

TERMS & CONDITIONS FOR RENEWAL AND GOLD CARD

1. The Gold Card is a savings for health care needs of Customer/CD, and their family members.
2. The Gold Card has an exclusive feature called "FREE INPATIENT TREATMENT facility" (hereinafter called the Facility) applicable in the **General Ward** only.
3. The Facility offers free inpatient (hospitalization) treatment to specified family members of Customer/CD. This facility is subject to exclusions, the list of which is given in the **Exclusions List** hereinafter. The facility will be available for self immediately and for the specified family members, one month after the due date of renewal or the date of actual payment towards renewal, which ever is later. For this purpose the word family will mean the family of the Customer/CD as specified in the **Family Information Form** and existing on the date on which the payment for renewal is made.
4. The payment of Rs. 2,500/- towards renewal by the Customer/CD shall only entitle for self coverage to avail the facility. The payment of Rs. 4,500/- towards renewal by the customer/CD shall entitle up to 4 specified members of his family to avail of the facility. The specified family shall be in the order mentioned overleaf on page 1. For additional payment of Rs. 1,000/- up to 2 more specified members of the Customer/CD will be able to avail of the facility, in the order mentioned overleaf. An additional payment Rs. 2,000/- will entitle up to 4 more specified members of the family of customer/CD, in the order mentioned overleaf, to avail of the facility.
5. CD/C is having more than one sale & a valid Gold card, has an option of EsCP checkup by paying Rs. 2,500/- or ECP by paying Rs. 4,500/-.
6. A CD who wants to avail of the discounted package will have to pay an additional amount of Rs. 9,500/- for ECHC or Rs. 8,000/- for CCP or Rs. 4,500/- ECP or Rs. 2,000/- for EsCP package.
7. The renewal amount is non refundable.
8. For payment by credit / debit card, processing fees will be as applicable.

EXCLUSIONS LIST

ALL CARD HOLDERS PLEASE NOTE THE FOLLOWING (For Inpatient Hospitalization)

- All Inpatient Hospitalization / Treatment is subject to the sole and final discretion and decision of Sahyadri Speciality Hospital and availability of beds.
- The card is invalid for use between cycle treatment (for e.g if chemotherapy is done once without the card then the card cannot be used for chemotherapy during the cycle treatment.)
- An additional charge of 25% will be levied on all OPD services availed of Sundays and public holidays
- Choice of doctors for treatment is purely at the sole and final discretion and decision of Sahyadri Speciality Hospital
- Any upgrade from general ward to semi-private, private or deluxe ward at the choice of the patient will entail payment of differential rates / amount on all components of the Inpatient bill at actuals
- Inpatient Hospitalization means hospitalization for a minimum period of 24 hours.
- Pre admission investigations are not covered.

GENERAL WARD ONLY

Treatments Excluded (not Covered)

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| <ul style="list-style-type: none"> ● Maternity / Delivery ● Organ /Bone Marrow Transplant ● AIDS/ Alcohol / Drug Addiction related illness ● Maintenance Dialysis. ● Dental & Cosmetic Procedures ● Drugs not related to Diagnosed Ailment being treatment | <ul style="list-style-type: none"> ● Vaccination/Nutrition/Dietetics ● Antibiotics/Vitamins not related to Admission ● Radiation therapy ● Ophthalmic treatment for retina and vitreous problem ● Burns, Lithotripsy, Physiotherapy ● Psychiatric illness | <ul style="list-style-type: none"> ● Naturopathy, Homeopathy, Ayurved, Unanni ● Attempted Suicide ● Hospitalization beyond 60 days after admission ● Specific Pathological tests ● Private/Preferred Doctor's Fees |
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For same illness, total treatment days not to exceed 60 Days, per annum.

Items excluded (not covered) (to pay at actuals)

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| <ul style="list-style-type: none"> ● All implants (including Stents, external fixators, Balloons etc.) ● Blood and Blood Products, Contrast Procedures / GA for Imaging ● Antineoplastic Drugs ● Diet & TN | <ul style="list-style-type: none"> ● Medication for Chemotherapy and Immunotherapy ● Biohazard charges & additional mode for ventilator ● Antibiotics / Vitamins not related to admission |
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Services not covered (Chargeable)

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| <ul style="list-style-type: none"> ● Ambulance Services ● Food for patient/TPN/R.T.Feed ● Extra bed for Attendant ● Laundry / Telephone | <ul style="list-style-type: none"> ● Washing charges. ● Sanitary items, Toiletries, Cosmetics Items ● Expenditure not related to illness/ Surgery | <ul style="list-style-type: none"> ● Visitors Passes ● Water matters/Alpha Bed/ Additional Misc Items when in ICU ● Registration charges/Xerox& Duplicating Charge/ Extra Documentation |
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Inpatient Services does not include

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| <ul style="list-style-type: none"> ● Pre - Hospitalization Care ● Post - Hospitalization Care | <ul style="list-style-type: none"> ● Medical Treatment before Admission ● Medical Treatment after Discharge |
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This is the exhaustive list.

FAMILY INFORMATION FORM

If you have given your family data during your previous renewal and there is no change in the coverage, you may ignore filling this page.

Relation (with C/CD) : SELF _____ Age : _____ Sex : _____ Date of Birth : _____ Sign : _____ Name : _____	Photo	Relation (with C/CD) : SELF _____ Age : _____ Sex : _____ Date of Birth : _____ Sign : _____ Name : _____	Photo
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Relation (with C/CD) : SELF _____ Age : _____ Sex : _____ Date of Birth : _____ Sign : _____ Name : _____	Photo	Relation (with C/CD) : SELF _____ Age : _____ Sex : _____ Date of Birth : _____ Sign : _____ Name : _____	Photo
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Relation (with C/CD) : SELF _____ Age : _____ Sex : _____ Date of Birth : _____ Sign : _____ Name : _____	Photo	Relation (with C/CD) : SELF _____ Age : _____ Sex : _____ Date of Birth : _____ Sign : _____ Name : _____	Photo
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Relation (with C/CD) : SELF _____ Age : _____ Sex : _____ Date of Birth : _____ Sign : _____ Name : _____	Photo	Relation (with C/CD) : SELF _____ Age : _____ Sex : _____ Date of Birth : _____ Sign : _____ Name : _____	Photo
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No. of specified family members

Note: Please attach 1 photograph of each family member

Signature:

I declare that I am covering the same family members as last year and hence family information is not declared herein.

IMPORTANT TERMS AND CONDITIONS

- A. INTERESTS AND CLAIMS IN THE COMPANY:** The Customer/Customers Distributors (herein after referred to as CD & more specifically defined in the Rules & Regulations) or any other CD to whom the package was marketed by him, will not have any right, title, interest or claim on any of the assets or proprietary information, belonging to the Company and shall never initiate any action to claim a share in the same.
- B. CONFIDENTIALITY:** The CD will not use or disclose to any Third Party, any proprietary information provided to him by the Company for any other purpose except that specified in the Business Plan.
- C. INTELLECTUAL PROPERTY:** The CD will not copy, add to, alter, amend or deface the Trademark or Trade Name of the Company. The CD will also not use the said Trademark of the Company for any other purpose except to market the package of the Company according to the Business Plan.
- D. INDEMNITY:** The CD shall indemnify and continue to hold the Company and its Directors, Share Holders, Employees and Agents indemnified against all claims made by any Third party or Customer or CD prospected by him / her and any related damages and expenses including the legal expenses arising out of or connected to the conduct of CD (in connection with any false claims promise & other assurances made by him which are not made by the Company in writing). The liability of the CD arising from this clause shall continue regardless of whether the action brought by such Third Party actually succeeds or not.
- E. DISCLAIMER:** Company hereby expressly disclaims any liability towards any harm, damage, prejudice or suffering to any CD or his /her beneficiary caused due to any negligence on the part of one or more doctors or auxiliary staff employed by the Diagnostic Centre. Although the Company shall endeavour to provide the best medical service to its CDs, it makes no warranties express or implied regarding the diagnostic services provided by the said Diagnostic Center.
- F. ENTIRE AGREEMENT:** The Business plan of the Statement Rules & Regulations as amended from time to time and any addendum as displayed on the notice board maintained in the marketing office of the Company and all such documents constitute the entire agreement of the parties regarding their business relationship. The Company expressly reserves the exclusive right to alter or amend these Rules & Regulations. Upon updating on the website and notification by display on the notice board maintained in the marketing office of the Company such amendments are automatically incorporated as part of this Agreement between the Company and the Customer and the CD and are binding upon the parties.
- G.** The Company will not be responsible in case communication / incentive is not received by the CD due to incomplete address given by him / her.
- H.** I have noted the changes in Rules & Regulations and the Business Plan of the Company, since the time I first joined as CD and accept those changes.
- I.** Till further written communication, checkups will be done at Pune/Mumbai/Nagpur.

PAYMENT

The Renewal amount should be paid to the Company only through DD/ Pay order in favour of Indus Health Plus (P) Ltd payable at Pune only.

Cash payments can be tendered directly by you into our collection accounts opened in various cities for your convenience. The Company will provide the name, branch and collection A/c numbers of these centres, to the CD's at their request; or by the way of Debit Cards/Credit Cards. Acceptance of Debit/Credit cards is at the sole discretion of the Company and subject to availability of service.

The Company will not take responsibility for any payment made otherwise and it shall be at the own risk, of the person making the payment.

DECLARATION

I _____ son/daughter/wife of _____ hereby declare that every thing written in this form and in the Family Information Form (FIF) is completely true and no material has been concealed from the Company. I understand that if any information mentioned in the form or the FIF is discovered to be false or if any material information is found to be withheld by me, the Company shall be entitled to terminate the contract with me and withdraw the Facility with immediate effect. I have read and understood all the terms and conditions and will be bound by the same.

Signature of CD/Customer