

S.No	Procedure Name	Length of Stay	Rates for Single Room AC for 20-50 Beds
E.N.T			
1	Mastoidectomy with Tympanoplasty	3	40,000
2	Tympanoplasty	3	35,000
3	F E S S - Unilateral	3	29,750
4	F E S S - Bilateral	3	38,250
5	Septoplasty	2	24,500
6	Tonsillectomy & Adenoidectomy	2	25,500
7	Peritonsillar Abscess Drainage	2	12,750
8	Myringotomy with Gromet Insertion	2	17,000
GENERAL SURGERY			
9	Minor amputation -Involving digits. 10% extra for additional toes/fingers	2	12,750
10	Major amputation - All Other amputations. 10% extra for additional procedures.	5	40,750
11	Guillotine amputation	5	34,000
12	Revision of amputation stump	5	24,250
13	Appendicectomy - Open	7	27,750
14	Appendicectomy - Laparoscopic	4	37,000
15	Cholecystectomy - Open	7	38,750
16	Cholecystectomy - Laparoscopic	4	44,500
17	Circumcision	1	13,750
18	Fissure - EUA / Sphincterotomy	3	23,000
19	Surgery for Fistula in ano	3	25,500
20	Surgery for Haemorrhoids ± Fissure in ano	3	25,250
21	Herniorraphy - Inguinal - Unilateral	5	27,750
22	Herniorraphy - Femoral / Inguinal Bilateral	5	34,000
23	Herniorraphy - Incisional / Ventral	5	35,750
24	Hernioplasty - Femoral / Inguinal - Unilateral Open - Excluding Cost of Mesh	5	25,500
25	Hernioplasty - Umbilical - Open - Excluding Cost of Mesh	5	28,000
26	Hernioplasty - Incisional - Open - Excluding Cost of Mesh	5	35,750
27	Hernioplasty Inguinal - Bilateral - Open - Excluding Cost of Mesh	5	34,000
28	Hernioplasty - Laparoscopic, Inguinal - Unilateral - Excluding Cost of Mesh & Tackers	5	30,000

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29	Hernioplasty - Laparoscopic, Inguinal - Bilateral - Excluding Cost of Mesh & Tackers	5	40,000
30	Lymph Node Biopsy - Cervical / Axillary / Inguinal - Under GA	2	15,250
31	Lipoma Excision Under GA	2	13,250
32	Perianal Abcess	2	13,500
33	Pilonidal Sinus-Complete Excision	3	29,750
34	Pilonidal Sinus with Flap Cover	4	38,250
35	Modified Radical Mastectomy	7	46,750
36	Breast - lumpectomy - Under GA	5	21,250
37	Simple Mastectomy	5	34,000
38	Operations on Thyroid	5	40,000
39	Surgery for varicose veins - ligation and stripping - Unilateral	3	34,000
40	Varicose veins - Radiofrequency ablation Unilateral	3	47,500
41	Right or left Hemi Coloctomy - open/Laparoscopic - Excluding Cost of Stapler	7	50,000
42	Resection and Anastomosis of Small Intestine open/Laparoscopic - Excluding Cost of Stapler	7	50,000
OBSTETRICS & GYNECOLOGY			
43	Caesarean Section	7	38,250
44	Normal Delivery	3	23,500
45	Hysterectomy - Abdominal - With or Without BSO	7	42,000
46	Hysterectomy - Vaginal - With / Without Pelvic Floor Repair	7	31,500
47	Hysterectomy - Abdominal Laparoscopic - With or Without BSO/ LAVH - With or Without Pelvic Floor Repair	5	42,500
48	D & C	1	10,250
49	Surgery for Ovarian Cyst	4	28,500
50	Vaginal - Vault Prolapse Repair + Mesh if required	5	34,000
ORTHOPAEDICS			
51	Arthroscopic Surgery - Menisectomy	3	47,250
52	Arthroscopic Surgery - ACL Reconstruction / Repair - Excluding Cost of Implant	5	46,750
53	Arthroscopic Surgery - MCL Reconstruction / Repair - Excluding Cost of Implant	5	42,500
54	Carpel Tunnel Release	3	21,250

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55	Closed Reduction - Dislocation - Minor Joints	2	15,000
56	Closed Reduction - Dislocation - Major Joints	3	25,500
57	Reduction and Internal Fixation of Fracture with K-Wire - Under GA+25% for additional bones	3	20,000
58	Implant Removal - Minor	1	10,500
59	Implant Removal - Major	2	28,000
60	Open Reduction - Dislocation - Minor Joints	3	18,000
61	Open Reduction - Dislocation - Major Joints	5	40,000
62	ORIF of Fracture - Plating - Single Bone - Excluding Cost of Implant +25% for additional bones	5	46,750
63	ORIF of Fracture - Nailing - Excluding Cost of Implant	5	52,500
64	Fracture Neck of Femur (Bipolar Hemi-Arthroplasty) - Excluding Cost of Implant	5	50,000
65	Dynamic hip screw (DHS) - Excluding Cost of Implant	5	50,000
66	Laminectomy / Discectomy - Single Level	5	42,250
67	Spinal Fusion - less than 3 levels - Excluding Cost of Implant	7	58,000
68	Total Knee Replacement - Unilateral - Excluding Cost of Implant	7	68,000
69	Total Knee Replacement - Bilateral - Excluding Cost of Implant	7	1,19,000
70	Total Hip Replacement - Unilateral - Excluding Cost of Implant	7	68,000
71	Total Hip Replacement - Bilateral - Excluding Cost of Implant	7	1,19,000
UROLOGY & NEPHROLOGY			
72	A V Fistula for Hemodialysis	3	13,500
73	TURP	5	40,000
74	Hydrocelectomy Unilateral	2	18,900
75	Hydrocelectomy Bilateral	3	23,500
76	Varicocelectomy	2	23,500
77	PCNL + Stenting - Unilateral	2	45,000
78	URS lithotripsy - With / Without DJ Stent	2	30,000
79	ESWL + Stenting - For 3 Sittings	0	17,850
80	D.J. Stent Removal	1	8,500
81	Cystoscopy with biopsy	2	20,400

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82	Cystoscopy with TURBT	5	34,000
83	Pyelolithotomy	5	42,500
84	Open - Nephrectomy	7	51,000
85	Orchidectomy - Unilateral	2	17,000
86	Orchidectomy - Bilateral	3	21,250

Note:

* The Package Charges are maximum payable rates for **END TO END TREATMENT**, including Room Rent / Nursing / Operation theater charges , Doctor 's / Surgeon's Charges, Asst Surgeon, Anaesthetist charges, relevant Investigations, Blood & Blood products, Medicines & Consumables, Implants / Mesh / Prosthesis wherever applicable for the specified duration of stay, unless specified otherwise.

* If the customer develops complications during hospitalization, payable amount shall be modified, provided sufficient documentary proof of the same is submitted.

* For procedures requiring implant / mesh / prosthesis - please submit specification, implant sticker and invoice to corroborate the actual usage of particular implant / mesh / prosthesis.

* Please note that we have sublimit for cataract surgery.

* All Claims shall be settled as per the individual policy terms and conditions.

* The package rates are subject to revision as and when required, when mutually agreed by both parties.

No deviation from package: The hospital is not supposed to charge anything extra from the patient; if the hospital is found to charge extra from the patient over and above the package, the same will be deducted from the amount payable to the hospital.

Disclaimer: This information is private and confidential for the exclusive use of Star Health and Allied Insurance Company Pvt Ltd.

For Star Health and Allied Insurance Co. Ltd

In witness thereof this package rates was executed by or on behalf of the parties the day and year first before written.

Signed and delivered by within named:

Provider: _____

Through Sri/ Smt. _____ Sign _____ Date _____

In presence of Sri/ Smt. _____ Sign _____ Date _____

Hospital Seal :(Mandatory) _____

Name of the Hospital:

Address: