Arogya Sanjeevani Policy, Magma GIL

Prospectus



Eligibility

- This Policy can be offered as an Individual Policy covering one member or as a Family Floater Policy.
- Maximum entry age is 65 years.
- For individual Policies, minimum entry age is 18 years.
- For Family Floater Policy dependent child can be of age minimum 91 days. An insured Child under a Family Floater policy, on reaching age 26 years will be considered as Adult on renewal. If such Policy was already consisting of 4 Adults, such individual will be moved to a separate individual policy with continuity benefit on waiting periods.
- Proposer (Policyholder) should be 18 years or above.
- Lifetime renewability.
- Family includes self, spouse, dependent children, dependent parent(s) dependent parents-in-law, However maximum number of Insured Persons in a Policy can be 4 adults and 3 children.

Policy Period

The Policy will be issued for 1 year.

Sum Insured Options

50,000, 1Lakh, 1.5 Lakh, 2 Lakh, 2.5 Lakh, 3 Lakh, 3.5 lakh, 4 lakh, 4.5 Lakh. 5 Lakh, 5.5 Lakh, 6 Lakh, 6.5 Lakh, 6.5 Lakh, 7Lakh, 7.5 Lakh, 8 Lakh, 8.5 Lakh, 9 Lakh, 9.5 Lakh, 10 Lakh

Benefits

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

- **Hospitalization**

The Company shall indemnify Medical Expense incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the Policy Schedule, for,

i. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day.

ii. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) expenses up to 5% of the sum insured subject to maximum of Rs.10,000/-, per day.

iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/surgeon or to the Hospital

iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

Other expenses

i. Expenses incurred on treatment of cataract subject to the sub limits

ii. Dental treatment, necessitated due to disease or injury

iii. Plastic surgery necessitated due to disease or injury

iv. All the day care treatments

v. expenses incurred on road ambulance subject to a maximum of Rs. 2,000 per hospitalization.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment
2. In case of admission to a room at rates exceeding the aforesaid limits, the reimbursement/payment of all associated expenses incurred at the Hospital, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. **Associated expenses** refer to the medical expenses which vary as per room category opted in the Hospital. These shall not include Cost of pharmacy and consumables; cost of implants and medical devices; cost of diagnostics.

- **AYUSH Treatment**

The Company shall indemnify Medical Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems of medicines during each Policy Year up to the limits of Sum Insured as specified in the policy schedule in any AYUSH Hospital.

- **Cataract Treatment**

The Company shall indemnify Medical Expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per eye in one policy year.

- **Pre-Hospitalization**

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy.

- **Post Hospitalisation**

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible Hospitalization covered under the Policy.

- The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:

A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

B. Balloon Sinuplasty

C. Deep Brain stimulation

D. Oral chemotherapy

E. Immunotherapy- Monoclonal Antibody to be given as injection

F. Intra vitreal injections

G. Robotic surgeries

H. Stereotactic radio surgeries

I. BronchicalThermoplasty

J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

K. IONM - (Intra Operative Neuro Monitoring)

L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

- The expenses that are not covered in the policy are placed under List I of Annexure A. The list of expenses that are to be subsumed into room charges, or procedure charges, or costs of treatment are placed under List II, List III and List IV of Annexure-A respectively.

- **Cumulative Bonus (CB)**

Cumulative Bonus will be increased by 5% every year irrespective of a claim being initiated in the policy year, provided the policy is continuously renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year.

Notes:

i. In case where the policy is on individual basis, the CB shall be added and available individually to the insured person.
ii. In case where the policy is on floater basis, the CB shall be added available to the family on floater basis.
iii. CB shall be available only if the Policy is renewed/premium paid in Grace Period.
iv. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons.
v. In case of Floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.
vi. If the Sum Insured has been reduced at the time of renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current policy
vii. If the Sum Insured under the Policy has been increased at the time of renewal, the CB shall be calculated on the Sum Insured of the last completed Policy Year.

E Exclusion

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

E.i. Standard Exclusions

- **Pre-Existing Diseases(Code- Excl01)**

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

- **First Thirty Days Waiting Period(Code- Excl03)**

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

- **Specific Waiting Period: (Code- Excl02)**

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

24 Months waiting period

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age related eye ailments

10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

36 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

- **Investigation & Evaluation(Code- Excl04)**

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

- **Rest Cure, rehabilitation and respite care(Code- Excl05)**

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

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- **Obesity/ Weight Control(Code- Excl06)**

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

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

i. Obesity-related cardiomyopathy
ii. Coronary heart disease
iii. Severe Sleep Apnea
iv. Uncontrolled Type2 Diabetes

- **Change-of-Gender treatments: (Code- Excl07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

- **Cosmetic or plastic Surgery: (Code- Excl08)**

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

- **Hazardous or Adventure sports: (Code- Excl09)**

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

- **Breach of law: Code- (Excl10)**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

- **Excluded Providers: Code- (Excl11)**

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

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

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

- Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code- Excl14)**

- **Refractive Error:(Code- Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

- **Unproven Treatments:(Code- Excl16)**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

- **Sterility and Infertility: (Code- Excl17)**

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

- **Maternity Expenses (Code:Excl 18):**

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period**.**

ii. Specific Exclusions

- War (whether declared or not) and war like occurrence or invasion, act of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power seizure, capture, arrest, restrains and detainment of all kinds.
- Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
- Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
- Chemical attack weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- Biological attack weapons means the emission, discharge, dispersal, release or escape of any pathogen (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness incapacitating disablement or death.
- Any expenses incurred on Domiciliary Hospitalization/OPD treatment
- Treatment taken outside the geographical limits of India
- In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

8. Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

9. CLAIM PROCEDURE

1.1 Procedure for cashless claims:

Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA by submitting Cashless request form

The Company/TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details

1.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

S. No.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within 30 days of date of discharge from hospital
2	Reimbursement of post hospitalization expenses	Within 15 days from completion of post hospitalization treatment

9.1 Notification of Claim:

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

i. Within24hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.

ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

9.2 Documents to be submitted:

The claim is to be supported with the following original documents and submitted within the prescribed time limit.

i. Duly completed claim form

ii. Photo identity proof of the patient

iii. Medical practitioner's prescription advising admission.

iv. Original bills with itemized break-up

v. Payment receipt

vi. Discharge summary including complete medical history of patient along with other details

vii. Investigation/Diagnostic test reports etc. supported by the prescription from attending medical practitioner

viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases)

ix. Sticker/Invoice of the Implants, wherever applicable

x. MLR (Medico-legal report) copy, if carried out and FIR (First information report), if registered, wherever applicable

xi. NEFT details (to enable direct credit of claim amount in bank account) and cancelled cheque

xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML guidelines

xiii. Legal heir/succession certificate, wherever applicable

xiv. Any other document required by Company/TPA for assessment of the claim.

All documents should be submitted in original.

9.3 Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

Discount/ Loading Factors:

Discount shall be offered based on following parameters. The discount is applicable on insured level in case of Individual policy. In case of Family floater policy, the discount is on policy level and not on insured level.

Therefore, even if one of the insured under the floater cover fulfils the criteria, discount would be given on entire policy.

1. Employee Discount: A discount of 15% is offered for employees of Magma Group provided the Policy is purchased without any intermediary.
2. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with MagmaGeneral Insurance Limited on or prior to inception of this Policy.
3. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution. This discount will not be offered if Employee discount is availed.
4. Go Green Discount: A discount of ₹200 is applicable if the Policyholder opts to avail Policy documents in soft copy only, subject to the provisions of applicable law.

5. Loading: We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).

No loading shall be applied at the time of Renewal on the basis of individual claim experience.

6. Loading for Instalment Option: If You want to opt for premium payment in instalments following loading shall be applicable.

Instalment Option	Loading
Monthly	5%
Quarterly	4%
Semi Annual	3%

Salient Features of the Policy:

- Cashless facility: The Insured Person can avail of Cashless Facility at any of Our Network Providers in accordance with the process set out in the Policy. In case the Insured Person avails treatment in a Non-Network Hospital or if Cashless facility is not availed, Reimbursement of Claims can be availed. Claim intimation must be done at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission to the Hospital, in case of Emergency Hospitalization. Claims documents must be submitted within 15 days from the date of intimation (along with the requisite documents).

Free Look Period: A Free look Period of 30 days would be available to the Policyholder from the date of receipt of the Policy document, for reviewing its terms & conditions. If the Policyholder disagrees with any of its conditions, he/she may return the Policy within this free look period and we will refund the premium subject only to a deduction of expenses incurred on medical examination and stamp duty charges. In case of any delay in refund, the insurer shall refund such amounts along with interest at the bank rate plus 2 percent on the refundable amount, from the date of receipt of the request for free look cancellation till the date of refund.
Grace Period: The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

- Pre-Policy Medical Check up may be required based on age, Sum Insured opted and Pre-Existing Disease. We shall reimburse at least 50% of the expenses incurred by the Insured on pre-Policy medical health checkup once the proposal is accepted.

Renewal of Policy:

A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured.

i. . An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

ii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.

iii. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured

Possibility of Revision of Terms of the Policy Including the Premium Rates:

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

Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company policy by applying for migration of the policy 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

Cancellation of Policy:

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

ii) The Company may cancel the policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation.

Premium Payment in Instalments:

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

ii. Coverage shall be available during the grace period, if the premium is paid in instalments during the policy period.
iii. The Insured Person will get the accrued continuity benefits in respect of the "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The Company has right to recover and deduct all the pending instalments from the claim amount due under the policy.

Portability:

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

Endorsements (Changes in Policy)

i.) This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written endorsement signed and stamped.
ii) The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/ immediate family member. Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

Redressal of Grievance

In case of any grievance including senior citizen, the insured person may contact the Company through
Website: www.magmainsurance.com
Toll free: 1800 266 3202
Email address: customercare@magmainsurance.com.
For senior citizens Email address - namaskar@magmainsurance.com
Dedicated helpline exclusively for senior citizens - 022-62605766
Customer can also reach out to Branch GRO
Email address: customercare@magmainsurance.com

Courier: Any of Our branch offices or corporate office during business hours
Insured person may also approach the grievance cell at any of the company's branches with the details of

grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:
Magma General Insurance Ltd
Equinox Business Park, Tower 3, Ambedkar Nagar
2nd Floor, Unit no. 1A and 1B, LBS Marg,
Kurla West, Mumbai, Maharashtra 400070.
E mail id-: gro@magmainsurance.com

For updated details of grievance officer, kindly refer the link https://www.magmainsurance.com/grievance-redressal.

In case you are not satisfied with the resolution you may register complaint directly in of IRDAI's online portal - Bima Bharosa System-https://bimabharosa.irdai.gov.in/

If Insured Person is not satisfied with the redressal of grievance through above methods after the expiry of 30 days from date of filing the complaint, insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman https://www.cioins.co.in/

Tax Benefit Income Tax benefits on the premium paid can be availed as per the provisions of Section 126 of Income Tax Act, 2025.

Note: Policy terms & conditions and Premium rates are subject to change with prior approval from IRDAI.

Disclaimer: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document before concluding sale.

Statutory Warning - Prohibition of Rebates

Prohibition of Rebates Under Section 41of Insurance Law (Amendment) Act, 2015

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

2. Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relations to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Annexure-A.

The contact details of the **Insurance Ombudsman** offices are as below-

Office of the Ombudsman	Contact Details	JURISDICTION
AHMEDABAD	Dr. Pranai Prabhakar Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Ms. Neerja Kapur Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Shri. Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor," Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chhattisgarh.
BHUBANESWAR	Shri Rashmi Raman Singh Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Ms. Alka Jha Insurance Ombudsman Office of The Insurance Ombudsman,	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and

	Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
CHENNAI	Shri. K. Vinayak Rao Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Shri Mukhmeet Singh Bhatia Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh
GUWAHATI	Shri. Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Ms. G Shobha Reddy Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Shri. Satyajeet Rajan Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363	Rajasthan

	Email: bimalokpal.jaipur@cioins.co.in	
KOCHI	Shri. Pradeep Kumar Jain Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA	Ms. Manju Bagga Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Shri Sanjai Singh Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Ms. Sarojini S Dikhale Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance

	Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Ombudsman Thane and areas of Navi Mumbai
NOIDA	Shri Rajiv Talwar Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Shri Inderjeet Singh Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Ms. Rachna Khare Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district,Palghar District, Raigad district & Mumbai Metropolitan Region
THANE	Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."

For updated list visit- https://www.cioins.co.in/Ombudsman

Annexure-B

List I – Item for which coverage in not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER

40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

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

14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON

19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

List of Day Care Surgeries

CARDIOLOGY RELATED	
1	CORONARY ANGIOGRAPHY
	CRITICAL CARE RELATED
2	INSERT NON- TUNNEL CV CATH
3	INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
4	REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
5	INSERTION CATHETER, INTRA ANTERIOR
6	INSERTION OF PORTACATH
	DENTAL RELATED
7	SPLINTING OF AVULSED TEETH
8	SUTURING LACERATED LIP
9	SUTURING ORAL MUCOSA
10	ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11	FNAC
12	SMEAR FROM ORAL CAVITY

13	MYRINGOTOMY WITH GROMMET INSERTION
14	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
15	REMOVAL OF A TYMPANIC DRAIN
16	KERATOSIS REMOVAL UNDER GA
17	OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19	REMOVAL OF KERATOSIS OBTURANS
20	STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21	REVISION OF A STAPEDECTOMY
22	OTHER OPERATIONS ON THE AUDITORY OSSICLES
23	MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
24	FENESTRATION OF THE INNER EAR
25	REVISION OF A FENESTRATION OF THE INNER EAR
26	PALATOPLASTY
27	TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28	TONSILLECTOMY WITHOUT ADENOIDECTOMY
29	TONSILLECTOMY WITH ADENOIDECTOMY
30	EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31	REVISION OF A TYMPANOPLASTY
32	OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33	INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34	MASTOIDECTOMY
35	RECONSTRUCTION OF THE MIDDLE EAR
36	OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37	INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38	OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40	OTHER OPERATIONS ON THE NOSE
41	NASAL SINUS ASPIRATION
42	FOREIGN BODY REMOVAL FROM NOSE
43	OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44	ADENOIDECTOMY
45	LABYRINTHECTOMY FOR SEVERE VERTIGO
46	STAPEDECTOMY UNDER GA
47	STAPEDECTOMY UNDER LA
48	TYMPANOPLASTY (TYPE IV)
49	ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
50	TURBINECTOMY
51	ENDOSCOPIC STAPEDECTOMY
52	INCISION AND DRAINAGE OF PERICHONDRITIS

53	SEPTOPLASTY
54	VESTIBULAR NERVE SECTION
55	THYROPLASTY TYPE I
56	PSEUDOCYST OF THE PINNA – EXCISION
57	INCISION AND DRAINAGE - HAEMATOMA AURICLE
58	TYMPANOPLASTY (TYPE II)
59	REDUCTION OF FRACTURE OF NASAL BONE
60	THYROPLASTY TYPE II
61	TRACHEOSTOMY
62	EXCISION OF ANGIOMA SEPTUM
63	TURBINOPLASTY
64	INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65	UVULO PALATO PHARYNGO PLASTY
66	ADENOIDECTOMY WITH GROMMET INSERTION
67	ADENOIDECTOMY WITHOUT GROMMET INSERTION
68	VOCAL CORD LATERALISATION PROCEDURE
69	INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70	TRACHEOPLASTY
GASTROENTEROLOGY RELATED	
71	CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
72	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73	PANCREATIC PSEUDOCYST EUS & DRAINAGE
74	RF ABLATION FOR BARRETT'S OESOPHAGUS
75	ERCP AND PAPILLOTOMY
76	ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77	EUS + SUBMUCOSAL RESECTION
78	CONSTRUCTION OF GASTROSTOMY TUBE
79	EUS + ASPIRATION PANCREATIC CYST
80	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81	COLONOSCOPY ,LESION REMOVAL
82	ERCP
83	COLONSCOPY STENTING OF STRICTURE
84	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85	EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86	ERCP AND CHOLEDOCHOSCOPY
87	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88	ERCP AND SPHINCTEROTOMY
89	ESOPHAGEAL STENT PLACEMENT
90	ERCP + PLACEMENT OF BILIARY STENTS
91	SIGMOIDOSCOPY W / STENT
92	EUS + COELIAC NODE BIOPSY

93	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS
	GENERAL SURGERY RELATED
94	INCISION OF A PILONIDAL SINUS / ABSCESS
95	FISSURE IN ANO SPHINCTEROTOMY
96	SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97	ORCHIDOPEXY
98	ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99	SURGICAL TREATMENT OF ANAL FISTULAS
100	DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101	EPIDIDYMECTOMY
102	INCISION OF THE BREAST ABSCESS
103	OPERATIONS ON THE NIPPLE
104	EXCISION OF SINGLE BREAST LUMP
105	INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106	SURGICAL TREATMENT OF HEMORRHOIDS
107	OTHER OPERATIONS ON THE ANUS
108	ULTRASOUND GUIDED ASPIRATIONS
109	SCLEROTHERAPY, ETC.
110	L A PA R OTO M Y F O R G R A D I N G LY M P H O M A W I T H SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
111	THERAPEUTIC LAPAROSCOPY WITH LASER
112	APPENDICECTOMY WITH/WITHOUT DRAINAGE
113	INFECTED KELOID EXCISION
114	AXILLARY LYMPHADENECTOMY
115	WOUND DEBRIDEMENT AND COVER
116	ABSCESS-DECOMPRESSION
117	CERVICAL LYMPHADENECTOMY
118	INFECTED SEBACEOUS CYST
119	INGUINAL LYMPHADENECTOMY
120	INCISION AND DRAINAGE OF ABSCESS
121	SUTURING OF LACERATIONS
122	SCALP SUTURING
123	INFECTED LIPOMA EXCISION
124	MAXIMAL ANAL DILATATION
125	PILES
126	A)INJECTION SCLEROTHERAPY
127	B)PILES BANDING
128	LIVER ABSCESS- CATHETER DRAINAGE
129	FISSURE IN ANO- FISSURECTOMY
130	FIBROADENOMA BREAST EXCISION
131	OESOPHAGEAL VARICES SCLEROTHERAPY

132	ERCP - PANCREATIC DUCT STONE REMOVAL
133	PERIANAL ABSCESS I&D
134	PERIANAL HEMATOMA EVACUATION
135	UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136	BREAST ABSCESS I& D
137	FEEDING GASTROSTOMY
138	OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139	ERCP - BILE DUCT STONE REMOVAL
140	ILEOSTOMY CLOSURE
141	COLONOSCOPY
142	POLYPECTOMY COLON
143	SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
144	UGI SCOPY AND POLYPECTOMY STOMACH
145	RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146	FEEDING JEJUNOSTOMY
147	COLOSTOMY
148	ILEOSTOMY
149	COLOSTOMY CLOSURE
150	SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151	PNEUMATIC REDUCTION OF INTUSSUSCEPTION
152	VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
153	RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154	PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
155	ZADEK'S NAIL BED EXCISION
156	SUBCUTANEOUS MASTECTOMY
157	EXCISION OF RANULA UNDER GA
158	RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159	EVERSION OF SAC
160	UNILATERAL
161	ILATERAL
162	LORD'S PLICATION
163	JABOULAY'S PROCEDURE
164	SCROTOPLASTY
165	CIRCUMCISION FOR TRAUMA
166	MEATOPLASTY
167	INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
168	PSOAS ABSCESS INCISION AND DRAINAGE
169	THYROID ABSCESS INCISION AND DRAINAGE
170	TIPS PROCEDURE FOR PORTAL HYPERTENSION
171	ESOPHAGEAL GROWTH STENT

172	PAIR PROCEDURE OF HYDATID CYST LIVER
173	TRU CUT LIVER BIOPSY
174	PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175	EXCISION OF CERVICAL RIB
176	LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177	MICRODOCHECTOMY BREAST
178	SURGERY FOR FRACTURE PENIS
179	SENTINEL NODE BIOPSY
180	PARASTOMAL HERNIA
181	REVISION COLOSTOMY
182	PROLAPSED COLOSTOMY- CORRECTION
183	TESTICULAR BIOPSY
184	LAPAROSCOPIC CARDIOMYOTOMY(HELLERS)
185	SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186	LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT)
GYNAECOLOGY RELATED	
187	OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
188	INCISION OF THE OVARY
189	INSUFFLATIONS OF THE FALLOPIAN TUBES
190	OTHER OPERATIONS ON THE FALLOPIAN TUBE
191	DILATATION OF THE CERVICAL CANAL
192	CONISATION OF THE UTERINE CERVIX
193	THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY
194	LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195	OTHER OPERATIONS ON THE UTERINE CERVIX
196	INCISION OF THE UTERUS (HYSTERECTOMY)
197	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198	INCISION OF VAGINA
199	INCISION OF VULVA
200	CULDOTOMY
201	SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202	ENDOSCOPIC POLYPECTOMY
203	HYSTEROSCOPIC REMOVAL OF MYOMA
204	D&C
205	HYSTEROSCOPIC RESECTION OF SEPTUM
206	THERMAL CAUTERISATION OF CERVIX
207	MIRENA INSERTION
208	HYSTEROSCOPIC ADHESIOLYSIS
209	LEEP

210	CRYOCAUTERISATION OF CERVIX
211	POLYPECTOMY ENDOMETRIUM
212	HYSTEROSCOPIC RESECTION OF FIBROID
213	LLETZ
214	CONIZATION
215	POLYPECTOMY CERVIX
216	HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217	VULVAL WART EXCISION
218	LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219	UTERINE ARTERY EMBOLIZATION
220	LAPAROSCOPIC CYSTECTOMY
221	HYMENECTOMY(IMPERFORATE HYMEN)
222	ENDOMETRIAL ABLATION
223	VAGINAL WALL CYST EXCISION
224	VULVAL CYST EXCISION
225	LAPAROSCOPIC PARATUBAL CYST EXCISION
226	REPAIR OF VAGINA (VAGINAL ATRESIA)
227	HYSTEROSCOPY, REMOVAL OF MYOMA
228	TURBT
229	URETEROCOELE REPAIR - CONGENITAL INTERNAL
230	VAGINAL MESH FOR POP
231	LAPAROSCOPIC MYOMECTOMY
232	SURGERY FOR SUI
233	REPAIR RECTO- VAGINA FISTULA
234	PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)
235	URS + LL
236	LAPAROSCOPIC OOPHORECTOMY
237	NORMAL VAGINAL DELIVERY AND VARIANTS
NEUROLOGY RELATED	
238	FACIAL NERVE PHYSIOTHERAPY
239	NERVE BIOPSY
240	MUSCLE BIOPSY
241	EPIDURAL STEROID INJECTION
242	GLYCEROL RHIZOTOMY
243	SPINAL CORD STIMULATION
244	MOTOR CORTEX STIMULATION
245	STEREOTACTIC RADIOSURGERY
246	PERCUTANEOUS CORDOTOMY
247	INTRATHECAL BACLOFEN THERAPY
248	ENTRAPMENT NEUROPATHY RELEASE

249	DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250	VP SHUNT
251	VENTRICULOATRIAL SHUNT
252	RADIOTHERAPY FOR CANCER
253	CANCER CHEMOTHERAPY
254	IV PUSH CHEMOTHERAPY
255	HBI-HEMIBODY RADIOTHERAPY
256	INFUSIONAL TARGETED THERAPY
257	SRT-STEREOTACTIC ARC THERAPY
258	SC ADMINISTRATION OF GROWTH FACTORS
259	CONTINUOUS INFUSIONAL CHEMOTHERAPY
260	INFUSIONAL CHEMOTHERAPY
261	CCRT-CONCURRENT CHEMO + RT
262	2D RADIOTHERAPY
263	3D CONFORMAL RADIOTHERAPY
264	IGRT- IMAGE GUIDED RADIOTHERAPY
265	IMRT- STEP & SHOOT
266	INFUSIONAL BISPHOSPHONATES
267	IMRT- DMLC
268	ROTATIONAL ARC THERAPY
269	TELE GAMMA THERAPY
270	FSRT-FRACTIONATED SRT
271	VMAT-VOLUMETRIC MODULATED ARC THERAPY
272	SBRT-STEREOTACTIC BODY RADIOTHERAPY
273	HELICAL TOMOTHERAPY
274	SRS-STEREOTACTIC RADIOSURGERY
275	X-KNIFE SRS
276	GAMMAKNIFE SRS
277	TBI- TOTAL BODY RADIOTHERAPY
278	INTRALUMINAL BRACHYTHERAPY
279	ELECTRON THERAPY
280	TSET-TOTAL ELECTRON SKIN THERAPY
281	EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282	TELECOBALT THERAPY
283	TELECESIUM THERAPY
284	EXTERNAL MOULD BRACHYTHERAPY
285	INTERSTITIAL BRACHYTHERAPY
286	INTRACAVITY BRACHYTHERAPY
287	3D BRACHYTHERAPY
288	IMPLANT BRACHYTHERAPY

289	INTRAVESICAL BRACHYTHERAPY
290	ADJUVANT RADIOTHERAPY
291	AFTERLOADING CATHETER BRACHYTHERAPY
292	CONDITIONING RADIOTHEARPY FOR BMT
293	EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
294	RADICAL CHEMOTHERAPY
295	NEOADJUVANT RADIOTHERAPY
296	LDR BRACHYTHERAPY
297	PALLIATIVE RADIOTHERAPY
298	RADICAL RADIOTHERAPY
299	PALLIATIVE CHEMOTHERAPY
300	TEMPLATE BRACHYTHERAPY
301	NEOADJUVANT CHEMOTHERAPY
302	ADJUVANT CHEMOTHERAPY
303	INDUCTION CHEMOTHERAPY
304	CONSOLIDATION CHEMOTHERAPY
305	MAINTENANCE CHEMOTHERAPY
306	HDR BRACHYTHERAPY
OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS	
307	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
308	EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
309	RESECTION OF A SALIVARY GLAND
310	RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
311	OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
	OPERATIONS ON THE SKIN & SUBCUTANEOUS TISSUE
312	OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313	SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
314	LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
315	OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
316	SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
317	FREE SKIN TRANSPLANTATION, DONOR SITE
318	FREE SKIN TRANSPLANTATION, RECIPIENT SITE
319	REVISION OF SKIN PLASTY
320	OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
321	CHEMOSURGERY TO THE SKIN.
322	DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
323	RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED

324	EXCISION OF BURSIRTIS
325	TENNIS ELBOW RELEASE
OPERATIONS ON THE TONGUE	
326	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
327	PARTIAL GLOSSECTOMY
328	GLOSSECTOMY
329	RECONSTRUCTION OF THE TONGUE
330	OTHER OPERATIONS ON THE TONGUE
OPTHALMOLOGY RELATED	
331	SURGERY FOR CATARACT
332	INCISION OF TEAR GLANDS
333	OTHER OPERATIONS ON THE TEAR DUCTS
334	INCISION OF DISEASED EYELIDS
335	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
336	OPERATIONS ON THE CANTHUS AND EPICANTHUS
337	CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
338	CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
339	REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
340	REMOVAL OF A FOREIGN BODY FROM THE CORNEA
341	INCISION OF THE CORNEA
342	OPERATIONS FOR PTERYGIUM
343	OTHER OPERATIONS ON THE CORNEA
344	REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
345	REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
346	REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
347	CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
348	CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
349	DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
350	ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
351	ENUCLEATION OF EYE WITHOUT IMPLANT
352	DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
353	LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
354	BIOPSY OF TEAR GLAND
355	TREATMENT OF RETINAL LESION
ORTHOPAEDICS RELATED	
356	SURGERY FOR MENISCUS TEAR
357	INCISION ON BONE, SEPTIC AND ASEPTIC

358	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
359	SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
360	REDUCTION OF DISLOCATION UNDER GA
361	ARTHROSCOPIC KNEE ASPIRATION
362	SURGERY FOR LIGAMENT TEAR
363	SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
364	REMOVAL OF FRACTURE PINS/NAILS
365	REMOVAL OF METAL WIRE
366	CLOSED REDUCTION ON FRACTURE, LUXATION
367	REDUCTION OF DISLOCATION UNDER GA
368	EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
369	EXCISION OF VARIOUS LESIONS IN COCCYX
370	ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
371	CLOSED REDUCTION OF MINOR FRACTURES
372	ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
373	TENDON SHORTENING
374	ARTHROSCOPIC MENISCECTOMY – KNEE
375	TREATMENT OF CLAVICLE DISLOCATION
376	HAEMARTHROSIS KNEE- LAVAGE
377	ABSCESS KNEE JOINT DRAINAGE
378	CARPAL TUNNEL RELEASE
379	CLOSED REDUCTION OF MINOR DISLOCATION
380	REPAIR OF KNEE CAP TENDON
381	ORIF WITH K WIRE FIXATION- SMALL BONES
382	RELEASE OF MIDFOOT JOINT
383	ORIF WITH PLATING- SMALL LONG BONES
384	IMPLANT REMOVAL MINOR
385	K WIRE REMOVAL
386	POP APPLICATION
387	CLOSED REDUCTION AND EXTERNAL FIXATION
388	ARTHROTOMY HIP JOINT
389	SYME'S AMPUTATION
390	ARTHROPLASTY
391	PARTIAL REMOVAL OF RIB
392	TREATMENT OF SESAMOID BONE FRACTURE
393	SHOULDER ARTHROSCOPY / SURGERY
394	ELBOW ARTHROSCOPY
395	AMPUTATION OF METACARPAL BONE
396	RELEASE OF THUMB CONTRACTURE
397	INCISION OF FOOT FASCIA

398	CALCANEUM SPUR HYDROCORT INJECTION
399	GANGLION WRIST HYALASE INJECTION
400	PARTIAL REMOVAL OF METATARSAL
401	REPAIR / GRAFT OF FOOT TENDON
402	REVISION/REMOVAL OF KNEE CAP
403	AMPUTATION FOLLOW-UP SURGERY
404	EXPLORATION OF ANKLE JOINT
405	REMOVE/GRAFT LEG BONE LESION
406	REPAIR/GRAFT ACHILLES TENDON
407	REMOVE OF TISSUE EXPANDER
408	BIOPSY ELBOW JOINT LINING
409	REMOVAL OF WRIST PROSTHESIS
410	BIOPSY FINGER JOINT LINING
411	TENDON LENGTHENING
412	TREATMENT OF SHOULDER DISLOCATION
413	LENGTHENING OF HAND TENDON
414	REMOVAL OF ELBOW BURSA
415	FIXATION OF KNEE JOINT
416	TREATMENT OF FOOT DISLOCATION
417	SURGERY OF BUNION
418	INTRA ARTICULAR STEROID INJECTION
419	TENDON TRANSFER PROCEDURE
420	REMOVAL OF KNEE CAP BURSA
421	TREATMENT OF FRACTURE OF ULNA
422	TREATMENT OF SCAPULA FRACTURE
423	REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
424	REPAIR OF RUPTURED TENDON
425	DECOMPRESS FOREARM SPACE
426	REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
427	LENGTHENING OF THIGH TENDONS
428	TREATMENT FRACTURE OF RADIUS & ULNA
429	REPAIR OF KNEE JOINT
OTHER OPERATIONS ON THE MOUTH & FACE	
430	EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
431	INCISION OF THE HARD AND SOFT PALATE
432	EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
433	INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
434	OTHER OPERATIONS IN THE MOUTH
PAEDIATRIC SURGERY RELATED	
435	EXCISION OF FISTULA-IN-ANO

436	EXCISION JUVENILE POLYPS RECTUM
437	VAGINOPLASTY
438	DILATATION OF ACCIDENTAL C AUSTIC STRICTURE OESOPHAGEAL
439	PRESACRAL TERATOMAS EXCISION
440	REMOVAL OF VESICAL STONE
441	EXCISION SIGMOID POLYP
442	STERNOMASTOID TENOTOMY
443	I N F A N T I L E H Y P E RT R O P H I C P Y L O R I C S T E N O S I S PYLOROMYOTOMY
444	EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
445	MEDIASTINAL LYMPH NODE BIOPSY
446	HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
447	EXCISION OF CERVICAL TERATOMA
448	RECTAL-MYOMECTOMY
449	RECTAL PROLAPSE (DELORME'S PROCEDURE)
450	DETORSION OF TORSION TESTIS
451	EUA + BIOPSY MULTIPLE FISTULA IN ANO
452	CYSTIC HYGROMA - INJECTION TREATMENT
PLASTIC SURGERY RELATED	
453	CONSTRUCTION SKIN PEDICLE FLAP
454	GLUTEAL PRESSURE ULCER-EXCISION
455	MUSCLE-SKIN GRAFT, LEG
456	REMOVAL OF BONE FOR GRAFT
457	MUSCLE-SKIN GRAFT DUCT FISTULA
458	REMOVAL CARTILAGE GRAFT
459	MYOCUTANEOUS FLAP
460	FIBRO MYOCUTANEOUS FLAP
461	BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
462	SLING OPERATION FOR FACIAL PALSY
463	SPLIT SKIN GRAFTING UNDER RA
464	WOLFE SKIN GRAFT
465	PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
THORACIC SURGERY RELATED	
466	THORACOSCOPY AND LUNG BIOPSY
467	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
468	LASER ABLATION OF BARRETT'S OESOPHAGUS
469	PLEURODESIS
470	THORACOSCOPY AND PLEURAL BIOPSY
471	EBUS + BIOPSY
472	THORACOSCOPY LIGATION THORACIC DUCT
473	THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE

UROLOGY RELATED	
474	HAEMODIALYSIS
475	LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
476	EXCISION OF RENAL CYST
477	DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
478	INCISION OF THE PROSTATE
479	TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
480	TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
481	OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
482	RADICAL PROSTATOVESICULECTOMY
483	OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
484	OPERATIONS ON THE SEMINAL VESICLES
485	INCISION AND EXCISION OF PERIPROSTATIC TISSUE
486	OTHER OPERATIONS ON THE PROSTATE
487	INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
488	OPERATION ON A TESTICULAR HYDROCELE
489	EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
490	OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
491	INCISION OF THE TESTES
492	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
493	UNILATERAL ORCHIDECTOMY
494	BILATERAL ORCHIDECTOMY
495	SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
496	RECONSTRUCTION OF THE TESTIS
497	IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
498	OTHER OPERATIONS ON THE TESTIS
499	EXCISION IN THE AREA OF THE EPIDIDYMIS
500	OPERATIONS ON THE FORESKIN
501	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502	AMPUTATION OF THE PENIS
503	OTHER OPERATIONS ON THE PENIS
504	CYSTOSCOPICAL REMOVAL OF STONES
505	CATHETERISATION OF BLADDER
506	LITHOTRIPSY
507	BIOPSY OFTEMPORAL ARTERY FOR VARIOUS LESIONS
508	EXTERNAL ARTERIO-VENOUS SHUNT
509	AV FISTULA – WRIST
510	URSL WITH STENTING
511	URSL WITH LITHOTRIPSY
512	CYSTOSCOPIC LITHOLAPAXY

513	ESWL
514	BLADDER NECK INCISION
515	CYSTOSCOPY & BIOPSY
516	CYSTOSCOPY AND REMOVAL OF POLYP
517	SUPRAPUBIC CYSTOSTOMY
518	PERCUTANEOUS NEPHROSTOMY
519	CYSTOSCOPY AND "SLING" PROCEDURE.
520	TUNA- PROSTATE
521	EXCISION OF URETHRAL DIVERTICULUM
522	REMOVAL OF URETHRAL STONE
523	EXCISION OF URETHRAL PROLAPSE
524	MEGA-URETER RECONSTRUCTION
525	KIDNEY RENOSCOPY AND BIOPSY
526	URETER ENDOSCOPY AND TREATMENT
527	VESICO URETERIC REFLUX CORRECTION
528	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529	ANDERSON HYNES OPERATION
530	KIDNEY ENDOSCOPY AND BIOPSY
531	PARAPHIMOSIS SURGERY
532	INJURY PREPUCE- CIRCUMCISION
533	FRENULAR TEAR REPAIR
534	MEATOTOMY FOR MEATAL STENOSIS
535	SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536	SURGERY FILARIAL SCROTUM
537	SURGERY FOR WATERING CAN PERINEUM
538	REPAIR OF PENILE TORSION
539	DRAINAGE OF PROSTATE ABSCESS
540	ORCHIECTOMY
541	CYSTOSCOPY AND REMOVAL OF FB