



## Hospital Cash Insurance - Prospectus

### **Suitability**

- This policy covers persons in the age group 91 days onwards. The maximum entry age is 65 years. There is no cover ceasing age in this policy.
- The policy will be issued for a 1 year period
- This policy can be issued to an individual and/or family
- The family includes spouse and dependent children
- The policy offers coverage on individual sum insured basis only. .

### **Salient Features & Benefits**

If any Insured Person suffers an Illness or Accident during the Policy Period that requires Hospitalization as an inpatient, then

- a) For hospitalization in Ward, We will pay to the Insured Person per day Sum Insured amount for each continuous and completed period of 24 hours hospitalisation.
- b) For hospitalization in an intensive care unit, We will pay twice the per day Sum Insured amount for each continuous and completed period of 24 hours that the Insured Person spends in an intensive care unit, subject to a maximum of seven days for each hospitalization.

In the event of a transfer from Ward to intensive care unit and vice versa, the hospitalization would be regarded as continuous and the daily benefit payable would be as per the limits stated above.

It is further clarified that on the day of such shift, We would pay the benefit as stated in clause a.

Provided that Our maximum liability shall be restricted to the amount and period mentioned in the Schedule.

#### Note pertaining specifically to AYUSH Treatments only:

This policy also includes coverage for In-patient care AYUSH treatments taken in an AYUSH Hospital

### **Sum Insured**

- Rs. 500, Rs. 1000, Rs. 1500, Rs. 2000, Rs. 2500 per day
- Benefit payable for a maximum 30 days / 60 days per policy year for each continuous period of 24 hours of hospitalization

### **A. Waiting Periods**

All claims payable will be subject to the waiting periods specified below:

#### **i) 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 insurer.
- b) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum 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 Insurer.

ii) **Specified Disease/Procedure waiting period-** Code – Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) If the **Insured 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.

a) **Illnesses:**, arthritis if non infective; calculus diseases of gall bladder including cholecystitis and urogenital system e.g.Kidney stone,Urinary Bladder Stone; Pancreatitis,Ulcer and erosion of stomach and duodenum;Gastro Esophageal Reflux Disorder (GERD) ; All forms of Cirrhosis ( Pls note : all forms of cirrhosis due to alcohol will be excluded) ;Perineal Abscesses;Perianal Abscesses; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus,; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis ;polycystic ovarian diseases; sinusitis ; Rhinitis;Tonsillitis and skin tumors unless malignant; Benign Hyperplasia of Prostate.

b) **Treatments:** adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty,; dilatation and curettage (D&C); joint replacement; myomectomy for fibroids,; surgery of genito urinary system unless necessitated by malignancy;Surgery on prostate;



cholecystectomy ; surgery of hernia; surgery of hydrocele/Rectocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers.

iii) **30-day waiting period – Code – Excl03**

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

**B. General Exclusions**

We will not make any payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this **Policy**:

- i. **Investigation & Evaluation:** Code Excl04
  - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
  - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ii. **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:
  - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii. **Obesity/Weight control:** Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
  - a. Surgery to be conducted is upon the advice of the doctor
  - b. The surgery/procedure conducted should be supported by clinical protocols
  - c. The member has to be 18 years of age or older and
  - d. Body Mass Index (BMI)
    - i. Greater than or equal to 40 or,
    - ii. 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:
      1. Obesity related cardiomyopathy
      2. coronary heart disease
      3. severe sleep apnoea



## 4. uncontrolled type2 diabetes

- iv. **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.
- v. **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**.
- vi. **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.
- vii. **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.
- viii. **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.
- ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Code – Excl12
- x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.Code – Excl13
- xi. 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
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopres.Code – Excl15
- xiii. **Unproven Treatments–** 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.Code – Excl16
- xiv. **Sterility and Infertility –**Code – Excl17 -Expenses related to sterility and infertility. This includes:
  - a. Any type of contraception, sterilization
  - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - c. Gestational Surrogacy



- d. Reversal of sterilization
- xv. **Maternity:**Code – Excl18
  - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.
- xvi. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear, Chemical or Biological** attack or weapons, radiation of any kind.
- xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xviii. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting.
- xxii. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xxiii. Circumcisions (unless necessitated by **Illness or Injury** and forming part of treatment).
- xxiv. Any Convalescence, ,sanatorium treatment, private duty nursing or long-term nursing care.
- xxv. Nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxvii. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at [www.hdfcergo.com](http://www.hdfcergo.com).
- xxviii. Treatment taken on Outpatient basis
- xxix. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxx. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxxi. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxxii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of



cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on [www.hdfcergo.com](http://www.hdfcergo.com)

- xxxiii. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

#### **Free Look Period:**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The **Insured Person** shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the **Insured Person** and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover **or**
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

#### **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 IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

#### **Claim Procedure**

Intimation & Assistance - Please contact Us atleast 7 days prior to an event which might give rise to a claim.

#### Procedure

- Please register your claim with Us within 7 days of discharge



- Please send the duly signed claim form and all the information/documents mentioned therein to Us within 15 days of the occurrence of the Incident.  
\*Please refer to claim form for complete documentation.
  - If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents.
  - .
  - The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
  - In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.
  - The payment will be sent in the name of the proposer.
- Note: Payment will only be made for items covered under your policy and upto the limits therein.

### Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause

- i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- iii. No loading shall apply on renewals based on individual claims experience
- iv. The Company 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.
- v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.

### Requirement

- Completed proposal form

### Rating Schedule

- The premium varies depending of several factors including the age of the persons proposed to be covered, and the Sum insured.

### Premium Rates

<b>HOSPITAL DAILY CASH - PREMIUM TABLE</b>
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<b>PREMIUM / SUM INSURED ( RS)</b>						
<b>Premium exclusive of Service Tax</b>						
for 30 days	500	1,000	1,500	2,000	2,500	
Age bands						
0-17	244	326	490	736	1,076	
18-35	374	500	748	1,124	1,642	
36-45	582	774	1,162	1,742	2,548	
46-50	664	886	1,328	1,992	2,914	
51-55	984	1,314	1,968	2,956	4,320	
56-60	1,364	1,820	2,730	4,096	5,988	
61-65	1,887	2,518	3,777	5,667	8,284	
66-70	2,538	3,386	5,079	7,620	11,140	
71-75	3,343	4,461	6,692	10,040	14,677	
76-80	4,012	5,353	8,030	12,047	17,612	
>80	4,749	6,337	9,506	14,262	20,849	

<b>PREMIUM / SUM INSURED ( RS)</b>						
<b>Premium exclusive of Service Tax</b>						
for 60 days	500	1,000	1,500	2,000	2,500	
Age bands						
0-17	320	510	642	966	1,352	
18-35	416	660	832	1,248	1,746	
36-45	824	1,302	1,644	2,462	3,448	
46-50	1,042	1,656	2,086	3,128	4,382	
51-55	1,490	2,366	2,982	4,476	6,266	
56-60	1,584	2,516	3,170	4,756	6,658	
61-65	2,192	3,481	4,386	6,580	9,212	
66-70	2,946	4,680	5,897	8,847	12,385	
71-75	3,882	6,166	7,769	11,656	16,317	
76-80	4,658	7,399	9,322	13,986	19,580	
>80	5,514	8,759	11,036	16,557	23,179	

- The premium will be charged on the completed age of the individual insured member.
- Premium rates are subject to change with prior approval from IRDA.





- The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate

### Discounts

- A family discount of 5 %, if 2 or more members of a family are covered under the same policy.

### Termination

- i. The Policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.
- ii. Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.
- iii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- iv. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- v. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

### Disclosure of Information

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

### Complete Discharge

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

### 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

### **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 IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

### **Possibility of Revision of terms of the Policy including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The **Insured Person** shall be notified three months before the changes are effected.

### **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.
- ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

### **Redressal of Grievance**

In case of any grievance the insured person may contact the Company through:

- Website: [www.hdfcergo.com](http://www.hdfcergo.com)
- Contact us: 022 6234 6234 / 0120 6234 6234
- E-mail: [grievance@hdfcergo.com](mailto:grievance@hdfcergo.com)
- Contact Details for Senior Citizen: 022 – 6242 – 6226
- E-mail specific for Senior citizens : [seniorcitizen@hdfcergo.com](mailto:seniorcitizen@hdfcergo.com)

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 [cgo@hdfcergo.com](mailto:cgo@hdfcergo.com)

For updated details of grievance officer, kindly refer the link: <https://www.hdfcergo.com/customer-voice/grievances>

### **Nominations**

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

### **Section 41 of Insurance Act1938 (Prohibition of Rebates):**

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

### **Disclaimer**

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

**Note:** Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

## **Annexure I - List of Non-Medical Expenses**



S. No.	Item	S. No.	Items
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

