

ST. STEPHEN'S HOSPITAL

TIS HAZARI, DELHI - 110 054

SCHEDULE OF CHARGES W.E.F 01-04-2017

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GENERAL INFORMATIONS:

1. This schedule will apply to all patients including those belonging to the Institutions who have St. Stephen's Hospital on their panel for treatment of their referred patients.
2. a) For O.P.D. Services there are two categories of charges only i.e. GENERAL and PRIVATE. For private OPD, the charges @ private rates would be applicable.

b) For in-patients, the charges are determined with reference to the type of accommodation chosen by the patients as given below:
GENERAL,CUBICLE, SEMI-PVT NON A.C., SEMI-PVT A.C., SEMI-PVT. (DELUXE), PRIVATE NON A.C., PRIVATE A.C., SPECIAL ROOMS AND DELUXE Rooms.
3. **Change of Accommodation:**
a) If a higher type of accommodation is desired by a patient during the hospital stay, ie. if a general ward patient wishes to be transferred to a private/semi - Pvt. Ward, he/she will pay general ward charges for all services up to the time of transfer and private ward charges as per category chosen for all services from the date of transfer to higher accommodation.

However, in the case of a person operated or who has undergone a delivery who subsequently desires a higher category of accommodation, the operation fees/delivery charges will be as per the highest category of accommodation availed.

b) If a patient wishes to change to lower accommodation (from private/semi private to general ward) the decision to transfer will depend on the availability of bed and evaluation by Medical Social worker as to his/her eligibility to go to a subsidized bed. If transfer is effect, the patient will pay all the charges up to the date of transfer as per private charges and at the general ward charges from the date of transfer.
4. a) ICU/CCU etc. are treatment areas and not the accommodation areas. Any patient admitted directly in these areas will decide about the type of accommodation at the time of admission in these areas and charges will be made accordingly irrespective of whether or not they have actually utilized such an accommodation for whatever reason.

b) Labour charges will apply fully irrespective of the duration of stay in the Labour Room.

c) **Accommodation Charges:**

Duration of stay for 24 hours will be counted as one full day. For fractions thereof additional charges will be calculated as follows:

a) Wards

1. 4 hours of stay – No charges
2. 4 hours to 12 hours of stay – Half day charges
3. More than 12 hours of stay – Full day charges

b) I C U and High Dependency Unit (Medicine/Paediatrics)

1. Up to 4 hours of stay – 25% charges
2. 4 hours to 12 hours of stay – Half day charges
3. More than 12 hours of stay – Full day charges

c) Post Operative Care units

1. Up to 4 hours of stay – 25% charges
2. 4 hours to 12 hours of stay – Half day charges
3. More than 12 hours of stay – Full day charges

5. **Service Charges:** The patient will be charged for all services provided from the time of admission till the time of discharge.
6. VAT, Service Tax etc. will be applicable wherever it applies.
7. Checkout Time is within 6 hours from the time of billing and if not settled such bills will be modified accordingly.
8. An attendant is allowed to stay with the patient free of charge in Cubicle/ Semi- Private/ Private Non A.C./Private A.C, Special and Deluxe rooms. No attendant is permitted to stay with the patient in General Ward.
9. Visitors should strictly adhere to the visiting hours of the hospital.

Dr. Sudhir C. Joseph
DIRECTOR

ST STEPHEN'S HOSPITAL, TIS HAZARI, DELHI – 110 054.

SCHEDULE OF CHARGES FOR O.P.D. W.E.F. 01.04.2017

	New Registration	Revisit
I. OPD CONSULTATION		
1. Registration - General O.P.D.	150	130
2. Registration - Private O.P.D.	700	650
3. Registration- Private O P D (Evening)	700	650
4. Registration- Private O P D (Psychiatry)	900	750
5. Casualty	270	
6. Child Health Card	60	
7. Gurgaon -General OPD	230	210
8. Gurgaon - Private OPD	700	650

II. CLINICS (GENERAL)

1. Well Baby Clinic-General	130	130
2. All sub-specialties and super- specialty Clinic-General	150	150
3. Psychiatry Clinic	310	310

NOTE : No Registration fee will be charged for the Cards issued to the New Born Babies

III. ANTE NATAL CLINIC (GENERAL)

	New Registration	Revisit
1. Pregnancy Clinic (Per Visit)	350	300
2. High Risk Pregnancy Clinic (per Visit)	750	380
3. For entire duration of Pregnancy (Unlimited Visit)	2300	-
4. Special Scheme for entire duration of Pregnancy (Unlimited Visit)	4400*	-

**** Rs.2300/- rebate will be given on delivery in St. Stephen's Hospital***

IV. COMPREHENSIVE CHECK-UP:

	Delhi	Gurgaon
1. Comprehensive check-up		
a) Basic Preventive Health check-up	1000	1400
b) Executive Health check-up	3000	3000
c) Preventive Heart check-up	4200	4200
d) Whole Body check-up	5000	-
e) Well woman check-up	2500	-

SCHEDULE OF CHARGES FOR INPATIENTS W.E.F. 01.04.2017

		General	Private
	Admission Fee	400	800

ACCOMMODATION CHARGES

(Per day)

SL. No.	Category of Accommodation	Amount
1	General Ward	1850
2	Cubicle	2550
3	Semi Private Non A.C.	2800
4	Semi Private A.C. Room	3300
5	Semi Private A.C. Room (Deluxe)	4000
6	Non A.C. Single Room	4500
7	A.C. Single Room (Small)	5000
8	A.C. Single Room- Special Room	6100
9	Deluxe Room	6700

I.C.U. & C.C.U. CHARGES

(per day for all Categories)

SL. No.	Category of Accommodation	Amount
1	I C U care (with Cardiac Monitor)	6000
2	High Dependency Unit (Medicine/ Paediatrics) with Monitor	3800
3	Post Operative Care with Monitor	3800
4	Ventilator Charges - Less than 4hrs	1250
	- 4 hrs to 12 hrs	2500
	- More than 12 hrs	5000
5	Non Invasive Ventilation-Bippapp machine	2400

CONSULTATION FEE & VISITING CHARGES

	Category of Accommodation	Consultation charges per day
		Rs.
1	A.C. Rooms	700
2	Non A.C. Rooms and A.C. Semi Private Rooms	600
3	Semi-Private (non-A.C. Rooms)	450
4	Cubicle	230
5	General	120

Note: 1. The charges as noted above will also apply when the specialist visit the patients in the ICU/CCU and Nursery.

2. Surgeon's fees include visiting charges for the first five days starting from and including day of operation.

THERAPEUTIC DIET CHARGES

I.	THERAPEUTIC DIET	General	Cubicle	Private
CO01	DIET COUNSELING CHARGES	100	100	250
DT03	DIETICIANS VISIT	-	60	250

PROCEDURE & DRESSING/ TREATMENT CHARGES

I.	PROCEDURES& DRESSING/TREATMENT	General.	Private
ICU05	MONITOR CHARGES IN WARDS	620	620
PD01	DRESSING SMALL	200	300
PD02	DRESSING LARGE	370	550
PD03	SPECIAL DRESSING (PLASTIC SURGERY)	430	620
PD04	CHEMOTHERAPY (I V INJECTION)	1200	2200
PD05	INJECTION INOCULATION	10	10
PD06	15% TO 30% BURNS FIRST DRESSING	1000	1500
PD07	SUBSEQUENT DRESSING (15-30 %)	860	1270
PD08	30% TO 50% BURNS FIRST DRESSING	1500	2300
PD09	SUBSEQUENT DRESSING (30-50%)	1320	1950
PD10	EXTENSIVE BURN ABOVE 50%	2100	3100
PD11	SUBSEQUENT DRESSING (ABOVE 50%)	1600	2400
PD12	NEBULIZATION THERAPY	90	140
PD13	D.C. SHOCK	290	450
PD14	RBS (BY GLUCOMETERS)	140	160
PD16	BLOOD GAS ANALYSER WITH ELECTROLYTE	490	680
PD17	INFUSION PUMPS (per Pump)	280	550
PD18	SYRINGE PUMPS (per Pump)	280	550
PD19	SUTURE REMOVAL	310	370
PD20	OT DRESSING	220	330
PD21	NEBULIZATION THERAPY (24 HOURS)	430	620
PD22	TUBE FEEDING	180	240
PT01	LUMBAR PUNCTURE	1150	1720
PT02	CUT DOWN	1080	1610
PT03	CHEST ASPIRATION	1150	1720
PT04	INTER COSTAL DRAINAGE	1490	2190
PT05	LIVER BIOPSY	3000	4000
PT06	KIDNEY BIOPSY	4000	5000
PT07	LIVER ASPIRATION	1610	2420
PT08	BONE MARROW	1610	2420
PT09	SUBDURAL TAP	920	1380
PT10	TAP THERAPEUTIC (ASCITIC)	990	1490
PT11	TAP DIAGNOSTIC (ASCITIC)	860	1270
PT12	VENTRICULAR TAP	990	1490
PT13	UMBILICAL CANULATION	1270	1840
PT14	EXCHANGE TRANSFUSION	3000	4000
PT15	BLOOD TRANSFUSION	440	660
PT16	PULSE OXIMETER	280	410
PT17	IMAGE INTENSIFIER	1100	1600
PT18	PLASTER APPLICATION CHARGES	370	550
PT19	FLOW RATE (UROLOGY)	580	860
PT20	URODYNAMICS	1150	1720
PT21	CATHETERISATION	260	400
PT23	URINE ALBUMIN	90	140
PT25	INTUBATION	710	1080
PT26	FLUID/BLOOD WARMER	1490	1950
PT27	BODY WARMER	1490	1950
PT28	OPERATING MICROSCOPE	1040	1490
PT29	ARGON COAGULATOR	1040	1490
PT30	INVASIVE MONITORING	1490	1950
PT36	JOINT ASPIRATION CHARGES	630	1270
PT37	TRACHEOSTOMY IN ICU/WARDS	6200	10000
PT38	HARMONIC SCALPEL CATEGORY III A & III B	3680	4020
PT39	HARMONIC SCALPEL CATEGORY IV A & IV B	4260	4720

PT41	EQP. CHG. FOR ALL THERAPEUTIC ARTHROSCOPY PROC.	5520	8630
PT42	EQP. CHG. FOR ALL DIAGNOSTIC ARTHROSCOPY PROC.	2200	3000
PT43	BAND LIGATION	630	1270
PT45	CENTRAL LINE- SUBCLAVINE/FEMORAL CHARGES	1270	1840
PT46	NEURO DRILL CHARGES (SUMEX DRILL)	3680	5520
PT47	DVT PUMPS	310	430
PT48	BELOW KNEE CUFF	920	920
PT49	ABOVE KNEE CUFF	1610	1610
PT50	LAPAROSCOPE EQP. CHARGES UPTO 1 HOUR	5400	5400
PT51	LAPAROSCOPE EQP. CHARGES- SUBSEQUENT ½ HOUR	1600	1600
PT52	LAPAROSCOPE PROCEDURE CONVERTED TO OPEN	1600	1600
PT53	LAPAROSCOPIC CHOLECYSTCTOMY EXCEEDING 1.5 Hr to 2Hr	1600	1600
PT54	LAPAROSCOPIC CHOLECYSTCTOMY EXCEEDING 2 HOURS	3200	3200
PT55	HARMONIC SCALPEL CATEGORY V	4950	5400
PT56	HARMONIC SCALPEL CATEGORY VI	5520	6100
PT57	HARMONIC SCALPEL LAPAROSCOPIC CASES	18520	18520
PT58	NEURO DRILL (SPECIAL)	14720	14720
PT59	C PAP PER DAY	130	180
PT60	BI PAP MACHINE HANDLING CHARGES	580	580
PT61	LASER CHARGES CAT III A & III B	5000	5000
PT62	LASER CHARGES CAT IV A & IV B	6000	6000
PT63	LASER CHARGES CAT V	7000	7000
PT64	LASER CHARGES CAT VI	8000	8000
PT65	TRACTION	300	400
PT66	EXTUBATION	350	500
PT67	ISOFLORINE (PER HOUR)	600	600
PT68	SEVOFLORINE INDUCTION	600	600
PT69	SEVOFLORINE INDUCTION + MAINTENANCE (PER HOUR)	1000	1000
PT70	HALOTHANE (PER HOUR)	300	300

LABORATORY SERVICE CHARGES

I.	HAEMATOLOGY	General	Private
HM01	Hb (HAEMOGLOBIN)	100	100
HM02	CBC (HB,TC,DC,PLTS,Cell Indi PS)	375	375
HM03	ESR	130	130
HM04	RETICULOCYTE COUNT	300	300
HM05	ABSOLUTE EOSINOPHIL COUNT	170	170
HM06	MP (MALARIA PARASITE SMEAR)	120	120
HM07	MICROFILARIA	150	150
HM08	BT	150	150
HM09	PT/INR	400	400
HM10	APTT	450	450
HM11	COAGULATION WORK UP	5000	5000
HM13	BETHESDA ASSAY	7000	7000
HM14	INHIBITOR SCREENING	2000	2000
HM15	LUPUS ANTICOAGULANT PANEL	2750	2750
HM16	D-DIMER	1200	1200
HM17	FIBRINOGEN	650	650
HM18	HAMS TEST	750	750
HM19	H PREPARATION	150	150
HM20	G6 PD SCREENING	450	450
HM21	SICKLE CELL PREPARATION	100	100
HM22	Hb A2 AND Hb F (THAL SCREENING TEST)	950	950
HM23	OSMOTIC FRAGILITY TEST	500	500

HM24	BONE MARROW WITH IRON	1000	1000
HM27	RAPID TEST FOR MALARIA	650	650
HM28	TEG – ANALYSIS	1750	1750
HM29	SPLENIC ASPIRATE FOR L.D. BODIES	160	160
HM32	PLATELETS COUNT With SMEAR	50	50
HM33	FACTOR VIII	2500	2500
HM34	FACTOR IX	2500	2500
HM35	FACTOR X	4000	4000
HM36	FACTOR XI	3000	3000
HM37	FACTOR XII	3000	3000
HM38	FACTOR XIII SCREENING	450	450
HM39	VON WILLEBRAND FACTOR AG	4000	4000
HM40	RISTOCETIN CO FACTOR ACTIVITY	7500	7500
HM41	FACTOR II	3000	3000
HM42	KLEIHAUR TEST FOR HbF	350	350
HM43	TEST FOR UNSTABLE HEMOGLOBIN	250	250
HM44	HEINZ BODY PREPARATION	210	210
HM45	FACTOR V	3000	3000
HM46	FACTOR VII	3000	3000
HM47	THROMBIN TIME	750	750
HM48	IRON STAIN FOR HAEMOSIDERIN	350	350
II.	MICROBIOLOGY	General	Private
MB01	GRAMS STAIN	250	250
MB02	AFB STAIN	275	275
MB03	ALBERTS STAIN	220	220
MB08	FUNGAL CULTURE	950	950
MB10	INDIA INK PREPARATION	200	200
MB11	KOH PREPARATION	200	200
MB12	HANGING DROP PREPARATION	130	130
MB25	CRYPTOCOCCAL ANTIGEN LFA	1500	1500
MB26	PNEUMO CYSTIS CARINI PHEUMONIA	600	600
MB27	URINE CULTURE	800	800
MB28	CULTURE(Blood,Sputum,Pus,HUS,Body Fluid,Stool,Biopsy,Semen)	860	860
MB29	CULTURE (TA,ET,BAL,All Tips)	1000	1000
III.	SEROLOGY	General	Private
SE01	WIDAL	240	240
SE03	ASO	500	500
SE04	RA FACTOR	360	360
SE06	RPR	150	150
SE13	HIV SPOT	480	480
SE14	HIV ELISA	480	480
SE15	HBs Ag SPOT	480	480
SE16	HBs Ag ELISA	480	480
SE17	HCV SPOT	480	480
SE18	HCV ELISA	1200	1200
SE39	DENGUE IgG SPOT/ ELISA	600	600
SE40	DENGUE NS 1 ANTIGEN	600	600
SE41	ENTEROCHECK (S. typhi IgM)	400	400
SE42	HEV-IgM	1450	1450
SE43	LEPTOSPIRA-IgM	1200	1200
SE44	CHIKUNGUNIA-IgM	750	750
SE45	NAT	1390	1390
SE46	DENGUE IgM SPOT/ELISA	600	600
SE47	ANTI CCP ELISA (CYCLIC CITRULLINATED	1500	1500
SE48	ANTI HAV –IgM	1000	1000
IV.	BLOOD BANK	General	Private
BB01	ABO Rh (BLOOD GROUP)	200	200

BB02	SUB GROUPS	175	175
BB03	Rho PHENOTYPE	370	370
BB04	DIRECT COOMBS	400	400
BB05	INDIRECT COOMBS	450	450
BB06	RHO ANTI BODY TITER	800	800
BB07	AUTOANTIBODY SCREENING	175	175
BB08	COLD AGGLUTININS	375	375
BB09	CROSS MATCH	400	400
BB15	VENESECTION – THALASSEMIA	550	550
BB17	DONOR SCREENING FOR APHERESIS	540	540
BB18	VENESECTION – TRIPLE BAG	550	550
BB19	CROSS MATCH – FOR THALASEMIA PATIENTS ONLY	500	500
BB20	ANTIBODY SCREEN- FOR B.T	400	400
BB21	COLD HEMOLYSIN	370	370
BB23	PROCESSING CHARGES FOR WHOLE BLOOD/PACKED CEL	2200	2200
BB24	PROCESSING CHARGES FOR FFP	2000	2000
BB25	PROCESSING CHARGES FOR PLATELETS	2000	2000
V.	BIOCHEMISTRY	General	Private
BC01	FBS	90	90
BC02	PPBS	90	90
BC03	RBS	90	90
BC05	GTT FOR GDM	350	350
BC06	GLYCOSYLATED Hb (Hb,A1c)	420	420
BC07	ACETONE	60	60
BC09	BUN (BLOOD UREA NITROGEN)	120	120
BC10	CREATININE	120	120
BC11	URIC ACID	135	135
BC12	SODIUM	150	150
BC13	POTASSIUM	150	150
BC14	CHLORIDE	150	150
BC16	URINE PROTEIN 24 HRS	220	220
BC17	URINE CREATININE (24 HRS)	200	200
BC18	CREATININE CLEARANCE	430	430
BC20	CALCIUM	150	150
BC21	PHOSPHOROUS	150	150
BC22	MAGNESIUM	450	450
BC23	LFT	700	700
BC24	BILIRUBIN	250	250
BC25	SGPT	150	150
BC26	SGOT	150	150
BC27	ALKALINE PHOSPHATASE	150	150
BC30	TOTAL PROTEIN	150	150
BC31	ALBUMIN	120	120
BC33	AMYLASE	400	400
BC34	LIPASE	580	580
BC35	LDH	340	340
BC36	CPK	280	280
BC37	CK MB	380	380
BC38	LIPID PROFILE	850	850
BC40	CHOLESTEROL	130	130
BC41	TRIGLYCERIDES	270	270
BC42	HDL	220	220
BC43	LDL	250	250
BC44	Iron & TIBC	400	400
BC46	URINE AMYLASE	450	450
BC47	URINE CALCIUM- 24 HRS	220	220
BC48	URINE CHLORIDE- 24 HRS	220	220
BC50	URINE CREATININE RANDOM QUANTITATIVE	150	150

BC51	URINE POTASSIUM- RANDOM	200	200
BC52	URINE MAGNESIUM- 24 HRS	550	550
BC53	URINE PHOSPHOROUS- 24 HRS	220	220
BC54	URINE PROTEIN RANDOM QUANTITATIVE	200	200
BC55	URINE SODIUM- RANDOM	200	200
BC58	URINE URIC ACID – 24HRS	220	220
BC61	A D A	550	550
BC62	RENAL PROFILE (BUN,CR,UA,NA,K,Ca,Phos.)	800	800
BC65	URINE SODIUM – 24 HRS	220	220
BC66	URINE POTASSIUM – 24 HRS	220	220
BC67	GTT	250	250
BC68	hs-CRP	620	620
BC70	FBS FOR GDM	90	90
VI.	CLINICAL PATHOLOGY	General	Private
CP01	STOOL ROUTINE	110	110
CP02	STOOL OCCULT BLOOD	140	140
CP03	STOOL REDUCING SUBSTANCE	130	130
CP04	URINE ROUTINE	110	110
CP05	URINE BILLIRUBIN	75	75
CP06	URINE UROBILINOGEN	75	75
CP07	URINE ACETONE (KETONE)	75	75
CP08	URINE SPECIFIC GRAVITY	75	75
CP09	URINE pH	75	75
CP10	URINE GLUCOSE	75	75
CP11	URINE PROTEIN	75	75
CP12	URINE NITRATE	75	75
CP13	URINE BENCE JONES PROTEIN	175	175
CP14	URINE PREGNANCY TEST	150	150
CP15	BODY FLUIDS EXAM.(CSF,AF,PF,PC)	650	650
CP16	SEMEN ANALYSIS	300	300
CP18	APT TEST	75	75
CP19	ASPIRATE FOR POLYMORPHS	125	125
CP20	STOOL pH	75	75
CP21	STOOL FATGLOBULES	75	75
CP22	URINE OCCULT BLOOD	75	75
CP23	BODY FLUID AMYLASE	450	450
CP24	BODY FLUID LDH	325	325
CP25	BODY FLUID BILIRUBIN	250	250
CP26	URINE LEUCOCYTE ESTERASE	75	75
CP27	URINE REDUCING SUBSTANCES	120	120
CP28	URINE FOR HEMOGLOBINURIA	150	150
CP30	URINE HEMOSIDERINE	350	350
VII.	IMMUNO ASSAYS	General	Private
IA01	T3	280	280
IA02	FREE T3	350	350
IA03	T4	280	280
IA04	FREE T4	350	350
IA05	TSH	320	320
IA06	LH	500	500
IA07	FSH	500	500
IA08	PROLACTIN	500	500
IA09	ESTRADIOL (E2)	550	550
IA10	PROGESTRONE	510	510
IA11	B-HCG	600	600
IA13	CORTISOL	530	530
IA20	PSA	700	700
IA22	AFP	750	750
IA24	CA – 125	1100	1100

IA25	SERUM FERRITIN	660	660
IA26	VIT B12	1000	1000
IA27	SERUM FOLATE	1000	1000
IA29	TFT	1450	1450
IA34	INTACT PTH	1400	1400
IA56	ANTI TPO Ab	1200	1200
IA58	URINE CORTISOL	700	700
IA61	ANA FT	1500	1500
IA63	VIT D – 25 – HYDROXY	1530	1530
IA67	PROCALCITONIN (PCT)	2250	2250
IA72	CELIAC DESEASE PROFILE	1500	1500
IA73	VASCULITIS PROFILE	1750	1750
IA74	ANA PROFILE	3000	3000
IA75	AUTOIMMUNE GASTRITIS PROFILE	1500	1500
IA76	ANTI CARDIOLIPIN/ BEETA 2 GPI COMPLEX	1250	1250
VIII.	HISTOPATHOLOGY & CYTOLOGY	General	Private
HP01	HISTOPATHOLOGY – SMALL (UPTO 2 CONTAINERS)	800	800
HP25	ADDITIONAL CONTAINER (SMALL BIOPSY)	170	170
HP03	HISTOPATHOLOGY – LARGE	1380	1380
HP26	ADDITIONAL CONTAINER (LARGE BIOPSY)	290	290
HP29	ONCOLOGY SPECIMEN	2070	2070
HP04	F N A C	1040	1040
HP05	PAP SMEAR	690	690
HP06	INTRA OPERATIVE PATHOLOGY (IOP) (UPTO TWO)	1380	1380
HP16	ADDITIONAL CONTAINER (IOP)	400	400
HP08	BODY FLUIDS FOR MALIGNANT CELLS (UPTO TWO SITES)	690	690
HP17	ADDITIONAL SITE	230	230
HP09	IMMUNO HISTOCHEMISTRY (FIRST)	1610	1610
HP18	ADDITIONAL IMMUNO HISTOCHEMISTRY –(each Test)	1150	1150
HP20	DUPLICATE SLIDE CHARGES (per slide)	60	60
HP21	BLOCK CHARGES (per block)	60	60
HP27	IMMUNOFLUOROSCENCE FOR KIDNY BIOPSY	2300	2300
HP28	H P V- DNA HIGH RISK TEST	1800	1800
HP32	HPV GENOTYPES 16 & 18	3740	3740
HP30	F N A C SLIDE REVIEW- up to 3 slides	520	520
HP31	BIOPSY SLIDE REVIEW - up to 3 slides	630	630
HP35	ADDITIONAL SLIDE REVIEW CHARGES (PER SLIDE)	120	120

RADIOLOGY SERVICE CHARGES

I.	X-RAY	General	Private
PORT	PORTABLE X-RAY CHARGES	220	260
XR01	FLUROSCOPY CHEST	220	260
XR04	ABDOMEN A P	250	320
XR05	ABDOMEN FOR LAT. VIEW	250	320
XR07	ABDOMEN ERECT & SPINE	510	600
XR08	CHEST P A	250	320
XR09	CHEST OBLIQUE OR LATERAL	250	320
XR10	CHEST P A & LATERAL	510	630

XR11	MASTOIDS LATERAL VIEWS- 2 EXPOSURES	500	600
XR12	EXTREMITIES,BONES&JOINTS- 1 EXPOSURE	250	320
XR13	EXTREMITIES,BONES&JOINTS- 2 EXPOSURES	500	600
XR14	PELVIS	250	320
XR15	PARA-NASAL SINUSES	250	320
XR18	K.U.B.(ABDOM. & PELVIS) 1 EXPOSURES	250	320
XR19	SKULL A P & LATERAL	550	650
XR21	SKULL AP OR LATERAL	250	320
XR22	SPINE A P & LATERAL (2 EXPOSURES)	540	630
XR23	SPINE A P / LAT. – 1 EXPOSURE	270	370
XR27	SPINE A P, LATERAL & OBLIQUE	1020	1320
XR28	BARIUM SWALLOW/GASTROGRAFFIN	1550	2100
XR29	SINOGRAPHY/SIALOGRAPHY/FISTULOGRAM	1280	1740
XR30	MICTURATING CYSTOURETHROGRAPHY	2520	2770
XR31	HYSTERO-SALPINGOGRAPHY	1500	1700
XR33	RETROGRADE UROGRAPHY	2520	2770
XR35	BARIUM ENEMA	2930	3470
XR36	BARIUM MEAL UPPER	2930	3470
XR38	I V UROGRAPHY	2930	3470
XR42	CEREBRAL/FEMORAL ANGIOGRAPHY	3370	3990
XR43	APICOGRAM (CHEST)	250	320
XR44	CHEST DECUBITUS VIEW	250	320
XR45	CHILD K.U.B.	250	320
XR48	SPLENO-PORTOGRAPHY	3860	4520
XR49	T-TUBE CHOLANGIOGRAPHY	2020	2540
XR50	INTRA-OPERATIVE CHOLANGIOGRAPHY	2020	2540
XR51	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY	1940	2420
XR52	BILIARY DRAINAGE UNDER GUIDANCE	3360	3930
XR55	BARIUM MEAL FOLLOW THROUGH	3220	3570
XR56	PERCT. TRANSHEPATIC BILIARY DRAINAGE	3630	4160
XR57	MAMMOGRAPHY	1500	2000
XR58	SMALL BOWEL ENEMA	2930	3460
XR61	TM JOINTS –TWO EXPOSURES	500	750
XR62	EXTREMITIES, BONES, JOINTS- 3 EXPOSURES	720	760
XR64	SOFT TISSUE NECK LATERAL	280	320
XR65	ERCP	1500	2000
XR66	PERCUTANEOUS NEPHROSTOMY	1500	2000
XR67	NASOJEJUNAL TUBE INSERTION FLUROSCOPY	500	700
XR68	NASAL BONE LAT. VIEW	400	600
XR69	DEXA- SINGLE SITE	1910	2000
XR70	DEXA- HIP & SPINE	2500	2660
XR71	DEXA- THREE SITES (HIP,SPINE & FOREARM)	3500	4000
XR72	DEXA- WHOLE BODY	3500	4000
XR73	DEXA- 3 SITES FOR THALLASSEMIA	2000	2500
XR74	DISTAL COLOGRAM	2320	2920
XR75	BEDSIDE CHEST X RAY (ONE EXPOSURE)	500	700
XR76	BEDSIDE CHEST X RAY (TWO EXPOSURE)	690	830
XR77	BEDSIDE ABDOMEN X RAY (ONE EXPOSURE)	500	700
XR78	BEDSIDE ABDOMEN X RAY (TWO EXPOSRE)	690	830
XR79	BEDSIDE EXTREMITIES X RAY (ONE EXPOSURE)	440	650
XR80	BEDSIDE EXTREMITIES X RAY (TWO EXPOSURE)	690	830
II.	CT SCAN	General	Private
CT01	CT HEAD BASIC BRAIN SCAN	1700	2050
CT02	CT PNS,ORBIT,PITUTARY FOSSA,TEMPORAL BONE,	2500	3300
CT03	CT CHEST	2900	4200
CT04	CT UPPER ABDOMEN	2900	4200
CT05	CT LOWER ABDOMEN	2900	4200

CT06	CT SPINE (FOR 3 LEVELS)	2500	3300
CT07	CT LIMBS & JOINTS	2500	3300
CT08	CT NECK	2500	3300
CT09	SPINE ADDITIONAL 1 LEVEL	900	1200
CT11	CT SCANOGRAM	600	900
CT12	CT GUIDED BIOPSY, FNAC, ASPIRATION	3200	4000
CT13	EMERGENCY SCAN CHARGE FOR CT	600	900
CT14	CT FOR P.N.S LIMITED CUTS	2000	3000
CT21	CT WHOLE ABDOMEN	5400	6700
CT22	CT HEAD INTRACRANIAL ANGIOGRAPHY	7400	9800
CT23	CT HEAD PERFUSION STUDIES	7400	9800
CT24	LARYNX	2200	3000
CT25	THORAX HRCT	3000	4500
CT26	THORACIC AORTA ANGIOGRAPHY	7400	9800
CT27	CORONARY ANGIOGRAPHY + CA SCORING	7400	9800
CT28	CT BRONCHOSCOPY	4400	6400
CT29	UPPER ABDOMEN SINGLE,DUAL,TRIPHASIC LIVER SCAN	8000	10500
CT30	SPLENO-PORTAL,MESENTRIC, VENOUS	8000	10500
CT33	UPPER ABDOMINAL AORTA ANGIOGRAPHY	7400	9800
CT34	UPPER ABDOMEN RENAL ANGIOGRAPHY	7400	9800
CT35	LOWER ABDOMEN + COLONOSCOPY	4400	6400
CT36	CT PERIPHERAL ANGIOGRAPHY	8000	10500
CT37	CT DENTA SCAN (ORTHOPANTOMOGRAM)	1800	2500
CT38	CT BONE MINERAL ANALYSIS	2500	3300
CT39	3-D RECONSTRUCTIONS	900	1600
CT40	CT ANAESTHESIA CHARGES	1300	1300
CT48	CT ANGIOGRAPHY OF NECK	7400	9800
CT49	CT ANGIOGRAPHY OF NECK & BRAIN	9500	12700

Note: Contrast & Injector Charges to be charged extra

III.	ULTRA SOUND	General	Private
US01	OBSTETRICS FIRST SCAN	900	1270
US02	OBSTETRICS FOLLOW UP (2ND VISIT)	700	1200
US03	OBSTETRICS DOPLER STUDY	1500	2500
US04	BIOPHYSICAL PROFILE	1500	2000
US05	OBSTETRICS DOPLER AND BIOPHYSICAL PROFILE	2000	3000
US06	PELVIC SCAN	900	1270
US07	TRANSVAGINAL SCAN	1000	1600
US08	FOLLICULAR STUDY 1st SITTING	900	1400
US09	FOLLICULAR STUDY SUBSEQUENT SITTING	300	400
US10	LEVEL II SCAN FOR FOETAL ANOMALIES	2500	3000
US13	NEONATAL SKULL	770	1330
US15	NEONATAL HIP	770	1330
US16	ABDOMINAL SCANS (Paediatric)	770	1330
US17	UPPER ABDOMEN – GENERAL SCAN	850	1270
US18	LOWER ABDOMEN GENERAL SCAN	850	1270
US19	WHOLE ABDOMEN GENERAL SCAN	1250	1500
US20	KUB GENERAL SCAN	770	1330
US21	TRANSRECTAL GENERAL SCAN	1160	1940
US22	SMALL PARTS (BREAST,EYE,TESTIS,THYROID, JOINT)	1220	2350
US23	VEINS DOPPLER STUDY-SINGLE LIMB	1610	3050
US24	ARTERIAL DOPPLER STUDY- SINGLE LIMB	1610	3360
US25	RENAL DOPPLER / PORTAL VEIN STUDY WITH ABDOMINAL SCAN	2540	3300
US26	FNAC USG INTERVENTIONS	2310	2500
US27	DIAGNOSTIC PLEURAL/ ASCETIC TAP	1160	1500

US28	LUNG/ LIVER ABSCESS / PELVIC ABSCESS DRAINAGE	2890	3000
US29	DRAINAGE WITH INDWELLING CATHETERS (Pig Tail) /MALECOT	2890	3000
US32	TRANSRECTAL BIOPSIES	2400	3820
US33	BIOPSY NEEDLE CHARGES	1130	1970
US34	USG CHEST	250	300
US35	ECV	370	690
US36	RENAL INTERVENTION (PC NEPHROSTOMY)	2760	4390
US41	EMERGENCY ULTRASOUND (Ultrasound charges extra)	330	400
US42	PORTABLE CHARGES (Ultrasound charges Extra)	350	500
US43	VENOUS DOPPLER STUDY BOTH LIMBS	2490	4680
US44	CAROTID DOPPLER STUDY	2290	3360
US45	ARTERIAL DOPPLER STUDY BOTH LIMBS	2490	4680
US47	SINGLE LOOK USG	300	400
US48	USG FOR PVR	300	400
US49	USG GUIDED RENAL BIOPSY	2890	3000
US50	USG GUIDED INT. JUGULAR VEIN CANNULATION	3000	3200
US51	FOETAL DOPPLER –ADDITIONAL CHARGES PER FOETUS	670	800
US53	LEVEL II – ADDITIONAL CHARGES PER FOETUS	1000	1150
US54	ARTERIES VASCULAR STUDY	2500	3500
IV.	MRI	General	Private
MRI01	MRI BRAIN	5300	6000
MRI02	MRI SPINE	5800	6600
MRI04	MRI THORAX	6300	7300
MRI05	MRI PELVIS	6300	7300
MRI06	MRI JOINTS	6500	7500
MRI07	MRI EXTREMITIES	6500	7500
MRI08	MRCP	6500	7500
MRI09	MR UROGRAPHY	6500	7500
MRI10	MRI CSF FLOW STUDY	6500	7500
MRI11	MRI ANGIOGRAPHY ONE PART	6500	7500
MRI12	MRI BRAIN+ANGIOGRAPHY(CIRCLE OF WILLIS)	9700	10800
MRI13	MRI BRAIN+ANGIOGRAPHY (NECK+CIRCLE OF WILLIS)	11300	12400
MRI14	MRI ANGIOGRAPHY(NECK+CIRCLE OF WILLIS)	9700	10800
MRI15	MRI MARROW SCREENING	3500	5000
MRI16	MRI SPINE ONE PART + SCREENING WHOLE SPINE	7800	9500
MRI17	MRI PELVIMETRY/PLACENTA LOCALISATION	3200	5000
MRI19	MRI LUMBER SPINE & SI JOINTS	7400	8500
MRI23	MRI ANAESTHESIA CHARGES	1300	1300
MRI24	MRI BRAIN-PITUITARY FOSSA	6300	7300
MRI25	MRI ORBIT	6300	7300
MRI26	MRI PNS	6300	7300
MRI27	MRI T.M. JOINTS (SPECIFY SIDE)	6300	7300
MRI28	MRI ANGIOGRAPHY-CIRCLE OF WILLIS	6300	7300
MRI29	MRI BRAIN-VENOGRAPHY	6300	7300
MRI30	MRI ANGIOGRAPHY-NECK	6300	7300
MRI31	MRI ANGIOGRAPHY-RENAL ANGIOGRAPHY	6300	7300
MRI32	MRI NASOPHARYNX	6300	7300
MRI33	MRI NECK	6300	7300
MRI34	MRI FISTULOGRAPHY	6300	7300
MRI35	MRI BOTH HIPS-DYNAMIC STUDY	6300	7300
MRI36	MRI EXTREMITY/JOINT- DOUBLE	12300	14600
MRI37	MRI EMERGENCY CHARGES	600	900
MRI38	MRI BRAIN SCREENING	2500	3500
MRI39	MR VENOGRAPHY	5300	6600
MRI40	MRI LOWER ABDOMEN/PELVIS	5300	6600

MRI41	JOINT SCREENING (ONE JOINT)	1600	1900
MRI42	CARTILAGE MAPPING	6100	7600
MRI43	BRAIN SPECTROSCOPY	5300	6600
MRI44	MRI OF BRACHIAL PLEXUS	6100	7600
MRI45	MR MAMMOGRAPHY	6100	7600
MRI46	PERFUSION IMAGING IN STROKE	6100	7600
MRI47	MR ARTHROGRAPHY	6100	7600
MRI48	3-D MRI OF SPINE	2600	3200
MRI49	WHOLE BODY SCREENING FOR METASTASIS	5300	6300
MRI50	MRI UPPER ABDOMEN	5300	6600
MRI51	MRI FULL ABDOMEN	7800	9900
MRI52	MRI BRAIN AFTER BRAIN SCREENING- SAME DAY SITTING	3500	3500
MRI53	BRAIN VENOGRAPHY AFTER MRI BRAIN-SAME DAY SITTING	3200	3500
MRI54	MRI BRAIN WITH ORBIT	7900	8000

Note: Contrast & Injector Charges to be charged extra

V.	INTERVENTIONAL RADIOLOGY	General	Private
INR01	PERIPHERAL ANGIOGRAPHY (DIAGNOSTIC) (ONE LIMB)	15500	20700
INR02	PERIPHERAL TRAUMA INTERVENTIONAL	29800	39800
INR03	PERIPHERAL ARTERIAL ANGIOPLASTY WITHOUT STENT RT/LT	29800	39800
INR04	PERIPHERAL ARTERIAL ANGIOPLASTY WITH STENT RT/LT	29800	39800
INR05	ILAIC ANGIOPLASTY/STENTING	33400	44600
INR06	PERIPHERAL ARTERIAL THROMBOLYSIS RT/LT	36700	47700
INR07	PERIPHERAL HEMANGIOMA SCLEROTHERAPY (DIRECT)	2100	2800
INR08	PERIPHERAL HEMANGIOMA SCLERO/EMBOLISATION (TRANSAR.)	29800	39800
INR09	UTERINE ART EMBOL FOR FIBROIDS-PRE MYOMECTOMY	22700	30300
INR10	UTERINE ARTERY EMBOLIZATION FOR FIBROIDS	22700	30300
INR11	UTERINE ART/PELVIC ANGIO- POST PART HRAGE-OTHERS	19000	25400
INR12	UTERINE ARTERY/PELVIC EMBOLIZATION FOR POST PARTUM	23900	31800
INR13	PELVIC CONGESTION SYNDROME (OVARIAN VEIN) EMBOLISAT.	33400	44600
INR14	FALLOPIAN TUBE CATHETERIZATION (FOR BLOCKED TUBE	15800	22300
INR15	PRE/POST PROCEDURE USG EVALUATION FOR FIBROIDS/ ADENOMYOSIS/UTERUS/BODY	1000	1300
INR16	PUDENDAL ARTERY EVALUATION	17500	24000
INR17	VERICOSEAL EVALUATION	22700	30300
INR18	VERICOSEAL INTERVENTIONAL	29800	39800
INR19	RENAL ARTERY ANGIOGRAPHY	17800	24000
INR20	RENAL ARTERY ANGIOPLASTY	29300	38900
INR21	RENAL ARTERY STENTING	29300	38900
INR22	RENAL ARTERY EMBOLIZATION (ONE SIDE)	13100	17600
INR23	PERCUTANEOUS NEPHROSTOMY & DRAINAGE (RT/LT)	13100	17600
INR24	URETRIC STENT (DOUBLE PIGTAIL/J) RT/LT INTERVENT	16700	22300
INR25	FOLLOW UP FOR NEPHROSTOMY DRAINAGE CATHETER	2400	3300
INR26	GUIDED PERIPHERAL INSERTION OF CENTRAL CATH-PICC	6100	7200
INR27	DIALYSIS CATH INSERT IJ,SUBCLAV,FEMORAL-NON TUNNEL	2900	4000
INR28	DIALYSIS CATH INSERT (IJ,FEMORAL)TUNNELLED/ EXCHANGE	6100	8000
INR29	CHEST PORT INSERTION FOR CHEMOTHERAPY	11300	15200
INR30	CENTRAL VENOGRAM/ARM VENOGRAM (DIAGNOSTIC)	6100	7200
INR31	CENTRAL VENOGRAM/ARM VENOGRAM INTERVENTIONAL	16700	22300
INR32	MEDIASTINAL SYNDROMES INTERVENTIONAL	19100	25400
INR33	VENOUS SAMPLING (ADRENAL & RENAL VEIN)	12000	16000
INR34	I V C MEMBRANOTOMY AND ANGIOPLASTY/STENTING	29800	39800
INR35	PORTAL VEIN EMBOLISATION	29800	39800
INR36	AORTOGRAM/SPECIFIC SINGLE AORTOGRAM	12000	16000
INR37	AORTIC ANGIOPLASTY/STENTING	41700	55700
INR38	AORTIC STENT GRAFT ENDOLEAK EMBOLIZATION	41700	55700

INR39	ABDOMINAL AORTIC ANEURYSM GRAFT	47700	63600
INR40	BRONCHIAL ARTERY EVALUATION	13100	17600
INR41	BRONCHIAL ARTERY EMBOLIZATION	33000	38500
INR42	INTRA VASCULAR CATHETER/ FOREIGN BODY REMOVAL	6100	7200
INR43	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM	8500	11200
INR44	POST PTBD CHECK CHOLANGIOGRAM PRE/INTRA/POST PROCD	3600	4800
INR45	PTBD- POST OPERATIVE/BILIARY LEAK	16700	22300
INR46	PTBD EXTERNAL DRAINAGE(SINGLE)	12000	16000
INR47	PTBD-EXTERNO-INTERNALISATION	16700	22300
INR48	PTBD--INTERNALISATION	9600	12800
INR49	PCN/PTBD WITH STENTING	27500	36600
INR50	TRANSJUGLAR LIVER BIOPSY	10000	14400
INR51	TIPS (TRANS-JUGULAR PORTO-SYSTEMIC SHUNT) INTERVEN	45200	58900
INR52	ARTERIO-PORTOGRAM	21600	28600
INR53	GI BLEED AND ISCHEMIA (TRIPLE VESSEL) EVALUATION	18200	24200
INR54	GI BLEED EMBOLISATION	30300	36300
INR55	GI ISCHEMIA INTERVENTION (ANGIOPLATY/STENTING)	25100	33400
INR56	PARTIAL SPLENIC EMBOLIZATION	41700	55700
INR57	EMPERICAL ANY ARTERY EMBOLISATION	41700	55700
INR58	USG GUIDED ANEURYSM EMBOLISATION	10700	14400
INR59	CHEMOEMBOLIZATION OF HEPATIC TUMOUR/METS	41700	55700
INR60	TRANS ARTERIAL CHEMOTHERAPY INFUSION	33400	44600
INR61	RADIOFREQUENCY ABLATION OF HEPATIC TUMOURS/ METS	33400	44600
INR62	NASO JEJUNAL INTUBATION	4800	6400
INR63	CEREBRAL ANGIOGRAM	19100	25400
INR64	CAROTID ANGIOGRAM	12000	16000
INR65	VESSELS EVAL CEREBRAL+CAROTID+ SUBCLAVIAN+ VERTEBRAL	22700	30300
INR66	SPINAL ANGIOGRAM	23900	31800
INR67	EVALUATION FOR NASAL BLEEDING / NASAL MASS	14300	19100
INR68	EMBOLIZATION FOR NASAL BLEEDING / SINUS MASS	22700	30300
INR69	EMBOL OF EXTERNAL CAROTID ARTERY/SINGLE VESSEL	34700	46200
INR70	EMBOLIZATION OF TUMOURS FED BY BOTH ICA & ECA	67500	89000
INR71	EMBOLIZATION OF TUMOURS FED BY VA OR/AND BA	63300	84300
INR72	GLUE EMBOLIZATION OF TUMOURS	63300	84300
INR73	EMBOLIZATION OF SPINAL TUMOURS	44100	58900
INR74	EMBOLIZATION FOR VERTEBRAL BODY HEMANGIOMA/METS	33400	44600
INR75	VERTEBROPLASTY (VERTERAL BODY/PELVIC BONE	44100	58900
INR76	VENOUS SINUS SAMPLING (PETROSAL SINUS)	44100	58900
INR77	CCF OCCLUSION	71500	95400
INR79	PROXIMAL OCCLUSION OF INTERNAL CAROTID ARTERY	65600	87500
INR80	CEREBRAL AVM EMBOLIZATION (BESIDES VB TERRITORY)	66700	89000
INR81	AVM EMBOLIZATION IN THE VERTEBROBASILAR TERRITORY	66700	89000
INR82	SPINAL AVM EMBOLIZATION/AVF EMBOLIZATION	75000	100200
INR83	COILING OF INTRACRANIAL ANEURYSM	59600	79400
INR84	COILING OF MULTIPLE ANEURYSMS	66700	89000
INR85	GDC COILING OF INTRACRANIAL ANEURYSMS WITH SPASM	71500	95400
INR86	COILING OF INTRACRANIAL ANEURYSM ATTEMPTED	35800	47700
INR87	POST SAH INTRACRANIAL ANGIOPLASTY FOR SPASM	66700	89000
INR88	INTRACRANIAL DRUG THERAPY FOR POST SAH VASOSPASAM	41700	55700
INR89	INTRA ARTERIAL THROMBOLYSIS	56400	72300
INR90	MANAGEMENT OF DURAL SINUS THROMBOSIS	66700	89000
INR91	ANGIOPLASTY FOR CAROTID/VERTEBRAL ARTERY STENOSIS	66700	89000
INR92	STENTING FOR CAROTID/VERTEBRAL ARTERY STENOSIS	51200	68400
INR93	INTRACRANIAL ANGIOPLASTY	66700	89000
INR94	INTRACRANIAL STENTING	66700	89000

Note: Contrast & Injector Charges to be charged extra.

PHYSIOTHERAPY SERVICES

I.	PHYSIOTHERAPY SERVICES	General	Private
PHY01	EXERCISE/HOME PROGRAM	200	300
PHY02	MUSCLE ASSESSMENT	200	300
PHY03	FUNCTIONAL MOBILIZATION	220	300
PHY04	MANUAL THERAPY	250	400
PHY05	GAIT TRAINING	220	300
PHY06	ANC (3 SITTINGS)	400	500
PHY07	POSTNATAL (3 SITTINGS)	400	500
PHY08	EXERCISE/DAY FOR REHAB. PATIENT	350	500
PHY09	ICU CARE(PHYSIO)	300	300
PHY10	EXERCISE FOR CTS CLOSED HEART (7 DAYS)	3200	4500
PHY11	EXERCISE FOR CTS OPEN HEART (7 DAYS)	4000	5000
PHY12	PULMONARY PHYSIOTHERAPY	250	400
PHY13	SHORT WAVE DIATHERMY	200	300
PHY14	ULTRASOUND	200	300
PHY15	INFRA RED RAYS/ULTRAVIOLET	200	300
PHY16	HYDRO COLLATOR THERAPY	200	300
PHY17	PARAFFIN WAX BATH	200	300
PHY18	INTERFERENTIAL THERAPY	200	300
PHY19	MUSCLE STIMULATION	200	300
PHY20	LUMBER TRACTION	200	300
PHY21	CERVICAL TRACTION	200	300
PHY22	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION	200	300
PHY23	McKENZIE EXERCISE PROGRAMME	250	300
PHY24	MULLIGAN'S MOBILIZATION	250	300
PHY25	C P M	200	300
PHY26	CRYO THERAPY	200	300
PHY27	TRACTION/S W D	260	400
PHY28	TRACTION U S T	260	400
PHY29	TRACTION/I F T	260	400
PHY30	S W D/U S T	260	400
PHY31	WAX BATH/EXERCISE	260	400
PHY32	HOT PACKS/EXERCISE	260	400
PHY33	C P M/EXERCISE	260	400
PHY34	FUNCTIONAL MOBILIZATION AND CHEST CARE	260	400
PHY35	PULMONARY PT (NIGHT)	350	350
PHY36	US & PWB	260	400
PHY37	SWD & IFT	260	400
PHY38	US & IFT	260	400
PHY39	ICT & HP	260	400
PHY40	CPM & HP	260	400
PHY41	PWB & CPM	260	400
PHY42	PT CONSULTATION & ADVISES	250	350
PHY43	PRE-OPERATIVE ASSESSMENT	250	300
PHY44	ANY TWO MODULE TREATMENT PACKAGE (5 Days)	1200	1900
PHY45	MANUAL MOBILIZATION + ELECTROTHERAPY (5 Days)	1200	1900
PHY46	SPECIAL PHYSIOTHERAPY CARE (HOLIDAYS)	350	350
PHY47	NEURO MUSCULAR DYSFUNCTION MANAGEMENT	300	400

PHY48	RENAL TRANSPLANT- RECEIPT (10 DAYS)	4000	6000
PHY49	RENAL TRANSPLANT – DONOR (5 DAYS)	2300	4000
PHY50	ASSESSMENT AND PRESCRIPTION & DOCUMENTATION	250	350
PHY51	HOT PACKS/MOBILISATION	260	400
PHY52	HOT PACKS/IFT	260	400
PHY53	PHYSICAL ASSESSMENT/ EVALUATION	350	400
PHY54	FUNCTIONAL ASSESSMENT/ EVALUATION	350	400
PHY55	STABILITY TAPEING (SINGLE)	300	350
PHY56	STABILITY TAPEING (DOUBLE)	450	500
II.	ARTIFICIAL LIMB CENTRE	General	Private
ALC001	SYM S SIZE I	6200	6800
ALC002	SYM S SIZE II	7400	8000
ALC003	SYM S SIZE III	8300	9000
ALC004	PTB PROTHESIS SIZE I	9900	10800
ALC005	PTB PROTHESIS SIZE II	11700	12900
ALC006	PTB PROTHESIS SIZE III	18500	23300
ALC007	ABOVE KNEE PROTHESIS SIZE I	11700	14100
ALC008	ABOVE KNEE PROTHESIS SIZE II	14100	15400
ALC009	ABOVE KNEE PROTHESIS SIZE III	27000	30800
ALC010	COSMETIC HAND SIZE I	3100	3900
ALC011	COSMETIC HAND SIZE II	3700	4300
ALC012	COSMETIC HAND SIZE III	4900	6200
ALC013	BELOW ELBOW & MECH. HAND SIZE I	6600	7400
ALC014	BELOW ELBOW & MECH. HAND SIZE II	8900	9900
ALC015	BELOW ELBOW & MECH. HAND SIZE III	14100	16000
ALC016	AE PROTHESIS MECH. HAND SIZE I	10500	11000
ALC017	AE PROTHESIS MECH. HAND SIZE II	11700	12900
ALC018	AE PROTHESIS MECH. HAND SIZE III	16000	17300
ALC019	EXTENSION PROTHESIS SIZE I	9200	10500
ALC020	EXTENSION PROTHESIS SIZE II	11700	13600
ALC021	EXTENSION PROTHESIS SIZE III	18500	19700
ALC022	CHOPART PROTHESIS SIZE I	6200	6800
ALC023	CHOPART PROTHESIS SIZE II	6800	7700
ALC024	CHOPART PROTHESIS SIZE III	8000	8900
ALC025	FINGER SPLINT SIZE I	430	600
ALC026	FINGER SPLINT SIZE II	490	700
ALC027	FINGER SPLINT SIZE III	620	700
ALC028	LONG OPPONENS SIZE I	800	900
ALC029	LONG OPPONENS SIZE II	860	1000
ALC030	LONG OPPONENS SIZE III	1050	1300
ALC031	SHORT OPPONENS SIZE I	800	900
ALC032	SHORT OPPONENS SIZE II	860	1000
ALC033	SHORT OPPONENS SIZE III	1050	1300
ALC034	STATIC COCK UP SPLINT SIZE I	990	1200
ALC035	STATIC COCK UP SPLINT SIZE II	1200	1400
ALC036	STATIC COCK UP SPLINT SIZE III	1400	1600
ALC037	DYNAMIC COCK UP SPLINT SIZE I	1000	1200
ALC038	DYNAMIC COCK UP SPLINT SIZE II	1200	1400
ALC039	DYNAMIC COCK UP SPLINT SIZE III	1400	1600
ALC040	TURN BUCKLE COCK UP SPLINT SIZE I	1600	1800
ALC041	TURN BUCKLE COCK UP SPLINT SIZE II	1800	2000
ALC042	TURN BUCKLE COCK UP SPLINT SIZE III	2100	2200
ALC043	E ARM BRACE SIZE I (For Arm Brace)	2000	2200
ALC044	E ARM BRACE SIZE II (For Arm Brace)	2200	2300
ALC045	E ARM BRACE SIZE III (For Arm Brace)	2900	3100
ALC046	ELBOW BRACE WITH ELBIT SIZE I	2900	3100
ALC047	ELBOW BRACE WITH ELBIT SIZE II	3300	3800
ALC048	ELBOW BRACE WITH ELBIT SIZE III	4400	5200

ALC049	SHOULDER CAPSULE BRACE SIZE I	2900	3300
ALC050	SHOULDER CAPSULE BRACE SIZE II	3300	3700
ALC051	SHOULDER CAPSULE BRACE SIZE III	4400	4800
ALC052	SHOULDER ABDUCTION SPLINT SIZE I	2900	3300
ALC053	SHOULDER ABDUCTION SPLINT SIZE II	3300	3800
ALC054	SHOULDER ABDUCTION SPLINT SIZE III	4400	4600
ALC055	TLSO (TAYLOR S BRACE) SIZE I	1500	1900
ALC056	TLSO (TAYLOR S BRACE) SIZE II	1900	2500
ALC057	TLSO (TAYLOR S BRACE) SIZE III	2400	2800
ALC058	TLSO (MOULDED SPL. JACKET) SIZE I	3900	4600
ALC059	TLSO (MOULDED SPL. JACKET) SIZE II	4600	5400
ALC060	TLSO (MOULDED SPL. JACKET) SIZE III	6100	6800
ALC061	LS FRAME SIZE I	1700	2100
ALC062	LS FRAME SIZE II	2200	2900
ALC063	LS FRAME SIZE III	2800	3300
ALC064	LS BELT SIZE II	860	1000
ALC065	LS BELT SIZE III	1200	1400
ALC066	KT BRACE SIZE II	2800	3200
ALC067	KT BRACE SIZE III	3300	3800
ALC068	ASH BRACE SIZE I	1400	1800
ALC069	ASH BRACE SIZE II	2200	2400
ALC070	ASH BRACE SIZE III	2500	3100
ALC071	SOMI BRACE SIZE II	3000	3300
ALC072	SOMI BRACE SIZE III	3400	3900
ALC073	TWO POST MOULDED COLLAR SIZE I	2300	2800
ALC074	TWO POST MOULDED COLLAR SIZE II	2600	3300
ALC075	TWO POST MOULDED COLLAR SIZE III	3700	4300
ALC076	FOUR POST COLLAR SIZE I	2200	2600
ALC077	FOUR POST COLLAR SIZE II	2600	3700
ALC078	FOUR POST COLLAR SIZE III	3700	4100
ALC079	SOFT COLLAR SIZE I	700	740
ALC080	SOFT COLLAR SIZE II	800	860
ALC081	SOFT COLLAR SIZE III	900	990
ALC082	LS MOULDED SIZE I	3100	3700
ALC083	LS MOULDED SIZE II	3700	4300
ALC084	LS MOULDED SIZE III	4800	5300
ALC085	AFO SIZE I	1300	1600
ALC086	AFO SIZE II	1500	2000
ALC087	AFO SIZE III	2200	2300
ALC088	KAFOAK PVC SPLINT SIZE I	2300	2800
ALC089	KAFO WITHOUT JOINT SIZE I	2400	3000
ALC090	KAFO U/L JOINT SIZE I	4900	5400
ALC091	KAFO U/L JOINT SIZE II	5400	5900
ALC092	KAFO U/L JOINT SIZE III	6400	6600
ALC093	HKAFO U/L JOINT SIZE I	5400	5900
ALC094	HKAFO U/L JOINT SIZE II	6400	6600
ALC095	HKAFO U/L JOINT SIZE III	7400	7700
ALC096	HKAFO B/L JOINT SIZE I	10500	10900
ALC097	HKAFO B/L JOINT SIZE II	11800	12200
ALC098	HKAFO B/L JOINT SIZE III	16600	17800
ALC099	KNEE BRACE WITH JOINT SIZE I	3400	4300
ALC100	KNEE BRACE WITH JOINT SIZE II	4600	5500
ALC101	KNEE BRACE WITH JOINT SIZE III	5200	6000
ALC102	KNEE BRACE WITHOUT JOINT SIZE I	2300	3000
ALC103	KNEE BRACE WITHOUT JOINT SIZE II	3100	3400
ALC104	KNEE BRACE WITHOUT JOINT SIZE III	3800	4300
ALC105	AFO WITH HINGE SIZE I	1600	2000
ALC106	AFO WITH HINGE SIZE II	2200	2300
ALC107	AFO WITH HINGE SIZE III	2500	2900

ALC108	CDH SIZE I	2900	3000
ALC110	KAFO WITH PLASTIC THIGH SIZE I	5900	6300
ALC111	KAFO WITH PLASTIC THIGH SIZE II	6200	6600
ALC112	KAFO WITH PLASTIC THIGH SIZE III	7100	7700
ALC113	GAITERS B/L SIZE I	1500	1800
ALC114	GAITERS B/L SIZE II	2200	2400
ALC115	GAITERS B/L SIZE III	2800	3200
ALC116	MERMAID SPLINT B/L SIZE I	2300	2900
ALC117	MERMAID SPLINT B/L SIZE II	2800	3300
ALC118	FRO SIZE I	3200	3400
ALC119	FRO SIZE II	3700	4300
ALC120	FRO SIZE III	4700	5300
ALC121	PTB BRACE SIZE I	3300	3800
ALC122	PTB BRACE SIZE II	4000	4700
ALC123	PTB BRACE SIZE III	4800	5300
ALC124	AK CAST BRACE U/L SIZE I	5500	6600
ALC125	AK CAST BRACE U/L SIZE II	6300	6800
ALC126	AK CAST BRACE U/L SIZE III	6800	7200
ALC127	ARCH SUPPORT SIZE I	430	490
ALC128	ARCH SUPPORT SIZE II	550	680
ALC129	ARCH SUPPORT SIZE III	680	800
ALC130	HEEL PAD SIZE I	490	620
ALC131	HEEL PAD SIZE II	550	680
ALC132	HEEL PAD SIZE III	680	740
ALC133	CRUTCH ELBOW ADJUSTABLE (AL) SIZE I	640	640
ALC134	CRUTCH ELBOW ADJUSTABLE (AL) SIZE II	710	710
ALC135	CRUTCH AXILLA ADJUSTABLE (AL) EXTRA SMALL	540	540
ALC136	CRUTCH AXILLA ADJUSTABLE (AL) SMALL	590	590
ALC137	CRUTCH AXILLA ADJUSTABLE (AL) MEDIUM	640	640
ALC138	CRUTCH AXILLA ADJUSTABLE (AL) LARGE	710	710
ALC146	REPAIR CHARGE	430	430
ALC148	THUMB SPICA	2100	2300
ALC149	FOREARM BRACE SIZE I	2300	2500
ALC150	FOREARM BRACE SIZE II	3400	3900
ALC151	FOREARM BRACE LONG SIZE I	3200	3700
ALC152	FOREARM BRACE LONG SIZE II	4900	5300
ALC153	ELBOW BRACE	4900	5300
ALC154	HUMERUS BRACE	4900	5300
ALC155	GAIT TRAINING PER/HR	180	240
ALC156	ASSESSMENT/ EVALUATION	240	370
ALC157	FOOT ORTHOTICS	1230	1720
III.	OCCUPATIONAL THERAPY	General	Private
OCC01	ASSESSMENT	160	270
OCC02	ASSESSMENT & THERAPY 1 HOUR	190	350
OCC03	ASSESSMENT & THERAPY 3 HOURS	270	540
OCC04	ASSESSMENT & THERAPY MORE THAN 3 HOURS	320	640
OCC05	ASSESSMENT & THERAPY FOR SMALL PARTS	160	270
OCC06	ASSESSMENT & THERAPY FOR ICU PATIENTS	210	210
OCC07	REHAB. MED. PATIENTS THERAPY/DAY	270	480

CARDIOLOGY SERVICE CHARGES

I.	CARDIOLOGY PROCEDURE	General	Private
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CPR01	TEMPORARY PACEMAKER IMPLANTATION	5800	8300
CPR02	PERMANENT PACEMAKER IMPLANTATION SINGLE CHAMBER	15200	25300
CPR03	PERMANENT PACEMAKER IMPLANTATION DUEL CHAMBER	19000	31600
CPR04	PERMANENT PACEMAKER IMPLANTATION TRIPLE CHAMBER	31600	60700
CPR05	PERI-CARDIAL TAPPING	5800	8600
CPR07	NON IONIC DYE PER VIAL	3200	3200
CPR08	CARDIAC CATHERERISATION	8900	13900
CPR09	INVASIVE PRESSURE MONITORING	3400	7000
CPR11	PERICARDIAC TOMY	75900	113800
CPR18	FUNCTION FLOW RESERVE	11500	13800
CPR20	ANAESTHESIA CHARGES FOR CATH LAB PROCEDURE	1300	1300
CPR21	CATH LAB CHARGES FOR INTERVENTIONAL RADIOLOGY (per hour)	4600	4600
CPR22	PERCUTANEOUS DEVICE CLOSURE	34500	46000
II.	ECG	General	Private
ECG	E.C.G.	220	330
III.	CARDIOLOGY INVESTIGATION	General	Private
ACT	ACT TEST	510	690
AMBBP	AMBULATORY B.P. MONITORING	1720	2880
ECHO	ECHO DOPPLER	2070	3160
EVR	EVENT RECORDING (PER DAY)	510	1140
HOLT	HOLTER CHARGES (PER DAY)	2530	3560
STEC	STRESS ECHO	2880	3560
TEE	TRANS ESOPHAGEAL ECHO	2760	3790
TMT	STRESS TEST(TMT TREAD MILL TEST)	1520	2910
BSP	BED SIDE ECHO DOPPLER	3160	4020

PACKAGE CHARGES FOR CARDIOLOGY PROCEDURES

Code	Service Name	General	Semi Pvt.	Private	No. of days
I.	CATH-LAB PROCEDURES:				
ABMV	ANGIOPLASTY/BALLOON MITRAL VALVOTOMY	33000	44000	55000	02
ACAG	CORONARY/RENAL ANGIOGRAPHY	9900	12100	14300	01
ACAWS	CORONARY/RENAL ANGIOPLASTY	100000	110000	130000	03
ACPA	CORONARY PERIPHERAL ANGIOGRAPHY	9900	12100	14300	01
ADSA	CERIBRAL ANGIOGRAPHY	9900	12100	14300	01
AEPS	ELECTRO PHYSIOLOGY STUDY	9900	12100	14300	01
APA	PERIPHERAL ANGIOPLASTY	85000	95000	110000	02
ARFA	RADIO FREQUENCY ABLATION	33000	44000	55000	01
ARHS	RIGHT HEART STUDY	7700	9900	12100	01
A3DM	3D MAPPING	50000	60000	70000	01

Note:

- Any Cardiology procedure done in emergency shall be charged as per higher category, ie minimum Semi- Private Category will be charged.
- When two or more procedures are performed 50% of the minor procedure will be charged extra.

Extra Cost:

- Stent
 - Drug Eluting Stent
 - Mounted Stent
- Pharmacy & Investigation

3. Non- Ionic Dye
4. Extended Stay

PACKAGE CHARGES FOR C T S

Code	Service Name	General	S Pvt. Non AC	S Pvt. AC	Pvt. Non AC	PVT AC (S)	Deluxe/ Special	No. of days
II.	CARDIO-THORACIC SURGERIES							
AVSD	ASD	160000	220000	230000	250000	275000	286000	08
AOHS	AVR/MVR/CABG/VSD	190000	250000	260000	285000	310000	330000	08
AOHSE	AVR/MVR/CABG EMERGENCY	210000	280000	290000	320000	325000	360000	08

Note:

- a. Package is for 8 days.
- b. Valve will be charged extra.
- c. Extended stay will be charged extra for all services.
- d. IABP charges and permanent pace maker implant shall be charged extra.
- e. Patient to pay an advance at the time of admission equivalent to the approximate amount of bill.

ENDOCRINOLOGY SERVICE CHARGES

ENDOCRINOLOGY SERVICE CHARGES			
I.	ENDOCRINOLOGY	General	Private
END01	SCREENING DOPPLER (DIABETIC)	620	930
END02	BIOTHESIOMETER	320	470
END03	TOTAL DIABETIC FOOT STUDY	810	1220
END04	PODIA SCAN	340	500
END05	CARDIAC AND AUTONOMIC NERVOUS SYSTEM ASSMNT. (CANS)	450	680
END06	PEDINOVA	340	500
ENDOCRINOLOGY PACKAGE CHARGES			
CHK62	DIABETIC HEALTH CHECKUP	5000	5000
CHK63	DIABETIC FOOT ASSESSMENT	1800	1800

GASTROENTROLOGY SERVICE CHARGES

GASTROENTROLOGY SERVICE CHARGES			
I.	GASTROENTEROLOGY	General.	Private
GENT10	EMERGENCY ENDOSCOPY CHARGES	2300	3000
GENT11	ESOPHAGEAL DILATION	5180	7000

GENT12	GASTRIC STRICTURE DILATION	5180	7000
GENT13	ESOPHAGEAL VARICEAL GLUE INJECTION	5520	7200
GENT14	TUMOR ABLATION BY ALCOHOL INJECTION	3740	4900
GENT15	PLACEMENT OF FEEDING TUBES WITH ENDOSCOPY	4260	5600
GENT16	FOREIGN BODY REMOVAL	4260	5600
GENT17	INJECTION BLEEDING ULCER	3740	4900
GENT18	SPHINCTEROTOMY	6900	8500
GENT19	STONE EXTRACTION	5750	7000
GENT20	STENTING	2880	4000
GENT21	NASOBILARY DRAINAGE	5180	6000
GENT22	ESOPHAGEAL PROSTHESIS INSERTION	8630	12000
GENT23	GASTRIC POLYPECTOMY	6210	8100
GENT24	GASTRIC VARICES GLUE INJECTION	6210	8100
GENT25	COLONOSCOPIC POLYPECTOMY	6320	8500
GENT26	DECOMPRESSION OF COLONIC CELLS	3740	4900
GENT27	ENDOSCOPIC MUCOSAL RESECTION	7360	9600
GENT28	TUMOR ABLATION BY ELECTROCAUTERY/LA	6780	8900
GENT29	VARICEAL LIGATION BY ENDOSCOPY	5750	7000
GENT30	COLONIC STRICTURE DILATION	6900	8000
GENT31	ENDOSCOPIC FISTULA CLOSURE	4950	6500
GENT32	PRECUTANEAS ENDOSCOPIC GASTROSTOMY	10350	15000
GENT33	DRAINAGE OF PSEUDOCYST	11500	16000
GENT34	ACHALASIA DIALATION	9660	12600
GENT35	COLONOSCOPY	5750	8000
GENT36	LEFT SIDE COLONOSCOPY	3450	5000
GENT37	EVL SET	6320	8300
GENT39	EVL SET(VIEW MAX)	2760	3600
GENT40	BILARY DIALATATION	13800	18000
GENT42	INTRA OPERATIVE ENDOSCOPIC	11500	15000
GENT43	METALIC STENT INSERTION IN CBD	7470	9500
GENT50	ENDOLOOP APPLICATION	6900	8000
GENT51	ANAESTHESIA CHARGES GASTRO	1270	1270
II.	GASTROENTEROLOGY INVESTIGATION	General	Private
GENT01	UPPER G.I. ENDOSCOPY	3100	4100
GENT03	ESOPHAGEAL SCLERO THERAPY: a. VARICES - 1 st SITTING	4950	6500
GENT04	ESOPHAGEAL SCLERO THERAPY: b. VARICES - SUBS. SITTING	4950	6500
GENT06	SIGMOIDOSCOPY (FLEXIBLE)	3000	4500
GENT07	ESOPHAGOSCOPY	2300	2500
GENT08	BIOPSY CHARGES FOR GASTRO PROCEDURE	1380	1800
GENT09	ERCP (EXCLUDING STENT)	8400	11000
GENT41	VARICEAL INJECTION	4020	4500
GENT44	ENDOSCOPIC BRUSH CYTOLOGY	1380	1600
GENT45	CBD STENT REMOVAL	6040	7900
GENT46	SIDE VIEWING DUODENOSCOPY	4260	5600
GENT47	MECHANICAL LITHOTRIPSY	17250	20000
GENT48	ERCP ACCESSORIES CHARGES	2420	2420
GENT49	BALLOON DILATATION OF PAPILLA	5180	6500
GENT52	FIBROSCAN	2000	2500

DERMATOLOGY SERVICE CHARGES

I.	SKIN PROCEDURE	General	Private
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SKN01	SKIN BIOPSY	1050	2000
SKN03	EXCISION - WARTS	300	700
SKN04	EXCISION - SAB CYST	2000	2400
SKN05	CAUTERIZATION & SCRAPING - WARTS	600	700
SKN06	CAUTERIZATION SCRAPING MOLLUS CUM CONTRA- SINGLE	500	700
SKN07	CAUTERIZATION & SCRAPING VENERAL WARTS	500	700
SKN08	CAUTERIZATION & SCRAPING CORNS- SINGLE	500	700
SKN11	INTRALESIONAL INJECTIONS- SINGLE LESION	600	1000
SKN13	CAUTERIZATION SCRAPING MOLLUS CUM CONTRA- DOUBLE	600	1300
SKN14	CHEMICAL PEELING	1300	2400
SKN16	CRYO SURGERY- SINGLE LESION	600	1000
SKN17	CRYO SURGERY- DOUBLE LESION	900	1800
SKN18	CRYO SURGERY- MULTIPLE LESION	1500	2500
SKN19	MILIA EXTRACTION/ COMEDONE EXTRACTION	1500	2500
SKN20	ELECTRIC CAUTERIZATION (WARTS,SKIN)- SINGLE LESION	600	1300
SKN21	ELECTRIC CAUTERIZATION (WARTS,SKIN)- DOUBLE LESION	1000	2000
SKN22	ELECTRIC CAUTERIZATION (WARTS,SKIN)- MULTI LESIONS(up to10)	2200	4500
SKN23	DERMAROLLER FOR ACNE SCAR	5000	9900
SKN24	TCA APPLICATION- SINGLE LESION	200	300
SKN25	TCA APPLICATION- DOUBLE LESIONS	300	600
SKN26	TCA APPLICATION- MULTIPLE LESIONS	800	1300
SKN27	MULTIPEEL	1700	3400
SKN28	NEORONOX INJECTION (PER UNIT)	600	1300
SKN30	ACNE SCAR TREATMENT PER SITTING	1500	2200
SKN31	PRP	7000	8500
SKN32	PRP KIT-(REGEN FDA AROVED)	10400	11000
SKN33	LASER HAIR REMOVAL- CHIN	3000	6000
SKN34	LASER HAIR REMOVAL- SIDE BURN	4000	6000
SKN35	LASER HAIR REMOVAL- FACE	6000	9000
SKN36	LASER REJUVENATION	4000	6000
SKN37	LASER ACNE SCARS	4000	6000
SKN38	LASER PIGMENTATION	4000	6000
SKN39	LASER FOR SCARS- PER SCAR	3000	4500
SKN40	LASER FOR MOLE REMOVAL- PER MOLE	1500	2300
SKN41	LASER FOR SKIN TAG/DPN- SINGLE LESION	1000	1500
SKN42	LASER FOR SKIN TAG/DPN- TWO LESION	1500	2300
SKN43	LASER FOR SKIN TAG/DPN- MULTIPLE LESION	3000	4500

RESPIRATORY MEDICINE SERVICE CHARGES

RESPIRATORY MEDICINE SERVICE CHARGES			
I.	RESPIRATORY LAB	General.	Private
RES01	BRONCHOSCOPY	8000	10500
RES02	PULMONARY FUNCTION TESTING (Pre & Post Nebulisation)	1000	1400
RES05	PLEURODESIS	4000	5500
RES06	PLEURAL TAP	1700	3200
RES07	SMOKING CESSATION CLINIC	600	900
RES08	BRONCHOSCOPY WITH BIOPSY	10500	14000
RES09	SLEEP STUDY	8500	12500
RES10	FIBROPTIC BRONCHOSCOPY	4000	5500
RES12	BRONCHOSCOPIC GLUE INJECTION 0.50ML	10000	14500
RES13	BRONCHOSCOPIC GLUE INJECTION 1 ML	10500	15000
RES14	ALLERGY TEST (Complete Package)	2300	2900

RES15	SIX MINUTES WALK TEST	200	400
RES16	BRONCHOSCOPY BIOPSY WITH TBNA NEEDLE	11000	13500
RES17	ALLERGY TEST (Fungal Antigens)	900	1400

PSYCHIATRY SERVICE CHARGES

I.	PSYCHOLOGY SERVICES	General	Private
PSY01	COUNSELING PSYCHOTHERAPY	600	900
PSY02	PLAY THERAPY	300	600
PSY03	RELAXATION TRAINING	600	900
PSY04	ASSESSMENT OF CHILDHOOD DISORDERS	1700	3400
PSY05	ASSESSMENT OF DEVELOPMENT AND SOCIAL QUOTIENT	1200	1800
PSY06	IQ TEST	1200	2300
PSY07	THEMATIC APPERCEPTION TEST	1200	1700
PSY08	RORSCHACH TEST	1600	2300
PSY09	BEHAVIOUR THERAPY OR PSYCHOTHERAPY (10 SESSION)	3400	5200
PSY10	NEUROPSYCHOLOGICAL BATTERY	3400	4600
PSY11	PERSONALITY TEST	1700	2900
PSY12	COMPLETE PSYCHODIAGNOSTIC TEST	3200	5200
PSY13	MEMORY TEST	1500	2300
PSY14	RELAXATION TRAINING (5 SESSION)	2500	4000
PSY15	MARITAL THERAPY (5 SESSION)	2900	4000
PSY16	MARITAL INTERVENTION (PER SITTING)	600	900
PSY17	FAMILY INTERVENTION (5 SESSION)	2900	4000
PSY18	COUNSELLING CHARGES (PSYCHOLOGIST)	800	1000
PSY19	COUNSELLING CHARGES (PSYCHOLOGIST SOCIAL WORKER)	600	800
PSY20	ELECTRO CONVULSIVE THERAY (ECT) UNDER G.A.	4500	6900
PSY21	PENTOTHAL INTERVIEW	2300	4400

ONCOLOGY SERVICE CHARGES

I.	ONCOLOGY SERVICES	General	Private
ONCO001	MONITORING CHARGES - LESS THAN ONE HOUR	240	370
ONCO002	- 1 HOUR TO 4 HOURS	620	930
ONCO003	- 4 HOUR TO 12 HOURS	860	1300
ONCO004	- MORE THAN 12 HOURS	1840	2760
ONCO005	CHEMO PORT FLUSHING	240	370
ONCO006	INTRATHECAL METHOTREXATE	1800	2800
ONCO007	CHEMOTHERAPY	1200	2200

NEUROPHYSIOLOGY SERVICE CHARGES

I.	NEUROPHYSIOLOGY SERVICES	General	Private
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NEPHY01	E.E.G	1200	1800
NEPHY02	NERVE CONDUCTION STUDY (NCV)	1800	2800
NEPHY03	NERVE CONDUCTION STUDY AND EMG	3700	5500
NEPHY04	VISUAL EVOKED RESPONSE	1800	2800
NEPHY05	BRAINSTEM AUDITORY EVOKED RESPONSE	1800	2800
NEPHY06	SOMATOSENSORY EVOKED RESPONSE	1800	2800
NEPHY07	DECREMENTAL RESPONSE	1800	2800
NEPHY08	E.M.G	2200	3300
NEPHY12	SHORT TERM VIDEO EEG	2100	3100
NEPHY13	LONG TERM VIDEO EEG	8000	12000
NEPHY15	FACIAL N.C. STUDY	1800	2800
NEPHY16	PORTABLE CHARGES IN ICU	600	900
NEPHY17	REPITITIVE NERVE STIMULATION TEST(RNST)	1800	2800
NEPHY18	SLEEP DEPRIVE EEG	1800	2800
NEPHY19	BLINK REFLEX	1600	2400
NEPHY20	SLEEP STUDY	6600	9900
NEPHY21	SINGLE FIBRE EMG	2400	3700
NEPHY22	NCS CTS PROTOCOL	1600	2400
NEPHY23	LONG TERM BEDSIDE EEG	4500	6800
NEPHY24	SHORT TERM BEDSIDE EEG	2700	4000
NEPHY25	NCS BRACHIAL	1800	2800
NEPHY26	NCS RADIAL	1800	2800
NEPHY27	NCS ULNAR	1800	2800
NEPHY28	EVOKED POTENTIAL P300	1400	2200
NEPHY29	EXERCISE PROTOCOL	1800	2800
NEPHY30	SYMPATATIC SKIN RESPONSE (SSR)	1000	1500
NEPHY31	SURFACE EMG	1800	2800
NEPHY32	TREMOR ANALYSIS	1800	2800
NEPHY33	MINI SPHENOIDAL EEG	1800	2800
NEPHY34	NCS TOS PROTOCOL	1600	2400
NEPHY35	DIAPHRAMATRIC CONDUCTION	1600	2400
NEPHY36	BOTOX INJ. UNDER EMG CONTROL	600	900
NEPHY37	MUSCLE BIOPSY	1600	2400
NEPHY38	CTS INJ. STEROID	400	600
NEPHY39	BOTOX INJ. (WITHOUT EMG) – Procedure only	900	1300
NEPHY40	MECHANICAL THROMBECTOMY	86300	115000
NEPHY41	THROMBOLYSIS (50)	55200	55200
NEPHY42	THROMBOLYSIS (70)	77100	77100
NEPHY43	TCD (TRANSCRANIAL DOPPLER) ROUTINE	4600	8000
NEPHY44	TCD SPECIAL PROTOCOLS-ADDL. COST	2300	3400
NEPHY45	TCD FOR SONOTHROMBOLYSIS	6900	10400
NEPHY46	PET CT SCAN- BRAIN (Decided by Doctor)		
NEPHY47	AUTO IMMUNO PANEL (Decided by Doctor)		
NEPHY48	NERVE BIOPSY	3400	5200
NEPHY49	BRAIN ANGIOGRAHY	23600	35100
NEPHY50	YOUNG STROKE	35100	58100
NEPHY51	SINAL ANGIO	57500	86800
NEPHY52	INTRA ARTERIAL THROMBOLYSIS FOR STROKE/CVT	57500	115000
NEPHY53	INTRA ARTERIAL ANGIOPLASTY	86300	115000
NEPHY54	CAROTID STRNTING	86300	115000
NEPHY55	ANEURYSM COILING	86300	115000
NEPHY56	AVM EMBOLIZATION CEREBRAL+SPINAL	86300	115000
NEPHY57	DAVF	86300	115000
NEPHY58	ISS SAMLING	86300	115000
NEPHY59	EMBOILIZATION OF VERTEBRAL BODY HEMANGIOMAS	86300	115000
NEPHY60	VERTEBROPLASTY	86300	115000
NEPHY61	I-A CHEMICAL ANGIOPLASTY	86300	115000

NEPHY62	THROMBOLOSIS TENECTOPLASE	30000	30000
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NEPHROLOGY SERVICES CHARGES

I.	NEPHROLOGY CHARGES	General	Private
DIA01	PERITONEAL DIALYSIS	2400	3700
DIA02	HAEMODIALYSIS	2200	3700
DIA03	FEMORAL CATHETERISATION	2500	3400
DIA04	SUB CLAVIAN CATHETERISATION	3500	4000
DIA05	VASCULAR ACCESS	3500	4000
DIA06	KIDNEY BIOPSY	4000	5000
DIA07	ADD CHG FOR BEDSIDE HEMODIALYSIS	1200	1200
DIA16	EMERGENCY DIALYSIS CHARGES	800	800
DIA23	PLASMOPHERESIS	15000	18000

Note:

- I. Haemodialysis includes all consumables and professional charges but it does not include dialyser charges.
- II. Charges for procedures to be done in O T.
 1. A V Shunt Category – II
 2. A V Fistula Category – II
 3. CAPD placement Category – IB

PACKAGE CHARGES FOR NEPHROLOGY

Code	Service Name	General	S Pvt. Non AC	S Pvt. AC	Pvt. Non AC	PVT AC (S)	No. of days
RENAL TRANSPLANTATION							
ARTD	RENAL TRANSPLANTATION DONOR	85000	115000	115000	115000	115000	12
ARTR	RENAL TRANSPLANTATION RECIPIENT	285000	460000	460000	460000	460000	12

Note:

- a. The package is for 12 days and starts one day before the operation. Any extra stay and services beyond the Package will be charged extra.
- b. Package includes the charges for surgery and stay in the hospital for the donor.
- c. Donor opting for the special accommodation than allowed in the package shall be charged for the difference in accommodation.
- d. Pharmacy to be charged extra.

PEADIATRIC SERVICE CHARGES

I.	PEADIATRICS SERVICE CHARGES	General	Private
PAED01	PEADIATRIC CARE FOR NEW BORN	980	1490
PAED02	NURSERY CARE PER DAY (WITHOUT MONITOR)	630	1490
PAED03	PREMATURE BABY CARE PER DAY	710	1040
PAED04	INCUBATOR/WAMER PER DAY	860	1270
PAED05	NURSERY INTENSIVE CARE PER DAY (WITH MONITOR)	1950	2930
PAED07	RESUSCITATION	1040	1550
PAED08	RESUSCITATION WITH INTUBATION (BY SPECIALIST)	1210	2190

PAED09	EXCHANGE TRANSFUSION	1850	2990
PAED14	INFUSION PUMPS & SYRINGE PUMPS	280	550
PAED15	NON INVASIVE/ BP MONITOR	280	550
PAED18	ROP SCREENING CHARGES	580	860
PAED21	NURSERY CARE PER DAY (WITH MONITOR)	1290	2160
PAED22	C PAP PER DAY (EQUIPMENT CHARGES)	130	230
PAED23	CUP FEEDING CHARGES PER DAY	130	230
PAED24	TUBE FEEDING CHARGES PER DAY	180	240
PAED25	PHOTOTHERAPY SINGLE PHASE	240	640
PAED26	PHOTOTHERAPY DOUBLE PHASE	370	720

OPHTHALMOLOGY SERVICE CHARGES

I.	OPHTHALMOLOGY SERVICE CHARGES	General	Private
BUT1	BOTOX INJECTION PER UNIT	980	980
OPHA02	REFRACTION	160	240
OPHA03	FUNDUS EXAMINATION (DIRECT OPHTHALMOSCOPY)	160	240
OPHA04	FUNDUS EXAMINATION (INDIRECT OPHTHALMOSCOPY)	160	240
OPHA08	GLAUCOMA INVESTIGATION – GONIOSCOPY	200	300
OPHA09	ORTHOPTIC EXERCISES	410	620
OPHA10	FIELD CHARTING WITH FIELD MACHINE- BOTH EYES	940	1410
OPHA11	INCISION OF ABSCESS	500	750
OPHA12	CORNEAL F.B REMOVAL	500	750
OPHA13	CHALOZION EXCISION	850	1280
OPHA14	WART EXCISION	480	720
OPHA15	APPLICATION OF THE LIMBAL RING	480	720
OPHA16	CONJUNCTIVAL SUTURING	480	720
OPHA17	ELECTROLYTIC EPLATION	480	720
OPHA18	A SCAN BIOMETRY	420	630
OPHA19	ROP SCREENING CHARGES	580	860
OPHA20	FLUROSCENE ANGIOGRAPHY(LASER THERAPY)	2100	3100
OPHA21	ARGON LASER PHOTOCOAGULATION	4000	6000
OPHA22	YAG LASER CAPSULOTOMY	2100	3100
OPHA23	YAG LASER IRODOTOMY	3200	4800
OPHA24	CORNEA PROCESSING CHARGES PER CORNEA	3300	3300
OPHA26	LASIK LASER TREATMENT –BOTH EYES	30000	30000
OPHA27	COSTOMUVE LASIK LASER –BOTH EYES	35000	35000
OPHA28	FIELD CHARTING WITH FIELD MACHINE ONE EYE	540	820
OPHA30	LASIK LASER TREATMENT ONE EYE	20100	20100
OPHA31	COSTOMUVE LASIK LASER ONE EYE	24100	24100
OPHA44	VISION THERAPY SOFTWARE	9200	9200
OPHA45	VISION THERAPY ACCESSORIES	1300	1300
OPHA47	OCT RETINA AND MACULAR	2400	3700
OPHA48	OCT GLAUCOMA	1800	2800
OPHA49	OCTANTERIOR SEGMENT EXAMINATION	1300	2000
OPHA52	I- LASIK STANDARD	85000	85000
OPHA53	I- LASIK COSTOMIZED	92000	92000
OPHA55	FUNDUS PHOTOGRAH	500	600

PACKAGE CHARGES FOR OPHTHALMOLOGY

Code	Service Name	General	S Pvt.	Private	Deluxe/ Special	No. of days
PACKAGE CHARGES FOR CATARACT SURGERY						
BASIC IOL PACKAGES						
APL	PMMA LENS	6500				01
ABFL	BASIC FOLDABLE LENS	10000				01
AHF	HYDROPHILIC FOLDABLE LENS	13000				01
PREMIUM IOL PACKAGES						
AHAL	HYDROPHILIC ACRYLIC LENS	18500	20500	22500	24500	01
AHYAL	HYDROPHOBIC ACRYLIC LENS	21500	23500	25500	27500	01
AHA	HYDROPHILIC ASPHERIC LENS	25500	27500	29500	31500	01
AHBA	HYDROPHOBIC ASPHERIC LENS	31000	33000	35000	37000	01
ADVANCED TECHNOLOGY LENSES						
AML	MICROINCISION LENS	50000	52000	54000	56000	01
ATL	TORIC LENS	40000	42000	44000	46000	01
AMI	MULTIFOCAL LENS	50000	52000	54000	56000	01
AMTL	MULTIFOCAL TORIC LENS	62500	64500	66500	68500	01
ATI	TRIFOCAL LENS	83500	85000	87500	89500	01
EXTENDED DEPTH OF FOCUS LENSES						
AEDF	INDIAN LENS	40000	42000	44000	46000	01
ADEFS	SYMPHONY LENS	68500	70500	72500	74500	01
AEDFST	SYMPHONY TORIC LENS	88500	90500	92500	94500	01

Note:

- a. In Hydrophobic Acrylic Package Rs. 2000/- to be charged extra for Preloaded Insertion.
- b. In Hydrophilic Aspheric Package Rs. 2000/- to be charged extra for Surface Modified and Rs.5000/- for Negative Aspheric Lens.
- c. Investigations to be charged extra.

ENT & AUDIOLOGY SERVICE CHARGES

ENT & AUDIOLOGY SERVICE CHARGES			
I.	ENT & AUDIOLOGY	General	Private
ENT01	PURE TONE AUDIOGRAM	460	690
ENT02	SISI, TONE DECAY & DIFFERENCE LIMEA	310	520
ENT03	MULTIPLE HEARING ASSESSMENT TEST/AD	750	1150
ENT04	HEARING AID SELECTION	310	520
ENT05	SPEECH DISCRIMINATION SCORE	200	300
ENT06	SPEECH ASSESSMENT	260	400
ENT07	SPEECH THERAPY PER SESSION 30-40 Min.	320	460
ENT08	DELAYED SPEECH: AUDIOMETRY & SPEECH & BEHAVIOUR	620	940
ENT09	COLD CARORIC TEST FOR VESTIBULAR FUNCTION	450	680
ENT10	SPECIAL TEST	360	540
ENT11	TYMPANOMETRY	400	590
ENT12	TYMPANOMETRY & STAPE DIAL REFLEX	490	750
ENT13	SPECIAL TEST ARLT, DE, CAY	350	520
ENT14	TYMPANOMETRY STAPE DIAL REFLEX, ARL	860	1310
ENT15	HEARING TEST FOR NEW BORN BABIES(OAE)	220	330

II.	ENT OPD PROCEDURES	General	Private
ENT16	MYRINGO PLASTY	3680	5520
ENT17	MYRINGOTOMY	1610	2420
ENT18	MYRINGOTOMY WITH GROMMET	2070	3100
ENT19	EXAMINATION UNDER MICROSCOPE	800	1270
ENT20	BIOPSY (ENT)	2070	3100
ENT22	DIAGNOSTIC NASAL ENDOSCOPY	1040	1380
ENT23	ENDOSCOPY SUCTION CLEANING	1040	1380
ENT24	BRONCHOSCOPY	6210	9320
ENT25	LARYNGOSCOPY (FLEXIBLE)	2100	3200
ENT26	BRONCHOSCOPY WITH BIOPSY	6780	10240
ENT28	SYRINGING OF EAR UNILATERAL	850	1270
ENT29	TRACHEOSTOMY TUBE CHANGE	850	1270
ENT30	LOBULOPLASTY UNILATERAL	2420	3680
ENT31	FOREIGN BODY EAR	1610	2420
ENT32	FOREIGN BODY NOSE	1610	2420
ENT33	90 DEGREE LARINGOSCOPY	860	1270
ENT34	SUTURING WOUNDS	860	1270
ENT35	NASAL PACKING	860	1270
ENT36	TRACHEOSTOMY WEANING	920	1380
ENT38	EAR PACKING	230	350
ENT39	NASAL SUCTIONING	230	350
ENT40	COBLATOR WAND A	25300	25300
ENT41	COBLATOR WAND B	27600	27600

PACKAGE CHARGES FOR ENT SURGERY

Code	Service Name	General	Cubicle	S Pvt. Non AC	S Pvt. AC	Pvt. Non AC	PVT AC (S)	Deluxe	No. of days
ENT SURGERIES									
ANME	NECK MASS EXCISION-LARGE	25000	29500	35000	44500	54500	62500	76500	07
OSA	OSA SURGERY	30000	36500	45000	49000	61000	72000	80000	07
LME	LARGE MASS EXCISION	25000	29500	35000	44500	54500	62500	76500	07
APG	PHARYNGOPLASTY	30000	36500	45000	49000	61000	72000	80000	07
AEF	EXTENDED FESS	32000	38300	47200	54500	62100	72700	81000	05
ADWC	DNE WITH CAUTERISATION	16700	20100	24700	32800	44300	55800	67300	05
ASPA	SUP- PAROTIDECTOMY	32800	40000	48900	53500	66700	79400	89700	05
AMTDTM	MASTOIDECTOMY	23000	26400	32200	43700	55200	66700	78200	04
ASMGE	SUBMANDIBULAR GLAND EXCISION	23000	27800	35000	38000	47100	54300	63200	04
ANBFS	NASEL BONE FRACTURE SIMPLE	17300	19000	23000	28700	36800	43700	52900	04
ANBFC	NASEL BONE FRACTURE COMPOUND	23000	28700	36800	47100	57500	69000	79400	04
AADNTM	ADENOTONSILLECTOMY	21900	24100	27600	32200	38000	42600	50600	03
ASPLT	SEPTOPLASTY	16100	18400	21900	26400	32200	36800	44300	03
AMLS	MICRO LARYNGEAL SURGERY	18400	21900	27600	35700	44900	52900	62100	03

AFESS	FESS MINOR	19000	25000	32000	44000	55000	67000	77000	03
AFESSM	FESS MAJOR	24000	30000	38000	50000	61000	73000	83000	03
ACAL	CALDWELL- LUC	15500	18300	22800	24800	30700	35100	40300	03
AADTM	ADENOIDECTOMY	13800	14900	17300	19600	23000	26400	31600	02
ADLS	D/L SCOPY	14900	16700	19000	23600	28200	33900	39700	02
AOSPH	OESOPHAGOSCOPY	13200	15500	20100	27000	33900	39700	46000	02
ANMAE	NASEL MASS EXCISION	14400	16700	20800	22400	27000	30700	34500	02
AAPNP	ANTERIOR & POSTERIOR NASAL PACKING IN OT	9200	11000	13000	14400	18300	21000	24700	02
APASE	PRE AURICULAR SINUS EXCISION	14000	16500	20800	22300	27100	31000	34500	02
ATON	TONSILLECTOMY	16100	19000	24100	26400	31000	34500	40300	02
APASEB	PRE AURICULAR SINUS EXCISION- BILATERAL	21000	24750	31200	33450	40650	46500	51750	02
AEM	EXCISION MASS	10000	11800	14900	15600	18700	21600	23500	02
ATMPT	TYMPANOPLASTY	16100	19600	24100	32200	43700	55200	63200	02
AMGBG	MYRINGOTOMY+ GROMMET BILATERAL UNDER GA	16100	17000	18700	21300	23900	27300	34200	01
AMGU	MYRINGOTOMY+ GROMMET UNILATERAL GA	11500	12100	13200	14900	16700	19000	23600	01
AFB	FESS BIOPSY	10400	11800	14000	15100	18100	20500	22400	01
AESMUG	EXCISION SMALL MASS UNDER GA	6000	7800	8200	8800	10800	12000	14500	01
ASBUG	SMALL BIOPSY UNDER GA	6900	7800	9400	10100	12400	13800	16700	01
ASFNWL	SUTURING FACIAL/ NECK WOUND SMALL	11500	12600	14300	15100	17500	19300	21900	01
ASFNW	SUTURING FACIAL/ NECK WOUND LARGE	16100	18200	21300	22500	26100	29400	31600	01
ARLT	REPAIR OF LASERATED TONGUE	9200	11000	12900	14100	17500	20700	23000	01
ACSM	COBLATION SURGERY- MINOR	11500	13600	17100	17900	21500	24800	27000	01
ACSMJ	COBLATION SURGERY- MAJOR	17300	21600	28200	30600	34200	38600	39700	01
ENT DAY CARE SURGERY									
ATRAC	TRACHEOSTOMY	9200	11500	13200	14900	17300	19600	21900	-
ATC	TRACHEOSTOMY CLOSURE	8000	10400	13200	14900	17300	19600	21900	-
AMGULA	MYRINGOTOMY+GROMMET UNILATERAL LA	5800	6900	8600	11500	16100	23000	26400	-
ATTR	TOUNG TIE RELEASE	4600	5800	7500	9800	12600	17300	19600	-
AFBEN	FOREIGN BODY EAR/NOSE	4600	5800	7500	9800	12600	17300	19600	-

AMGBL	MYRINGOTOMY+GROMMET BILATERAL UNDER LA	8600	10400	12900	17300	24100	34500	39700	-
ACAP	COBLATION ASSISTED PHARYNGOPLASTY	30000	30000	30000	30000	30000	30000	30000	-
ACAITR	COBLATION ASSISTED INFERIOR TURBINATE REDUCTION SURGERY	27500	27500	27500	27500	27500	27500	27500	-
CATBS	COBLATION ASSISTED TONGUE BASE SURGERY	30000	30000	30000	30000	30000	30000	30000	-
ASLEND	SLEEP ENDOSCOPY PROCEDURE	5000	5000	7000	7000	7000	7000	7000	-

Note:

- a. Pharmacy and Lab Investigations to be charged extra.
- b. Any Service provided beyond the package days shall be charged extra.
- c. The package starts one day before the operation/procedure.
- d. Package rates are applicable for the category as mentioned. Difference of accommodation will charged extra for patients taking the Semi-Private (Deluxe) Room or A.C Single Room- Special.
- e. 10% of the package amount shall be charged extra in case of Emergency surgery.

DENTAL & FACIOMAXILLARY SURGERY CHARGES

I.	DENTAL	General	Private
DENT04	COMPOSITE FILLING-LIGHT CURE	1000	1300
DENT06	GLASS IONOMER	600	800
DENT07	RCT ANTERIORS(ENDODONTICS)	2400	3300
DENT07A	RCT ANTERIOR 1 st SITTING	1200	1500
DENT08	RCT POSTERIOR(S) (ENDODONTICS)	3000	4400
DENT08A	RCT POSTERIOR 1 st SITTING	1900	2600
DENT10	APICAL CURETTAGE (ENDODONTICS)	3000	4000
DENT11	ORATEKE AND LUCITONE-COMPLETE DENTURES	15000	22000
DENT12	ACRYLIC & PREMA DENTURES-COMPLETE DENTURES	11200	14700
DENT13	RELINING COMPLETE DENTURES (PROSTHETICS)	1500	2000
DENT14	DENTURE REPAIR (PROSTHETICS)	1200	1900
DENT15	SINGLE TOOTH PARTIAL DENTURES(ACRYLIC)	2000	2900
DENT16	EACH ADDITIONAL TOOTH-PARTIAL DENTURE	400	700
DENT17	CAST PARTIAL DENTURE	13000	16500
DENT18	JACKET CROWN (ACRYLIC PER UNIT)	2100	2500
DENT19	CROWN (CHROME COBALT PER UNIT) WITHOUT FACING	2500	3500
DENT21	CROWN (CHROME COBALT PER UNIT) PORCELAIN FACING	4000	5000
DENT21A	PORCELAIN FUSED TO METAL CAD-CAM CROWN-15 YRS Warranty	5000	6500
DENT22	DOWEL CROWN (ACRYLIC PER UNIT)	2500	3000
DENT23	POST AND CORE	6000	8500
DENT24	OBTURATOR FOR CLEFT PALATE	6000	8500
DENT25	COST OF APPLIANCES(ORTHODONTICS)	5000	6500
DENT26	COST OF EACH VISIT FOR ADJUSTMENT(ORTHODONTICS)	600	800
DENT27	EACH BREAKAGE/LOSS (ORTHODONTICS)	300	400
DENT30	COST OF FIXED APPLIANCE METAL BRACES	25000	28000
DENT30A	COST OF METAL BRACES PART PAYMENT- 1 st INSTALLMENT	17700	17700
DENT30B	COST OF METAL BRACES PART PAYMENT- 2 nd INSTALLMENT	5900	8800
DENT30C	COST OF METAL BRACES PART PAYMENT- 3 rd INSTALLMENT	5900	8800
DENT31	COST OF EACH VISIT FOR ADJUSTMENT (FIXED ORTH.)	1300	2200
DENT32	EACH BREAKAGE/LOSS OF BAND(FIXED ORTHODONTICS)	1200	1400
DENT33	EXTRA ORAL APPLIANCE HEAD GEAR	2300	3000
DENT34	SCALING AND POLISHING OR TEETH (I)	1000	1200
DENT35	SCALING AND POLISHING OF TEETH (II)	1300	1800

DENT36	SCALING AND POLISHING OF TEETH (III)	1800	2300
DENT39	GINGIVECTOMY – PER QUADRANT	4500	5500
DENT41	FRENECTOMY	2000	2300
DENT43	SPACE MAINTAINER FUNCTIONAL (PER UNIT)	400	700
DENT44	SPACE MAINTAINER NON FUNCTIONAL	700	1000
DENT45	EXTRACTION PER TOOTH	400	700
DENT46	EXTRACTION ALL TEETH IN A JAW	2100	3200
DENT47A	3 rd MOLAR DISIMPACTION- CATEGORY A	3000	4000
DENT47B	3 rd MOLAR DISIMPACTION- CATEGORY B	4200	5500
DENT47C	3 rd MOLAR DISIMPACTION- CATEGORY C	6000	8800
DENT49	TOOTH REPLANTATION	1800	2300
DENT50	ALVEOLECTOMY (PER QUADRANT)	1800	2300
DENT52	ABCESS INCISION (PER TOOTH)	600	700
DENT53A	GROWTH REMOVAL LESS THAN 1cmx1cm IN SIZE	1800	2300
DENT53B	GROWTH REMOVAL MORE THAN 1cmx1cm IN SIZE	3500	5300
DENT54	BIOPSY	1800	2300
DENT57	FLAP OPERATION (PER QUADRANT)	5300	7000
DENT58	FIXATION OF FRACTURED JAW – I.M.F	12000	17000
DENT59	IMPRESSIONS FOR STUDY MODELS	400	400
DENT60	COST OF APPLIANCE (FIXED, ORTHODONTICS SINGLE)	13000	14000
DENT61	COST OF EACH VISIT FOR ADJUSTMENT SINGLE	700	1200
DENT62	COST OF APPLIANCE (FIXED, ORTHODONTICS SEGM.)	4800	6800
DENT63	DENTAL X-RAY	200	300
DENT64	ORATEKE AND LUCITONE DENTURE ONE JAW	7500	11000
DENT65	ACRYLIC & PREMA DENTURES ONE JAW	5500	7000
DENT67	RCT (PREMOLARS)	2800	3300
DENT67A	RCT PREMOLAR – 1 st SITTING	1700	1800
DENT69	BLEACHING OF SINGLE TEETH	2100	2900
DENT69A	BLEACHING PER ARCH	4700	7000
DENT70	BLEACHING OF TEETH (LOWER QUADRANT)	9500	10600
DENT71	FLEXIBLE PARTIAL DENTURE FOR SINGLE TOOTH	9000	13000
DENT72	ALL CERAMIC CROWN (5 Years Warranty)	9000	10700
DENT72A	ALL CERAMIC CROWN (12 Years Warranty)	10500	12000
DENT72B	MONOLITH CROWN	7000	9000
DENT73	FLEXIBLE FULL DENTURE	26000	32300
DENT74	I & D OF FACIAL ABCESS	6500	9000
DENT75	SEALANT FOR CARIES PREVENTION	500	800
DENT76	RCT OF PRIMARY TEETH	1200	1800
DENT77	TEMPORARY FILLING	300	400
DENT78	TWIN BLOCK APPLIANCE	7000	8800
DENT81	FLOURIDE APPLICATION (PEDODONTICS) PER ARCH	1800	3000
DENT82	ESTHETIC COMPOSITE	1800	3000
DENT84	REPEAT ENDODONTICS	4000	5300
DENT85	COMPOSITE SPLINTING FOR LUXATED TEETH PER ARCH	3000	4000
DENT86	OCCLUSAL X- RAY	600	800
DENT87	3 rd MOLAR EXTRACTION (SIMPLE)	1000	1200
DENT88	ROTARY ENDO- ANTERIOR	3500	4100
DENT89	ROTARY ENDO- POSTERIOR	4100	4700
DENT90	AUTOGENOUS GRAFT FOR AUGMENTATION	10000	12000
DENT91	MTA APPLICATION	1200	1400
DENT93	ARTHROCENTESIS	4000	5000
DENT94	INTRA ARTICULAR INJECTION	1200	1800
DENT96	ORTHOGNATHIC SURGERY PLANNING	3500	4700
DENT97	DEPIGMENTATION OF GINGIVA	2300	3500
DENT98A	PACKAGE FOR IMPLANT (ALFABIO) - WITHOUT CROWN	26500	28500
DENT98B	PACKAGE FOR IMPLANT (BIOHORIZON) - WITHOUT CROWN	30000	32000
DENT98C	PACKAGE FOR ALFABIO (Basic) IMPLANT	22000	25000
DENT99	PEDO CROWN	1200	1800
DENT100	MICRO IMPLANT (FOR ORTHODONTIC PURPOSE)	3500	4400

DENT101	CERAMIC FIXED APPL.	30000	35000
DENT102	BONE GRAFT	4700	6000
DENT103	SUTURE-SILK	300	400
DENT104	SUTURE- NYLON	600	700
DENT105	SUTURE- VICRYL	600	700
DENT106	NANCE PALATAL ARCH	2300	3300
DENT107	COMPLICATED EXTRACTION (Surgical)	2300	3300
DENT108	MIRACLE MIX RESTORATION	400	700
DENT109	GLASS IONOMER FILLING TYPE- 2	300	400
DENT110	KETAC MOLAR RESTORATION (HIGH STRENGTH GIC)	900	1300
DENT111	RCT SUBSEQUENT SITTING	600	800
DENT112	EXTRACTION OF TEETH PER QUADRANT	2300	3500
DENT113	INCISIONAL BIOPSY	1800	2300
DENT114	SUBGINGIVAL CURETTAGE & ROOT PLANNING (PER QUADRANT)	2300	3500
DENT115	OPEN REDUCTION OF FRACTURED JAW UNDER L.A (Plate Fixation)	17700	22000
DENT116	SCALING & POLISHING PER QUADRANT	600	900
DENT122	COST OF FIXED RETAINER PER ARCH	3500	5300
DENT123	NIGHT GUARD	4700	7000
DENT124	CYST ENUCLEATION UP TO 2 cm	6000	8500
DENT125	CYST ENUCLEATION MORE THAN 2 cm	9500	14000
DENT126	CANINE EXPOSURE FOR ORTHODONTIC TREATMENT	2500	3500
DENT127	TMJ OCCLUSAL SPLINT	3500	4100
DENT128	DRESSING SMALL	200	300
DENT129	DRESSING LARGE	300	500
DENT130	IODIFORM DRESSING	600	800
DENT131	METAPEX RCT DRESSING	300	500

PACKAGE CHARGES FOR DENTAL SURGERY

Code	Service Name	General	Cubicle	S Pvt. Non AC	S Pvt. AC	Pvt. Non AC	PVT AC (\$)	Deluxe	No. of days
DENTAL SURGERIES									
ADTF	DENTAL TREATMENT UNDER GA FILLINGS ONLY	8400	8400	11550	11550	11550	11550	11550	OPD
ADTFO	DENTAL TREATMENT UNDER GA UP TO 4 TEETH	14700	17300	19400	20000	23100	24200	27300	01
ADTS	DENTAL TREATMENT UNDER GA UP TO 6 TEETH	17900	22100	26300	27300	30500	31500	34700	01
ADTE	DENTAL TREATMENT UNDER GA UP TO 8 TEETH	20000	24200	29900	31000	35700	36800	39900	01
ADTT	DENTAL TREATMENT UNDER GA UP TO 10 TEETH	26300	30500	36800	38900	44100	45200	48300	01
ADTMT	DENTAL TREATMENT UNDER GA MORE THAN 10 TEETH	33600	37800	43100	45200	51500	52500	54600	01

Note:

a. Pharmacy and Lab Investigations to be charged extra.

MATERNITY SERVICE CHARGES

I.	MATERNITY CHARGES	General.	Private
MAT01	COLPOSCOPY	900	1400
MAT03	END. BIOPSY	1200	1700
MAT04	END. ASPIRATION	300	600
MAT05	CERVICAL CAUTERISATION (ELECTRICAL)	500	800
MAT06	Cx PUNCH BIOPSY	400	600

MAT07	VAGINAL VULVAL/PUNCH BIOPSY	400	600
MAT11	CARDIO TOCOGRAPH (CTG)	400	700
MAT13	CRYO CAUTERY Cx	900	1400
MAT15	VASECTOMY	2800	2800
MAT18	HEGARS TEST	900	1400
MAT19	AFI	400	600
MAT20	AFI + NST	1300	2000
MAT23	UNBOOKED DELIVERY CASES (EXTRA CHARGES)	2600	4000
MAT26	ECLAMPSIA PATIENTS CHARGES	1000	1000
MAT38	DISPOSABLE DELIVERY KIT	1500	1500
MAT39	ECV	1200	1700
MAT40	NST	800	1200
MAT42	IUD INSERTION	600	900
MAT43	PROCEDURE CHARGES FOR MINOR SURGERIES (I A)	4700	7100
MAT44	PROCEDURE CHARGES FOR MINOR SURGERIES (I B)	5600	8500
CHK50	D&C AND CERVICAL BIOPSY/ FRACTIONAL D&C (OPD PACK.)	5000	8500
ALLT	LAPROSCOPIC LIGATION (TUBAL) PACKAGE	10000	15000
ADH	DIAGNOSTIC HYSTEROSCOPY (OPD PACKAGE)	8000	13800

II. DELIVERY CHARGES

Code	Service Name	General	Cubicle	S. Pvt.	Private	Deluxe/ Spl.	Special L/R
MAT30	NORMAL DELIVERY	5200	9200	10200	12800	15400	16100
MAT31	FORCEPS DELIVERY	6400	11500	12800	16000	19200	20100
MAT32	BREECH DELIVERY	7000	12500	13900	17400	20900	23000
MAT33	TWINS DELIVERY	7600	13600	15100	18900	22700	24700

III. ADDITIONAL CHARGES FOR EPIDURAL ANALGESIA (PAINLESS DELIVERY)

Code	Service Name	General	Cubicle	S. Pvt.	Private	Deluxe/ Spl.	Special L/R
ANA19	EPIDURAL ANALGESIA FOR PAINLESS DELIVERY	3900	4000	4250	4700	5000	5300
ANA20	EPIDURAL ANALGESIA FOR FAILED PAINLESS DELIVERY	1400	1500	1750	2100	2400	2800

IV. LABOUR ROOM CHARGES

Code	Service Name	General	Cubicle	S. Pvt.	Private	Deluxe/ Spl.	Special L/R
MAT61	LABOUR ROOM CHARGES	2100	3400	3900	4700	5500	6900

V. MONITORING CHARGES IN 1ST STAGE WARD (PER DAY)

Code	Service Name	General	Cubicle	S. Pvt.	Private	Deluxe/ Spl.	Special L/R
MAT57	FOR LESS THAN 6 HOURS	1300	1600	1800	2100	2400	2800
MAT58	FOR MORE THAN 6 HOURS	1800	2400	3300	3700	4600	5200

Note: For LSCS patients, only the 1st stage charges will be applied for the total stay in 1st stage Ward and Labour Room.

REPRODUCTIVE AND FOETAL MEDICINE SERVICE CHARGES

I.	REPRODUCTIVE AND FOETAL MEDICINE UNIT (RFMU)	General	Private
IVF01	CYST ASPIRATION – TAS	1500	2400
IVF03	CVS(CHORIONIC VILLUS SAMPLING)	3600	5600
IVF04	AMNIOCENTESIS	1500	2400
IVF05	CORDOCENTESIS	3600	6600
IVF06	FOETOSCOPY	3600	6600
IVF07	FOLLICULAR STUDY	1750	2800
IVF09	MALE INFERTILITY SCAN	1600	2400
IVF10	SEMEN ANALYSIS	750	1200
IVF11	IUI (INTRA UTERINE INSEMINATION)	4500	6500
IVF15	FOETAL SCAN ROUTINE	900	1300
IVF17	BIOPHYSICAL PROFILE	1500	2000
IVF18	FOETAL DOPPLER	1000	1700
IVF19	FOETAL ECHO	1300	2400
IVF20	OBSTETRIC DOPLER & BIOPHYSICAL PROFILE	2000	3000
IVF21	LEVEL II SCAN FOR FOETAL ANOMALIES	2500	3000
IVF22	Cx SCORE	300	700
IVF23	FOETAL BIOPSY	3600	6600
IVF25	FOETAL SCAN ROUTINE & FOETAL ECHO	1800	3200
IVF26	FOETAL SCAN ROUTINE & FOETAL DOPPLER	1800	3200
IVF27	FOETAL SCAN ROUTINE & BIOPHYSICAL SCORE	1800	3200
IVF28	CYST ASPITATION – TVS	3600	5300
IVF29	SPERM FUNCTION	700	1000
IVF30	FOETAL INTERVENTIONAL	4100	6600
IVF32	FOETAL SCAN ROUTINE + DOPPLER + ECHO	2200	3700
IVF33	SONO HYSTEROSALPINGOGRAM	1300	2000
IVF34	SPERM WASH	2000	3100
IVF36	ART 1 st INSTALLMENT AT THE TIME OF REGISTRATION	5000	5000
IVF35	ART 2 nd INSTALLMENT AT THE TIME OF OOCYTE RETRIEVAL	73000	87000
IVF37	SPERM FREEZING-INITIAL CHARGE	4900	5600
IVF38	OOCYTE/EMBRYO FREEZING – INITIAL CHARGE	19000	22800
IVF40	PESA/TESA/MESA ETC	4000	5000
IVF44	AFI	400	600
IVF45	AFI + NST	1300	2000
IVF46	ECV	1200	1700
IVF47	NST	800	1200
IVF59	OBSTETRIC ULTRASOUND 1 st VISIT	900	1270
IVF60	OBSTETRIC ULTRASOUND FOLLOW UP	700	1200
IVF61	GYNAE ULTRASOUND (PELVIC SCAN)	900	1270
IVF62	HSG (HYSTEROSALINOGRAM)	1300	2000
IVF64	TRANSVAGINAL SCAN	1000	1500
IVF65	FOETAL THERAPY	4100	6600
IVF66	QUICK LOOK ULTRASOUND	300	400
IVF67	END. BIOPSY	1200	1500
IVF68	TESTICULAR BIOPSY	3200	5200
IVF74	CRYO PRESERVATION OF EMBRYO/SPERM- 4 ½ YEARS	24600	30800
IVF75	CRYO PRESERVATION OF EMBRYO/SPERM- TWO YEARS	12300	14700
IVF76	COLPOSCOPY CX BIOPSY	900	1400
IVF77	END ASPIRATION	300	600
IVF78	CX POLYPECTOMY/PUNCH BIOPSY	400	600
IVF79	VAGINAL/VULVAL PUNCH BIOPSY	400	600
IVF80	CRYOCAUTERY CX	900	1400
IVF81	IUD INSERTION/REMOVAL	600	900
IVF82	FROZEN EMBRYO TRANSFER (FET) 1 st INSTALMENT	2000	2000

IVF83	FROZEN EMBRYO TRANSFER (FET) 2 nd INSTALMENT	23000	31000
IVF84	PICSI CHARGES	6500	6500
IVF85	SPERM DNA FRAGMENTATION	10000	10000
ADH	DIAGNOSTIC HYSTEROSCOPY (OPD PACKAGE)	8000	13800

PACKAGE CHARGES FOR OBSTETRICS & GYNAECOLOGY

Code	Service Name	General	Cubicle	S. Pvt. Non AC	S. Pvt. AC	Pvt. Non AC	PVT AC (S)	Deluxe	No. of days
LAPAROSCOPIC SURGERIES IN OBS & GYNAE DEPARTMENT:									
ALOC	LAPAROSCOPIC OVARIAN CYSTECTOMY	33000	41000	59000	64000	73000	77000	97000	03
ALAVH	LAPAROSCOPICALLY ASST. VAGINAL HYSTERECTOMY	45000	54000	75000	79500	89000	92000	113500	05
ADLH	DIAGNOSTIC LAPAROSCOPY WITH HYSTEROSCOPY	28700	33400	46000	48300	53000	55200	62000	02
ATLH	TOTAL LAPAROSCOPIC HYSTERECTOMY	47100	57500	80500	85100	94300	99000	120500	05
ALMEP	LAPAROSCOPIC MANAGEMENT OF ECTOPIC PREGNANCY	31000	39100	56000	58000	70000	72500	91000	03
ALM	LAPAROSCOPIC MYOMECECTOMY	42000	52000	72000	77000	86000	90000	114000	05
ALOCY	LAPAROSCOPIC OVARIAN CYSTECTOMY WITH HYSTEROSCOPY	36000	44000	65000	69000	80000	84000	104500	03
ALODH	LAPAROSCOPIC OVARIAN DRILLING WITH HYSTEROSCOPY	33000	41000	59000	64000	73000	77000	97000	03
ADL	DIAGNOSTIC LAPAROSCOY	17300	20700	23000	24700	26400	28700	32200	02
ALSR	LAAROHYSTEROSCOPY + SEPTAL RESECTION	33000	41000	59000	64000	73000	77000	97000	03
AHSR	HYSTEROSCOPIC SEPTAL RESECTION	12600	12600	20700	20700	20700	20700	20700	OPD

Note:

- Pharmacy to be charged extra.
- Any Lab test done will be charged extra.
- Any service provided beyond the package days will be extra.
- Package rates are applicable for the category as mentioned. Difference of accommodation will charged extra for patients taking the Semi-Private (Deluxe) Room or A.C Single Room- Special.
- 10% of the package amount shall be charged extra in case of Emergency surgery.

MINOR OT PROCEDURE CHARGES

MINOR OT PROCEDURES		General	Private
I.			
MOT001	I & D	740	1100
MOT002	SUTURING	540	820
MOT003	INTERCOSTAL DRAINAGE	1410	2130
MOT004	CHEST TUBE INSERTION	1410	2130
MOT005	NASAL PACKING	900	1350
MOT006	REMOVAL OF FOREIGN BODY-NASAL/EAR	500	750

MOT008	URETHRAL DILATATION	500	750
MOT009	CYSTOSCOPY	1180	1780
MOT010	DJ STENT REMOVAL	1970	2960
MOT012	SUPRA-PUBIC CYSTOSTOMY	1970	2960
MOT013	CLOSED REDUCTION IN DISLOCATION ELB.	1970	2960
MOT014	CLOSED REDUCTION + POP LEG	1180	1780
MOT015	CLOSED REDUCTION + POP H	1970	2960
MOT017	K WIRE FIXATION	510	760
MOT018	NAIL REMOVAL	1970	2960
MOT019	EAR LOBE REPAIR	1180	1780
MOT020	EXCISION OF CYST	580	860
MOT021	POP CHARGES	360	540
MOT022	SUTURE REMOVAL	500	750
MOT023	BLADDER IRRIGATION	460	700
MOT024	B C G INSTALLATION	460	700
MOT025	DORSAL SLIT	1970	2960
MOT026	KNEE ASPIRATION	910	1370
MOT027	MINOR AMPUTATION	450	680
MOT028	CARDIAC MONITORING	660	660
MOT029	OXYGEN THERAPY (per hour)	140	210
MOT030	BLOOD GAS ANALYSER WITH ELECTROLYTE	490	680
MOT031	MORTURY SHEETS	300	300
MOT032	AIRWAY	140	210
MOT033	S P C	1620	2440
MOT035	RANDOM BLOOD SUGAR	140	160
MOT037	BLOOD KETONE	350	520
MOT038	CASUALTY MINOR PROCEDURE A	170	260
MOT039	CASUALTY MINOR PROCEDURE B	610	920
MOT040	REMOVAL OF FOREIGN BODY- HAND/ FOOT	640	970
MOT041	N/G TUBE INSERTION	180	240
MOT042	N G TUBE REMOVAL	50	70
MOT043	CATHETER REMOVAL	50	70
MOT044	DAY CARE FOR ADMISSION OF MEDICATION REQUIRED UP TO 3 HRS OF STAY	620	930
MOT045	TROPONIN I (QUANTATIVE TRIAGE 3 rd GEN.)	1100	1100
MOT046	TRACHEOSTOMY TUBE REINSERTION	550	830

PAIN CLINIC CHARGES

PAIN CLINIC CHARGES			
I.	PAIN CLINIC	General	Private
ANA08	NERVE BLOCKS FOR CHRONIC PAIN	2400	3100
ANA16	COELIAC PLEXUS BLOCK	3300	3700
ANA17	SCAR/LOCAL INFILTRATION	1600	2100
ANA18	FLUROSCOPY	800	950
ANA23	RADIO FREQUENCY ABLATION UP TO 3 FACET JOINTS/ SINGLE NERVE ROOT	18500	24600
ANA24	SYMPATHECTOMY/ COELIAC PLEXUS	5000	7500
ANA25	EPIDURAL FACET JOINT/ MEDIAL BRANCH BLOCKS	5000	7500
ANA26	CAUDAL EPIDURAL	3300	5000

ANA27	TRANSORAMINAL NERVE ROOT BLOCK	5000	7500
ANA28	GENICULAR NERVE BLOCK	3300	5000
ANA29	SACROILIACS JOINT/PYRIFORMIS	2100	3100
ANA30	INTERCOSTAL NERVE BLOCK	2100	3100
ANA31	GANGLION IMPAR BLOCK COCCYDYNIA	3300	5000
ANA32	NEUROLYTIC PROCEDURES OR VARIOUS CANCER	2100	3100
ANA33	CERVICAL EPIDURAL	5000	7500
ANA34	INTRATHECAL BACLOFEN/BACLOFEN MUSCULAR INJECTIONS	3300	5000
ANA35	INTRATHECAL PUMP REFIL/INFUSION PUMP	1300	1850
ANA36	MORPHINE/FENTANYL/OPIOID TRIAL	800	1200
ANA37	FLUOROSCOPIC EXAMINATIONS	450	650
ANA38	TRIGGER POINT INJECTIONS	800	1200
ANA39	LUMBAR CHAIN SYMPATHECTOMY	17500	29500
PAC	PRE ANAESTHESIA CHECKUP	400	800

Extra Charges:

- a) Pharmacy
- b) Disposables

OXYGEN CHARGES

I.	OXYGEN	General	Private
OXY01	OXYGEN CHARGES PER HOUR ADULT	160	160
OXY02	OXYGEN CHARGES PER HOUR PAED.	150	150
OXY03	OXYGEN CHARGES PER DAY PAED.	950	950
OXY04	OXYGEN CHARGES PER DAY ADULT	1550	1550
OXY05	OXYGEN CHARGES PER HR. IN ICU ADULT	160	160
OXY06	OXYGEN CHARGES PER DAY ICU	1550	1550
OXY07	OXYGEN CHARGES PER HR IN ICU PAED	150	150
OXY08	OXYGEN CHARGES PER DAY IN ICU PAED	1380	1380

NOTE: 1) These rates apply for supply of Oxygen whether piped or cylinder.

2) In the Operation Theater and ICU charges at the above rates will apply for the entire period for which oxygen is supplied

OPERATION CHARGES

I.	OPERATION CHARGES	General	Cubicle	S. Pvt.	Private	Special/ Deluxe
OPER1	OPERATION CATEGORY 1	800	1200	1400	1800	2100
OPER1A	OPERATION CATEGORY 1A	950	1400	1600	2000	2400
OPER1B	OPERATION CATEGORY 1B	1400	2000	2300	2900	3500
OPER2	OPERATION CATEGORY 2	3600	6100	7200	9000	10800
OPER3A	OPERATION CATEGORY 3A	5200	8800	10400	13000	15600
OPER3B	OPERATION CATEGORY 3B	6200	10500	12300	15400	18500
OPER4A	OPERATION CATEGORY 4A	8000	13600	16000	20000	24000
OPER4B	OPERATION CATEGORY 4B	11600	19700	23200	29000	34800
OPER5	OPERATION CATEGORY 5	12800	21800	25600	32000	38400
OPER6	OPERATION CATEGORY 6	14200	24100	28400	35500	42600

OPER 7	OPERATION CATEGORY 7	15500	26400	31000	38800	46500
OPER 8	OPERATION CATEGORY 8	17500	29800	35000	43800	52500
II.	THEATRE/LABOUR ROOM CHARGES	General	Cubicle	S. Pvt.	Pri- vate	Special/ Deluxe
OT1	OT CATEGORY 1	270	600	800	1000	1150
OT1A	OT CATEGORY 1A	330	700	920	1120	1320
OT1B	OT CATEGORY 1B	740	1000	1350	1650	1950
OT2	OT CATEGORY 2	1180	3050	4350	5250	6150
OT3A	OT CATEGORY 3A	1710	4400	5400	6700	8000
OT3B	OT CATEGORY 3B	1860	5250	6250	7800	9350
OT4A	OT CATEGORY 4A	2400	6800	8700	10700	12700
OT4B	OT CATEGORY 4B	3480	9850	11600	14500	17400
OT5	OT CATEGORY 5	3880	10900	12800	16000	19200
OT6	OT CATEGORY 6	4610	12050	14800	18350	21900
OTC001	THEATRE ADDITIONAL CHARGES	470	630	820	1100	1400
III.	ANAESTHESIA CHARGES	General	Cubicle	S. Pvt.	Private	Special/ Deluxe
ANA1	ANAESTHESIA CATEGORY 1	120	360	420	540	630
ANA1A	ANAESTHESIA CATEGORY 1A	140	420	480	600	720
ANA1B	ANAESTHESIA CATEGORY 1B	210	600	690	870	1050
ANA2	ANAESTHESIA CATEGORY 2	540	1830	2160	2700	3240
ANA3A	ANAESTHESIA CATEGORY 3A	780	2640	3120	3900	4680
ANA3B	ANAESTHESIA CATEGORY 3B	930	3150	3690	4620	5550
ANA4A	ANAESTHESIA CATEGORY 4A	1200	4080	4800	6000	7200
ANA4B	ANAESTHESIA CATEGORY 4B	1740	5910	6960	8700	10440
ANA5	ANAESTHESIA CATEGORY 5	1920	6540	7680	9600	11520
ANA6	ANAESTHESIA CATEGORY 6	2130	7230	8520	10650	12780
ANA07	IV SEDATION	800	900	1200	1500	1750

Note:

- For Emergency Surgery the next higher category rate will be charged from Category 3A to Category 5. For Category 6, an additional 20% will be charged.

2. Charges for Multiple Operation:

When 2 or more operations are performed in one sitting by the same surgeon, the following shall be the basis of the charges:

- Operation Fee: Full fee for the main operation plus 50% of the fee for other Operation.
- OT Room Charges / Anaesthesia Charges: Full charges in respect of the main operation up to 1 hour and thereafter extra charges for every 30 minutes or part thereof.

- 3. Laparoscope Procedure Charges:** a. Up to one hour Rs.5400/-
Each subsequent half hour Rs.1600/-

b. If the procedure is converted to open then Rs.1600/- to be charged extra.

4. Package Charge for Anaesthesia (Gases and Drugs):

- Up to half an hour Rs.1050/-
- Half an hour to one and half hour Rs.1650/-
- Each subsequent hour Rs.700/-

Code		General	Private
AGD001	Anaesthesia for Minor Procedures	950	950

	Spinal	700	1500
	Epidural/Brachial Block	850	1800
	Combined Spinal/Epidural CSE	1200	2400
	Any other block	650	1050
	Labour Analgesia	1600	3000
PAC	PAC Charges	400	800

PACKAGE CHARGES FOR GENERAL SURGERY

Code	Service Name	General	Cubicle	S Pvt. Non AC	S Pvt. AC	Pvt. Non AC	PVT AC (S)	Deluxe	No. of days
GENERSURGERY/UROLOGY/PAEDIATRIC SURGERY:									
ALC	LAPAROSCOPIC CHOLECYSTECTOMY	23500	30900	40600	46900	52200	57500	63000	04
APCNB	P C N L BILATERAL	43500	54400	82100	84500	100000	102500	120000	04
APCNL	P.C.N.L.	33800	42300	60400	62800	75000	77300	90000	03
ATURP	TRANSURETHRA RESECTION OF PROSTATE (T.U.R.P)	27100	33800	47100	50700	58000	66500	75000	03
AURSD	URS + DJ STENTING	26600	35300	47800	54500	60400	73000	82300	03
AURSB	URS + DJ STENTING BILATERAL	34400	45900	58500	66500	72500	84000	87500	03
AURS	UNILATERAL RIRS (FOR STONES LESS THAN 15mm)	45000	55000	65000	68000	75000	85000	100000	03
AHPW	HOLEP (FOR PROSTATE LESS THAN 100gm.)	45000	55000	65000	68000	75000	85000	100000	03
ARPS	RIRS FOR POST DJ STENTING	35000	44000	50000	52000	58000	65000	75000	03
ADSF	DJ STENTING FOR FAILED RIRS	15000	18000	25000	28000	35000	40000	45000	01
APSB	HERNIOTOMY BILATERAL	14000	20400	26700	30100	32300	35800	37200	01
APSBO	ORCHIOPEXY BILATERAL	16500	22600	28600	32800	34400	38700	40200	01
AHU	HERNIOTOMY-UNILATERAL	10800	16600	22400	25500	27200	31800	33300	01
AOU	ORCHIDOPEXY-UNILATERAL	13500	19600	25900	29200	30900	35700	37200	01
ACIR	CIRCUMCISION	8700	13600	18700	20700	22000	26300	27700	01
ARKS	RE-LOOK SURGERY FOR KIDNEY STONE	10400	13900	17700	20200	21500	25300	29000	--

Note:

- Pharmacy and Lab Investigations to be charged extra.
- Any Service provided beyond the package days shall be charged extra.
- Package rates are applicable for the category as mentioned. Difference of accommodation will be charged extra for the patients taking the Semi-Private (Deluxe) Room or A.C Single Room-Special.
- 10% of the package amount shall be charged extra in case of Emergency surgery.
- Laparoscope charges for laparoscopic Cholecystectomy
 - If duration exceeds 1½ hrs, Rs. 1600/- will be charged extra for every additional ½ hour.
 - In case of any Laparoscopic Cholecystectomy is converted to open then Rs. 1600/- will be charged extra.

- f. For RIRS Package- 10% of the package amount shall be charged extra if the stone is more than 15mm
g. In HOLEP – 10% of the package amount shall be charge extra if the prostrate weights more than 100 gm.

MISCELLANEOUS CHARGES

I. CERTIFICATE FEE:

1. Fitness Certificate	150
2. Other Certificates	150
3. Birth Time Certificate - up to 5 Yrs	180
- 5 - 10 Yrs	200
- above 10 Yrs	250
4. Correction of letters	80
5. Duplicate Bills or Receipts (per Bill) - 5% of the Bill Amount (Minimum of Rs.10/- and Maximum of Rs.50/-)	

II. Room Booking charges - Rs.650/-

III. Mortuary charges:

Any inpatient has expired in Hospital - Rs.350/- per day.

Dead Bodies brought from outside - Rs.2300/- per day.