

## **EXPENSES THOSE ARE NOT PAYABLE**

<b>SL NO</b>	<b>DESCRIPTION of Medical / Non-Medical Billing heads</b>
1	HOSPITAL REGISTRATION CHARGES
2	HOSPITAL CERTIFICATE CHARGES
3	HOSPITAL MEDICAL REPORT/CD/CASSETTE CHARGES
4	XEROX CHARGES
5	TELEPHONE CHARGES/FAX CHARGES
6	E-MAIL/INTERNET CHARGES
7	FOOD & BEVERAGES CHARGES FOR ATTENDENTS/VISITORS
8	PRIVATE NURSES CHARGES DURING HOSPITALISATION
9	PRIVATE NURSES CHARGES DURING PRE & POST HOSPITALISATION PERIOD
10	ATTENDENTS / AYAHs CHARGES
11	TELEVISION CHARGES
12	DOCUMENTATION CHARGES
13	UNEXPLAINED MISCELLANEOUS CHARGES
14	BARBER CHARGES
15	LUXURY TAX
16	MORTURY CHARGES
17	EXTRA CHARGES FOR BED FOR ATTENDENT / DUAL BED CHARGES
18	ADDITIONAL ROOM CHARGES FOR ATTENDENTS
19	CAMERA/CD/VIDEO CHARGES
20	DONER SCREENING CHARGES
21	ENTRANCE CHARGES
22	WASHING/LAUNDRY/DHOBI CHARGES
23	ATTENDANCE CHARGES IN THE HOSPITAL FOR THE FAMILY DOCTORS
24	INVESTIGATION & TREATMENT CHARGES FOR AILMENTS/DEFECTS PRE-EXISTING
25	CPAP MACHINE
26	BIPAP MACHINE
27	SPECTACLES
28	CONTACT LENSES
29	HEARING AIDS
30	ONE-TOUCH STRIP(DM)
31	AMBULATORY DEVICES LIKE CRUTCHES/WALKERS
32	WHEEL CHAIR
33	SPINT
34	BRACES
35	SLINGS
36	SPIROMETER
37	COSY SHEETS
38	WARMING BLANKETS
39	THERMOMETER

40	BED PAN
41	URINE CAN
42	TRACTION KIT/ WEIGHTS
43	WEIGHING SCALE
44	WATER BED / ALFA BED
45	TOILETRY ITEMS LIKE DETTOL/SAVLON/ MOUTH-WASH/SOAP/ EU DE COLOGNE
46	AIR FRESHNERS/ MOSQUITO REPELLANTS/ DISINFECTANTS
47	BELTS- ABDOMINAL/COLLAR
48	LINEN CHARGES IN OT
49	FILTER CHARGES IN OT
50	ANY MEDICAL EQUIPMENT WHICH IS USED SUBSEQUENTLY AT HOME
51	CREPE BANDAGE
52	GLUCON – D
53	ENEMA
54	PRE & POST MEDICAL EXPENSES
55	HORLICKS / BOOST (BEVERAGES)
56	GLUCOMETER
57	UROMETER
58	UNDERPADS
59	BAND AID
60	SCRUBING CHARGES
61	CRADLE CHARGES
62	DIET CHRGES / DIETICIAN CHARGES
63	MINERAL WATER
64	PLASTER (DYNA)
65	EYE SHIELD / EYE CUP / EYE PATCH
66	IMMUNIZATION (VACCINATION )CHARGES
67	NEBULIZER KIT
68	KOOCHI'S / DYPERS / SANITORY PADS / TISSUE PAPERS
69	VISITOR'S PASS CHARGES / TOOTH PASTE/ POWER/ SHAVING SET etc

**All the above charges to be paid by the patient**

- **This is an exhaustive list of “non-payable” items but cannot be considered complete or include everything.**
- **In case of any uncertainty, please collect the amount from the patient before discharge.**