

ST. STEPHEN'S HOSPITAL

TIS HAZARI, DELHI - 110 054

SCHEDULE OF CHARGES W.E.F 01-04-2018

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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.,SEMI-PVT.(DELUXE), PRIVATE SINGLE ROOM, PRIVATE 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 effected, the patient must clear the bill 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) **The transfer from ICU to ward will be subject to clearance of dues till that time.**

d) **Accommodation Charges:**

Duration of stay for 24 hours will be counted as one full day. Accommodation Charges will be calculated as follows:

a) Wards

1. Up to 6 hours of stay – 25% Charges
2. 6 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. GST will be applicable wherever it applies.
7. **Checkout Time is within 2 hours from the time of completing the formalities including handing over of reports and discharge summary and if not vacated such bills will be modified accordingly.**
8. An attendant is allowed to stay with the patient free of charge in Cubicle/ Semi- Private/ 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. 01.04.2018

	New Registration	Revisit
I. OPD CONSULTATION		
1. Registration - General O.P.D.	170	150
2. Registration - Private O.P.D.	750	700
3. Registration- Private O P D (Evening)	800	800
4. Registration- Private O P D (Psychiatry)	1000	800
5. Casualty	300	
6. Child Health Card	100	
7. Gurgaon -General OPD	300*	300*
8. Gurgaon - Private OPD	750*	750*

**Up to Two Follow up visit to the same clinic within 4 working days will be free of charges*

II. CLINICS (GENERAL)

1. Well Baby Clinic-General	150	150
2. All sub-specialties and super- specialty Clinic-General	170	170
3. Psychiatry Clinic	350	350

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)	400	350
2. High Risk Pregnancy Clinic (per Visit)	800	400
3. For entire duration of Pregnancy (Unlimited Visit)	2500	-

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. 01.04.2018

		General	Private
	Admission Fee	500	1000

ACCOMMODATION CHARGES

(Per day)

SL. No.	Category of Accommodation	Amount
1	General Ward (All Specialties)	2000
2	General Ward (Neurology & Psychiatry)	2500
3	Cubicle Ward (All Specialties)	2700
4	Cubicle Ward (Psychiatry)	3200
5	Semi Private Room	3500
6	Semi Private Room (Deluxe)	4200
7	Semi Private Ward (Psychiatry)	4400
8	Private Single Room	5250
9	Private Room- Special	6300
10	Private Ward (Psychiatry)	6400
11	Deluxe Room	6900
12	Isolation Room	5500

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

(per day for all Categories)

SL. No.		Amount
1	I C U care (with Cardiac Monitor)	6500
2	High Dependency Unit (Paediatrics) with Monitor & Incubator/Warmer	6500
3	High Dependency Unit with Monitor	4100
4	Intermediate Monitoring Unit (Paediatrics) with Incubator/Warmer	4100
5	Post Operative Care with Monitor	4100
6	Metabolic Ward (All Categories)	4000
7	Ventilator Charges - Less than 4hrs	1400
	- 4 hrs to 12 hrs	2800
	- More than 12 hrs	5600
8	Non Invasive Ventilation-Bi-pap machine	2600

CONSULTATION FEE & VISITING CHARGES

	Category of Accommodation	Consultation charges per day
		Rs.
1	Special & Deluxe Rooms	800
2	Private Single Rooms	800
3	Semi Private	700
4	Cubicle	250
5	General	140

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	Semi-PVT.	Private
CO01	DIET CONSULTATION CHARGES	150	180	300	300
DT03	DIETICIANS VISIT	50	70	250	250

PROCEDURE & DRESSING/ TREATMENT CHARGES

I.	PROCEDURES& DRESSING/TREATMENT	General.	Private
ICU05	MONITOR CHARGES IN WARDS	700	700
PD01	DRESSING SMALL	200	350
PD02	DRESSING LARGE	400	600
PD03	SPECIAL DRESSING (PLASTIC SURGERY)	450	700
PD04	CHEMOTHERAPY (I V INJECTION)	1300	2400
PD05	INJECTION INOCULATION	20	20
PD06	15% TO 30% BURNS FIRST DRESSING	1100	1650
PD07	SUBSEQUENT DRESSING (15-30 %)	950	1400
PD08	30% TO 50% BURNS FIRST DRESSING	1650	2550
PD09	SUBSEQUENT DRESSING (30-50%)	1450	2150
PD10	EXTENSIVE BURN ABOVE 50%	2300	3400
PD11	SUBSEQUENT DRESSING (ABOVE 50%)	1750	2650
PD12	NEBULIZATION THERAPY	100	150
PD13	D.C. SHOCK	320	500
PD14	RBS (BY GLUCOMETERS)	150	160
PD16	BLOOD GAS ANALYSER WITH ELECTROLYTE	490	700
PD17	INFUSION PUMPS (PER PUMP)	300	600
PD18	SYRINGE PUMPS (PER PUMP)	300	600
PD19	SUTURE REMOVAL	320	400
PD20	OT DRESSING	250	350
PD21	NEBULIZATION THERAPY (24 HOURS)	450	700
PD22	TUBE FEEDING	200	260
PD23	V R INSULIN INFUSION SUGAR MONITORING (PER HOUR)	140	140
PT01	LUMBAR PUNCTURE	1250	1900
PT02	CUT DOWN	1200	1750
PT03	CHEST ASPIRATION	1250	1900
PT04	INTER COSTAL DRAINAGE	1600	2400
PT05	LIVER BIOPSY	3300	4400
PT07	LIVER ASPIRATION	1750	2650
PT08	BONE MARROW	1750	2650
PT09	SUBDURAL TAP	1000	1500
PT10	TAP THERAPEUTIC (ASCITIC)	1100	1650
PT11	TAP DIAGNOSTIC (ASCITIC)	950	1400
PT12	VENTRICULAR TAP	1100	1650
PT13	UMBILICAL CANULATION	1400	2000
PT14	EXCHANGE TRANSFUSION	3300	4400
PT15	BLOOD TRANSFUSION	500	750
PT16	PULSE OXIMETER	300	450
PT17	IMAGE INTENSIFIER	1250	1800
PT18	PLASTER APPLICATION CHARGES	400	600
PT19	FLOW RATE (UROLOGY)	650	950
PT20	URODYNAMICS	1250	1900
PT21	CATHETERISATION	300	450
PT23	URINE ALBUMIN	100	150
PT25	INTUBATION	800	1200
PT26	FLUID/BLOOD WARMER	1650	2150
PT27	BODY WARMER	1650	2150

PT28	OPERATING MICROSCOPE	1150	1650
PT29	ARGON COAGULATOR	1150	1650
PT30	INVASIVE MONITORING	1600	2150
PT37	TRACHEOSTOMY IN ICU/WARDS	6800	11000
PT38	HARMONIC SCALPEL CATEGORY III A & III B	4050	4500
PT39	HARMONIC SCALPEL CATEGORY IV A & IV B	4950	5500
PT41	EQP. CHG. FOR ALL THERAPEUTIC ARTHROSCOPY PROC.	6050	9500
PT42	EQP. CHG. FOR ALL DIAGNOSTIC ARTHROSCOPY PROC.	2400	3300
PT43	BAND LIGATION	700	1400
PT45	CENTRAL LINE- SUBCLAVINE/FEMORAL CHARGES	1400	2000
PT46	NEURO DRILL CHARGES (SUMEX DRILL)	4000	6000
PT47	DVT PUMPS	340	470
PT48	BELOW KNEE CUFF	1000	1000
PT49	ABOVE KNEE CUFF	1750	1750
PT50	LAPAROSCOPE EQP. CHARGES UPTO 2 HOUR	5950	5950
PT51	LAPAROSCOPE EQP. CHARGES- SUBSEQUENT ½ HOUR	1750	1750
PT52	LAPAROSCOPE PROCEDURE CONVERTED TO OPEN	1750	1750
PT53	LAPAROSCOPIC CHOLECYSTCTOMY EXCEEDING 2 Hr to 2½Hrs	1750	1750
PT54	LAPAROSCOPIC CHOLECYSTCTOMY EXCEEDING 2½ HOURS	3500	3500
PT55	HARMONIC SCALPEL CATEGORY V	5500	6150
PT56	HARMONIC SCALPEL CATEGORY VI	6150	7150
PT58	NEURO DRILL (SPECIAL)	10000	10000
PT59	C PAP PER DAY (EQUIPMENT ONLY)	150	200
PT60	BI PAP MACHINE HANDLING CHARGES	650	650
PT61	LASER CHARGES CAT III A & III B	5500	5500
PT62	LASER CHARGES CAT IV A & IV B	6600	6600
PT63	LASER CHARGES CAT V	7700	7700
PT64	LASER CHARGES CAT VI	8800	8800
PT65	TRACTION	330	450
PT66	EXTUBATION	400	570
PT67	ISOFLORINE (PER HOUR)	650	650
PT68	SEVOFLORINE INDUCTION	650	650
PT69	SEVOFLORINE INDUCTION + MAINTENANCE (PER HOUR)	1100	1100
PT70	HALOTHANE (PER HOUR)	350	350
PT71	HARMONIC/ENSEAL EQUIP. CHARGES FOR LAP.SURG.-CAT.III	7050	7500
PT72	HARMONIC/ENSEAL EQUIP. CHARGES FOR LAP.SURG.-CAT.IV	7700	8250
PT73	HARMONIC/ENSEAL EQUIP. CHARGES FOR LAP.SURG.-CAT.V	8450	9150
PT74	HARMONIC/ENSEAL EQUIP. CHARGES FOR LAP.SURG.-CAT.VI	8900	9900
PT75	DESFLURONE (PER HOUR)	450	450
PT76	ACE EQUIPMENT CHARGES (EXTRA)	500	500
PT77	RESUSCITATION (ADULT)	1200	1700
PT78	RESUSCITATION WITH INTUBATION –ADULT (BY SPECIALIST)	1400	2700

LABORATORY SERVICE CHARGES

I.	HAEMATOLOGY	General/Private
HM01	Hb (HAEMOGLOBIN)	100
HM02	CBC (HB,TC,DC,PLTS,Cell Indi PS)	400
HM03	ESR	140
HM04	RETICULOCYTE COUNT	300
HM05	ABSOLUTE EOSINOPHIL COUNT	190
HM06	MP (MALARIA PARASITE SMEAR)	130
HM07	MICROFILARIA	170
HM08	BT	170
HM09	PT/INR	440
HM10	APTT	500
HM15	LUPUS ANTICOAGULANT PANEL	3000
HM16	D-DIMER	1320

HM17	FIBRINOGEN	720
HM20	G6 PD SCREENING	500
HM21	SICKLE CELL PREPARATION	110
HM22	Hb A2 AND Hb F (THAL SCREENING TEST)	950
HM24	BONE MARROW WITH IRON	1100
HM27	RAPID TEST FOR MALARIA	700
HM29	SPLenic ASPIRATE FOR L.D. BODIES	180
HM32	PLATELETS COUNT With SMEAR	60
HM47	THROMBIN TIME	830
HM48	IRON STAIN FOR HAEMOSIDERIN	390
HM49	PERIPHERAL SMEAR	130
II.	MICROBIOLOGY	General/Private
MB01	GRAMS STAIN	300
MB02	AFB STAIN	350
MB03	ALBERTS STAIN	250
MB08	FUNGAL CULTURE	1050
MB10	INDIA INK PREPARATION	250
MB11	KOH PREPARATION	250
MB12	HANGING DROP PREPARATION	150
MB25	CRYPTOCOCCAL ANTIGEN LFA	1800
MB26	PNEUMO CYSTIS CARINI PHEUMONIA	800
MB27	URINE CULTURE	850
MB28	CULTURE(Blood, Sputum, Pus, HUS, Body Fluid, Stool, Biopsy, Semen)	950
MB29	CULTURE (TA, ET, BAL, All Tips)	1400
III.	SEROLOGY	General/Private
SE01	WIDAL	250
SE03	ASO	550
SE04	RA FACTOR	400
SE06	RPR	170
SE13	HIV SPOT	530
SE14	HIV ELISA	480
SE15	HBs Ag SPOT	530
SE16	HBs Ag ELISA	500
SE17	HCV SPOT	530
SE18	HCV ELISA	1400
SE39	DENGUE IgG SPOT/ ELISA	600
SE40	DENGUE NS 1 ANTIGEN	600
SE41	ENTEROCHECK (S. typhi IgM)	440
SE42	HEV-IgM	1600
SE43	LEPTOSPIRA-IgM	1320
SE44	CHIKUNGUNIA-IgM	750
SE45	NAT	1530
SE46	DENGUE IgM SPOT/ELISA	600
SE47	ANTI CCP ELISA (CYCLIC CITRULLINATED	1700
SE48	ANTI HAV -IgM	1150
IV.	BLOOD BANK	General/Private
BB01	ABO Rh (BLOOD GROUP)	130
BB02	SUB GROUPS	190
BB03	Rho PHENOTYPE	410
BB04	DIRECT COOMBS	440
BB05	INDIRECT COOMBS	500
BB06	RHO ANTI BODY TITER	880
BB07	AUTOANTIBODY SCREENING	190
BB08	COLD AGGLUTININS	410
BB09	CROSS MATCH	120
BB15	VENESECTION – THALASSEMIA	550
BB17	DONOR SCREENING FOR APHERESIS	590

BB18	VENESECTION – TRIPLE BAG	610
BB19	CROSS MATCH – FOR THALASEMIA PATIENTS ONLY	120
BB20	ANTIBODY SCREEN- FOR B.T	440
BB21	COLD HEMOLYSIN	410
BB24	PROCESSING CHARGES FOR FFP	850
BB25	PROCESSING CHARGES FOR PLATELETS	600
BB26	DAY CARE CHARGES FOR THALASEMIA PATIENTS	440
BB27	PROCESSING CHARGES FOR WHOLE BLOOD	3200
BB28	PROCESSING CHARGES FOR PACKED CELL	2550
V.	BIOCHEMISTRY	General/Private
BC01	FBS	90
BC02	PPBS	90
BC03	RBS	90
BC05	GTT FOR GDM	350
BC06	GLYCOSYLATED Hb (Hb,A1c)	440
BC07	ACETONE	70
BC09	BUN (BLOOD UREA NITROGEN)	130
BC10	CREATININE	130
BC11	URIC ACID	150
BC12	SODIUM	160
BC13	POTASSIUM	160
BC14	CHLORIDE	160
BC16	URINE PROTEIN 24 HRS	240
BC17	URINE CREATININE (24 HRS)	230
BC18	CREATININE CLEARANCE	480
BC20	CALCIUM	160
BC21	PHOSPHOROUS	160
BC22	MAGNESIUM	500
BC23	LFT	770
BC24	BILIRUBIN	260
BC25	SGPT	160
BC26	SGOT	160
BC27	ALKALINE PHOSPHATASE	160
BC30	TOTAL PROTEIN	160
BC31	ALBUMIN	130
BC33	AMYLASE	420
BC34	LIPASE	630
BC35	LDH	350
BC36	CPK	280
BC37	CK MB	420
BC38	LIPID PROFILE	940
BC40	CHOLESTEROL	140
BC41	TRIGLYCERIDES	290
BC42	HDL	250
BC43	LDL	280
BC44	Iron & TIBC	440
BC46	URINE AMYLASE	500
BC47	URINE CALCIUM- 24 HRS	250
BC48	URINE CHLORIDE- 24 HRS	250
BC50	URINE CREATININE RANDOM QUANTITATIVE	200
BC51	URINE POTASSIUM- RANDOM	220
BC52	URINE MAGNESIUM- 24 HRS	600
BC53	URINE PHOSPHOROUS- 24 HRS	240
BC54	URINE PROTEIN RANDOM QUANTITATIVE	240
BC55	URINE SODIUM- RANDOM	240
BC58	URINE URIC ACID – 24HRS	240
BC61	A D A	600
BC62	RENAL PROFILE (BUN,CR,UA,NA,K,Ca,Phos.)	800

BC65	URINE SODIUM – 24 HRS	240
BC66	URINE POTASSIUM – 24 HRS	240
BC67	GTT	250
BC68	hs-CRP	700
BC70	FBS FOR GDM	90
VI.	CLINICAL PATHOLOGY	General/Private
CP01	STOOL ROUTINE	120
CP02	STOOL OCCULT BLOOD	150
CP03	STOOL REDUCING SUBSTANCE	130
CP04	URINE ROUTINE	120
CP05	URINE BILLIRUBIN	80
CP06	URINE UROBILINOGEN	80
CP07	URINE ACETONE (KETONE)	80
CP08	URINE SPECIFIC GRAVITY	80
CP09	URINE pH	80
CP10	URINE GLUCOSE	80
CP11	URINE PROTEIN	80
CP12	URINE NITRATE	80
CP13	URINE BENCE JONES PROTEIN	190
CP14	URINE PREGNANCY TEST	170
CP15	BODY FLUIDS EXAM.(CSF,AF,PF,PC)	750
CP18	APT TEST	80
CP19	ASPIRATE FOR POLYMORPHS	140
CP20	STOOL pH	80
CP21	STOOL FATGLOBULES	80
CP22	URINE OCCULT BLOOD	80
CP23	BODY FLUID AMYLASE	500
CP24	BODY FLUID LDH	360
CP25	BODY FLUID BILIRUBIN	280
CP26	URINE LEUCOCYTE ESTERASE	80
CP27	URINE REDUCING SUBSTANCES	130
CP28	URINE FOR HEMOGLOBINURIA	170
CP30	URINE HEMOSIDERINE	390
VII.	IMMUNO ASSAYS	General/Private
IA01	T3	280
IA02	FREE T3	360
IA03	T4	280
IA04	FREE T4	360
IA05	TSH	360
IA06	LH	520
IA07	FSH	520
IA08	PROLACTIN	510
IA09	ESTRADIOL (E2)	580
IA10	PROGESTRONE	540
IA11	B-HCG	640
IA13	CORTISOL	540
IA20	PSA	740
IA22	AFP	800
IA24	CA – 125	1200
IA25	SERUM FERRITIN	690
IA26	VIT B12	1050
IA27	SERUM FOLATE	1120
IA29	TFT	1500
IA34	INTACT PTH	1550
IA56	ANTI TPO Ab	1300
IA58	URINE CORTISOL	770
IA61	ANA FT	1500
IA63	VIT D – 25 – HYDROXY	1550

IA67	PROCALCITONIN (PCT)	2500
IA72	CELIAC DISEASE PROFILE	1650
IA73	VASCULITIS PROFILE	1930
IA74	ANA PROFILE	3300
IA75	AUTOIMMUNE GASTRITIS PROFILE	1650
IA76	ANTI CARDIOLIPIN/ BEETA 2 GPI COMPLEX ANTIBODIES	1380
VIII.	HISTOPATHOLOGY & CYTOLOGY	General/Private
HP01	HISTOPATHOLOGY – SMALL (UPTO 2 CONTAINERS)	880
HP25	ADDITIONAL CONTAINER (SMALL BIOPSY)	190
HP03	HISTOPATHOLOGY – LARGE	1520
HP26	ADDITIONAL CONTAINER (LARGE BIOPSY)	350
HP29	ONCOLOGY SPECIMEN	2500
HP04	F N A C	1140
HP05	PAP SMEAR	760
HP06	INTRA OPERATIVE PATHOLOGY (IOP) (UPTO TWO)	1550
HP16	ADDITIONAL CONTAINER (IOP)	700
HP08	BODY FLUIDS FOR MALIGNANT CELLS (UPTO TWO SITES)	760
HP17	ADDITIONAL SITE	250
HP09	IMMUNO HISTOCHEMISTRY (FIRST)	1770
HP18	ADDITIONAL IMMUNO HISTOCHEMISTRY –(each Test)	1270
HP20	DUPLICATE SLIDE CHARGES (per slide)	70
HP21	BLOCK CHARGES (per block)	60
HP27	IMMUNOFLUOROSCEENCE FOR KIDNY BIOPSY	2600
HP28	H P V- DNA HIGH RISK TEST	1980
HP32	HPV GENOTYPES 16 & 18	4110
HP30	F N A C SLIDE REVIEW- up to 3 slides	570
HP31	BIOPSY SLIDE REVIEW - up to 3 slides	700
HP35	ADDITIONAL SLIDE REVIEW CHARGES (PER SLIDE)	130

RADIOLOGY SERVICE CHARGES

I.	X-RAY	General/ Private
PORT	PORTABLE X-RAY CHARGES	240
XR01	FLUROSCOPY	1000
XR04	ABDOMEN A P	290
XR05	ABDOMEN FOR LAT. VIEW	290
XR07	ABDOMEN ERECT & SPINE	560
XR08	CHEST P A	290
XR09	CHEST OBLIQUE OR LATERAL	290
XR10	CHEST P A & LATERAL	570
XR11	MASTOIDS LATERAL VIEWS- 2 EXPOSURES	550
XR12	EXTREMITIES,BONES&JOINTS- 1 EXPOSURE	290
XR13	EXTREMITIES,BONES&JOINTS- 2 EXPOSURES	550
XR14	PELVIS	290
XR15	PARA-NASAL SINUSES	290
XR18	K.U.B.(ABDOM. & PELVIS) 1 EXPOSURES	290
XR19	SKULL A P & LATERAL	600
XR21	SKULL AP OR LATERAL	290
XR22	SPINE A P & LATERAL (2 EXPOSURES)	590
XR23	SPINE A P / LAT. – 1 EXPOSURE	320
XR27	SPINE A P, LATERAL & OBLIQUE	1170
XR28	BARIUM SWALLOW/GASTROGRAFFIN	1830
XR29	SINOGRAPHY/SIALOGRAPHY/FISTULOGRAM	1510
XR30	MICTURATING CYSTOURETHROGRAPHY	2650
XR31	HYSTERO-SALPINGOGRAPHY	2000

XR33	RETROGRADE UROGRAPHY	2650
XR35	BARIUM ENEMA	3200
XR36	BARIUM MEAL UPPER	3200
XR38	I V UROGRAPHY	3200
XR42	CEREBRAL/FEMORAL ANGIOGRAPHY	3680
XR43	APICOGRAM (CHEST)	290
XR44	CHEST DECUBITUS VIEW	290
XR45	CHILD K.U.B.	290
XR48	SPLENO-PORTOGRAPHY	4190
XR49	T-TUBE CHOLANGIOGRAPHY	2280
XR50	INTRA-OPERATIVE CHOLANGIOGRAPHY	2280
XR51	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY	2180
XR52	BILIARY DRAINAGE UNDER GUIDANCE	3650
XR55	BARIUM MEAL FOLLOW THROUGH	3400
XR56	PERCT. TRANSHEPATIC BILIARY DRAINAGE	3900
XR57	MAMMOGRAPHY	1750
XR58	SMALL BOWEL ENEMA	3200
XR61	TM JOINTS –TWO EXPOSURES	630
XR64	SOFT TISSUE NECK LATERAL	300
XR65	ERCP	1750
XR66	PERCUTANEOUS NEPHROSTOMY	1750
XR67	NASOJEJUNAL TUBE INSERTION FLUROSCOPY	600
XR68	NASAL BONE LAT. VIEW	500
XR69	DEXA- SINGLE SITE	1960
XR70	DEXA- HIP & SPINE	2580
XR71	DEXA- THREE SITES (HIP,SPINE & FOREARM)	3750
XR72	DEXA- WHOLE BODY	3750
XR73	DEXA- 3 SITES FOR THALLASSEMIA	2250
XR74	DISTAL COLOGRAM	2620
XR75	BEDSIDE CHEST X RAY (ONE EXPOSURE)	600
XR76	BEDSIDE CHEST X RAY (TWO EXPOSURE)	760
XR77	BEDSIDE ABDOMEN X RAY (ONE EXPOSURE)	600
XR78	BEDSIDE ABDOMEN X RAY (TWO EXPOSRE)	760
XR79	BEDSIDE EXTREMITIES X RAY (ONE EXPOSURE)	550
XR80	BEDSIDE EXTREMITIES X RAY (TWO EXPOSURE)	760
XR81	MISCELLANEOUS CHARGES	
II.	CT SCAN	General/ Private
CT01	CT HEAD BASIC BRAIN SCAN	1900
CT02	CT PNS,ORBIT,PITUTARY FOSSA,TEMPORAL BONE,	2900
CT03	CT CHEST	3550
CT04	CT UPPER ABDOMEN	3550
CT05	CT LOWER ABDOMEN	3550
CT06	CT SPINE (FOR 3 LEVELS)	2900
CT07	CT LIMBS & JOINTS	2900
CT08	CT NECK	2900
CT09	SPINE ADDITIONAL 1 LEVEL	1050
CT11	CT SCANOGRAM	750
CT12	CT GUIDED BIOPSY, FNAC, ASPIRATION	3600
CT13	EMERGENCY SCAN CHARGE FOR CT	750
CT14	CT FOR P.N.S LIMITED CUTS	2500
CT21	CT WHOLE ABDOMEN	6050
CT22	CT HEAD INTRACRANIAL ANGIOGRAPHY	8600
CT23	CT HEAD PERFUSION STUDIES	8600
CT24	LARYNX	2600
CT25	THORAX HRCT	3750
CT26	THORACIC AORTA ANGIOGRAPHY	8600

CT27	CORONARY ANGIOGRAPHY + CA SCORING	8600
CT28	CT BRONCHOSCOPY	5400
CT29	UPPER ABDOMEN SINGLE,DUAL,TRIPHASIC LIVER SCAN	9250
CT30	SPLENO-PORTAL,MESENTRIC, VENOUS	9250
CT33	UPPER ABDOMINAL AORTA ANGIOGRAPHY	8600
CT34	UPPER ABDOMEN RENAL ANGIOGRAPHY	8600
CT35	LOWER ABDOMEN + COLONOSCOPY	5400
CT36	CT PERIPHERAL ANGIOGRAPHY	9250
CT37	CT DENTA SCAN (ORTHOPANTOMOGRAM)	2150
CT38	CT BONE MINERAL ANALYSIS	2900
CT39	3-D RECONSTRUCTIONS	1250
CT40	CT ANAESTHESIA CHARGES	1300
CT48	CT ANGIOGRAPHY OF NECK	8600
CT49	CT ANGIOGRAPHY OF NECK & BRAIN	11100
CT50	CT MISCELLANEOUS CHARGES	

Note: 1. Contrast & Injector Charges to be charged extra.

2. Interventional Radiologist Charges to be charged extra. (60% of the Procedure Charges)

III.	ULTRA SOUND	General/ Private
US01	OBSTETRICS FIRST SCAN	1090
US02	OBSTETRICS FOLLOW UP (2ND VISIT)	950
US03	OBSTETRICS DOPLER STUDY	2000
US04	BIOPHYSICAL PROFILE	1750
US05	OBSTETRICS DOPLER AND BIOPHYSICAL PROFILE	2500
US06	PELVIC SCAN	1090
US07	TRANSVAGINAL SCAN	1300
US08	FOLLICULAR STUDY 1st SITTING	1150
US09	FOLLICULAR STUDY SUBSEQUENT SITTING	350
US10	LEVEL II SCAN FOR FOETAL ANOMALIES	2750
US13	NEONATAL SKULL	1050
US15	NEONATAL HIP	1050
US16	ABDOMINAL SCANS (PAEDIATRICS)	1050
US17	UPPER ABDOMEN – GENERAL SCAN	1060
US18	LOWER ABDOMEN GENERAL SCAN	1060
US19	WHOLE ABDOMEN GENERAL SCAN	1380
US20	KUB GENERAL SCAN	1050
US21	TRANSRECTAL GENERAL SCAN	1550
US22	SMALL PARTS (BREAST,EYE,TESTIS,THYROID, JOINT)	1790
US23	VEINS DOPPLER STUDY-SINGLE LIMB	2330
US24	ARTERIAL DOPPLER STUDY- SINGLE LIMB	2490
US25	RENAL DOPPLER / PORTAL VEIN STUDY WITH ABDOMINAL SCAN	2920
US26	FNAC USG INTERVENTIONS	2410
US27	DIAGNOSTIC PLEURAL/ ASCETIC TAP	1330
US28	LUNG/ LIVER ABSCESS / PELVIC ABSCESS DRAINAGE	2950
US29	DRAINAGE WITH INDWELLING CATHETERS (Pig Tail) /MALECOT	2950
US32	TRANSRECTAL BIOPSIES	3110
US33	BIOPSY NEEDLE CHARGES	
US34	USG CHEST	280
US35	ECV	530
US36	RENAL INTERVENTION (PC NEPHROSTOMY)	3580
US41	EMERGENCY ULTRASOUND (Ultrasound charges extra)	370
US42	PORTABLE CHARGES (Ultrasound charges Extra)	500
US43	VENOUS DOPPLER STUDY BOTH LIMBS	3590
US44	CAROTID DOPPLER STUDY	2830
US45	ARTERIAL DOPPLER STUDY BOTH LIMBS	3590

US47	SINGLE LOOK USG	500
US48	USG FOR PVR	500
US49	USG GUIDED RENAL BIOPSY	2950
US50	USG GUIDED INT. JUGULAR VEIN CANNULATION	3100
US51	FOETAL DOPPLER –ADDITIONAL CHARGES PER FOETUS	740
US53	LEVEL II – ADDITIONAL CHARGES PER FOETUS	1080
US54	ARTERIES VASCULAR STUDY	3000
US55	IVC DISPENSABILITY	500
US56	BIOPSY USG INTERVENTIONS	3580
US57	MISCELLANEOUS CHARGES- ULTRASOUND	

Note: 1. Interventional Radiologist Charges to be charged extra. (60% of the Procedure Charges).

IV.	MRI	General/ Private
MRI01	MRI BRAIN	5650
MRI02	MRI SPINE	6200
MRI04	MRI THORAX	6800
MRI05	MRI PELVIS	6800
MRI06	MRI JOINTS	7000
MRI07	MRI EXTREMITIES	7000
MRI08	MRCP	7000
MRI09	MR UROGRAPHY	7000
MRI10	MRI CSF FLOW STUDY	7000
MRI11	MRI ANGIOGRAPHY ONE PART	7000
MRI12	MRI BRAIN+ANGIOGRAPHY(CIRCLE OF WILLIS)	10250
MRI13	MRI BRAIN+ANGIOGRAPHY (NECK+CIRCLE OF WILLIS)	11850
MRI14	MRI ANGIOGRAPHY(NECK+CIRCLE OF WILLIS)	10250
MRI15	MRI MARROW SCREENING	4250
MRI16	MRI SPINE ONE PART + SCREENING WHOLE SPINE	8650
MRI17	MRI PELVIMETRY/PLACENTA LOCALISATION	4100
MRI19	MRI LUMBER SPINE & SI JOINTS	7950
MRI23	MRI ANAESTHESIA CHARGES	1300
MRI24	MRI BRAIN-PITUITARY FOSSA	6800
MRI25	MRI ORBIT	6800
MRI26	MRI PNS	6800
MRI27	MRI T.M. JOINTS (SPECIFY SIDE)	6800
MRI28	MRI ANGIOGRAPHY-CIRCLE OF WILLIS	6800
MRI29	MRI BRAIN-VENOGRAPHY	6800
MRI30	MRI ANGIOGRAPHY-NECK	6800
MRI31	MRI ANGIOGRAPHY-RENAL ANGIOGRAPHY	6800
MRI32	MRI NASOPHARYNX	6800
MRI33	MRI NECK	6800
MRI34	MRI FISTULOGRAPHY	6800
MRI35	MRI BOTH HIPS-DYNAMIC STUDY	6800
MRI36	MRI EXTREMITY/JOINT- DOUBLE	13450
MRI37	MRI EMERGENCY CHARGES	750
MRI38	MRI BRAIN SCREENING	3000
MRI39	MR VENOGRAPHY	5950
MRI41	JOINT SCREENING (ONE JOINT)	1750
MRI42	CARTILAGE MAPPING	6850
MRI43	BRAIN SPECTROSCOPY	5950
MRI44	MRI OF BRACHIAL PLEXUS	6850
MRI45	MR MAMMOGRAPHY	6850
MRI46	PERFUSION IMAGING IN STROKE	6850
MRI47	MR ARTHROGRAPHY	6850
MRI48	3-D MRI OF SPINE	2900

MRI49	WHOLE BODY SCREENING FOR METASTASIS	5800
MRI50	MRI UPPER ABDOMEN	5950
MRI51	MRI FULL ABDOMEN	8850
MRI52	MRI BRAIN AFTER BRAIN SCREENING- SAME DAY SITTING	3500
MRI53	BRAIN VENOGRAPHY AFTER MRI BRAIN-SAME DAY SITTING	3350
MRI54	MRI BRAIN WITH ORBIT	7950
MRI55	MRI SACROILIAC JOINTS	7000
MRI56	MRI OF FOETUS (FOETAL MRI)	8850
MRI57	MRI MISCELLANEOUS CHARGES	

Note: Contrast & Injector Charges to be charged extra

V.	INTERVENTIONAL RADIOLOGY	General	Private
INR01	PERIPHERAL ANGIOGRAPHY (DIAGNOSTIC) (ONE LIMB)	17100	22800
INR02	PERIPHERAL TRAUMA INTERVENTIONAL	32800	43800
INR03	PERIPHERAL ARTERIAL ANGIOPLASTY WITHOUT STENT RT/LT	32800	43800
INR04	PERIPHERAL ARTERIAL ANGIOPLASTY WITH STENT RT/LT	32800	43800
INR05	ILAIC ANGIOPLASTY/STENTING	36700	49100
INR06	PERIPHERAL ARTERIAL THROMBOLYSIS RT/LT	40400	52500
INR07	PERIPHERAL HEMANGIOMA SCLEROTHERAPY (DIRECT)	2300	3100
INR08	PERIPHERAL HEMANGIOMA SCLERO/EMBOLISATION (TRANSAR.)	32800	43800
INR09	UTERINE ART EMBOL FOR FIBROIDS-PRE MYOMECTOMY	25000	33300
INR10	UTERINE ARTERY EMBOLIZATION FOR FIBROIDS	25000	33300
INR11	UTERINE ART/PELVIC ANGIO- POST PART HRAGE-OTHERS	20900	27900
INR12	UTERINE ARTERY/PELVIC EMBOLIZATION FOR POST PARTUM	26300	35000
INR13	PELVIC CONGESTION SYNDROME (OVARIAN VEIN) EMBOLISAT.	36700	49100
INR14	FALLOPIAN TUBE CATHETERIZATION (FOR BLOCKED TUBE	17400	24500
INR15	PRE/POST PROCEDURE USG EVALUATION FOR FIBROIDS/ AENOMYOSIS/UTERUS/BODYD	1100	1400
INR16	PUDENDAL ARTERY EVALUATION	19300	26400
INR17	VERICOSEAL EVALUATION	25000	33300
INR18	VERICOSEAL INTERVENTIONAL	32800	43800
INR19	RENAL ARTERY ANGIOGRAPHY	19600	26400
INR20	RENAL ARTERY ANGIOPLASTY	32200	42800
INR21	RENAL ARTERY STENTING	32200	42800
INR22	RENAL ARTERY EMBOLIZATION (ONE SIDE)	14400	19400
INR23	PERCUTANEOUS NEPHROSTOMY & DRAINAGE (RT/LT)	14400	19400
INR24	URETRIC STENT (DOUBLE PIGTAIL/J) RT/LT INTERVENT	18400	24500
INR25	FOLLOW UP FOR NEPHROSTOMY DRAINAGE CATHETER	2600	3600
INR26	GUIDED PERIPHERAL INSERTION OF CENTRAL CATH-PICC	6700	7900
INR27	DIALYSIS CATH INSERT IJ,SUBCLAV,FEMORAL-NON TUNNEL	3200	4400
INR28	DIALYSIS CATH INSERT (IJ,FEMORAL)TUNNELLED/ EXCHANGE	6700	8800
INR29	CHEST PORT INSERTION FOR CHEMOTHERAPY	12400	16700
INR30	CENTRAL VENOGRAM/ARM VENOGRAM (DIAGNOSTIC)	6700	7900
INR31	CENTRAL VENOGRAM/ARM VENOGRAM INTERVENTIONAL	18400	24500
INR32	MEDIASTINAL SYNDROMES INTERVENTIONAL	21000	27900
INR33	VENOUS SAMPLING (ADRENAL & RENAL VEIN)	13200	17600
INR34	I V C MEMBRANOTOMY AND ANGIOPLASTY/STENTING	32800	43800
INR35	PORTAL VEIN EMBOLISATION	32800	43800
INR36	AORTOGRAM/SPECIFIC SINGLE AORTOGRAM	13200	17600
INR37	AORTIC ANGIOPLASTY/STENTING	45900	61300
INR38	AORTIC STENT GRAFT ENDOLEAK EMBOLIZATION	45900	61300
INR39	ABDOMINAL AORTIC ANEURYSM GRAFT	52500	70000
INR40	BRONCHIAL ARTERY EVALUATION	14400	19400
INR41	BRONCHIAL ARTERY EMBOLIZATION	36300	42400
INR42	INTRA VASCULAR CATHETER/ FOREIGN BODY REMOVAL	6700	7900
INR43	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM	9400	12300

INR44	POST PTBD CHECK CHOLANGIOGRAM PRE/INTRA/POST PROCD	4000	5300
INR45	PTBD- POST OPERATIVE/BILIARY LEAK	18400	24500
INR46	PTBD EXTERNAL DRAINAGE(SINGLE)	13200	17600
INR47	PTBD-EXTERNO-INTERNALISATION	18400	24500
INR48	PTBD--INTERNALISATION	10600	14100
INR49	PCN/PTBD WITH STENTING	30300	40300
INR50	TRANSJUGLAR LIVER BIOPSY	11000	15800
INR51	TIPS (TRANS-JUGULAR PORTO-SYSTEMIC SHUNT) INTERVEN	49700	64800
INR52	ARTERIO-PORTOGRAM	23800	31500
INR53	GI BLEED AND ISCHEMIA (TRIPLE VESSEL) EVALUATION	20000	26600
INR54	GI BLEED EMBOLISATION	33300	39900
INR55	GI ISCHEMIA INTERVENTION (ANGIOPLATY/STENTING)	27600	36700
INR56	PARTIAL SPLENIC EMBOLIZATION	45900	61300
INR57	EMPERICAL ANY ARTERY EMBOLISATION	45900	61300
INR58	USG GUIDED ANEURYSM EMBOLISATION	11800	15800
INR59	CHEMOEMBOLIZATION OF HEPATIC TUMOUR/METS	45900	61300
INR60	TRANS ARTERIAL CHEMOTHERAPY INFUSION	36700	49100
INR61	RADIOFREQUENCY / MICROWAVE ABLATION OF TUMOURS/ METS	36700	49100
INR62	NASO JEJUNAL INTUBATION	5300	7000
INR63	CEREBRAL ANGIOGRAM	21000	27900
INR64	CAROTID ANGIOGRAM	13200	17600
INR65	VESSELS EVAL CEREBRAL+CAROTID+ SUBCLAVIAN+ VERTEBRAL	25000	33300
INR66	SPINAL ANGIOGRAM	26300	35000
INR67	EVALUATION FOR NASAL BLEEDING / NASAL MASS	15700	21000
INR68	EMBOLIZATION FOR NASAL BLEEDING / SINUS MASS	25000	33300
INR69	EMBOL OF EXTERNAL CAROTID ARTERY/SINGLE VESSEL	38200	50800
INR70	EMBOLIZATION OF TUMOURS FED BY BOTH ICA & ECA	74300	97900
INR71	EMBOLIZATION OF TUMOURS FED BY VA OR/AND BA	69600	92700
INR72	GLUE EMBOLIZATION OF TUMOURS	69600	92700
INR73	EMBOLIZATION OF SPINAL TUMOURS	48500	64800
INR74	EMBOLIZATION FOR VERTEBRAL BODY HEMANGIOMA/METS	36700	49100
INR75	VERTEBROPLASTY (VERTERAL BODY/PELVIC BONE	48500	64800
INR76	VENOUS SINUS SAMPLING (PETROSAL SINUS)	48500	64800
INR77	CCF OCCLUSION	78700	104900
INR79	PROXIMAL OCCLUSION OF INTERNAL CAROTID ARTERY	72200	96300
INR80	CEREBRAL AVM EMBOLIZATION (BESIDES VB TERRITORY)	73400	97900
INR81	AVM EMBOLIZATION IN THE VERTEBROBASILAR TERRITORY	73400	97900
INR82	SPINAL AVM EMBOLIZATION/AVF EMBOLIZATION	82500	110200
INR83	COILING OF INTRACRANIAL ANEURYSM	65600	87300
INR84	COILING OF MULTIPLE ANEURYSMS	73400	97900
INR85	GDC COILING OF INTRACRANIAL ANEURYSMS WITH SPASM	78700	104900
INR86	COILING OF INTRACRANIAL ANEURYSM ATTEMPTED	39400	52500
INR87	POST SAH INTRACRANIAL ANGIOPLASTY FOR SPASM	73400	97900
INR88	INTRACRANIAL DRUG THERAPY FOR POST SAH VASOSPASAM	45900	61300
INR89	INTRA ARTERIAL THROMBOLYSIS	62000	79500
INR90	MANAGEMENT OF DURAL SINUS THROMBOSIS	73400	97900
INR91	ANGIOPLASTY FOR CAROTID/VERTEBRAL ARTERY STENOSIS	73400	97900
INR92	STENTING FOR CAROTID/VERTEBRAL ARTERY STENOSIS	56300	75200
INR93	INTRACRANIAL ANGIOPLASTY	73400	97900
INR94	INTRACRANIAL STENTING	73400	97900

Note: Contrast & Injector Charges to be charged extra.

PHYSIOTHERAPY SERVICES

I.	PHYSIOTHERAPY SERVICES	General	Private
PHY01	EXERCISE/HOME PROGRAM	220	330
PHY02	MUSCLE ASSESSMENT	220	330
PHY03	FUNCTIONAL MOBILIZATION	240	330
PHY04	MANUAL THERAPY	280	440
PHY05	GAIT TRAINING	240	330
PHY06	ANC (3 SITTINGS)	450	550
PHY07	POSTNATAL (3 SITTINGS)	450	550
PHY08	EXERCISE/DAY FOR REHAB. PATIENT	390	550
PHY09	ICU CARE(PHYSIO)	350	350
PHY10	EXERCISE FOR CTS CLOSED HEART (7 DAYS)	3500	5000
PHY11	EXERCISE FOR CTS OPEN HEART (7 DAYS)	4500	5500
PHY12	PULMONARY PHYSIOTHERAPY	280	440
PHY13	SHORT WAVE DIATHERMY	220	330
PHY14	ULTRASOUND	220	330
PHY15	INFRA RED RAYS/ULTRAVIOLET	220	330
PHY16	HYDRO COLLATOR THERAPY	220	330
PHY17	PARAFFIN WAX BATH	220	330
PHY18	INTERFERENTIAL THERAPY	220	330
PHY19	MUSCLE STIMULATION	220	330
PHY20	LUMBER TRACTION	220	330
PHY21	CERVICAL TRACTION	220	330
PHY22	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION	220	330
PHY23	McKENZIE EXERCISE PROGRAMME	280	440
PHY24	MULLIGAN'S MOBILIZATION	280	440
PHY25	C P M	220	330
PHY26	CRYO THERAPY	220	330
PHY27	TRACTION/S W D	280	440
PHY28	TRACTION U S T	280	440
PHY29	TRACTION/I F T	280	440
PHY30	S W D/U S T	280	440
PHY31	WAX BATH/EXERCISE	280	440
PHY32	HOT PACKS/EXERCISE	280	440
PHY33	C P M/EXERCISE	280	440
PHY34	FUNCTIONAL MOBILIZATION AND CHEST CARE	280	440
PHY35	PULMONARY PT (NIGHT)	380	380
PHY36	US & PWB	280	440
PHY37	SWD & IFT	280	440
PHY38	US & IFT	280	440
PHY39	ICT & HP	280	440
PHY40	CPM & HP	280	440
PHY41	PWB & CPM	280	440
PHY42	PT CONSULTATION & ADVISES	280	440
PHY43	PRE-OPERATIVE ASSESSMENT	280	440
PHY44	ANY TWO MODULE TREATMENT PACKAGE (5 Days)	1250	2000
PHY45	MANUAL MOBILIZATION + ELECTROTHERAPY (5 Days)	1250	2000
PHY46	SPECIAL PHYSIOTHERAPY CARE (HOLIDAYS)	380	380
PHY47	NEURO MUSCULAR DYSFUNCTION MANAGEMENT	350	450
PHY48	RENAL TRANSPLANT- RECEIPT (10 DAYS)	4400	6600
PHY49	RENAL TRANSPLANT – DONOR (5 DAYS)	2500	4500
PHY50	ASSESSMENT AND PRESCRIPTION & DOCUMENTATION	280	440
PHY51	HOT PACKS/MOBILISATION	280	440
PHY52	HOT PACKS/IFT	280	440
PHY53	PHYSICAL ASSESSMENT/ EVALUATION (ORTHO)	350	440
PHY54	FUNCTIONAL ASSESSMENT/ EVALUATION (NEURO)	350	440
PHY55	STABILITY TAPEING (SINGLE)	300	350

PHY56	STABILITY TAPEING (DOUBLE)	450	500
II.	ARTIFICIAL LIMB CENTRE	General	Private
ALC001	SYM S SIZE I	6800	7500
ALC002	SYM S SIZE II	8150	8800
ALC003	SYM S SIZE III	9150	9900
ALC004	PTB PROTHESIS SIZE I	10900	11900
ALC005	PTB PROTHESIS SIZE II	12850	14200
ALC006	PTB PROTHESIS SIZE III	20350	25650
ALC007	ABOVE KNEE PROTHESIS SIZE I	12850	15500
ALC008	ABOVE KNEE PROTHESIS SIZE II	15500	16950
ALC009	ABOVE KNEE PROTHESIS SIZE III	29700	33900
ALC010	COSMETIC HAND SIZE I	3400	4300
ALC011	COSMETIC HAND SIZE II	4050	4750
ALC012	COSMETIC HAND SIZE III	5400	6800
ALC013	BELOW ELBOW & MECH. HAND SIZE I	7250	8150
ALC014	BELOW ELBOW & MECH. HAND SIZE II	9800	10900
ALC015	BELOW ELBOW & MECH. HAND SIZE III	15500	17600
ALC016	AE PROTHESIS MECH. HAND SIZE I	11550	12100
ALC017	AE PROTHESIS MECH. HAND SIZE II	12850	14200
ALC018	AE PROTHESIS MECH. HAND SIZE III	17600	19050
ALC019	EXTENSION PROTHESIS SIZE I	10100	11550
ALC020	EXTENSION PROTHESIS SIZE II	12850	14950
ALC021	EXTENSION PROTHESIS SIZE III	20350	21650
ALC022	CHOPART PROTHESIS SIZE I	6800	7500
ALC023	CHOPART PROTHESIS SIZE II	7500	8450
ALC024	CHOPART PROTHESIS SIZE III	8800	9800
ALC025	FINGER SPLINT SIZE I	450	650
ALC026	FINGER SPLINT SIZE II	550	750
ALC027	FINGER SPLINT SIZE III	700	750
ALC028	LONG OPPONENS SIZE I	900	1000
ALC029	LONG OPPONENS SIZE II	950	1100
ALC030	LONG OPPONENS SIZE III	1150	1450
ALC031	SHORT OPPONENS SIZE I	900	1000
ALC032	SHORT OPPONENS SIZE II	950	1100
ALC033	SHORT OPPONENS SIZE III	1150	1450
ALC034	STATIC COCK UP SPLINT SIZE I	1100	1300
ALC035	STATIC COCK UP SPLINT SIZE II	1300	1550
ALC036	STATIC COCK UP SPLINT SIZE III	1550	1750
ALC037	DYNAMIC COCK UP SPLINT SIZE I	1100	1300
ALC038	DYNAMIC COCK UP SPLINT SIZE II	1300	1550
ALC039	DYNAMIC COCK UP SPLINT SIZE III	1550	1750
ALC040	TURN BUCKLE COCK UP SPLINT SIZE I	1750	2000
ALC041	TURN BUCKLE COCK UP SPLINT SIZE II	2000	2200
ALC042	TURN BUCKLE COCK UP SPLINT SIZE III	2300	2400
ALC043	E ARM BRACE SIZE I (For Arm Brace)	2200	2400
ALC044	E ARM BRACE SIZE II (For Arm Brace)	2400	2550
ALC045	E ARM BRACE SIZE III (For Arm Brace)	3200	3400
ALC046	ELBOW BRACE WITH ELBIT SIZE I	3200	3400
ALC047	ELBOW BRACE WITH ELBIT SIZE II	3650	4200
ALC048	ELBOW BRACE WITH ELBIT SIZE III	4850	5700
ALC049	SHOULDER CAPSULE BRACE SIZE I	3200	3650
ALC050	SHOULDER CAPSULE BRACE SIZE II	3650	4050
ALC051	SHOULDER CAPSULE BRACE SIZE III	4850	5300
ALC052	SHOULDER ABDUCTION SPLINT SIZE I	3200	3650
ALC053	SHOULDER ABDUCTION SPLINT SIZE II	3650	4200
ALC054	SHOULDER ABDUCTION SPLINT SIZE III	4850	5050
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	4300	5050
ALC059	TLSO (MOULDED SPL. JACKET) SIZE II	5050	5950
ALC060	TLSO (MOULDED SPL. JACKET) SIZE III	6700	7500
ALC061	LS FRAME SIZE I	1850	2300
ALC062	LS FRAME SIZE II	2400	3200
ALC063	LS FRAME SIZE III	3100	3650
ALC064	LS BELT SIZE II	950	1100
ALC065	LS BELT SIZE III	1300	1550
ALC066	KT BRACE SIZE II	2800	3200
ALC067	KT BRACE SIZE III	3300	3800
ALC068	ASH BRACE SIZE I	1550	2000
ALC069	ASH BRACE SIZE II	2400	2650
ALC070	ASH BRACE SIZE III	2750	3400
ALC071	SOMI BRACE SIZE II	3000	3300
ALC072	SOMI BRACE SIZE III	3400	3900
ALC073	TWO POST MOULDED COLLAR SIZE I	2550	3100
ALC074	TWO POST MOULDED COLLAR SIZE II	2850	3650
ALC075	TWO POST MOULDED COLLAR SIZE III	4050	4750
ALC076	FOUR POST COLLAR SIZE I	2400	2850
ALC077	FOUR POST COLLAR SIZE II	2850	4050
ALC078	FOUR POST COLLAR SIZE III	4050	4500
ALC079	SOFT COLLAR SIZE I	750	800
ALC080	SOFT COLLAR SIZE II	900	950
ALC081	SOFT COLLAR SIZE III	1000	1100
ALC082	LS MOULDED SIZE I	3400	4050
ALC083	LS MOULDED SIZE II	4050	4750
ALC084	LS MOULDED SIZE III	5300	5850
ALC085	AFO SIZE I	1450	1750
ALC086	AFO SIZE II	1650	2200
ALC087	AFO SIZE III	2400	2550
ALC088	KAFOAK PVC SPLINT SIZE I	2550	3100
ALC089	KAFO WITHOUT JOINT SIZE I	2650	3300
ALC090	KAFO U/L JOINT SIZE I	5400	5950
ALC091	KAFO U/L JOINT SIZE II	5950	6500
ALC092	KAFO U/L JOINT SIZE III	7050	7250
ALC093	HKAFO U/L JOINT SIZE I	5950	6500
ALC094	HKAFO U/L JOINT SIZE II	7050	7250
ALC095	HKAFO U/L JOINT SIZE III	8150	8450
ALC096	HKAFO B/L JOINT SIZE I	11550	12000
ALC097	HKAFO B/L JOINT SIZE II	13000	13400
ALC098	HKAFO B/L JOINT SIZE III	18250	19600
ALC099	KNEE BRACE WITH JOINT SIZE I	3750	4750
ALC100	KNEE BRACE WITH JOINT SIZE II	5050	6050
ALC101	KNEE BRACE WITH JOINT SIZE III	5700	6600
ALC102	KNEE BRACE WITHOUT JOINT SIZE I	2550	3300
ALC103	KNEE BRACE WITHOUT JOINT SIZE II	3400	3750
ALC104	KNEE BRACE WITHOUT JOINT SIZE III	4200	4750
ALC105	AFO WITH HINGE SIZE I	1750	2200
ALC106	AFO WITH HINGE SIZE II	2400	2550
ALC107	AFO WITH HINGE SIZE III	2750	3200
ALC108	CDH SIZE I	3200	3300
ALC110	KAFO WITH PLASTIC THIGH SIZE I	6500	6950
ALC111	KAFO WITH PLASTIC THIGH SIZE II	6800	7250
ALC112	KAFO WITH PLASTIC THIGH SIZE III	7800	8450
ALC113	GAITERS B/L SIZE I	1650	2000
ALC114	GAITERS B/L SIZE II	2400	2650
ALC115	GAITERS B/L SIZE III	3100	3500
ALC116	MERMAID SPLINT B/L SIZE I	2550	3200

ALC117	MERMAID SPLINT B/L SIZE II	3100	3650
ALC118	FRO SIZE I	3500	3750
ALC119	FRO SIZE II	4050	4750
ALC120	FRO SIZE III	5150	5850
ALC121	PTB BRACE SIZE I	3650	4200
ALC122	PTB BRACE SIZE II	4400	5150
ALC123	PTB BRACE SIZE III	5300	5850
ALC124	AK CAST BRACE U/L SIZE I	6050	7250
ALC125	AK CAST BRACE U/L SIZE II	6950	7500
ALC126	AK CAST BRACE U/L SIZE III	7500	7900
ALC127	ARCH SUPPORT SIZE I	450	550
ALC128	ARCH SUPPORT SIZE II	600	750
ALC129	ARCH SUPPORT SIZE III	750	900
ALC130	HEEL PAD SIZE I	550	700
ALC131	HEEL PAD SIZE II	600	750
ALC132	HEEL PAD SIZE III	750	800
ALC146	REPAIR CHARGE	450	450
ALC148	THUMB SPICA	2100	2300
ALC149	FOREARM BRACE SIZE I	2550	2750
ALC150	FOREARM BRACE SIZE II	3750	4300
ALC151	FOREARM BRACE LONG SIZE I	3500	4050
ALC152	FOREARM BRACE LONG SIZE II	5400	5850
ALC153	ELBOW BRACE	5400	5850
ALC154	HUMERUS BRACE	5400	5850
ALC155	GAIT TRAINING PER/HR	200	250
ALC156	ASSESSMENT/ EVALUATION	250	400
ALC157	FOOT ORTHOTICS	1350	1900

CARDIOLOGY SERVICE CHARGES

I.	CARDIOLOGY PROCEDURE	General	Private
CPR01	TEMPORARY PACEMAKER IMPLANTATION	6400	9100
CPR02	PERMANENT PACEMAKER IMPLANTATION SINGLE CHAMBER	16700	27800
CPR03	PERMANENT PACEMAKER IMPLANTATION DUEL CHAMBER	20900	34800
CPR04	PERMANENT PACEMAKER IMPLANTATION TRIPLE CHAMBER	34800	66800
CPR05	PERI-CARDIAL TAPPING	6400	9500
CPR07	NON IONIC DYE PER VIAL	2750	2750
CPR08	CARDIAC CATHERERISATION	9800	15300
CPR09	INVASIVE PRESSURE MONITORING	3700	7700
CPR11	PERICARDIACTOMY	83500	125200
CPR18	FUNCTION FLOW RESERVE	12700	15200
CPR20	ANAESTHESIA CHARGES FOR CATH LAB PROCEDURE	1400	1400
CPR21	CATH LAB CHARGES FOR INTERVENTIONAL PROCEDURES (per hour)	5100	5100
CPR22	PERCUTANEOUS DEVICE CLOSURE	38000	50600
CPR23	ROTA ABLATION PROCEDURE	30000	45000
II.	ECG	General	Private
ECG	E.C.G.	230	340
III.	CARDIOLOGY INVESTIGATION	General	Private
ACT	ACT TEST	550	750
AMBBP	AMBULATORY B.P. MONITORING	1900	3150
ECHO	ECHO DOPPLER	2300	3500
EVR	EVENT RECORDING (PER DAY)	550	1250
HOLT	HOLTER CHARGES (PER DAY)	2800	3900
STEC	STRESS ECHO	3150	3900

TEE	TRANS ESOPHAGEAL ECHO	3050	4150
TMT	STRESS TEST(TMT TREAD MILL TEST)	1650	3200
BSP	BED SIDE ECHO DOPPLER	3500	4400
CAI01	NT-proBNP	1650	1650
CAI02	D-DIMER	1650	1650

PACKAGE CHARGES FOR CARDIOLOGY PROCEDURES

Code	Service Name	General	Semi Pvt.	Private	No. of days
I.	CATH-LAB PROCEDURES:				
ABMV	ANGIOPLASTY/BALLOON MITRAL VALVOTOMY	36300	48400	60500	02
ACAG	CORONARY/RENAL ANGIOGRAPHY	10900	13300	15700	01
ACAWS	CORONARY/RENAL ANGIOPLASTY	110000	121000	143000	03
ACPA	CORONARY PERIPHERAL ANGIOGRAPHY	10900	13300	15700	01
ADSA	CERIBRAL ANGIOGRAPHY	10900	13300	15700	01
AEPS	ELECTRO PHYSIOLOGY STUDY	10900	13300	15700	01
APA	PERIPHERAL ANGIOPLASTY	93500	104500	121000	02
ARFA	RADIO FREQUENCY ABLATION	36300	48400	60500	01
ARHS	RIGHT HEART STUDY	8500	10900	13300	01
A3DM	3D MAPPING (to be corrected)	55000	66000	77000	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
- Non- Ionic Dye
- Extended Stay

PACKAGE CHARGES FOR C T S

Code	Service Name	General	S Pvt. AC	PVT AC	Deluxe/ Special	No. of days
II.	CARDIO-THORACIC SURGERIES					
AVSD	ASD	176000	253000	302500	314600	08
AOHS	AVR/MVR/CABG/VSD	209000	286000	341000	363000	08
AOHSE	AVR/MVR/CABG EMERGENCY	231000	319000	357500	396000	08

Note:

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

ENDOCRINOLOGY SERVICE CHARGES

I.	ENDOCRINOLOGY	General	Private
END01	SCREENING DOPPLER (DIABETIC)	700	1000
END02	BIOTHESIOMETER	350	500
END03	TOTAL DIABETIC FOOT STUDY	900	1350
END04	PODIA SCAN	350	550
END05	CARDIAC AND AUTONOMIC NERVOUS SYSTEM ASSMNT. (CANS)	500	750
END06	PEDINOVA	350	550
END07	DIABETIC EDUCATION CHARGES	100	300
ENDOCRINOLOGY PACKAGE CHARGES			
CHK62	DIABETIC HEALTH CHECKUP	5000	5000
CHK63	DIABETIC FOOT ASSESSMENT	1800	1800

GASTROENTROLOGY SERVICE CHARGES

I.	GASTROENTEROLOGY	General.	Private
GENT10	EMERGENCY ENDOSCOPY CHARGES	2550	3300
GENT11	ESOPHAGEAL DILATION	5180	7000
GENT12	GASTRIC STRICTURE DILATION	5700	7700
GENT13	ESOPHAGEAL VARICEAL GLUE INJECTION	5520	7200
GENT14	TUMOR ABLATION BY ALCOHOL INJECTION	3740	4900
GENT15	PLACEMENT OF FEEDING TUBES WITH ENDOSCOPY	4700	6150
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
GENT53	HEMOCLIP APPLICATION	5000	6000
GENT54	HEMOCLIP APPLICATION- FOR EXTRA CLIP	1000	1000
II.	GASTROENTEROLOGY INVESTIGATION	General	Private
GENT01	UPPER G.I. ENDOSCOPY	3400	4500
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
SKN01	SKIN BIOPSY	1200	2200
SKN03	EXCISION – WARTS	350	750
SKN04	EXCISION – SAB CYST	2200	2650
SKN05	CAUTERIZATION & SCRAPING – WARTS	650	750
SKN06	CAUTERIZATION SCRAPING MOLLUS CUM CONTRA- SINGLE	550	750
SKN07	CAUTERIZATION & SCRAPING VENERAL WARTS	550	750
SKN08	CAUTERIZATION & SCRAPING CORNS- SINGLE	550	750
SKN11	INTRALESIONAL INJECTIONS- SINGLE LESION	650	1100
SKN13	CAUTERIZATION SCRAPING MOLLUS CUM CONTRA- DOUBLE	650	1450
SKN14	CHEMICAL PEELING	1500	2700
SKN16	CRYO SURGERY- SINGLE LESION	650	1100
SKN17	CRYO SURGERY- DOUBLE LESION	1000	2000
SKN18	CRYO SURGERY- MULTIPLE LESION	1650	2750
SKN19	MILIA EXTRACTION/ COMEDONE EXTRACTION	1650	2750
SKN20	ELECTRIC CAUTERIZATION (WARTS,SKIN)- SINGLE LESION	650	1450
SKN21	ELECTRIC CAUTERIZATION (WARTS,SKIN)- DOUBLE LESION	1100	2200
SKN22	ELECTRIC CAUTERIZATION (WARTS,SKIN)- MULTI LESIONS(up to10)	2400	5000
SKN23	DERMAROLLER FOR ACNE SCAR	5500	10900
SKN24	TCA APPLICATION- SINGLE LESION	200	350
SKN25	TCA APPLICATION- DOUBLE LESIONS	350	650
SKN26	TCA APPLICATION- MULTIPLE LESIONS	900	1450
SKN27	MULTIPEEL	1850	3750
SKN28	NEORONOX INJECTION (PER UNIT)	650	1450
SKN30	ACNE SCAR TREATMENT PER SITTING	1650	2400
SKN31	PRP	7600	9250
SKN32	PRP KIT-(REGEN FDA AROVED)	11450	12100
SKN33	LASER HAIR REMOVAL- CHIN	3300	6600
SKN34	LASER HAIR REMOVAL- SIDE BURN	4400	6600
SKN35	LASER HAIR REMOVAL- FACE	6600	9900
SKN36	LASER REJUVENATION	4400	6600
SKN37	LASER ACNE SCARS	4400	6600

SKN38	LASER PIGMENTATION	4400	6600
SKN39	LASER FOR SCARS- PER SCAR	3300	5000
SKN40	LASER FOR MOLE REMOVAL- PER MOLE	1650	2550
SKN41	LASER FOR SKIN TAG/DPN- SINGLE LESION	1100	1650
SKN42	LASER FOR SKIN TAG/DPN- TWO LESION	1650	2550
SKN43	LASER FOR SKIN TAG/DPN- MULTIPLE LESION	3300	5000

RESPIRATORY MEDICINE SERVICE CHARGES

I.	RESPIRATORY LAB	General.	Private
RES01	BRONCHOSCOPY	8500	11500
RES02	PULMONARY FUNCTION TESTING (Pre & Post Nebulisation)	1000	1400
RES05	PLEURODESIS	4400	6050
RES06	PLEURAL TAP	1900	3500
RES07	SMOKING CESSATION CLINIC	700	1000
RES08	BRONCHOSCOPY WITH BIOPSY	11600	15000
RES09	SLEEP STUDY	9000	13500
RES10	FIBROPTIC BRONCHOSCOPY	4500	6050
RES12	BRONCHOSCOPIC GLUE INJECTION 0.50ML	11000	15000
RES13	BRONCHOSCOPIC GLUE INJECTION 1 ML	11600	15500
RES14	ALLERGY TEST (Complete Package)	3000	3500
RES15	SIX MINUTES WALK TEST	250	450
RES16	BRONCHOSCOPY BIOPSY WITH TBNA NEEDLE	12000	14500
RES17	ALLERGY TEST (Fungal Antigens)	1000	1500
RES18	PULMONARY FUNCTION WITH DIFFUSION	1800	2200
RES19	SLEEP STUDY –SINGLE LOOK	4500	7000

PSYCHIATRY SERVICE CHARGES

I.	PSYCHOLOGY SERVICES	General	Private
PSY01	COUNSELLING PSYCHOTERAPY	600	900
PSY02	PLAY THERAPY	300	700
PSY03	RELAXATION TRAINING	600	900
PSY04	ASSESSMENT OF CHILDHOOD DISORDERS (IQ,SLD,ADHD)	5000	7000
PSY05	ASSESSMENT OF DEVELOPMENT AND SOCIAL QUOTIENT	1300	2000
PSY06	IQ TEST	1300	2500
PSY07	THEMATIC APPERCEPTION TEST	1500	2000
PSY08	RORSCHACH TEST	2000	2500
PSY09	BEHAVIOUR THERAPY OR PSYCHOTHERAPY (10 SESSION)	3700	5700
PSY10	NEUROPSYCHOLOGICAL BATTERY	4000	5200
PSY11	PERSONALITY TEST	2000	3500
PSY12	COMPLETE PSYCHODIAGNOSTIC TEST	3500	6000
PSY13	MEMORY TEST	2000	2500
PSY14	RELAXATION TRAINING (5 SESSION)	2800	4400
PSY15	MARITAL THERAPY (5 SESSION)	3000	4000
PSY16	MARITAL INTERVENTION (PER SITTING)	600	1000
PSY17	FAMILY INTERVENTION (5 SESSION)	3500	4500
PSY18	COUNSELLING CHARGES (PSYCHOLOGIST)	800	1000
PSY19	COUNSELLING CHARGES (PSYCHIATRIC SOCIAL WORKER)	700	900

PSY20	ELECTRO CONVULSIVE THERAY (ECT) UNDER G.A.	5000	7600
PSY21	PENTOTHAL INTERVIEW	2500	4800
PSY 22	BIO FEEDBACK- SINGLE	1000	1500
PSY 23	BIO FEEDBACK –PACKAGE (5 SESSIONS)	4500	7000

PACKAGE CHARGES FOR PSYCHIATRY

Code	Service Name	General	Cubicle.	Semi Pvt.	Private	No. of days
ADAP	DE-ADDICTION (PER MONTH)	50000	60000	70000	90000	30

Note:

1. The Package includes Doctor's visit, Accommodation and Counseling by Psychologist. All other services will be charged extra.
2. The package will be non-refundable and payable before or at the time of admission.

RHEUMATOLOGY SERVICE CHARGES

I.	RHEUMATOLOGY SERVICES	General	Private
RHEU04	JOINT ASPIRATION	500	750
RHEU05	INTRA ARTICULAR INJECTION	600	800
RHEU06	LIP BIOPSY	1800	2700

ONCOLOGY SERVICE CHARGES

I.	ONCOLOGY SERVICES	General	Private
ONCO001	MONITORING CHARGES – LESS THAN ONE HOUR	260	410
ONCO002	- 1 HOUR TO 4 HOURS	680	1020
ONCO003	- 4 HOUR TO 12 HOURS	950	1430
ONCO004	- MORE THAN 12 HOURS	2020	3040
ONCO005	CHEMO PORT FLUSHING	260	410
ONCO006	INTRATHECAL METHOTREXATE	2000	3100
ONCO007	CHEMOTHERAPY	1300	2400

NEUROPHYSIOLOGY SERVICE CHARGES

I.	NEUROPHYSIOLOGY SERVICES	General	Private
NEPHY01	E.E.G	1300	2000
NEPHY02	NERVE CONDUCTION STUDY (NCV)	2000	3100
NEPHY03	NERVE CONDUCTION STUDY AND EMG	4000	6000
NEPHY04	VISUAL EVOKED RESPONSE	2000	3100
NEPHY05	BRAINSTEM AUDITORY EVOKED RESPONSE	2000	3100
NEPHY06	SOMATOSENSORY EVOKED RESPONSE	2000	3100
NEPHY07	NCS- LUMBOSACRAL	2000	3100
NEPHY08	E.M.G	2400	3650
NEPHY12	SHORT TERM VIDEO EEG	2300	3400

NEPHY13	LONG TERM VIDEO EEG	8800	13200
NEPHY15	FACIAL N.C. STUDY	2000	3100
NEPHY16	PORTABLE CHARGES IN ICU	650	1000
NEPHY17	REPETITIVE NERVE STIMULATION TEST(RNST)	2000	3100
NEPHY18	SLEEP DEPRIVED EEG	2000	3100
NEPHY19	BLINK REFLEX	1750	2650
NEPHY20	NEUROSOMNOGRAPHY	7250	10900
NEPHY21	SINGLE FIBRE EMG	2650	4050
NEPHY22	NCS CTS PROTOCOL	1750	2650
NEPHY23	LONG TERM BEDSIDE EEG	4950	7500
NEPHY24	SHORT TERM BEDSIDE EEG	2950	4400
NEPHY25	NCS BRACHIAL	2000	3100
NEPHY26	NCS RADIAL	2000	3100
NEPHY27	NCS ULNAR	2000	3100
NEPHY28	EVOKED POTENTIAL P300	1550	2400
NEPHY29	EXERCISE PROTOCOL- NCS	2000	3100
NEPHY30	SYMPATHETIC SKIN RESPONSE (SSR)	1100	1650
NEPHY31	SURFACE EMG	2000	3100
NEPHY32	TREMOR ANALYSIS	2000	3100
NEPHY33	MINI SPHENOIDAL EEG	2000	3100
NEPHY34	NCS TOS PROTOCOL	1750	2650
NEPHY35	DIAPHRAGMATIC CONDUCTION	1750	2650
NEPHY36	BOTOX INJ. UNDER EMG CONTROL	650	1000
NEPHY37	MUSCLE BIOPSY	1750	2650
NEPHY38	CTS INJ. STEROID	450	650
NEPHY39	BOTOX INJ. (WITHOUT EMG) – Procedure only	1000	1450
NEPHY40	MECHANICAL THROMBECTOMY	94950	126500
NEPHY41	THROMBOLYSIS (50)	48000	48000
NEPHY42	THROMBOLYSIS (70)	66000	66000
NEPHY43	TCD (TRANSCRANIAL DOPPLER) ROUTINE	5050	8800
NEPHY44	TCD SPECIAL PROTOCOLS-ADDL. COST	2500	3700
NEPHY45	TCD FOR SONOTHROMBOLYSIS	7600	11400
NEPHY46	PET CT SCAN- BRAIN (Decided by Doctor)		
NEPHY47	AUTO IMMUNO PANEL (Decided by Doctor)		
NEPHY48	NERVE BIOPSY	3750	5700
NEPHY49	BRAIN ANGIOGRAHY	25950	38600
NEPHY50	YOUNG STROKE	38600	63900
NEPHY51	SPINAL ANGIO	63250	95500
NEPHY52	INTRA ARTERIAL THROMBOLYSIS FOR STROKE/CVT	63250	126500
NEPHY53	INTRA ARTERIAL ANGIOPLASTY	94950	126500
NEPHY54	CAROTID STENTING	94950	126500
NEPHY55	ANEURYSM COILING	94950	126500
NEPHY56	AVM EMBOLIZATION CEREBRAL+SPINAL	94950	126500
NEPHY57	DAVF	94950	126500
NEPHY58	ISS SAMLING	94950	126500
NEPHY59	EMBOILIZATION OF VERTEBRAL BODY HEMANGIOMAS	94950	126500
NEPHY60	VERTEBROPLASTY	94950	126500
NEPHY61	I-A CHEMICAL ANGIOPLASTY	94950	126500
NEPHY62	THROMBOLOSIS TENECTOPLASE	33000	33000
NEPHY63	THROMBOLOSIS (20)	27000	27000
NEPHY64	3 TESLA MRI LUMBO-SACRAL SPINE WITH CONTRAST		
NEPHY65	MSLT	6600	6600
NEPHY66	TCD- VASOSPASM PROTOCOL (Per Day)	1000	1000

PAED23	CUP FEEDING CHARGES PER DAY	140	250
PAED24	TUBE FEEDING CHARGES PER DAY	200	260
PAED25	PHOTOTHERAPY SINGLE PHASE	260	700
PAED26	PHOTOTHERAPY DOUBLE PHASE	410	790
PAED27	NURSERY CARE IN INCUBATOR/WARMER WITH MONITOR	2300	4000
PAED28	BABY CARE IN MC POST OPERATIVE	700	1500

OPHTHALMOLOGY SERVICE CHARGES

I.	OPHTHALMOLOGY SERVICE CHARGES	General	Private
BUT1	BOTOX INJECTION PER UNIT	1080	1080
OPTHA04	FUNDUS EXAMINATION (INDIRECT OPHTHALMOSCOPY)	180	260
OPTHA61	DILATED FUNDUS/ REFRACTION	180	260
OPTHA09	ORTHOPTIC EXERCISES	450	680
OPTHA10	FIELD CHARTING WITH FIELD MACHINE- BOTH EYES	1030	1550
OPTHA11	INCISION OF ABSCESS	550	830
OPTHA12	CORNEAL F.B. REMOVAL	550	830
OPTHA13	CHALOZION EXCISION	1200	1500
OPTHA14	WART EXCISION	500	800
OPTHA15	APPLICATION OF THE LIMBAL RING	500	800
OPTHA16	CONJUNCTIVAL SUTURING	500	800
OPTHA17	ELECTROLYTIC EPLATION	500	800
OPTHA19	ROP SCREENING CHARGES	650	950
OPTHA20	FLUROSCENE ANGIOGRAPHY(LASER THERAPY)	2300	3400
OPTHA21	ARGON LASER PHOTOCOAGULATION	4400	6600
OPTHA22	YAG LASER CAPSULOTOMY	2100	3400
OPTHA23	YAG LASER IRODOTOMY	3520	5280
OPTHA24	CORNEA PROCESSING CHARGES PER CORNEA	3630	3630
OPTHA26	LASIK LASER TREATMENT –BOTH EYES	30000	30000
OPTHA27	COSTOMUVE LASIK LASER –BOTH EYES	35000	35000
OPTHA28	FIELD CHARTING WITH FIELD MACHINE ONE EYE	550	900
OPTHA30	LASIK LASER TREATMENT ONE EYE	20100	20100
OPTHA31	COSTOMUVE LASIK LASER ONE EYE	24100	24100
OPTHA44	VISION THERAPY SOFTWARE	10120	10120
OPTHA45	VISION THERAPY ACCESSORIES	1430	1430
OPTHA47	OCT RETINA AND MACULAR	2400	4100
OPTHA48	OCT GLAUCOMA	1800	3100
OPTHA49	OCTANTERIOR SEGMENT EXAMINATION	1300	2200
OPTHA52	I- LASIK STANDARD	85000	85000
OPTHA53	I- LASIK COSTOMIZED	92000	92000
OPTHA55	FUNDUS PHOTOGRAH	550	660

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	6700				01
ABFL	BASIC FOLDABLE LENS	10500				01
AHF	HYDROPHILIC FOLDABLE LENS	13500				01
PREMIUM IOL PACKAGES						
API	PHAKIC IOL	15500	17700	19800	22000	01
AHAL	HYDROPHILIC ACRYLIC LENS	20500	22700	24800	27000	01
AHYAL	HYDROPHOBIC ACRYLIC LENS	23500	25700	27800	30000	01

AHA	HYDROPHILIC ASPHERIC LENS	27500	29700	31800	34000	01
AHBA	HYDROPHOBIC ASPHERIC LENS	33000	35200	37300	39500	01
ADVANCED TECHNOLOGY LENSES						
AML	MICROINCISION LENS	52000	54200	56300	58500	01
ATL	TORIC LENS	42000	44200	46300	48500	01
AMI	MULTIFOCAL LENS	52000	54200	56300	58500	01
AMTL	MULTIFOCAL TORIC LENS	64500	66700	68800	71000	01
ATI	TRIFOCAL LENS	85500	87700	89800	92000	01
EXTENDED DEPTH OF FOCUS LENSES						
AEDF	INDIAN LENS	42000	44200	48400	50600	01
ADEFS	SYMPHONY LENS	70500	72700	79800	82000	01
AEDFST	SYMPHONY TORIC LENS	90500	92700	94800	97000	01

Note:

- In Hydrophobic Acrylic Package Rs. 2000/- to be charged extra for Preloaded Insertion.
- In Hydrophilic Aspheric Package Rs. 2000/- to be charged extra for Surface Modified and Rs.5000/- for Negative Aspheric Lens.
- Investigations to be charged extra.
- Surgical kit charges 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
ENT43	BERA	2500	2500
ENT44	VEMP	3000	3000
ENT45	E COCHG	3500	3500

PACKAGE CHARGES FOR ENT SURGERY

Code	Service Name	General	Cubicle	S Pvt. AC	PVT AC	Deluxe	No. of days
ENT SURGERIES							
ANME	NECK MASS EXCISION-LARGE	25000	29500	44500	62500	76500	07
OSA	OSA SURGERY	30000	36500	49000	72000	80000	07
LME	LARGE MASS EXCISION	25000	29500	44500	62500	76500	07
APG	PHARYNGOPLASTY	30000	36500	49000	72000	80000	07
AEF	EXTENDED FESS	32000	38300	54500	72700	81000	05
ADWC	DNE WITH CAUTERISATION	16700	20100	32800	55800	67300	05
ASPA	SUP- PAROTIDECTOMY	32800	40000	53500	79400	89700	05
AMTDTM	MASTOIDECTOMY	23000	26400	43700	66700	78200	04
ASMGE	SUBMANDIBULAR GLAND EXCISION	23000	27800	38000	54300	63200	04
ANBFS	NASEL BONE FRACTURE SIMPLE	17300	19000	28700	43700	52900	04
ANBFC	NASEL BONE FRACTURE COMPOUND	23000	28700	47100	69000	79400	04
AADNTM	ADENOTONSILLECTOMY	21900	24100	32200	42600	50600	03
ASPLT	SEPTOPLASTY	16100	18400	26400	36800	44300	03
AMLS	MICRO LARYNGEAL SURGERY	18400	21900	35700	52900	62100	03
AFESS	FESS MINOR	19000	25000	44000	67000	77000	03
AFESSM	FESS MAJOR	24000	30000	50000	73000	83000	03
ACAL	CALDWELL- LUC	15500	18300	24800	35100	40300	03
AADTM	ADENOIDECTOMY	13800	14900	19600	26400	31600	02
ADLS	D/L SCOPY	14900	16700	23600	33900	39700	02

AOSPH	OESOPHAGOSCOPY	13200	15500	27000	39700	46000	02
ANMAE	NASEL MASS EXCISION	14400	16700	22400	30700	34500	02
AAPNP	ANTERIOR & POSTERIOR NASAL PACKING IN OT	9200	11000	14400	21000	24700	02
APASE	PRE AURICULAR SINUS EXCISION	14000	16500	22300	31000	34500	02
ATON	TONSILLECTOMY	16100	19000	26400	34500	40300	02
APASEB	PRE AURICULAR SINUS EXCISION-BILATERAL	21000	24750	33450	46500	51750	02
AEM	EXCISION MASS	10000	11800	15600	21600	23500	02
ATMPT	TYMPANOPLASTY	16100	19600	32200	55200	63200	02
AMGBG	MYRINGOTOMY+ GROMMET BILATERAL UNDER GA	16100	17000	21300	27300	34200	01
AMGU	MYRINGOTOMY+ GROMMET UNILATERAL GA	11500	12100	14900	19000	23600	01
AFB	FESS BIOPSY	10400	11800	15100	20500	22400	01
AESMUG	EXCISION SMALL MASS UNDER GA	6000	7800	8800	12000	14500	01
ASBUG	SMALL BIOPSY UNDER GA	6900	7800	10100	13800	16700	01
ASFNWL	SUTURING FACIAL/ NECK WOUND SMALL	11500	12600	15100	19300	21900	01
ASFNW	SUTURING FACIAL/ NECK WOUND LARGE	16100	18200	22500	29400	31600	01
ARLT	REPAIR OF LASERATED TONGUE	9200	11000	14100	20700	23000	01
ACSM	COBLATION SURGERY-MINOR	11500	13600	17900	24800	27000	01
ACSMJ	COBLATION SURGERY- MAJOR	17300	21600	30600	38600	39700	01
ENT DAY CARE SURGERY							
ATRAC	TRACHEOSTOMY	9200	11500	14900	19600	21900	-
ATC	TRACHEOSTOMY CLOSURE	8000	10400	14900	19600	21900	-
AMGULA	MYRINGOTOMY+GROMMET UNILATERAL LA	5800	6900	11500	23000	26400	-
ATTR	TOUNG TIE RELEASE	4600	5800	9800	17300	19600	-
AFBEN	FOREIGN BODY EAR/NOSE	4600	5800	9800	17300	19600	-
AMGBL	MYRINGOTOMY+GROMMET BILATERAL UNDER LA	8600	10400	17300	34500	39700	-
ACAP	COBLATION ASSISTED PHARYNGOPLASTY	30000	30000	30000	30000	30000	-
ACAITR	COBLATION ASSISTED INFERIOR TURBINATE REDUCTION SURGERY	27500	27500	27500	27500	27500	-
CATBS	COBLATION ASSISTED TONGUE BASE SURGERY	30000	30000	30000	30000	30000	-
ASLEND	SLEEP ENDOSCOPY PROCEDURE	5000	5000	7000	7000	7000	-

AFES	FLEXIBLE ENT SCOPY UNDER SEDATION	5000	5000	7000	7000	7000	
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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	1050	1350
DENT06	GLASS IONOMER	650	850
DENT07	RCT ANTERIORS(ENDODONTICS)	2500	3450
DENT07A	RCT ANTERIOR 1 st SITTING	1300	1650
DENT08	RCT POSTERIOR (ENDODONTICS)	3200	4600
DENT08A	RCT POSTERIOR 1 st SITTING	2000	2800
DENT10	APICAL CURETTAGE (ENDODONTICS)	3200	4200
DENT11	ORATEKE AND LUCITONE-COMPLETE DENTURES	15750	23100
DENT12	ACRYLIC & PREMA DENTURES-COMPLETE DENTURES	11750	15450
DENT13	RELINING COMPLETE DENTURES (PROSTHETICS)	1600	2100
DENT14	DENTURE REPAIR (PROSTHETICS)	1250	2000
DENT15	SINGLE TOOTH PARTIAL DENTURES (ACRYLIC)	2100	3050
DENT16	EACH ADDITIONAL TOOTH-PARTIAL DENTURE	400	750
DENT17	CAST PARTIAL DENTURE	13650	17350
DENT18	JACKET CROWN (ACRYLIC PER UNIT)	2200	2650
DENT19	CROWN (CHROME COBALT PER UNIT) WITHOUT FACING	2650	3700
DENT21	CROWN (CHROME COBALT PER UNIT) PORCELAIN FACING	4200	5250
DENT21A	PORCELAIN FUSED TO METAL CAD-CAM CROWN-15 YRS Warranty	5250	6850
DENT22	DOWEL CROWN (ACRYLIC PER UNIT)	2650	3150
DENT23	POST AND CORE	6300	8950
DENT24	OBTURATOR FOR CLEFT PALATE	6300	8950
DENT25	COST OF APPLIANCES(ORTHODONTICS)	5250	6850
DENT26	COST OF EACH VISIT FOR ADJUSTMENT (ORTHODONTICS)	650	850
DENT27	EACH BREAKAGE/LOSS (ORTHODONTICS)	300	400
DENT30	COST OF FIXED APPLIANCE METAL BRACES	26250	29400
DENT30A	COST OF METAL BRACES PART PAYMENT- 1 st INSTALLMENT	18600	18600
DENT30B	COST OF METAL BRACES PART PAYMENT- 2 nd INSTALLMENT	6200	9250
DENT30C	COST OF METAL BRACES PART PAYMENT- 3 rd INSTALLMENT	6200	9250
DENT31	COST OF EACH VISIT FOR ADJUSTMENT (FIXED ORTH.)	1350	2300
DENT32	EACH BREAKAGE/LOSS OF BAND (FIXED ORTHODONTICS)	1250	1450
DENT33	EXTRA ORAL APPLIANCE HEAD GEAR (KLOEN S TYPE)	2400	3150
DENT34	SCALING AND POLISHING OR TEETH (I)	1050	1250
DENT35	SCALING AND POLISHING OF TEETH (II)	1500	2000
DENT36	SCALING AND POLISHING OF TEETH (III)	2000	2500
DENT39	GINGIVECTOMY – PER QUADRANT	4750	5800
DENT41	FRENECTOMY	2100	2400
DENT43	SPACE MAINTAINER FUNCTIONAL (PER UNIT)	400	750
DENT44	SPACE MAINTAINER NON FUNCTIONAL	1500	1800
DENT45	EXTRACTION PER TOOTH	400	750
DENT46	EXTRACTION ALL TEETH IN A JAW	2200	3350
DENT47A	3 rd MOLAR DISIMPACTION- CATEGORY A	3200	4200
DENT47B	3 rd MOLAR DISIMPACTION- CATEGORY B	4400	5800

DENT47C	3 rd MOLAR DISIMPACTION- CATEGORY C	6300	9000
DENT49	TOOTH REPLANTATION	1900	2400
DENT50	ALVEOLECTOMY (PER QUADRANT)	1900	2400
DENT52	ABCESS INCISION (PER TOOTH)	650	750
DENT53A	GROWTH REMOVAL LESS THAN 1cmx1cm IN SIZE	2000	2500
DENT53B	GROWTH REMOVAL MORE THAN 1cmx1cm IN SIZE	3700	6000
DENT54	BIOPSY (DENTAL)	2000	2500
DENT57	FLAP OPERATION (PER QUADRANT)	5600	7400
DENT58	FIXATION OF FRACTURED JAW – I.M.F	12500	18000
DENT59	IMPRESSIONS FOR STUDY MODELS	400	400
DENT60	COST OF APPLIANCE (FIXED, ORTHODONTICS SINGLE)	13700	14700
DENT61	COST OF EACH VISIT FOR ADJUSTMENT SINGLE	750	1250
DENT62	COST OF APPLIANCE (FIXED, ORTHODONTICS SEGM.)	5000	7000
DENT63	DENTAL X-RAY	200	300
DENT64	ORATEKE AND LUCITONE DENTURE ONE JAW	7900	11550
DENT65	ACRYLIC & PREMA DENTURES ONE JAW	5800	7350
DENT67	RCT (PREMOLARS)	2950	3500
DENT67A	RCT PREMOLAR – 1 st SITTING	1800	1900
DENT69	BLEACHING OF SINGLE TEETH	2200	3050
DENT69A	BLEACHING PER ARCH	5000	7500
DENT70	BLEACHING OF TEETH (LOWER QUADRANT)	10000	11150
DENT71	FLEXIBLE PARTIAL DENTURE FOR SINGLE TOOTH	9500	13700
DENT72	ALL CERAMIC CROWN (5 Years Warranty)	9500	11250
DENT72A	ALL CERAMIC CROWN (12 Years Warranty)	11000	12500
DENT72B	MONOLITH CROWN	7500	9500
DENT73	FLEXIBLE FULL DENTURE	27300	33900
DENT74	I & D OF FACIAL ABCESS	6850	9450
DENT75	SEALANT FOR CARIES PREVENTION	550	850
DENT76	RCT OF PRIMARY TEETH	1250	2000
DENT77	TEMPORARY FILLING	300	400
DENT78	TWIN BLOCK APPLIANCE	7350	9250
DENT81	FLOURIDE APPLICATION (PEDODONTICS) PER ARCH	2000	3200
DENT82	ESTHETIC COMPOSITE	2000	3200
DENT84	REPEAT ENDODONTICS	4200	5600
DENT85	COMPOSITE SPLINTING FOR LUXATED TEETH PER ARCH	3500	4200
DENT86	OCCLUSAL X- RAY	650	850
DENT87	3 rd MOLAR EXTRACTION (SIMPLE)	1100	1250
DENT88	ROTARY ENDO- ANTERIOR	3700	4300
DENT89	ROTARY ENDO- POSTERIOR	4300	5000
DENT90	AUTOGENOUS GRAFT FOR AUGMENTATION	10500	12600
DENT91	MTA APPLICATION	1250	1500
DENT93	ARTHROCENTESIS	4200	5250
DENT94	INTRA ARTICULAR INJECTION (DENTAL)	1250	1900
DENT96	ORTHOGNATHIC SURGERY PLANNING	3700	5000
DENT97	DEPIGMENTATION OF GINGIVA	2400	3700
DENT98A	PACKAGE FOR IMPLANT (ALFABIO) – WITHOUT CROWN	27500	30000
DENT98B	PACKAGE FOR IMPLANT (BIOHORIZON) – WITHOUT CROWN	31500	33500
DENT98C	PACKAGE FOR ALFABIO (BASIC) IMPLANT	23000	26500
DENT99	PEDO CROWN	1500	1900
DENT100	MICRO IMPLANT (FOR ORTHODONTIC PURPOSE)	3700	4600
DENT101	CERAMIC FIXED APPL.	31500	36800
DENT102	BONE GRAFT	5000	6300
DENT103	SUTURE-SILK	300	400
DENT104	SUTURE- NYLON	650	750
DENT105	SUTURE- VICRYL	650	750
DENT106	NANCE PALATAL ARCH	2500	3500
DENT107	COMPLICATED EXTRACTION (Surgical)	2500	3500
DENT108	MIRACLE MIX RESTORATION	400	750
DENT109	GLASS IONOMER FILLING TYPE- 2	300	400

DENT110	KETAC MOLAR RESTORATION (HIGH STRENGTH GIC)	950	1350
DENT111	RCT SUBSEQUENT SITTING	600	900
DENT112	EXTRACTION OF TEETH PER QUADRANT	2400	3700
DENT113	INCISIONAL BIOPSY	1900	2400
DENT114	SUBGINGIVAL CURETTAGE & ROOT PLANNING (PER QUADRANT)	2400	3700
DENT115	OPEN REDUCTION OF FRACTURED JAW UNDER L.A (Plate Fixation)	18600	23100
DENT116	SCALING & POLISHING PER QUADRANT	650	950
DENT122	COST OF FIXED RETAINER PER ARCH	3700	5600
DENT123	NIGHT GUARD	5000	7500
DENT124	CYST ENUCLEATION UP TO 2 cm	6300	9000
DENT125	CYST ENUCLEATION MORE THAN 2 cm	10000	14700
DENT126	CANINE EXPOSURE FOR ORTHODONTIC TREATMENT	2700	3700
DENT127	TMJ OCCLUSAL SPLINT	4000	4500
DENT128	DRESSING SMALL	200	300
DENT129	DRESSING LARGE	300	550
DENT130	IODIFORM DRESSING	650	850
DENT131	METAPEX RCT DRESSING	300	550

PACKAGE CHARGES FOR DENTAL SURGERY

Code	Service Name	General	Cubicle	S Pvt. AC	PVT AC	Deluxe	No. of days
DENTAL SURGERIES							
ADTF	DENTAL TREATMENT UNDER GA FILLINGS ONLY	8800	8800	12100	12100	12100	OPD
ADTFO	DENTAL TREATMENT UNDER GA UP TO 4 TEETH	15400	18200	21000	25400	28700	01
ADTS	DENTAL TREATMENT UNDER GA UP TO 6 TEETH	18800	23200	28700	33100	36400	01
ADTE	DENTAL TREATMENT UNDER GA UP TO 8 TEETH	21000	25400	32600	38600	41900	01
ADTT	DENTAL TREATMENT UNDER GA UP TO 10 TEETH	27600	32000	40800	47500	50700	01
ADTMT	DENTAL TREATMENT UNDER GA MORE THAN 10 TEETH	35300	39700	47500	55100	57300	01

Note: a. Pharmacy and Lab Investigations to be charged extra.

MATERNITY SERVICE CHARGES

I.	MATERNITY CHARGES	General.	Private
MAT01	COLPOSCOPY	1000	1550
MAT03	END. BIOPSY	1500	2000
MAT04	END. ASPIRATION	500	700
MAT05	CERVICAL CAUTERISATION (ELECTRICAL)	500	800
MAT06	Cx PUNCH BIOPSY	450	650
MAT07	VAGINAL VULVAL/PUNCH BIOPSY	450	650
MAT11	CARDIO TOCOGRAPH (CTG)	400	700
MAT13	CRYO CAUTERY Cx	1000	1550
MAT15	VASECTOMY	2800	2800
MAT18	HEGARS TEST	900	1400
MAT19	AFI	450	650
MAT20	AFI + NST	1450	2200
MAT23	UNBOOKED DELIVERY CASES (EXTRA CHARGES)	2600	4000

MAT26	ECLAMPSIA PATIENTS CHARGES		1000	1000
MAT38	DISPOSABLE DELIVERY KIT		1500	1500
MAT39	ECV		1300	1850
MAT40	NST		800	1200
MAT42	IUD INSERTION		650	1000
MAT43	PROCEDURE CHARGES FOR MINOR SURGERIES (I A)		4700	7100
MAT44	PROCEDURE CHARGES FOR MINOR SURGERIES (I B)		5600	8500
MAT63	MEDICAL MANAGEMENT OF ABORTION- WARD/OBG CASUALTY		3800	6500
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)		8800	15200

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	4300	4400	4700	5150	5500	5850
ANA20	EPIDURAL ANALGESIA FOR FAILED PAINLESS DELIVERY	1550	1650	1950	2300	2650	3100

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	1650	2650
IVF03	CVS(CHORIONIC VILLUS SAMPLING)	3950	6150
IVF04	AMNIOCENTESIS	1650	2650
IVF05	CORDOCENTESIS	3950	7250
IVF06	FOETOSCOPY	3950	7250
IVF07	FOLLICULAR STUDY	1950	3100
IVF09	MALE INFERTILITY SCAN	1750	2650
IVF10	SEMEN ANALYSIS	800	1250
IVF11	IUI (INTRA UTERINE INSEMINATION)	4750	6800
IVF15	FOETAL SCAN ROUTINE	1000	1450
IVF17	BIOPHYSICAL PROFILE	1650	2200
IVF18	FOETAL DOPPLER	1100	1850

IVF19	FOETAL ECHO	1450	2650
IVF20	OBSTETRIC DOPPLER & BIOPHYSICAL PROFILE	2200	3300
IVF21	LEVEL II SCAN FOR FOETAL ANOMALIES	2750	3300
IVF22	Cx SCORE	350	750
IVF23	FOETAL BIOPSY	3950	7250
IVF25	FOETAL SCAN ROUTINE & FOETAL ECHO	2000	3500
IVF26	FOETAL SCAN ROUTINE & FOETAL DOPPLER	2000	3500
IVF27	FOETAL SCAN ROUTINE & BIOPHYSICAL SCORE	2000	3500
IVF28	CYST ASPITATION – TVS	4200	6000
IVF29	SPERM FUNCTION	1000	1200
IVF30	FOETAL INTERVENTIONAL	4500	7250
IVF32	FOETAL SCAN ROUTINE + DOPPLER + ECHO	2400	4050
IVF33	SONO HYSTEROSALPINGOGRAM	1450	2200
IVF34	SPERM WASH	2200	3400
IVF36	ART 1 st INSTALLMENT AT THE TIME OF REGISTRATION	5500	5500
IVF35	ART 2 nd INSTALLMENT AT THE TIME OF OOCYTE RETRIEVAL	75000	88000
IVF37	SPERM FREEZING-INITIAL CHARGE	5400	6000
IVF38	OOCYTE/EMBRYO FREEZING – INITIAL CHARGE	20000	24000
IVF40	PESA/TESA/MESA ETC	4800	6000
IVF44	AFI	450	650
IVF45	AFI + NST	1450	2200
IVF46	ECV	1300	1850
IVF59	OBSTETRIC ULTRASOUND 1 st VISIT	1000	1400
IVF60	OBSTETRIC ULTRASOUND FOLLOW UP	750	1300
IVF61	GYNAE ULTRASOUND (PELVIC SCAN)	1000	1400
IVF62	HSG (HYSTEROSALINOGRAM)	1450	2200
IVF64	TRANSVAGINAL SCAN	1000	1500
IVF65	FOETAL THERAPY	4500	7250
IVF66	QUICK LOOK ULTRASOUND	300	400
IVF67	END. BIOPSY	1500	2000
IVF68	TESTICULAR BIOPSY	4800	6000
IVF74	CRYO PRESERVATION OF EMBRYO/SPERM- 4 ½ YEARS	26000	32000
IVF75	CRYO PRESERVATION OF EMBRYO/SPERM- TWO YEARS	13000	15500
IVF76	COLPOSCOPY CX BIOPSY	1000	1550
IVF77	END ASPIRATION	500	700
IVF78	CX POLYPECTOMY/PUNCH BIOPSY	450	650
IVF79	VAGINAL/VULVAL PUNCH BIOPSY	450	650
IVF80	CRYOCAUTERY CX	1000	1550
IVF81	IUD INSERTION/REMOVAL	650	1000
IVF82	FROZEN EMBRYO TRANSFER (FET) 1 st INSTALMENT	2000	2000
IVF83	FROZEN EMBRYO TRANSFER (FET) 2 nd INSTALMENT	24000	31000
IVF84	PICSI CHARGES	7000	7000
IVF85	SPERM DNA FRAGMENTATION	11000	11000
ADH	DIAGNOSTIC HYSTEROSCOPY (OPD PACKAGE)	8800	15200

PACKAGE CHARGES FOR OBSTETRICS & GYNAECOLOGY

Code	Service Name	General	Cubicle	S. Pvt. AC	PVT AC	Deluxe	No. of days
LAPAROSCOPIC SURGERIES IN OBS & GYNAE DEPARTMENT:							
ALOC	LAPAROSCOPIC OVARIAN CYSTECTOMY	36300	45100	70400	84700	106700	03
ALAVH	LAPAROSCOPICALLY ASST. VAGINAL HYSTERECTOMY	49500	59400	85000	101200	124900	05

ADLH	DIAGNOSTIC LAPAROSCOPY WITH HYSTEROSCOPY	30000	35000	52000	60700	68200	02
ATLH	TOTAL LAPAROSCOPIC HYS-TERECTOMY	51800	63300	90000	108900	132600	05
ALMEP	LAPAROSCOPIC MANAGEMENT OF ECTOPIC PREGNANCY	35000	43000	61000	76000	98000	03
ALM	LAPAROSCOPIC MYOMECEYOMY	46200	55000	82000	95000	125400	05
ALOCY	LAPAROSCOPIC OVARIAN CYS-TECTOMY WITH HYS-TEROSCOPY	38500	46000	72000	92400	115000	03
ALODH	LAPAROSCOPIC OVARIAN DRILLING WITH HYSTEROSCOPY	36300	45100	70400	84700	106700	03
ADL	DIAGNOSTIC LAPAROSCOY	19000	22800	27200	31600	35400	02
ALSR	LAAROHYSTEROSCOPY + SEP-TAL RESECTION	36300	45100	70400	84700	106700	03
AHSR	HYSTEROSCOPIC SEPTAL RE-SECTION	15000	15000	25000	25000	25000	OPD

Note:

- a. Pharmacy to be charged extra.
- b. Any Lab test done will be charged extra.
- c. Any service provided beyond the package days will be extra.
- 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.

MINOR OT PROCEDURE CHARGES

I.	MINOR OT PROCEDURES	General	Private
MOT001	I & D	800	1200
MOT002	SUTURING	600	900
MOT003	INTERCOSTAL DRAINAGE	1550	2350
MOT004	CHEST TUBE INSERTION	1550	2350
MOT005	NASAL PACKING	1000	1500
MOT006	REMOVAL OF FOREIGN BODY-NASAL/EAR	550	850
MOT008	URETHRAL DILATATION	550	850
MOT009	CYSTOSCOPY	1300	1950
MOT010	DJ STENT REMOVAL	2150	3250
MOT012	SUPRA-PUBIC CYSTOSTOMY	2150	3250
MOT013	CLOSED REDUCTION IN DISLOCATION ELB.	2150	3250
MOT014	CLOSED REDUCTION + POP LEG	1300	1950
MOT015	CLOSED REDUCTION + POP H	2150	3250
MOT017	K WIRE FIXATION	550	850
MOT018	NAIL REMOVAL	2150	3250
MOT019	EAR LOBE REPAIR	1300	1950
MOT020	EXCISION OF CYST	650	950
MOT021	POP CHARGES	400	600
MOT022	SUTURE REMOVAL	550	850
MOT023	BLADDER IRRIGATION	500	750
MOT024	B C G INSTALLATION	500	750
MOT025	DORSAL SLIT	2150	3250
MOT026	KNEE ASPIRATION	1000	1500

MOT027	MINOR AMPUTATION	500	750
MOT028	CARDIAC MONITORING	750	750
MOT029	OXYGEN THERAPY (per hour)	150	250
MOT030	BLOOD GAS ANALYSER WITH ELECTROLYTE	550	750
MOT031	MORTURY SHEETS	350	350
MOT032	AIRWAY	150	250
MOT033	S P C	1800	2700
MOT035	RANDOM BLOOD SUGAR	150	200
MOT037	BLOOD KETONE	400	550
MOT038	CASUALTY MINOR PROCEDURE A	200	300
MOT039	CASUALTY MINOR PROCEDURE B	650	1000
MOT040	REMOVAL OF FOREIGN BODY- HAND/ FOOT	700	1050
MOT041	N/G TUBE INSERTION	200	250
MOT042	N G TUBE REMOVAL	50	100
MOT043	CATHETER REMOVAL	50	100
MOT044	DAY CARE FOR ADMISSION OF MEDICATION REQUIRED UP TO 3 HRS OF STAY	700	1000
MOT045	TROPONIN I (QUANTATIVE TRIAGE 3 rd GEN.)	1100	1100
MOT046	TRACHEOSTOMY TUBE REINSERTION	600	900

PAIN CLINIC CHARGES

I.	PAIN CLINIC	General	Private
ANA08	NERVE BLOCKS FOR CHRONIC PAIN	2600	3400
ANA16	COELIAC PLEXUS BLOCK	3600	4100
ANA17	SCAR/LOCAL INFILTRATION	1800	2300
ANA18	FLUROSCOPY	900	1000
ANA23	RADIO FREQUENCY ABLATION UP TO 3 FACET JOINTS/ SINGLE NERVE ROOT	20400	27100
ANA24	SYMPATHECTOMY/ COELIAC PLEXUS	5500	8300
ANA25	EPIDURAL FACET JOINT/ MEDIAL BRANCH BLOCKS	5500	8300
ANA26	CAUDAL EPIDURAL	3600	5500
ANA27	TRANSORAMINAL NERVE ROOT BLOCK	5500	8300
ANA28	GENICULAR NERVE BLOCK	3600	5500
ANA29	SACROILIACS JOINT/PYRIFORMIS	2300	3400
ANA30	INTERCOSTAL NERVE BLOCK	2300	3400
ANA31	GANGLION IMPAR BLOCK COCCYDYNIA	3600	5500
ANA32	NEUROLYTIC PROCEDURES OR VARIOUS CANCER	2300	3400
ANA33	CERVICAL EPIDURAL	5500	8300
ANA34	INTRATHECAL BACLOFEN/BACLOFEN MUSCULAR INJECTIONS	3600	5500
ANA35	INTRATHECAL PUMP REFIL/INFUSION PUMP	1400	2000
ANA36	MORPHINE/FENTANYL/OPIOID TRIAL	900	1300
ANA37	FLUOROSCOPIC EXAMINATIONS	500	700
ANA38	TRIGGER POINT INJECTIONS	900	1300
ANA39	LUMBAR CHAIN SYMPATHECTOMY	19300	32500
PAC	PRE ANAESTHESIA CHECKUP	450	900

Extra Charges:

- a) Pharmacy
- b) Disposables

OXYGEN CHARGES

I.	OXYGEN	General	Private
OXY01	OXYGEN CHARGES PER HOUR ADULT	180	180
OXY02	OXYGEN CHARGES PER HOUR PAED.	170	170
OXY03	OXYGEN CHARGES PER DAY PAED.	1050	1050
OXY04	OXYGEN CHARGES PER DAY ADULT	1700	1700
OXY05	OXYGEN CHARGES PER HR. IN ICU ADULT	180	180
OXY06	OXYGEN CHARGES PER DAY ICU	1700	1700
OXY07	OXYGEN CHARGES PER HR IN ICU PAED	170	170
OXY08	OXYGEN CHARGES PER DAY IN ICU PAED	1500	1500

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	850	1300	1500	2000	2300
OPER1A	OPERATION CATEGORY 1A	1000	1450	1700	2100	2600
OPER1B	OPERATION CATEGORY 1B	1500	2050	2400	3000	3600
OPER2	OPERATION CATEGORY 2	3800	6450	7600	9500	11400
OPER3A	OPERATION CATEGORY 3A	5500	9250	10900	13600	16400
OPER3B	OPERATION CATEGORY 3B	6500	10950	12900	16100	19400
OPER4A	OPERATION CATEGORY 4A	8400	14300	16800	21000	25200
OPER4B	OPERATION CATEGORY 4B	12200	20750	24400	30500	36600
OPER5	OPERATION CATEGORY 5	13500	22850	26900	33600	40400
OPER6	OPERATION CATEGORY 6	14900	25350	29800	37300	44700
OPER 7	OPERATION CATEGORY 7	16300	27700	32600	40800	48900
OPER 8	OPERATION CATEGORY 8	18400	31300	36800	46000	55200
II.	THEATRE/LABOUR ROOM CHARGES	General	Cubicle	S. Pvt.	Private	Special/ Deluxe
OT1	OT CATEGORY 1	290	650	850	1100	1250
OT1A	OT CATEGORY 1A	340	730	970	1170	1420
OT1B	OT CATEGORY 1B	770	1030	1400	1700	2000
OT2	OT CATEGORY 2	1240	3230	4550	5500	6450
OT3A	OT CATEGORY 3A	1800	4630	5650	7000	8400
OT3B	OT CATEGORY 3B	1950	5480	6550	8150	9800
OT4A	OT CATEGORY 4A	2520	7150	9100	11200	13300
OT4B	OT CATEGORY 4B	3660	10380	12200	15250	18300
OT5	OT CATEGORY 5	4090	11430	13450	16800	20200
OT6	OT CATEGORY 6	4820	12680	15500	19250	22950
OTC001	THEATRE ADDITIONAL CHARGES	520	690	900	1210	1540
III.	ANAESTHESIA CHARGES	General	Cubicle	S. Pvt.	Private	Special/ Deluxe
ANA1	ANAESTHESIA CATEGORY 1	130	390	450	600	690
ANA1A	ANAESTHESIA CATEGORY 1A	150	440	510	630	780
ANA1B	ANAESTHESIA CATEGORY 1B	230	620	720	900	1080
ANA2	ANAESTHESIA CATEGORY 2	570	1940	2280	2850	3420
ANA3A	ANAESTHESIA CATEGORY 3A	830	2780	3270	4080	4920
ANA3B	ANAESTHESIA CATEGORY 3B	980	3290	3870	4830	5820
ANA4A	ANAESTHESIA CATEGORY 4A	1260	4290	5040	6300	7560
ANA4B	ANAESTHESIA CATEGORY 4B	1830	6230	7320	9150	10980
ANA5	ANAESTHESIA CATEGORY 5	2030	6860	8070	10080	12120
ANA6	ANAESTHESIA CATEGORY 6	2240	7610	8940	11190	13410
ANA07	IV SEDATION	840	950	1260	1580	1840

Note:

1. For Emergency Surgery the next higher category rate will be charged from Category 3A to Category 7. For Category 8, an additional 20% will be charged extra.

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:

1. Operation Fee: Full fee for the main operation plus 50% of the fee for other Operation.
2. 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 Two hours Rs.5950/-
Each subsequent half hour Rs.1750/-
b. If the procedure is converted to open then Rs.1750/- to be charged extra.

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

- Up to half an hour Rs.1150/-
- Half an hour to one and half hour Rs.1800/-
- Each subsequent hour Rs.770/-

Code		General	Private
AGD001	Anaesthesia for Minor Procedures	1050	1050
	Spinal	770	1650
	Epidural/Brachial Block	940	1980
	Combined Spinal/Epidural CSE	1320	2640
	Any other block	700	1200
PAC	PAC Charges	450	900

PACKAGE CHARGES FOR GENERAL SURGERY

Code	Service Name	General	Cubicle	S Pvt. AC	PVT AC	Deluxe	No. of days
GENERALSURGERY/UROLOGY/PAEDIATRIC SURGERY:							
ALC	LAPAROSCOPIC CHOLECYSTECTOMY	23500	34000	51600	63300	69300	04
APCNB	P C N L BILATERAL	47900	59800	93000	112800	132000	04
APCNL	P.C.N.L.	37200	46500	69100	85000	99000	03
ATURP	TRANSURETHRA RESECTION OF PROSTATE (T.U.R.P)	29800	37200	55800	73200	82500	03
AURSD	URS + DJ STENTING	29300	38800	60000	80300	90500	03
AURSB	URS + DJ STENTING BILATERAL	37800	50500	73200	92400	96300	03
AURS	UNILATERAL RIRS (FOR STONES LESS THAN 15mm)	49500	60500	74800	93500	110000	03
AHPW	HOLEP (FOR PROSTATE LESS THAN 100gm.)	49500	60500	74800	93500	110000	03
ARPS	RIRS FOR POST DJ STENTING	38500	48400	57200	71500	82500	03

ADSF	DJ STENTING FOR FAILED RIRS	16500	19800	30800	44000	49500	01
APSB	HERNIOTOMY BILATERAL	15400	22400	33100	39400	40900	01
APSB0	ORCHIOPEXY BILATERAL	16500	22600	32800	38700	40200	01
AHU	HERNIOTOMY-UNILATERAL	11900	18300	28100	35000	36600	01
AOU	ORCHIDOPEXY-UNILATERAL	14900	21600	32100	39300	40900	01
ACIR	CIRCUMCISION	9600	15000	22800	28900	30500	01
AUHR	UMBILICAL HERNIA REPAIR	11900	18300	28100	35000	36600	01
ARKS	RE-LOOK SURGERY FOR KID-NEY STONE	11400	15300	22200	27800	31900	--

Note:

- a. Pharmacy and Lab Investigations to be charged extra.
- b. Any Service provided beyond the package days shall be charged extra.
- c. 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.
- d. 10% of the package amount shall be charged extra in case of Emergency surgery.
- e. Laparoscope charges for laparoscopic Cholecystectomy
 - i. If duration exceeds 1½ hrs, Rs. 1600/- will be charged extra for every additional ½ hour.
 - ii. 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 | 170 |
| 2. Other Certificates | 170 |
| 3. Birth Time Certificate - up to 5 Yrs | 200 |
| - above 5 Yrs | 500 |
| 4. Correction of letters | 90 |
| 5. Duplicate Bills or Receipts (per Bill) - 5% of the Bill Amount (Minimum of Rs.10/- and Maximum of Rs.50/-) | |

II. Documentation Charges for TPA- Rs.500

III. Room Booking charges - Rs.650/-

IV. Mortuary charges: Any inpatient has expired in Hospital - Rs.350/- per day.

Dead Bodies brought from outside - Rs.3000/- per day.

