

**I.G.I.M.S.  
DETAIL OF HOSPITAL CHARGES**

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
<b>DEPT. :</b>	<b>27</b>	<b>ADVANCE</b>	<b>MAP # : 11</b>	
630124	0	ADDITIONAL CHARGES	10.00	20.00
630125	0	ADDITIONAL CHARGES	20.00	30.00
630126	0	ADDITIONAL CHARGES	30.00	50.00
630127	0	ADDITIONAL CHARGES	40.00	60.00
630128	0	ADDITIONAL CHARGES	10,000.00	15,000.00
630129	0	ADDITIONAL CHARGES	2,000.00	3,000.00
630130	0	ADDITIONAL CHARGES	3,000.00	4,500.00
630131	0	ADDITIONAL CHARGES	5,000.00	7,500.00
630132	0	ADDITIONAL CHARGES	4,000.00	6,000.00
630122	0	ADDITIONAL CHARGES	400.00	600.00
630114	0	ADDITIONAL CHARGES	50.00	80.00
630115	0	ADDITIONAL CHARGES	100.00	150.00
630116	0	ADDITIONAL CHARGES	200.00	300.00
630117	0	ADDITIONAL CHARGES	500.00	750.00
630118	0	ADDITIONAL CHARGES	1,000.00	1,500.00
630119	0	ADDITIONAL CHARGES	1,500.00	2,250.00
630111	0	ADDITIONAL CHARGES	3,600.00	5,400.00
630113	0	ADDITIONAL CHARGES	7,200.00	10,800.00
630112	0	ADDITIONAL CHARGES	4,800.00	7,200.00
630101	0	ADDITIONAL CHARGES	2,400.00	3,600.00
630105	0	ADDITIONAL CHARGES	6,000.00	9,000.00
630110	0	ADDITIONAL CHARGES	8,400.00	12,600.00
630133	0	ADDITIONAL CHARGES	6,400.00	9,600.00
630139	0	ADDITIONAL CHARGES	20,000.00	30,000.00
630140	0	ADDITIONAL CHARGES	25,000.00	37,500.00
630141	0	ADDITIONAL CHARGES	12,000.00	18,000.00
630134	0	ADV FOR EMERGENCY WARD	5,000.00	7,500.00
630107	0	ADV FOR GENERAL WARD	3,600.00	5,400.00
630108	0	ADV FOR ICU / VENTILATION	12,000.00	18,000.00
630103	0	ADV FOR PRIVATE WARD (NON A/C)	10,000.00	15,000.00
630102	0	ADV FOR RIO	1,200.00	1,800.00
630109	0	ADVANCE FOR DELUX ROOM	50,000.00	75,000.00
630137	0	ADVANCE FOR E-HDU	25,000.00	37,500.00
630136	0	ADVANCE FOR E-ICU	50,000.00	75,000.00
630104	0	ADVANCE FOR MINOR SURGERY	600.00	900.00
630106	0	ADVANCE FOR PHACO SURGERY	6,000.00	9,000.00
640117	0	ADVANCE FOR PICU	10,000.00	15,000.00
630135	0	ADVANCE FOR PRIVATE WARD (A/C)	15,000.00	22,500.00
630138	0	ADVANCE FOR RED ZONE	30,000.00	45,000.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
630120	0	NORMAL DELIVERY (GEN WARD)	1,800.00	2,700.00
630121	0	NORMAL DELIVERY (PVT WARD)	3,600.00	5,400.00
630123	LR	NORMAL DELIVERY AT LABOUR ROOM	600.00	900.00
<b>DEPT. :</b>	24	<b>ANAESTHESIA</b> MAP # :		
040113	0	ANY CASE UNDER SA/GA LAPAROSCOPIC PROCEDURE (GEN WARD)	180.00	270.00
040114	0	ANY CASES UNDER SA/GA LAPAROSCOPIC PROCEDURE (PVT WARD)	360.00	540.00
040118	0	BUPRENORPHINE (RUPATCH) 10 mcg/hr	625.00	940.00
040116	0	CENTRAL VENOUS CATHETERIZATION [GEN WARD]	180.00	270.00
040117	0	CENTRAL VENOUS CATHETERIZATION [PVT WARD]	360.00	540.00
040115	0	DIRECT LARYNGOSCOPY [GEN WARD]	720.00	1,080.00
040103	0	MAJOR - I (GEN WARD)	540.00	810.00
040104	0	MAJOR - I (PVT WARD)	1,080.00	1,620.00
040105	0	MAJOR - II (GEN WARD)	360.00	540.00
040106	0	MAJOR - II (PVT WARD)	720.00	1,080.00
040107	0	MINOR - I (GEN WARD)	180.00	270.00
040108	0	MINOR - I (PVT WARD)	360.00	540.00
040109	0	MINOR - II (GEN WARD)	180.00	270.00
040110	0	MINOR - II (PVT WARD)	360.00	540.00
040111	0	MINOR - III (GEN WARD)	180.00	270.00
040112	0	MINOR - III (PVT WARD)	360.00	540.00
040101	0	SSP (GEN WARD)	720.00	1,080.00
040102	0	SSP (PVT WARD)	1,440.00	2,160.00
<b>DEPT. :</b>	13	<b>BACTERIOLOGY</b> MAP # : 3		
570133	103	AFB CULTURE / OTHERS	100.00	150.00
570162	103	AFB CULTURE ANY BODY FLUID	100.00	150.00
570161	103	AFB CULTURE SPUTUM	100.00	150.00
570160	103	AFB CULTURE URINE	100.00	150.00
570159	103	ANAEROBIC CULTURE	150.00	230.00
570127	114	ASCITIC FLUID CULTURE	35.00	60.00
570150	100	BILE CULTURE	40.00	60.00
220117	114	BLOOD CULTURE FOR AEROBIC & ANAEROBIC	540.00	810.00
220119	114	BLOOD CULTURE FOR PAEDIATRIC PATIENTS FOR AEROBIC & ANAEROBIC	325.00	490.00
570145	103	BRAIN SWAB CULTURE	40.00	60.00
570129	114	BRONCHIAL ASPIRATION CULTURE	35.00	60.00
570130	114	C.S.F. CULTURE	70.00	110.00
570165	114	CLOT CULTURE	120.00	180.00
570144	114	CONJUCTIVA SWAB CULTURE	40.00	60.00
570157	114	CPV AND CATHETER TIP CULTURE	40.00	60.00
570140	114	DIALYSIS FLUID CULTURE	35.00	60.00
570143	114	EAR SWAB CULTURE (ONE OR BOTH EARS)	40.00	60.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
570149	100	ENDOMETRIUM CULTURE	40.00	60.00
570154	100	EYE SWAB CULTURE	40.00	60.00
220118	114	FLUID CULTURE FOR AEROBIC & ANAEROBIC	540.00	810.00
220120	114	FLUID CULTURE FOR PAEDIATRIC PATIENTS FOR AEROBIC & ANAEROBIC	325.00	490.00
570155	100	GASTRIC ASPIRATION CULTURE	40.00	60.00
570138	100	HYDROCEL ASPIRATION AND FLUID CULTURE	35.00	60.00
570137	100	KNEE ASPIRATION CULTURE	35.00	60.00
570136	100	LIVER ASPIRATION CULTURE	35.00	60.00
570156	103	LYMPH NODE CULTURE	100.00	150.00
570166	100	MYCOBACTERIUM LEPRO	0.00	0.00
570167	100	MYCOBACTERIUM T.B. CULTURE	0.00	0.00
220115	114	NASAL SWAB CULTURE	40.00	60.00
590107	103	OCCULT BLOOD IN STOOL	20.00	30.00
570135	100	PERICARDIAL FLUID CULTURE AEROBIC & ANAEROBIC	35.00	60.00
570128	108	PLEURAL FLUID CULTURE AEROBIC & ANAEROBIC	35.00	60.00
570102	103	PUS AND ASPIRATION CULTURE	40.00	60.00
570169	103	SPUTUM CULTURE	40.00	60.00
570134	103	SPUTUM CULTURE - PYOGENIC	70.00	110.00
570171	103	SPUTUM FOR FUNGAL SMEAR	30.00	50.00
570172	114	SPUTUM FOR GENE EXPERT	0.00	0.00
570170	103	SPUTUM FOR GRAM STAIN	30.00	50.00
220156	114	STERILE BODY FLUID CULTURE IN BLOOD CULTURE BOTTLE (ASCITIC PLEURAL, PERICARDIAL CSF)	540.00	810.00
570151	103	STOOL CULTURE	40.00	60.00
570139	114	SYNOVICAL FLUID CULTURE	35.00	60.00
570142	114	THROAT SWAB CULTURE	40.00	60.00
570153	114	TISSUE CULTURE	210.00	320.00
570152	100	TRACHEAL FLUID ASPIRATION CULTURE	40.00	60.00
570158	100	TYM PANIC MEMBRANE C/S	40.00	60.00
570146	114	ULCER SWAB CULTURE	40.00	60.00
570141	103	UMBILICAL SWAB CULTURE	40.00	60.00
570126	114	URETHRAL SWAB CULTURE	40.00	60.00
570124	103	URINE CULTURE	40.00	60.00
220103	114	URINE FOR FUNGAL CULTURE	55.00	90.00
570147	103	VAGINAL SWAB/CERVICAL SWAB CULTURE	40.00	60.00
570131	100	X-BLOOD CULTURE	120.00	180.00
<b>DEPT. :</b>	<b>28</b>	<b>BED CHARGES</b>	<b>MAP # :</b>	
640115	0	CTVS-ICU (B) BED CHARGE PER DAY	750.00	1,130.00
640118	0	E-HDU PER DAY	720.00	1,080.00
640120	0	E-ICU PER DAY	1,100.00	1,650.00
640109	0	EMERGENCY BED CHARGES	300.00	450.00
640108	0	GENERAL WARD PER DAY	90.00	140.00

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640101	0	HDU PER DAY	720.00	1,080.00
640113	0	ICU CHARGE PER DAY [CTVS]	1,100.00	1,650.00
640114	0	ICU ISOLATION BED CHARGES PER DAY	1,500.00	2,250.00
640116	0	PICU BED CHARGE PER DAY	1,000.00	1,500.00
640105	0	PRIVATE WARD (A.C.) PER DAY	1,500.00	2,250.00
640104	0	PRIVATE WARD (NON A.C.) PER DAY	1,000.00	1,500.00
640112	0	PRIVATE WARD (VIP SUIT) PER DAY	5,000.00	7,500.00
640119	0	RED ZONE PER DAY	1,100.00	1,650.00
<b>DEPT. :</b>	<b>2</b>	<b>BIOCHEMISTRY</b>	<b>MAP # : 1</b>	
060129	100	ALBUMIN + TOTAL PROTEIN	85.00	130.00
060132	100	BUN+CREATININE	70.00	110.00
060130	100	FBS + BSPP	70.00	110.00
060131	100	Na+K	70.00	110.00
060128	100	SGOT+SGPT	85.00	130.00
510115	100A	T3,T4,TSH	630.00	950.00
060126	108	24 Hr / SPOT URINE FOR URIC ACID	50.00	80.00
060123	108	24 Hr. / SPOT URINE FOR CALCIUM	50.00	80.00
060116	108	24 Hr. / SPOT URINE FOR PHOSPHORUS	50.00	80.00
060127	108	24 Hr. / SPOT URINE FOR PROTEIN	50.00	80.00
060113	108	24 HR. URINE PROTEIN,CAL,URIC ACID,CREAT, I PHOS	240.00	360.00
390101	108	24 HR. URINE PROTEIN	50.00	80.00
060117	108	24 HRS/SPOT URINE FOR CREATININE	50.00	80.00
060112	100	ABG (BLOOD GAS ANALYSIS)	175.00	270.00
220107	2.	ABG + ELECTROLYTE	695.00	1,050.00
060531	108	AF ALBUMIN	35.00	60.00
810128	108	AF LDH	100.00	150.00
810126	108	AF PROTEIN	35.00	60.00
810127	108	AF SUGAR	35.00	60.00
060545	108	AF TRIGLYCERIDE	85.00	130.00
220198	100A	AFP (ALPHA FETO PROTEIN)	240.00	360.00
060107	100	ALBUMIN	35.00	60.00
060124	100	ALBUMIN/GLOBULIN RATIO	50.00	80.00
060105	100	ALKALINE PHOSPHATASE	50.00	80.00
060548	100A	AMH	1,450.00	2,180.00
060109	100	AMYLASE	55.00	90.00
060134	108	ASCITIC FLUID AMYLASE	55.00	90.00
060108	100	ASCITIC FLUID FOR SUGAR,LDH,PROTEIN	185.00	280.00
060135	108	ASCITIC FLUID LDH	100.00	150.00
060136	108	ASCITIC FLUID LIPASE	240.00	360.00
060137	108	ASCITIC FLUID PROTEIN	35.00	60.00
060138	108	ASCITIC FLUID SUGAR	35.00	60.00
510113	100A	BETA HCG	210.00	320.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
060133	100	BILIRUBIN TOTAL +DIRECT	70.00	110.00
060517	100	BLOOD CYCLOSPORIM LEVEL	1,080.00	1,620.00
060121	100..	BLOOD SUGAR FASTING (FBS)	35.00	60.00
060118	100.	BLOOD SUGAR PP (BSPP)	35.00	60.00
060120	100.	BLOOD SUGAR RANDOM (RBS)	35.00	60.00
060199	100	BLOOD TEST	120.00	180.00
060201	100	BUN	35.00	60.00
220108	100A	CA 125	780.00	1,170.00
060142	100A	CA 15-3	900.00	1,350.00
060143	100A	CA 19-9	900.00	1,350.00
060528	100	CALCIUM	35.00	60.00
0603	100	CARDIAC PROFILE (CPK, CKMB, LDH)	520.00	780.00
510114	100A	CEA	240.00	360.00
060519	100	CERULOPLASMIN TEST	470.00	710.00
060520	100	CHLORIDE	30.00	50.00
060516	100	CKMB	210.00	320.00
560109	100	CPK	210.00	320.00
060530	100	CREATININE	35.00	60.00
560101	100	CREATININE CLEARANCE TEST	85.00	130.00
810125	108	CSF LDH	100.00	150.00
810123	108	CSF PROTEIN	35.00	60.00
810124	108	CSF SUGAR	35.00	60.00
060110	100	DIRECT BILIRUBIN	35.00	60.00
060119	100	D-XYLOSE BLOOD	240.00	360.00
060407	100	D-XYLOSE URINE	240.00	360.00
560107	100	ELECTROPHORESIS	220.00	330.00
060547	100A	ESTRADIOL	450.00	680.00
060506	100	FECAL FAT	240.00	360.00
060556	100A	FOLIC ACID	750.00	1,130.00
060144	100A	FREE T3	240.00	360.00
060145	100A	FREE T4	240.00	360.00
510109	100A	FSH	210.00	320.00
060111	100	GAMMA GLUTAMYL TRANSFERASE	235.00	360.00
560110	100	GASTRIC ANALYSIS	210.00	320.00
560114	100	GLUCOSE TOLERANCE TEST	140.00	210.00
560113	100*	GLYCOSYLATED Hb (HbA1C)	275.00	420.00
060543	100*	Hb ELECTROPHORESIS	750.00	1,130.00
060402	100	HDL CHOLESTEROL	85.00	130.00
060555	100	HOMOCYSTEINE	700.00	1,050.00
060546	100_	IgE	600.00	900.00
060147	100	INDIRECT BILIRUBIN	0.00	0.00
060102	100	INORGANIC PHOSPHATE / PHOSPHORUS / IP	50.00	80.00
560115	100	IRON BINDING CAPACITY	175.00	270.00

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560106	100	KETOSTEROID	210.00	320.00
560118	100	LDH	100.00	150.00
560121	100	LDL - CHOL	85.00	130.00
060125	100	LFT (TB,DB,SGOT,SGPT,ALP,TP,ALB) / LIVER FUNCTION TEST	320.00	480.00
510108	100A	LH	210.00	320.00
060115	100	LIPASE	240.00	360.00
560116	100	LIPID PROFILE (CHOLESTEROL,HDL,LDL,VLDL,TRI)	360.00	540.00
060504	100	LITHIUM	70.00	110.00
060559	108..	MTHFT-C677T GENE (GENOTYPING)	1,000.00	1,500.00
060413	100	OSMOLARITY, URINE OR SERUM	70.00	110.00
060409	100	PCO2,PHO2,HCO3,OXYSAT BEXCESS (BASE EXCESS)	175.00	270.00
060537	108	PLEURAL FLUID ALBUMIN	35.00	60.00
060540	108	PLEURAL FLUID AMYLASE	55.00	90.00
060539	108	PLEURAL FLUID LDH	100.00	150.00
060541	108	PLEURAL FLUID LIPASE	240.00	360.00
060536	108	PLEURAL FLUID PROTEIN	35.00	60.00
060538	108	PLEURAL FLUID SUGAR	35.00	60.00
060557	108	PLEURAL FLUID TRIGLYCERIDE	85.00	130.00
060523	100	POTASSIUM	35.00	60.00
060140	0	PROGESTERON	0.00	0.00 *
510110	100A	PROLACTINE	210.00	320.00
220150	100A	PSA	275.00	420.00
0602	100	RFT / KFT (BUN,CREAT,Na,K,Ca,CL,URIC ACID)	355.00	540.00
060526	100	SERUM / URINARY COPPER	180.00	270.00
060150	100	SERUM ACID PHOSPHATASE	50.00	80.00
060534	100A	SERUM ANTI TPO	840.00	1,260.00
060558	108.	SERUM CA 242	750.00	1,130.00
060533	100A	SERUM CORTISOL	480.00	720.00
060151	100A	SERUM FERRITIN	480.00	720.00
560108	100	SERUM IRON	120.00	180.00
060542	100	SERUM PROTEIN ELECTROPHORESIS	600.00	900.00
060535	100A	SERUM PTH	960.00	1,440.00
060198	100	SERUM TESTESTERONE	210.00	320.00
810122	100A	SERUM VIT B12	720.00	1,080.00
060103	100	SGOT	40.00	60.00
060104	100	SGPT	40.00	60.00
060525	100	SODIUM	35.00	60.00
390104	108	SPOT URINE PROTEIN CRETININE	90.00	140.00
560103	100	STONE ANALYSIS	270.00	410.00
060551	108	SYNOVIAL FLUID ALBUMIN	35.00	60.00
060552	108	SYNOVIAL FLUID AMYLASE	55.00	90.00
060554	108	SYNOVIAL FLUID LDH	100.00	150.00

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060553	108	SYNOVIAL FLUID LIPASE	240.00	360.00
060549	108	SYNOVIAL FLUID PROTEIN	35.00	60.00
060550	108	SYNOVIAL FLUID SUGAR	35.00	60.00
510103	100A	T3 (TOTAL)	210.00	320.00
510104	100A	T4 (TOTAL)	210.00	320.00
510120	100A	TESTOSTERONE	210.00	320.00
060101	100	TOTAL BILIRUBIN	35.00	60.00
060401	100	TOTAL CHOLESTEROL	35.00	60.00
060106	100	TOTAL PROTEIN	50.00	80.00
060414	100	TRIGLYCERIDE	85.00	130.00
510105	100A	TSH	210.00	320.00
560122	100	UIBC	0.00	0.00
060141	0	ULTRA SENSITIVE INSULIN	0.00	0.00
060203	100	URIC ACID	40.00	60.00
390201	108	URINARY CREATININE	0.00	0.00
060527	108	URINARY MICRO ALBUMIN	360.00	540.00
390200	108	URINARY PROTEIN	0.00	0.00
060544	100A	URINE CORTISOL	480.00	720.00
060532	100A	VITAMIN D	1,140.00	1,710.00
780115	100	VLDL	0.00	0.00
<b>DEPT. :</b>	<b>9</b>	<b>BLOOD BANK</b>	<b>MAP # :</b>	
540102	0	BLOOD BANKING (OUT OF WHICH RS. 20/- WILL BE SPENT ON DONER FOR MILK, COFFEE & SNACKS IN EACH WHICH WILL BE MAINTAINED BY THE BLOOD BANK)	600.00	900.00
540119	BB	BLOOD GROUPING+CROSS MATCHING+TTI+ANTIBODY SCREENING+Rh-Kell Phenotyping	960.00	1,440.00
540114	BB	C5L FOR PLATELET COLLECTION APHAERESIS	9,700.00	14,550.00
540106	100	DIRECT COOMBS	35.00	60.00
540111	BB	FRESH FROZEN PLASMA	480.00	720.00
540107	100	INDIRECT COOMBS	35.00	60.00
540116	BB	PIR RED CELL EXCHANGE APHAERESIS	11,250.00	16,880.00
540117	BB	PLASMA COLLECTION APHAERESIS	11,250.00	16,880.00
540110	BB	PLATELET	480.00	720.00
540120	BB	QUALITY CONTROL STERILITY TEST	540.00	810.00
540103	0	RATIONALIZATION FOR CHARGES OF BLOOD UNIT OF BLOOD	360.00	540.00
540115	BB	S5L FOR PLATELET COLLECTION APHAERESIS	9,700.00	14,550.00
540118	BB	STEM CELL COLLECTION APHAERESIS	11,250.00	16,880.00
<b>DEPT. :</b>	<b>6</b>	<b>CARDIOLOGY</b>	<b>MAP # :</b>	
070123	0	CAPSULE ENDOSCOPY	28,000.00	42,000.00
070107	12	ECG	85.00	130.00
070105	101	ECHO DOPPLER [GEN WARD]	600.00	900.00
070106	101	ECHO DOPPLER WITHOUT FILM [PVT WARD]	1,105.00	1,660.00

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070102	101	HOLTER (CONSUMABLE CHARGE EXTRA) [PVT WARD]	1,105.00	1,660.00
070101	101	HOLTER [GEN WARD]	600.00	900.00
070125	0	INTRA VASCULAR ULTRASOUND	15,000.00	22,500.00
070128	0	MOBILE CORONARY UNIT	1,500.00	2,250.00
070126	0	OCT	15,000.00	22,500.00
070124	0	PERMANENT PACEMAKER IMPLANTATION	5,000.00	7,500.00
070113	0	PTMC (BMV) / VALVOTOMY	24,000.00	36,000.00
070127	0	ROTA BLATOR	15,000.00	22,500.00
070122	101	STRERSS ECHO (DRUG USED IN THIS TEST WILL BE BROUGHT BY PATIENT)	1,000.00	1,500.00
070104	101.	TMT (CONSUMABLE CHARGE EXTRA) [PVT WARD]	1,105.00	1,660.00
070103	101.	TMT [GEN WARD]	600.00	900.00
070121	101	TRANS ESOPHAGEAL ECHO	1,000.00	1,500.00
<b>DEPT. :</b>	<b>47</b>	<b>CATH LAB</b>	<b>MAP # : 0</b>	
790101	0	AICD/BI VENT PACING [GEN WARD]	5,000.00	7,500.00
790102	0	AICD/BI VENT PACING [PVT WARD]	7,500.00	11,250.00
790103	0	AORTIC STENT GRAFT [GEN WARD] (EXTRA COST OF DEVICE IS APPLICABLE)	15,000.00	22,500.00
790104	0	AORTIC STENT GRAFT [PVT WARD] (EXTRA COST OF DEVICE IS APPLICABLE)	22,500.00	33,750.00
790105	0	CARDIAC CATHERIZATION [GEN WARD]	5,000.00	7,500.00
790106	0	CARDIAC CATHERIZATION [PVT WARD]	7,500.00	11,250.00
790152	0	CCU PER DAY	1,080.00	1,620.00
790109	0	COLLATERAL CLOSURE WITHOUT DEVICE + COST OF COIL AS PER ACTUAL COST [GEN WARD]	5,000.00	7,500.00
790110	0	COLLATERAL CLOSURE WITHOUT DEVICE + COST OF COIL AS PER ACTUAL COST [PVT WARD]	7,500.00	11,250.00
070110	0	CORONARY ANGIOGRAPHY [GEN WARD]	5,000.00	7,500.00
790135	0	CORONARY ANGIOGRAPHY [PVT WARD]	7,500.00	11,250.00
790107	0	CORONARY ANGIOPLASTY [GEN WARD] (EXTRA COST OF BALLOON, STENT DURGS, BURS IVUS CATH ETC IS APPLICABLE IF REQUIRED AS PER ACTUAL COST)	15,000.00	22,500.00
790108	0	CORONARY ANGIOPLASTY [PVT WARD] (EXTRA COST OF BALLOON, STENT DURGS, BURS IVUS CATH ETC IS APPLICABLE IF REQUIRED AS PER ACTUAL COST)	22,500.00	33,750.00
070119	0	COST OF PACEMAKER (SSI)	50,000.00	75,000.00
070120	0	COST OF PLI INTRODUCER	2,000.00	3,000.00
070115	0	DIAGNOSTIC BRONCOSCOPE (INCLUDING FNAC/BIOPSY/LAVAGE) [GEN WARD]	750.00	1,130.00
790111	0	DILATION OF OTHER VALVES OR COARCT DILATION (EXTRA COST OF BALLOON ETC IS APPLICABLE IF REQUIRED) [GEN WARD]	4,000.00	6,000.00
790112	0	DILATION OTHER VALVES OR COARCT DILATION (EXTRA COST OF BALLOON ETC IS APPLICABLE IF REQUIRED) [PVT WARD]	6,000.00	9,000.00
790113	0	DSA [GEN WARD]	5,000.00	7,500.00
790114	0	DSA [PVT WARD]	7,500.00	11,250.00



CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
790136	0	ECHO DOPPLER [GEN WARD]	600.00	900.00
790137	0	ECHO DOPPLER [PVT WARD]	1,000.00	1,500.00
790138	0	ECHO DOPPLER WITHOUT FILM [PVT WARD]	920.00	1,380.00
790115	0	ELECTROPHYSIOLOGICAL STUDY [GEN WARD]	5,000.00	7,500.00
790116	0	ELECTROPHYSIOLOGICAL STUDY [PVT WARD]	7,500.00	11,250.00
790140	0	EMBOLIZATION [GEN WARD] (EXTRA COST OF COIL IS APPLICABLE)	5,000.00	7,500.00
790141	0	EMBOLIZATION [PVT WARD] (EXTRA COST OF COIL IS APPLICABLE)	7,500.00	11,250.00
790117	0	ENDOMYOCARDIAL BIOPSY [GEN WARD]	4,000.00	6,000.00
790118	0	ENDOMYOCARDIAL BIOPSY [PVT WARD]	6,000.00	9,000.00
790142	0	HOLTER (COSUMABLE CHARGE EXTRA) [PVT WARD]	920.00	1,380.00
790143	0	HOLTER [GEN WARD]	600.00	900.00
790144	0	HOLTER [PVT WARD]	1,000.00	1,500.00
070117	0	INTRA BRONCHIAL BRACYTHERAPY [GEN WARD]	1,500.00	2,250.00
790119	0	IVC FILTER [GEN WARD] (EXTRA COST OF DEVICE IS APPLICABLE)	5,000.00	7,500.00
790120	0	IVC FILTER [PVT WARD] (EXTRA COST OF DEVICE IS APPLICABLE)	7,500.00	11,250.00
790121	0	IVUS [GEN WARD]	15,000.00	22,500.00
790122	0	IVUS [PVT WARD]	22,500.00	33,750.00
070118	0	O.T. CHARGE PACEMAKER (MAJOR I)	2,450.00	3,680.00
790123	0	PDA COIL CLOSURE + COST OF THE COIL AS PER ACTUAL COST [GEN WARD]	10,000.00	15,000.00
790124	0	PDA COIL CLOSURE + COST OF THE COIL AS PER ACTUAL COST [PVT WARD]	15,000.00	22,500.00
070112	0	PERIPHERAL ANGIOGRAPHY / CARDIAC CATH STUDY	5,000.00	7,500.00
790125	0	PERMANENT PACEMAKER INCLUDING TEMPORARY PACEMAKER SUTURE ETC. (EXTRA COST OF PACEMAKER IS APPLICABLE AS PER ACTUAL COST) [GEN WARD]	3,000.00	4,500.00
790126	0	PERMANENT PACEMAKER INCLUDING TEMPORARY PACEMAKER SUTURE ETC. (EXTRA COST OF PACEMAKER IS APPLICABLE AS PER ACTUAL COST) [PVT WARD]	4,500.00	6,750.00
790127	0	PTA [GEN WARD] (EXTRA COST OF DEVICE IS APPLICABLE)	8,000.00	12,000.00
790128	0	PTA [PVT WARD] (EXTRA COST OF DEVICE IS APPLICABLE)	12,000.00	18,000.00
070109	0	PTCA [COST OF BALLOON + STENT + ADDITIONAL HARDWARE EXTRA] INCLUDED GUIDE + 1 WIRE	15,000.00	22,500.00
790129	0	PTMC [GEN WARD]	15,000.00	22,500.00
790130	0	PTMC [PVT WARD]	22,500.00	33,750.00
790145	0	RF ABLATION [GEN WARD]	15,000.00	22,500.00
790146	0	RF ABLATION [PVT WARD]	22,500.00	33,750.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
790131	0	SEPTOSTOMY [GEN WARD] (EXTRA COST OF BALLOON/CATHERETER/BLADE IS APPLICABLE AS PER COST)	5,000.00	7,500.00
790132	0	SEPTOSTOMY [PVT WARD] (EXTRA COST OF BALLOON/CATHERETER/BLADE IS APPLICABLE AS PER ACTUAL COST)	7,500.00	11,250.00
790147	0	SHUNT CLOSURE + COST OF DEVICE / SHEATH ETC. AS PER COST [GEN WARD]	6,000.00	9,000.00
790148	0	SHUNT CLOSURE + COST OF DEVICE / SHEATH ETC. AS PER COST [PVT WARD]	7,500.00	11,250.00
790133	0	STEP DOWN	400.00	600.00
070116	0	SUBSEQUENT FOLLOW UP BRONCO SCOPE [GEN WARD]	500.00	750.00
070111	0	TEMPORARY PACING [GEN WARD] ONLY CONSUMABLE	3,450.00	5,180.00
790149	101.	TMT (CONSUMABLE CHARGE EXTRA) [PVT WARD]	920.00	1,380.00
790150	101.	TMT [GEN WARD]	600.00	900.00
790151	101.	TMT [PVT WARD]	1,000.00	1,500.00
790134	0	TPI (COST OF CONSUMABLE EXTRA)	500.00	750.00
<b>DEPT. :</b>	<b>7</b>	<b>COMMUNITY MEDICINE</b> MAP # : 10		
080101	0	HEPATITIS B VACCINE ADULT (FULL DOSE) PERDOSE	95.00	150.00
080102	0	HEPATITIS B VACCINE CHILD (1/2 DOSE) PERDOSE	50.00	80.00
<b>DEPT. :</b>	<b>50</b>	<b>DENTAL</b> MAP # : 8		
820029	DENTAL	ACTIVATOR (PLUS LAB CHARGES)	600.00	900.00
820024	DENTAL	ACYLIC FULL CROWN (PLUS LAB CHARGES)	120.00	180.00
820042	DENTAL	ALVELOPLASTY/ALVEOLECTOMY (PLUS COST OF DISPOSABLE MATERIAL)	240.00	360.00
820010	DENTAL	AMALGAM RESTORATION (PLUS COST OF DISPOSABLE MATERIAL)	180.00	270.00
820043	DENTAL	APICOECTOMY (TOOTH PLUS COST OF DISPOSABLE MATERIAL)	600.00	900.00
820054	DENTAL	BIOPSY (PLUS COST OF DISPOSABLE MATERIALS)	120.00	180.00
820008	ORAL	BLEACHING PER ARCH (PLUS LAB CHARGES)	1,200.00	1,800.00
820045	DENTAL	BONE GRAFT (SEGMENT PLUS COST OF DISPOSABLE MATERIAL)	1,200.00	1,800.00
820017	DENTAL	CAST INLAY/ONLAY (PLUS LAB CHARGES)	360.00	540.00
820049	DENTAL	CLOSED FRACTURE REDUCTION	600.00	900.00
820019	DENTAL	COMPLETE DENTURE BOTH JAWS (PLUS LAB CHARGES)	1,800.00	2,700.00
820018	DENTAL	COMPLETE DENTURE SINGLE JAW (PLUS LAB CHARGES)	900.00	1,350.00
820011	DENTAL	COMPOSITIVE RESTORATION (CHARGES MAY VARY AS PER TREATMENT TYPE PLUS COST OF DISPOSABLE MATERIAL)	240.00	360.00
820026	DENTAL	DENTURE RELINING/REBASING (PLUS LAB CHARGES)	600.00	900.00
820038	DENTAL	DISTRACTION OSTEOGENESIS (COST OF DISTRATOR + LAB CHARGES + GA CHARGES IF APPLICABLE)	3,600.00	5,400.00

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820053	DENTAL	EXPANSION PLATE (300/- FOR HYRAX) PLUS LAB CHARGE	600.00	900.00
820028	DENTAL	EXTRA ORAL PROSTHESIS (PLUS LAB CHARGES)	3,600.00	5,400.00
820041	DENTAL	EXTRACTION OF IMPACT TOOTH/OPEN SURGICAL EXTRACTION (PLUS COST OF DISPOSABLE MATERIAL + COST OF GA IF APPLICABLE)	600.00	900.00
820040	DENTAL	EXTRACTION PER TOOTH (PLUS COST OF DISPOSABLE MATERIAL)	120.00	180.00
820031	DENTAL	FIXED FUNCTIONAL APPLIANCES (PLUS LAB CHARGES)	1,800.00	2,700.00
820034	DENTAL	FIXED ORTHODONTIC TREATMENT WITH BEGGS (PLUS LAB CHARGES & COST OF DISPOSABLE MATERIAL)	2,400.00	3,600.00
820036	DENTAL	FIXED ORTHODONTIC TREATMENT WITH CERAMICS (PLUS LAB CHARGES & COST OF DISPOSABLE MATERIAL)	2,400.00	3,600.00
820037	DENTAL	FIXED ORTHODONTIC TREATMENT WITH LINMGUAL TECHNIQUE (PLUS LAB CHARGES & COST OF DISPOSABLE MATERIAL)	1,800.00	2,700.00
820035	DENTAL	FIXED ORTHODONTIC TREATMENT WITH STRAIGHT WIRE (PLUS LAB CHARGES & COST OF DISPOSABLE MATERIAL)	2,400.00	3,600.00
820022	DENTAL	FIXED PARTIAL DENTURE (PLUS LAB CHARGES)	600.00	900.00
820044	DENTAL	FRENECTOMY/FRENULECTOMY (PLUS COST OF DISPOSABLE MATERIAL)	180.00	270.00
820009	ORAL	FULL MOUTH FLUORIDE THERAPY (ARCH PLUS COST OF DISPOSABLE MATERIAL)	600.00	900.00
820013	DENTAL	GIC RESTORATION (TOOTH PLUS COST OF DISPOSABLE MATERIAL)	240.00	360.00
820046	DENTAL	GINIVECTOMY PER SEGMENT (SEGMENT PLUS COST OF DISPOSABLE MATERIAL)	360.00	540.00
820033	DENTAL	HEAD GEAR	2,400.00	3,600.00
820047	DENTAL	IMPLANT SURGERY & PROSTHESIS (COST OF IMPLANT + LAB CHARGES + COST OF DISPOSABLE MATERIAL)	3,000.00	4,500.00
820039	DENTAL	INCISION & DRAINAGE (PLUS COST OF DISPOSABLE MATERIAL)	300.00	450.00
820001	RADIO	IOPA/BITE WING	70.00	110.00
820051	DENTAL	LARGE CYST ENUCLEATION AMELOBLASTOMA/OKC/DENTIGEROUS CYST/ANY OTHER PATHOLOGY REQUIRING SURGERY UNDER GA	3,000.00	4,500.00
820004	RADIO	LATERAL CEPHALOGRAPH/PNS VIEW	300.00	450.00
820030	DENTAL	MYFUNCTIONAL APPLIANCES (PLUS LAB CHARGES)	600.00	900.00
820025	DENTAL	OBTURATOR (PLUS LAB CHARGES)	1,200.00	1,800.00
820050	DENTAL	OPEN FRACTURE REDUCTION (PLUS COST OF DISPOSABLE MATERIAL + COST OF GA)	2,400.00	3,600.00
820032	DENTAL	ORTHODONTIC APPLIANCES (HABIT BREAKING, BITE PLATE, SPLINTS, RETRACTION PLATE, SPACE MAINTAINER) (PLUS LAB CHARGES)	300.00	450.00
820052	DENTAL	ORTHOGNATHIC SURGERY (COST OF ORTHODONTIC TREATMENT AS APPLICABLE + COST OF DIPOSABLE MATERIAL + COST OF GA)	12,000.00	18,000.00
820023	DENTAL	OVERDENTURE (ARCH PLUS LAB CHARGES)	2,400.00	3,600.00

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820027	DENTAL	POST CORE (TOOTH PLUS LAB CHARGES)	1,200.00	1,800.00
820014	DENTAL	PULPOTOMY/PULPECTOMY (PLUS COST OF DISPOSABLE MATERIAL)	120.00	180.00
820020	DENTAL	REMOVAL PARTIAL DENTURE (PLUS LAB CHARGES)	120.00	180.00
820021	DENTAL	REMOVAL PARTIAL DENTURE MENTAL (PLUS LAB CHARGES)	900.00	1,350.00
820015	DENTAL	ROOT CANAL TREATMENT - ANTERIOR (PLUS COST OF DISPOSABLE MATERIAL)	240.00	360.00
820016	DENTAL	ROOT CANAL TREATMENT - POSTERIOR (PLUS COST OF DISPOSABLE MATERIAL)	600.00	900.00
820007	ORAL	ROOT PLANNING (PLUS COST OF DISPOSABLE MATERIAL)	1,200.00	1,800.00
820002	RADIO	RVG/OCCULUSAL	120.00	180.00
820006	ORAL	SCALING WITH POLISHING (PLUS COST OF DISPOSABLE MATERIALS)	360.00	540.00
820005	ORAL	SCALING WITHOUT POLISHING (PLUS COST OF DISPOSABLE MATERIALS)	300.00	450.00
820055	DENTAL	SMALL CYST ENUCLEATION/MARSUPIALIZATION (PLUS COST OF DISPOSABLE MATERIAL)	600.00	900.00
820048	DENTAL	SURGICAL EXCISION OF BANDS IN OSMF	2,400.00	3,600.00
820012	DENTAL	TEMPORARY FILLING RESTORATION (TOOTH PLUS COST OF DISPOSABLE MATERIAL)	60.00	90.00
<b>DEPT. :</b>	<b>52</b>	<b>DHARAMSALA</b> MAP # : 0		
260119	0	DHARAMSHALA PER DAY	50.00	80.00
260191	DH	DHARAMSHALA ROOM PER DAY	300.00	450.00
<b>DEPT. :</b>	<b>49</b>	<b>ENT</b> MAP # : 0		
810303	32	ABSCESS DRAINAGE [GA] (GEN)	1,000.00	1,500.00
810304	32	ABSCESS DRAINAGE [GA] (PVT)	2,000.00	3,000.00
810305	32	ABSCESS DRAINAGE [LA] (GEN)	500.00	750.00
810306	32	ABSCESS DRAINAGE [LA] (PVT)	1,000.00	1,500.00
810309	32	ADENOIDECTOMY [GA] (GEN)	2,500.00	3,750.00
810310	32	ADENOIDECTOMY [GA] (PVT)	5,000.00	7,500.00
810311	32	ADENOTONSILLECTOMY [GA] (GEN)	3,500.00	5,250.00
810312	32	ADENOTONSILLECTOMY [GA] (PVT)	7,000.00	10,500.00
810359	32	ANGIOFIBROMA SURGERY [GA] (GEN)	4,000.00	6,000.00
810360	32	ANGIOFIBROMA SURGERY [GA] (PVT)	8,000.00	12,000.00
810291	32	ANTAL PUNCTURE WASH [LA] (GEN)	1,000.00	1,500.00
810292	32	ANTAL PUNCTURE WASH [LA] (PVT)	2,000.00	3,000.00
810261	32	ANTERIOR NASAL PACKING [LA/GA] (GEN)	500.00	750.00
810262	32	ANTERIOR NASAL PACKING [LA/GA] (PVT)	1,000.00	1,500.00
810187	32	AURICULAR REPAIR [GA] (GEN)	800.00	1,200.00
810188	32	AURICULAR REPAIR [GA] (PVT)	1,600.00	2,400.00
810189	32	AURICULAR REPAIR [LA] (GEN)	500.00	750.00
810190	32	AURICULAR REPAIR [LA] (PVT)	1,000.00	1,500.00
810109	ENT	BERA [GEN WARD]	500.00	750.00

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810110	ENT	BERA [PVT WARD]	1,000.00	1,500.00
810427	32	BRACHIAL CYST EXCISION [GA] (GEN)	3,500.00	5,250.00
810428	32	BRACHIAL CYST EXCISION [GA] (PVT)	7,000.00	10,500.00
810450	32	CALORIC TEST (GEN)	300.00	450.00
810451	32	CALORIC TEST (PVT)	600.00	900.00
810201	32	CANALOPLASTY ECA [GA] (GEN)	2,000.00	3,000.00
810202	32	CANALOPLASTY ECA [GA] (PVT)	4,000.00	6,000.00
810203	32	CANALOPLASTY ECA [LA] (GEN)	1,500.00	2,250.00
810204	32	CANALOPLASTY ECA [LA] (PVT)	3,000.00	4,500.00
810365	32	CERVICAL ABSCESS DRAINAGE [GA] (GEN)	2,000.00	3,000.00
810366	32	CERVICAL ABSCESS DRAINAGE [GA] (PVT)	4,000.00	6,000.00
810367	32	CERVICAL ABSCESS DRAINAGE [LA] (GEN)	1,500.00	2,250.00
810368	32	CERVICAL ABSCESS DRAINAGE [LA] (PVT)	3,000.00	4,500.00
810217	32	CLADWEL LUC OPERATION [GA] (GEN)	2,000.00	3,000.00
810218	32	CLADWEL LUC OPERATION [GA] (PVT)	4,000.00	6,000.00
810219	32	CLADWEL LUC OPERATION [LA] (GEN)	1,500.00	2,250.00
810220	32	CLADWEL LUC OPERATION [LA] (PVT)	3,000.00	4,500.00
810215	32	COCHLEAR IMPLANT [GA] (GEN)	10,000.00	15,000.00
810216	32	COCHLEAR IMPLANT [GA] (PVT)	20,000.00	30,000.00
810443	32	COMBINED FLAP RECONSTRUCTION [GA] (GEN)	7,000.00	10,500.00
810445	32	COMBINED FLAP RECONSTRUCTION [GA] (PVT)	14,000.00	21,000.00
810295	32	COMPLETE MAXILLECTOMY [GA] (GEN)	4,500.00	6,750.00
810296	32	COMPLETE MAXILLECTOMY [GA] (PVT)	9,000.00	13,500.00
810389	32	COMPLETE PAROTIDECTOMY [GA] (GEN)	4,500.00	6,750.00
810390	32	COMPLETE PAROTIDECTOMY [GA] (PVT)	9,000.00	13,500.00
810373	32	CONDYLECTOMY [GA] (GEN)	4,000.00	6,000.00
810374	32	CONDYLECTOMY [GA] (PVT)	8,000.00	12,000.00
810339	32	CORDECTOMY [GA] (GEN)	2,500.00	3,750.00
810340	32	CORDECTOMY [GA] (PVT)	5,000.00	7,500.00
810165	32	CORTICAL MASTOIDECTOMY [LA/GA] (GEN)	3,500.00	5,250.00
810166	32	CORTICAL MASTOIDECTOMY [LA/GA] (PVT)	7,000.00	10,500.00
810287	32	CRANIOFACIAL RESECTION [GA] (GEN)	6,000.00	9,000.00
810288	32	CRANIOFACIAL RESECTION [GA] (PVT)	12,000.00	18,000.00
810205	32	DEBRIDEMENT EAR [GA] (GEN)	1,500.00	2,250.00
810206	32	DEBRIDEMENT EAR [GA] (PVT)	3,000.00	4,500.00
810454	32	DIAGNOSTIC NASAL ENDOSCOPY (GEN)	250.00	380.00
810455	32	DIAGNOSTIC NASAL ENDOSCOPY (PVT)	500.00	750.00
810313	32	DIRECT LARYNGOSCOPY (D/L BIOPSY) [GA] (GEN)	2,000.00	3,000.00
810314	32	DIRECT LARYNGOSCOPY (D/L BIOPSY) [GA] (PVT)	4,000.00	6,000.00
810315	32	DIRECT LARYNGOSCOPY (D/L BIOPSY) [LA] (GEN)	1,500.00	2,250.00
810316	32	DIRECT LARYNGOSCOPY (D/L BIOPSY) [LA] (PVT)	3,000.00	4,500.00
810441	32	DP FLAP RECONSTRUCTION [GA] (GEN)	5,000.00	7,500.00
810442	32	DP FLAP RECONSTRUCTION [GA] (PVT)	10,000.00	15,000.00

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810211	32	EAR FOREIGN BODY REMOVAL [GA] (GEN)	1,000.00	1,500.00
810212	32	EAR FOREIGN BODY REMOVAL [GA] (PVT)	2,000.00	3,000.00
810213	32	EAR FOREIGN BODY REMOVAL [LA] (GEN)	800.00	1,200.00
810214	32	EAR FOREIGN BODY REMOVAL [LA] (PVT)	1,600.00	2,400.00
810191	32	EAR PIERCING [LA/GA] (GEN)	500.00	750.00
810192	32	EAR PIERCING [LA/GA] (PVT)	1,000.00	1,500.00
810193	32	EAR SYRINGING [LA] (GEN)	300.00	450.00
810194	32	EAR SYRINGING [LA] (PVT)	600.00	900.00
810448	32	ELECTRONYSTAGMOGAPHY [GA] (GEN)	500.00	750.00
810449	32	ELECTRONYSTAGMOGAPHY [GA] (PVT)	1,000.00	1,500.00
810173	32	ENDOLYMPHATIC SAC SURGERY [GA] (GEN)	4,000.00	6,000.00
810174	32	ENDOLYMPHATIC SAC SURGERY [GA] (PVT)	8,000.00	12,000.00
810285	32	ENDOSCOPIC BIOPSY [LA/GA] (GEN)	1,000.00	1,500.00
810286	32	ENDOSCOPIC BIOPSY [LA/GA] (PVT)	2,000.00	3,000.00
810245	32	ENDOSCOPIC DCR [GA] (GEN)	4,000.00	6,000.00
810246	32	ENDOSCOPIC DCR [GA] (PVT)	8,000.00	12,000.00
810253	32	ENDOSCOPIC ELECTRO CAUTERY [LA/GA] (GEN)	3,000.00	4,500.00
810254	32	ENDOSCOPIC ELECTRO CAUTERY [LA/GA] (PVT)	6,000.00	9,000.00
810249	32	ENDOSCOPIC HYPOPHYSECTOMY [GA] (GEN)	6,000.00	9,000.00
810250	32	ENDOSCOPIC HYPOPHYSECTOMY [GA] (PVT)	12,000.00	18,000.00
810251	32	ENDOSCOPIC NASAL SURGERY [GA] (GEN)	4,000.00	6,000.00
810252	32	ENDOSCOPIC NASAL SURGERY [GA] (PVT)	8,000.00	12,000.00
810247	32	ENDOSCOPIC OPTIC NERVE DECOMPRESSION [GA] (GEN)	4,000.00	6,000.00
810248	32	ENDOSCOPIC OPTIC NERVE DECOMPRESSION [GA] (PVT)	8,000.00	12,000.00
810255	32	ENDOSCOPIC SPENOIDECTOMY [GA] (GEN)	4,000.00	6,000.00
810256	32	ENDOSCOPIC SPENOIDECTOMY [GA] (PVT)	8,000.00	12,000.00
810341	32	EPIGLOTTECTOMY [GA] (GEN)	2,500.00	3,750.00
810342	32	EPIGLOTTECTOMY [GA] (PVT)	5,000.00	7,500.00
810460	32	EUM (GEN)	250.00	380.00
810461	32	EUM (PVT)	500.00	750.00
810375	32	EXCISION OF CERVICAL SINUS [GA] (GEN)	4,000.00	6,000.00
810376	32	EXCISION OF CERVICAL SINUS [GA] (PVT)	8,000.00	12,000.00
810431	32	EXTERNAL CAROTID ARTERY LIGATION [GA] (GEN)	2,500.00	3,750.00
810432	32	EXTERNAL CAROTID ARTERY LIGATION [GA] (PVT)	5,000.00	7,500.00
810317	32	F.B. REMOVAL LARYNX-PHARYNX [GA] (GEN)	2,500.00	3,750.00
810318	32	F.B. REMOVAL LARYNX-PHARYNX [GA] (PVT)	5,000.00	7,500.00
810171	32	FACIAL NERVE DECOMPRESSION [GA] (GEN)	4,000.00	6,000.00
810172	32	FACIAL NERVE DECOMPRESSION [GA] (PVT)	8,000.00	12,000.00
810433	32	FACIAL RECONSTRUCTION SURGERY [GA] (GEN)	3,500.00	5,250.00
810434	32	FACIAL RECONSTRUCTION SURGERY [GA] (PVT)	7,000.00	10,500.00
810239	32	FESS [GA] (GEN)	4,000.00	6,000.00

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810240	32	FESS [GA] (PVT)	8,000.00	12,000.00
810241	32	FESS [LA] (GEN)	3,000.00	4,500.00
810242	32	FESS [LA] (PVT)	6,000.00	9,000.00
810243	32	FESS WITH SEPTAL SURGERY [GA] (GEN)	4,500.00	6,750.00
810244	32	FESS WITH SEPTAL SURGERY [GA] (PVT)	9,000.00	13,500.00
810283	32	FOCAL SUBMUCOSAL DIATHERMY [GA] (GEN)	1,000.00	1,500.00
810284	32	FOCAL SUBMUCOSAL DIATHERMY [GA] (PVT)	2,000.00	3,000.00
810399	32	FUNCTIONAL NECK DISSECTION [GA] (GEN)	4,500.00	6,750.00
810400	32	FUNCTIONAL NECK DISSECTION [GA] (PVT)	9,000.00	13,500.00
810377	32	GLOSSECTOMY [GA] (GEN)	4,000.00	6,000.00
810378	32	GLOSSECTOMY [GA] (PVT)	8,000.00	12,000.00
810149	32	GROMMET INSERTION [GA/LA] (GEN)	1,000.00	1,500.00
810150	32	GROMMET INSERTION [GA/LA] (PVT)	2,000.00	3,000.00
810111	ENT	HEARING AID ANALYSIS AND TRIAL [GEN WARD]	200.00	300.00
810112	ENT	HEARING AID ANALYSIS AND TRIAL [PVT WARD]	400.00	600.00
810407	32	HEMITHYROIDECTOMY [GA] (GEN)	4,000.00	6,000.00
810408	32	HEMITHYROIDECTOMY [GA] (PVT)	8,000.00	12,000.00
810381	32	INTRA DUCTAL STONE REMOVAL [GA] (GEN)	2,000.00	3,000.00
810382	32	INTRA DUCTAL STONE REMOVAL [GA] (PVT)	4,000.00	6,000.00
810383	32	INTRA DUCTAL STONE REMOVAL [LA] (GEN)	1,500.00	2,250.00
810384	32	INTRA DUCTAL STONE REMOVAL [LA] (PVT)	3,000.00	4,500.00
810257	32	INTRA NASAL ANTROSTOMY [GA] (GEN)	1,000.00	1,500.00
810258	32	INTRA NASAL ANTROSTOMY [GA] (PVT)	2,000.00	3,000.00
810259	32	INTRA NASALA POLYPECTOMY [GA] (GEN)	1,000.00	1,500.00
810260	32	INTRA NASALA POLYPECTOMY [GA] (PVT)	2,000.00	3,000.00
810405	32	ISTHMUSTECTOMY [GA] (GEN)	3,000.00	4,500.00
810406	32	ISTHMUSTECTOMY [GA] (PVT)	6,000.00	9,000.00
810267	32	JOHENSON OPERATION [GA] (GEN)	3,000.00	4,500.00
810268	32	JOHENSON OPERATION [GA] (PVT)	6,000.00	9,000.00
810351	32	LARYNGEAL INJECTION TECHNIQUE [GA] (GEN)	3,500.00	5,250.00
810352	32	LARYNGEAL INJECTION TECHNIQUE [GA] (PVT)	7,000.00	10,500.00
810347	32	LARYNGEAL OPERATION [GA] (GEN)	4,000.00	6,000.00
810348	32	LARYNGEAL OPERATION [GA] (PVT)	8,000.00	12,000.00
810357	32	LARYNGEAL STENT [LA/GA] (GEN)	2,500.00	3,750.00
810358	32	LARYNGEAL STENT [LA/GA] (PVT)	5,000.00	7,500.00
810343	32	LARYNGOFISSURE OPERATION [GA] (GEN)	3,500.00	5,250.00
810344	32	LARYNGOFISSURE OPERATION [GA] (PVT)	7,000.00	10,500.00
810355	32	LARYNGOPHARYNGECTOMY [GA] (GEN)	5,000.00	7,500.00
810356	32	LARYNGOPHARYNGECTOMY [GA] (PVT)	10,000.00	15,000.00
810271	32	LATERAL RHINOTOMY [GA] (GEN)	4,000.00	6,000.00
810272	32	LATERAL RHINOTOMY [GA] (PVT)	8,000.00	12,000.00
810403	32	LOBECTOMY [GA] (GEN)	3,000.00	4,500.00
810404	32	LOBECTOMY [GA] (PVT)	6,000.00	9,000.00

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810369	32	LYMPH NODE BIOPSY [GA] (GEN)	2,000.00	3,000.00
810370	32	LYMPH NODE BIOPSY [GA] (PVT)	4,000.00	6,000.00
810371	32	LYMPH NODE BIOPSY [LA] (GEN)	1,500.00	2,250.00
810372	32	LYMPH NODE BIOPSY [LA] (PVT)	3,000.00	4,500.00
810265	32	LYNCH HOWARTH OPERATION [GA] (GEN)	3,000.00	4,500.00
810266	32	LYNCH HOWARTH OPERATION [GA] (PVT)	6,000.00	9,000.00
810415	32	MANDIBULAR CYST SURGERY [GA] (GEN)	3,500.00	5,250.00
810416	32	MANDIBULAR CYST SURGERY [GA] (PVT)	7,000.00	10,500.00
810417	32	MANDIBULAR FRACTURE REDUCTION [GA] (GEN)	3,500.00	5,250.00
810418	32	MANDIBULAR FRACTURE REDUCTION [GA] (PVT)	7,000.00	10,500.00
810413	32	MANDIBULECTOMY [GA] (GEN)	4,000.00	6,000.00
810414	32	MANDIBULECTOMY [GA] (PVT)	8,000.00	12,000.00
810183	32	MASTOID ABSCESS (I/D) [GA] (GEN)	800.00	1,200.00
810184	32	MASTOID ABSCESS (I/D) [GA] (PVT)	1,600.00	2,400.00
810185	32	MASTOID ABSCESS (I/D) [LA] (GEN)	500.00	750.00
810186	32	MASTOID ABSCESS (I/D) [LA] (PVT)	1,000.00	1,500.00
810159	32	MASTOID EXPLORATION [LA/GA] (GEN)	3,500.00	5,250.00
810160	32	MASTOID EXPLORATION [LA/GA] (PVT)	7,000.00	10,500.00
810175	32	MEATOPLASTY [GA] (GEN)	2,000.00	3,000.00
810176	32	MEATOPLASTY [GA] (PVT)	4,000.00	6,000.00
810319	32	MICROLARYNGEAL SURGERY [GA] (GEN)	3,000.00	4,500.00
810320	32	MICROLARYNGEAL SURGERY [GA] (PVT)	6,000.00	9,000.00
810275	32	MID FACIAL DEGLOVING APPROACH [GA] (GEN)	4,000.00	6,000.00
810276	32	MID FACIAL DEGLOVING APPROACH [GA] (PVT)	8,000.00	12,000.00
810237	32	MINI FESS [LA/GA] (GEN)	2,000.00	3,000.00
810238	32	MINI FESS [LA/GA] (PVT)	4,000.00	6,000.00
810199	32	MINOR EAR SURGICAL PROCEDURE [GA/LA] (GEN)	800.00	1,200.00
810200	32	MINOR EAR SURGICAL PROCEDURE [LA/GA] (PVT)	1,600.00	2,400.00
810446	32	MINOR HEAD NECK SURGERY [LA/GA] (GEN)	1,000.00	1,500.00
810447	32	MINOR HEAD NECK SURGERY [LA/GA] (PVT)	2,000.00	3,000.00
810289	32	MINOR NASAL SURGICAL PROCEDURE [LA/GA] (GEN)	1,000.00	1,500.00
810290	32	MINOR NASAL SURGICAL PROCEDURE [LA/GA] (PVT)	2,000.00	3,000.00
810395	32	MODIFIED NECK DISSECTION [GA] (GEN)	4,500.00	6,750.00
810396	32	MODIFIED NECK DISSECTION [GA] (PVT)	9,000.00	13,500.00
810161	32	MODIFIED RADICAL MASTOIDECTOMY [LA/GA] (GEN)	3,500.00	5,250.00
810162	32	MODIFIED RADICAL MASTOIDECTOMY [LA/GA] (PVT)	7,000.00	10,500.00
810151	32	MYRINGOPLASTY [GA] (GEN)	2,500.00	3,750.00
810152	32	MYRINGOPLASTY [GA] (PVT)	5,000.00	7,500.00
810153	32	MYRINGOPLASTY [LA] (GEN)	2,000.00	3,000.00
810154	32	MYRINGOPLASTY [LA] (PVT)	4,000.00	6,000.00
810145	32	MYRINGOTOMY [GA] (GEN)	1,000.00	1,500.00
810146	32	MYRINGOTOMY [GA] (PVT)	2,000.00	3,000.00



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810147	32	MYRINGOTOMY [LA] (GEN)	500.00	750.00
810148	32	MYRINGOTOMY [LA] (PVT)	1,000.00	1,500.00
810221	32	NASAL BONE FRACTURE REDUCTION [LA/GA] (GEN)	2,000.00	3,000.00
810222	32	NASAL BONE FRACTURE REDUCTION [LA/GA] (PVT)	4,000.00	6,000.00
810235	32	NASAL ENDOSCOPY [LA] (GEN)	300.00	450.00
810236	32	NASAL ENDOSCOPY [LA] (PVT)	600.00	900.00
810277	32	NASAL FOREIGN BODY REMOVAL [GA] (GEN)	1,500.00	2,250.00
810278	32	NASAL FOREIGN BODY REMOVAL [GA] (PVT)	3,000.00	4,500.00
810279	32	NASAL FOREIGN BODY REMOVAL [LA] (GEN)	1,000.00	1,500.00
810280	32	NASAL FOREIGN BODY REMOVAL [LA] (PVT)	2,000.00	3,000.00
810297	32	NASOPHARYNGEAL BIOPSY [GA] (GEN)	1,000.00	1,500.00
810298	32	NASOPHARYNGEAL BIOPSY [GA] (PVT)	2,000.00	3,000.00
810299	32	NASOPHARYNGEAL BIOPSY [LA] (GEN)	500.00	750.00
810300	32	NASOPHARYNGEAL BIOPSY [LA] (PVT)	1,000.00	1,500.00
810421	32	ORAL CAVITY SURGERY FOR BENIGN LESION [GA] (GEN)	2,500.00	3,750.00
810422	32	ORAL CAVITY SURGERY FOR BENIGN LESION [GA] (PVT)	5,000.00	7,500.00
810423	32	ORAL CAVITY SURGERY FOR BENIGN LESION [LA] (GEN)	2,000.00	3,000.00
810424	32	ORAL CAVITY SURGERY FOR BENIGN LESION [LA] (PVT)	4,000.00	6,000.00
810301	32	OROANTRAL FISTULA REPAIR [LA/GA] (GEN)	2,000.00	3,000.00
810302	32	OROANTRAL FISTULA REPAIR [LA/GA] (PVT)	4,000.00	6,000.00
810169	32	OSSICULOPLASTY LA/GA (GEN)	2,500.00	3,750.00
810170	32	OSSICULOPLASTY LA/GA (PVT)	5,000.00	7,500.00
810269	32	OSTEPLASTY FLAP TECHNIQUE [GA] (GEN)	4,000.00	6,000.00
810270	32	OSTEPLASTY FLAP TECHNIQUE [GA] (PVT)	8,000.00	12,000.00
810107	ENT	OTO ACOUSTIC EMISSION TEST [GEN WARD]	250.00	380.00
810108	ENT	OTO ACOUSTIC EMISSION TEST [PVT WARD]	500.00	750.00
810458	32	OTOENDOSCOPY (GEN)	250.00	380.00
810459	32	OTOENDOSCOPY (PVT)	500.00	750.00
810361	32	PARAPHARYNGEAL ABSCESS DRAINAGE [GA] (GEN)	2,000.00	3,000.00
810362	32	PARAPHARYNGEAL ABSCESS DRAINAGE [GA] (PVT)	4,000.00	6,000.00
810363	32	PARAPHARYNGEAL TUMOR SURGERY [GA] (GEN)	4,500.00	6,750.00
810364	32	PARAPHARYNGEAL TUMOR SURGERY [GA] (PVT)	9,000.00	13,500.00
810379	32	PARTIAL GLOSSECTOMY [GA] (GEN)	3,500.00	5,250.00
810380	32	PARTIAL GLOSSECTOMY [GA] (PVT)	7,000.00	10,500.00
810337	32	PARTIAL LARYNGECTOMY [GA] (GEN)	3,500.00	5,250.00
810338	32	PARTIAL LARYNGECTOMY [GA] (PVT)	7,000.00	10,500.00
810293	32	PARTIAL MAXILLECTOMY [GA] (GEN)	3,000.00	4,500.00
810294	32	PARTIAL MAXILLECTOMY [GA] (PVT)	6,000.00	9,000.00
810345	32	PEARSON OPERATION [GA] (GEN)	5,000.00	7,500.00
810346	32	PEARSON OPERATION [GA] (PVT)	10,000.00	15,000.00
810325	32	PERITONSILLAR ABSCESS DRAINAGE [LA/GA] (GEN)	1,000.00	1,500.00
810326	32	PERITONSILLAR ABSCESS DRAINAGE [LA/GA] (PVT)	2,000.00	3,000.00

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810167	32	PETROSECTOMY [GA] (GEN)	4,000.00	6,000.00
810168	32	PETROSECTOMY [GA] (PVT)	8,000.00	12,000.00
810335	32	PHARYNGOTOMY [GA] (GEN)	3,000.00	4,500.00
810336	32	PHARYNGOTOMY [GA] (PVT)	6,000.00	9,000.00
810177	32	PINNOPLASTY [LA/GA] (GEN)	2,000.00	3,000.00
810178	32	PINNOPLASTY [LA/GA] (PVT)	4,000.00	6,000.00
810439	32	PM FLAP RECONSTRUCTION [GA] (GEN)	5,000.00	7,500.00
810440	32	PM FLAP RECONSTRUCTION [GA] (PVT)	10,000.00	15,000.00
810263	32	POSTERIOR NASAL PACKING [LA/GA] (GEN)	1,000.00	1,500.00
810264	32	POSTERIOR NASAL PACKING [LA/GA] (PVT)	2,000.00	3,000.00
810195	32	PRE-AURICULAR SINUS [GA] (GEN)	1,000.00	1,500.00
810196	32	PRE-AURICULAR SINUS [GA] (PVT)	2,000.00	3,000.00
810197	32	PRE-AURICULAR SINUS [LA] (GEN)	800.00	1,200.00
810198	32	PRE-AURICULAR SINUS [LA] (PVT)	1,600.00	2,400.00
810435	32	PUNCH BIOPSY [GA] (GEN)	1,000.00	1,500.00
810436	32	PUNCH BIOPSY [GA] (PVT)	2,000.00	3,000.00
810437	32	PUNCH BIOPSY [LA] (GEN)	500.00	750.00
810438	32	PUNCH BIOPSY [LA] (PVT)	1,000.00	1,500.00
810101	ENT	PURE TONE AUDIOMETRY [GEN WARD]	300.00	450.00
810102	ENT	PURE TONE AUDIOMETRY [PVT WARD]	600.00	900.00
810163	32	RADICAL MASTOIDECTOMY [LA/GA] (GEN)	3,500.00	5,250.00
810164	32	RADICAL MASTOIDECTOMY [LA/GA] (PVT)	7,000.00	10,500.00
810397	32	RADICAL NECK DISSECTION [GA] (GEN)	5,000.00	7,500.00
810398	32	RADICAL NECK DISSECTION [GA] (PVT)	10,000.00	15,000.00
810391	32	RADICAL PAROTIDECTOMY [GA] (GEN)	5,000.00	7,500.00
810392	32	RADICAL PAROTIDECTOMY [GA] (PVT)	10,000.00	15,000.00
810419	32	RENULA MARSUPIAZATION [GA] (GEN)	2,500.00	3,750.00
810420	32	RENULA MARSUPIAZATION [GA] (PVT)	5,000.00	7,500.00
810349	32	REPAIR CUT THROAT INJURY [GA] (GEN)	4,000.00	6,000.00
810350	32	REPAIR CUT THROAT INJURY [GA] (PVT)	8,000.00	12,000.00
810227	32	RHINOPLASTY [GA] (GEN)	3,000.00	4,500.00
810228	32	RHINOPLASTY [GA] (PVT)	6,000.00	9,000.00
810229	32	RHINOPLASTY [LA] (GEN)	2,500.00	3,750.00
810230	32	RHINOPLASTY [LA] (PVT)	5,000.00	7,500.00
810231	32	RHINOSEPTOPLASTY [GA] (GEN)	3,500.00	5,250.00
810232	32	RHINOSEPTOPLASTY [GA] (PVT)	7,000.00	10,500.00
810323	32	RIGID BRONCOSCOPY [GA] (GEN)	2,500.00	3,750.00
810324	32	RIGID BRONCOSCOPY [GA] (PVT)	5,000.00	7,500.00
810321	32	RIGID ESOPHAGOSCOPY [GA] (GEN)	2,500.00	3,750.00
810322	32	RIGID ESOPHAGOSCOPY [GA] (PVT)	5,000.00	7,500.00
810429	32	SEBACEOUS/DERMOID CYST SURGERY [LA/GA] (GEN)	2,500.00	3,750.00
810430	32	SEBACEOUS/DERMOID CYST SURGERY [LA/GA] (PVT)	5,000.00	7,500.00
810393	32	SELECTIVE NECK DISSECTION [GA] (GEN)	4,000.00	6,000.00

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810234	32	SEPTAL ABS. [LA] (PVT)	1,000.00	1,500.00
810233	32	SEPTAL ABSCESS DRAINAGE [LA] (GEN)	500.00	750.00
810223	32	SEPTOPLASTY [GA] (GEN)	2,500.00	3,750.00
810224	32	SEPTOPLASTY [GA] (PVT)	5,000.00	7,500.00
810225	32	SEPTOPLASTY [LA] (GEN)	2,000.00	3,000.00
810226	32	SEPTOPLASTY [LA] (PVT)	4,000.00	6,000.00
810394	32	SLEECTIVE NECK DISSECTION [GA] (PVT)	8,000.00	12,000.00
810105	ENT	SPECIAL AUDHILOGICAL TEST [GEN WARD]	350.00	530.00
810106	ENT	SPECIAL AUDHILOGICAL TEST [PVT WARD]	700.00	1,050.00
810452	32	SPEECH THERAPY (GEN)	300.00	450.00
810453	32	SPEECH THERAPY (PVT)	600.00	900.00
810113	ENT	SPEECH THERAPY AT ONE SITTING [GEN]	60.00	90.00
810114	ENT	SPEECH THERAPY AT ONE SITTING [PVT WARD]	120.00	180.00
810115	ENT	SPEECH THERAPY FOR MULTIPLE SITTING [GEN WARD]	25.00	40.00
810116	ENT	SPEECH THERAPY FOR MULTIPLE SITTING [PVT WARD]	50.00	80.00
810462	32	SPEECH THERAPY PACKAGE FOR C.I. FOR THREE YEARS (GEN)	10,000.00	15,000.00
810463	32	SPEECH THERAPY PACKAGE FOR C.I. FOR THREE YEARS (PVT)	20,000.00	30,000.00
810181	32	STEPIDECTOMY [GA] (GEN)	4,000.00	6,000.00
810182	32	STEPIDECTOMY [GA] (PVT)	8,000.00	12,000.00
810179	32	STEPIDOTOMY [LA/GA] (GEN)	4,000.00	6,000.00
810180	32	STEPIDOTOMY [LA/GA] (PVT)	8,000.00	12,000.00
810385	32	SUBMANDIBULA GLAND EXCISION [GA] (GEN)	3,500.00	5,250.00
810386	32	SUBMANDIBULA GLAND EXCISION [GA] (PVT)	7,000.00	10,500.00
810387	32	SUPERFICIAL PAROTIDECTOMY [GA] (GEN)	3,500.00	5,250.00
810388	32	SUPERFICIAL PAROTIDECTOMY [GA] (PVT)	7,000.00	10,500.00
810401	32	THYROGLOSSAL CYST/SINUS SURGERY [GA] (GEN)	2,500.00	3,750.00
810402	32	THYROGLOSSAL CYST/SINUS SURGERY [GA] (PVT)	5,000.00	7,500.00
810411	32	THYROIDECTOMY WITH NECK DISSECTION [GA] (GEN)	5,500.00	8,250.00
810412	32	THYROIDECTOMY WITH NECK DISSECTION [GA] (PVT)	11,000.00	16,500.00
810327	32	THYROPLASTY [LA/GA] (GEN)	3,000.00	4,500.00
810328	32	THYROPLASTY [LA/GA] (PVT)	6,000.00	9,000.00
810307	32	TONSILLECTOMY [GA] (GEN)	3,000.00	4,500.00
810308	32	TONSILLECTOMY [GA] (PVT)	6,000.00	9,000.00
810353	32	TOTAL LARYNGECTOMY [GA] (GEN)	5,000.00	7,500.00
810354	32	TOTAL LARYNGECTOMY [GA] (PVT)	10,000.00	15,000.00
810409	32	TOTAL THYROIDECTOMY [GA] (GEN)	4,500.00	6,750.00
810410	32	TOTAL THYROIDECTOMY [GA] (PVT)	9,000.00	13,500.00
810331	32	TRACHEOPLASTY [GA] (GEN)	3,500.00	5,250.00
810332	32	TRACHEOPLASTY [GA] (PVT)	7,000.00	10,500.00
810333	32	TRACHEOSTOMY [LA/GA] (GEN)	1,000.00	1,500.00

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810334	32	TRACHEOSTOMY [LA/GA] (PVT)	2,000.00	3,000.00
810281	32	TURBINECTOMY [GA] (GEN)	1,000.00	1,500.00
810282	32	TURBINECTOMY [GA] (PVT)	2,000.00	3,000.00
810103	ENT	TYMPANOMETRY AND RELATED TEST [ GEN WARD ]	300.00	450.00
810104	ENT	TYMPANOMETRY AND RELATED TEST [PVT WARD]	600.00	900.00
810155	32	TYMPANOPLASTY [GA] (GEN)	3,000.00	4,500.00
810156	32	TYMPANOPLASTY [GA] (PVT)	6,000.00	9,000.00
810157	32	TYMPANOPLASTY [LA] (GEN)	2,200.00	3,300.00
810158	32	TYMPANOPLASTY [LA] (PVT)	4,400.00	6,600.00
810207	32	TYMPANOTOMY [GA] (GEN)	2,000.00	3,000.00
810208	32	TYMPANOTOMY [GA] (PVT)	4,000.00	6,000.00
810209	32	TYMPANOTOMY [LA] (GEN)	1,500.00	2,250.00
810210	32	TYMPANOTOMY [LA] (PVT)	3,000.00	4,500.00
810425	32	VALLOUVULOUPHARYNGOPLASTY [GA] (GEN)	5,000.00	7,500.00
810426	32	VALLOUVULOUPHARYNGOPLASTY [GA] (PVT)	10,000.00	15,000.00
810456	32	VIDEO LARYNGOSCOPY (GEN)	250.00	380.00
810457	32	VIDEO LARYNGOSCOPY (PVT)	500.00	750.00
810273	32	WEBER FURGUSON APPROACH [GA] (GEN)	4,500.00	6,750.00
810274	32	WEBER FURGUSON APPROACH [GA] (PVT)	9,000.00	13,500.00
810329	32	WOODMAN OPERATION [GA] (GEN)	3,000.00	4,500.00
810330	32	WOODMAN OPERATION [GA] (PVT)	6,000.00	9,000.00
<b>DEPT. :</b>	21	<b>GASTROENTROLOGY</b>	MAP # : 9	
130145	128	BILLIARY STENTING [GEN WARD]	3,000.00	4,500.00
130146	128	BILLIARY STENTING [PVT WARD]	4,200.00	6,300.00
130120	128	CBD STENTING [GEN WARD]	1,800.00	2,700.00
130121	128	CBD STENTING [PVT WARD]	3,000.00	4,500.00
130103	128..	COLONOSCOPY (GEN WARD)	1,200.00	1,800.00
130140	128..	COLONOSCOPY [PVT WARD]	1,440.00	2,160.00
130136	128..	COLONOSCOPY SHORT [GEN WARD]	600.00	900.00
130137	128..	COLONOSCOPY SHORT [PVT WARD]	780.00	1,170.00
130159	0	ENDOSCOPY ULTRASOUND (EUS)	2,000.00	3,000.00
130142	128	ENTEROSCOPY (WITHOUT CONSUMABLE) [GEN]	1,800.00	2,700.00
130153	128	ENTEROSCOPY (WITHOUT CONSUMABLE) [PVT]	2,400.00	3,600.00
130116	128 .	ERCP [GEN WARD]	1,800.00	2,700.00
130117	128 .	ERCP [PVT WARD]	2,400.00	3,600.00
130148	128	ERCP BILIARY STONE EXTRACTION (GEN)	3,000.00	4,500.00
130149	128	ERCP BILIARY STONE EXTRACTION (PVT)	4,200.00	6,300.00
130124	128	ERCP+NASOBILIARY DRAINAGE [GEN WARD]	1,200.00	1,800.00
130125	128	ERCP+NASOBILIARY DRAINAGE [PVT WARD]	1,800.00	2,700.00
130154	128	ERCP+P.D. STENTING [GEN]	3,000.00	4,500.00
130155	128	ERCP+P.D. STENTING [PVT WARD]	4,200.00	6,300.00
130118	128	ERCP-EPT+SPHINTEROTOMY [GEN WARD]	2,400.00	3,600.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
130119	128	ERCP-EPT+SPHINTEROTOMY [PVT WARD]	3,000.00	4,500.00
130158	128	ESOPHAGEA/BUODENAL/COLON/METALLIC STENTING	3,000.00	4,500.00
130126	128	ESOPHAGEAL DILATION - FIRST [GEN WARD]	1,200.00	1,800.00
130128	128	ESOPHAGEAL DILATION FIRST [PVT WARD]	1,800.00	2,700.00
130127	128	ESOPHAGEAL DILATION - SUBSEQUENT [GEN WARD]	960.00	1,440.00
130141	128	ESOPHAGEAL DILATION - SUBSEQUENT [PVT WARD]	1,440.00	2,160.00
130106	128	EST (FIRST) RS. 500 + MEDICINE COST (GEN WARD)	600.00	900.00
130107	128	EST (FIRST) RS. 650 + MEDICINE COST (PVT WARD)	780.00	1,170.00
130138	128	EST SUBSEQUENT RS. 450 + MEDICINE COST [GEN WARD]	540.00	810.00
130139	128	EST SUSEQUENT RS. 600 + MEDICINE COST [PVT WARD]	720.00	1,080.00
130108	128	EVL (GEN WARD)	600.00	900.00
130109	128	EVL + COST OF BANDS (PVT WARD)	960.00	1,440.00
130131	128	FBR [GEN WARD]	1,200.00	1,800.00
130132	128	FBR [PVT WARD]	1,800.00	2,700.00
130143	128	GLUE INJECTION FOR VARICES (WITHOUT GLUE) [GEN WARD]	2,400.00	3,600.00
130152	128	GLUE INJECTION FOR VARIX (WITHOUT GLUE) [PVT WARD]	3,600.00	5,400.00
130133	128	LIVER BIOPSY [GEN WARD]	1,440.00	2,160.00
130134	128	LIVER BIOPSY [PVT WARD]	1,920.00	2,880.00
130144	128	OESOPHAGEAL STENTING (WITHOUT STENT)	1,800.00	2,700.00
130122	128	PANCREATIC STENTING [GEN WARD]	1,800.00	2,700.00
130123	128	PANCREATIC STENTING [PVT WARD]	3,000.00	4,500.00
130147	128	PNEUMATIC DILATATION (ESOPHAGEAL) [PVT WARD]	2,400.00	3,600.00
130129	128	PNEUMATIC DILATION [OESPHAGUS] [GEN WARD]	1,800.00	2,700.00
130130	128	PNEUMATIC DILATION [OESPHAGUS] [PVT WARD]	1,800.00	2,700.00
130110	128	POLYPECTOMY-A SIG [GEN WARD]	900.00	1,350.00
130112	128	POLYPECTOMY-A SIG [PVT WARD]	1,200.00	1,800.00
130111	128	POLYPECTOMY-B COLONOSCOPY [GEN WARD]	1,500.00	2,250.00
130113	128	POLYPECTOMY-B COLONOSCOPY [PVT WARD]	1,800.00	2,700.00
130114	128	PTBD RS. 1000 + MEDICINE COST [GEN WARD]	1,200.00	1,800.00
130115	128	PTBD RS. 1500 + MEDICINE COST [PVT WARD]	1,800.00	2,700.00
130156	128	PTC (ENDOSCOPY) [GEN WARD]	960.00	1,440.00
130157	128	PTC (ENDOSCOPY) [PVT WARD]	1,440.00	2,160.00
130150	128	PTC WITH BILIARY STENTING (GEN)	3,000.00	4,500.00
130151	128	PTC WITH BILIARY STENTING (PVT)	3,600.00	5,400.00
130104	128-	SIGMODOSCOPY RIGID/FLEXIABLE (GEN WARD)	360.00	540.00
130105	128-	SIGMODOSCOPY RIGID/FLEXIABLE (PVT WARD)	480.00	720.00
130101	128.	UGI ENDOSCOPY (GEN WARD)	480.00	720.00
130102	128.	UGI ENDOSCOPY (PVT WARD)	720.00	1,080.00
<b>DEPT. :</b>	46	<b>GYN / OBST / ONCO / REP BIO</b>	MAP # : 7	
780121	62	ADVANCED SEMEN ANALYSIS	200.00	300.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
780103	0	ASCITIC TAPPING	300.00	450.00
780104	0	CERVICAL BIOPSY	360.00	540.00
780105	0	CHEMICAL CAUTRISATION	360.00	540.00
780107	0	CRYOCAUTRIZATION OF CERVIX	600.00	900.00
780116	0	DIAGNOSTIC COLPOSCOPY	500.00	750.00
620141	0	DIAGNOSTIC HISTEROSCOPY	2,000.00	3,000.00
780108	0	ENDOMETRIAL BIOPSY	360.00	540.00
780119	242	FOLLICULOMETRY	250.00	380.00
780118	242	GYNAECOLOGICAL USG	150.00	230.00
780101	0	INTRA UTERINE INSEMINATION	360.00	540.00
780123	62	IUI	1,000.00	1,500.00
220211	0	NST/CTG	50.00	80.00
620142	0	OPERATIVE HISTEROSCOPY	4,000.00	6,000.00
780106	0	PAP SMEAR	180.00	270.00
780110	0	PLEURAL TAPPING	0.00	0.00
780111	0	POLYPECTOMY	0.00	0.00
780109	0	POST COITAL TEST	360.00	540.00
780112	0	PYOMETRA DRAINAGE	360.00	540.00
780120	242	SONO SAQLPINGOGRAPHY	500.00	750.00
780102	0	SPERM WASH EXCLUSIVE OF MEDIA & CONSUMABLES	1,200.00	1,800.00
780122	62	SPERM WASH INCLUSIVE OF MEDIA & CONSUMABLES	2,500.00	3,750.00
780117	0	THERAPEUTIC (PROCEDURES)	1,000.00	1,500.00
780113	0	TRUCUT BIOPSY	360.00	540.00
780114	0	VULVAL BIOPSY	0.00	0.00
<b>DEPT. :</b>	<b>19</b>	<b>HAEMATOLOGY</b>	<b>MAP # : 5</b>	
520122	100	Hb,TC,DC,PLATELETCOUNT	70.00	110.00
520123	100	TC,DC,Hb	55.00	90.00
520105	100	TC,DC,HB,ESR EACH RS. 15/-	70.00	110.00
520106	100	ABSOLUTE EOSINOPHIL COUNT	20.00	30.00
520149	100.	APTT	100.00	150.00
520124	111	ASCITIC FLUID TC+DC	100.00	150.00
520148	111	BASOPHIL	0.00	0.00
520109	111	BLEEDING TIME	25.00	40.00
520115	100	BLOOD FIBRINOGEN	50.00	80.00
520101	111	BONE MARROW SMEAR	110.00	170.00
520133	100	CBC (Hb+TC+DC+RBC+PCV+MCV+PLATELATE+MCH+MCHC)	240.00	360.00
520152	111	CHCM	0.00	0.00
520120	111	CLOTTING TIME	25.00	40.00
520161	111	COAGULATION PROFILE	3,500.00	5,250.00
520137	111	CSF (TC+DC)	100.00	150.00
520155	111	D.DIMER PLASMA LEVEL	800.00	1,200.00
520136	100	DC/WBC	50.00	80.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
520160	111	DEFICIENT IX	1,000.00	1,500.00
520159	111	DEFICIENT VIII	1,000.00	1,500.00
520147	111	EOSINOPHIL	0.00	0.00
520108	100	ESR	50.00	80.00
520111	100	FAETAL HB	70.00	110.00
520156	111	FD P PLASMA	800.00	1,200.00
520158	111	FIBRINOGEN	500.00	750.00
520129	100	HAEMATOCRIT (PCV)	20.00	30.00
520134	100	HAEMOGRAM (HB,WBC,DLC,ESR) RS. 15 EACH	70.00	110.00
520102	100	Hb	50.00	80.00
520155	111	HDW	0.00	0.00
520112	100	LE CELL	70.00	110.00
520154	111	LUC	0.00	0.00
520145	111	LYMPHOCYTE	0.00	0.00
520116	100	MCH	20.00	30.00
520117	100	MCHC	20.00	30.00
520118	100	MCV	20.00	30.00
520146	111	MONOCYTE	0.00	0.00
520150	111	MPV	0.00	0.00
520144	111	NEUTROPHIL	0.00	0.00
520153	111	NRBC	0.00	0.00
520114	100	PBS FOR MP	50.00	80.00
520151	111	PCT	0.00	0.00
520143	111	PDW	0.00	0.00
520140	111	PERICARDIAL FLUID (TC+DC)	35.00	60.00
520121	100	PERIPHERIAL SMEAR EXAMINATION	50.00	80.00
520104	100	PLATELET COUNT	50.00	80.00
520138	111	PLEURAL FLUID (TC+DC)	100.00	150.00
520110	100.	PROTHROMBIN TIME	100.00	150.00
520119	100	RBC COUNT	20.00	30.00
520113	100	RBC FRAGILITY TEST	70.00	110.00
520142	111	RDW-CV	0.00	0.00
520141	111	RDW-SD	0.00	0.00
520103	100	RETICULOCYTE COUNT	50.00	80.00
520135	100	TC/WBC	50.00	80.00
520157	111	THROMBIN TIME	400.00	600.00
<b>DEPT. :</b>	<b>37</b>	<b>ICU</b>	<b>MAP # :</b>	
690107	0	ARTERIL CANNULATION [GEN WARD]	120.00	180.00
690108	0	ARTERIL CANNULATION [PVT WARD]	180.00	270.00
690133	C-2	BRONCHOSCOPY [GEN WARD]	500.00	750.00
690134	0	BRONCHOSCOPY [PVT WARD]	2,400.00	3,600.00
690121	0	CVP CATHERISATION [GEN WARD]	300.00	450.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
690122	0	CVP CATHERISATION [PVT WARD]	480.00	720.00
690109	0	CXR BEDSIDE [GEN WARD]	120.00	180.00
690110	0	CXR BEDSIDE [PVT WARD]	180.00	270.00
690111	0	DRESSING CATEGORY - II [GEN WARD]	120.00	180.00
690112	0	DRESSING CATEGORY - II [PVT WARD]	180.00	270.00
690113	0	DRESSING CATEGORY - III [GEN WARD]	120.00	180.00
690114	0	DRESSING CATEGORY - III [PVT WARD]	180.00	270.00
690129	0	ECHO BEDSIDE [GEN WARD]	300.00	450.00
690130	0	ECHO BEDSIDE [PVT WARD]	480.00	720.00
690115	0	ENDOTRACHEAL INTUBATION [GEN WARD]	120.00	180.00
690116	0	ENDOTRACHEAL INTUBATION [PVT WARD]	180.00	270.00
690123	0	EPIDURAL [GEN WARD]	300.00	450.00
690124	0	EPIDURAL [PVT WARD]	480.00	720.00
690105	0	FOLEYS CATHERISATION [GEN WARD]	60.00	90.00
690106	0	FOLEYS CATHERISATION [PVT WARD]	60.00	90.00
690101	0	ICU BED CHARGE PER DAY [GEN WARD]	1,100.00	1,650.00
690102	0	ICU BED CHARGE PER DAY [PVT WARD]	1,440.00	2,160.00
690103	0	ICU BED SIDE ECG [GEN WARD]	85.00	130.00
690104	0	ICU BED SIDE ECG [PVT WARD]	85.00	130.00
690139	0	ICU CHARGE (EMERGENCY)	1,100.00	1,650.00
690125	0	LUMBAR PUNCTURE [GEN WARD]	300.00	450.00
690126	0	LUMBAR PUNCTURE [PVT WARD]	480.00	720.00
690140	Med Col	SPIROMETRY TEST	250.00	380.00
690117	0	SUTURING [GEN WARD]	120.00	180.00
690118	0	SUTURING [PVT WARD]	180.00	270.00
690119	0	TAPPING ASCITIC/PLEURAL [GEN WARD]	300.00	450.00
690120	0	TAPPING ASCITIC/PLEURAL [PVT WARD]	480.00	720.00
690137	0	TEMP PACEMAKER [GEN WARD]	1,800.00	2,700.00
690138	0	TEMP PACEMAKER [PVT WARD]	2,400.00	3,600.00
690135	0	TRACHEOSTOMY [GEN WARD]	1,800.00	2,700.00
690136	0	TRACHEOSTOMY [PVT WARD]	2,400.00	3,600.00
220155	103	URINE BACTERIAL CULTURE	55.00	90.00
690127	0	USG BEDSIDE [GEN WARD]	300.00	450.00
690128	0	USG BEDSIDE [PVT WARD]	480.00	720.00
690141	0	VENTILATOR CHARGES PER DAY [GEN WARD]	1,800.00	2,700.00
690131	0	VENTILATOR PER DAY [GEN WARD]	1,800.00	2,700.00
690132	0	VENTILATOR PER DAY [PVT WARD]	2,400.00	3,600.00
<b>DEPT. :</b>	14	<b>IMMUNOLOGY</b>	MAP # : 4	
510116	100	HBsAg + HCV	400.00	600.00
570120	100	ALLERGY TEST	295.00	450.00
570101	100	AMOEBIC SEROLOGY	100.00	150.00
510101	100	ANA	350.00	530.00



CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
560120	100	ANTI SPERM ANTIBODY	70.00	110.00
570174	100	ANTIBODY SCREENING (3 CELL)	125.00	190.00
570179	115	ASCITIC FLUID ADA	175.00	270.00
570104	100	ASO TITER	180.00	270.00
570173	100	BLOOD GROUPING (FOR TRANSPLANT)	105.00	160.00
570106	100	BRUCELLESIS TEST	55.00	90.00
570113	100	C REACTIVE PROTEIN	180.00	270.00
510106	100	C3	360.00	540.00
510107	100	C4	360.00	540.00
220106	100	CASONI TEST	70.00	110.00
570111	99	COLD AGGLUTINATION TEST	55.00	90.00
570177	115	CSF ADA	175.00	270.00
220101	100	ELISA FOR MALARIA PER TEST	275.00	420.00
570107	100	FORMULA GET TEST	30.00	50.00
570122	100	GENETIC STUDY	2,070.00	3,110.00
570176	100	GROUPING + ANTIBODY SCREENING + Rh-KELL PHENOTYPING	360.00	540.00
220109	100	HDV ANTIBODY	480.00	720.00
570121	100	HLA TYPING	2,760.00	4,140.00
570117	100	IgA	175.00	270.00
570116	115	IgG / ADA	175.00	270.00
570118	100	IgM	175.00	270.00
220102	100	IMMUNE PROFILE	380.00	570.00
510111	100	KALAZAR SEROLOGY	210.00	320.00
220200	100	LEPTOSPIRA (IgM)	350.00	530.00
060524	100	MALARIA PARASITE	20.00	30.00
060114	100	MALARIA PARASITE BY KIT (ANTIGEN)	180.00	270.00
570114	ICTC	MONToux (TUBERCULINE TEST)	30.00	50.00
570105	100	PAUL BUNNEL TEST	55.00	90.00
570180	115	PERICARDIAL FLUID ADA	175.00	270.00
570178	115	PLEURAL FLUID ADA	175.00	270.00
570110	100	PREGNANCY TEST	100.00	150.00
570109	100	PREGNANCY TEST (SLIDE TEST)	55.00	90.00
570103	100	RA FACTOR	180.00	270.00
570175	100	Rh AND KELL PHENOTYPING	130.00	200.00
510121	100	RK - 39	360.00	540.00
220201	100	SCRUB TYPHUS - Ab	250.00	380.00
570181	100	SERUM ADA	175.00	270.00
220146	100	TOXOPLASMA	80.00	120.00
220116	100	TYPHI DOT/IGM PER TEST	275.00	420.00
510117	100	VDRL	30.00	50.00
570112	100	WELL FLIEX TEST	55.00	90.00
220113	100	WIDAL TEST	55.00	90.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
<b>DEPT. :</b>	34	<b>MAMMOGRAPHY</b> MAP # : 11		
670103	242	MAMMOGRAPHY + STERIOTECTIVE BIOPSY	780.00	1,170.00
670102	242	STERIOTECTIVE BIOPSY	240.00	360.00
<b>DEPT. :</b>	32	<b>MEDICAL RECORD SECTION</b> MAP # :		
200108	0	ANY TYPE OF CERTIFICATE	60.00	90.00
200112	0	BLINDNESS CERTIFICATE	60.00	90.00
200105	0	CERTIFICATE FOR CORRECTION OF NAME, ADDRESS, ETC.	60.00	90.00
200110	0	CERTIFIED BED HEAD TICKET	120.00	180.00
200106	0	DUPLICATE DEATH CERTIFICATE	30.00	50.00
200104	0	ESTIMATE CERTIFICATE	60.00	90.00
200101	0	HOSPITAL TREATMENT CERTIFICATE (LIC)	300.00	450.00
200103	0	MEDICAL CERTIFICATE	60.00	90.00
200109	0	OUT SIDE STATE REFERRED FORM	120.00	180.00
200102	0	PROCESSING OF MEDICAL RE-IMBURSEMENT CLAIM FORM	180.00	270.00
200107	0	TRAIN CONCESSION CERTIFICATE EXCEPT CANCER PATIENT	30.00	50.00
<b>DEPT. :</b>	12	<b>MICROBIOLOGY</b> MAP # : 2		
220202	103	COLOUR.	0.00	0.00
220137	103	CONSISTANCY	0.00	0.00
220139	103	MICROSCOPIC	0.00	0.00
220138	103	MUCAN	0.00	0.00
220104	2.	ABG	660.00	990.00
060146	114	AFB SKIN SMEAR	30.00	50.00
220299	115	ANTIBODY SCREENING (LMX)	5,500.00	8,250.00
220105	100	BLOOD FUNGAL STUDY	55.00	90.00
540105	100.	BLOOD GROUPING - ABO Rh	35.00	60.00
220307	115	CDC CROSS MATCH	2,000.00	3,000.00
540112	100	CLOSTRIDIUM DIFFICILE, GDH+ToxA+ToxB KIT	700.00	1,050.00
220298	100	CRYPTOCOCCAL ANTIGEN TEST	500.00	750.00
220300	115	DONOR SPECIFIC ANTIBODY (DSA) CROSS MATCH	7,500.00	11,250.00
220296	100	EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR)	9,000.00	13,500.00
220304	115	FLOW CYTOMETER CROSS MATCH	1,000.00	1,500.00
570119	100	FLURCCENCE MICROSCOPY FOR KIDNEY DISEASE & OTHERS	350.00	530.00
220227	100	GRAM NEGATIVE AST TEST	360.00	540.00
220225	100	GRAM NEGATIVE ID/AST TEST	700.00	1,050.00
220226	100	GRAM POSITIVE AST TEST	360.00	540.00
220224	100	GRAM POSITIVE ID/AST TEST	700.00	1,050.00
220124	103	GRAM STAIN (URINE/SPUTUM/ASCITIC FLUID/OTHERS)	30.00	50.00
810120	103	GRAM STAIN ASCITIC FLUID	30.00	50.00
810121	103	GRAM STAIN OTHERS	30.00	50.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
810119	103	GRAM STAIN SPUTUM	30.00	50.00
810118	103	GRAM STAIN URINE	30.00	50.00
540113	100	H1N1 VIRUS RAPID DETECTION	800.00	1,200.00
220147	100	HEPATITIS B VIRUS IgM CORE ANTIBODY TEST	200.00	300.00
220148	100	HEPATITIS B VIRUS TOTAL (IgM+IgG) ANTIBODY TEST	200.00	300.00
220303	115	HLA A+B+C+DR+DQ TYPING (SSO)	19,500.00	29,250.00
220302	115	HLA A+B+DR TYPING (SSO)	9,500.00	14,250.00
220308	115	HLA B27	1,000.00	1,500.00
220309	115	HLA DQ ALPHA	4,000.00	6,000.00
220310	115	HLA DQ BETA	3,000.00	4,500.00
220232	100	HS TROPONIN I 60 TESTS	378.00	570.00
220111	103	KOH WET MOUNT PREPARATION	30.00	50.00
220305	115	LSA CLASS I	15,000.00	22,500.00
220306	115	LSA CLASS II	15,000.00	22,500.00
220208	0	MICROFILARIA TEST	250.00	380.00
220207	0	MYCOBACTERIUM TUBERCULOSIS DETECTION	1,500.00	2,250.00
220301	115	PANEL REACTIVE ANTIBODY (CLASS I + CLASS II) (By Luminex)	18,400.00	27,600.00
220220	114B	PCR FOR HIV [QUANTITATIVE VIRAL LOAD] [NABL]	630.00	950.00
220221	114B	PCR FOR HIV [QUANTITATIVE VIRAL LOAD] [NON NABL]	536.00	810.00
220218	114B	PCR FOR TB [NABL]	975.00	1,470.00
220219	114B	PCR FOR TB [NON NABL]	829.00	1,250.00
220154	103	PUS FOR AFB STAINING	30.00	50.00
220297	100	REAL TIME PCR BASED DNA DETECTION OF HERPES SIMPLEX VIRUS	3,200.00	4,800.00
540108	BB	RH ANTIBODY TITER	85.00	130.00
570132	103	SPUTUM FOR AFB STAINING	0.00	0.00
220110	103	STOOL ROUTINE EXAMINATION	20.00	30.00
220206	0	TRACHOMATIS DETECTION (QUALITATIVE)	4,000.00	6,000.00
390103	103	URINE FOR AFB STAINING	30.00	50.00
220259	100	VIDAS AFP	284.00	430.00
220250	100	VIDAS AMH	1,411.00	2,120.00
220252	100	VIDAS ANTI-TG	378.00	570.00
220251	100	VIDAS ANTI-TPO	305.00	460.00
220260	100	VIDAS BETA 2 MICROGL	393.00	590.00
220229	100	VIDAS BRAHMS PROCALCITONIN	1,380.00	2,070.00
220261	100	VIDAS CA 125	460.00	690.00
220264	100	VIDAS CA 15-3	393.00	590.00
220262	100	VIDAS CA 19-9	472.00	710.00
220285	100	VIDAS CD A/B	491.00	740.00
220266	100	VIDAS CEA(S)	284.00	430.00
220230	100	VIDAS CKMB 30 TESTS	227.00	350.00
220257	100	VIDAS CORTISOL S	228.00	350.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
220236	100	VIDAS D DIMER EXCLUSION II	507.00	770.00
220234	100	VIDAS DIGOXIN	206.00	310.00
220249	100	VIDAS ESTRADIOL II	235.00	360.00
220255	100	VIDAS FERRITIN	216.00	330.00
220265	100	VIDAS FPSA	291.00	440.00
220245	100	VIDAS FSH	187.00	290.00
220238	100	VIDAS FT3	141.00	220.00
220242	100	VIDAS FT4	141.00	220.00
220235	100	VIDAS GALECTIN-3	2,514.00	3,780.00
220290	100	VIDAS H. PYLORI IgG	378.00	570.00
220243	100	VIDAS HCG	203.00	310.00
220253	100	VIDAS IGE	240.00	360.00
220244	100	VIDAS LH	187.00	290.00
220295	100	VIDAS LYME IgG	236.00	360.00
220294	100	VIDAS LYME IgM	236.00	360.00
220231	100	VIDAS MYOGLOBINE 30 TESTS	457.00	690.00
220233	100	VIDAS NT-PROBNP 2	1,077.00	1,620.00
220246	100	VIDAS PROGESTERONE	197.00	300.00
220247	100	VIDAS PROLACTIN	187.00	290.00
220254	100	VIDAS PROTEIN C	491.00	740.00
220286	100	VIDAS RUB GDH	473.00	710.00
220239	100	VIDAS T3	103.00	160.00
220240	100	VIDAS T4	103.00	160.00
220248	100	VIDAS TESTOSTERONE	309.00	470.00
220258	100	VIDAS TOTAL 25-OH VITAMIN D6	554.00	840.00
220284	100	VIDAS TOXO AVIDITY	347.00	530.00
220281	100	VIDAS TOXO IgG II	170.00	260.00
220263	100	VIDAS TPSA	284.00	430.00
220237	100	VIDAS TSH	103.00	160.00
220241	100	VIDAS TSH3	170.00	260.00
220256	100	VIDAS VWF	454.00	690.00
540109	100-BB	WHOLE BLOOD/PACKED CELL	600.00	900.00
220228	100	YEAST ID TEST	391.00	590.00
<b>DEPT. :</b>	54	<b>MOLECULAR</b>	MAP # : 2	
220205	0	CMV DNA (QUANTITATIVE)	3,500.00	5,250.00
220212	114B	HBV DNA (QUALITATIVE) [NABL]	2,340.00	3,510.00
220213	114B	HBV DNA (QUALITATIVE) [NON NABL]	1,989.00	2,990.00
220203	0	HBV DNA (QUANTITATIVE)	3,500.00	5,250.00
220214	114B	HBV DNA (QUANTITATIVE) [NABL]	1,600.00	2,400.00
220215	114B	HBV DNA (QUANTITATIVE) [NON NABL]	1,360.00	2,040.00
220216	114B	HCV RNA (QUALITATIVE) [NABL]	2,340.00	3,510.00
220217	114B	HCV RNA (QUALITATIVE) [NON NABL]	1,989.00	2,990.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
220204	0	HCV RNA (QUANTITATIVE)	3,600.00	5,400.00
<b>DEPT. :</b>	<b>48</b>	<b>MORPHINE</b> MAP # : 0		
800107	MOR	FENTANYL PATCH 25 mcg	362.00	550.00
800108	MOR	FENTANYL PATCH 50 mcg	690.00	1,040.00
800104	MOR	INJ. FENTANYL CITRATE 50 mg/eml amp.	40.00	60.00
800103	MOR	INJ. MORPHINE SULPHATE 10mg	25.00	40.00
800101	MOR	TAB. MORPHINE SULPH. 10mg (1 strip) - NR	20.00	30.00
800105	MOR	TAB. MORPHINE SULPH. 10mg (1 strip) - SR	20.00	30.00
800102	MOR	TAB. MORPHINE SULPH. 30mg (1 strip) - NR	60.00	90.00
800106	MOR	TAB. MORPHINE SULPH. 30mg (1 strip) - SR	60.00	90.00
<b>DEPT. :</b>	<b>1</b>	<b>NEPHROLOGY</b> MAP # :		
230113	0	A.V. SHUNT PROCEDURE [GEN. WARD]	900.00	1,350.00
230114	0	A.V. SHUNT PROCEDURE [PVT. WARD]	1,380.00	2,070.00
230129	OT	ARTERIO VENOUS FISTULA SURGERY	2,340.00	3,510.00
230130	OT	ARTERIO VENOUS FISTULA SURGERY [PVT WARD]	4,680.00	7,020.00
230125	KTU	BLOOD & BLOOD PRODUCTS	5,000.00	7,500.00
230144	OT	CAPD (MANUAL) [PVT WARD]	500.00	750.00
230143	OT	CAPD (MANUAL) PER DAY [GEN WARD]	250.00	380.00
230137	OT	CAPD CATHETER INSERTION [GEN WARD]	1,000.00	1,500.00
230138	OT	CAPD CATHETER INSERTION [PVT WARD]	2,000.00	3,000.00
230139	OT	CAPD CATHETER REMOVAL [GEN WARD]	750.00	1,130.00
230140	OT	CAPD CATHETER REMOVAL [PVT WARD]	1,250.00	1,880.00
230141	OT	CAPD TRAINING [GEN WARD]	1,000.00	1,500.00
230142	OT	CAPD TRAINING [PVT WARD]	1,500.00	2,250.00
230128	KTU	COST OF SURGICAL MATERIALS	60,000.00	90,000.00
230101	0	HD WITH A-V SHUNT FISTULA NECK LINE OR ANY PREFORMED VASCULAR ACCESS [GEN WARD]	720.00	1,080.00
230102	0	HD WITH A-V SHUNT FISTULA NECK LINE OR ANY PREFORMED VASCULAR ACCESS [PVT WARD]	1,200.00	1,800.00
230103	0	HD WITH FEMORAL CATHETERIZATION (INCLUDING COST OF DISPOSABLE ITEMS LIKE FEMORAL CATHETER, GUIDE WIRE, MEDICATE ETC.) [GEN WARD]	1,200.00	1,800.00
230104	0	HD WITH FEMORAL CATHETERIZATION (INCLUDING COST OF DISPOSABLE ITEMS LIKE FEMORAL CATHETER, GUIDE WIRE, MEDICATE ETC.) [PVT WARD]	1,800.00	2,700.00
230131	OT	INTERNAL JUGULAR VENOUS CATHETERISATION [GEN WARD]	500.00	750.00
230132	OT	INTERNAL JUGULAR VENOUS CATHETERISATION [PVT WARD]	750.00	1,130.00
230149	OT	KIDNEY BIOPSY UNDER ANAESTHESIA WITH GUN (USG GUIDED) [GEN WARD]	3,000.00	4,500.00
230150	OT	KIDNEY BIOPSY UNDER ANAESTHESIA WITH GUN (USG GUIDED) [PVT WARD]	3,500.00	5,250.00
230151	OT	KIDNEY BIOPSY UNDER ANAESTHESIA WITHOUT GUN (USG GUIDED) [GEN WARD]	1,500.00	2,250.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
230152	OT	KIDNEY BIOPSY UNDER ANAESTHESIA WITHOUT GUN (USG GUIDED) [PVT WARD]	1,750.00	2,630.00
230145	OT	KIDNEY BIOPSY WITH GUN (USG GUIDED) [GEN WARD]	2,000.00	3,000.00
230146	OT	KIDNEY BIOPSY WITH GUN (USG GUIDED) [GEN WARD]	2,500.00	3,750.00
230147	OT	KIDNEY BIOPSY WITHOUT GUN [GEN WARD]	500.00	750.00
230148	OT	KIDNEY BIOPSY WITHOUT GUN [GEN WARD]	750.00	1,130.00
230123	KTU	KIDNEY TRANSPLANT FOR THE DONOR (THE COST OF SURGERY, THE COST OF HOSPITAL STAY FOR 10 DAYS AND THE COST OF CONSUMABLES AND MEDICINE)	60,000.00	90,000.00
230124	KTU	KIDNEY TRANSPLANT FOR THE RECEPIENT (THE COST OF SURGERY, THE COST OF HOSPITAL STAY FOR 15 DAYS AND THE COST OF CONSUMABLES AND MEDICINE)	90,000.00	135,000.00
230126	KTU	MEDICATION CHARGES AT THE TIME OF OPERATION (INCLUDING INDUCTION)	125,000.00	187,500.00
230117	0	PERITONEAL DIALYSIS PROCEDURE [GEN WARD]	780.00	1,170.00
230118	0	PERITONEAL DIALYSIS PROCEDURE [PVT WARD]	1,380.00	2,070.00
230133	OT	PERMACATH (TUNNELED HEMODIALYSIS CATHETER) INSERTION [GEN WARD]	1,000.00	1,500.00
230135	OT	PERMACATH (TUNNELED HEMODIALYSIS CATHETER) REMOVAL	750.00	1,130.00
230136	OT	PERMACATH (TUNNELED HEMODIALYSIS CATHETER) REMOVAL [PVT WARD]	1,250.00	1,880.00
230134	OT	PERMACATH (TUNNELED HEMODYLALYSIS CATHETER) INSERTION [PVT WARD]	1,500.00	2,250.00
230121	0	RENAL BIOPSY USG GUIDED [GEN WARD]	1,380.00	2,070.00
230122	0	RENAL BIOPSY USG GUIDED [PVT WARD]	1,560.00	2,340.00
230127	KTU	TRAVLED CHARGES OF EXPERTS	72,000.00	108,000.00
230119	0	VESSEL TIP [2] & CONNECTOR [1] [GEN WARD]	1,080.00	1,620.00
230120	0	VESSEL TIP [2] & CONNECTOR [1] [PVT WARD]	1,080.00	1,620.00
<b>DEPT. :</b>	22	<b>NEUROLOGY</b>		
		MAP # :		
250127	0	BRAINSTEM AUDITORY EVOKED POTENTIAL	1,800.00	2,700.00
250105	0	CATEGORY I [GEN WARD]	360.00	540.00
250126	0	CATEGORY I [PVT WARD]	600.00	900.00
250129	0	CATEGORY II [GEN WARD]	600.00	900.00
250130	0	CATEGORY II [PVT WARD]	1,200.00	1,800.00
250131	0	CATEGORY III [GEN WARD]	840.00	1,260.00
250132	0	CATEGORY III [PVT WARD]	1,680.00	2,520.00
250133	0	CATEGORY IV [GEN WARD]	1,200.00	1,800.00
250134	0	CATEGORY IV [PVT WARD]	1,800.00	2,700.00
250101	160	EEG WITH RECORD [GEN WARD]	600.00	900.00
250102	160	EEG WITH RECORD [PVTWARD]	840.00	1,260.00
250107	163	EMG WITH RECORD (GEN WARD)	600.00	900.00
250147	163	EMG WITH RECORD (PVT. WARD)	840.00	1,260.00
250103	163	NCV (GEN)	1,200.00	1,800.00
250146	0	NEOSTIGMINE TEST [GEN WARD]	360.00	540.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
250135	163	NERVE CONDUCTION VELOCITY (PVT)	1,800.00	2,700.00
250136	0	PROCEDURE CHARGE FOR BOTULINIUM TOXIN	1,200.00	1,800.00
250137	0	PROCEDURE CHARGES FOR LUMBER PUNCTURE [GEN WARD]	180.00	270.00
250138	0	PROCEDURE CHARGES FOR LUMBER PUNCTURE [PVT WARD]	300.00	450.00
250143	0	REPITIVE NERVER STIMULATION [GEN WARD]	600.00	900.00
250144	0	RNS [GEN WARD]	1,200.00	1,800.00
250139	0	SLEEP ANALYSIS CATEGORY I [GEN WARD]	1,200.00	1,800.00
250140	0	SLEEP ANALYSIS CATEGORY I [PVT WARD]	2,070.00	3,110.00
250141	0	SLEEP ANALYSIS CATEGORY II [GEN WARD]	2,760.00	4,140.00
250142	0	SLEEP ANALYSIS CATEGORY II [PVT WARD]	4,140.00	6,210.00
250128	0	SOMATOSNSORY EVOKED POTENTIAL	1,440.00	2,160.00
250145	0	SYMPATHETIC SKIN RESPONSE (SSR) [GEN WARD]	600.00	900.00
250106	0	VEP	600.00	900.00
<b>DEPT. :</b>	<b>8</b>	<b>OXYGEN GAS</b>	<b>MAP # :</b>	
530102	0	OXYGEN MORE THAN 4 HOURS UPTO 12 HOURS	120.00	180.00
530103	0	OXYGEN MORE THAN 12 HOURS UPTO 24 HOURS	240.00	360.00
530104	0	OXYGEN MORE THAN ONE DAY PER DAY	240.00	360.00
530105	0	OXYGEN SHORT TERM UPTO 4 HOURS - FREE	0.00	0.00
<b>DEPT. :</b>	<b>18</b>	<b>PATHOLOGY</b>	<b>MAP # : 2</b>	
220134	103	BACT	0.00	0.00
220136	103	CAST	0.00	0.00
220126	103	COLOUR	0.00	0.00
220135	103	CRYSTAL	0.00	0.00
220133	103	E. CELL	0.00	0.00
220127	103	PH	0.00	0.00
220129	103	PROTEIN	0.00	0.00
220131	103	R.B.C.	0.00	0.00
220128	103	SPECIAL GRAVITY	0.00	0.00
220130	103	SUGAR	0.00	0.00
220132	103	W.B.C.	0.00	0.00
310119	R.LAB	ANTI ACTIN (SMA)	700.00	1,050.00
310126	R.LAB	ANTI ALK/P80(SP8)	700.00	1,050.00
310120	R.LAB	ANTI BCL2 (EP36)	700.00	1,050.00
310113	R.LAB	ANTI CA 125 (ov 185:1)	700.00	1,050.00
310112	R.LAB	ANTI CALPONIN (CALP)	700.00	1,050.00
310138	R.LAB	ANTI CD 138	700.00	1,050.00
310139	R.LAB	ANTI CD 23	700.00	1,050.00
310136	R.LAB	ANTI CD117	700.00	1,050.00
310103	R.LAB	ANTI CD1a	700.00	1,050.00
310133	R.LAB	ANTI CD31 (ENDOTHELIAL CELL)	700.00	1,050.00
310132	R.LAB	ANTI CD34	700.00	1,050.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
310105	R.LAB	ANTI CD45(LCA)	700.00	1,050.00
310124	R.LAB	ANTI CD68 (KPI)	700.00	1,050.00
310134	R.LAB	ANTI CD99 (MIC2Ag)	700.00	1,050.00
310127	R.LAB	ANTI CEA	700.00	1,050.00
310108	R.LAB	ANTI CHROMOGRANIN A (LK2H10)	700.00	1,050.00
310140	R.LAB	ANTI CK 20	700.00	1,050.00
310122	R.LAB	ANTI CYCLIN D1 (EP12)	700.00	1,050.00
310106	R.LAB	ANTI CYTOKERATIN (AE1+AE3) COCKTAIL	700.00	1,050.00
310125	R.LAB	ANTI CYTOKERATIN 7	700.00	1,050.00
310118	R.LAB	ANTI DESMIN (D33)	700.00	1,050.00
310131	R.LAB	ANTI EMA	700.00	1,050.00
310116	R.LAB	ANTI ESTROGEN RECEPTOR (EPI)	700.00	1,050.00
310135	R.LAB	ANTI GFAP (GA 6)	700.00	1,050.00
310114	R.LAB	ANTI HUMAN HerERb B2(EP3) / HER 2 NEU	700.00	1,050.00
310104	R.LAB	ANTI KAPPA LIGHT CHAIN	700.00	1,050.00
310115	R.LAB	ANTI KI-67Ag(MB-1)	700.00	1,050.00
310107	R.LAB	ANTI LAMBDA LIGHT CHAIN	700.00	1,050.00
310110	R.LAB	ANTI MELANOMA (HMB 45)	700.00	1,050.00
310123	R.LAB	ANTI MYOGLOBIN	700.00	1,050.00
310109	R.LAB	ANTI NSE(MIG N3)	700.00	1,050.00
310111	R.LAB	ANTI P53 PROTEIN	700.00	1,050.00
310121	R.LAB	ANTI P63	700.00	1,050.00
310128	R.LAB	ANTI PLAP (PL8-F6)	700.00	1,050.00
310130	R.LAB	ANTI PR	700.00	1,050.00
310137	R.LAB	ANTI PSAP	700.00	1,050.00
310129	R.LAB	ANTI S.100 PROTEIN	700.00	1,050.00
310117	R.LAB	ANTI SYNAPTOPHYSIN(Snp88)	700.00	1,050.00
590111	225	ASCITIC FLUID CYTOLOGY	100.00	150.00
590103	103	BILE PIGMENT, URINE	20.00	30.00
590102	103	BILE SALT, URINE	20.00	30.00
590114	CP	BONE MARROW BIOPSY	300.00	450.00
310101	225	CYTOLOGY REPORTING	100.00	150.00
590108	0	FAT GLOBULES	20.00	30.00
590109	0	FAT GLOBULES STOOL ROUTINE	20.00	30.00
590118	CP	FLUID CYTOLOGY REPORTING	100.00	150.00
680103	225	FNAC ASPIRATION	300.00	450.00
590116	CP	FNAC REPORTING	100.00	150.00
310141	R.LAB	FROZEN SECTION	600.00	900.00
310102	116	HPE / BIOPSY	300.00	450.00
590101	103	KETONE BODIES, URINE	20.00	30.00
590115	CP	LARGE BIOPSY	500.00	750.00
590110	225	MALIGNANCY TEST	100.00	150.00
590117	CP	PAP SMEAR REPORTING	100.00	150.00



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590112	31	SIEMEN FLUID	150.00	230.00
590106	103	URINE PROTEIN	20.00	30.00
220125	64B	URINE ROUTINE EXAMINATION	50.00	80.00
590105	103	URINE SUGAR	20.00	30.00
590104	103	UROBILINOGEN	20.00	30.00
<b>DEPT. :</b>	30	<b>PHYSIOTHERAPY</b>	MAP # :	
450115	0	EXERCISE ONLY AT BEDSIDE TO BED RIDDEN PATIENTS/DAY (INDOOR PATIENTS) [GEN WARD]	25.00	40.00
450116	0	EXERCISE ONLY AT BEDSIDE TO BED RIDDEN PATIENTS/DAY (INDOOR PATIENTS) [PVT WARD]	50.00	80.00
450119	0	EXERCISE TO INDOOR PATIENTS WHO CAN COME TO PHYSIOTHERAPY AND REHABILITATION UNIT/DAY [GEN WARD]	50.00	80.00
450120	0	EXERCISE TO INDOOR PATIENTS WHO CAN COME TO PHYSIOTHERAPY AND REHABILITATION UNIT/DAY [PVT WARD]	50.00	80.00
450117	0	EXERCISE+ELECTROTHERAPY TO BED RIDDEN PATIENTS/DAY (INDOOR PATIENTS) [GEN WARD]	60.00	90.00
450118	0	EXERCISE+ELECTROTHERAPY TO BED RIDDEN PATIENTS/DAY (INDOOR PATIENTS) [PVT WARD]	90.00	140.00
450107	105	PHYSIOTHERAPY (15 DAYS PACKAGE) [GEN WARD] (INTER DEPARTMENTAL REFERRALS)	600.00	900.00
450109	105	PHYSIOTHERAPY (30 DAYS PACKAGE) [GEN WARD] (INTER DEPARTMENTAL REFERRALS)	1,140.00	1,710.00
450105	105	PHYSIOTHERAPY (7 DAYS PACKAGE) [GEN WARD] (INTER DEPARTMENTAL REFERRALS)	300.00	450.00
450113	105	PHYSIOTHERAPY 15 DAYS PACKAGE (OUTSIDE REFERRALS) [GEN WARD]	600.00	900.00
450114	105	PHYSIOTHERAPY 30 DAYS PACKAGE (OUTSIDE REFERRALS) [GEN WARD]	1,140.00	1,710.00
450121	105	PHYSIOTHERAPY FOR INDOOR PATIENTS PER DAY (GEN WARD)	25.00	40.00
450122	105	PHYSIOTHERAPY FOR INDOOR PATIENTS PER DAY (PVT WARD)	50.00	80.00
450101	105	PHYSIOTHERAPY/DAY (GEN WARD) (INTER DEPARTMENTAL REFERRALS)	50.00	80.00
450111	105	PHYSIOTHERAPY/DAY PACKAGE (OUTSIDE REFERRALS) [GEN WARD]	60.00	90.00
450112	105	PHYSIOTHERAPY 7 DAYS PACKAGE (OUTSIDE REFERRALS) [GEN WARD]	300.00	450.00
450110	0	REGISTRATION & PHYSIOTHERAPY/DAY (OUTSIDE REFERRALS) [GEN WARD]	60.00	90.00
<b>DEPT. :</b>	53	<b>PNEUMNOLOGY</b>	MAP # : 0	
850001	0	PULMO - 1 (BRONCHOSCOPY)	1,000.00	1,500.00
850004	28	PULMO - 1 (THORACOSCOPY)	1,000.00	1,500.00
850002	0	PULMO - 2 (BIOPSY OF LUNG MASS)	300.00	450.00
850006	28	PULMO - 2 (INTERCOSTAL TUBE DRAINAGE)	300.00	450.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
850005	28	PULMO - 2 (USG GUIDED ASPIRATION PLEURAL EFFUSION - DIAGNOSTIC)	300.00	450.00
850007	28	PULMO - 3 (DIAGNOSTIC TAPPING)	200.00	300.00
850008	28	PULMO - 3 (FNAC PROCEDURE)	200.00	300.00
850003	0	PULMO - 3 (THERAPEUTIC TAPPING)	600.00	900.00
<b>DEPT. :</b>	<b>20</b>	<b>RADIOLOGY (CT-SCAN)</b>	<b>MAP # :</b>	
610153	242	ABDOMINAL AND PERIPHERAL CT ANGIOGRAPHY	5,400.00	8,100.00
610123	242	CT BRAIN + NOSOPHALYNX WITH CONTRAST	3,240.00	4,860.00
610140	242	CT BRAIN + PNS	2,940.00	4,410.00
610113	242	CT BRAIN + TEMPORAREA WITHOUT CONTRAST	1,655.00	2,490.00
610102	242	CT BRAIN PLAIN	1,380.00	2,070.00
610137	242	CT BRAIN WITH CONTRAST	1,860.00	2,790.00
610111	242	CT BRAIN+TERMPORAL AREA WITH CONTRAST	2,135.00	3,210.00
610154	242	CT CARDIAC ANGIOGRAPHY	6,000.00	9,000.00
610115	242	CT CHEST WITH CONTRAST	3,600.00	5,400.00
610116	242	CT- CHEST WITHOUT CONTRAST	2,760.00	4,140.00
610129	242	CT ELBOW WITH CONTRAST	3,240.00	4,860.00
610142	242	CT FACE PLAIN WITH CONTRAST	3,600.00	5,400.00
610160	242	CT GUIDED BIOPSY (PROCEDURE + BIOPSY GUN SUPPLIED BY IGIMS)	3,000.00	4,500.00
610134	242	CT GUIDED FNAC/BIOPSY	720.00	1,080.00
610155	242	CT GUIDED TRUE CUT BIOPSY	1,200.00	1,800.00
610133	242	CT HIGH RESOLUTION CT [CHEST] WITH CONTRAST	1,860.00	2,790.00
610120	242	CT HIGH RESOLUTION CT [CHEST] WITHOUT CONTRAST	1,380.00	2,070.00
610136	242	CT HRCT CHEST	1,860.00	2,790.00
610128	242	CT KNEE JOINTS WITH CONTRAST	1,860.00	2,790.00
610122	242	CT KNEE JOINTS WITHOUT CONTRAST	1,380.00	2,070.00
610119	242	CT LOWER ABDOMEN WITH CONTRAST	3,600.00	5,400.00
610125	242	CT LOWER ABDOMEN WITHOUT CONTRAST	2,760.00	4,140.00
610144	242	CT LOWER EXTREMITIES (FOOT)	3,240.00	4,860.00
610101	242	CT LOWER EXTREMITIES (HIP)	3,240.00	4,860.00
610103	242	CT LOWER EXTREMITIES (KNEE)	3,240.00	4,860.00
610141	242	CT MANDIBLE JOINT (HRCT)	1,380.00	2,070.00
610107	242	CT NASOPHYRNX WITH CONTRAST	2,940.00	4,410.00
610130	242	CT NASOPHYRNX WITHOUT CONTRAST	2,460.00	3,690.00
610143	242	CT NECK PLAIN WITH CONTRAST	3,600.00	5,400.00
610138	242	CT ORBIT AXIAL CORONAL WITH CONTRAST	2,460.00	3,690.00
610139	242	CT ORBIT PLAIN	2,100.00	3,150.00
610106	242	CT ORBITS + BRAIN PLAIN WITH CONTRAST	2,940.00	4,410.00
610104	242	CT PITURAY POSSA & PRONE (BRAIN & CORONAL PRONE) WITH CONTRAST	2,135.00	3,210.00
610131	242	CT PITURAY POSSA & PRONE (BRAIN & CORONAL PRONE) WITHOUT CONTRAST	1,655.00	2,490.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
610146	242	CT PNS [ONLY CORONAL FOR SINUSITES] WITHOUT CONTRAST	840.00	1,260.00
610114	242	CT PNS [ONLY CORONAL FOR SINUSITES] WITH CONTRAST	1,320.00	1,980.00
610112	242	CT PNS COMPLETE WITH CONTRAST	1,860.00	2,790.00
610147	242	CT PNS COMPLETE WITHOUT CONTRAST	1,380.00	2,070.00
610126	242	CT SI JOINTS ONLY WITH CONTRAST	2,135.00	3,210.00
610148	242	CT SI JOINTS ONLY WITHOUT CONTRAST	1,655.00	2,490.00
610135	242	CT SPINE A.CERVICAL, B.DORSAL(7-60), C.DORSAL(7-12), D.LUMBER, E.SACRAL, F.ANYNO. LESS THAN 7 VERTAVRATE FOR MYE 10 CTADD 2300	2,760.00	4,140.00
610109	242	CT TEMPROMEDIDULA JOIN [HRTC] 1150 + NIL	1,380.00	2,070.00
610132	242	CT THYROID WITH CONTRAST	2,135.00	3,210.00
610149	242	CT TYROID WITHOUT CONTRAST	1,655.00	2,490.00
610117	242	CT UPPER ABDOMEN WITH CONTRAST	3,600.00	5,400.00
610150	242	CT UPPER ABDOMEN WITHOUT CONTRAST	2,760.00	4,140.00
610145	242	CT UPPER EXTREMITIES (ELBOW, FOREARM, SHOULDER)	3,600.00	5,400.00
610121	242	CT WHOLE ABDOMEN WITH CONTRAST	4,920.00	7,380.00
610151	242	CT WHOLE ABDOMEN WITHOUT CONTRAST	4,080.00	6,120.00
610124	242	CT WHOLE SPINE + MYLOGRAM (X-RAY REQUIRE) WITH CONTRAST	3,600.00	5,400.00
610152	242	CT WHOLE SPINE+MYLOGRAM (X-RAY REQUIRE) WITHOUT CONTRAST	3,120.00	4,680.00
610110	242	CT-BRAIN + NOSOPHALYNX WITHOUT CONTRAST	2,760.00	4,140.00
610118	242	CT-ELBOW WITHOUT CONTRAST	2,760.00	4,140.00
610157	242	PTBD	2,400.00	3,600.00
610158	242	PTBD WITH STENT PLACEMENT	3,600.00	5,400.00
610159	242	RENAL BIOPSY (BY RADIOLOGIT)	1,200.00	1,800.00
610156	242	WHOLE BODY CT ANGIOGRAPHY	12,000.00	18,000.00
<b>DEPT. :</b>	<b>51</b>	<b>RADIOLOGY (MRI)</b>	<b>MAP # : 6</b>	
830141	MRI	CE-MRS	3,550.00	5,330.00
830114	MRI	MRCP	4,400.00	6,600.00
830130	MRI	MRI ANGIOGRAPHY (NON CONTRAST)	4,400.00	6,600.00
830139	MRI	MRI ANGIOGRAPHY CONTRAST + CONTRAST CHARGE	3,550.00	5,330.00
830118	MRI	MRI ARM	3,300.00	4,950.00
830137	MRI	MRI ARTHROGRAPHY + CONTRAST	3,550.00	5,330.00
830103	MRI	MRI BRAIN CONTRAST	4,800.00	7,200.00
830102	MRI	MRI BRAIN PLAIN	3,300.00	4,950.00
830126	MRI	MRI BREAST	3,300.00	4,950.00
830104	MRI	MRI CERVICAL SPINE	3,300.00	4,950.00
830105	MRI	MRI CERVICAL SPINE WITH SCREENING OF D-L SPINE	4,125.00	6,190.00
830101	MRI	MRI CHARGES	3,300.00	4,950.00
830111	MRI	MRI CHEST	3,300.00	4,950.00
830148	MRI	MRI CONTRAST 1 ml	150.00	230.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
830127	MRI	MRI CONTRAST 10 ml	1,500.00	2,250.00
830128	MRI	MRI CONTRAST 20 ml	3,000.00	4,500.00
830133	MRI	MRI CSF SHOW STUDY	4,400.00	6,600.00
830107	MRI	MRI DL SPINE	3,300.00	4,950.00
830135	MRI	MRI DTT	4,400.00	6,600.00
830142	MRI	MRI ENTEROCLYSIS	3,550.00	5,330.00
830109	MRI	MRI FACE	3,300.00	4,950.00
830123	MRI	MRI FOOT	3,300.00	4,950.00
830119	MRI	MRI FORE ARM	3,300.00	4,950.00
830120	MRI	MRI HAND	3,300.00	4,950.00
830124	MRI	MRI JOIN (SINGLE REGION) P	3,300.00	4,950.00
830122	MRI	MRI LEG	3,300.00	4,950.00
830113	MRI	MRI LIVER	3,300.00	4,950.00
830115	MRI	MRI LOWER ABDOMEN	3,300.00	4,950.00
830106	MRI	MRI L-S SPINE	3,300.00	4,950.00
830110	MRI	MRI NECK	3,300.00	4,950.00
830143	MRI	MRI ONE EXTRA REGION	825.00	1,240.00
830129	MRI	MRI ONE REGION SCREENING (ONLY WITH PRIMARY REGION)	825.00	1,240.00
830108	MRI	MRI ORBIT	3,300.00	4,950.00
830116	MRI	MRI PELVIS	3,300.00	4,950.00
830134	MRI	MRI PERFUSION STUDY	4,400.00	6,600.00
830138	MRI	MRI PITUITARY GLAND	3,300.00	4,950.00
830125	MRI	MRI SOFTY TISSUE	3,300.00	4,950.00
830132	MRI	MRI SPECTROSCOPY	4,400.00	6,600.00
830121	MRI	MRI THIGH	3,300.00	4,950.00
830145	MRI	MRI THREE EXTRA REGION SCREENING	2,475.00	3,720.00
830136	MRI	MRI TRACTOGRAPHY	4,400.00	6,600.00
830144	MRI	MRI TWO EXTRA REGION SCREENING	1,650.00	2,480.00
830112	MRI	MRI UPPER ABDOMEN	3,300.00	4,950.00
830117	MRI	MRI UROGRAPHY	4,400.00	6,600.00
830131	MRI	MRI VENOGRAPHY (NON CONTRAST)	4,400.00	6,600.00
830140	MRI	MRI VENOGRAPHY CONTRAST + CONTRAST	3,550.00	5,330.00
830147	MRI	OTHER SINGLE REGION EXAMINATION	3,300.00	4,950.00
830146	MRI	WHOLE BODY MRI SCREENING FOR METASTATIC REGION	6,600.00	9,900.00
<b>DEPT. :</b>	36	<b>RADIOLOGY (ULTRASOUND)</b>	MAP # : 7	
680105	242	CAROTD COLOR DOPPLER	600.00	900.00
680116	242	CAROTID ARTERY (B.SCAN ONLY)	300.00	450.00
680125	242.	COLOR DOPPLER FETAL WELL BEING	600.00	900.00
680122	242.	COLOR DOPPLER LOWER LIMB VESSELS (ONE SIDE OR BOTH SIDE)	600.00	900.00
680124	242.	COLOR DOPPLER SWELLING	600.00	900.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
680123	242.	COLOR DOPPLER UPPER LIMB VESSELS (ONE SIDE OR BOTH SIDES)	600.00	900.00
680130	242	FETAL WELL BEING	300.00	450.00
680114	242	FETAL WELL BEING	150.00	230.00
680121	242	FETAL WELL BEING (LEVEL 3)	600.00	900.00
680120	242	FNAC US GUIDED	300.00	450.00
680109	242	FOLLICULAR MONITORING	600.00	900.00
680113	242	ORBIT	300.00	450.00
680107	242	PCD USG GUIDED	300.00	450.00
680104	242	PCN USG GUIDED	300.00	450.00
680117	242	PELVIS	300.00	450.00
680106	242	RENAL COLOR DOPPLER	600.00	900.00
680118	242	SIMPLE USG ABDOMEN	300.00	450.00
680111	242	TRUS	600.00	900.00
680110	242	TVS	600.00	900.00
681031	242	US GUIDED BIOPSY (PROCEDURE + BIOPSY GUN SUPPLIED BY IGIMS)	2,600.00	3,900.00
680112	242	USG BREAST	300.00	450.00
680129	242	USG OBSTETRICS	300.00	450.00
680127	242	USG PELVIS	300.00	450.00
680128	242	USG SCROTUM	300.00	450.00
680115	242	USG THYROID OR OTHER SMALL PARTS OR SWELLING	300.00	450.00
680102	242	USG WHOLE ABDOMEN WITH PLATE	420.00	630.00
<b>DEPT. :</b>	<b>4</b>	<b>RADIOLOGY (X-RAY)</b>	<b>MAP # : 6</b>	
330174	242	ABDOMEN ERECT & THORASIC SPINE LAT (TWO PLATE)	240.00	360.00
330175	242	ABDOMEN ERECT (ONE PLATE)	120.00	180.00
330173	242	ABDOMEN FOR KUB (ONE PLATE)	120.00	180.00
330219	242	ADDITIONAL X-RAY FILM	120.00	180.00
330215	242	AGP B/L	720.00	1,080.00
330136	242	AGP ONE SIDE	510.00	770.00
330200	242	ANKLE AP	120.00	180.00
330158	242	ANKLE AP & LAT (BOTH SIDE)	290.00	440.00
330110	242	ANKLE JOINT AP & LAT	145.00	220.00
330201	242	ANKLE LAT	120.00	180.00
330141	242	ARM AP & LATERAL	145.00	220.00
330134	242	BARIUM ENEMA	480.00	720.00
330133	242	BARIUM MEAL FOLLOW THROUGH/STUDY	900.00	1,350.00
330138	242	BARIUM MEAL ICR ONLY (ONE PLATE)	180.00	270.00
330169	242	BARIUM MEAL S+D	420.00	630.00
330131	242	BARIUM SWALLOW	300.00	450.00
330153	242	BOTH KNEE LATERAL VIEWS	240.00	360.00
330104	242	CALVICLE	145.00	220.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
330123	242	CERVICAL SPINE AP & LAT	180.00	270.00
330196	242	CERVICAL SPINE LAT	120.00	180.00
330194	242	CERVICAL SPINE LAT IN EXTENSION	120.00	180.00
330195	242	CERVICAL SPINE LAT IN FLEXION	120.00	180.00
330192	242	CHEST LAT (L)	120.00	180.00
330193	242	CHEST LAT (R)	120.00	180.00
330101	242	CHEST OBLIQUE ON ANY SIDE	120.00	180.00
330171	242	CHEST PA	120.00	180.00
330170	242	CHEST X-RAY AP	120.00	180.00
330143	242	COCCYX AP	120.00	180.00
330144	242	COCCYX AP LAT	180.00	270.00
330218	242	CONTRAST ENAM FOR CHILD < 08 YEARS	1,110.00	1,670.00
330217	242	CONTRAST STUDY FOR CHILD < 08 YEARS SWALLOWED BA	510.00	770.00
330124	242	DORSAL SPINE AP AND LAT	180.00	270.00
330146	242	DORSAL SPINE AP ONLY	120.00	180.00
330130	242	DORSAL SPINE LAT ONLY	120.00	180.00
330157	242	ELBOW BOTH AP+LAT	290.00	440.00
330103	242	ELBOW JOINT AP &LAT.	145.00	220.00
330178	242	FACE AND ORBIT	120.00	180.00
330156	242	FACE ORBIT AP & LAT	240.00	360.00
330159	242	FEET (BOTH) AP	240.00	360.00
330160	242	FEET (BOTH) AP& LAT	290.00	440.00
330113	242	FEMUR AP & LAT	145.00	220.00
330208	242	FEMUR AP OR LAT	120.00	180.00
330137	242	FISTULOGRAM	510.00	770.00
330189	242	FOOT AP	120.00	180.00
330109	242	FOOT AP & LAT	145.00	220.00
330105	242	FOREARM AP AND LAT	145.00	220.00
330202	242	HAND AP	120.00	180.00
330120	242	HAND AP & LAT	180.00	270.00
330203	242	HAND LAT	120.00	180.00
330190	242	HEAL AXIAL	120.00	180.00
330108	242	HEAL AXIAL BOTH SIDES	240.00	360.00
330155	242	HIP AP & LAT (ONE SIDE)	240.00	360.00
330114	242	HIP AP (ONE PLATE)	120.00	180.00
330185	242	HSG	960.00	1,440.00
330186	242	INVERTOGRAM	120.00	180.00
330166	242.	IVP/IVU WITH CONTRAST	1,440.00	2,160.00
330177	242	KNEE AP & LAT	290.00	440.00
330112	242	KNEE AP & LAT (ONE SIDE)	145.00	220.00
330132	242	KNEE BOTH AP & LAT VIEWS	420.00	630.00
330176	242	KNEE BOTH AP STANDING	120.00	180.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
330191	242	KNEE SKYLINE	120.00	180.00
330161	242	KNEE SKYLINE BOTH	240.00	360.00
330167	242	KUB AP	120.00	180.00
330116	242	KUB AP ERECT	120.00	180.00
330111	242	LEG AP & LAT (ONE SIDE)	145.00	220.00
330216	242	LOOPGRAM	900.00	1,350.00
330125	242	LUMBAR SPINE AP & LAT	180.00	270.00
330204	242	LUMBER SPINE AP	120.00	180.00
330197	242	LUMBER SPINE LATERAL	120.00	180.00
330182	242	MAMMOGRAPHY	540.00	810.00
330107	242	MANDIBLE AP	120.00	180.00
330163	242	MANDIBLE LAT OR OBLIQUE	120.00	180.00
330210	242	MCU < 10 YEARS	510.00	770.00
330213	242	MCU > 10 YEARS	720.00	1,080.00
330206	242	MCU ONLY (WITHOUT CONTRAST)	300.00	450.00
330140	242	MOSTOID BOTH SIDES	240.00	360.00
330147	242	NASAL BONE B/L	180.00	270.00
330187	242	NASOPHARYNX (LATERAL VIEW)	120.00	180.00
330172	242	NECK AP & LAT	180.00	270.00
330139	242	NEPHROSTOGRAM (WITHOUT CONTRAST)	300.00	450.00
820003	242	OPG	180.00	270.00
330154	242	ORBIT AP	120.00	180.00
330179	242	ORBIT AP & LAT (TWO PLATE)	180.00	270.00
330181	242	PELVIS AP & LAT	180.00	270.00
330119	242	PELVIS WITH BOTH HIP JOINT AP	120.00	180.00
330188	242	PERIURETHOGRAM	420.00	630.00
330118	242	PNS	120.00	180.00
330115	242	PTC (RADIO)	540.00	810.00
330168	242	RADIATION SYNOVECTOMY PROCEDURE	24,000.00	36,000.00
330165	242	RGP/BI WITHOUT CONTRAST	300.00	450.00
330150	242	RGU & MCU WITHOUT CONTRAST	420.00	630.00
330209	242	RGU <10 YEARS	510.00	770.00
330212	242	RGU >10 YEARS	510.00	770.00
330205	242	RGU ONLY (WITHOUT CONTRAST)	300.00	450.00
330211	242	RGU-MCU <10 YEARS	840.00	1,260.00
330214	242	RGU-MCU >10 YEARS	840.00	1,260.00
330151	242	SACRUM	120.00	180.00
330184	242	SACRUM AP & LAT	180.00	270.00
330152	242	SHOULDER AP	120.00	180.00
330148	242	SHOULDER AP & LAT	180.00	270.00
330149	242	SHOULDER AP & LAT BOTH SIDES	360.00	540.00
330142	242	SI JOINT AP	120.00	180.00
330135	242	SINOGRAM (WITHOUT CONTRAST)	510.00	770.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
330199	242	SKULL AP	120.00	180.00
330117	242	SKULL AP & LAT	180.00	270.00
330198	242	SKULL LAT	120.00	180.00
330220	242	SKYGRAM	600.00	900.00
330106	242	STERNUM	120.00	180.00
330102	242	THARASIC SPINE AP	120.00	180.00
330126	242	THARASIC SPINE LAT	120.00	180.00
330180	242	THIGH AP & LAT	145.00	220.00
330162	242	THIGH BOTH SIDE AP & LAT	290.00	440.00
330122	242	THORACIC SPINE AP & LAT	180.00	270.00
330100	242	T-TUBE CHOLANGIORAPHY WITHOUT DYE	510.00	770.00
330121	242	WRIST AP & LAT (ONE SIDE)	145.00	220.00
330183	242	WRIST BOTH AP	120.00	180.00
330164	242	WRIST BOTH AP & LAT (BOTH SIDE)	290.00	440.00
330207	242	WRIST LAT (ONE SIDE)	120.00	180.00
330127	242	X-IVP/IVU WITHOUT CONTRAST & CONSUMABLES	600.00	900.00
330128	242	X-OCG(WITHOUT DRUG)	270.00	410.00
330145	242	X-RAY MARKING	180.00	270.00
330129	242	X-RGU & MCU WITH CONTRAST	600.00	900.00
<b>DEPT. :</b>	5	<b>RCC</b>	MAP # : 10	
340113	72, 74	CHEMOTHERAPY - I (PER CYCLE) GEN WARD	240.00	360.00
340102	RCC	CHEMOTHERAPY [PVT WARD]	720.00	1,080.00
340101	RCC	CHEMOTHERAPY-I (PER CYCLE) [GEN WARD]	360.00	540.00
340105	RCC	MAJOR PROCEDURE - I [GEN WARD]	1,800.00	2,700.00
340106	RCC	MAJOR PROCEDURE - II [GEN WARD]	2,400.00	3,600.00
340109	RCC	MAJOR PROCEDURE - III [GEN WARD]	4,800.00	7,200.00
340103	RCC	MINOR PROCEDURE - I [GEN WARD]	180.00	270.00
340104	RCC	MINOR PROCEDURE - II [GEN WARD]	360.00	540.00
340111	RCC	NEW DAY CARE (RCC)	240.00	360.00
340114	0	ONCO-1 [Catheter Insertion Proc.]	1,000.00	1,500.00
340115	0	ONCO-2 [Bone Marrow Proc.]	500.00	750.00
340116	0	ONCO-3 [Intra Thecal Chemo]	100.00	150.00
340108	92	PALATIVE RADIOTHERAPY	1,800.00	2,700.00
340110	92	PLANING RADIOGRAM	180.00	270.00
340107	92	RADICAL EBRT	4,800.00	7,200.00
340112	92	RADICAL ICRT	4,800.00	7,200.00
<b>DEPT. :</b>	42	<b>REGISTRATION</b>	MAP # :	
740101	0	OPD NEW REGISTRATION	50.00	80.00
740103	0	REGISTRATON IN EMERGENCY COUNTER	100.00	150.00
740102	0	RENEWAL OF REGISTRATION AFTER ONE MONTH	20.00	30.00
<b>DEPT. :</b>	35	<b>RIO</b>	MAP # : 8	
350199	0	A SCAN	180.00	270.00



CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
350180	0	A.L.T.	300.00	450.00
350149	0	AC WASH + F.B. REMOVAL	360.00	540.00
350168	0	ANGIOGRAPHY WITH REPORT IN CD PRINT FORMAT FFA	1,020.00	1,530.00
220210	107	ANTI VEGF INJECTION	2,000.00	3,000.00
350163	107.	AUTOMATED PERIMETRY (HFA)	360.00	540.00
350197	0	BLEPHAROPLASTY	720.00	1,080.00
350175	0	CHALAZION	150.00	230.00
350144	0	COMBINED EXTRACTION	1,560.00	2,340.00
350160	0	CONJUCTIVAL CYST	360.00	540.00
350156	0	CONJUNCTIVAL TRANSPLANT	360.00	540.00
350166	0	CORNEAL TOPOGRAPHY	420.00	630.00
350146	0	CYCLOCRYOPEXY	240.00	360.00
350205	0	D.C.R.	900.00	1,350.00
350206	0	D.C.T.	600.00	900.00
350150	0	ECCE (GEN WARD)	480.00	720.00
350130	0	ECCE WITH IOL (HS IMPORTED RIGID IOL) (GEN WARD)	3,180.00	4,770.00
350129	0	ECCE WITH IOL (HS INDIAN RIGID IOL) (GEN WARD)	2,160.00	3,240.00
350137	0	ECCE WITH RIGID IOL [PVT WARD]	4,800.00	7,200.00
350230	0	ECCE WITH RIGID IOL (PT) [GEN WARD]	1,920.00	2,880.00
350106	0	ECCE WITHOUT IOL [PVT WARD]	3,600.00	5,400.00
350203	0	ENTROPION / ECTROPION (SINGLE)	360.00	540.00
350204	0	ENTROPION / ECTROPION WITH GRAFT	480.00	720.00
350207	0	ENUCLEATION	360.00	540.00
350208	0	EVISCERTION	240.00	360.00
350226	0	FOCAL LASER	300.00	450.00
350227	0	FORNIX DEEPENING STRUCTURE	360.00	540.00
350167	0	FUNDUS PHOTOGRAPHY FOR RECORD PURPOSE	300.00	450.00
350181	0	FUSION EXERCISE	150.00	230.00
350143	0	GONIOTOMY	720.00	1,080.00
350101	0	INTRAVITREAL INJECTION (MINOR 2)	350.00	530.00
350157	0	LAMELLAR KERATOPLASY	1,800.00	2,700.00
350225	0	LASER DELIMITATION	300.00	450.00
350170	0	LASER MACULAR GRID	300.00	450.00
350193	0	LENSECTOMY	720.00	1,080.00
350195	0	LENSECTOMY VIRTECTOMY + IOL	4,320.00	6,480.00
350200	8	LID INJURY REPAIR MAJOR/WITH CANALICULI REPAIR	720.00	1,080.00
350198	0	LID INJURY REPAIR MINOR	240.00	360.00
350196	0	LID TUMOR EXCISION + LID RECONSTRUCTION	1,560.00	2,340.00
350147	0	NEEDLE CAPSULOTOMY	240.00	360.00
350165	108	OCT FOR ANTERIOR SEGMENT ANALYSIS ANGLE + TOPOGRAPHY	600.00	900.00
350164	108	OCT FOR RETINA ANALYSIS (MACULA + DISC)	960.00	1,440.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
350229	0	ORBITAL DECOMPRESSION	1,440.00	2,160.00
350210	0	ORBITOTOMY ANTERIOR	720.00	1,080.00
350222	0	ORBITOTOMY LATERAL	1,080.00	1,620.00
350191	0	P.P.M.	600.00	900.00
350176	0	P.R.P. (PER SITTING)	360.00	540.00
350151	0	PERFORATION REPAIR/INJUIRY [GEN WARD]	600.00	900.00
350132	0	PHACO SURGERY WITH FOLDABLE ACRYLIC LENS (HS) (GEN WARD)	8,700.00	13,050.00
350131	0	PHACO SURGERY WITH FOLDABLE SILICON LENS (HS) (GEN WARD)	7,440.00	11,160.00
350133	0	PHACO SURGERY WITH IMPORTED RIGID IOL (HS) (GEN WARD)	5,100.00	7,650.00
350135	0	PHACO WITH FOLDABLE IOL ACRYLIC LENS [PVT WARD]	10,440.00	15,660.00
350134	0	PHACO WITH FOLDABLE IOL SILICON [PVT WARD]	9,120.00	13,680.00
350103	0	PHACO WITH IOL (PT) (GEN WARD)	4,200.00	6,300.00
350136	0	PHACO WITH RIGID IOL [PVT WARD]	6,060.00	9,090.00
350177	0	PHOTOMYDRIASIS	240.00	360.00
350154	0	PK OPTICAL PK WITH CATRACT	2,640.00	3,960.00
350153	0	PK PHARAPENTIC	1,200.00	1,800.00
350155	0	PK WITH IOL	3,600.00	5,400.00
350194	0	PLANNED ANTERIOR VIRTECTOMY	720.00	1,080.00
350228	0	PROBING SYRINGING	360.00	540.00
350190	0	PROPHYLACTIC CRYOPEXY/ARC	240.00	360.00
350159	0	PTERYGIUM SURGERY	360.00	540.00
350211	0	PTOSIS SURGERY	1,080.00	1,620.00
350186	0	R.D. + VITRECTOMY + AIR FLUID (AF) + VITRECTOMY + AIR FLUID (AF)EXCHANGE + OR GASINJECTION	3,600.00	5,400.00
350185	0	R.D. + VITRECTOMY + AIR FLUID (AF) EXCHANGE	3,360.00	5,040.00
350187	0	R.D. + VITRECTOMY + AIR FLUID (AF) EXCHANGE + LASER	4,200.00	6,300.00
350184	0	R.D. + VITRECTOMY SURGERY	3,360.00	5,040.00
350113	0	R.D. SURGERY (BUCKLING) [GEN WARD]	2,280.00	3,420.00
350124	0	R.D. SURGERY (BUCKLING) [PVT WARD]	3,600.00	5,400.00
350188	0	R.D. Sx + GASINJECTION	2,640.00	3,960.00
350152	0	RADIAL KERATOTOMY	2,160.00	3,240.00
350105	107	REFRACTION	25.00	40.00
350212	0	RIO FB REMOVAL + VIRTECTOMY	3,000.00	4,500.00
350189	0	RIO FB WITHOUT VIRTECTOMY	480.00	720.00
350192	0	S.O. REMOVAL	480.00	720.00
350224	0	SECTOR LASER	360.00	540.00
350215	0	SICS WITH IOL (PT) (GEN WARD)	3,000.00	4,500.00
220209	107	SLT LASER	1,200.00	1,800.00
350223	0	SOCKET RECONSTRUCTION	1,440.00	2,160.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
350161	0	SQUINT SURGERY 1ST SURGERY	1,200.00	1,800.00
350162	0	SQUINT SURGERY 2ND SURGERY	600.00	900.00
350148	0	SURGICAL PI	360.00	540.00
350179	0	SUTUROLYSIS	180.00	270.00
350202	0	SYMBLEPHARON RELEASE + GRAFTING	600.00	900.00
350158	0	SYMBLOPHARON RELEASE	360.00	540.00
350142	0	TRABECULECTOMY	1,200.00	1,800.00
350104	0	USG B - SCAN WITH (UBM)	420.00	630.00
350183	0	VITRECTOMY	2,760.00	4,140.00
350201	0	WITH CANALICULAR TUBING	360.00	540.00
350173	0	YAG CAPSULOTOMY FOR OUTSIDE PATIENT	480.00	720.00
350171	0	YAG CAPSULOTOMY FOR RIO PATIENT	300.00	450.00
350178	0	YAG SWEEPING	480.00	720.00
350172	0	YAG SYHECHIOLYSIS	480.00	720.00
<b>DEPT. :</b>	<b>29</b>	<b>SERVICES</b>	<b>MAP # :</b>	
260115	0	ABDOMINAL COLOR DOPPLER US [GEN WARD]	360.00	540.00
260101	0	ASCITIC FLUID ASPIRATION [GEN WARD]	120.00	180.00
260112	0	BONE MARROW ASPIRATION [GEN WARD]	120.00	180.00
260128	0	BREAST CANCER AWARENESS	450.00	680.00
260130	0	BREAST CANCER AWARENESS [BPL]	250.00	380.00
260121	0	CARM NERVE LOCATOR[GEN WARD]	420.00	630.00
260129	0	CERVIX CAN. AW.(REG,PAP,CYTO,COLPO,HPE,USG)	200.00	300.00
260126	0	COMPLETE HEALTH CHECKUP	2,000.00	3,000.00
260127	0	COMPLETE HEALTH CHECKUP	2,200.00	3,300.00
260182	0	DIET CHARGE PER DAY	115.00	180.00
260122	0	DISPOSABLE INVASIVE PRESSURE TRANSDUC [GEN WARD]	1,145.00	1,720.00
260116	0	DRESSING CATEGORY -1 [GEN WARD]	30.00	50.00
260117	0	DRESSING CATEGORY - 11 [GEN WARD]	60.00	90.00
260118	0	DRESSING CATEGORY - 111 [GEN WARD]	120.00	180.00
260111	0	FNAC [GEN WARD]	120.00	180.00
260125	0	HBCAG [GEN WARD]	360.00	540.00
260108	0	I&D OF WOUND [GEN WARD]	60.00	90.00
260181	0	MISC. CHARGES	0.00	0.00
260123	0	NEBULIZER	35.00	60.00
260180	0	PASS LOST	1,000.00	1,500.00
260113	0	PILES INJECTION FIRST TIME [GEN WARD]	120.00	180.00
260120	0	PILES INJECTION REPEAT [GEN WARD]	60.00	90.00
260102	0	PLEURAL FLUID ASPIRATION [GEN WARD]	120.00	180.00
260106	0	PROSTATE BIOPSY [GEN WARD]	240.00	360.00
260104	0	REMOVAL OF THE T/TUBE [GEN WARD]	120.00	180.00
260109	0	SPC CAUTERIZATION [GEN WARD]	240.00	360.00
260103	0	SUTURING [GEN WARD]	120.00	180.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
<b>DEPT. :</b>	23	<b>SURGICAL PROCEDURE</b>	MAP # : 11	
810131	0	ADVANCE SERUM ANALYSIS	240.00	360.00
810129	0	AIH (IUI)	1,440.00	2,160.00
810132	0	ASD CLOSURE	60,000.00	90,000.00
810130	0	ASOAID (IUI)	600.00	900.00
810135	0	BD GLENN	60,000.00	90,000.00
810137	0	BT SHUNT	24,000.00	36,000.00
810140	0	CABS	84,000.00	126,000.00
810141	0	CABS + IABP	108,000.00	162,000.00
810143	0	COA REPAIR	24,000.00	36,000.00
620143	0	DIAGNOSTIC LAPAROSCOPY	1,200.00	1,800.00
620135	0	ENTEROSCOPY RS. 1500/- + CONSUMABLE	1,800.00	2,700.00
810136	0	FONTAN OPERATION	78,000.00	117,000.00
620136	0	GLUE INJECTION FOR VARICES RS 1500/- + GLUE	1,800.00	2,700.00
620137	0	LAPAROSCOPIC CHOLECYSTECTOMY - [GEN WARD] (NOTE :- ANY OTHER SPECIAL LAPAROSCOPIC PROCEDURE WILL BE CHARGED AS PER SSP-1)	2,760.00	4,140.00
620138	0	LAPAROSCOPIC CHOLECYSTECTOMY - [PVT WARD] (NOTE :- ANY OTHER SPECIAL LAPAROSCOPIC PROCEDURE WILL BE CHARGED AS PER SSP-1)	5,520.00	8,280.00
620105	0	MAJOR - I (GEN WARD)	2,940.00	4,410.00
620106	0	MAJOR - I (PVT WARD)	5,880.00	8,820.00
620107	0	MAJOR - II (GEN WARD)	2,340.00	3,510.00
620128	0	MAJOR - II (PVT WARD)	4,680.00	7,020.00
620129	140	MINOR - I (GEN WARD)	780.00	1,170.00
620130	140	MINOR - I (PVT WARD)	1,560.00	2,340.00
620131	140	MINOR - II (GEN WARD)	360.00	540.00
620132	140	MINOR - II (PVT WARD)	720.00	1,080.00
620133	140	MINOR - III (GEN WARD)	180.00	270.00
620134	140	MINOR - III (PVT WARD)	360.00	540.00
620139	0	OESOPHAGEAL STENTING RS. 1500/- + STENT	1,800.00	2,700.00
810138	0	PDA LOGATION	7,200.00	10,800.00
810139	0	PERICAR DECTOMY	24,000.00	36,000.00
620140	0	SPIROMETRY TEST	180.00	270.00
620101	0	SSP - I (GEN WARD)	4,920.00	7,380.00
620102	0	SSP - I (PVT WARD)	9,720.00	14,580.00
620103	0	SSP - II (GEN WARD)	3,720.00	5,580.00
620104	0	SSP - II (PVT WARD)	7,440.00	11,160.00
810144	0	TAPVC REPAIR	84,000.00	126,000.00
810134	0	TOTAL CORRECTION	78,000.00	117,000.00
810142	0	VALVE SURGERY (Cost of Valve Extra)	54,000.00	81,000.00
810133	0	VSD CLOSURE	72,000.00	108,000.00
<b>DEPT. :</b>	39	<b>SURGICAL PROCEDURE(ONCOLOGY)</b>	MAP # :	
710123	0	C-ARM MAJOR CASE [GEN WARD]	600.00	900.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
710122	0	C-ARM MINOR CASE [GEN WARD]	360.00	540.00
710124	0	C-ARM SPECIAL PROCEDURE [GEN WARD]	960.00	1,440.00
710121	0	HYSTERO SAPLINGOGHCOPY (HSG) [GEN WARD]	600.00	900.00
710101	0	MAJOR I (A) DIRECT LYRENGOSCOPY & FIBROPTIC LYRENGOSCOPY [GEN WARD]	720.00	1,080.00
710102	0	MAJOR I (A) DIRECT LYRENGOSCOPY & FIBROPTIC LYRENGOSCOPY [PVT WARD]	1,440.00	2,160.00
710103	0	MAJOR I (B) INCLUDING FIBROPTIC BRONCSCOPE [GEN WARD]	900.00	1,350.00
710104	0	MAJOR I (B) INCLUDING FIBROPTIC BRONCSCOPE [PVT WARD]	1,800.00	2,700.00
710105	0	MAJOR I (C) [GEN WARD]	1,380.00	2,070.00
710106	0	MAJOR I (C) [PVT WARD]	2,760.00	4,140.00
710107	0	MAJOR II [GEN WARD]	2,100.00	3,150.00
710108	0	MAJOR II [PVT WARD]	4,200.00	6,300.00
710120	0	MIINOR IV [PVT WARD]	275.00	420.00
710113	0	MINOR I [GEN WARD]	600.00	900.00
710114	0	MINOR I [PVT WARD]	1,200.00	1,800.00
710115	0	MINOR II [GEN WARD]	360.00	540.00
710116	0	MINOR II [PVT WARD]	720.00	1,080.00
710117	0	MINOR III [GEN WARD]	275.00	420.00
710118	0	MINOR III [PVT WARD]	550.00	830.00
710119	0	MINOR IV [GEN WARD]	140.00	210.00
710109	0	SSP I [GEN WARD]	2,760.00	4,140.00
710110	0	SSP I [PVT WARD]	5,520.00	8,280.00
710111	0	SSP II [GEN WARD]	3,120.00	4,680.00
710112	0	SSP II [PVT WARD]	6,240.00	9,360.00
<b>DEPT. :</b>	<b>10</b>	<b>URO OT</b>	<b>MAP # : 11</b>	
550101	URO OT	CHECK CYSTOSCOPY	360.00	540.00
<b>DEPT. :</b>	<b>3</b>	<b>UROLOGY</b>	<b>MAP # : 11</b>	
260110	0	BCG INSTILLATION IN BLADDER [GEN WARD]	180.00	270.00
260190	0	CATHETERIZATION [GEN WARD]	60.00	90.00
260107	0	CYSTOSCOPY	600.00	900.00
390116	0	DAY CARE WARD BED CHARGE [GEN WARD]	180.00	270.00
390102	0	DJ STENT REMOVAL	360.00	540.00
390105	147	ESWL FOR RENAL STONE SIZE 1.5CM (1ST SITTING) UPTO 4500 SHOCKS [GEN WARD]	8,400.00	12,600.00
390112	147	ESWL FOR RENAL STONE SIZE MORE THAN 1.5CM (1ST SITTING) UPTO 4500 SHOCKS [GEN WARD]	9,600.00	14,400.00
390118	147	ESWL SUBSEQUENT [GEN WARD]	2,400.00	3,600.00
260105	0	PCN (TROCAR)	360.00	540.00
260114	0	PCN (US GUIDED)	600.00	900.00
390106	0	TROCAR CYSTOSTOMY	360.00	540.00

CODE	Room No	TEST NAME	RATE - OPD	Paid Clinic
390117	0	U/S GUIDED PROCEDURE CONSUMABLE EXTRA [GEN WARD]	1,200.00	1,800.00
390199	URO OT	URETHRAL DILATION	180.00	270.00
390108	148	URO FLOMETRY [GEN WARD]	240.00	360.00
390113	148	URO FLOMETRY [PVT WARD]	480.00	720.00
390114	148	URODYNAMIC STUDY [GEN WARD]	600.00	900.00
390115	148	URODYNAMIC STUDY [PVT. WARD]	1,200.00	1,800.00
<b>DEPT. :</b>	<b>38</b>	<b>VIROLOGY</b>	<b>MAP # : 4</b>	
220112	100	ANTI HAV/IgM PER TEST	275.00	420.00
510102	100	ANTI HBe	175.00	270.00
220151	100	ANTI HCV	275.00	420.00
220114	100	ANTI HEV IgM	275.00	420.00
220199	100	CHIKUNGUNIYA (IgM)	350.00	530.00
220143	100	CMV IgG	80.00	120.00
220142	100	CMV IgM	80.00	120.00
570168	100	DENGUE SEROLOGY	960.00	1,440.00
060139	0	HAV Ab	0.00	0.00
220123	100	HBcAb (Total)	275.00	420.00
510119	100	HBcAb IgM	360.00	540.00
510118	100	HBeAb	360.00	540.00
260124	100	HBeAg	360.00	540.00
570115	100	HBsAg BY ELISA	125.00	190.00
510112	100	HIV SEROLOGY	210.00	320.00
220223	100	HSV-IgG	100.00	150.00
220222	100	HSV-IgM	110.00	170.00
220141	100	MEASLES IgG	210.00	320.00
700101	0	MICROSCOPE FOR DETECTION OF VIRAL AMITIES	90.00	140.00
700104	0	ROTA VIRUS DETECTION STOOL	210.00	320.00
220145	100	RUBELLA IgG	80.00	120.00
220144	100	RUBELLA IgM	80.00	120.00
700103	0	SPECIAL VIRAL IDENTIFICATION IT VIRAL DISEASE	210.00	320.00
220140	100	VARICELLA IgM	210.00	320.00
220271	100	VIDAS ANTI HAV TOTAL	305.00	460.00
220272	100	VIDAS ANTI HBC TOTAL II	224.00	340.00
220267	100	VIDAS ANTI HBST II	212.00	320.00
220270	100	VIDAS ANTI HCV	205.00	310.00
220275	100	VIDAS ANTI HEV IgG	403.00	610.00
220276	100	VIDAS ANTI HEV IgM	403.00	610.00
220278	100	VIDAS CMV AVIDITY	277.00	420.00
220279	100	VIDAS CMV IgG	170.00	260.00
220280	100	VIDAS CMV IgM	236.00	360.00
220287	100	VIDAS EBNA IgG	680.00	1,020.00
220289	100	VIDAS EBV VCA IgM	442.00	670.00

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220288	100	VIDAS EBV/EA/IgG	680.00	1,020.00
220269	100	VIDAS HAV IGM	333.00	500.00
220268	100	VIDAS HBE/ANTI-HBE	329.00	500.00
220273	100	VIDAS HBS AG ULTRA	143.00	220.00
220274	100	VIDAS HBS IGM II	279.00	420.00
220277	100	VIDAS HIV DUO ULTRA	166.00	250.00
220293	100	VIDAS MEASLES IgG	378.00	570.00
220292	100	VIDAS MUMPS IgG	378.00	570.00
220283	100	VIDAS RUB IgG II	164.00	250.00
220282	100	VIDAS RUB IgM	252.00	380.00
220291	100	VIDAS VARICEL ZOSTER IgG	305.00	460.00
700102	0	VIRUS ISOLATION AND IDENTIFICATION	210.00	320.00