL	0
2			
3			1
0	VISHAKAPAT		0
8	ANAM	STAR PINNACLE HEART CENTRE PVT LTD	9
2			
3			1
0			2
9	KURNOOL	STATE CANCER INSTITUTE	0
2			
3			
1			5
0	TIRUPATI	SUBHASHINI HOSPITALS	0
2			
3			
1	ANANTHAPU		5
1	RAMU	SUDARSANA HOSPITAL	0
2			
3			
1			2
2	GUNTUR	SUDARSANI EYE HOSPITAL	0

Schedules to Insurance Contract

2 3 1 3	WEST GODAVARI	SUDHA HOSPITAL TANUKU	6 0
2 3 1 4	KAKINADA	SUDHA UROLOGY AND ANDROLOGY HOSPITAL	5 0
2 3 1 5	CHENNAI	SUGAM HOSPITAL	1 0 2
2 3 1 6	KURNOOL	SUKHEEBHAVA HOSPITAL	5 0
2 3 1 7	ANANTHAPU RAMU	SUKRUTHA MULTISPECIALITY HOSPITAL	5 2
2 3 1 8	HYDERABAD	SUMITHRA HOSPITALS PRIVATE LIMITED	5 0
2 3 1 9	PRAKASAM	SUNDARA RAJA NURSING HOME	5 0
2 3 2 0	YSR KADAPA	SUNRISE HOSPITAL	1 0 0
2 3 2 1	NTR	SUNRISE HOSPITALS	2 5
2 3 2 2	VIZIANAGAR AM	SUNRISE HOSPITALS	5 0
2 3 2 3	KAKINADA	SUNRISE HOSPITALS A UNIT OF SANKHYA AND SRINIDHI HOSPITALS PVT LTD	6 0
2 3 2 4	NANDHYALA	SUNRISE MULTISPECIALITY HOSPITAL	5 0
2 3 2 5	KURNOOL	SUNRISE ORTHO AND MULTISPECIALITY HOSPITALS	5 5
2 3 2 6	HYDERABAD	SUNSHINE HEART INSTITUTE	1 0 0
2 3 2 7	HYDERABAD	SUNSHINE HOSPITAL	1 6 0
2 3	HYDERABAD	SUPERINTENDENT- GOVT. MATERNITY HOSPITAL- NAYAPUL	4 6 2

Schedules to Insurance Contract

2 8			
2 3 2 9	HYDERABAD	SURAJBHAN BHAGAVATI BAI MATERNITY AND CHILDREN HOSPITAL	5 0
2 3 3 0	HYDERABAD	SURAKSHA CHILDRENS HOSPITAL A UNIT OF ROCHISMATHI HEALTH CARE PVT.LTD.	6 0
2 3 3 1	VISHAKAPAT ANAM	SURAKSHA HEALTH PARK PRIVATE LIMITED	1 0 0
2 3 3 2	ELURU	SURAKSHA HOSPITAL	5 0
2 3 3 3	ANANTHAPU RAMU	SURAKSHA HOSPITAL	5 0
2 3 3 4	SRI POTTISRIRAM ULU NELLORE	SURAKSHA HOSPITAL	1 1 0
2 3 3 5	PRAKASAM	SURAKSHA HOSPITAL	5 0
2 3 3 6	TIRUPATI	SURAKSHA HOSPITALS	5 0
2 3 3 7	GUNTUR	SURAKSHA HOSPITALS APJ DOCTORS LLP	1 0 0
2 3 3 8	EAST GODAVARI	SURAREDDY NURSING HOME	5 0
2 3 3 9	TIRUPATI	SURENDRA MULTISPECIALITY HOSPITALS	5 0
2 3 4 0	KAKINADA	SURYA GLOBAL MULTI SPECIALITY HOSPITALS AND CANCER RESEARCH CENTRE	1 0 0
2 3 4 1	YSR KADAPA	SURYA HOSPITAL	5 0
2 3 4 2	VISHAKAPAT ANAM	SURYA SRI HOSPITAL PRIVATE LTD.	1 1 0
2 3 4 3	ELURU	SURYATEJA HOSPITALS	5 0

Schedules to Insurance Contract

2			
3			
4	WEST		5
4	GODAVARI	SURYATEJA ORTHOPAEDIC AND MULTI SPECIALITY HOSPITAL	0
2	SRI		
3	POTTISRIRAM		
4	ULU		2
5	NELLORE	SUSEELA NETRALAYA PVT LTD	0
2			
3			
4			5
6	KURNOOL	SUSEELANETRALAYAANDMATERNITYHOSPITAL	0
2			
3			
4			5
7	PALNADU	SUSMITHA ORTHO AND TRAUMA CARE	0
2			
3			
4			2
8	ANNAMAYYA	SUTHRAMA EYE HOSPITAL	4
2			
3			
4	ANANTHAPU		5
9	RAMU	SV HOSPITAL A UNIT OF AMEYA HEALTHCARE ALLIANCE	0
2			
3			1
5			0
0	NTR	SVARA SUPER SPECIALITY HOSPITAL A UNIT OF MISO HEALTH CARE HOSPITAL	0
2			
3	DR.B.R.AMBE		
5	DKAR		5
1	KONASEEMA	SVASTHA EMERGENCY AND MULTISPECIALITY HOSPITAL	0
2			
3			
5			5
2	YSR KADAPA	SVSS SANJEEVANI HOSPITAL	0
2			
3			
5			2
3	NANDHYALA	SWAMI SUPER SPECIALITY NETRALAYAM	0
2			
3			
5	VIZIANAGAR		2
4	AM	SWAMY EYE HOSPITAL	0
2			
3	PARVATHIPU		
5	RAM		5
5	MANYAM	SWAMY HOSPITAL	0
2			
3			
5	ANANTHAPU		5
6	RAMU	SWAPNA NURSING HOME	0
2			
3			
5			2
7	YSR KADAPA	SWARUP EYE HOSPITAL AND LASER CENTER	0
2			
3			1
5	EAST		0
8	GODAVARI	SWATANTRA HOSPITALSM.S PVT LTD	0
2			5
3	BENGALURU	SWATHI MULTI SPECIALITY HOSPITAL	0

Schedules to Insurance Contract

5 9			
2 3 6 0	EAST GODAVARI	Sri KAR Hospital orthopaedics and Multi specialty	5 0
2 3 6 1	KRISHNA	TAMMA VINOD REDDYS SRUTHII HOSPITALS	5 0
2 3 6 2	EAST GODAVARI	TAPANI HOSPITAL	5 0
2 3 6 3	YSR KADAPA	TEJA HOSPITAL	5 0
2 3 6 4	SRI SATHAYA SAI	TEJA NURSING HOME	5 0
2 3 6 5	WEST GODAVARI	TEJA SUPER SPECIALITY HOSPITAL	5 0
2 3 6 6	PALNADU	TEJANURSING HOME	5 0
2 3 6 7	BENGALURU	THE HEARTCENTER	5 0
2 3 6 8	BENGALURU	THE OXFORD MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE	7 5 0
2 3 6 9	KRISHNA	TIME HOSPITALS PRIVATE LIMITED	1 0 0
2 3 7 0	ANANTHAPU RAMU	TIRUMALA HOSPITAL	7 7
2 3 7 1	YSR KADAPA	TIRUMALA HOSPITALS	1 0 0
2 3 7 2	PALNADU	TIRUMALA NURSING HOME	5 0
2 3 7 3	HYDERABAD	TIRUMULA MULTI SPECILAITY HOSPITAL	5 0
2 3 7 4	HYDERABAD	TKR IKON HOSPITAL	5 5

Schedules to Insurance Contract

2			
3			1
7			0
5	KRISHNA	TOPSTARS HOSPITALS PRIVATE LIMITED	0
2			
3			
7			5
6	ELURU	TRINETHRA HOSPITAL	0
2			
3			
7			2
7	KRISHNA	TRINETRA EYE HOSPITAL	0
2			
3			
7			5
8	TIRUPATI	TRINITY HOSPITAL	0
2			
3			
7			5
9	BENGALURU	TRINITY HOSPITAL AND HEART FOUNDATION	5
2			
3			
8	WEST		5
0	GODAVARI	TRINITY HOSPITALS	0
2			
3			
8	SRI SATHAYA		5
1	SAI	TRIVENI HOSPITAL	0
2			
3			
8			5
2	NTR	TRUST HOSPITAL	0
2			
3			1
8			0
3	KAKINADA	TRUST HOSPITAL A UNIT OF SARVOTTAM HEALTH CARE PVT LTD	0
2			
3			
8			5
4	HYDERABAD	TULASI HOSPITALS A UNIT OF LIFE SHINE MEDICAL SERVICES PVT LTD	0
2			
3			
8			5
5	GUNTUR	TULASI MULTI SPECIALITY HOSPITAL	0
2			
3			1
8			0
6	HYDERABAD	TX HOSPITALS KACHIGUDA	0
2			
3			1
8			0
7	HYDERABAD	TX HOSPITALS UPPAL	0
2			
3			2
8	VIZIANAGAR		5
8	AM	Tirumala Medicover Hospitals(a unit of Sahrudaya Health Care (Vizianagaram)Pvt Ltd	0
2			
3			
8			6
9	GUNTUR	UDAY HOSPITALS	0
2			
3			2
3	NANDHYALA	UDAYANANDA HEALTHCARE PVT LTD	5
			0

Schedules to Insurance Contract

9 0			
2 3 9 1	HYDERABAD	UDBHAVA HOSITALS	1 0 0
2 3 9 2	PRAKASAM	UDUMULA HOSPITALS BY NAINIKA HEALTH CARE SERVICES	5 0
2 3 9 3	VISHAKAPAT ANAM	UJHWAL HOSPITALS	5 9
2 3 9 4	HYDERABAD	UNIMED HEALTHCARE PVT- LTD STAR HOSPITALS	1 3 0
2 3 9 5	WEST GODAVARI	UNION HOSPITALS UNIT OF SRI RAMALAKSHMI HEALTH CARE PVT LTD	5 0
2 3 9 6	NTR	UNION HOSPITALS UNIT OF SRI SWARNODAYA HEALTH CARE PRIVATE LIMITED	7 5
2 3 9 7	VISHAKAPAT ANAM	UNIQUE HOSPITAL	5 0
2 3 9 8	EAST GODAVARI	UNIVERSAL HOSPITALS	5 0
2 3 9 9	KAKINADA	UPHC MANGAYAMMARAOPETA	1 0
2 4 0 0	NTR	USHA CARDIAC CENTRE LIMITED	1 5 0
2 4 0 1	ANAKAPALLI	USHA PRIME MULTI SPECIALITY HOSPITAL A DIVISION OF CHILUKURI HEALTHCARE PVT LTD	1 0 0
2 4 0 2	WEST GODAVARI	UVSM EYE HOSPITAL	5 0
2 4 0 3	GUNTUR	V CARDIAC AND MULTI SPECIALITY HOSPITAL	5 0
2 4 0 4	KURNOOL	V R MULTI SPECIALITY HOSPITAL	7 0
2 4 0 5	PRAKASAM	VAATSALYA HOSPITAL	5 5

Schedules to Insurance Contract

2 4 0 6	ELURU	VADLAMUDI HOSPITALS	5 0
2 4 0 7	BENGALURU	VALENS HOSPITALS LLP	5 0
2 4 0 8	KURNOOL	VAMSI CHAITANYA NURSING HOME	5 0
2 4 0 9	NTR	VAMSI HEART CARE CENTER	1 0 2
2 4 1 0	PALNADU	VARABABU SUPER SPECIALITY HOSPITALS	5 0
2 4 1 1	WEST GODAVARI	VARMA HOSPITALS	1 0 0
2 4 1 2	GUNTUR	VASAN EYE CARE HOSPITAL	2 0
2 4 1 3	KAKINADA	VASAN EYE CARE HOSPITAL A UNIT OF VASAN HEALTH CARE PRIVATE LTD	2 0
2 4 1 4	VISHAKAPAT ANAM	VASAN EYE CARE HOSPITAL GAJUWAKA	2 0
2 4 1 5	VISHAKAPAT ANAM	VASAN EYE CARE HOSPITAL VISAKHAPATNAM	2 0
2 4 1 6	SRI POTTISRIRAM ULU NELLORE	VASAN HEALTH CARE PRIVATE LIMITED	2 0
2 4 1 7	NTR	VASAN HEALTH CARE PRIVATE LIMITED	2 0
2 4 1 8	TIRUPATI	VASAN HEALTH CARE PVT LTD	2 0
2 4 1 9	KURNOOL	VASAVI APEX HOSPITAL	5 0
2 4 2 0	HYDERABAD	VASAVI HOSPITAL	7 5
2 4	EAST GODAVARI	VASAVISRI MULTISPECIALITY HOSPITAL	5 0

Schedules to Insurance Contract

2 1			
2 4 2 2	HYDERABAD	VASCULAR CARE CENTER	5 0
2 4 2 3	CHENNAI	VASNATHA SUBRAMANIAN HOSPITALS INDIA PVT LTD	7 5
2 4 2 4	PRAKASAM	VASUDHAKALYAN MULTI SPECIALTY HOSPITAL	1 0 0
2 4 2 5	GUNTUR	VEDANTA HOSPITALS	1 0 0
2 4 2 6	PALNADU	VEERAIAH CHOWDARY ORTHOTRAUMA AND MULTI SPECIALITY HOSPITAL	5 0
2 4 2 7	VIZIANAGAR AM	VENKATA RAMA HOSPITAL	1 3 0
2 4 2 8	VISHAKAPAT ANAM	VENKATARAMA HOSPITAL	7 0
2 4 2 9	TIRUPATI	VENKATARAMANA HEART AND MATERNITY HOSPITAL	5 0
2 4 3 0	PRAKASAM	VENKATARAMANA NURSING HOME	1 0 0
2 4 3 1	PALNADU	VENKATESWARA MOTHER AND CHILD HOSPITALS	5 1
2 4 3 2	PALNADU	VENKATESWARA NURSING	5 2
2 4 3 3	PALNADU	VENNELA NETHRALAYAM	5 0
2 4 3 4	NTR	VIGNESH FERTILITY AND CHILDRENS HOSPITAL A UNIT OF VALLI HEALTHCARE PRIVATE LIMITED	1 0 0
2 4 3 5	KURNOOL	VIJAY CARE HOSPITAL	5 0
2 4 3 6	EAST GODAVARI	VIJAY HOSPITAL	5 0

Schedules to Insurance Contract

2	SRI		
4	POTTISRIRAM		
3	ULU		5
7	NELLORE	VIJAYA CARE MULTISPECIALITY HOSPITAL AND INFERTILITY CENTRE	0
2			
4			
3			5
8	YSR KADAPA	VIJAYA EYE HOSPITAL	0
2			
4			
3			5
9	PRAKASAM	VIJAYA HOSPITAL	0
2			
4			
4			5
0	KURNOOL	VIJAYA HOSPITAL - KURNOOL	7
2			
4			
4			5
1	ELURU	VIJAYA HOSPITALS	0
2			
4			
4			2
2	ELURU	VIJAYA HOSPITALS EYE CARE	0
2	SRI		
4	POTTISRIRAM		1
4	ULU		0
3	NELLORE	VIJAYA KRISHNA HOSPITALS PLTD.VIJAYA HOSPITAL	0
2			
4			
4	VIZIANAGAR		5
4	AM	VIJAYA MULTI SPECIALITY HOSPITAL	0
2			
4			
4			5
5	PALNADU	VIJAYA NURSING HOME	0
2			
4			
4	ANANTHAPU		5
6	RAMU	VIJAYA SANKAR HOSPITAL	0
2			
4			
4			1
7	NTR	VIJAYA SUPER SPECIALITY HOSPITAL	2
2			
4			
4	EAST		7
8	GODAVARI	VIJAYABHARATHI CHEST INSTITUTE	0
2			
4			
4			5
9	GUNTUR	VIJAYASREE MULTI SUPER SPECIALITY HOSPITALS	0
2	SRI		
4	POTTISRIRAM		
5	ULU		2
0	NELLORE	VIJETHA EYE HOSPITAL	0
2			
4			
5	VISHAKAPAT		6
1	ANAM	VIJETHA HOSPITAL	0
2			
4	HYDERABAD	VIJETHA MULTISPECIALTY HOSPITAL	5
			0

Schedules to Insurance Contract

5			
2			
2			
4			
5			7
3	GUNTUR	VIKAAS HOSPITALS A UNIT OF SWARNANDHRA MEDICARE PRIVATE LIMITED	5
2			
4			1
5			0
4	HYDERABAD	VINN HEALTH CARE PRIVATE LIMITED	0
2			
4			
5			5
5	PRAKASAM	VINOD HOSPITAL	0
2			
4			1
5			0
6	HYDERABAD	VIRINCHI HEALTHCARE PRIVATE LIMITED	0
2			
4			1
5			0
7	HYDERABAD	VIRINCHI HEATHCARE PRIVATE LIMITED	0
2			
4			
5	VISHAKAPAT		3
8	ANAM	VISAKHA EYE HOSPITAL	5
2			
4			
5	VISHAKAPAT		7
9	ANAM	VISAKHA HOSPITALS AND DIAGNOSTICS LTD CARE HOSPITAL III	0
2			
4			6
6	VISHAKAPAT		5
0	ANAM	VISAKHA INSTITUTE OF MEDICAL SCIENCES	0
2			
4			
6			4
1	TIRUPATI	VISION CARE CLINIC AND EYE HOSPITAL	0
2			
4			
6			4
2	KRISHNA	VISWA CHAKRA ORTHOPAEDIC HOSPITAL	4
2			
4			
6			5
3	ANNAMAYYA	VISWA ORTHOPAEDIC HOSPITAL	0
2			
4			6
6			5
4	KURNOOL	VISWABHARATHI GENERAL HOSPITAL	0
2			
4			1
6			0
5	KURNOOL	VISWABHARATHI HOSPITAL	0
2			
4			1
6	VISHAKAPAT	VISWAM SUPER SPECIALTY HOSPITALS (A UNIT OF LGH MEDICAL SPECIALTIES	0
6	ANAM	PVT LTD)	0
2			
4			1
6			0
7	GUNTUR	VISWAS HOSPITALS	0

Schedules to Insurance Contract

2 4 6 8	PRAKASAM	VISWAS MULTI SPECIALITY HOSPITAL	5 0
2 4 6 9	PALNADU	VIVEKANANDA SUPER SPECIALITY HOSPITAL	5 0
2 4 7 0	VISHAKAPAT ANAM	VRINDAA SUPER SPECIALITY HOSPITAL AND CANCER RESEARCH CENTRE	5 0
2 4 7 1	PALNADU	VUNNAMHOSPITALS	5 0
2 4 7 2	BENGALURU	VYDEHI INSTITUTE OF MEDICAL SCIENCESANDRESEARCH CENTRE	1 5 0 0
2 4 7 3	HYDERABAD	WELLNESS HOSPITAL	5 0
2 4 7 4	GUNTUR	YASHASWI HOSPITALS	5 2
2 4 7 5	HYDERABAD	YASHODA HOSPITAL MALAKPET	2 0 0
2 4 7 6	HYDERABAD	YASHODA HOSPITALS	5 0
2 4 7 7	KAKINADA	YASHVEDH HEALTHCARE SERVICES	2 0
2 4 7 8	KAKINADA	YASHVEDHHEALTHCARESOURCES	5 0
2 4 7 9	GUNTUR	YELURI HOSPITALS	5 0
2 4 8 0	GUNTUR	YERRAS SUPER SPECIALITY HOSPITAL	5 0
2 4 8 1	NANDHYALA	ZOHA HOSPITAL	5 0

Schedule 8: Premium Payment Guidelines

Instalment	Payment Schedule	% Amount of Total Fee (N)
1	Within 21 days of signing of agreement with INSURER	25%
2	Within 15 days of expiry of Three months of the policy	25%
3	Within 15 days of expiry of the Six months of the policy	25%
4	Within 15 days of expiry of the Nine months of the policy	25%

Schedule 9: Portability Guidelines for AB PMJAY - DR.NTRVS Beneficiaries

(This is only Indicative may be changed later)

An Empaneled Health Care Provider (EHCP) under AB PMJAY-Dr NTRVS in any state should provide services as per AB PMJAY guidelines to beneficiaries from any other state also participating in AB-PMJAY. This means that a beneficiary will be able to get treatment outside the EHCP network of his/her Home State.

Any Empaneled hospital under AB PMJAY Dr NTRVS will not be allowed to deny services to any AB PMJAY - DR.NTRVS beneficiary. All interoperability cases shall be mandatorily under pre-authorisation mode and pre-authorisation guidelines of the treatment delivery state in case of AB PMJAY implementing States / UTs or indicative pre-authorisation guidelines as issued by NHA, shall be applicable.

Enabling Portability

To enable portability under the scheme, the stakeholders need to be prepared with the following:

- A. **States:** Each of the States participating in AB PMJAY will sign MoU with Central Government which will allow all any the hospital Empaneled hospitals by that state under AB PMJAY to provide services to eligible beneficiaries of other States from across the country. Moreover, the state shall also be assured that its AB PMJAY beneficiaries will be able to access services at all AB PMJAY Empaneled hospitals seamlessly in other states across India.
- B. **Empaneled hospitals:** The Empaneled Hospital shall have to sign a tripartite contract with its insurance company and Trust (in case of Insurance Model) or with the Trust which explicitly agrees to provide AB PMJAY services to AB PMJAY - DR.NTRVS beneficiaries from both inside and outside the state and the Insurance Company/Trust agrees to pay to the EHCP through the inter-agency claim settlement process, the claims raised for AB PMJAY beneficiaries that access care

outside the state in AB PMJAY Empaneled healthcare provider network.

- C. **Insurance companies/Trusts:** The Insurance Company (IC) signs a contract with all other IC's and Trusts in the States / UTs under AB-PMJAY/AB PMJAY - DR.NTRVS to settle down the interoperability related claims within 30 days settlement so that the final payment is made for a beneficiary by the Insurance Company or Trust of his/her home state.
- D. **IT systems:** The IT System will provide a central clearinghouse module where all inter- insurance, inter trust and trust-insurance claims shall be settled on a monthly/bi-monthly basis. The IT System will also maintain a Balance Check Module that will have data pushed on it in real time from all participating entities. The central database shall also be able to raise alerts/triggers based on suspicious activity with respect to the beneficiary medical claim history based on which the treatment state shall take necessary action without delay.
- E. **Grievance Redressal:** The Grievance Redressal Mechanism will operate as in normal cases except for disputes between Beneficiary of Home State and EHCP or IC of Treatment State and between Insurance Companies/Trusts of the Home State and Treatment State. In case of dispute between Beneficiary and EHCP or IC, the matter shall be placed before the Dr.NTR VST of the treatment state. In cases of disputes between IC/Trust of the two states, the matter should be taken up by bilateral discussions between the SHAs and in case of non-resolution, brought to the NHA for mediation. The IC/Trusts of Home State should be able to raise real time flags for suspect activities with the Beneficiary State and the Beneficiary State shall be obligated to conduct a basic set of checks as requested by the Home State IC/Trust. These clauses have to be built in into the agreement between the ICs and the Trusts. The NHA shall hold monthly mediation meetings for sorting out intra-agency issues as well as sharing portability related data analytics.
- F. **Fraud Detection:** Portability related cases will be scrutinized separately by the NHA for suspicious transactions, fraud and misuse. Data for the same shall be shared with the respective agencies for necessary action. The SHAs, on their part, must have a dedicated team for conducting real time checks and audits on such flagged cases with due diligence. The IC working in the State where benefits are delivered shall also be responsible for fraud prevention and investigation.

Implementation Arrangements of Portability

- A. **Packages and Package Rates:** The Package list for portability will be the list of mandatory AB PMJAY packages released by the NHA and package rates as applicable and modified by the Treatment State will be applicable. The Clause for honouring these rates by all ICs and Trusts shall have to be built into the agreement.
 - Clauses for preauthorization requirements and transaction management system shall be as per the treatment state guidelines.

Schedules to Insurance Contract

- The beneficiary balance, reservation of procedures for public hospitals as well as segmentation (into secondary/tertiary care or low cost/high cost procedures) shall be as per the home state guidelines.
- Therefore, for a patient from Rajasthan, taking treatment in Tamil Nadu for CTVS in an EHCP – balance check and reservation of procedure check will be as per Rajasthan rules, but TMS and preauthorization requirements shall be as per TN rules. The hospital claim shall be made as per TN rates for CTVS by the TN Dr.NTR VST (through IC or trust) and the same rate shall be settled at the end of every month by the Rajasthan Dr.NTR VST (through IC or trust).

B. Empanelment of Hospitals: The Dr.NTR VST alliance with AB PMJAY shall be responsible for empanelling hospitals in the territories. This responsibility shall include physical verification of facilities, specialty related empanelment, medical audits, post procedure audits etc.

For empanelment of medical facilities that are in a non AB PMJAY state, any AB- PMJAY state can separately empanel such facilities. Such EHCP shall

- become a member of provider network for all AB PMJAY implementing States. NHA can also empanel a CGHS Empaneled provider for AB PMJAY in non AB PMJAY state.
- Dr.NTR VST which empanels such a hospital shall be separately and individually responsible for ensuring adherence of all scheme requirements at such a hospital.

C. Beneficiary Identification: In case of beneficiaries that have been verified by the home state, the treatment state EHCP shall only conduct an identity verification and admit the patient as per the case.

- In case of beneficiaries that have not been so verified, the treatment EHCP shall conduct the Beneficiary Identification Search Process and the documentation for family verification (ration card/family card of home state) to the Home State Agency for validation.
- The Home State Agency shall validate and send back a response in priority with a service turnaround time of 30 minutes. In case the home agency does not send a final response (IC/Trust check), deemed verification of the beneficiary shall be undertaken and the record shall be included in the registry. The home state software will create a balance for such a family entry.
- The Empaneled hospital will determine beneficiary eligibility and send the linked beneficiary records for approval to the Insurance company/trust of Treatment State which in turn will send the records to the Insurance company/trust in the home State of beneficiary. The beneficiary approval team of the Insurance company/trust in the home State of beneficiary will accept/reject the case and convey the same to the Insurance company/trust in the State of hospital which will then inform the same to the hospital. In case the beneficiary has an E-Card (that is, he/she has already undergone identification

earlier), after a KYC check, the beneficiary shall be accepted by the EHCP.

- If the NHA and the Dr.NTR VST agree to provide interoperability benefits to the entire Home State Beneficiary List, the identification module shall also include the Home State Beneficiary Database for validation and identification of eligible beneficiaries.
- D. **Balance Check:** After identification and validation of the beneficiary, the balance check for the beneficiary will be done from the home state. The balance in the home state shall be blocked through the necessary API and updated once the claim is processed. The NHA may provide a centralised balance check facility.
- E. **Claim Settlement:** A claim raised by the Empaneled hospital will first be received by the Trust/Insurer of the Treatment State which shall decide based on its own internal processes. The approval of the claim shall be shared with the Home State Insurance Company/Trust which can raise an objection on any ground within 3 days. In case the Home State raises no objection, the Treatment State IC/Trust or both shall settle the claim with the hospital. In case the Home State raises an objection, the Treatment State shall settle the claim as it deems fit. However, the objection of the Home State shall only be recommendatory in nature and the Home State shall have to honour the decision of the Treatment State during the time of interagency settlement.
- F. **Fraud Management:** In case the Trust/Insurer of the home State of beneficiary has identified fraudulent practices by the Empaneled hospital, the Trust/Insurer should inform the Dr.NTR VST of the Treatment State of EHCP along with the supporting documents/information. The Dr.NTR VST of the Treatment State shall undertake the necessary action on such issues and resolution of such issues shall be mediated by the NHA during the monthly meetings.
- G. **Expansion of Beneficiary Set:** In case, there is an alliance between AB PMJAY and any State Scheme or AB PMJAY has been expanded in the Home State, the above process for portability may be followed for all beneficiaries of the Home State.
- H. **IT Platform:** The states using their own platform shall have to provide interoperability with the central transaction and beneficiary identification system to operationalize guidelines for portability for AB-PMJAY.

Modifications: The above guidelines may be modified from time to time by the National Health Agency and shall apply on all the states participating in the Pradhan Mantri Jan Arogya Yojana

Schedule 10: Template for Medical Audit

(This is only Indicative may be changed later)

Template for Medical Audit

AYUSHMAN BHARAT - PRADHAN MANTRI JAN AROGYA YOJANA ID		Hospital ID	
Patient Name		Hospital Name	
Case No.		Hospital Contact No.	
Date of Admission		Date of Discharge	
Date of Audit		Time of Audit	
Name of the Auditor		Contact No. (Auditor)	

Audit Observations

No.	Criteria	Yes	No	Comments
1.	Does each medical record file contain:			
a.	Is discharge summary included?			
b.	Are significant findings recorded?			
c.	Are details of procedures performed recorded?			
d.	Is treatment given mentioned?			
e.	Is patient's condition on discharge mentioned?			
f.	Is final diagnosis recorded with main and other conditions?			
g.	Are instructions for follow up provided?			
2.	Patient history and evidence of physical examination is evident.			
a.	Is the chief complaint recorded?			
b.	Are details of present illness mentioned?			
c.	Are relevant medical history of family members present?			
d.	Body system review?			
e.	Is a report on physical examination available?			
f.	Are details of provisional diagnosis mentioned?			
3.	Is an operation report available? (only if surgical procedure done)			
a.	Does the report include pre-operative diagnosis?			
b.	Does the report include post-operative diagnosis?			
c.	Are the findings of the diagnosis specified?			
d.	Is the surgeon's signature available on records?			
e.	Is the date of procedure mentioned?			
4.	Progress notes from admission to discharge			
a.	Are progress reports recorded daily?			
b.	Are progress reports signed and dated?			
c.	Are progress reports reflective of patient's admission status?			
d.	Are reports of patient's progress filed chronologically?			
e.	Is a final discharge note available?			
5	Are pathology, laboratory, radiology reports available (if ordered)?			
6	Do all entries in medical records contain signatures?			
a.	Are all entries dated?			
b.	Are times of treatment noted?			
c.	Are signed consents for treatment available?			
7	Is patient identification recorded on all pages?			
8	Are all nursing notes signed and dated?			

Overall observations of the Auditor:

Significant findings:

Recommendations:

Date:

Signature of the Auditor

Schedule 11: Template for Hospital Audit

Template for Hospital Audit

Hospital Name		Hospital ID	
Hospital Address			
Hospital Contact No.			
Date of Audit		Time of Audit	
Name of the Auditor		Contact (Auditor) No.	

Audit Observations

No.	Criteria	Yes	No	Comments
1.	Was there power cut during the audit?			
2.	If yes, what was the time taken for the power back to resume electric supply?			
3.	Was a AB PMJAY-Dr.NTRVS kiosk present in the reception area with proper IEC material?			
4.	Was any AB PMJAY-Dr.NTRVS trained staff present at the kiosk?			
5.	Did you see the AB PMJAY-Dr.NTRVS Empaneled Hospital Board with scope of services displayed near the kiosk in the reception and other prominent areas?			
6.	Was the kiosk prominently visible?			
7.	Was the kiosk operational in local language?			
8.	Were AB PMJAY-DR.NTRVS brochures available at the kiosk?			
9.	Were the toilets in the OPD and IPD areas clean?			
10.	Was drinking water available in the OPD and IPD areas for patients?			
11.	Were sanctioned beds/functional beds available as per the claimed beds by hospital during empanelment?			
12.	Was qualified manpower (full time/part time) as per the scope of services?			
13.	Was the basic physical infrastructure of hospital clean and intact?			
14.	Were diagnostic facilities (inhouse/outsourced*) as per the scope of services?			
15.	Was functional ambulance (inhouse/outsourced*) available during visit?			
* For outsources services – check signed MoU				

Overall observations of the

Auditor: Significant findings:

Recommendations:

Date:

Signature of the Auditor

Schedule 12: Key Performance Indicators

SN	Summary of Key Performance Indicators
A.	Initial Setting up - KPIs
B.	Performance – KPIs
C.	Audit Related – KPIs
D.	Payment – KPIs
E.	Productivity – KPIs

A. Initial Setting up KPIs				
SN	KPIs	Timeline	Measure and Explanation	Penalty
1.	Setting up of a State Project Office (SPO) and Appointment of Project Head and other Staff (As per Schedule F) at SPO for co-ordination and Scheme implementation	Up to 30 days after signing of Insurance Contract.	Within 30 days of signing of the contract, IC shall establish SPO with required staff and submit the sworn undertaking of the same to CEO-SHA <ul style="list-style-type: none"> • Establishment of the State Project Office • Appointment of State Project Head • Appointment of other required staff 	Rs. 25,000 per week of delay beyond and part thereof in setting-up* SPO as required
2.	Appointment of District Coordinator (DC) for each district	30 days after signing of Insurance Contract.	Latest by 30 th Day of signing of the contract, IC shall appoint the District Coordinator for each district/cluster. District Nodal Office shall acknowledge the appointment of DC	Rs. 5,000 per week, per district beyond and part thereof
*Setting-up of SPO: Setting up of State Project Office (SPO) includes establishment of the SPO and also putting in place all the staff as per Schedule 18: (will be detailed out in Model Tender Document)				

B. Performance KPIs				
SN	KPIs	Timeline	Baseline KP IMeasure	Penalty
1.	E-card verification and approval	<ul style="list-style-type: none"> 30 Mins: Action on Verification Request from hospitals 	95% Compliance	<ul style="list-style-type: none"> Penalty of Rs 100 of each card delayed beyond given TAT Penalty of Rs 500 each incorrect verification/approval of e-card by IC
			100% compliance	In case any claim is adjudicated out of wrongly approved BIS card by IC then penalty of three times over and above the claim amount
2.	Pre-authorisation	Action within 6 hours for normal cases and 1 hour for emergency cases * hours: of raising preauthorization request (all auto approvals beyond 6 hours for	95% Compliance	<ul style="list-style-type: none"> Compliance from compliance below 95% upto 90% then penalty of 5% of the monthly total delayed preauthorization amount Compliance below 90% upto 85% then penalty of 10% of the monthly total delayed preauthorization amount Compliance below 85% then penalty of 20% of the monthly total delayed preauthorization amount with one instance of triggering of SPD** <p>(for calculation, monthly delayed preauthorization amount shall be the amount for delayed pre-authorizations for the admissions in that month. Penalty shall be calculated on this amount and Insurer shall pay the penalty as per Penalty Notice per quarter, please see Clause 23.5)</p> <p><i>Example: if the IC handled 100 preauthorization in the month and failed to meet TAT for 16 cases, 20% preauthorization amount of only these 16 cases will be charged as penalty. Even</i></p>

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		normal cases and 1 hour for Emergency cases will be considered non-compliance)		<i>if the preauthorization is rejected, not meeting the TAT will invite the penalty</i>
			100% compliance	In case of wrongful pre-authorization approval, penalty of three times over & above the preauthorization amount

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3.	Scrutiny, Claim processing and payment of the claims	Action within 15 days of claim submission for claims within state and 30 days for claims from outside state (Portability cases). Zones (This is applicable if the Insurer fails to make the Claims Payment within a Turn- around Time of 7 days/30 days for a reason other than delay on the part of SHA, if any)	100% Compliance	<p>If the Insurer fails to make the Claim Payment within Turn Around Time (TAT)***, then the Insurer shall be liable to pay a penal interest to the EHCP at the rate of 0.1% for each claim amount for every day of delay or the part thereof on every delayed claim.</p> <ul style="list-style-type: none"> If the compliance in the month falls below 85% of number claims, it will be treated as one instance of SPD trigger <p><i>Example: if the IC processed 100 claims in the month and failed to meet TAT for 16 claims, it will be liable to pay penalty of 0.1% for each claim per day of these 16 claims to EHCPs. It will also be treated as one instance of triggering of SPD</i></p>
			100% Compliance	In case any claim is adjudicated wrongly then penalty of three times over and above the claim amount
4.	Delays in compliance to orders of the Grievance Redressal Committee (GRC)	Beyond 30 days of the date of the order of the GRC	100% Compliance	Rs. 25,000 per week or part thereof

- *3 hours: As per threshold set in TMS
- ** Service Provider Default (SPD) is special termination clause in the agreement and triggering of which is a failure to meet baselineKPIs and will be considered as Default by IC. Default herein shall occur if SPD trigger
 - o Occurs 8 (eight) times during any one year of the agreementIn this event, agreement with IC is liable for termination and IRDAI shall be informed to take stringent actions against IC under relevant rules. However, SPD triggers shall only be applicable from 3rd month of signing of the contract
- Penalty amount for Performance KPIs shall be calculated each month and Insurers shall pay all penalties imposed by the Dr.NTR VST within 7 working days of receipt Penalty Notice from Dr.NTR VST (Clause 23.5).
- At any point during term of contract, if penalty amount is 10% of the total contract value, contract shall be liable to be terminated

- *** in case of claims processing, TAT will be determined as days during which claim is with IC (Excluding the days claim is pending at EHCPs end)

Example: 1

The day EHCP raises claim will be treated as

Day 1 If IC raises query on Day 4,

and EHCP complies with query on Day 10,

IC takes action (accepting or rejection of claim) on

Day 12 Payment on Day 15

in this case $(4-1=3)$ days + $(15-10=5)$ days, hence TAT determined is $3+5=8$ days

Example 2:

The day EHCP raises claim will be treated as

Day 1 If IC raises query on Day 4,

and EHCP complies with query on

Day 10, IC raises another query on

Day 11

EHCP complies with second query on

Day 14 EHCP accepts/approves the

claim on Day 16 Payment on Day 17

in this case $(4-1=3)$ days + $(11-10=1)$ days + $(17-14=3)$ days, hence TAT determined is $3+1+3=7$ days

C. Audit Related KPIs

SN	KPIs	Sample	Baseline Measure	KPI	Penalty
1.	Preauthorization Audits	5% of total preauthorization's across disease specialities per	100% compliance		Rs. 50,000 per missing audit report per quarter If IC fails to submit audit report in reporting quarter, then it will be considered as one

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		quarter		instances of SPD triggers
--	--	---------	--	---------------------------

2.	Claims Audit (Approved Claims)	5% of total claims of the quarter	100% compliance	Rs. 50,000 per missing audit report per quarter If IC fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers
3.	Medical Audits	5% of total hospitalization cases per quarter	100% compliance	Rs. 50,000 per missing audit report per quarter If IC fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers
4.	Death Audits	100%	100% compliance	Rs. 50,000 Per missing death audit report per quarter If IC fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers
5	Beneficiary audit (during hospitalization)	2% of total hospitalized beneficiaries in that quarter	100% compliance	Rs. 50,000 per missing beneficiary (on phone) audit report If IC fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers

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6.	Beneficiary Audit-On Phone	5% of total hospitalized beneficiaries in that quarter	100% compliance	Rs. 50,000 per missing beneficiary (on phone) audit report If IC fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers
7.	Beneficiary Audit-Home Visit	1% of total hospitalized	100% compliance	Per 50,000 per missing beneficiary (on phone) audit report

		beneficiaries in that quarter		If IC fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers
<ul style="list-style-type: none"> • While conducting the audit, IC shall ensure not more than 20% of sample size of overlapping of beneficiaries across audits except SN.4. • Sample size shall be equally distributed across all the districts in the state and also ensuring coverage of all suspect entities • For the purpose of computing above audit percentages, cases from public hospitals shall be excluded. Dr.NTR VST may give directions regarding inclusion of cases from public hospitals for the audits. • If submitted audit report does not mention required sample size or details, it will be treated as non-submission of audit report • Audit reports shall contain details as required in Anti-Fraud Guidelines published by NHA • Insurer shall ensure audits to be conducted as prescribed by Anti-Fraud Guidelines, however penalty is only applicable on above audit reports 				

D. Payment KPIs			
SN	Availability KPIs	Timeline	Penalty
1.	Premium Payment by SHA	Premium payment as perschedule	Interest @ 1% on due premium amount for every 30 days' delay or part thereof shall be paid by the Dr.NTR VST to the Insurer [#]
2.	Premium Refund by IC	30 days from the date of notice	1.5% penal interest for every month of delay or part thereof if not received within 30 days
3	Payment of Penalties by IC	<ul style="list-style-type: none"> • 15 days from date or receiving the quarterly payment notice in case non contested payment • 30 days in case IC contests the levied penalty 	Interest @ 1.5% on due penalty amount for every 30 days delay or part thereof shall be paid as penal intrest by the Insurer to SHA
[#] : State government will bear cost of the penalty caused due to delay in premium payment and not to be booked under NHA's share			

E. Productivity* KPIs for Key Staff by IC				
SN	Designation	Benchmark	Location	Brief Roles and Responsibilities
1	PPD	100-120 Pre-authorization request per person per day	SPO/Central Office of IC <i>(Instructions to the state: state shall decide about location of the processor)</i>	<ul style="list-style-type: none"> • Approve/assign/reject pre-auth request • Raise query/send for clarification to hosp. • Trigger investigation
2	CEX	100-120 claims processing per person per day	SPO/Central Office of IC <i>(Instructions to the state: state shall decide about location of the processor)</i>	<ul style="list-style-type: none"> • Verification on non technical documents, reports, dates verification • Forward case to CPD for processing with inputs
3	CPD	70-100 claims per person per day	SPO/Central Office of IC <i>(Instructions to the state: state shall decide about location of the processor)</i>	<ul style="list-style-type: none"> • Verification of technical information eg. Diagnosis, clinical treatment, notes, evidences, etc. • Approve/assign/reject a claim • Raise query/as for clarification • Trigger investigation
<ul style="list-style-type: none"> • * IC shall make the staff available as detailed in Schedule: 16, however productivity KPIs will be applicable on above staff on given parameters. • IC shall ensure that preauthorization and claim approval and rejection shall be approved by an MBBS doctor 				

Schedule 13: Indicative Fraud Triggers

Claim History Triggers

1. Impersonation.
2. Mismatch of in house document with submitted documents.
3. Claims without signature of the AB PMJAY-Dr.NTRVS Beneficiary on pre-authorisation form.
4. Second claim in the same year for an acute medical illness/surgical.
5. Claims from multiple hospitals with same owner.
6. Claims from a hospital located far away from AB PMJAY - Dr.NTRVS Beneficiary's residence, pharmacy bills away from hospital/residence.
7. Claims for hospitalization at a hospital already identified on a "watch" list or black listed hospital.
8. Claims from members with no claim free years, i.e. regular claim history.
9. Same AB PMJAY - Dr.NTRVS Beneficiary claimed in multiple places at the same time.
10. Excessive utilization by a specific member belonging to the AB PMJAY - Dr.NTRVS Beneficiary Family Unit.
11. Deliberate blocking of higher-priced Package Rates to claim higher amounts.
12. Claims with incomplete/ poor medical history: complaints/ presenting symptoms not mentioned, only line of treatment given, supporting documentation vague or insufficient.
13. Claims with missing information like post-operative histopathology reports, surgical / anaesthetist notes missing in surgical cases.
14. Multiple claims with repeated hospitalization (under a specific policy at different hospitals or at one hospital of one member of the AB PMJAY - Dr.NTRVS Beneficiary Family Unit and different hospitals for other members of the AB PMJAY-Dr.NTRVS Beneficiary Family Unit), multiple claims towards the end of Policy Cover Period, close proximity of claims.

Admissions Specific Triggers

15. Members of the same PMJAY- Dr.NTRVS Beneficiary Family Unit getting admitted and discharged together.
16. High number of admissions.
17. Repeated admissions.
18. Repeated admissions of members of the AB PMJAY - Dr.NTRVS Beneficiary Family Unit.
19. High number of admission in odd hours.
20. High number of admission in weekends/ holidays.
21. Admission beyond capacity of hospital.
22. Average admission is beyond bed capacity of the EHCP in a month.

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23. Excessive ICU admission.
24. High number of admission at the end of the Policy Cover Period.
25. Claims for medical management admission for exactly 24 hours to cover OPD treatment, expensive investigations.
26. Claims with Length of Stay (LoS) which is in significant variance with the average LoS for a particular ailment.

Diagnosis Specific Triggers

1. Diagnosis and treatment contradict each other.
2. Diagnostic and treatment in different geographic locations.
3. Claims for acute medical illness which are uncommon e.g. encephalitis, cerebral malaria, monkey bite, snake bite etc.
4. Ailment and gender mismatch.
5. Ailment and age mismatch.
6. Multiple procedures for same AB PMJAY-DR.NTRVS Beneficiary – blocking of multiple packages even though not required.
7. One-time procedure reported many times.
8. Treatment of diseases, illnesses or accidents for which an Empaneled Health Care Provider is not equipped or Empaneled for.
9. Substitution of packages, for example, Hernia as Appendicitis, Conservative treatment as Surgical.
10. Part of the expenses collected from AB PMJAY-DR.NTRVS Beneficiary for medicines and screening in addition to amounts received by the Insurer.
11. ICU/ Medical Treatment blocking done for more than 5 days of stay, other than in the case of Critical Illness.
12. Overall medical management exceeds more than 5 days, other than in the case of Critical Illness.
13. High number of cases treated on an OOP basis at a given provider, post consumption of financial limit.

Billing and Tariff based Triggers

14. Claims without supporting pre/ post hospitalisation papers/ bills.
15. Multiple specialty consultations in a single bill.
16. Claims where the cost of treatment is much higher than expected for underlying etiology.
17. High value claim from a small hospital/nursing home, particularly in class B or C cities not consistent with ailment and/or provider profile.
18. Irregular or inordinately delayed synchronization of transactions to avoid concurrent investigations.
19. Claims submitted that cause suspicion due to format or content that looks "too perfect" in order. Pharmacy bills in chronological/running serial number or claim documents with colour photocopies. Perfect claim file with all criteria fulfilled with no deficiencies.
20. Claims with visible tempering of documents, overwriting in diagnosis/ treatment

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papers, discharge summary, bills etc. Same handwriting and flow in all documents from first prescription to admission to discharge. X-ray plates without date and side printed. Bills generated on a "Word" document or documents without proper signature, name and stamp.

General

21. Qualification of practitioner doesn't match treatment.
22. Specialty not available in hospital.
23. Delayed information of claim details to the Insurer.
24. Conversion of OP to IP cases (compare with historical data).
25. Non-payment of transportation allowance.
26. Not dispensing post-hospitalization medication to AB
PMJAY-Dr.NTRVSBeneficiaries.

Schedule 14: Indicators to Measure Effectiveness of Anti-Fraud Measures

1. Monitoring the number of grievances per 2,50,000 AB PMJAY-DR.NTRVS Beneficiaries.
2. Proportion of Emergency pre-authorisation requests.
3. Percent of conviction of detected fraud.
4. Share of pre-authorisation and claims audited.
5. Claim repudiation/ denial/ disallowance ratio.
6. Number of dis-empanelment/ number of investigations.
7. Share of AB PMJAY-DR.NTRVS Beneficiary Family Units physically visited by Schemefunctionaries.
8. Share of pre-authorisation rejected.
9. Reduction in utilization of high-end procedures.
10. AB PMJAY-DR.NTRVS Beneficiary satisfaction.
11. Share of combined/ multiple-procedures investigated.
12. Share of combined/ multiple-procedures per 2,50,000 procedures.
13. Pre-authorisation pendency rate and Claim pendency rate per 100 cases decided OR percent of pre-authorisation decided after additional observation being attended + correlated with frauds detected as a consequence of this effort.
14. Instances of single disease dominating a geographical area/Service area are reduced.
15. Disease utilization rates correlate more with the community incidence.
16. Number of FIRs filed.
17. Number of enquiry reports against hospitals.
18. Number of enquiry reports against Insurer or Dr.NTR VST staff.
19. Number of charge sheets filed.
20. Number of judgments received.
21. Number of cases discussed in Empanelment and Disciplinary Committee.
22. Reduction in number of enhancements requested per 100 claims.
23. Impact on utilization.
24. Percent of pre-audit done for pre-authorisation and claims.
25. Percent of post-audit done for pre-authorisation and claims.
26. Number of staff removed or replaced due to confirmed fraud.
27. Number of actions taken against hospitals in a given time period.
28. Number of adverse press reports in a given time period.
29. Frequency of hospital inspection in a given time period in a defined geographical area.
30. Reduction in share of red flag cases per 100 claims.

Schedule 15: Format of Actuarial Certificate for Determining Refund of Premium

[On the letterhead of the Insurer/Insurer's Appointed Actuary]

From
:
[Name of Appointed Actuary]
[Designation of Appointed
Actuary] [Address of
Insurer/Appointed Actuary]

Date: [●]

To
:
CEO, Dr. NTR Vaidya Seva Trust.
Address: Door No. – 241, MGM Capital Building,
Near NRI Junction Beside,
Chinnakakani Mangalagiri,
Andhra Pradesh 522503.
Tel No.: 0863-2259861 (Ext-413)
Email: ceoap@drntrvaidyaseva.ap.gov.in/ apsha@drntrvaidyaseva.ap.gov.in

Dear Sir,

Sub: Actuarial Certificate in respect of Pure Claim Ratio of [*insert name of Insurer*] for Policy Cover Period [] to []

I/We, [*insert name of actuary*], are/am a/an registered actuary under the laws of India and are/is licensed to provide actuarial services.

[*Insert name of Insurer*] (the **Insurer**) is an insurance company engaged in the business of providing health insurance services in India for the last [●] years. I/We have been appointed by the Insurer as its Appointed Actuary in accordance with the IRDA (Appointed Actuary) Regulations, 2000.

The Insurer has executed a contract dated [] with the Trust for the implementation of the AB PMJAY-Dr.NTRVS (the Insurance Contract). The Premium payable by the Trust under the Insurance Contract for the Policy Cover Period from [] to [] (Previous Policy Cover Period) is [] (Rupees [*insert sum in words*] only).

In accordance with the Insurance Contract, we are required to certify the Pure Claim Ratio for the full 12 months of the Previous Policy Cover Period for all the districts within the Service Area.

I, [*insert name*] designated as [*insert title*] at [*insert location*] of [*insert name of actuary*] do hereby certify that:

- (a) We have read the Insurance Contract, and the terms and conditions contained therein.
- (b) In our fair and reasonable view and based on the information available to us, the Pure Claim Ratio for the full 12 months of the Previous Policy Cover Period has been determined by us in accordance with the formula below:

$$\text{Pure Claim Ratio} = \frac{\text{C}}{\text{PT}} \times 100$$

$$= [\text{insert calculation}]$$
$$= [\text{insert result}] \% \text{ For the purposes of the formula}$$

above:

PT is the total Premium collected by the Insurer in the Previous Policy Cover Period for all the Beneficiary Family Units covered by it. It is calculated as the product of the Premium per Beneficiary Family Unit in the Current Policy Cover Period and the total number of Beneficiary Family Units covered by the Insurer in the Current Policy Cover Period, i.e., Rs. [●] (Rupees [*insert sum in words*] only).

C is the total Claims paid by the Insurer to the Empaneled Health Care Providers

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in the full 12 months of the Previous Policy Cover Period, i.e., Rs. [●] (Rupees [insert sum in words] only);

- (c) In our fair and reasonable view and based on the information available to us, the Pure ClaimRatio of the Insurer in respect of all the districts within the Service Area in the full 12 months of the Previous Policy Cover Period is [□]% ([insert sum in words] percentage).

At [insert place]

Date: [insert date]

On behalf of [insert name of Appointed Actuary]

[Name

] [title]

Name and Counter Signature of Principal Officer of Appointed Actuary, along with AppointedActuary's name and seal

On behalf of [insert name of Appointed Actuary]

[Name

][title]

[Note. This counter signature is only required if the Appointed Actuary is an external actuarialfirm.]

Schedule 16: Minimum Manpower Requirements

The Insurer shall ensure that it shall at all times during the Tenure of the Contract, maintain at a minimum, the following number of Personnel having, at a minimum, the prescribed qualifications and experience:

Sl. No	Designation	Number	Location	Minimum Qualification and experience (instructions to the state to specify)	Brief Roles and Responsibilities
1	State Project Manager	1	SPO of IC	Post Graduate with minimum 10 years' experience in any community base health insurance scheme.	<ul style="list-style-type: none"> Overall coordinator of ICs operations in the state Single contactpoint for Dr.NTR VST for any coordination purpose
2	State Medical Manager	1	SPO of IC	Master Degree in Medicine/ Surgery or other equivalent relevant specialties will be preferable	Overall supervision and guidance to be provided to CPDs and PPDs
3	State Operations Coordinator	1	SPO of IC	Post Graduate with minimum 5 years experience in any community base health insurance scheme.	coordinate
4	District Coordinator	1 each district	Office of District Nodal Officer PM JAY	Graduate with an experience of more than 5 years in any	<u>Role of District Coordinator</u> <ul style="list-style-type: none"> To coordinate and ensure

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				community base health insurance scheme.	smooth implementation of the Scheme in the district. <ul style="list-style-type: none"> • To follow up with the EHCP to ensure that the IT infrastructure installed is fully functional at all times. • Liaise with the district officials of the SHA to addressing operational issues as and when the arise. Liaise with the District Grievance Redressal Cell for resolving all complaints.
5	PPD	100-120 Pre-authorization request per day per person	SPO of IC/Centrally located	MBBS and Master Degree in Medicine/ General Surgery or other equivalent relevant specialties.	<ul style="list-style-type: none"> • Approve/assign/reject pre-auth request • Raise query/send for clarification to hosp. • Trigger

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					investigati on
6	CEX	100-120 per claims processing per person	SPO of IC/Central lylocated	<ul style="list-style-type: none"> Science Graduate 	<ul style="list-style-type: none"> Verificatio n on non technical documents, reports, dates verification Forward caseto CPD for processing with inputs

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7	CPD	70-100 claims per person perday	SPO of IC/Centrally located	MBBS and Master Degree in Medicine/ General Surgery or other equivalent relevant specialties.	<ul style="list-style-type: none"> • Verification of technical information eg. Diagnosis, clinical treatment, notes, evidences, etc. • Approve/assign/reject a claim • Raise query/as for clarification • Trigger investigation
8	Fulltime medical Auditors	1 cluster per	1 each in region (Visakhapatnam, Guntur)	<ul style="list-style-type: none"> • MBBS and Master Degree in Medicine/ General Surgery or other equivalent relevant specialties. 	<ul style="list-style-type: none"> • Coordinate and conduct required periodical audit • Finalize and submit audit report for the district/cluster to the state headquarter for finalization of state wise periodical audit
9	Empaneled medical auditors	As per requirement (Instruction to state: No need to be on	1 (one) in each region. (Visakhapatnam, Guntur)	Post Graduate Qualification in Medicine (M.D. or M.S.)	Support conducting medical audits

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		<i>payroll but can be ad hoc staff)</i>			
10	Empaneled Hospital Auditors	As per requirement (Instruction to state: No need to be on payroll but can be ad hoc staff)	1 (one) in each region. (Visakhapatnam, Guntur)	<ul style="list-style-type: none"> Post Graduate Qualification in Medicine (M.D. or M.S.) 	<ul style="list-style-type: none"> Support conducting hospital audits

Schedule 17: Non-Disclosure Agreement

NON-DISCLOSURE AGREEMENT

This Non- Disclosure Agreement (“**Agreement**”) is entered into on this ... day of __, 2023 (“**Effective Date**”) by and between:

State Health Agency, _____ represented by the CEO, Dr NTR VST, having its office located at Mangalagiri which expressionshall, unless repugnant to the context, include its successors and assigns (hereinafter referred to as “Dr NTR VST”)

And

M/s. _____ company registered under the Companies Act 1956 and having its registered office at represented by Mr. _____ Which expression shall, unless repugnant to the context include its successors (hereinafter referred as "the Insurer")

SHA and Insurer shall hereinafter be referred individually as Party/ as specified hereinabove and jointly as “**Parties**”.

Whereas:

- A. SHA is constituted with an objective of implementing AB PMJAY-Dr.NTRVS in Andhra Pradesh.
- B. AB PMJAY-Dr.NTRVS in alliance with state governments. Thus, Dr.NTR VST is playing a critical role in **fostering linkages as well as convergence of AB PMJAY - DR.NTRVS** with health and related programs of the Central and State Governments.
- C. The Insurer is carrying on business of_____.
- D. SHA is (contemplating engaging the services of the Insurer) for Health Insurance (the “Purpose”) and for this Purpose, the Insurer shall come into contact with certain confidential information;
- E. SHA desires to ensure that strict confidentiality is maintained by the Insurer regarding its relationship with Dr.NTR VST and also regarding the confidential information which comes to the knowledge of Insurer in connection with the Purpose.
- F. The Parties desire to set forth their rights and obligations with respect to the use, disseminationand protection of the confidential information accessed by the Insurer.

NOW THEREFORE, in consideration of the mutual covenants and agreements set forth below, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is understood and agreed as follows:

1. Definitions

In this Agreement, the following terms shall have the following meanings:

“Confidential Information” shall include all information or data, whether electronic, written or oral, relating to AB PMJAY - DR.NTRVS Scheme , Dr.NTR VST ’s business, operations, financials, services, facilities, processes, methodologies, technologies, intellectual property, trade secrets, research and development, trade names, Personal Data, Sensitive Personal Data, methods and procedures of operation, business or marketing plans, licensed document know-how, ideas, concepts, designs, drawings, flow charts, diagrams, quality manuals, checklists, guidelines, processes, formulae, source code materials, specifications, programs, software packages/ codes, clients and suppliers, partners, principals, employees, consultants and authorized agents and any information which is of a manifestly confidential nature, that is supplied by Dr.NTR VST to the Insurer or otherwise acquired/accessed by the Insurer during the course of dealings between the Parties or otherwise in connection with the Purpose. Confidential Information may also include the Confidential Information related to AB PMJAY - DR.NTRVS Scheme, SHA’s/ other SHA’s clients, licensors, alliances, contractors and advisors.

“Personal Data” and “Sensitive Personal Data” shall have the meanings as assigned to them under applicable law of India.

2. Supply and Use of Confidential Information

(a) The Insurer shall use Confidential Information only for the Purpose or in relation to the definitive written agreement between the Parties (if any or is subsequently entered into) in connection with the Purpose, pursuant to which a given item of Confidential Information was disclosed. Upon the completion of the business objective relating to the Purpose or the termination/expiry of such definitive written agreement in connection with the Purpose, and upon the written request of SHA, an authorized officer of the Insurer shall promptly, at the option of SHA, either return to Dr.NTR VST or destroy all Confidential Information in the Insurer’s possession or control, and shall certify to Dr.NTR VST as to such return or destruction.

(b) The Insurer shall not disclose the Confidential Information to any third party without Dr.NTR VST ’s prior written consent. The Insurer may disclose the Confidential Information to its employees, on a strict need to know basis in connection with the Purpose provided such employees are bound under confidentiality agreements which are at least as restrictive as this Agreement.

(c) The Insurer shall exercise the same degree of care with respect to Dr.NTR VST ’s Confidential Information as the Insurer takes to safeguard and preserve its own

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confidential and/or proprietary information provided that in no event shall the degree of care be less than a reasonable degree of care. Upon discovery of any prohibited use or disclosure of the Confidential Information, the Insurer shall immediately notify Dr.NTR VST in writing and shall make its best efforts to prevent any further prohibited use or disclosure; however, such remedial actions shall in no manner relieve the Insurer's obligations or liabilities for breach hereunder.

(d) The Insurer shall ensure that all appropriate confidentiality obligations and technical and organizational security measures are in place, within the Insurer's organization, to prevent any unauthorized or unlawful disclosure or processing of Confidential Information and the accidental loss or destruction of or damage to such Confidential Information. The Insurer will comply with applicable data protection and privacy legislation in this regard.

(e) To the extent it is a transferee of Personal Data from SHA, the Insurer shall be under and shall assume identical and/or similar obligations that of Dr.NTR VST under the applicable data protection and privacy legislation in this regard relating to such Personal Data.

(f) The Insurer shall notify Dr.NTR VST forthwith from the time it comes to the attention of the Insurer that Confidential Information (including Personal Data) transferred by Dr.NTR VST to it has been the subject of accidental or unlawful destruction or accidental loss, alteration, unauthorized disclosure or access, or any other unlawful forms of processing. The obligation contained above shall survive any termination/expiration of the Agreement.

3. **Limitations:**

This Agreement shall not restrict disclosure of information that, the Insurer can evidence through sufficient documentation:

(a) was, at the time of receipt, otherwise known to the Insurer without restrictions as to use or disclosure; or

(b) was in the public domain at the time of disclosure or thereafter enters into the public domain through no breach of this Agreement by the Insurer.

4. **Exclusion:**

The Insurer may disclose Confidential Information, strictly to the extent such disclosure is compulsorily required under applicable law (including court order), to a regulatory authority or a court of law with competent jurisdiction over the Insurer, provided that the Insurer will first have provided Dr.NTR VST with immediate written notice of such required disclosure and will take reasonable steps to allow Dr.NTR VST to seek a protective order with respect to the Confidential Information required to be disclosed.

The Insurer will promptly cooperate with and assist Dr.NTR VST in connection with

obtaining such protective order.

5. No Warranty:

SHA HEREBY DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS OR IMPLIED, WITH RESPECT TO THE CONFIDENTIAL INFORMATION.

6. No License:

No license or conveyance of any rights held by Dr.NTR VST under any discoveries, inventions, patents, trade secrets, copyrights, or other form of intellectual property is granted or implied by this Agreement or by the disclosure of any Confidential Information pursuant to this Agreement.

7. No Formal Business Obligations:

This Agreement shall not constitute, create, give effect to or otherwise imply (i) a joint venture, pooling arrangement, partnership or formal business organization of any kind, or (ii) any obligation or commitment on Dr.NTR VST to submit a proposal or to enter into a further contract or business relationship with the Insurer, or (iii) any obligation on Dr.NTR VST to disclose, supply or otherwise communicate any information, general or specific, to the Insurer. Nothing herein shall be construed as providing for the sharing of profits or losses arising out of efforts of either or both Parties.

8. Confidentiality and Intellectual Property Notices:

The Insurer shall not (nor shall it permit or assist others to) alter or remove any confidentiality label, proprietary label, patent marking, copyright notice or other legend (singularly or collectively, "Notices") placed on the Confidential Information, and shall maintain and place any such Notices on applicable Confidential Information or copies thereof.

9. Governing Law and Jurisdiction:

This Agreement shall be governed by and construed in accordance with the laws of India. Any dispute arising out of the Agreement shall be referred to the nominated senior representatives of both the Parties for resolution through negotiations. In case, any such difference or dispute is not amicably resolved within forty five (45) days of such referral, it shall be resolved through Arbitration, in India, in accordance with the provisions of Arbitration and Conciliation Act 1996 and _____ shall be considered as sole Arbitrator to adjudicate the dispute between the Parties as per the Arbitration and Conciliation Act as amended from time to time. Arbitration shall be held in English and the venue of the Arbitration shall be in Delhi. The award of the Arbitrator shall be final and binding on the Parties. The proceedings of arbitration, including arbitral award, shall be kept confidential. Subject always to the foregoing provisions of this paragraph, the competent courts of Andhra Pradesh shall have jurisdiction in relation to any dispute between the Parties under this Agreement.

10. Injunctive Relief and Damages:

The Insurer acknowledges that use or disclosure of any confidential and proprietary information in a manner inconsistent with this Agreement will give rise to irreparable injury for which damages would not be an adequate remedy. Accordingly, in addition to any other legal remedies which may be available at law or in equity, the Dr.NTR VST shall be entitled to equitable or injunctive relief against the unauthorized use or disclosure of confidential and proprietary information. The Dr.NTR VST shall be entitled to pursue any other legally permissible remedy available as a result of such breach, including but not limited to damages, both direct and consequential. Additionally, the Insurer agrees to keep Dr.NTR VST indemnified against any losses or damages (including reasonable attorneys' fees) arising due to the breach of this Agreement by the Insurer.

11. Miscellaneous:

- **Amendment:** This Agreement may be amended or modified only by a written agreement signed by both of the Parties.
- **Relationship:** The Parties to this Agreement are independent contractors. Neither Party is an agent, representative, or partner of the other Party. Neither Party shall have any right, power, or authority to enter into any agreement for, or on behalf of, or incur any obligation or liability of, or to otherwise bind, the other Party. No joint venture, partnership or agency relationship exists
- between the Insurer, the Dr.NTR VST or any third- party as a result of this Agreement.
- **Assignment:** Neither Party may assign its rights or delegate its duties under this Agreement without the other Party's prior written consent.
- **Severability:** In the event that any provision of this Agreement is held to be invalid, illegal or unenforceable in whole or in part, the remaining provisions shall not be affected and shall continue to be valid, legal and enforceable as though the invalid, illegal or unenforceable parts had not been included in this Agreement.
- **Waiver:** Neither Party will be charged with any waiver of any provision of this Agreement, unless such waiver is evidenced by a writing signed by the Party and any such waiver will be limited to the terms of such writing.

12. Termination and Survival:

This Agreement shall commence as of the date written above and shall remain in effect for a period _____ unless terminated earlier by Dr.NTR VST by (i) giving fourteen (14) days' written notice of termination to the Insurer at any time, or (ii) giving notice effective immediately following a breach by the Insurer. Notwithstanding the foregoing, any obligations imposed on the Insurer under this Agreement, including confidentiality obligations, that by their very nature survive the termination or expiry of this Agreement shall so survive the termination or expiry of this Agreement.

13. No Publicity:

No press release, advertisement, marketing materials or other releases for public consumption concerning or otherwise referring to the terms, conditions or existence of this Agreement shall be published by the Insurer. The Insurer shall not promote or otherwise disclose the existence of the relationship between the Parties evidenced by this Agreement or any other agreement between the Parties for purposes of soliciting or procuring sales, clients, investors or other business engagements.

14. Non-Solicitation:

Except as may be otherwise agreed in writing between the Parties, during the term of this Agreement and for twelve (12) months thereafter, neither the Insurer nor any of its affiliates, shall offer employment to or employ any person employed (then or within the preceding twelve (12) months) by Dr. NTR VST if such person had interacted with the Insurer or its affiliates, directly or indirectly, in relation to the Purpose or was involved in performing responsibilities in relation to the Purpose.

15. No Conflict:

The Insurer represents and warrants that the performance of its obligations hereunder does not, and shall not, conflict with any of its other agreement or obligation to which it is bound.

16. Entire Agreement; Counterparts:

This Agreement together with any other definitive written agreement executed or to be executed between the Parties relating to the Purpose constitutes the entire agreement between the Parties with respect to the subject matter hereof. This Agreement may be executed in one or more

counterparts, each of which shall be deemed an original, but all of which, when taken together, shall constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized representatives and made effective from the Effective Date first written above.

SIGNED for and on behalf of SHA By _____	SIGNED for and on behalf of Insurer By _____
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Title_____ (authorized signatory)	Title_____ (authorized signatory)
Date _____	Date _____

Schedule 18: Individual Confidentiality Undertaking

UNDERTAKING

I, [Insert Name], the undersigned, acknowledge that as an employee/ staff of

_____ (“**Insurer**”), I will be working as a team member of the company/project team which is providing, or shall provide, certain services to Dr NTR VST (SHA) as per the terms and conditions of the Agreement dated _.

In this regard, I confirm that I have fully read and understood all the terms and conditions of the Agreement executed between Dr.NTR VST and Insurer, in particular to the contents below. With effect from _], I undertake to strictly abide by this undertaking and the Agreement.

To the extent not defined in this undertaking itself, the capitalised terms contained in this letter shall have the meaning attributed to them under the Agreement.

Without prejudice to the generality of the foregoing paragraphs, I agree to the following:

1. I shall not discuss/ disclose, at any time during my work on the Services or at any time thereafter, any Confidential Information with/ to any third party or any employee or partner of Insurer or other Insurer Firms, other than those working or advising on the Services or those who need to access such information on a strict need to know basis.
2. If approached by any third party or Insurer employee/staff (where such employee/staff do not require access to the Confidential Information on a need to know basis) to provide any Confidential Information relating to the Services, I shall immediately inform the Insurer and/or Dr.NTR VST and shall not disclose any such information unless approved.
3. I shall not remove or destroy any documents, data, files or working papers in whatsoever form (including but not restricted to any in electronic form) in respect of the Services, without the written consent of Insurer.
4. In the event that I leave the employment of Insurer or my association with Insurer gets terminated, I shall not discuss/ disclose thereafter any Confidential Information with/ to any other party.
5. I voluntarily waive all my rights and disclaim my ownership on any work and/or deliverables to be performed while deployed at Insurer/ Dr.NTR VST for the purposes of Agreement.

I understand that strict compliance with this undertaking and the Agreement is a condition of my involvement with the Services and a breach hereof may be regarded as

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an infringement of my terms of employment/ association with Insurer. I acknowledge that I will be personally liable for any breach of this undertaking and/or the Agreement and that the confidentiality obligations hereinunder shall survive the tenure of my employment/ association with Insurer.

Signature: _____

Name (in block letters): _____

Telephone #: _____

Date: _____

Schedule 19: Template for Claims Adjudication Audit

Case ID	Hospital Name	Package name	Package Cost	Date of Admission	Date of Discharge	Types of findings	Comments

Claims adjudication audit reporting format

Name of the IC		
Month and year of Audit		
Total number of claims audited		
Total number of errors found during audit	Financial	Non financial
No of Hospitals found suspected during audit		
Action plan against suspected hospitals		
Major type of errors found during audit		

Executive summary of audit**Claims adjudication audit manual checklist**

Case number			
Hospital name and District			
Package booked (Diagnosis)			
Package amount			
Date of admission			
Date of Discharge			
Type of package medical/Surgical			
Particulars	Yes	No	Remarks
Past history checked			
Are all mandatory documents required at the time of Pre-Auth uploaded			
Validate Length of stay - DOA/DO D			
Are symptoms matching with the diagnosis			
Is the package booked matching with the diagnosis			
Are Investigation reports supporting diagnosis available			
Are Post op photos showing scar available in surgical cases			
Investigation reports signed by doctor with registration no			
Are pre op and post op x-rays available in ortho cases			
Discharge summary in proper format			
Complete ICP available from the day of admission till discharge			
ICP in same handwriting			
Is referral letter from government hospital available (State specific)			
Death Summary in case of death			

Schedule 20: Staff Details for takeover by the Insurance Company

	Salary Per Month	No of Employees to be taken over
Filed Staff		
District Manager (District Officers)	21500	9
Team Leader (District Officers)	21500	102
Data Entry Operator (District Officers)	18500	55
Vaidya Mithras (Network Hospitals)	15000	1790
Head Quarter Staff		
Deputy Executive Officer (T)	55000	20
Deputy Executive Officer (NT)	52000	11
Executive	18500	113
Team Leaders	21500	8
General Manager	81000	1
Dy.General Manager (DGM)	69000	2
Data Processing Officer (DPO)	18500	6
House Keeping Staff	12000	29