

ST. STEPHEN'S HOSPITAL
TIS HAZARI, DELHI - 110 054
SCHEDULE OF CHARGES W.E.F 01-04-2024
I N D E X

SL. No.	Services Description	Page No.
1	O.P.D. SERVICES :	
	- REGISTRATION	4
	- CLINICS	4
	- COMPREHENSIVE CHECK UP.....	4
2	ADMISSION FEE	5
3	ACCOMMODATION CHARGES	5
4	ICU, CCU	5
5	CONSULTATION CHARGES	5
6	THERAPEUTIC DIET SERVICES	6
7	PROCEDURE & DRESSING - DRESSING, INJECTION etc...	6
8	LABORATORY SERVICES	
	- HAEMATOLOGY	8
	- MICROBIOLOGY	8
	- SEROLOGY	9
	- BLOOD BANK	9
	- BIOCHEMISTRY	9
	- CLINICAL PATHOLOGY	11
	- IMMUNO ASSAY	11
	- HISTOPATHOLOGY & CYTOLOGY	12
9	RADIOLOGY SERVICES	
	- X-RAY	12
	- CT SCAN.....	13
	- ULTRASOUND.....	14
	- MRI.....	15
	- INTERVENTIONAL RADIOLOGY.....	16
10	PHYSIOTHERAPY SERVICES	18
11	ARTIFICIAL LIMB CENTRE SERVICES	19
12	CARDIOLOGY SERVICES	22
13	PACKAGE CHARGES FOR C T S	24
14	ENDOCRINOLOGY SERVICES	24
15	GASTROENTROLOGY SERVICES	24
16	DERMATOLOGY SERVICES	25
17	RESPIRATORY MEDICINE SERVICES	27
18	PSYCHIATRIC SERVICES	28
19	RHEUMATOLOGY SERVICES.....	29
20	ONCOLOGY SERVICES	29
21	NEUROLOGY SERVICES	29
22	NEPHROLOGY SERVICES	30
23	PEADIATRIC SERVICES	31
24	OPHTHALMOLOGY SERVICES.....	31
25	E.N.T. & AUDIOLOGY SERVICES.....	33
26	PACKAGE CHARGES FOR ENT SURGERY.....	34
27	DENTAL & FACIOMAXILLARY SURGERY SERVICES	36
28	MATERNITY SERVICES	40
29	REPRODUCTIVE AND FOETAL MEDICINE UNIT (RFM UNIT)	41
30	MINOR OT PROCEDURES	43
31	PAIN CLINIC & ANAESTHESIA CHARGES	44
32	OXYGEN CHARGES	44
33	OPERATION CHARGES	45
34	IN PATIENT PACKAGE CHARGES FOR GENERAL SURGERY	46
35	MISCELLANEOUS CHARGES - CERTIFICATE FEES	48
	- MORTUARY CHARGES	48

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, 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 higher 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 all dues till that time.**

d) **Accommodation Charges:**

Accommodation Charges will be calculated as follows:

1. Accommodation charges will be on Calendar day basis
 2. On the day of admission, if the patient is admitted before 12 noon, full day charges and after 12 noon, half day charges will be levied. No fractions will be permitted irrespective of the time of discharge.
 3. Full day charges will be taken for the subsequent days, irrespective of the time of discharge.
 4. However, in case the patient is discharged and the bed is vacated within 24 hours of admission on account of Referral, LAMA, Death etc., only one day charge will be levied.
 5. The above clauses will be applicable to the ICU patients also except ventilator Charges.
 6. In case of shifting of patients from ICU to ward/room or vice versa, charging will be as per the time spent in the higher category.
-
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 charged wherever applicable.
 7. An attendant is allowed to stay with the patient free of charge in Cubicle/ Semi- Private/ Private, Special and Deluxe rooms. No attendant is permitted to stay with the patient in General Ward.
 8. Visitors should strictly adhere to the visiting hours of the hospital.
 9. Limit on Cash Receipts: As per the current Income Tax Rules, maximum cash receipt in one admission is restricted to Rs.2.00 Lakhs only. Amount more than this limit is to be paid by Bank transfer, Card payments etc.
 10. St. Stephen's Hospital, being a Not for Profit Organization, refund in cash is limited to Rs.10000/- only. Refunds of more than Rs.10000/- will be made by Cheque or bank transfer.
 11. PAN Card copy is a must for high value transactions as per Income Tax Rules.

Dr. Sudhir C. Joseph
DIRECTOR

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

SCHEDULE OF CHARGES FOR O.P.D. W.E.F. 01.04.2024

	New Registration	Revisit
I. OPD CONSULTATION		
1. Registration - General O.P.D.	350	350
2. Registration - Private O.P.D.	1000	1000
3. Registration- Private O P D (Evening)	1000	1000
4. Registration- Private O P D (Psychiatry)	1300	1300
5. Casualty	500	500
6. Child Health Card	100	
II. CLINICS (GENERAL)		
1. Well Baby Clinic-General	350	350
2. All sub-specialties and super- specialty Clinic-General	400	400
3. Psychiatry Clinic	500	500
4. Child Guidance Clinic	500	500
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)	500	400
2. High Risk Pregnancy Clinic (per Visit)	900	500
IV. COMPREHENSIVE CHECK-UP:		
1. Comprehensive check-up		
a) Basic Preventive Health check-up	1200	
b) Executive Health check-up	3500	
c) Preventive Heart check-up	5000	
d) Whole Body check-up	6000	
e) Well woman check-up	3000	

SCHEDULE OF CHARGES FOR INPATIENTS W.E.F. 01.04.2024

		General	Private
	ADMISSION FEE (<i>Non Refundable</i>)	600	1200

ACCOMMODATION CHARGES (PER DAY)		
SL. No.	Category of Accommodation	Amount
1	GENERAL WARD (All Specialties)	2700
2	GENERAL WARD (Psychiatry)	2700
3	CUBICLE WARD (All Specialties)	3800
4	CUBICLE WARD (Psychiatry)	4100
5	SEMI PRIVATE WARD	5200
6	SEMI PRIVATE WARD (Special Room)	5400
7	SEMI PRIVATE WARD (Psychiatry)	5600
8	PRIVATE SINGLE ROOM	7100
9	PRIVATE SINGLE ROOM (Special Room)	8400
10	PRIVATE WARD (Psychiatry)	8100
11	DELUXE ROOM	9300
12	ISOLATION ROOM	7100
13	METABOLIC WARD (ALL CATEGORIES)	5300

I.C.U. & C.C.U. CHARGES (PER DAY FOR ALL CATEGORIES)		
SL. No.		Amount
1	I C U CARE (WITH CARDIAC MONITOR)	9500
2	HIGH DEPENDENCY UNIT(Peadiatrics) WITH MONITOR& INCUBATOR/WARMER	9500
3	HIGH DEPENDENCY UNIT WITH MONITOR	6000
4	INTERMEDIATE MONITORING UNIT (Peadiatrics) WITH INCUBATOR/WARMER	6000
5	POST OPERATIVE CARE WITH MONITOR	6000
6	VENTILATOR / OXYGEN WITH H F N C CHARGES - LESS THAN 4 HRS	2200
	- 4 HRS TO 12 HRS	4400
	- 12 HRS TO 24 HRS	8800
7	NON INVASIVE VENTILATION- BI-PAP MACHINE	4750

CONSULTATION FEE & VISITING CHARGES		
	Category of Accommodation	Charges per Visit
1	PRIVATE ROOMS	1000
2	SEMI PRIVATE ROOMS	800
3	CUBICLE	350
4	GENERAL	250
<p>Note: 1. The charges as noted above will also apply when the specialist visit the patients in the ICU/CCU and Nursery.</p> <p>2. Surgeon's fees include visiting charges for the day of operation.</p>		

THERAPEUTIC DIET CHARGES

I.	THERAPEUTIC DIET	General	Cubicle	Semi-PVT.	Private
CO01	DIET CONSULTATION CHARGES	200	200	360	400
DT03	DIETICIANS VISIT	100	120	280	300

PROCEDURE & DRESSING/ TREATMENT CHARGES

I.	PROCEDURES & TREATMENT (ICU)	General.	Private
PTI01	ICU SONOLOGY	550	550
PTI02	DVT ASSESSMENT- 3 POINT COMPRESSION	300	300
PTI03	TRANSCRANIAL DOPPLER	850	850
PTI04	OPTIC NERVE SHEATH DIAMETER (ONSD)	200	200
PTI05	RENAL RESISTIVITY INDEX	300	300
PTI06	AIRWAY ULTRASOUND	200	200
PTI07	LUMBER SUB ARACHNOID DRAIN	1050	1050
PTI08	INTRACRANIAL PRESSURE MONITORING	2100	2100
PTI09	CENTRAL VENOUS LINE INSERTION WITHOUT USG	1450	1450
PTI10	CENTRAL VENOUS LINE INSERTION WITH USG	2100	2100
PTI11	ARTERIAL CATHETERISATION(Femoral/RAD./Others) WITHOUT USG	550	550
PTI12	ARTERIAL CATHETERISATION (Femoral/RAD./Others) WITH USG	800	800
PTI13	DIFFICULT AIRWAY INTUBATION WITH FIBROPTIC/ VIDEO LARYNGOSCOPE	2650	2650
PTI14	ABDOMINAL PRESSURE MONITORING	300	300
PTI15	CENTRAL VENOUS PRESSURE MONITORING	300	300
PTI16	BRONCHOSCOPY DIAGNOSTIC /THERAPEUTIC IN ICU	2650	2650
PTI17	PERCUTANEOUS TRACHEOTOMY	4200	5250
PTI18	IVC FILLING EVALUATION	550	550
PTI19	LV FUNCTION EVALUATION	550	550
PTI20	BEDSIDE ECHO DOPPLER	3700	3700
PTI21	EXTERNAL VENTRICULAR DRAIN BEDSIDE ICU	15000	15000
MOT002	SUTURING (MINOR)	650	650
II.	PROCEDURES& DRESSING/TREATMENT (OTHERS)	General	Private
ICU05	MONITOR CHARGES IN WARDS	700	700
PD01	DRESSING SMALL	210	370
PD02	DRESSING LARGE	450	650
PD03	SPECIAL DRESSING (PLASTIC SURGERY) - SMALL	300	450
PD24	SPECIAL DRESSING (PLASTIC SURGERY) - LARGE	550	800
PD04	CHEMOTHERAPY (I V INJECTION)	1350	2500
PD05	INJECTION INOCULATION	50	50
PD06	15% TO 30% BURNS FIRST DRESSING	1150	1750
PD07	SUBSEQUENT DRESSING (15-30 %)	1000	1500
PD08	30% TO 50% BURNS FIRST DRESSING	1750	2700
PD09	SUBSEQUENT DRESSING (30-50%)	1500	2300
PD10	EXTENSIVE BURN ABOVE 50%	2450	3600
PD11	SUBSEQUENT DRESSING (ABOVE 50%)	1850	2800
PD12	NEBULIZATION THERAPY	100	150
PD13	D.C. SHOCK	350	550
PD14	RBS (BY GLUCOMETERS)	150	160
PD16	BLOOD GAS ANALYSER WITH ELECTROLYTE	500	700
PD17	INFUSION PUMPS (PER PUMP)	300	600
PD18	SYRINGE PUMPS (PER PUMP)	300	600
PD19	SUTURE REMOVAL	350	450

PD20	OT DRESSING - SMALL	460	750
PD25	OT DRESSING - LARGE	700	1000
PD21	NEBULIZATION THERAPY (24 HOURS)	450	700
PD22	TUBE FEEDING	210	270
PD23	V R INSULIN INFUSION SUGAR MONITORING (PER HOUR)	150	160
PD26	PLASTER CUTTING/TRIMMING CHARGES	150	200
PT01	LUMBAR PUNCTURE	1350	2100
PT03	CHEST ASPIRATION	1350	2100
PT04	INTER COSTAL DRAINAGE	2100	3150
PT08	BONE MARROW	2100	3150
PT09	SUBDURAL TAP	1150	1700
PT10	TAP THERAPEUTIC (ASCITIC)	1250	1900
PT11	TAP DIAGNOSTIC (ASCITIC)	1050	1600
PT12	VENTRICULAR TAP	1250	1900
PT13	UMBILICAL CANULATION – SINGLE LINE	1600	2200
PT80	UMBILICAL CANULATION – DOUBLE LINE	2300	3100
PT14	EXCHANGE TRANSFUSION	3650	4950
PT15	BLOOD TRANSFUSION	500	750
PT16	PULSE OXIMETER	300	450
PT17	C ARM FOR SURGICAL PROCEDURES	1350	2000
PT18	PLASTER APPLICATION CHARGES	420	650
PT19	FLOW RATE (UROLOGY)	700	1000
PT20	URODYNAMICS	1300	2000
PT21	URETHRAL CATHETERISATION	300	450
PT23	URINE ALBUMIN	100	150
PT25	INTUBATION	850	1300
PT26	FLUID/BLOOD WARMER	1650	2150
PT27	BODY WARMER	1650	2150
PT28	OPERATING MICROSCOPE	1250	1850
PT29	ARGON COAGULATOR	1150	1650
PT30	INVASIVE MONITORING	1600	2150
PT37	TRACHEOSTOMY IN ICU/WARDS	6800	11000
PT38	HARMONIC SCALPEL CHARGES UP TO CATEGORY IV	10000	10000
PT39	HARMONIC SCALPEL CHARGES FOR CATEGORY V TO VII	15000	15000
PT40	HARMONIC SCALPEL CHARGES FOR CATEGORY VIII & IX	20000	20000
PT41	EQP. CHG. FOR ALL THERAPEUTIC ARTHROSCOPY PROCEDURE	6050	9500
PT42	EQP. CHG. FOR ALL DIAGNOSTIC ARTHROSCOPY PROCEDURE	2400	3300
PT43	BAND LIGATION	700	1400
PT45	CENTRAL/ARTERIAL LINE- SUBCLAVINE/FEMORAL/ CUTDOWN	1600	2500
PT47	DVT PUMPS	400	800
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
PT58	NEURO DRILL	10000	10000
PT60	BI PAP MACHINE HANDLING CHARGES	650	650
PT61	LASER CHARGES CAT III	5800	5800
PT62	LASER CHARGES CAT IV & V	7000	7000
PT63	LASER CHARGES CAT VI	8100	8100
PT64	LASER CHARGES CAT VII	9300	9300
PT65	TRACTION	350	470
PT67	ISOFLORINE (PER HOUR)	750	750
PT68	SEVOFLORINE INDUCTION	750	750
PT69	SEVOFLORINE INDUCTION + MAINTENANCE (PER HOUR)	1300	1300
PT70	HALOTHANE (PER HOUR)	400	400
PT75	DESFLURONE (PER HOUR)	900	1000

PT76	ACE EQUIPMENT CHARGES (EXTRA)	500	500
PT77	RESUSCITATION (ADULT)	1200	1700
PT78	RESUSCITATION WITH INTUBATION –ADULT (BY SPECIALIST)	1400	2700
PT79	SINGLE LOOK EXAM UNDER C-ARM	650	900
PT81	C V P MONITORING	500	750
PT82	PHLEBOTOMY	500	750
PT83	BONE MARROW NEEDLE	1000	1000
PT84	ARTHROSCOPY TUBING	800	800
PT85	VACCUM SUCTION	100	100
PT86	SKIN STAPLER	40	40
PT87	GUIDE WIRE 0.35	200	200
PT88	CRD	150	150
PT89	BAKRI BALOON	5500	5500
PT90	GYNAE DRILL	1000	2500
PT92	BEDSIDE LARGE DEBRIDEMENT	7150	14200
PT93	TRUCUT BIOPSY NEEDLE	750	750
PT95	BEDSIDE DEBRIDEMENT		
PT96	FIBRINOLYSIS	2200	3500
PT97	HARMONIC SCAPLE- LAP. CHOLEY	15000	17000
PT98	LASER (GENERAL SURGERY)	12000	12000
PT99	TRANS CUTANEOUS SPINAL INJECTION THERAPY	800	1000
PT122	PERITONIAL CATHETERISATION	3300	4400

LABORATORY SERVICE CHARGES

I.	HAEMATOLOGY	General/Private
HM01	Hb (HAEMOGLOBIN)	110
HM02	CBC (HB,TC,DC,PLTS,Cell Indi PS)	420
HM03	ESR	150
HM04	RETICULOCYTE COUNT	350
HM05	ABSOLUTE EOSINOPHIL COUNT	200
HM06	MP (MALARIA PARASITE SMEAR)	140
HM07	MICROFILARIA	200
HM08	BT	180
HM09	PT/INR	460
HM10	APTT	530
HM15	LUPUS ANTICOAGULANT PANEL	3150
HM16	D-DIMER	1390
HM17	FIBRINOGEN	760
HM20	G6 PD SCREENING	550
HM21	SICKLE CELL PREPARATION	120
HM22	Hb A2 AND Hb F (THAL SCREENING TEST)	1000
HM24	BONE MARROW WITH IRON	1160
HM27	RAPID TEST FOR MALARIA	740
HM29	SPLENIC ASPIRATE FOR L.D. BODIES	190
HM32	PLATELETS COUNT WITH SMEAR	50
HM47	THROMBIN TIME	840
HM48	IRON STAIN FOR HAEMOSIDERIN	410
HM49	PERIPHERAL SMEAR	150
II.	MICROBIOLOGY	General/Private
MB01	GRAMS STAIN	350
MB02	AFB STAIN	460
MB03	ALBERTS STAIN	400
MB08	FUNGAL CULTURE	1300
MB10	INDIA INK PREPARATION	350
MB11	KOH PREPARATION	350

MB12	HANGING DROP PREPARATION	200
MB25	CRYPTOCOCCAL ANTIGEN LFA	2000
MB26	PNEUMO CYSTIS CARINI PHEUMONIA	1000
MB27	URINE CULTURE	950
MB28	CULTURE(BLOOD, SPUTUM, PUS, HUS, BODY FLUID, STOOL, BIOPSY, SEMEN)	1200
MB29	CULTURE (TA, ET, BAL, ALL TIPS)	1600
MB30	5% ZN STAIN FOR M LEPRAE	600
MB31	1% KINYON STAIN FOR NOCARDIA	600
MB32	WET MOUNT EXAMINATION	300
III.	SEROLOGY	General/Private
SE01	WIDAL	300
SE03	ASO	620
SE04	RA FACTOR	450
SE06	RPR	200
SE13	HIV SPOT	600
SE14	HIV ELISA	600
SE15	HBs Ag SPOT	600
SE16	HBs Ag ELISA	600
SE17	HCV SPOT	700
SE18	HCV ELISA	1600
SE39	DENGUE IgG SPOT/ ELISA	600
SE40	DENGUE NS 1 ANTIGEN	600
SE41	ENTEROCHECK (S. typhi IgM)	500
SE42	HEV-IgM	1850
SE43	LEPTOSPIRA-IgM	1500
SE44	CHIKUNGUNIA-IgM	600
SE45	NAT	1700
SE46	DENGUE IgM SPOT/ELISA	600
SE47	ANTI CCP ELISA (CYCLIC CITRULLINATED	1900
SE48	ANTI HAV –IgM	1300
SE49	SCRUB TYPHUS IgM/IgG (RAPID TEST)	1000
SE50	RAPID ANTIGEN TEST FOR COVID-19	100
IV.	BLOOD BANK	General/Private
BB01	ABO Rh (BLOOD GROUP)	140
BB02	SUB GROUPS	200
BB03	Rho PHENOTYPE	430
BB04	DIRECT COOMBS	460
BB05	INDIRECT COOMBS	530
BB06	RHO ANTI BODY TITER	920
BB07	AUTOANTIBODY SCREENING	220
BB08	COLD AGGLUTININS	430
BB09	CROSS MATCH	120
BB15	VENESECTION – THALASSEMIA	550
BB17	DONOR SCREENING FOR APHERESIS	620
BB18	VENESECTION – TRIPLE BAG	640
BB19	CROSS MATCH – FOR THALASEEMIA PATIENTS ONLY	120
BB20	ANTIBODY SCREEN- FOR B.T	460
BB21	COLD HEMOLYSIN	430
BB24	PROCESSING CHARGES FOR FFP	850
BB25	PROCESSING CHARGES FOR PLATELETS	600
BB27	PROCESSING CHARGES FOR WHOLE BLOOD	3300
BB28	PROCESSING CHARGES FOR PACKED CELL	2650
V.	BIOCHEMISTRY	General/Private
BC01	FBS	90
BC02	PPBS	90
BC03	RBS	90

BC05	GTT FOR GDM	360
BC06	GLYCOSYLATED Hb (Hb,A1c)	450
BC07	ACETONE	70
BC09	BUN (BLOOD UREA NITROGEN)	140
BC10	CREATININE	140
BC11	URIC ACID	150
BC12	SODIUM	170
BC13	POTASSIUM	170
BC14	CHLORIDE	160
BC16	URINE PROTEIN 24 HRS	260
BC17	URINE CREATININE (24 HRS)	260
BC18	CREATININE CLEARANCE	500
BC20	CALCIUM	170
BC21	PHOSPHOROUS	170
BC22	MAGNESIUM	530
BC23	LFT	780
BC24	BILIRUBIN	270
BC25	SGPT	170
BC26	SGOT	170
BC27	ALKALINE PHOSPHATASE	170
BC29	AMMONIA	1100
BC30	TOTAL PROTEIN	170
BC31	ALBUMIN	130
BC33	AMYLASE	460
BC34	LIPASE	640
BC35	LDH	380
BC36	CPK	290
BC37	CK MB	450
BC38	LIPID PROFILE	950
BC40	CHOLESTEROL	150
BC41	TRIGLYCERIDES	310
BC42	HDL	250
BC43	LDL	310
BC44	Iron & TIBC	460
BC46	URINE AMYLASE	520
BC47	URINE CALCIUM- 24 HRS	260
BC48	URINE CHLORIDE- 24 HRS	260
BC50	URINE CREATININE RANDOM QUANTITATIVE	220
BC51	URINE POTASSIUM- RANDOM	230
BC52	URINE MAGNESIUM- 24 HRS	630
BC53	URINE PHOSPHOROUS- 24 HRS	260
BC54	URINE PROTEIN RANDOM QUANTITATIVE	260
BC55	URINE SODIUM- RANDOM	250
BC58	URINE URIC ACID – 24HRS	250
BC61	A D A	640
BC62	RENAL PROFILE (BUN,CR,UA,NA,K,Ca,Phos.)	810
BC65	URINE SODIUM – 24 HRS	250
BC66	URINE POTASSIUM – 24 HRS	250
BC67	GTT	260
BC68	hs-CRP	750
BC69	CALCIUM PROFILE	
BC70	FBS FOR GDM	90
BC71	URINE CHLORIDE RANDOM	260
BC72	URINE CALCIUM RANDOM	260
BC73	URINE PROTEIN/CREATININE RATIO	490
BC74	PLEURAL FLUID CRP	740
BC75	CSF PROTEIN	200

BC76	CSF GLUCOSE	120
BC77	URINE BUN	220
VI.	CLINICAL PATHOLOGY	General/Private
CP01	STOOL ROUTINE	130
CP02	STOOL OCCULT BLOOD	160
CP03	STOOL REDUCING SUBSTANCE	140
CP04	URINE ROUTINE	130
CP05	URINE BILLIRUBIN	90
CP06	URINE UROBILINOGEN	90
CP07	URINE ACETONE (KETONE)	90
CP08	URINE SPECIFIC GRAVITY	100
CP09	URINE Ph	90
CP10	URINE GLUCOSE	90
CP11	URINE PROTEIN	90
CP12	URINE NITRATE	90
CP13	URINE BENCE JONES PROTEIN	220
CP14	URINE PREGNANCY TEST	180
CP15	BODY FLUIDS EXAM.(CSF,AF,PF,PC)	790
CP18	APT TEST	90
CP19	ASPIRATE FOR POLYMORPHS	150
CP20	STOOL Ph	90
CP21	STOOL FATGLOBULES	90
CP22	URINE OCCULT BLOOD	90
CP23	BODY FLUID AMYLASE	530
CP24	BODY FLUID LDH	380
CP25	BODY FLUID BILIRUBIN	290
CP26	URINE LEUCOCYTE ESTERASE	90
CP27	URINE REDUCING SUBSTANCES	140
CP28	URINE FOR HEMOGLOBINURIA	180
CP30	URINE HEMOSIDERINE	410
CP31	BODY FLUIDS LIPASE	680
VII.	IMMUNO ASSAYS	General/Private
IA01	T3	280
IA02	FREE T3	360
IA03	T4	280
IA04	FREE T4	360
IA05	TSH	360
IA06	LH	570
IA07	FSH	570
IA08	PROLACTIN	570
IA09	ESTRADIOL (E2)	670
IA10	PROGESTRONE	600
IA11	B-HCG	680
IA13	CORTISOL	580
IA20	PSA	770
IA22	AFP	860
IA24	CA – 125	1250
IA25	SERUM FERRITIN	710
IA26	VIT B12	1100
IA27	SERUM FOLATE	1200
IA29	TFT	1580
IA34	INTACT PTH	1600
IA56	ANTI TPO Ab	1380
IA58	URINE CORTISOL	820
IA61	ANA FT	1700
IA63	VIT D – 25 – HYDROXY	1580

IA67	PROCALCITONIN (PCT)	2760
IA72	CELIAC DISEASE PROFILE	1730
IA73	VASCULITIS PROFILE	2030
IA74	ANA PROFILE	3470
IA75	AUTOIMMUNE GASTRITIS PROFILE	1730
IA76	ANTI CARDIOLIPIN/ BEETA 2 GPI COMPLEX ANTIBODIES	1450
IA77	VITAMINE D PROFILE	
VIII.	HISTOPATHOLOGY & CYTOLOGY	General/Private
HP01	HISTOPATHOLOGY – SMALL (UPTO 2 CONTAINERS)	920
HP25	ADDITIONAL CONTAINER (SMALL BIOPSY)	250
HP03	HISTOPATHOLOGY – LARGE	1600
HP26	ADDITIONAL CONTAINER (LARGE BIOPSY)	420
HP29	ONCOLOGY SPECIMEN	2700
HP04	F N A C	1200
HP05	PAP SMEAR	900
HP06	INTRA OPERATIVE PATHOLOGY (IOP) (UPTO TWO)	1830
HP16	ADDITIONAL CONTAINER (IOP)	740
HP08	BODY FLUIDS FOR MALIGNANT CELLS (UPTO TWO SITES)	900
HP17	ADDITIONAL SITE	260
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	2080
HP32	HPV GENOTYPES 16 & 18	5970
HP30	F N A C SLIDE REVIEW- UP TO 3 SLIDES	600
HP31	BIOPSY SLIDE REVIEW – UP TO 3 SLIDES	740
HP35	ADDITIONAL SLIDE REVIEW CHARGES (PER SLIDE)	140
HP36	HISTO.- SKIN/KIDNEY/BONE MARROW/ LIVER (UPTO 2 CONTAINERS)	1200
HP37	HISTO.- ADDITIONAL CONTAINER- SKIN/KIDNEY/BONE MARROW/ LIVER	800
HP38	CELL BLOCK FROM BODY FLUID (IF MADE)	700

RADIOLOGY SERVICE CHARGES

I.	X-RAY	General/ Private
PORT	PORTABLE X- RAY CHARGES	300
XR01	FLUROSCOPY	1050
XR04	ABDOMEN A P	350
XR05	ABDOMEN FOR LAT. VIEW	350
XR07	ABDOMEN ERECT & SUPINE	650
XR08	CHEST P A	350
XR09	CHEST OBLIQUE OR LATERAL	350
XR10	CHEST P A & LATERAL	650
XR11	MASTOIDS LATERAL VIEWS- 2 EXPOSURES	600
XR12	EXTREMITIES,BONES&JOINTS- 1 EXPOSURE	350
XR13	EXTREMITIES,BONES&JOINTS- 2 EXPOSURES	600
XR14	PELVIS	350
XR15	PARA-NASAL SINUSES	350
XR18	K.U.B.(ABDOM. & PELVIS) 1 EXPOSURES	350
XR19	SKULL A P & LATERAL	650
XR21	SKULL AP OR LATERAL	350

XR22	SPINE A P & LATERAL (2 EXPOSURES)	620
XR23	SPINE A P / LAT. – 1 EXPOSURE	350
XR28	BARIUM SWALLOW/GASTROGRAFFIN	2100
XR29	SINOGRAPHY/SIALOGRAPHY/FISTULOGRAM	1600
XR30	MICTURATING CYSTOURETHROGRAPHY	3200
XR31	HYSTERO-SALPINGOGRAPHY	2100
XR33	RETROGRADE UROGRAPHY	3200
XR35	BARIUM ENEMA	3400
XR36	BARIUM MEAL UPPER	3400
XR38	I V UROGRAPHY	3400
XR42	CEREBRAL/FEMORAL ANGIOGRAPHY	3900
XR43	APICOGRAM (CHEST)	350
XR44	CHEST DECUBITUS VIEW	350
XR49	T-TUBE CHOLANGIOGRAPHY	2400
XR50	INTRA-OPERATIVE CHOLANGIOGRAPHY	2400
XR51	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY	2300
XR52	BILIARY DRAINAGE UNDER GUIDANCE	3800
XR55	BARIUM MEAL FOLLOW THROUGH	3600
XR56	PERCT. TRANSHEPATIC BILIARY DRAINAGE	4100
XR57	MAMMOGRAPHY	2200
XR58	SMALL BOWEL ENEMA	3400
XR61	TM JOINTS –TWO EXPOSURES (OPEN & CLOSED MOUTH)	700
XR64	SOFT TISSUE NECK LATERAL	350
XR65	ERCP	1840
XR66	PERCUTANEOUS NEPHROSTOMY	1840
XR67	NASOJEJUNAL TUBE INSERTION FLUROSCOPY	630
XR68	NASAL BONE LAT. VIEW	550
XR69	DEXA- SINGLE SITE	2100
XR70	DEXA- HIP & SPINE	3000
XR71	DEXA- THREE SITES (HIP,SPINE & FOREARM)	4000
XR72	DEXA- WHOLE BODY	4000
XR73	DEXA- 3 SITES FOR THALLASSEMIA	2500
XR74	DISTAL COLOGRAM	3000
XR75	BEDSIDE CHEST X RAY (ONE EXPOSURE)	650
XR76	BEDSIDE CHEST X RAY (TWO EXPOSURE)	850
XR77	BEDSIDE ABDOMEN X RAY (ONE EXPOSURE)	650
XR78	BEDSIDE ABDOMEN X RAY (TWO EXPOSRE)	850
XR79	BEDSIDE EXTREMITIES X RAY (ONE EXPOSURE)	650
XR80	BEDSIDE EXTREMITIES X RAY (TWO EXPOSURE)	850
XR81	MISCELLANEOUS CHARGES	
II.	CT SCAN	General/ Private
CT01	CT HEAD BASIC BRAIN SCAN	2200
CT02	CT PNS,ORBIT,PITUTARY FOSSA,TEMPORAL BONE,	3200
CT03	CT CHEST	4000
CT04	CT UPPER ABDOMEN	4000
CT05	CT LOWER ABDOMEN	4000
CT06	CT SPINE (FOR 3 LEVELS)	3200
CT07	CT LIMBS & JOINTS	3500
CT08	CT NECK	3500
CT09	SPINE ADDITIONAL 1 LEVEL	1100
CT11	CT SCANOGRAM	1200
CT12	CT GUIDED BIOPSY, FNAC, ASPIRATION	3800
CT13	EMERGENCY SCAN CHARGE FOR CT	800
CT21	CT WHOLE ABDOMEN	6600

CT22	CT HEAD INTRACRANIAL ANGIOGRAPHY	9500
CT23	CT HEAD PERFUSION STUDIES	9000
CT25	THORAX HRCT	4000
CT26	THORACIC AORTA ANGIOGRAPHY	9300
CT27	CORONARY ANGIOGRAPHY + CA SCORING	9200
CT28	CT BRONCHOSCOPY	5700
CT29	UPPER ABDOMEN SINGLE,DUAL,TRIPHASIC LIVER SCAN	10000
CT30	SPLENO-PORTAL,MESENTRIC, VENOUS	10000
CT33	UPPER ABDOMINAL AORTA ANGIOGRAPHY	9300
CT34	UPPER ABDOMEN RENAL ANGIOGRAPHY	9200
CT35	LOWER ABDOMEN + COLONOSCOPY	5700
CT36	CT PERIPHERAL ANGIOGRAPHY	10000
CT37	CT DENTA SCAN (ORTHOPANTOMOGRAM)	2500
CT38	CT BONE MINERAL ANALYSIS	3100
CT39	3-D RECONSTRUCTIONS	1400
CT48	CT ANGIOGRAPHY OF NECK	9300
CT49	CT ANGIOGRAPHY OF NECK & BRAIN	12000
CT53	CT GUIDED VERTEBRAL NERVE ROOT INJECTION	3100
CT54	CT GUIDED FACET JOINT INJECTION	3100
CT55	CT GUIDED SACRO ILIAC INJECTION	3100
CT56	CT GUIDED LARGE JOINT INJECTION	2650
CT57	CT GUIDED SMALL JOINT INJECTION	2000
CT58	CT GUIDED SPINAL LESION BIOPSY	5800
CT59	CT GUIDED BONE LESION BIOPSY	4750
CT60	CT GUIDED BONE LESION OSTEIOD OSTEOMA (RFA)	6300
CT61	CT GUIDED CHEST BIOPSY	4750
CT62	CT GUIDED SEMI PERMANENT PLEURAL CATHETER INSERTION	5200
CT65	4D- CT PARATHYROID GLAND	10000
CT66	REVIEW OF CT DONE IN OUTSIDE	300
CT67	CT PULMONARY ANGIOGRAPHY	9300
ANA46	CT ANAESTHESIA CHARGES	1350

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

2. Interventional Radiologist Charges to be charged extra (70% of the Procedure Charges).

III.	ULTRA SOUND	General/ Private
US01	OBSTETRICS FIRST SCAN	1200
US02	OBSTETRICS FOLLOW UP (2 ND VISIT)	1000
US03	OBSTETRICS DOPLER STUDY	2200
US04	BIOPHYSICAL PROFILE	2000
US05	OBSTETRICS DOPPLER AND BIOPHYSICAL PROFILE	3000
US06	PELVIC SCAN	1200
US07	TRANSVAGINAL SCAN + PELVIC SCAN	1400
US10	LEVEL II SCAN FOR FOETAL ANOMALIES	3000
US13	NEONATAL SKULL	1200
US15	NEONATAL HIP	1300
US16	ABDOMINAL SCANS (PAEDIATRICS)	1200
US17	UPPER ABDOMEN – GENERAL SCAN	1200
US18	LOWER ABDOMEN GENERAL SCAN	1200
US19	WHOLE ABDOMEN GENERAL SCAN	1500
US20	KUB GENERAL SCAN	1200
US21	TRANSRECTAL GENERAL SCAN	1650
US22	SMALL PARTS (BREAST,EYE,TESTIS,THYROID, JOINT)	2200
US23	VEINS DOPPLER STUDY-SINGLE LIMB	2500

US24	ARTERIAL DOPPLER STUDY- SINGLE LIMB	2600
US25	RENAL DOPPLER / PORTAL VEIN STUDY WITH ABDOMINAL SCAN	3200
US26	FNAC USG INTERVENTIONS	2500
US27	DIAGNOSTIC PLEURAL/ ASCETIC TAP	1400
US28	LUNG/ LIVER ABSCESS / PELVIC ABSCESS DRAINAGE	3100
US29	DRAINAGE WITH INDWELLING CATHETERS (Pig Tail) /MALECOT	3100
US32	TRANSRECTAL BIOPSIES	3300
US33	BIOPSY NEEDLE CHARGES	1200
US34	USG CHEST	500
US36	RENAL INTERVENTION (PC NEPHROSTOMY)	3750
US41	EMERGENCY ULTRASOUND (Ultrasound charges extra)	400
US42	PORTABLE CHARGES (Ultrasound charges Extra)	550
US43	VENOUS DOPPLER STUDY BOTH LIMBS	4000
US44	CAROTID DOPPLER STUDY	3200
US45	ARTERIAL DOPPLER STUDY BOTH LIMBS	4000
US47	SINGLE LOOK USG	600
US48	USG FOR PVR	530
US49	USG GUIDED RENAL BIOPSY	3100
US50	USG GUIDED INT. JUGULAR VEIN CANNULATION	3250
US51	FOETAL DOPPLER –ADDITIONAL CHARGES PER FOETUS	800
US53	LEVEL II – ADDITIONAL CHARGES PER FOETUS	1200
US54	ARTERIES VASCULAR STUDY	3200
US55	IVC DISPENSABILITY	550
US56	BIOPSY USG INTERVENTIONS	3760
US59	SUPERFICIAL TEMPORAL ARTERY DOPPLER	3000
US60	USG GUIDED LARGE JOINT INJECTION	2630
US61	USG GUIDED SMALL JOINT INJECTION	2000
US62	USG GUIDED TENDON INJECTION	2000
US63	USG GUIDED VASCULAR MALFORMATION SCLEROTHERAPY	3100
US64	USG GUIDED PERCUTANEOUS CHOLECYSTOMY	3700
US65	USG GUIDED BREAST LESION TRUCUT/FNAC	4100
US66	USG GUIDED SEMI PERMANENT PLEURAL CATHETER INSERTION	5200
US67	USG GUIDED ASPIRATION FROM SMALL PARTS ABSCESS	3100
US68	USG GUIDED ASPIRATION FROM ABDOMINAL ORGAN COLLECTION	4100
US69	USG GUIDED PSEUDO ANEURYSM EMBOLISATION/COMPRESS	5200
US70	ADDITIONAL CHARGES PER FOETUS- OBG DOPLER & BIOPHYSIO	1200
US57	MISCELLANEOUS CHARGES- ULTRASOUND	

Note: Interventional Radiologist Charges to be charged extra. (70% of the Procedure Charges).

IV.	MRI	General/ Private
MRI01	MRI BRAIN	6000
MRI02	MRI SPINE	6700
MRI04	MRI THORAX	7200
MRI05	MRI PELVIS	7200
MRI06	MRI JOINTS	7500
MRI07	MRI EXTREMITIES	7500
MRI08	MRCP	7500
MRI09	MR UROGRAPHY	7500
MRI10	MRI CSF FLOW STUDY	7500
MRI11	MRI ANGIOGRAPHY ONE PART	7500
MRI12	MRI BRAIN+ANGIOGRAPHY(CIRCLE OF WILLIS)	11000
MRI13	MRI BRAIN+ANGIOGRAPHY (NECK+CIRCLE OF WILLIS)	13000
MRI14	MRI ANGIOGRAPHY(NECK+CIRCLE OF WILLIS)	11000
MRI15	MRI MARROW SCREENING	5000

MRI16	MRI SPINE ONE PART + SCREENING WHOLE SPINE	9200
MRI17	MRI PELVIMETRY/PLACENTA LOCALISATION	4500
MRI19	MRI LUMBER SPINE & SI JOINTS	8500
MRI24	MRI BRAIN-PITUITARY FOSSA	7200
MRI25	MRI ORBIT	7200
MRI26	MRI PNS	7200
MRI27	MRI T.M. JOINTS (SPECIFY SIDE)	7200
MRI28	MRI ANGIOGRAPHY-CIRCLE OF WILLIS	7200
MRI29	MRI BRAIN-VENOGRAPHY	7200
MRI30	MRI ANGIOGRAPHY-NECK	7200
MRI31	MRI ANGIOGRAPHY-RENAL ANGIOGRAPHY	7200
MRI32	MRI NASOPHARYNX	7200
MRI33	MRI NECK	7200
MRI34	MRI FISTULOGRAPHY	7200
MRI35	MRI BOTH HIPS-DYNAMIC STUDY	7200
MRI36	MRI EXTREMITY/JOINT- DOUBLE	14500
MRI37	MRI EMERGENCY CHARGES	800
MRI38	MRI BRAIN SCREENING	3500
MRI39	MR PERIPHERAL ANGIOGRAPHY	6500
MRI41	JOINT SCREENING (ONE JOINT)	2000
MRI42	CARTILAGE MAPPING	7200
MRI43	BRAIN SPECTOSCOPY	6500
MRI44	MRI OF BRACHIAL PLEXUS	7500
MRI45	MR MAMMOGRAPHY	7500
MRI46	PERFUSION IMAGING IN STROKE	7500
MRI47	MR ARTHROGRAPHY	7500
MRI48	3-D MRI OF SPINE	3000
MRI49	WHOLE BODY SCREENING FOR METASTASIS	6100
MRI50	MRI UPPER ABDOMEN	6500
MRI51	MRI FULL ABDOMEN	9500
MRI52	MRI BRAIN AFTER BRAIN SCREENING- SAME DAY SITTING	4000
MRI53	BRAIN VENOGRAPHY AFTER MRI BRAIN-SAME DAY SITTING	3700
MRI54	MRI BRAIN WITH ORBIT	8500
MRI55	MRI SACROILIAC JOINTS	4300
MRI56	MRI OF FOETUS (FOETAL MRI)	9300
MRI57	MRI MISCELLANEOUS CHARGES	
MRI60	MAMMOGRAPHY SCREENING	3150
MRI61	MRI SI JOINT + LS SPINE SCREENING	5500
MRI62	MRI SPINE SCREENING ONE PART	3500
MRI64	REVIEW OF MRI DONE IN OUTSIDE	300
ANA47	MRI ANAESTHESIA CHARGES	1600

Note: Contrast & Injector Charges to be charged extra

V.	INTERVENTIONAL RADIOLOGY	General	Private
INR01	PERIPHERAL ANGIOGRAPHY (DIAGNOSTIC) (ONE LIMB)	18000	23900
INR02	PERIPHERAL TRAUMA INTERVENTIONAL	34400	46000
INR03	PERIPHERAL ARTERIAL ANGIOPLASTY WITHOUT STENT RT/LT	34400	46000
INR04	PERIPHERAL ARTERIAL ANGIOPLASTY WITH STENT RT/LT	34400	46000
INR05	ILAIC ANGIOPLASTY/STENTING	38500	51600
INR06	PERIPHERAL ARTERIAL THROMBOLYSIS RT/LT	42400	55100
INR07	PERIPHERAL HEMANGIOMA SCLEROTHERAPY (DIRECT)	2400	3300
INR08	PERIPHERAL HEMANGIOMA SCLERO/EMBOLISATION (TRANSAR.)	34400	46000
INR09	UTERINE ART EMBOL FOR FIBROIDS-PRE MYOMECTOMY	26300	35000

INR10	UTERINE ARTERY EMBOLIZATION FOR FIBROIDS	26300	35000
INR11	UTERINE ART/PELVIC ANGIO- POST PART HRAGE-OTHERS	21900	29300
INR12	UTERINE ARTERY/PELVIC EMBOLIZATION FOR POST PARTUM	27600	36800
INR13	PELVIC CONGESTION SYNDROME (OVARIAN VEIN) EMBOLISAT.	38500	51600
INR14	FALLOPIAN TUBE CATHETERIZATION (FOR BLOCKED TUBE	18300	25700
INR15	PRE/POST PROCEDURE USG EVALUATION FOR FIBROIDS/ ENOMYOSIS/UTERUS/BODY	1200	1500
INR16	PUDENDAL ARTERY EVALUATION	20300	27700
INR17	VERICOSEAL EVALUATION	26300	35000
INR18	VERICOSEAL INTERVENTIONAL	34400	46000
INR19	RENAL ARTERY ANGIOGRAPHY	20600	27700
INR20	RENAL ARTERY ANGIOPLASTY	33800	44900
INR21	RENAL ARTERY STENTING	33800	44900
INR22	RENAL ARTERY EMBOLIZATION (ONE SIDE)	15100	20400
INR23	PERCUTANEOUS NEPHROSTOMY & DRAINAGE (RT/LT)	15100	20400
INR24	URETRIC STENT (DOUBLE PIGTAIL/J) RT/LT INTERVENT	19300	25700
INR25	FOLLOW UP FOR NEPHROSTOMY DRAINAGE CATHETER	2700	3800
INR26	GUIDED PERIPHERAL INSERTION OF CENTRAL CATH-PICC	7000	8300
INR28	DIALYSIS CATH INSERT (IJ,FEMORAL)TUNNELLED/ EXCHANGE	7000	9200
INR29	CHEST PORT INSERTION FOR CHEMOTHERAPY	13000	17500
INR30	CENTRAL VENOGRAM/ARM VENOGRAM (DIAGNOSTIC)	7000	8300
INR31	CENTRAL VENOGRAM/ARM VENOGRAM INTERVENTIONAL	19300	25700
INR32	MEDIASTINAL SYNDROMES INTERVENTIONAL	22100	29300
INR33	VENOUS SAMPLING (ADRENAL & RENAL VEIN)	13900	18500
INR34	I V C MEMBRANOTOMY AND ANGIOPLASTY/STENTING	34400	46000
INR35	PORTAL VEIN EMBOLISATION	34400	46000
INR36	AORTOGRAM/SPECIFIC SINGLE AORTOGRAM	13900	18500
INR37	AORTIC ANGIOPLASTY/STENTING	48200	64400
INR38	AORTIC STENT GRAFT ENDOLEAK EMBOLIZATION	48200	64400
INR39	ABDOMINAL AORTIC ANEURYSM GRAFT	55100	73500
INR40	BRONCHIAL ARTERY EVALUATION	15100	20400
INR41	BRONCHIAL ARTERY EMBOLIZATION	38100	44500
INR42	INTRA VASCULAR CATHETER/ FOREIGN BODY REMOVAL	7000	8300
INR43	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM	9900	12900
INR44	POST PTBD CHECK CHOLANGIOGRAM PRE/INTRA/POST PROCD	4200	5600
INR45	PTBD- POST OPERATIVE/BILIARY LEAK	19300	25700
INR46	PTBD EXTERNAL DRAINAGE(SINGLE)	13900	18500
INR47	PTBD-EXTERNO-INTERNALISATION	19300	25700
INR48	PTBD-INTERNALISATION	11100	14800
INR49	PCN/PTBD WITH STENTING	31800	42300
INR50	TRANSJUGLAR LIVER BIOPSY	11600	16600
INR51	TIPS (TRANS-JUGULAR PORTO-SYSTIMIC SHUNT) INTERVEN	52200	68000
INR52	ARTERIO-PORTOGRAM	25000	33100
INR53	GI BLEED AND ISCHEMIA (TRIPLE VESSEL) EVALUATION	21000	27900
INR54	GI BLEED EMBOLISATION	35000	41900
INR55	GI ISCHEMIA INTERVENTION (ANGIOPLATY/STENTING)	29000	38500
INR56	PARTIAL SPLENIC EMBOLIZATION	48200	64400
INR57	EMPERICAL ANY ARTERY EMBOLISATION	48200	64400
INR58	USG GUIDED ANEURYSM EMBOLISATION	12400	16600
INR59	CHEMOEMBOLIZATION OF HEPATIC TUMOUR/METS	48200	64400
INR60	TRANS ARTERIAL CHEMOTHERAPY INFUSION	38500	51600
INR61	RADIOFREQUENCY / MICROWAVE ABLATION OF TUMOURS/ METS	38500	51600
INR62	NASO JEJUNAL INTUBATION	5600	7400
INR63	CEREBRAL ANGIOGRAM	22100	29300
INR64	CAROTID ANGIOGRAM	13900	18500

INR65	VESSELS EVAL CEREBRAL+CAROTID+ SUBCLAVIAN+ VERTEBRAL	26300	35000
INR66	SPINAL ANGIOGRAM	27600	36800
INR67	EVALUATION FOR NASAL BLEEDING / NASAL MASS	16500	22100
INR68	EMBOLIZATION FOR NASAL BLEEDING / SINUS MASS	26300	35000
INR69	EMBOL OF EXTERNAL CAROTID ARTERY/SINGLE VESSEL	40100	53300
INR70	EMBOLIZATION OF TUMOURS FED BY BOTH ICA & ECA	78000	102800
INR71	EMBOLIZATION OF TUMOURS FED BY VA OR/AND BA	73100	97300
INR72	GLUE EMBOLIZATION OF TUMOURS	73100	97300
INR73	EMBOLIZATION OF SPINAL TUMOURS	50900	68000
INR74	EMBOLIZATION FOR VERTEBRAL BODY HEMANGIOMA/METS	38500	51600
INR75	VERTEBROPLASTY (VERTERAL BODY/PELVIC BONE	50900	68000
INR76	VENOUS SINUS SAMPLING (PETROSAL SINUS)	50900	68000
INR77	CCF OCCLUSION	82600	110100
INR79	PROXIMAL OCCLUSION OF INTERNAL CAROTID ARTERY	75800	101100
INR80	CEREBRAL AVM EMBOLIZATION (BESIDES VB TERRITORY)	77100	102800
INR81	AVM EMBOLIZATION IN THE VERTEBROBASILAR TERRITORY	77100	102800
INR82	SPINAL AVM EMBOLIZATION/AVF EMBOLIZATION	86600	115700
INR83	COILING OF INTRACRANIAL ANEURYSM	68900	91700
INR84	COILING OF MULTIPLE ANEURYSMS	77100	102800
INR85	GDC COILING OF INTRACRANIAL ANEURYSMS WITH SPASM	82600	110100
INR86	COILING OF INTRACRANIAL ANEURYSM ATTEMPTED	41400	55100
INR87	POST SAH INTRACRANIAL ANGIOPLASTY FOR SPASM	77100	102800
INR88	INTRACRANIAL DRUG THERAPY FOR POST SAH VASOSPASAM	48200	64400
INR89	INTRA ARTERIAL THROMBOLYSIS	65100	83500
INR90	MANAGEMENT OF DURAL SINUS THROMBOSIS	77100	102800
INR91	ANGIOPLASTY FOR CAROTID/VERTEBRAL ARTERY STENOSIS	77100	102800
INR92	STENTING FOR CAROTID/VERTEBRAL ARTERY STENOSIS	59100	79000
INR93	INTRACRANIAL ANGIOPLASTY	77100	102800
INR94	INTRACRANIAL STENTING	77100	102800

PHYSIOTHERAPY SERVICE CHARGES

PHYSIOTHERAPY SERVICE CHARGES			
I.	PHYSIOTHERAPY SERVICES	General	Private
PHY01	EXERCISE/HOME PROGRAM	350	500
PHY02	MUSCLE ASSESSMENT	400	500
PHY03	FUNCTIONAL MOBILIZATION	450	500
PHY04	MANUAL THERAPY	400	600
PHY05	GAIT TRAINING	400	600
PHY06	ANC (3 SITTINGS)	650	750
PHY07	POSTNATAL (3 SITTINGS)	650	750
PHY08	EXERCISE/DAY FOR REHAB. PATIENT	500	600
PHY09	ICU CARE(PHYSIO)	450	450
PHY10	EXERCISE FOR CTS CLOSED HEART (7 DAYS)	3600	5000
PHY11	EXERCISE FOR CTS OPEN HEART (7 DAYS)	4700	5500
PHY12	PULMONARY PHYSIOTHERAPY	400	550
PHY13	SHORT WAVE DIATHERMY	400	500
PHY14	ULTRASOUND	400	500
PHY15	INFRA RED RAYS/ULTRAVIOLET	400	500
PHY16	HYDRO COLLATOR THERAPY	400	500
PHY17	PARAFFIN WAX BATH	400	500

PHY18	INTERFERENTIAL THERAPY	400	500
PHY19	MUSCLE STIMULATION	400	500
PHY20	LUMBER TRACTION	400	500
PHY21	CERVICAL TRACTION	400	500
PHY22	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION	400	500
PHY23	McKENZIE EXERCISE PROGRAMME	400	550
PHY24	MULLIGAN'S MOBILIZATION	400	550
PHY25	C P M	400	500
PHY26	CRYO THERAPY	400	500
PHY27	TRACTION/S W D	400	600
PHY28	TRACTION U S T	400	600
PHY29	TRACTION/I F T	400	600
PHY30	S W D/U S T	400	600
PHY31	WAX BATH/EXERCISE	400	600
PHY32	HOT PACKS/EXERCISE	400	600
PHY33	C P M/EXERCISE	400	600
PHY34	FUNCTIONAL MOBILIZATION AND CHEST CARE	450	600
PHY35	PULMONARY PT (NIGHT)	500	600
PHY36	US & PWB	450	600
PHY37	SWD & IFT	450	600
PHY38	US & IFT	450	600
PHY39	ICT & HP	450	600
PHY40	CPM & HP	450	600
PHY41	PWB & CPM	450	600
PHY42	PT CONSULTATION & ADVISES	450	600
PHY43	PRE-OPERATIVE ASSESSMENT	450	600
PHY44	ANY TWO MODULE TREATMENT PACKAGE (5 Days)	1600	2600
PHY45	MANUAL MOBILIZATION + ELECTROTHERAPY (5 Days)	1600	2600
PHY46	SPECIAL PHYSIOTHERAPY CARE (HOLIDAYS)	500	550
PHY47	NEURO MUSCULAR DYSFUNCTION MANAGEMENT	500	600
PHY48	RENAL TRANSPLANT- RECEIPT (10 DAYS)	4600	6700
PHY49	RENAL TRANSPLANT – DONOR (5 DAYS)	2600	4600
PHY50	ASSESSMENT AND PRESCRIPTION & DOCUMENTATION	400	600
PHY51	HOT PACKS/MOBILISATION	450	600
PHY52	HOT PACKS/IFT	450	600
PHY53	PHYSICAL ASSESSMENT/ EVALUATION (ORTHO)	450	600
PHY54	FUNCTIONAL ASSESSMENT/ EVALUATION (NEURO)	450	600
PHY55	STABILITY TAPEING (SINGLE)	450	500
PHY56	STABILITY TAPEING (DOUBLE)	500	600

ARTIFICIAL LIMB CENTRE SERVICE CHARGES

ARTIFICIAL LIMB CENTRE SERVICE CHARGES			
I.	ARTIFICIAL LIMB CENTRE	General	Private
ALC001	SYM S SIZE I	7850	8700
ALC002	SYM S SIZE II	9400	10200
ALC003	SYM S SIZE III	10550	11440
ALC004	PTB PROTHESIS SIZE I	14500	16500
ALC005	PTB PROTHESIS SIZE II	18500	19500
ALC006	PTB PROTHESIS SIZE III	26000	31500

ALC007	ABOVE KNEE PROTHESIS SIZE I	19000	21000
ALC008	ABOVE KNEE PROTHESIS SIZE II	21000	23000
ALC009	ABOVE KNEE PROTHESIS SIZE III	36000	39000
ALC010	COSMETIC HAND SIZE I	3900	4950
ALC011	COSMETIC HAND SIZE II	4700	5500
ALC012	COSMETIC HAND SIZE III	6200	7850
ALC013	BELOW ELBOW & MECH. HAND SIZE I	8350	9400
ALC014	BELOW ELBOW & MECH. HAND SIZE II	11350	12600
ALC015	BELOW ELBOW & MECH. HAND SIZE III	17950	20350
ALC016	AE PROTHESIS MECH. HAND SIZE I	13350	13950
ALC017	AE PROTHESIS MECH. HAND SIZE II	14850	16400
ALC018	AE PROTHESIS MECH. HAND SIZE III	20350	22000
ALC019	EXTENSION PROTHESIS SIZE I	14500	16500
ALC020	EXTENSION PROTHESIS SIZE II	18000	20000
ALC021	EXTENSION PROTHESIS SIZE III	26000	29000
ALC022	CHOPART PROTHESIS SIZE I	8000	8500
ALC023	CHOPART PROTHESIS SIZE II	9000	9500
ALC024	CHOPART PROTHESIS SIZE III	11500	13000
ALC025	FINGER SPLINT SIZE I	500	750
ALC026	FINGER SPLINT SIZE II	650	900
ALC027	FINGER SPLINT SIZE III	850	900
ALC028	LONG OPPONENS SIZE I	1050	1150
ALC029	LONG OPPONENS SIZE II	1100	1250
ALC030	LONG OPPONENS SIZE III	1300	1650
ALC031	SHORT OPPONENS SIZE I	1050	1150
ALC032	SHORT OPPONENS SIZE II	1100	1250
ALC033	SHORT OPPONENS SIZE III	1300	1650
ALC034	STATIC COCK UP SPLINT SIZE I	1250	1500
ALC035	STATIC COCK UP SPLINT SIZE II	1500	1800
ALC036	STATIC COCK UP SPLINT SIZE III	1800	2050
ALC037	DYNAMIC COCK UP SPLINT SIZE I	1250	1500
ALC038	DYNAMIC COCK UP SPLINT SIZE II	1500	1800
ALC039	DYNAMIC COCK UP SPLINT SIZE III	1800	2050
ALC040	TURN BUCKLE COCK UP SPLINT SIZE I	2050	2300
ALC041	TURN BUCKLE COCK UP SPLINT SIZE II	2300	2550
ALC042	TURN BUCKLE COCK UP SPLINT SIZE III	2650	2750
ALC043	E ARM BRACE SIZE I (For Arm Brace)	2550	2750
ALC044	E ARM BRACE SIZE II (For Arm Brace)	2750	2950
ALC045	E ARM BRACE SIZE III (For Arm Brace)	3700	3900
ALC046	ELBOW BRACE WITH ELBIT SIZE I	3700	3900
ALC047	ELBOW BRACE WITH ELBIT SIZE II	4250	4850
ALC048	ELBOW BRACE WITH ELBIT SIZE III	5600	6600
ALC049	SHOULDER CAPSULE BRACE SIZE I	3700	4250
ALC050	SHOULDER CAPSULE BRACE SIZE II	4250	4700
ALC051	SHOULDER CAPSULE BRACE SIZE III	5600	6100
ALC052	SHOULDER ABDUCTION SPLINT SIZE I	3700	4250
ALC053	SHOULDER ABDUCTION SPLINT SIZE II	4250	4850
ALC054	SHOULDER ABDUCTION SPLINT SIZE III	5600	5850
ALC055	TLSO (TAYLOR S BRACE) SIZE I	1800	2200
ALC056	TLSO (TAYLOR S BRACE) SIZE II	2200	2900
ALC057	TLSO (TAYLOR S BRACE) SIZE III	2800	3200
ALC058	TLSO (MOULDED SPL. JACKET) SIZE I	4950	5850
ALC059	TLSO (MOULDED SPL. JACKET) SIZE II	5850	6900

ALC060	TLSO (MOULDED SPL. JACKET) SIZE III	7750	8700
ALC061	LS FRAME SIZE I	2150	2650
ALC062	LS FRAME SIZE II	2750	3700
ALC063	LS FRAME SIZE III	3600	4250
ALC064	LS BELT SIZE II	1100	1250
ALC065	LS BELT SIZE III	1500	1800
ALC066	KT BRACE SIZE II	3250	3700
ALC067	KT BRACE SIZE III	3800	4400
ALC068	ASH BRACE SIZE I	1800	2300
ALC069	ASH BRACE SIZE II	2750	3100
ALC070	ASH BRACE SIZE III	3200	3900
ALC071	SOMI BRACE SIZE II	3450	3800
ALC072	SOMI BRACE SIZE III	3900	4500
ALC073	TWO POST MOULDED COLLAR SIZE I	2950	3600
ALC074	TWO POST MOULDED COLLAR SIZE II	3300	4250
ALC075	TWO POST MOULDED COLLAR SIZE III	4700	5500
ALC076	FOUR POST COLLAR SIZE I	2750	3300
ALC077	FOUR POST COLLAR SIZE II	3300	4700
ALC078	FOUR POST COLLAR SIZE III	4700	5250
ALC079	SOFT COLLAR SIZE I	900	950
ALC080	SOFT COLLAR SIZE II	1050	1100
ALC081	SOFT COLLAR SIZE III	1150	1250
ALC082	LS MOULDED SIZE I	3900	4700
ALC083	LS MOULDED SIZE II	4700	5500
ALC084	LS MOULDED SIZE III	6100	6750
ALC085	AFO SIZE I	1900	2300
ALC086	AFO SIZE II	2100	2600
ALC087	AFO SIZE III	2900	3000
ALC088	KAFOAK PVC SPLINT SIZE I	4200	4500
ALC089	KAFO WITHOUT JOINT SIZE I	4500	4800
ALC090	KAFO U/L JOINT SIZE I	8000	9000
ALC091	KAFO U/L JOINT SIZE II	8800	9300
ALC092	KAFO U/L JOINT SIZE III	10800	11800
ALC093	HKAFO U/L JOINT SIZE I	8500	9500
ALC094	HKAFO U/L JOINT SIZE II	9500	10500
ALC095	HKAFO U/L JOINT SIZE III	12000	13500
ALC096	HKAFO B/L JOINT SIZE I	13350	13850
ALC097	HKAFO B/L JOINT SIZE II	15000	15450
ALC098	HKAFO B/L JOINT SIZE III	21050	22650
ALC099	KNEE BRACE WITH JOINT SIZE I	4700	6200
ALC100	KNEE BRACE WITH JOINT SIZE II	6200	7000
ALC101	KNEE BRACE WITH JOINT SIZE III	7200	8000
ALC102	KNEE BRACE WITHOUT JOINT SIZE I	3800	4400
ALC103	KNEE BRACE WITHOUT JOINT SIZE II	4300	4800
ALC104	KNEE BRACE WITHOUT JOINT SIZE III	5000	6200
ALC105	AFO WITH HINGE SIZE I	2200	2600
ALC106	AFO WITH HINGE SIZE II	2800	3000
ALC107	AFO WITH HINGE SIZE III	3300	3600
ALC108	CDH SIZE I	4800	5200
ALC110	KAFO WITH PLASTIC THIGH SIZE I	12000	12800
ALC111	KAFO WITH PLASTIC THIGH SIZE II	12800	13800
ALC112	KAFO WITH PLASTIC THIGH SIZE III	13800	14800
ALC113	GAITERS B/L SIZE I	1950	2300

ALC114	GAITERS B/L SIZE II	2750	3100
ALC115	GAITERS B/L SIZE III	3600	4050
ALC116	MERMAID SPLINT B/L SIZE I	2950	3700
ALC117	MERMAID SPLINT B/L SIZE II	3600	4250
ALC118	FRO SIZE I	4800	5000
ALC119	FRO SIZE II	5200	5800
ALC120	FRO SIZE III	6500	7300
ALC121	PTB BRACE SIZE I	4200	5000
ALC122	PTB BRACE SIZE II	5200	6200
ALC123	PTB BRACE SIZE III	7000	7500
ALC124	AK CAST BRACE U/L SIZE I	12000	12800
ALC125	AK CAST BRACE U/L SIZE II	12800	13800
ALC126	AK CAST BRACE U/L SIZE III	13800	14800
ALC127	ARCH SUPPORT SIZE I	650	750
ALC128	ARCH SUPPORT SIZE II	900	1000
ALC129	ARCH SUPPORT SIZE III	1100	1200
ALC130	HEEL PAD SIZE I	650	850
ALC131	HEEL PAD SIZE II	700	900
ALC132	HEEL PAD SIZE III	900	950
ALC146	REPAIR CHARGE	700	700
ALC148	THUMB SPICA	2400	2650
ALC149	FOREARM BRACE SIZE I	2950	3200
ALC150	FOREARM BRACE SIZE II	4350	4950
ALC151	FOREARM BRACE LONG SIZE I	4050	4700
ALC152	FOREARM BRACE LONG SIZE II	6200	6750
ALC153	ELBOW BRACE	6200	6750
ALC154	HUMERUS BRACE	6200	6750
ALC155	GAIT TRAINING PER/HR	200	300
ALC156	ASSESSMENT/ EVALUATION	300	450
ALC157	FOOT ORTHOTICS	2000	2500
ALC158	GRAFO SIZE I	3800	4300
ALC159	GRAFO SIZE II	4200	4500
ALC160	GRAFO SIZE III	4500	5200
ALC161	DDH SPLINT WITH HIP JT	6000	6200

CARDIOLOGY SERVICE CHARGES

CARDIOLOGY SERVICE CHARGES			
I.	CARDIOLOGY PROCEDURE	General	Private
CPR01	TEMPORARY PACEMAKER IMPLANTATION	7700	11000
CPR02	PERMANENT PACEMAKER IMPLANTATION SINGLE CHAMBER	20200	33800
CPR03	PERMANENT PACEMAKER IMPLANTATION DUEL CHAMBER	25400	42100
CPR04	PERMANENT PACEMAKER IMPLANTATION TRIPLE CHAMBER	42100	80900
CPR05	PERI-CARDIAL TAPPING	7700	11500
CPR07	NON IONIC DYE PER VIAL	3300	3300
CPR08	CARDIAC CATHERERISATION	11900	18500
CPR09	INVASIVE PRESSURE MONITORING	4500	9400
CPR10	CD CHARGES	800	800
CPR11	PERICARDIACTOMY	100000	150000
CPR18	FUNCTION FLOW RESERVE	15400	18500
CPR21	CATH LAB CHARGES FOR INTERVENTIONAL PROCEDURES (per hour)	6300	6300

CPR22	PERCUTANEOUS DEVICE CLOSURE	46200	61300
CPR23	ROTA ABLATION PROCEDURE	36400	54400
CPR24	CATH LAB CHARGES FOR 2 ND STENDING	11500	11500
CPR25	IVC FILTER PROCEDURE	23100	34700
CPR26	FLUROSCOPY	1800	2300
CPR27	PERICARDIOCENTHESIS	11000	16500
II.	ECG	General	Private
ECG	E.C.G.	250	400
III.	CARDIOLOGY INVESTIGATION	General	Private
ACT	ACT TEST	650	850
AMBBP	AMBULATORY B.P. MONITORING	2100	3500
TMT	STRESS TEST(TMT TREAD MILL TEST)	1800	3500
ECHO	ECHO DOPPLER	2500	3900
STEC	STRESS ECHO	3500	4300
TEE	TRANS ESOPHAGEAL ECHO	3400	4300
BSP	BED SIDE ECHO DOPPLER	3900	4800
HOLT	HOLTER CHARGES (PER DAY)	3200	4300
EVR	EVENT RECORDING (PER DAY)	700	1400
CAI01	NT-pro BNP	1800	1800
CAI02	D-DIMER	1800	1800

PACKAGE CHARGES FOR CARDIOLOGY PROCEDURES

Code	Service Name	General	Semi Pvt.	Private	No. of days
I.	CATH-LAB PROCEDURES:				
ACAWS	CORONARY/RENAL ANGIOPLASTY	133000	146000	174000	03
ABMV	ANGIOPLASTY/BALLOON MITRAL VALVOTOMY	44000	59000	74000	02
APA	PERIPHERAL ANGIOPLASTY	113000	128000	146000	02
ARFA	RADIO FREQUENCY ABLATION	44000	59000	74000	02
ACAG	CORONARY/RENAL ANGIOGRAPHY	13000	17000	20000	01
ACPA	CORONARY PERIPHERAL ANGIOGRAPHY	13000	17000	20000	01
ADSA	CERIBRAL ANGIOGRAPHY	13000	17000	20000	01
AEPS	ELECTRO PHYSIOLOGY STUDY	13000	17000	20000	01
ARHS	RIGHT HEART STUDY	10500	13000	16500	01
A3DM	3D MAPPING	67000	81000	92000	01

Note:

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

Extra Cost:

1. Stent (Drug Eluting Stent)
2. Pharmacy & Investigation
3. Non- Ionic Dye
4. Extended Stay

PACKAGE CHARGES FOR C T S

Code	Service Name	General	S Pvt.	PVT.	Deluxe/ Special	No. of days
II.	CARDIO-THORACIC SURGERIES					
AVSD	ASD	185000	266000	318000	330000	08
AOHS	AVR/MVR/CABG/VSD	220000	300000	358000	381000	08
AOHSE	AVR/MVR/CABG EMERGENCY	242000	335000	375000	416000	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)	750	1100
END02	BIOTHESIOMETER	400	600
END03	TOTAL DIABETIC FOOT STUDY	1000	1500
END04	PODIA SCAN	400	600
END05	CARDIAC AND AUTONOMIC NERVOUS SYSTEM ASSMNT. (CANS)	550	800
END06	PEDINOVA	400	600
END07	DIABETIC EDUCATION CHARGES	100	300
END08	INFRA RED	100	100
END09	NEURO STIM	100	100
END10	NEURO STIM & INFRA RED	150	150
END11	NEURO STIM & INFRA RED – 5 DAYS	550	550
II.	ENDOCRINOLOGY PACKAGE CHARGES	General	Private
CHK62	DIABETIC HEALTH CHECKUP	5500	5500
CHK63	DIABETIC FOOT ASSESSMENT	2000	2000

GASTROENTROLOGY SERVICE CHARGES

GASTROENTROLOGY SERVICE CHARGES			
I.	GASTROENTEROLOGY	General.	Private
GENT10	EMERGENCY ENDOSCOPY CHARGES	2900	3700
GENT11	ESOPHAGEAL DILATION	5700	7600
GENT12	GASTRIC STRICTURE DILATION	6200	8300
GENT13	ESOPHAGEAL VARICEAL GLUE INJECTION	6000	7700
GENT14	TUMOR ABLATION BY ALCOHOL INJECTION	4200	5400
GENT15	PLACEMENT OF FEEDING TUBES WITH ENDOSCOPY	5200	6700
GENT16	FOREIGN BODY REMOVAL	4700	6100
GENT17	INJECTION BLEEDING ULCER	4200	5400
GENT18	SPHINCTEROTOMY	7450	9200
GENT19	STONE EXTRACTION	6200	7500

GENT20	STENTING	3200	4400
GENT21	NASOBILARY DRAINAGE	5700	6500
GENT22	ESOPHAGEAL PROSTHESIS INSERTION	9200	12800
GENT23	GASTRIC POLYPECTOMY	6700	8700
GENT24	GASTRIC VARICES GLUE INJECTION	6700	8700
GENT25	COLONOSCOPIC POLYPECTOMY	6900	9200
GENT26	DECOMPRESSION OF COLONIC CELLS	4200	5400
GENT27	ENDOSCOPIC MUCOSAL RESECTION	7950	10200
GENT28	TUMOR ABLATION BY ELECTROCAUTERY/LA	7300	9600
GENT29	VARICEAL LIGATION BY ENDOSCOPY	6200	7600
GENT30	COLONIC STRICTURE DILATION	7450	8600
GENT31	ENDOSCOPIC FISTULA CLOSURE	5400	7100
GENT32	PRECUTANEAS ENDOSCOPIC GASTROSTOMY	11050	16000
GENT33	DRAINAGE OF PSEUDOCYST	12300	17000
GENT34	ACHALASIA DIALATION	10400	13400
GENT35	COLONOSCOPY	6800	8600
GENT36	LEFT SIDE COLONOSCOPY	4200	5400
GENT37	EVL SET	6900	8900
GENT39	EVL SET(VIEW MAX)	3100	4000
GENT40	BILARY DIALATATION	14700	19100
GENT42	INTRA OPERATIVE ENDOSCOPIC	12300	15950
GENT43	METALIC STENT INSERTION IN CBD	8050	10200
GENT50	ENDOLOOP APPLICATION	7450	8600
GENT51	ANAESTHESIA CHARGES GASTRO	1550	1550
GENT53	HEMOCLIP APPLICATION	5450	6500
GENT54	HEMOCLIP APPLICATION- FOR EXTRA CLIP	1200	1300
GENT55	GASTRO PROCEDURE VIDEO/EMAGE CHARGES	100	100
II.	GASTROENTEROLOGY INVESTIGATION	General	Private
GENT01	UPPER G.I. ENDOSCOPY	4200	4900
GENT03	ESOPHAGEAL SCLERO THERAPY: a. VARICES - 1 st SITTING	5400	7100
GENT04	ESOPHAGEAL SCLERO THERAPY: b. VARICES – SUBS. SITTING	5400	7100
GENT06	SIGMOIDOSCOPY (FLEXIBLE)	3800	4950
GENT07	ESOPHAGOSCOPY	2600	2900
GENT08	BIOPSY CHARGES FOR GASTRO PROCEDURE	1650	2100
GENT09	ERCP (EXCLUDING STENT)	9000	11700
GENT41	VARICEAL INJECTION	4400	4950
GENT44	ENDOSCOPIC BRUSH CYTOLOGY	1700	1900
GENT45	CBD STENT REMOVAL	6600	8500
GENT46	SIDE VIEWING DUODENOSCOPY	4700	6100
GENT47	MECHANICAL LITHOTRIPSY	18300	21200
GENT48	ERCP ACCESSORIES CHARGES	2700	2700
GENT49	BALLOON DILATATION OF PAPILLA	5700	7100
GENT52	FIBROSCAN	5000	5000

DERMATOLOGY SERVICE CHARGES

DERMATOLOGY SERVICE CHARGES			
I.	SKIN PROCEDURE	General	Private
SKN01	SKIN BIOPSY	2000	3000
SKN03	EXCISION – WARTS	700	900
SKN05	CAUTERIZATION & SCRAPING – WARTS	900	1000
SKN06	CAUTERIZATION SCRAPING MOLLUS CUM CONTRA- SINGLE	900	1000
SKN07	CAUTERIZATION & SCRAPING VENERAL WARTS	900	1000
SKN08	CAUTERIZATION & SCRAPING CORNS- SINGLE	800	900

SKN11	INTRALESIONAL INJECTIONS- SINGLE LESION	950	1350
SKN13	CAUTERIZATION SCRAPING MOLLUS CUM CONTRA- DOUBLE	850	1900
SKN14	CHEMICAL PEELING	2500	3800
SKN16	CRYO SURGERY- SINGLE LESION	900	1300
SKN17	CRYO SURGERY- DOUBLE LESION	1600	2500
SKN18	CRYO SURGERY- MULTIPLE LESION	3000	3500
SKN19	MILIA EXTRACTION/ COMEDONE EXTRACTION	3000	3500
SKN20	ELECTRIC CAUTERIZATION (WARTS,SKIN)- SINGLE LESION	900	1800
SKN21	ELECTRIC CAUTERIZATION (WARTS,SKIN)- DOUBLE LESION	1600	2600
SKN22	ELECTRIC CAUTERIZATION (WARTS,SKIN)- MULTI LESIONS (up to10)	9000	11000
SKN23	DERMAROLLER FOR ACNE SCAR	7000	13200
SKN24	TCA APPLICATION- SINGLE LESION	400	500
SKN25	TCA APPLICATION- DOUBLE LESIONS	750	900
SKN26	TCA APPLICATION- MULTIPLE LESIONS	1500	2000
SKN27	MULTIPEEL	3600	5000
SKN28	NEORONOX INJECTION (PER UNIT)	200	300
SKN30	ACNE SCAR SURGICAL TREATMENT PER SITTING (UPTO 3 LESION)	6000	8000
SKN31	PRP	12000	15000
SKN32	PRP KIT-(REGEN FDA AROVED)	15000	18000
SKN36	LASER REJUVENATION CO2 LASER	8500	9500
SKN37	LASER SMALL MULTIPLE SCAR- FACE	6100	8000
SKN41	LASER FOR SKIN TAG/DPN- SINGLE LESION	1500	2000
SKN42	LASER FOR SKIN TAG/DPN- TWO LESION	2200	3100
SKN43	LASER FOR SKIN TAG/DPN- MULTIPLE LESION (UPTO 10 LESION)	10000	10500
SKN44	AUTOLOGOUS SERUM SKIN TEST	500	500
SKN45	HAIR REDUCTION- UPPER LIP	1600	1700
SKN46	HAIR REDUCTION- CHIN	2300	2500
SKN47	HAIR REDUCTION- CHIN & UPPER LIP	3500	4200
SKN48	HAIR REDUCTION- SIDE LOCKS	2500	2800
SKN49	HAIR REDUCTION- CHIN & NECK	3900	4200
SKN50	HAIR REDUCTION- FOREHEAD	1700	1800
SKN51	HAIR REDUCTION- EYE BROW	1800	1900
SKN52	HAIR REDUCTION- UNI BROW	1100	1200
SKN53	HAIR REDUCTION- EAR LOBE	3300	3600
SKN54	HAIR REDUCTION- FULL FACE	6000	7000
SKN55	HAIR REDUCTION- UNDER ARM	4000	4500
SKN56	HAIR REDUCTION- HALF LEGS/ARMS	5500	6000
SKN57	HAIR REDUCTION- FULL LEGS	8000	9000
SKN58	HAIR REDUCTION- FULL ARMS	6500	6600
SKN59	HAIR REDUCTION- ARMS WITH UNDER ARMS	8000	8500
SKN60	HAIR REDUCTION- HALF BACK	4400	4800
SKN61	HAIR REDUCTION- FULL BACK	7000	8000
SKN62	HAIR REDUCTION- MALE CHEST	5500	6100
SKN63	HAIR REDUCTION- FEMALE ABDOMEN	4400	4800
SKN64	HAIR REDUCTION- GROIN	5500	6100
SKN65	HAIR REDUCTION- BEARD SHAPING	3900	4200
SKN66	HAIR REDUCTION- FULL LEGS + GROIN	10000	11000
SKN67	HAIR REDUCTION- FULL BODY	22000	24000
SKN68	PEEL- UNDER ARMS	2500	2800
SKN69	PEEL- BACK HALF	4500	5500
SKN70	PEEL- BACK FULL	6000	6500
SKN71	PEEL- KNEE	3500	3600
SKN72	PEEL- ELBOW	3500	3600
SKN73	PEEL- THIGH	4000	4200
SKN74	PEEL- NECK	2000	2300
SKN75	PEEL- ARMS HALF	3500	3600
SKN76	PEEL- ARMS FULL	5500	6200

SKN77	PEEL- LEGS HALF	5500	6200
SKN78	PEEL- LEGS FULL	8000	9500
SKN79	IPL- PHOTO FACIAL FACE FOR REJUVENATION	6500	6900
SKN80	IPL- UNDER ARMS	3600	4000
SKN81	IPL- BACK	6600	7300
SKN82	IPL- GROIN	5500	6100
SKN83	CARBON PEEL	7000	7300
SKN84	MOLE REMOVAL	6000	7000
SKN85	Nd. YAG- FRECKLES TREATMENT	10000	11000
SKN86	Nd. YAG- TATTO REMOVAL (PER CM SQ.)	1100	1200
SKN87	Nd. YAG- PIGMENTATION (SMALL AREA)	5000	5300
SKN88	Nd. YAG- LASER TONING FULL FACE	7000	7200
SKN89	FRACTIONAL CO2 + PRP + SUBCISION	12500	14000
SKN90	FRACTIONAL CO2 LASER (UP TO 5 CM SQ.) – BODY SCARS	1600	1700
SKN91	LASER FOR STRIAE (IPL/CO2) + PRP	8000	8300
SKN92	MEDI FACIAL	5300	5700
SKN93	HYDRA FACIAL	5000	6000
SKN94	NARROW BAND UVB LIGHT THERAPY	11500	11500
SKN95	PLAIN (PDO/PLCL) THREAD (per Thread)	600	800
SKN96	COG THREAD (per Thread)	4000	4200
SKN97	PARTIAL NAIL AVULSION WITH MATRIXECTOMY (per site)	3000	3200
SKN98	NAIL GUTTER SPLINT (per site)	900	1000
SKN99	NAIL GUTTER SPLINT (2 sites)	1500	1600
SKN100	HA FILLERS- BOOSTERS (per site)	8000	9000
SKN101	HA FILLERS- VOLUME (0.1 ml)	1200	1400
SKN102	HA FILLERS- VOLUME PLUS (0.1 ml)	1800	2000
SKN103	EXCISION SMALL (LESS THAN 3mm)	3000	3500
SKN104	EXCISION MEDIUM UPTO 5mm	5000	5500
SKN105	EXCISION LARGE (MORE THAN 8mm)	9000	10000

RESPIRATORY MEDICINE SERVICE CHARGES

I.	RESPIRATORY LAB	General.	Private
RES01	BRONCHOSCOPY WITH BAL	10000	12500
RES02	PULMONARY FUNCTION TESTING (PRE& POST NEBULISATION)	1300	1600
RES05	PLEURODESIS	4000	6000
RES06	PLEURAL TAP	2000	2500
RES07	SMOKING CESSATION CLINIC	800	1200
RES08	BRONCHOSCOPY WITH BIOPSY & TBNA	12000	15000
RES10	FIBROPTIC BRONCHOSCOPY- SINGLE LOOK	5000	7000
RES12	BRONCHOSCOPIC GLUE INJECTION 0.50ML	11000	13500
RES13	BRONCHOSCOPIC GLUE INJECTION 1 ML	12000	14500
RES14	ALLERGY TEST (COMPLETE PACKAGE)	3800	5000
RES15	SIX MINUTES WALK TEST	400	600
RES16	BRONCHOSCOPY WITH TRANSBRONCHIAL LUNG BIOPSY (TBLB)	12000	15000
RES17	ALLERGY TEST (FUNGAL ANTIGENS)	1200	1800
RES18	PULMONARY FUNCTION WITH DIFFUSION	2600	3200
RES19	SLEEP STUDY –POST PROCEDURE	5000	7500
RES20	PORTABLE CHARGES FOR BRONCHOSCOPY	1500	2000
RES21	FENO TEST (FRACTION OF EXHALED BREATH NITRIC OXIDE)	500	750
RES22	OVERNIGHT POLYSOMNOGRAPHY	12000	15000
RES23	SPLIT NIGHT STUDY	12500	15000
RES24	CPAP- TITRATION	8500	10000

RES25	DIFFUSION STUDY WITH LUNG VOLUMES (HE- DILUTION)	1200	1500
RES26	PULMONARY FUNCTION TEST (SPIROMETRY)	800	1000
RES27	MSLT FOR NARCOLEPSY	7500	9000
RES28	THERAPEUTIC PLEURAL ASPIRATION	3000	4000
RES29	EBUS BRONCHOSCOPY (PACKAGE)	28500	35000

PSYCHIATRY SERVICE CHARGES

I.	PSYCHOLOGY SERVICES	General	Private
PSY01	COUNSELLING PSYCHOTHERAPY	850	1200
PSY02	PLAY THERAPY	500	800
PSY03	RELAXATION TRAINING	600	900
PSY04	ASSESSMENT OF CHILHOOD DISORDER	5000	7000
PSY05	ASSESSMENT OF DEVELOPMENT AND SOCIAL QUOTIENT	1500	2000
PSY06	IQ TEST	2000	3000
PSY07	THEMATIC APPERCEPTION TEST/ OTHER PROJECTIVE TEST	1500	2500
PSY08	RORSCHACH TEST	2000	3000
PSY09	BEHAVIOUR THERAPY OR PSYCHOTHERAPY (10 SESSION)	5000	8000
PSY10	NEUROPSYCHOLOGICAL BATTERY	4500	6000
PSY11	PERSONALITY TEST	2000	3500
PSY12	COMPLETE PSYCHODIAGNOSTIC TEST	5000	8000
PSY13	MEMORY TEST	2000	2500
PSY14	RELAXATION TRAINING (5 SESSION)	2800	4400
PSY15	MARITAL THERAPY (5 SESSION)	6000	8000
PSY16	MARITAL INTERVENTION (PER SITTING)	1500	2000
PSY17	FAMILY INTERVENTION (5 SESSIONS)	7000	10000
PSY18	ADHD ASSESSMENT	2000	3000
PSY20	ELECTRO CONVULSIVE THERAY (ECT) UNDER G.A.	5000	7600
PSY21	PENTOTHAL INTERVIEW	2500	4800
PSY22	BIO FEEDBACK- SINGLE	1000	1500
PSY23	BIO FEEDBACK –PACKAGE (5 SESSIONS)	4500	7000
PSY24	AUTISM ASSESSMENT	2000	3000
PSY25	BENDER GESTALT TEST	2000	3000
PSY26	SPECIFIC LEARNING DISORDER TEST	5000	7000
PSY27	APTITUDE TEST	3500	5000
PSY28	COUNSELLING PSYCHO THERAPY(SR. PSYCHIATRIST) PER SESSION	1500	2000
PSY29	FAMILY INTERVENTION (PER SITTING)	1700	2200
PSY30	PSYCHIATRY RATING SCALES	500	1000
PSY31	BEHAVIORAL ASSESSMENT	2000	3500

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
PSYD	PSYCHIATRY DISORDER	60000	70000	80000	100000	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.
3. The Package will start from the day on which the patient opted for Package. Actual charges as per tariff will be payable till the day of opting for Package.

RHEUMATOLOGY SERVICE CHARGES

I.	RHEUMATOLOGY SERVICES	General	Private
RHEU04	JOINT ASPIRATION	600	800
RHEU05	INTRA ARTICULAR INJECTION	700	900
RHEU06	LIP BIOPSY	2100	3000

ONCOLOGY SERVICE CHARGES

I.	ONCOLOGY SERVICES	General	Private
ONCO001	MONITORING CHARGES – LESS THAN ONE HOUR	270	450
ONCO002	- 1 HOUR TO 4 HOURS	700	1100
ONCO003	- 4 HOUR TO 12 HOURS	1000	1500
ONCO004	- MORE THAN 12 HOURS	2100	3200
ONCO005	CHEMO PORT FLUSHING	250	450
ONCO006	INTRATHECAL METHOTREXATE	2100	3250
ONCO007	CHEMOTHERAPY	1350	2500

NEUROPHYSIOLOGY SERVICE CHARGES

I.	NEUROPHYSIOLOGY SERVICES	General	Private
NEPHY01	E.E.G	1500	2400
NEPHY02	NERVE CONDUCTION STUDY (NCV)	2400	3600
NEPHY03	NERVE CONDUCTION STUDY AND EMG	4500	6600
NEPHY04	VISUAL EVOKED RESPONSE	2400	3600
NEPHY05	BRAINSTEM AUDITORY EVOKED RESPONSE	2400	3600
NEPHY06	SOMATOSENSORY EVOKED RESPONSE	2400	3600
NEPHY07	NCS- LUMBOSACRAL	2400	3600
NEPHY08	E.M.G	2800	4100
NEPHY12	SHORT TERM VIDEO EEG	2700	3900
NEPHY13	LONG TERM VIDEO EEG	9250	13850
NEPHY15	FACIAL N.C. STUDY	2400	3600
NEPHY16	PORTABLE CHARGES IN ICU	900	1300
NEPHY17	REPETITIVE NERVE STIMULATION TEST(RNST)	2400	3600
NEPHY18	SLEEP DEPRIVED EEG	2400	3600
NEPHY19	BLINK REFLEX	2100	3200
NEPHY20	NEUROSOMNOGRAPHY	7600	11500
NEPHY21	SINGLE FIBRE EMG	2800	4250
NEPHY22	NCS CTS PROTOCOL	2000	3000
NEPHY23	LONG TERM BEDSIDE EEG	5500	8300
NEPHY24	SHORT TERM BEDSIDE EEG	3400	5000
NEPHY25	NCS BRACHIAL	2400	3600
NEPHY26	NCS RADIAL	2400	3600
NEPHY27	NCS ULNAR	2400	3600
NEPHY28	EVOKED POTENTIAL P300	1800	2700
NEPHY29	EXERCISE PROTOCOL- NCS	2400	3600

NEPHY30	SYMPATHETIC SKIN RESPONSE (SSR)	1300	2000
NEPHY31	SURFACE EMG	2400	3600
NEPHY32	TREMOR ANALYSIS	2400	3600
NEPHY33	MINI SPHENOIDAL EEG	2400	3600
NEPHY34	NCS TOS PROTOCOL	2000	3000
NEPHY35	DIAPHRAGMATIC CONDUCTION	2000	3000
NEPHY36	BOTOX INJ. UNDER EMG CONTROL	1000	1400
NEPHY37	MUSCLE BIOPSY	2000	3000
NEPHY38	CTS INJ. STEROID	600	900
NEPHY39	BOTOX INJ. (WITHOUT EMG) – Procedure only	1200	1700
NEPHY40	MECHANICAL THROMBECTOMY	99700	132000
NEPHY41	THROMBOLYSIS (50)	57500	57500
NEPHY42	THROMBOLYSIS (70)	78000	78000
NEPHY43	TCD (TRANSCRANIAL DOPPLER) ROUTINE	5500	9500
NEPHY44	TCD SPECIAL PROTOCOLS-ADDL. COST	2650	3900
NEPHY45	TCD FOR SONOTHROMBOLYSIS	8000	12000
NEPHY48	NERVE BIOPSY	4000	6000
NEPHY49	BRAIN ANGIOGRAHY	27000	41000
NEPHY50	YOUNG STROKE	41000	67000
NEPHY51	SPINAL ANGIO	66400	100000
NEPHY52	INTRA ARTERIAL THROMBOLYSIS FOR STROKE/CVT	66400	100000
NEPHY53	INTRA ARTERIAL ANGIOPLASTY	100000	132000
NEPHY54	CAROTID STENTING	100000	132000
NEPHY55	ANEURYSM COILING	100000	132000
NEPHY56	AVM EMBOLIZATION CEREBRAL+SPINAL	100000	132000
NEPHY57	DAVF	100000	132000
NEPHY58	IPSS SAMPLING	100000	132000
NEPHY59	EMBOLOIZATION OF VERTEBRAL BODY HEMANGIOMAS	100000	132000
NEPHY60	VERTEBROPLASTY	100000	132000
NEPHY61	I-A CHEMICAL ANGIOPLASTY	100000	132000
NEPHY62	THROMBOLOSIS TENECTOPLASE	35000	35000
NEPHY63	THROMBOLOSIS (20)	30000	30000
NEPHY65	MSLT	7000	7000
NEPHY66	TCD- VASOSPASM PROTOCOL (Per Day)	1050	1050

NEPHROLOGY SERVICES CHARGES

NEPHROLOGY SERVICES CHARGES			
I.	NEPHROLOGY CHARGES	General	Private
DIA01	PERITONEAL DIALYSIS	3300	5250
DIA02	HAEMODIALYSIS	2300	4250
DIA03	FEMORAL CATHETERISATION	5000	6500
DIA04	SUB CLAVIAN CATHETERISATION	6000	7500
DIA05	VASCULAR ACCESS	5700	6800
DIA06	KIDNEY BIOPSY	8000	9500
DIA07	ADD CHG FOR BEDSIDE HEMODIALYSIS	2500	2500
DIA16	EMERGENCY DIALYSIS CHARGES	1100	1300
DIA23	PLASMOPHERESIS	25000	27000
DIA27	SLOW EXTENDED DURATION DIALYSIS (SLED)	6100	10200
DIA28	FEMORAL/IJV CATHETER REMOVAL (HOSPITAL PATIENTS)	600	700
DIA29	FEMORAL/IJV CATHETER REMOVAL (OUT SIDE PATIENTS)	850	1100

Note:

I. Haemodialysis includes all consumables and professional charges but it does not include Dialyser charges.

PACKAGE CHARGES FOR NEPHROLOGY

Code	Service Name	General	S Pvt.	PVT.	No. of Days
RENAL TRANSPLANTATION					
ARTD	RENAL TRANSPLANTATION DONOR	110000	150000	150000	12
ARTR	RENAL TRANSPLANTATION RECIPIENT	350000	580000	580000	12
ADCD	DAY CARE DIALYSIS	3500	3500	3500	01

Note:

- 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.
- Package includes the charges for surgery and stay in the hospital for the donor.
- Donor opting for the special accommodation than allowed in the package shall be charged for the difference in accommodation.
- Pharmacy to be charged extra.

PAEDIATRIC SERVICE CHARGES

PAEDIATRIC SERVICE CHARGES			
I.	PAEDIATRICS SERVICE CHARGES	General	Private
PAED01	NEW BORN CARE AFTER DELIVERY (IN SSH)	1150	1700
PAED02	NURSERY CARE UPTO 24 Hrs. (WITHOUT MONITOR)	1100	2200
PAED21	NURSERY CARE UPTO 24 Hrs. (WITH MONITOR)	1700	2800
PAED04	NURSERY CARE IN INCUBATOR/WARMER UPTO 24 Hrs.	2300	4000
PAED27	NURSERY CARE IN INCUBATOR/WARMER WITH MONITOR	2500	4400
PAED05	NEONATAL INTENSIVE CARE PER DAY (WITH MONITOR & INCUBATOR)	3500	5200
PAED03	PREMATURE BABY CARE UPTO 24 Hrs.	800	1200
PAED28	BABY CARE IN MC POST OPERATIVE	800	1600
PAED08	RESUSCITATION	1400	2600
PAED09	EXCHANGE TRANSFUSION (PAED)	2150	3450
PAED14	INFUSION PUMPS & SYRINGE PUMPS	350	600
PAED15	NON INVASIVE/ BP MONITOR	300	600
PAED18	ROP SCREENING CHARGES	1000	1500
PAED22	C PAP PER DAY (EQUIPMENT CHARGES)	150	250
PAED23	CUP FEEDING CHARGES PER DAY	150	250
PAED24	TUBE FEEDING CHARGES PER DAY	200	250
PAED25	PHOTOTHERAPY SINGLE PHASE	250	750
PAED26	PHOTOTHERAPY DOUBLE PHASE	450	850
PAED29	THERAPEUTIC HYPOTHERMIA	5000	7000
PAED30	NURSERY ISOLATION ROOM	4700	6400

OPHTHALMOLOGY SERVICE CHARGES

OPHTHALMOLOGY SERVICE CHARGES			
I.	OPHTHALMOLOGY SERVICE CHARGES	General	Private
BUT1	BOTOX INJECTION PER UNIT	1250	1300
OPHA04	FUNDUS EXAMINATION (INDIRECT OPHTHALMOSCOPY)	200	300
OPHA61	DILATED FUNDUS/ REFRACTION	200	300
OPHA10	FIELD CHARTING WITH FIELD MACHINE- BOTH EYES	1300	2000

OPHA11	INCISION OF ABSCESS	650	900
OPHA12	CORNEAL F.B. REMOVAL	500	800
OPHA13	CHALAZION EXCISION	1400	1800
OPHA14	WART EXCISION	600	900
OPHA16	CONJUNCTIVAL SUTURING	800	1200
OPHA17	ELECTROLYTIC EPLATION	600	900
OPHA18	A SCAN BIOMETRY	300	500
OPHA19	ROP SCREENING CHARGES	1000	1500
OPHA20	FLUROSCENE ANGIOGRAPHY(LASER THERAPY)	2650	3700
OPHA21	ARGON LASER PHOTOCOAGULATION	4850	7300
OPHA22	YAG LASER CAPSULOTOMY	2600	3000
OPHA23	YAG LASER IRODOTOMY	3000	3500
OPHA27	COSTOMUVE LASIK LASER –BOTH EYES	35000	35000
OPHA28	FIELD CHARTING WITH FIELD MACHINE ONE EYE	700	1100
OPHA31	COSTOMUVE LASIK LASER ONE EYE	25000	25000
OPHA38	LASIK WORK UP	1200	1200
OPHA47	OCT RETINA AND MACULAR	2200	3500
OPHA48	OCT GLAUCOMA	2200	3500
OPHA49	OCTANTERIOR SEGMENT EXAMINATION	1450	2400
OPHA52	I- LASIK STANDARD	85000	85000
OPHA53	I- LASIK COSTOMIZED	95000	95000
OPHA55	FUNDUS PHOTOGRAH	600	700
OPHA63	INTRAVITREAL INJECTION (PROCEDURE CHARGES)	1650	2200
OPHA65	CORNEAL CROSS LINKING BOTH EYES	50000	50000
OPHA67	CORNEAL CROSS LINKING SINGLE EYE	35000	35000
OPHA68	PENTACAM/AS OCT	2000	2000
OPHA69	INJ. CHONDROITIN SULPHATE & SODIUM HYALURON	2000	2000
OPHA70	WIDE FIELD RETINAL IMAGING	2500	2500
OPHA71	ROP LASER (MINIMAL) PER EYE	20000	20000
OPHA72	ROP LASER (EXTENSIVE) PER EYE	30000	30000
OPHA73	BARRAGE LASER PER SITTING PER EYE	5000	6000
OPHA74	PACHYMETRY (CCT)	500	600
OPHA75	PER SITTING PER EYE (PRP)	3000	4000
OPHA76	SECTORAL LASER (PER SITTING PER EYE)	3000	4000
OPHA77	23 G VITRECTOMY	25000	30000
OPHA78	25 G VITRECTOMY	30000	40000
OPHA79	SCLERAL BUCKING	40000	50000
OPHA80	ENCIRCLAGE	7000	10000
OPHA81	MEMBRANE PEELING	5000	7000
OPHA82	ENDOLASER	10000	15000
OPHA83	SILICON OIL/GAS	15000	20000
OPHA84	PARS PLANA LENSECTOMY	15000	20000
OPHA85	PPV WITH IOL EXPLANATION WITH SECONDARY IOL	55000	75000
OPHA86	PPV WITH ILM PEELING WITH GAS	65000	85000
OPHA87	PNEUMATIC RETINOPEXY	25000	30000
OPHA88	ERM PEELING	10000	15000
OPHA89	SYRINGING AND PROBING	400	600
OPHA90	GLAUCOMA PACKAGE	3800	4800
OPHA91	OCT SINGLE EYE	1200	1800

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	10000				01

ABFL	BASIC FOLDABLE LENS	13000				01
AHF	HYDROPHILIC FOLDABLE LENS	17000				01
PREMIUM IOL PACKAGES						
API	CATARACT WITHOUT IOL	17000	20000	22000	25000	01
AHYAL	HYDROPHOBIC ACRYLIC LENS	25000	28500	30500	33500	01
AHA	HYDROPHILIC ASPHERIC LENS	30000	32500	34500	38000	01
AHBA	HYDROPHOBIC ASPHERIC LENS	35000	38500	40500	43500	01
AHAP	HYDROPHOBIC ASPHERIC PRELOADED LENS	38000	40500	42500	45500	01
AHPM	HYDROPHOBIC PREMIUM MONOFOCAL LENS	43000	46000	48000	51000	01
ADVANCED TECHNOLOGY LENSES						
AML	MICROINCISION LENS	55000	58500	60500	63500	01
ATL	TORIC LENS	44500	48000	50000	53000	01
AMI	MULTIFOCAL LENS	55000	58500	60500	63500	01
AMTL	MULTIFOCAL TORIC LENS	68500	71500	73500	76500	01
ATI	TRIFOCAL LENS	90500	93500	95500	98500	01
EXTENDED DEPTH OF FOCUS LENSES						
AEDF	INDIAN LENS	44500	48000	50000	53000	01
ADEFS	SYMPHONY LENS	74500	77500	80000	83000	01
AEDFST	SYMPHONY TORIC LENS	95500	98500	101000	104000	01

Note:

- a. Investigations to be charged extra.
- b. Surgical kit to be charged extra.

ENT & AUDIOLOGY SERVICE CHARGES

I.	ENT & AUDIOLOGY	General	Private
ENT01	PURE TONE AUDIOGRAM	480	720
ENT02	SISI, TONE DECAY & DIFFERENCE LIMEA	330	550
ENT03	MULTIPLE HEARING ASSESSMENT TEST/AD	790	1210
ENT04	HEARING AID SELECTION	330	550
ENT05	SPEECH DISCRIMINATION SCORE	210	320
ENT06	SPEECH ASSESSMENT	270	420
ENT07	SPEECH THERAPY PER SESSION 30-40 Min.	340	480
ENT08	DELAYED SPEECH: AUDIOMETRY & SPEECH & BEHAVIOUR	650	990
ENT09	COLD CARORIC TEST FOR VESTIBULAR FUNCTION	470	710
ENT10	SPECIAL TEST	380	570
ENT11	TYMPANOMETRY	420	620
ENT12	TYMPANOMETRY & STAPE DIAL REFLEX	510	790
ENT13	SPECIAL TEST ARLT, DE, CAY	370	550
ENT14	TYMPANOMETRY STAPE DIAL REFLEX, ARL	900	1380
ENT15	HEARING TEST FOR NEW BORN BABIES(OAE)	1000	1000
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)	3000	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	1000	1270
ENT30	LOBULOPLASTY UNILATERAL	5000	7000
ENT31	FOREIGN BODY EAR	1610	2420
ENT32	FOREIGN BODY NOSE	1610	2420
ENT33	90 DEGREE LARINGOSCOPY	900	1330
ENT34	SUTURING WOUNDS	1000	1270
ENT35	NASAL PACKING	1000	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
ENT46	EAR TIP	800	800
ENT47	SLEEP STUDY	9000	13500
ENT48	SLEEP STUDY- SINGLE LOOK	4500	7000
ENT50	VNG	5000	5000

PACKAGE CHARGES FOR ENT SURGERY

Code	Service Name	General	Cubicle	S Pvt.	PVT.	Deluxe	No. of days
ENT SURGERIES							
OSA	OSA SURGERY	37500	46000	57500	72000	83000	05
LME	LARGE MASS EXCISION	25000	29500	44500	62500	76500	05
APG	PHARYNGOPLASTY	37500	46000	57500	72000	83000	05
AEF	EXTENDED FESS	32000	38300	54500	72700	81000	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
ANME	NECK MASS EXCISION-LARGE	25000	29500	44500	62500	76500	04
ANBFC	NASEL BONE FRACTURE COMPOUND	23000	28700	47100	69000	79400	04
AEE	ENDOSCOPIC EPIGLOTTOPLASTY	20500	25000	34000	46000	55000	04
APTP	PALATOPLASTY	20500	25000	34000	46000	55000	04
ATY	THYROHYODOPEXY	20500	25000	34000	46000	55000	04

AADNTM	ADENOTONSILLECTOMY	21900	24100	32200	42600	50600	03
ADWC	DNE WITH CAUTERISATION	16700	20100	32800	55800	67300	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
ANBFS	NASEL BONE FRACTURE SIMPLE	17300	19000	28700	43700	52900	03
ADLS	D/L SCOPY	14900	16700	23600	33900	39700	02
AOSPH	OESOPHAGOSCOPY	14000	17000	28000	42000	48000	02
ANMAE	NASEL MASS EXCISION	14400	16700	22400	30700	34500	02
ASPLT	SEPTOPLASTY	16100	18400	26400	36800	44300	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	12000	15000	20500	26000	32000	02
ATMPT	TYMPANOPLASTY	16100	19600	32200	55200	63200	02
AADTM	ADENOIDECTOMY	13800	14900	19600	26400	31600	01
AAPNP	ANTERIOR & POSTERIOR NASAL PACKING IN OT	9200	11000	14400	21000	24700	01
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
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	15000	18000	23200	32300	35000	01
ACSMJ	COBLATION SURGERY- MAJOR	20000	24800	35200	44500	45700	01
ADWCM	DNE WITH CAUTERISATION (MINOR)	11500	13600	17900	24800	27000	01
ENT DAY CARE SURGERY							
ATRAC	TRACHEOSTOMY	18000	21000	24000	31500	34500	-
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	-
AESMUG	EXCISION SMALL MASS UNDER GA	6000	7800	8800	12000	14500	-
ASBUG	SMALL BIOPSY UNDER GA	6900	7800	10100	13800	16700	-
AMGBL	MYRINGOTOMY+GROMMET BILATERAL UNDER LA	8600	10400	17300	34500	39700	-
ASFNWL	SUTURING FACIAL/ NECK WOUND SMALL	11500	12600	15100	19300	21900	-
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	-

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	1200	1500
DENT04A	COMPOSITE FILLING-LIGHT CURE (LARGE)	1600	2000
DENT06	GLASS IONOMER	700	1000
DENT07	RCT ANTERIORS(ENDODONTICS)	2700	3700
DENT07A	RCT ANTERIOR 1 st SITTING	1500	1900
DENT08	RCT POSTERIORS (ENDODONTICS)	3500	5000
DENT08A	RCT POSTERIOR 1 st SITTING	2300	3200
DENT10	APICAL CURETTAGE (ENDODONTICS)	3700	4700
DENT11	ORATEKE AND LUCITONE-COMPLETE DENTURES	20000	25000
DENT12	ACRYLIC & PREMA DENTURES-COMPLETE DENTURES	15000	20000
DENT13	RELINING COMPLETE DENTURES (PROSTHETICS)	2000	2500
DENT14	DENTURE REPAIR (PROSTHETICS)	1500	2100
DENT15	SINGLE TOOTH PARTIAL DENTURES (ACRYLIC)	2400	3500
DENT16	EACH ADDITIONAL TOOTH-PARTIAL DENTURE	500	800
DENT17A	CAST PARTIAL DENTURE (CROME COBALT)	25000	30000
DENT17B	CAST PARTIAL DENTURE (TITANIUM)	45000	55000
DENT18	JACKET CROWN (ACRYLIC PER UNIT)	2300	2800
DENT19	CROWN (CHROME COBALT PER UNIT) WITHOUT FACING	2800	3900

DENT21	CROWN (CHROME COBALT PER UNIT) PORCELAIN FACING	4500	5500
DENT21A	PORCELAIN FUSED TO METAL CAD-CAM CROWN-10 YRS Warranty	5500	7200
DENT22	DOWEL CROWN (ACRYLIC PER UNIT)	2800	3300
DENT23	POST AND CORE WITHOUT RCT/CROWN	3000	3500
DENT24	OBTURATOR FOR CLEFT PALATE	7000	10000
DENT25	COST OF APPLIANCES(ORTHODONTICS)	5500	7200
DENT26	COST OF EACH VISIT FOR ADJUSTMENT (ORTHODONTICS)	700	900
DENT27	EACH BREAKAGE/LOSS (ORTHODONTICS)	400	500
DENT30	COST OF FIXED APPLIANCE METAL BRACES	27500	31000
DENT30A	COST OF METAL BRACES PART PAYMENT- 1 st INSTALLMENT	19500	19500
DENT30B	COST OF METAL BRACES PART PAYMENT- 2 nd INSTALLMENT	6500	9700
DENT30C	COST OF METAL BRACES PART PAYMENT- 3 rd INSTALLMENT	6500	9700
DENT31	COST OF EACH VISIT FOR ADJUSTMENT (FIXED ORTH.)	1400	2400
DENT32	EACH BREAKAGE/LOSS OF BAND (FIXED ORTHODONTICS)	1300	1500
DENT33	EXTRA ORAL APPLIANCE HEAD GEAR (KLOEN S TYPE)	2500	3300
DENT34	SCALING AND POLISHING OR TEETH (I)	1200	1400
DENT35	SCALING AND POLISHING OF TEETH (II)	1800	2300
DENT36	SCALING AND POLISHING OF TEETH (III)	2300	2900
DENT39	GINGIVECTOMY – PER QUADRANT	5500	6700
DENT41	FRENECTOMY	2400	2800
DENT43	SPACE MAINTAINER FUNCTIONAL (PER UNIT)	500	900
DENT44	SPACE MAINTAINER NON FUNCTIONAL (PER UNIT)	1800	2100
DENT45	EXTRACTION PER TOOTH	500	900
DENT46	EXTRACTION ALL TEETH IN A JAW	2500	3900
DENT47A	3 rd MOLAR DISIMPACTION- CATEGORY A	3500	4500
DENT47B	3 rd MOLAR DISIMPACTION- CATEGORY B	5000	6500
DENT47C	3 rd MOLAR DISIMPACTION- CATEGORY C	7000	10000
DENT49	TOOTH REPLANTATION	2200	2800
DENT50	ALVEOLECTOMY (PER QUADRANT)	2200	2800
DENT52	ABCESS INCISION (PER TOOTH)	800	900
DENT53A	GROWTH REMOVAL LESS THAN 1cmx1cm IN SIZE	2500	2800
DENT53B	GROWTH REMOVAL MORE THAN 1cmx1cm IN SIZE	4000	6500
DENT54	BIOPSY (DENTAL)	2100	2600
DENT57	FLAP OPERATION (PER QUADRANT)	5900	7800
DENT58	FIXATION OF FRACTURED JAW – I.M.F	13500	19000
DENT59	IMPRESSIONS FOR STUDY MODELS	500	500
DENT60	COST OF APPLIANCE (FIXED, ORTHODONTICS SINGLE)	14400	15500
DENT61	COST OF EACH VISIT FOR ADJUSTMENT SINGLE	800	1300
DENT62	COST OF APPLIANCE (FIXED, ORTHODONTICS SEGMENTATION)	10000	14000
DENT63	DENTAL X-RAY	210	400
DENT64	ORATEKE AND LUCITONE DENTURE ONE JAW	11000	13500
DENT65	ACRYLIC & PREMA DENTURES ONE JAW	8000	11000
DENT67	RCT (PREMOLARS)	3300	4000
DENT67A	RCT PREMOLAR – 1 st SITTING	2100	2200
DENT69	BLEACHING OF SINGLE TEETH	2500	3500
DENT69A	BLEACHING PER ARCH	6000	9000
DENT70	BLEACHING OF TEETH (LOWER QUADRANT)	11000	12500
DENT71	FLEXIBLE PARTIAL DENTURE FOR SINGLE TOOTH	10000	15000
DENT72	ALL CERAMIC CROWN (5 YEARS WARRANTY)	10000	12000
DENT72A	ALL CERAMIC CROWN (10 YEARS WARRANTY)	11500	13100
DENT72B	MONOLITH CROWN	8000	10000
DENT73	FLEXIBLE FULL DENTURE	30000	36000
DENT74	I & D OF FACIAL ABCESS	7500	10000
DENT75	SEALANT FOR CARIES PREVENTION	700	1000
DENT76	RCT OF PRIMARY TEETH	1400	2300
DENT77	TEMPORARY FILLING	400	500

DENT78	TWIN BLOCK APPLIANCE	15000	20000
DENT81	FLOURIDE APPLICATION (PEDODONTICS) PER ARCH	2300	3700
DENT82	ESTHETIC COMPOSITE	2100	3400
DENT84	REPEAT ENDODONTICS	4500	6000
DENT85	COMPOSITE SPLINTING FOR LUXATED TEETH PER ARCH	5000	6600
DENT86	OCCLUSAL X- RAY	700	900
DENT87	3 rd MOLAR EXTRACTION (SIMPLE)	1200	1400
DENT88	ROTARY ENDO- ANTERIOR	4000	5000
DENT89	ROTARY ENDO- POSTERIOR	5000	6000
DENT90	AUTOGENOUS GRAFT FOR AUGMENTATION	11000	13200
DENT91	MTA APPLICATION	1300	1600
DENT93	ARTHROCENTESIS	4500	6000
DENT94	INTRA ARTICULAR INJECTION (DENTAL)	1400	2200
DENT96	ORTHOGNATHIC SURGERY PLANNING	4000	6000
DENT97	DEPIGMENTATION OF GINGIVA	2500	3900
DENT98A	PACKAGE FOR IMPLANT (ALFABIO) – WITHOUT CROWN	28000	31500
DENT98B	PACKAGE FOR IMPLANT (BIOHORIZON) – WITHOUT CROWN	33000	35000
DENT98C	PACKAGE FOR ALFABIO IMPLANT	25000	28000
DENT98D	PACKAGE FOR IMPLANT (MEGAGEN ANYONE) – WITHOUT CROWN	28000	31500
DENT99	PEDO CROWN	1600	2000
DENT99A	PEDO CROWN (ZIRCONIA)	3000	4000
DENT100	MICRO IMPLANT (FOR ORTHODONTIC PURPOSE)	5000	6000
DENT101	CERAMIC FIXED APPL.	33000	39000
DENT102	BONE GRAFT	5250	6000
DENT102A	BONE GRAFT (HALF)	3000	3500
DENT103	SUTURE-SILK	400	500
DENT104	SUTURE- NYLON	700	900
DENT105	SUTURE- VICRYL	700	900
DENT106	NANCE PALATAL ARCH	3000	4000
DENT107	COMPLICATED EXTRACTION (SURGICAL)	2650	3700
DENT108	MIRACLE MIX RESTORATION	1000	1400
DENT109	GLASS IONOMER FILLING TYPE- 2	400	500
DENT110	KETAC MOLAR RESTORATION (HIGH STRENGTH GIC)	1000	1400
DENT111	RCT SUBSEQUENT SITTING	600	900
DENT112	EXTRACTION OF TEETH PER QUADRANT	2500	3900
DENT113	INCISIONAL BIOPSY	2200	2800
DENT114	SUBGINGIVAL CURETTAGE & ROOT PLANNING (PER QUADRANT)	2500	3900
DENT115	OPEN REDUCTION OF FRACTURED JAW UNDER L.A (Plate Fixation)	21500	26600
DENT116	SCALING & POLISHING PER QUADRANT	800	1100
DENT122	COST OF FIXED RETAINER PER ARCH	4000	6000
DENT123	NIGHT GUARD	5250	7900
DENT124	CYST ENUCLEATION UP TO 2 cm	7000	10000
DENT125	CYST ENUCLEATION MORE THAN 2 cm	11000	16000
DENT126	CANINE EXPOSURE FOR ORTHODONTIC TREATMENT	3000	4000
DENT127	TMJ OCCLUSAL SPLINT	8000	10000
DENT128	DRESSING SMALL	250	400
DENT129	DRESSING LARGE	400	600
DENT130	IODOFORM DRESSING	700	900
DENT131	METAPEX RCT DRESSING	400	600
DENT132	TITANIUM ACRYLIC HYBRID CROWN	8000	9000
DENT133	CERAMIC VENEER EMAX PRESS	6000	8000
DENT133A	CERAMIC VENEER EMAX CAD	9000	11000
DENT134	PLATELET RICH FIBRIN	1000	1500
DENT135	SURGICAL GOWN (STERILE)	200	200
DENT136	SURGICAL GOWN (NON-STERILE)	150	150
DENT137	OPG XRAY	550	700
DENT138A	FIXED APPLIANCE METAL BRACES GR I	32000	37000

DENT138B	FIXED APPLIANCE METAL BRACES GR II	37000	42000
DENT138C	FIXED APPLIANCE METAL BRACES GR III	42000	47000
DENT139A	FIXED APPLIANCE CERAMIC BRACES GR I	40000	45000
DENT139B	FIXED APPLIANCE CERAMIC BRACES GR II	45000	50000
DENT139C	FIXED APPLIANCE CERAMIC BRACES GR III	50000	55000
DENT140	1 ST INSTALLMENT FOR FIXED APPLIANCE- METAL BRACE	12000	12000
DENT141	1 ST INSTALLMENT FOR FIXED APPLIANCE- CERAMIC BRACE	15000	15000
DENT142	SUBSEQUENT PAYMENT FOR FIXED APPLIANCE	5000	5000
DENT143	REMOVABLE RETAINER PER ARCH	3500	4000
DENT144	INVISALIGN (COMPREHENSIVE) 5 YEAR WARRANTY	280000	300000
DENT145	INVISALIGN (MODERATE) 2 YEAR WARRANTY	260000	280000
DENT146	INVISALIGN (MILD) 1 YEAR WARRANTY	240000	260000
DENT147	BONDED LINGUAL RETAINER PER ARCH	2500	3000
DENT148	CLEAR\ ESSIX RETAINER PER ARCH	3000	3500
DENT149	RME APPLIANCE	15000	17500
DENT150	FACE MARK AND RME THERAPY	25000	30000
DENT151	HEADGEOR THERAPY	15000	17500
DENT152	ALIGNERS SINGLE ARCH	75000	80000
DENT152A	ALIGNERS GRADE I BOTH ARCHES	125000	135000
DENT152B	ALIGNERS GRADE II BOTH ARCHES	150000	160000
DENT152C	ALIGNERS GRADE III BOTH ARCHES	175000	185000
DENT153A	SUTURING OF LW (ORAL CAVITY/ FACE) UPTO 1 cm	1500	2000
DENT153B	SUTURING OF LW (ORAL CAVITY/ FACE) UPTO 4 cm	3000	4000
DENT153C	SUTURING OF LW (ORAL CAVITY/ FACE) UPTO 8 cm	5000	6000

PACKAGE CHARGES FOR DENTAL SURGERY

Code	Service Name	General	Cubicle	S Pvt.	PVT.	Deluxe	No. of days
DENTAL SURGERIES							
ADTF	DENTAL TREATMENT UNDER GA FILLINGS ONLY	9200	9200	12700	12700	12700	OPD
ADTFO	DENTAL TREATMENT UNDER GA UPTO 4 TEETH	16200	19100	22100	26700	30100	01
ADTS	DENTAL TREATMENT UNDER GA UPTO 6 TEETH	19700	24400	30100	34800	38200	01
ADTE	DENTAL TREATMENT UNDER GA UPTO 8 TEETH	22100	26700	34200	40500	44000	01
ADTT	DENTAL TREATMENT UNDER GA UPTO 10 TEETH	29000	33600	42800	49900	53200	01
ADTMT	DENTAL TREATMENT UNDER GA MORE THAN 10 TEETH	37100	41700	49900	57900	60200	01

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.

MATERNITY SERVICE CHARGES

I.	MATERNITY CHARGES	General.	Private
MAT01	COLPOSCOPY	2200	4000
MAT03	END. BIOPSY	2000	2500
MAT04	END. ASPIRATION	700	900
MAT05	CERVICAL CAUTERISATION (ELECTRICAL)	550	850
MAT06	CERVICAL BIOPSY	1000	1500
MAT07	VAGINAL VULVAL/PUNCH BIOPSY	600	800
MAT11	CARDIO TOCOGRAPH (CTG)	400	700
MAT13	CRYO CAUTERY Cx	2000	3500
MAT15	VASECTOMY	10000	10000
MAT18	HEGARS TEST	950	1450
MAT19	AFI	450	650
MAT20	AFI + NST	1500	2300
MAT23	UNBOOKED DELIVERY CASES (EXTRA CHARGES)	2750	4200
MAT26	ECLAMPSIA PATIENTS CHARGES	1050	1050
MAT38	DISPOSABLE DELIVERY KIT	1600	1600
MAT39	ECV	1350	1950
MAT40	NST	800	1200
MAT42	IUCD INSERTION	700	1000
MAT43	PROCEDURE CHARGES FOR MINOR SURGERIES (I A)	5000	7500
MAT44	PROCEDURE CHARGES FOR MINOR SURGERIES (I B)	5900	9000
MAT45	ROOM BOOKING CHARGES	600	600
MAT63	MEDICAL MANAGEMENT OF ABORTION- WARD/OBG CASUALTY	4000	6800
MAT64	HYSTERO SALPINGOGRAPHY (HSG)	1500	2300
MAT65	AMNIO CENTESIS	1750	2800
MAT66	INTRA UTERINE CONTRACEPTIVE DEVICE (IUCD) REMOVAL	700	1000
MAT67	EVACUATING UNDER LA	6300	8400
MAT68	RE SUTURING SMALL	650	850
MAT69	DECUBITUS ULCER DRESSING	500	700
MAT71	COLPOSCOPY+ CERVICAL BIOPSY	3200	5500
MAT72	COLPOSCOPY + CRYOCAUTERY	4000	7500
ADC	D&C AND CERVICAL BIOPSY/ FRACTIONAL D&C (OPD PACK.)	7000	12000
ALLT	LAPROSCOPIC LIGATION (TUBAL) PACKAGE	12000	18000
ADH	DIAGNOSTIC HYSTEROSCOPY (OPD PACKAGE)	15000	20000

II. DELIVERY CHARGES

Code	Service Name	General	Cubicle	S. Pvt.	Private	Deluxe/ Spl.	Special L/R
MAT30	NORMAL DELIVERY	5600	10100	11200	14100	16900	19600
MAT31	FORCEPS DELIVERY	7000	12600	14100	17600	21100	24700
MAT32	BREECH DELIVERY	7700	13800	15300	19200	23000	26900
MAT33	TWINS DELIVERY	8400	15000	16700	20900	25100	29200

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	4500	4600	4900	5400	5800	6100
ANA20	EPIDURAL ANALGESIA FOR FAILED PAINLESS DELIVERY	1600	1700	2000	2400	2800	3300

IV. LABOUR ROOM CHARGES							
Code	Service Name	General	Cubicle	S. Pvt.	Private	Deluxe/ Spl.	Special L/R
MAT61	LABOUR ROOM CHARGES	2200	3600	4100	4900	5800	7200
V. MONITORING CHARGES IN 1ST STAGE							
Code	Service Name	General	Cubicle	S. Pvt.	Private	Deluxe/ Spl.	Special L/R
MAT57	FOR LESS THAN 6 HOURS	1400	1700	1900	2200	2500	3000
MAT58	FOR MORE THAN 6 HOURS	2500	3000	4000	5000	6000	7000

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	3500	4500
IVF03	CVS(CHORIONIC VILLUS SAMPLING)	4150	6450
IVF04	AMNIOCENTESIS	1750	2800
IVF05	CORDOCENTESIS	4150	7600
IVF06	FOETOSCOPY	4150	7600
IVF07	FOLLICULAR STUDY	2200	3000
IVF09	MALE INFERTILITY SCAN	1850	2800
IVF10	SEMEN ANALYSIS	900	1250
IVF11	IUI (INTRA UTERINE INSEMINATION)	5000	6800
IVF17	BIOPHYSICAL PROFILE	1900	1900
IVF22	Cx SCORE	350	750
IVF28	CYST ASPITATION – TVS	6000	7500
IVF29	SPERM FUNCTION	1150	1300
IVF30	FOETAL INTERVENTIONAL	4750	7600
IVF33	SONO HYSTEROSALPINGOGRAM	1500	2300
IVF34	SPERM WASH	2300	3550
IVF36	ART 1 st INSTALLMENT AT THE TIME OF REGISTRATION	6000	6000
IVF35	ART 2 nd INSTALLMENT AT THE TIME OF OOCYTE RETRIEVAL	79000	88000
IVF37	SPERM FREEZING-INITIAL CHARGE	6000	7000
IVF38	OOCYTE/EMBRYO FREEZING – INITIAL CHARGE	23000	26000
IVF40	PESA/TESA/MESA ETC	5500	7000
IVF44	AFI	450	700
IVF45	AFI + NST	1500	2300
IVF46	ECV	1350	1950
IVF59	OBSTETRIC ULTRASOUND 1 st VISIT	1200	1200
IVF60	OBSTETRIC ULTRASOUND FOLLOW UP	1000	1000
IVF61	GYNAE ULTRASOUND (PELVIC SCAN)	1400	1400
IVF62	HSG (HYSTEROSALINOGRAM)	2000	3000
IVF64	TRANSVAGINAL SCAN	1400	1400
IVF66	QUICK LOOK ULTRASOUND	600	600
IVF67	END. BIOPSY	2000	2500
IVF68	TESTICULAR BIOPSY	5050	6300
IVF74	CRYO PRESERVATION OF EMBRYO/SPERM- 5 YEARS	30000	35000
IVF75	CRYO PRESERVATION OF EMBRYO/SPERM- TWO YEARS	14000	17000
IVF76	COLPOSCOPY CX BIOPSY	2200	4000
IVF77	END ASPIRATION	900	1000
IVF78	CX POLYPECTOMY/PUNCH BIOPSY	700	900
IVF79	VAGINAL/VULVAL PUNCH BIOPSY	600	800

IVF80	CRYOCAUTERY CX	2000	3500
IVF81	IUD INSERTION/REMOVAL	850	1000
IVF82	FROZEN EMBRYO TRANSFER (FET) 1 st INSTALMENT	2000	2000
IVF83	FROZEN EMBRYO TRANSFER (FET) 2 nd INSTALMENT	28000	33000
IVF84	PICSI CHARGES	7000	7000
IVF85	SPERM DNA FRAGMENTATION	11550	11550
IVF86	HSG IN OT	3500	4000
IVF87	CRYO PRESERVATION EMBRYO/OOCYTE WITH MAINTENANCE 2 ½ YEARS	37000	43000
IVF88	CRYO PRESERVATION EMBRYO/OOCYTE WITH MAINTENANCE 5½ YEARS	53000	61000
IVF89	CRYO PRESERVATION SPERMS WITH MAINTENANCE 2 ½ YEARS	20000	24000
IVF90	CRYO PRESERVATION SPERMS WITH MAINTENANCE 5½ YEARS	36000	42000
IVF91	EMBRYO POOLING PER SITTING	50000	58000
IVF92	ADDITIONAL CHARGES PER FOETUS	850	850
IVF93	BIO HAZARD MATERIALS FOR IVF	15000	15000

PACKAGE CHARGES FOR OBSTETRICS & GYNAECOLOGY

Code	Service Name	General	Cubicle	S. Pvt.	PVT.	Deluxe	No. of days
LAPAROSCOPIC SURGERIES IN OBS & GYNAE DEPARTMENT:							
ALAVH	LAPAROSCOPICALLY ASST. VAGINAL HYSTERECTOMY	64000	71000	93000	110000	140000	05
ATLH	TOTAL LAPAROSCOPIC HYSTERECTOMY	65000	75000	100000	120000	145000	05
ALM	LAPAROSCOPIC MYOMECEYOMY	55000	62000	89000	103000	138000	05
AOM	OPEN MYOMECECTOMY	50000	58000	75000	86000	110000	05
ALMHY	LAPAROSCOPIC MYOMECEYOMY + HYSTEROSCOPY	62000	70000	77000	110000	150000	05
AMSE	MCDONALDS AND SHIRODHKARS ENCKERCLAGE	25000	31000	38000	45000	58000	04
AEP	ENCKERCLAGE PROCEDURE	22000	28000	35000	42000	52500	04
ALOC	LAPAROSCOPIC OVARIAN CYSTECTOMY	45000	56000	75000	91000	115000	03
ALMEP	LAPAROSCOPIC MANAGEMENT OF ECTOPIC PREGNANCY	46000	51000	69000	82000	108000	03
ALOCY	LAPAROSCOPIC OVARIAN CYSTECTOMY WITH HYSTEROSCOPY	50000	56000	80000	100000	126000	03
ALODH	LAPAROSCOPIC OVARIAN DRILLING WITH HYSTEROSCOPY	45000	56000	75000	91000	115000	03
ALSR	LAPAROHYSTEROSCOPY + SEPTAL RESECTION	47000	58000	78000	95000	120000	03
ADL	DIAGNOSTIC LAPAROSCOPY	30000	32000	43000	48000	60000	02
ADLH	DIAGNOSTIC LAPAROSCOPY WITH HYSTEROSCOPY	37500	41000	59000	70000	78000	02
AHSR	HYSTEROSCOPIC SEPTAL RESECTION	25000	NA	32000	NA	NA	OPD
ADH	DIAGNOSTIC HYSTEROSCOPY	15000	NA	20000	NA	NA	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	850	1250
MOT002	SUTURING	650	950
MOT004	CHEST TUBE INSERTION/DRAINAGE	2100	3150
MOT005	NASAL PACKING	1100	1700
MOT006	REMOVAL OF FOREIGN BODY-NASAL/EAR	650	950
MOT008	URETHRAL DILATATION	650	950
MOT012	SUPRA-PUBIC CYSTOSTOMY	2250	3400
MOT013	CLOSED REDUCTION IN DISLOCATION ELBOW	2350	3550
MOT014	CLOSED REDUCTION + POP LEG	1400	2150
MOT015	CLOSED REDUCTION + POP H	2350	3550
MOT017	K WIRE FIXATION	650	950
MOT018	NAIL REMOVAL	2250	3400
MOT019	EAR LOBE REPAIR	1400	2150
MOT020	EXCISION OF CYST	700	1000
MOT021	POP CHARGES	400	650
MOT022	SUTURE REMOVAL	600	900
MOT023	BLADDER IRRIGATION	550	800
MOT024	B C G INSTALLATION	550	800
MOT025	DORSAL SLIT	2250	3400
MOT026	KNEE ASPIRATION	1050	1600
MOT027	MINOR AMPUTATION	550	800
MOT028	CARDIAC MONITORING	800	800
MOT029	OXYGEN THERAPY (PER HOUR)	150	250
MOT031	MORTURY SHEETS	350	350
MOT033	SUPRA PUBIC CATHETERISATION (S P C)	2000	3000
MOT035	RANDOM BLOOD SUGAR	150	160
MOT037	BLOOD KETONE	400	600
MOT038	CASUALTY MINOR PROCEDURE A	200	300
MOT039	CASUALTY MINOR PROCEDURE B	700	1050
MOT040	REMOVAL OF FOREIGN BODY- HAND/ FOOT	750	1100
MOT041	N/G TUBE INSERTION	200	250
MOT042	N G TUBE REMOVAL	60	110
MOT043	CATHETER / LINE/DRAIN ETC. REMOVAL	60	110
MOT047	DAY CARE FOR ADMISSION OF MEDICATION REQUIRED-UPTO 3hrs	150	200
MOT044	DAY CARE FOR ADMISSION OF MEDICATION REQUIRED MORE THAN 3 HRS OF STAY	750	1050
MOT045	TROPONIN I (QUANTATIVE TRIAGE 3 rd GEN.)	1200	1200
MOT046	TRACHEOSTOMY TUBE REINSERTION	900	1350
MOT048	OXYGEN THERAPY IN CASUALTY (2 Hrs) VIA NRBM	800	800
MOT049	IV INFUSION	200	200
MOT050	PIGTAIL REMOVAL	100	100
MOT051	PROCTOLYSIS ENEMA	200	200
MOT052	TRUCUT BIOPSY	500	500

MOT053	TOE NAIL REMOVAL	750	750
MOT054	NT Pro- BNP	1800	1800

PAIN CLINIC & ANAESTHESIA CHARGES

I.	PAIN CLINIC	General	Private
ANA08	NERVE BLOCKS FOR CHRONIC PAIN	2700	3600
ANA16	COELIAC PLEXUS BLOCK	3800	4300
ANA17	SCAR/LOCAL INFILTRATION	1900	2400
ANA18	FLUROSCOPY	900	1100
ANA23	RADIO FREQUENCY ABLATION UP TO 3 FACET JOINTS/ SINGLE NERVE ROOT	21400	28500
ANA24	SYMPATHECTOMY/ COELIAC PLEXUS	5800	8700
ANA25	EPIDURAL FACET JOINT/ MEDIAL BRANCH BLOCKS	5800	8700
ANA26	CAUDAL EPIDURAL	3800	5800
ANA27	TRANSORAMINAL NERVE ROOT BLOCK	5800	8700
ANA28	GENICULAR NERVE BLOCK	3800	5800
ANA29	SACROILIACS JOINT/PYRIFORMIS	2400	3600
ANA30	INTERCOSTAL NERVE BLOCK	2400	3600
ANA31	GANGLION IMPAR BLOCK COCCYDYNIA	3800	5800
ANA32	NEUROLYTIC PROCEDURES OR VARIOUS CANCER	2400	3600
ANA33	CERVICAL EPIDURAL	5800	8700
ANA34	INTRATHECAL BACLOFEN/BACLOFEN MUSCULAR INJECTIONS	3800	5800
ANA35	INTRATHECAL PUMP REFIL/INFUSION PUMP	1500	2100
ANA36	MORPHINE/FENTANYL/OPIOID TRIAL	900	1400
ANA37	FLUOROSCOPIC EXAMINATIONS	500	700
ANA38	TRIGGER POINT INJECTIONS	900	1400
ANA39	LUMBAR CHAIN SYMPATHECTOMY	20300	34100
ANA40	FIBROPTIC INTUBATION	1500	3000
ANA41	DIALYSIS CATHETER INSERTION BY ANAESTHETIST	3150	4200
ANA42	CAUDAL/ ANALGESIA	850	1800
ANA43	PAIN EPIDURAL POST OP. ANALGESIA	850	2000
ANA44	PERIPHERAL LINE CHARGES- ON ANAESTHETIST CONSULTATION	100	200
ANA45	PERCUTANEOUS TRACHEOSTOMY/ BRONCHOSCOPY GUIDED	4000	5000
ANA46	CT ANAESTHESIA CHARGES	1350	2000
ANA47	MRI ANAESTHESIA CHARGES	1600	2300
ANA48	ANAESTHESIA CHARGES FOR CATH. LAB PROCEDURE (Per Hour)	1400	2000
ANA49	ANAESTHESIA CHARGES FOR GASTRO. PROCEDURE (Per Hour)	1270	2000
ANA50	NG TUBE INSERTION- ON ANAESTHETIST CONSULTATION	200	250
PT45	ARTERIAL/CENTRAL LINE CHARGES (ADULT/ PAED.)	1600	2500
PAC	PRE ANAESTHESIA CHECKUP CHARGES	750	750

Extra Charges:

- a) Pharmacy
- b) Disposables

OXYGEN CHARGES

I.	OXYGEN	General	Private
OXY01	OXYGEN CHARGES PER HOUR ADULT	500	500
OXY02	OXYGEN CHARGES PER HOUR PAED.	450	450
OXY03	OXYGEN CHARGES PER DAY PAED.	2900	2900
OXY04	OXYGEN CHARGES PER DAY ADULT	4500	4500

OXY05	OXYGEN CHARGES PER HR. IN ICU ADULT	500	500
OXY06	OXYGEN CHARGES PER DAY ICU	4500	4500
OXY07	OXYGEN CHARGES PER HR IN ICU PAED	450	450
OXY08	OXYGEN CHARGES PER DAY IN ICU PAED	4000	4000

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	1700	2300	2650	3350	3900
OPER2	OPERATION CATEGORY 2	4200	7550	8400	10500	12600
OPER3A	OPERATION CATEGORY 3	7150	12800	14200	17900	21300
OPER4A	OPERATION CATEGORY 4	9250	16700	18500	23100	27800
OPER5	OPERATION CATEGORY 5	13400	24200	26900	33600	40300
OPER6	OPERATION CATEGORY 6	14800	26700	29600	37100	44500
OPERA	OPERATION CATEGORY 7	16400	29500	32900	41100	49400
OPERC	OPERATION CATEGORY 8	18000	32300	35900	44900	54000
OPER9A	OPERATION CATEGORY 9	20300	36500	40500	50700	60900
II.	THEATRE/LABOUR ROOM CHARGES	General	Cubicle	S. Pvt.	Private	Special/ Deluxe
OT1	OT CATEGORY 1	840	1190	1520	1920	2290
OT2	OT CATEGORY 2	1370	3780	4990	5930	7040
OT3A	OT CATEGORY 3	2140	6410	7220	9110	10760
OT4A	OT CATEGORY 4	2790	8350	10010	12260	14960
OT5	OT CATEGORY 5	4030	12110	13440	17850	21210
OT6	OT CATEGORY 6	4500	13370	14840	18900	22790
OT7	OT CATEGORY 7	5300	14780	17060	21840	25180
OT8	OT CATEGORY 8	5830	16200	18620	23730	28040
OT9	OT CATEGORY 9	6100	18270	20930	26570	30450
OTC001	THEATRE ADDITIONAL CHARGES	580	770	1000	1330	1700
III.	ANAESTHESIA CHARGES	General	Cubicle	S. Pvt.	Private	Special/ Deluxe
ANA1	ANAESTHESIA CATEGORY 1	250	710	790	1000	1190
ANA2	ANAESTHESIA CATEGORY 2	630	2270	2520	3150	3780
ANA3A	ANAESTHESIA CATEGORY 3	1070	3840	4270	5360	6410
ANA4A	ANAESTHESIA CATEGORY 4	1400	5010	5570	6950	8350
ANA5	ANAESTHESIA CATEGORY 5	2020	7270	8060	10080	12100
ANA6	ANAESTHESIA CATEGORY 6	2230	8020	8900	11120	13360
ANA7	ANAESTHESIA CATEGORY 7	2470	8870	9860	12340	14810
ANA8	ANAESTHESIA CATEGORY 8	2700	9720	10790	13480	16190
ANA9	ANAESTHESIA CATEGORY 9	3050	10960	12180	15230	18270
ANA07	IV SEDATION	920	1050	1390	1740	2030

Note:

- For Emergency Surgery the next higher category rate will be charged from Category 3 to Category 8. For Category 9, an additional 20% will be charged extra. All unplanned surgeries and those done after office hours and on holidays will be treated as Emergency Surgeries.

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 1.5 hours and thereafter extra charges for every 1hr or part thereof.

b) When two surgeons performed two different operations in one sitting, the following shall be the basis of the charges:

1. Operation Fee: Full fee for the operations performed by each surgeon.

2. OT Room Charges / Anaesthesia Charges: Full charges in respect of the higher operation up to 1.5 hours and thereafter extra charges for every 1 hr 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.1500/-
- Half an hour to one and half hour Rs.2500/-
- Each subsequent hour Rs.1100/-

Code		General	Private
AGD001	Spinal	850	1800
AGD001	Epidural/Brachial Block	1100	2200
AGD001	Combined Spinal/Epidural CSE	1450	2900
AGD001	Any other block	800	1400
PAC	PAC Charges	750	750
AGD001	General Anaesthesia + Caudal	1900	2500
AGD001	Spinal Anaesthesia+ General Anaesthesia	2500	3000
MAC	MAC Charges	850	850

PACKAGE CHARGES FOR GENERAL SURGERY

Code	Service Name	General	Cubicle	S Pvt.	PVT.	Deluxe	No. of days
GENERA LSURGERY:							
A) CHOLECYSTECTOMY							
ALC	LAPAROSCOPIC CHOLECYSTECTOMY	46000	58000	80000	95000	100000	03
ALCD	LAPAROSCOPIC CHOLECYSTECTOMY FOR DIABETIC PATIENTS	50000	63000	85000	100000	110000	03
B) HERNIA SURGERY							
ALAPIH	LAPAROSCOPIC INGUINAL HERNIOPLASTY (UNILATERAL)	45000	65000	75000	85000	100000	03
ALAPIN	LAPAROSCOPIC INGUINAL HERNIOPLASTY (BILATERAL)	55000	80000	90000	110000	120000	03
ALAPVE	LAPAROSCOPIC VENTRAL HERNIOPLASTY	50000	75000	85000	100000	120000	03

C) LAPAROSCOPIC APPENDECTOMY							
ALAPAP	LAPAROSCOPIC APPENDECTOMY	45000	60000	70000	80000	100000	03
UROLOGY SURGERY							
APCNB	P C N L BILATERAL	50300	62800	97700	118400	136800	04
APCNS	P.C.N.L. (STAGHORN)	50300	62800	97700	118400	136800	04
APCNL	P.C.N.L.	39100	48800	72600	89300	104000	03
ATURP	TRANSURETHRA RESECTION OF PROSTATE (T.U.R.P)	31300	39100	58600	76900	86600	03
AURSD	URS + DJ STENTING	30800	40700	63000	84300	95000	03
AURSB	URS + DJ STENTING BILATERAL	39700	53000	76900	97000	101100	03
AURS	UNILATERAL RIRS (FOR STONES LESS THAN 15mm)	54600	66700	82400	103100	120800	03
AHPW	HOLEP (FOR PROSTATE LESS THAN 100gm.)	54600	66700	82400	103100	120800	03
ARPS	RIRS FOR POST DJ STENTING	43100	53600	63000	78800	90300	03
ABRS	BILATERAL RIRS (FOR STONES LESS THAN 15mm)	81900	100100	123900	154400	181700	03
ADSF	DJ STENTING FOR FAILED RIRS	18400	22100	34100	48300	54600	01
ARKS	RE-LOOK SURGERY FOR KIDNEY STONE	12000	16100	23300	29200	33500	--
PAEDIATRIC SURGERY							
APSBO	ORCHIOPEXY BILATERAL	18200	24900	36100	42500	44600	01
APSB	HERNIOTOMY BILATERAL	17000	24700	36800	43600	45200	01
AHU	HERNIOTOMY-UNILATERAL	13100	20200	31000	38600	40300	01
AOU	ORCHIDOPEXY-UNILATERAL	16400	23800	35400	43400	45000	01
ACIR	CIRCUMCISION/PREPUCIOPLASTY	11000	16800	25200	31500	33600	01
AUHR	UMBILICAL HERNIA REPAIR	13100	20200	31000	38600	40300	01

Note:

General Surgery

A) Laparoscopic Cholecystectomy packages

- a. Drugs and consumables to be charged extra.
- b. Lab Investigation and Blood Charges to be charged extra.
- c. Any other procedure if required will be charged extra.

B) Hernia packages

1. Drugs, special mesh, trocar and harmonic scalpel to be charged extra.
2. Lab investigations and blood charges to be charged extra.
3. Any other procedure if required will be charged extra.

C) Laparoscopic Appendectomy package

- a) Pharmacy and Lab Investigations to be charged extra.
- b) Blood charges and any other procedure if required are charged extra.
- c) For Emergency surgeries 10% of the package charge will be charges extra.

Other Packages

- 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.
- 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 2 hrs, Rs.1750/- will be charged extra for every additional ½ hour.
 - ii. In case of any Laparoscopic Cholecystectomy is converted to open then Rs. 1750/- 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	200
2. Other Certificates	200
3. Birth Time Certificate - up to 5 Yrs	250
- above 5 Yrs	600
4. Correction of Letters	100
5. Duplicate Bills or Receipts (per Bill) - 5% of the Bill Amount (Minimum of Rs.10/- and Maximum of Rs.50/-)	
6. Duplicate Investigation Report	50

II. Documentation Charges for TPA/ Insurance Companies 700

III. Verification of Documents 500

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

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