

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES - PATNA**RATE LIST OF VARIOUS SERVICES**

(Effective from June – 2016)

| TEST NAME | RATE |
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| ADVANCE | MAP # : |
| ADDITIONAL CHARGES | 10.00 |
| ADDITIONAL CHARGES | 20.00 |
| ADDITIONAL CHARGES | 30.00 |
| ADDITIONAL CHARGES | 40.00 |
| ADDITIONAL CHARGES | 10,000.00 |
| ADDITIONAL CHARGES | 2,000.00 |
| ADDITIONAL CHARGES | 3,000.00 |
| ADDITIONAL CHARGES | 5,000.00 |
| ADDITIONAL CHARGES | 4,000.00 |
| ADDITIONAL CHARGES | 400.00 |
| ADDITIONAL CHARGES | 50.00 |
| ADDITIONAL CHARGES | 100.00 |
| ADDITIONAL CHARGES | 200.00 |
| ADDITIONAL CHARGES | 500.00 |
| ADDITIONAL CHARGES | 1,000.00 |
| ADDITIONAL CHARGES | 1,500.00 |
| ADDITIONAL CHARGES | 3,600.00 |
| ADDITIONAL CHARGES | 7,200.00 |
| ADDITIONAL CHARGES | 4,800.00 |
| ADDITIONAL CHARGES | 2,400.00 |
| ADDITIONAL CHARGES | 6,000.00 |
| ADDITIONAL CHARGES | 8,400.00 |
| ADV FOR GENERAL WARD | 3,600.00 |
| ADV FOR ICU / VENTILATION | 12,000.00 |

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| ADV FOR PRIVATE WARD | 6,000.00 |
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| ADV FOR RIO | 1,200.00 |
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| ADVANCE FOR DELUX ROOM | 12,000.00 |
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| ADVANCE FOR MINOR SURGERY | 600.00 |
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| ADVANCE FOR PHACO SURGERY | 6,000.00 |
| | |
| NORMAL DELIVERY (GEN WARD) | 1,800.00 |
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| NORMAL DELIVERY (PVT WARD) | 3,600.00 |
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| NORMAL DELIVERY AT LABOUR ROOM | 600.00 |
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| ANAESTHESIA | MAP # : |
| ANY CASE UNDER SA/GA LAPAROSCOPIC PROCEDURE (GEN WARD) | 180.00 |
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| ANY CASES UNDER SA/GA LAPAROSCOPIC PROCEDURE (PVT WARD) | 360.00 |
| | |
| CENTRAL VENOUS CATHETERIZATION [GEN WARD] | 180.00 |
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| CENTRAL VENOUS CATHETERIZATION [PVT WARD] | 360.00 |
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| DIRECT LARYNGOSCOPY [GEN WARD] | 720.00 |
| | |
| MAJOR - I (GEN WARD) | 540.00 |
| | |
| MAJOR - I (PVT WARD) | 1,080.00 |
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| MAJOR - II (GEN WARD) | 360.00 |
| | |
| MAJOR - II (PVT WARD) | 720.00 |
| | |
| MINOR - I (GEN WARD) | 180.00 |
| | |
| MINOR - I (PVT WARD) | 360.00 |
| | |
| MINOR - II (GEN WARD) | 180.00 |
| | |
| MINOR - II (PVT WARD) | 360.00 |
| | |
| MINOR - III (GEN WARD) | 180.00 |
| | |
| MINOR - III (PVT WARD) | 360.00 |
| | |
| SSP (GEN WARD) | 720.00 |
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| SSP (PVT WARD) | 1,440.00 |
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| BACTERIOLOGY | MAP # : |
| AFB CULTURE / OTHERS | 100.00 |
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| AFB CULTURE ANY BODY FLUID | 100.00 |

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| AFB CULTURE SPUTUM | 100.00 |
| AFB CULTURE URINE | 100.00 |
| ANAEROBIC CULTURE | 150.00 |
| ASCITIC FLUID CULTURE | 35.00 |
| BILE CULTURE | 40.00 |
| BLOOD CULTURE FOR AEROBIC & ANAEROBIC | 540.00 |
| BLOOD CULTURE FOR PAEDIATRIC PATIENTS FOR AEROBIC & ANAEROBIC | 325.00 |
| BRAIN SWAB CULTURE | 40.00 |
| BRONCHIAL ASPIRATION CULTURE | 35.00 |
| C.S.F. CULTURE | 70.00 |
| CLOT CULTURE | 120.00 |
| CONJUCTIVA SWAB CULTURE | 40.00 |
| CPV AND CATHETER TIP CULTURE | 40.00 |
| DIALYSIS FLUID CULTURE | 35.00 |
| EAR SWAB CULTURE (ONE OR BOTH EARS) | 40.00 |
| ENDOMETRIUM CULTURE | 40.00 |
| EYE SWAB CULTURE | 40.00 |
| FLUID CULTURE FOR AEROBIC & ANAEROBIC | 540.00 |
| FLUID CULTURE FOR PAEDIATRIC PATIENTS FOR AEROBIC & ANAEROBIC | 325.00 |
| GASTRIC ASPIRATION CULTURE | 40.00 |
| HYDROCEL ASPIRATION AND FLUID CULTURE | 35.00 |
| KNEE ASPIRATION CULTURE | 35.00 |
| LIVER ASPIRATION CULTURE | 35.00 |
| LYMPH NODE CULTURE | 100.00 |
| MYCOBACTERIUM LEPRO | 0.00 |
| MYCOBACTERIUM T.B. CULTURE | 0.00 |
| NASAL SWAB CULTURE | 40.00 |
| OCCULT BLOOD IN STOOL | 20.00 |

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| PERICARDIAL FLUID CULTURE AEROBIC & ANAEROBIC | 35.00 |
| PLEURAL FLUID CULTURE AEROBIC & ANAEROBIC | 35.00 |
| PUS AND ASPIRATION CULTURE | 40.00 |
| SPUTUM CULTURE | 40.00 |
| SPUTUM CULTURE - PYOGENIC | 70.00 |
| SPUTUM FOR FUNGAL SMEAR | 30.00 |
| SPUTUM FOR GENE EXPERT | 0.00 |
| SPUTUM FOR GRAM STAIN | 30.00 |
| STERILE BODY FLUID CULTURE IN BLOOD CULTURE BOTTLE (ASCITIC PLEURAL, PERICARDIAL CSF) | 540.00 |
| STOOL CULTURE | 40.00 |
| SYNOVICAL FLUID CULTURE | 35.00 |
| THROAT SWAB CULTURE | 40.00 |
| TISSUE CULTURE | 210.00 |
| TRACHEAL FLUID ASPIRATION CULTURE | 40.00 |
| TYM PANIC MEMBRANE C/S | 40.00 |
| ULCER SWAB CULTURE | 40.00 |
| UMBILICAL SWAB CULTURE | 40.00 |
| URETHRAL SWAB CULTURE | 40.00 |
| URINE CULTURE | 40.00 |
| URINE FOR FUNGAL CULTURE | 55.00 |
| VAGINAL SWAB/CERVICAL SWAB CULTURE | 40.00 |
| X-BLOOD CULTURE | 120.00 |
| BED CHARGES | MAP # : |
| GENERAL WARD PER DAY | 90.00 |
| HDU PER DAY | 720.00 |
| PRIVATE WARD (A.C.) PER DAY | 780.00 |
| PRIVATE WARD (NON A.C.) PER DAY | 480.00 |
| PRIVATE WARD (VIP SUIT) PER DAY | 1,440.00 |

| BIOCHEMISTRY | MAP # : |
|--|---------|
| ALBUMIN + TOTAL PROTEIN | 85.00 |
| BILIRUBIN TOTAL +DIRECT | 70.00 |
| BUN+CREATININE | 70.00 |
| FBS + BSPP | 70.00 |
| Na+K | 70.00 |
| SGOT+SGPT | 85.00 |
| T3,T4,TSH | 630.00 |
| 24 Hr / SPOT URINE FOR URIC ACID | 50.00 |
| 24 Hr. / SPOT URINE FOR CALCIUM | 50.00 |
| 24 Hr. / SPOT URINE FOR PHOSPHORUS | 50.00 |
| 24 Hr. / SPOT URINE FOR PROTEIN | 50.00 |
| 24 HR. URINE PROTEIN,CAL,URIC ACID,CREAT, I PHOS | 240.00 |
| 24 HR. URINE PROTEIN | 50.00 |
| 24 HRS/SPOT URINE FOR CREATININE | 50.00 |
| ABG (BLOOD GAS ANALYSIS) | 175.00 |
| ABG + ELECTROLYTE | 695.00 |
| AF ALBUMIN | 35.00 |
| AF LDH | 100.00 |
| AF PROTEIN | 35.00 |
| AF SUGAR | 35.00 |
| AFP (ALPHA FETO PROTEIN) | 240.00 |
| ALBUMIN | 35.00 |
| ALBUMIN/GLOBULIN RATIO | 50.00 |
| ALKALINE PHOSPHATASE | 50.00 |
| AMYLASE | 55.00 |
| ASCITIC FLUID AMYLASE | 55.00 |
| ASCITIC FLUID FOR SUGAR,LDH,PROTEIN | 185.00 |
| ASCITIC FLUID LDH | 100.00 |

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| ASCITIC FLUID LIPASE | 240.00 |
| ASCITIC FLUID PROTEIN | 35.00 |
| ASCITIC FLUID SUGAR | 35.00 |
| BETA HCG | 210.00 |
| BLOOD CYCLOSPORIM LEVEL | 1,080.00 |
| BLOOD SUGAR FASTING (FBS) | 35.00 |
| BLOOD SUGAR PP (BSPP) | 35.00 |
| BLOOD SUGAR RANDOM (RBS) | 35.00 |
| BLOOD TEST | 120.00 |
| BLOOD UREA / BUN | 35.00 |
| CA 15-3 | 900.00 |
| CA 19-9 | 900.00 |
| CA-125 | 780.00 |
| CALCIUM | 35.00 |
| CARDIAC PROFILE (CPK, CKMB, LDH) | 520.00 |
| CEA | 240.00 |
| CERULOPLASMIN TEST | 470.00 |
| CHLORIDE | 30.00 |
| CKMB | 210.00 |
| CPK | 210.00 |
| CREATININE | 35.00 |
| CREATININE CLEARANCE TEST | 85.00 |
| CSF LDH | 100.00 |
| CSF PROTEIN | 35.00 |
| CSF SUGAR | 35.00 |
| DIRECT BILIRUBIN | 35.00 |
| D-XYLOSE BLOOD | 240.00 |
| D-XYLOSE URINE | 240.00 |

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| ELECTROPHORESIS | 220.00 |
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| FECAL FAT | 240.00 |
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| FREE T3 | 240.00 |
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| FREE T4 | 240.00 |
| | |
| FSH | 210.00 |
| | |
| GAMMA GT | 235.00 |
| | |
| GASTRIC ANALYSIS | 210.00 |
| | |
| GLUCOSE TOLERANCE TEST | 140.00 |
| | |
| GLYCOSYLATED Hb (HbA1C) | 275.00 |
| | |
| HAV Ab | 0.00 |
| | |
| HDL CHOLESTEROL | 85.00 |
| | |
| INORGANIC PHOSPHATASE / PHOSPHORUS / IP | 50.00 |
| | |
| IRON BINDING CAPACITY | 175.00 |
| | |
| KETOSTEROID | 210.00 |
| | |
| LDH | 100.00 |
| | |
| LDL - CHOL | 85.00 |
| | |
| LFT (TB,DB,SGOT,SGPT,ALP,TP,ALB) / LIVER FUNCTION TEST | 320.00 |
| | |
| LH | 210.00 |
| | |
| LIPASE | 240.00 |
| | |
| LIPID PROFILE (CHOLESTEROL,HDL,LDL,VLDL,TRI) | 360.00 |
| | |
| LITHIUM | 70.00 |
| | |
| OSMOLARITY, URINE OR SERUM | 70.00 |
| | |
| PCO2,PHO2,HCO3,OXY,SAT BEXCESS (BASE EXCESS) | 175.00 |
| | |
| PLEURAL FLUID ALBUMIN | 35.00 |
| | |
| PLEURAL FLUID AMYLASE | 55.00 |
| | |
| PLEURAL FLUID LDH | 100.00 |
| | |
| PLEURAL FLUID LIPASE | 240.00 |
| | |
| PLEURAL FLUID PROTEIN | 35.00 |
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| PLEURAL FLUID SUGAR | 35.00 |
| | |
| POTASSIUM | 35.00 |
| | |
| PROGESTERON | 0.00 |
| | |
| PROLACTINE | 210.00 |
| | |
| PSA | 275.00 |
| | |
| RFT / KFT (BUN,CREAT,Na,K,Ca,CL,URIC ACID) | 355.00 |
| | |
| SERUM / URINARY COPPER | 180.00 |
| | |
| SERUM ACID PHOSPHATASE | 50.00 |
| | |
| SERUM ANTI TPO | 840.00 |
| | |
| SERUM CORTISOL | 480.00 |
| | |
| SERUM FERRITIN | 480.00 |
| | |
| SERUM IRON | 120.00 |
| | |
| SERUM PTH | 960.00 |
| | |
| SERUM TESTESTERONE | 210.00 |
| | |
| SERUM VIT B12 | 720.00 |
| | |
| SGOT | 40.00 |
| | |
| SGPT | 40.00 |
| | |
| SODIUM | 35.00 |
| | |
| STONE ANALYSIS | 270.00 |
| | |
| T3 (TOTAL) | 210.00 |
| | |
| T4 (TOTAL) | 210.00 |
| | |
| TESTOSTERONE | 210.00 |
| | |
| TOTAL BILIRUBIN | 35.00 |
| | |
| TOTAL CHOLESTEROL | 35.00 |
| | |
| TOTAL PROTEIN | 50.00 |
| | |
| TRIGLYCERIDE | 85.00 |
| | |
| TSH | 210.00 |
| | |
| ULTRA SENSITIVE INSULIN | 0.00 |
| | |
| URIC ACID | 40.00 |

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| URINARY MICRO ALBUMIN | 360.00 |
| VITAMIN D | 1,140.00 |
| VLDL | 0.00 |
| BLOOD BANK | MAP # : |
| 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 |
| DIRECT COOMBS | 35.00 |
| FRESH FROZEN PLASMA | 480.00 |
| INDIRECT COOMBS | 35.00 |
| PLATELET | 480.00 |
| RATIONALIZATION FOR CHARGES OF BLOOD UNIT OF BLOOD | 360.00 |
| CARDIOLOGY | MAP # : |
| ECHO DOPPLER [GEN WARD] | 600.00 |
| ECHO DOPPLER WITHOUT FILM [PVT WARD] | 1,105.00 |
| HOLTER (CONSUMABLE CHARGE EXTRA) [PVT WARD] | 1,105.00 |
| HOLTER [GEN WARD] | 600.00 |
| PTMC (BMV) / VALVOTOMY | 24,000.00 |
| TMT (CONSUMABLE CHARGE EXTRA) [PVT WARD] | 1,105.00 |
| TMT [GEN WARD] | 600.00 |
| CATH LAB | MAP # : |
| AICD/BI VENT PACING [GEN WARD] | 5,000.00 |
| AICD/BI VENT PACING [PVT WARD] | 7,500.00 |
| AORTIC STENT GRAFT [GEN WARD] (EXTRA COST OF DEVICE IS APPLICABLE) | 15,000.00 |
| AORTIC STENT GRAFT [PVT WARD] (EXTRA COST OF DEVICE IS APPLICABLE) | 22,500.00 |
| CARDIAC CATHERIZATION [GEN WARD] | 5,000.00 |
| CARDIAC CATHERIZATION [PVT WARD] | 7,500.00 |
| CCU PER DAY | 1,080.00 |

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| COLLATERAL CLOSURE WITHOUT DEVICE + COST OF COIL AS PER ACTUAL COST [GEN WARD] | 5,000.00 |
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| COLLATERAL CLOSURE WITHOUT DEVICE + COST OF COIL AS PER ACTUAL COST [PVT WARD] | 7,500.00 |
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| CORONARY ANGIOGRAPHY [GEN WARD] | 5,000.00 |
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| CORONARY ANGIOGRAPHY [PVT WARD] | 7,500.00 |
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| 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 |
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| 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 |
| | |
| COST OF PACEMAKER (SSI) | 50,000.00 |
| | |
| COST OF PLI INTRODUCER | 2,000.00 |
| | |
| DIAGNOSTIC BRONCSCOPE (INCLUDING FNAC/BIOPSY/LAVAGE) [GEN WARD] | 750.00 |
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| DILATION OF OTHER VALVES OR COARCT DILATION (EXTRA COST OF BALLOON ETC IS APPLICABLE IF REQUIRED) [GEN WARD] | 4,000.00 |
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| DILATION OTHER VALVES OR COARCT DILATION (EXTRA COST OF BALLOON ETC IS APPLICABLE IF REQUIRED) [PVT WARD] | 6,000.00 |
| | |
| DSA [GEN WARD] | 5,000.00 |
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| DSA [PVT WARD] | 7,500.00 |
| | |
| ECHO DOPPLER [GEN WARD] | 600.00 |
| | |
| ECHO DOPPLER [PVT WARD] | 1,000.00 |
| | |
| ECHO DOPPLER WITHOUT FILM [PVT WARD] | 920.00 |
| | |
| ELECTROPHYSIOLOGICAL STUDY [GEN WARD] | 5,000.00 |
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| ELECTROPHYSIOLOGICAL STUDY [PVT WARD] | 7,500.00 |
| | |
| EMBOLIZATION [GEN WARD] (EXTRA COST OF COIL IS APPLICABLE) | 5,000.00 |
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| EMBOLIZATION [PVT WARD] (EXTRA COST OF COIL IS APPLICABLE) | 7,500.00 |
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| ENDOMYOCARDIAL BIOPSY [GEN WARD] | 4,000.00 |
| | |
| ENDOMYOCARDIAL BIOPSY [PVT WARD] | 6,000.00 |
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| HOLTER (COSUMABLE CHARGE EXTRA) [PVT WARD] | 920.00 |
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| HOLTER [GEN WARD] | 600.00 |

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| HOLTER [PVT WARD] | 1,000.00 |
| INTRA BRONCHIAL BRACYTHERAPY [GEN WARD] | 1,500.00 |
| IVC FILTER [GEN WARD] (EXTRA COST OF DEVICE IS APPLICABLE) | 5,000.00 |
| IVC FILTER [PVT WARD] (EXTRA COST OF DEVICE IS APPLICABLE) | 7,500.00 |
| IVUS [GEN WARD] | 15,000.00 |
| IVUS [PVT WARD] | 22,500.00 |
| O.T. CHARGE PACEMAKER (MAJOR I) | 2,450.00 |
| PDA COIL CLOSURE + COST OF THE COIL AS PER ACTUAL COST [GEN WARD] | 10,000.00 |
| PDA COIL CLOSURE + COST OF THE COIL AS PER ACTUAL COST [PVT WARD] | 15,000.00 |
| PERIPHERAL ANGIOGRAPHY / CARDIAC CATH STUDY | 5,000.00 |
| PERMANENT PACEMAKER INCLUDING TEMPORARY PACEMAKER SUTURE ETC. (EXTRA COST OF PACEMAKER IS APPLICABLE AS PER ACTUAL COST) [GEN WARD] | 3,000.00 |
| PERMANENT PACEMAKER INCLUDING TEMPORARY PACEMAKER SUTURE ETC. (EXTRA COST OF PACEMAKER IS APPLICABLE AS PER ACTUAL COST) [PVT WARD] | 4,500.00 |
| PTA [GEN WARD] (EXTRA COST OF DEVICE IS APPLICABLE) | 8,000.00 |
| PTA [PVT WARD] (EXTRA COST OF DEVICE IS APPLICABLE) | 12,000.00 |
| PTCA [COST OF BALLOON + STENT + ADDITIONAL HARDWARE EXTRA] INCLUDED GUIDE + 1 WIRE | 15,000.00 |
| PTMC [GEN WARD] | 15,000.00 |
| PTMC [PVT WARD] | 22,500.00 |
| RF ABLATION [GEN WARD] | 15,000.00 |
| RF ABLATION [PVT WARD] | 22,500.00 |
| SEPTOSTOMY [GEN WARD] (EXTRA COST OF BALLOON/CATHERETER/BLADE IS APPLICABLE AS PER COST) | 5,000.00 |
| SEPTOSTOMY [PVT WARD] (EXTRA COST OF BALLOON/CATHERETER/BLADE IS APPLICABLE AS PER ACTUAL COST) | 7,500.00 |

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| SHUNT CLOSURE + COST OF DEVICE / SHEATH ETC. AS PER COST [GEN WARD] | 6,000.00 |
| SHUNT CLOSURE + COST OF DEVICE / SHEATH ETC. AS PER COST [PVT WARD] | 7,500.00 |
| STEP DOWN | 400.00 |
| SUBSEQUENT FOLLOW UP BRONCO SCOPE [GEN WARD] | 500.00 |
| TEMPORARY PACING [GEN WARD] ONLY CONSUMABLE | 3,450.00 |
| TMT (CONSUMABLE CHARGE EXTRA) [PVT WARD] | 920.00 |
| TMT [GEN WARD] | 600.00 |
| TMT [PVT WARD] | 1,000.00 |
| TPI (COST OF CONSUMABLE EXTRA) | 500.00 |
| COMMUNITY MEDICINE | MAP # : |
| HEPATITIS B VACCINE ADULT (FULL DOSE) PERDOSE | 95.00 |
| HEPATITIS B VACCINE CHILD (1/2 DOSE) PERDOSE | 50.00 |
| DENTAL | MAP # : |
| ACTIVATOR (PLUS LAB CHARGES) | 600.00 |
| ACYLIC FULL CROWN (PLUS LAB CHARGES) | 120.00 |
| ALVELOPLASTY/ALVEOLECTOMY (PLUS COST OF DISPOSABLE MATERIAL) | 240.00 |
| AMALGAM RESTORATION (PLUS COST OF DISPOSABLE MATERIAL) | 180.00 |
| APICOECTOMY (TOOTH PLUS COST OF DISPOSABLE MATERIAL) | 600.00 |
| BIOPSY (PLUS COST OF DISPOSABLE MATERIALS) | 120.00 |
| BLEACHING PER ARCH (PLUS LAB CHARGES) | 1,200.00 |
| BONE GRAFT (SEGMENT PLUS COST OF DISPOSABLE MATERIAL) | 1,200.00 |
| CAST INLAY/ONLAY (PLUS LAB CHARGES) | 360.00 |
| CLOSED FRACTURE REDUCTION | 600.00 |
| COMPLETE DENTURE BOTH JAWS (PLUS LAB CHARGES) | 1,800.00 |
| COMPLETE DENTURE SINGLE JAW (PLUS LAB CHARGES) | 900.00 |

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| COMPOSITIVE RESTORATION (CHARGES MAY VARY AS PER TREATMENT TYPE PLUS COST OF DISPOSABLE MATERIAL) | 240.00 |
| DENTURE RELINING/REBASING (PLUS LAB CHARGES) | 600.00 |
| DISTRACTION OSTEOGENESIS (COST OF DISTRATOR + LAB CHARGES + GA CHARGES IF APPLICABLE) | 3,600.00 |
| EXPANSION PLATE (300/- FOR HYRAX) PLUS LAB CHARGE | 600.00 |
| EXTRA ORAL PROSTHESIS (PLUS LAB CHARGES) | 3,600.00 |
| EXTRACTION OF IMPACT TOOTH/OPEN SURGICAL EXTRACTION (PLUS COST OF DISPOSABLE MATERIAL + COST OF GA IF APPLICABLE) | 600.00 |
| EXTRACTION PER TOOTH (PLUS COST OF DISPOSABLE MATERIAL) | 120.00 |
| FIXED FUNCTIONAL APPLIANCES (PLUS LAB CHARGES) | 1,800.00 |
| FIXED ORTHODONTIC TREATMENT WITH BEGGS (PLUS LAB CHARGES & COST OF DISPOSABLE MATERIAL) | 2,400.00 |
| FIXED ORTHODONTIC TREATMENT WITH CERAMICS (PLUS LAB CHARGES & COST OF DISPOSABLE MATERIAL) | 2,400.00 |
| FIXED ORTHODONTIC TREATMENT WITH LINMGUAL TECHNIQUE (PLUS LAB CHARGES & COST OF DISPOSABLE MATERIAL) | 1,800.00 |
| FIXED ORTHODONTIC TREATMENT WITH STRAIGHT WIRE (PLUS LAB CHARGES & COST OF DISPOSABLE MATERIAL) | 2,400.00 |
| FIXED PARTIAL DENTURE (PLUS LAB CHARGES) | 600.00 |
| FRENECTOMY/FRENULECTOMY (PLUS COST OF DISPOSABLE MATERIAL) | 180.00 |
| FULL MOUTH FLUORIDE THERAPY (ARCH PLUS COST OF DISPOSABLE MATERIAL) | 600.00 |
| GIC RESTORATION (TOOTH PLUS COST OF DISPOSABLE MATERIAL) | 240.00 |
| GINIVECTOMY PER SEGMENT (SEGMENT PLUS COST OF DISPOSABLE MATERIAL) | 360.00 |
| HEAD GEAR | 2,400.00 |
| IMPLANT SURGERY & PROSTHESIS (COST OF IMPLANT + LAB CHARGES + COST OF DISPOSABLE MATERIAL) | 3,000.00 |
| INCISION & DRAINAGE (PLUS COST OF DISPOSABLE MATERIAL) | 300.00 |

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| IOPA/BITE WING | 70.00 |
| LARGE CYST ENUCLEATION AMELOBLASTOMA/OKC/DENTIGEROUS CYST/ANY OTHER PATHOLOGY REQUIRING SURGERY UNDER GA | 3,000.00 |
| LATERAL CEPHALOGRAPH/PNS VIEW | 300.00 |
| MYFUNCTIONAL APPLIANCES (PLUS LAB CHARGES) | 600.00 |
| OBTURATOR (PLUS LAB CHARGES) | 1,200.00 |
| OPEN FRACTURE REDUCTION (PLUS COST OF DISPOSABLE MATERIAL + COST OF GA) | 2,400.00 |
| OPG | 180.00 |
| ORTHODONTIC APPLIANCES (HABIT BREAKING, BITE PLATE, SPLINTS, RETRACTION PLATE, SPACE MAINTAINER) (PLUS LAB CHARGES) | 300.00 |
| ORTHOGNATHIC SURGERY (COST OF ORTHODONTIC TREATMENT AS APPLICABLE + COST OF DIPOSABLE MATERIAL + COST OF GA) | 12,000.00 |
| OVERDENTURE (ARCH PLUS LAB CHARGES) | 2,400.00 |
| POST CORE (TOOTH PLUS LAB CHARGES) | 1,200.00 |
| PULPOTOMY/PULPECTOMY (PLUS COST OF DISPOSABLE MATERIAL) | 120.00 |
| REMOVAL PARTIAL DENTURE (PLUS LAB CHARGES) | 120.00 |
| REMOVAL PARTIAL DENTURE MENTAL (PLUS LAB CHARGES) | 900.00 |
| ROOT CANAL TREATMENT - ANTERIOR (PLUS COST OF DISPOSABLE MATERIAL) | 240.00 |
| ROOT CANAL TREATMENT - POSTERIOR (PLUS COST OF DISPOSABLE MATERIAL) | 600.00 |
| ROOT PLANNING (PLUS COST OF DISPOSABLE MATERIAL) | 1,200.00 |
| RVG/OCCULUSAL | 120.00 |
| SCALING WITH POLISHING (PLUS COST OF DISPOSABLE MATERIALS) | 360.00 |
| SCALING WITHOUT POLISHING (PLUS COST OF DISPOSABLE MATERIALS) | 300.00 |
| SMALL CYST ENUCLEATION/MARSUPIALIZATION (PLUS COST OF DISPOSABLE MATERIAL) | 600.00 |
| SURGICAL EXCISION OF BANDS IN OSMF | 2,400.00 |

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| TEMPORARY FILLING RESTORATION (TOOTH PLUS COST OF DISPOSABLE MATERIAL) | 60.00 |
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| ECG | MAP # : |
| ECG | 85.00 |
| | |
| ENT | MAP # : |
| BERA [GEN WARD] | 600.00 |
| | |
| BERA [PVT WARD] | 1,200.00 |
| | |
| HEARING AID ANALYSIS AND TRIAL [GEN WARD] | 120.00 |
| | |
| HEARING AID ANALYSIS AND TRIAL [PVT WARD] | 240.00 |
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| OTO ACOUSTIC EMISSION TEST [GEN WARD] | 240.00 |
| | |
| OTO ACOUSTIC EMISSION TEST [PVT WARD] | 480.00 |
| | |
| PURE TONE AUDIOMETRY [GEN WARD] | 180.00 |
| | |
| PURE TONE AUDIOMETRY [PVT WARD] | 360.00 |
| | |
| SPECIAL AUDHILOGICAL TEST [GEN WARD] | 240.00 |
| | |
| SPECIAL AUDHILOGICAL TEST [PVT WARD] | 480.00 |
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| SPEECH THERAPY AT ONE SITTING [GEN] | 60.00 |
| | |
| SPEECH THERAPY AT ONE SITTING [PVT WARD] | 120.00 |
| | |
| SPEECH THERAPY FOR MULTIPLE SITTING [GEN WARD] | 25.00 |
| | |
| SPEECH THERAPY FOR MULTIPLE SITTING [PVT WARD] | 50.00 |
| | |
| TYMPANOMETRY AND RELATED TEST [GEN WARD] | 180.00 |
| | |
| TYMPANOMETRY AND RELATED TEST [PVT WARD] | 360.00 |
| | |
| GASTROENTROLOGY | MAP # : |
| BILLIARY STENTING [GEN WARD] | 3,000.00 |
| | |
| BILLIARY STENTING [PVT WARD] | 4,200.00 |
| | |
| CBD STENTING [GEN WARD] | 1,800.00 |
| | |
| CBD STENTING [PVT WARD] | 3,000.00 |
| | |
| COLONOSCOPY (GEN WARD) | 1,200.00 |
| | |
| COLONOSCOPY [PVT WARD] | 1,440.00 |

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| COLONOSCOPY SHORT [GEN WARD] | 600.00 |
| COLONOSCOPY SHORT [PVT WARD] | 780.00 |
| ENTEROSCOPY (WITHOUT CONSUMABLE) [GEN] | 1,800.00 |
| ENTEROSCOPY (WITHOUT CONSUMABLE) [PVT] | 2,400.00 |
| ERCP [GEN WARD] | 1,800.00 |
| ERCP [PVT WARD] | 2,400.00 |
| ERCP BILIARY STONE EXTRACTION (GEN) | 3,000.00 |
| ERCP BILIARY STONE EXTRACTION (PVT) | 4,200.00 |
| ERCP+NASOBILIARY DRAINAGE [GEN WARD] | 1,200.00 |
| ERCP+NASOBILIARY DRAINAGE [PVT WARD] | 1,800.00 |
| ERCP+P.D. STENTING [GEN] | 3,000.00 |
| ERCP+P.D. STENTING [PVT WARD] | 4,200.00 |
| ERCP-EPT+SPHINTEROTOMY [GEN WARD] | 2,400.00 |
| ERCP-EPT+SPHINTEROTOMY [PVT WARD] | 3,000.00 |
| ESOPHAGEA/BUODENAL/COLON/METALLIC STENTING | 3,000.00 |
| ESOPHAGEAL DILATION - FIRST [GEN WARD] | 1,200.00 |
| ESOPHAGEAL DILATION FIRST [PVT WARD] | 1,800.00 |
| ESOPHAGEAL DILATION - SUBSEQUENT [GEN WARD] | 960.00 |
| ESOPHAGEAL DILATION - SUBSEQUENT [PVT WARD] | 1,440.00 |
| EST (FIRST) RS. 500 + MEDICINE COST (GEN WARD) | 600.00 |
| EST (FIRST) RS. 650 + MEDICINE COST (PVT WARD) | 780.00 |
| EST SUBSEQUENT RS. 450 + MEDICINE COST [GEN WARD] | 540.00 |
| EST SUSEQUENT RS. 600 + MEDICINE COST [PVT WARD] | 720.00 |
| EVL (GEN WARD) | 600.00 |
| EVL + COST OF BANDS (PVT WARD) | 960.00 |
| FBR [GEN WARD] | 1,200.00 |
| FBR [PVT WARD] | 1,800.00 |
| GLUE INJECTION FOR VARICES (WITHOUT GLUE) [GEN] | 2,400.00 |

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| WARD] | |
| GLUE INJECTION FOR VARIX (WITHOUT GLUE) [PVT WARD] | 3,600.00 |
| LIVER BIOPSY [GEN WARD] | 1,440.00 |
| LIVER BIOPSY [PVT WARD] | 1,920.00 |
| OESOPHAGEAL STENTING (WITHOUT STENT) | 1,800.00 |
| PANCREATIC STENTING [GEN WARD] | 1,800.00 |
| PANCREATIC STENTING [PVT WARD] | 3,000.00 |
| PNEUMATIC DILATATION (ESOPHAGEAL) [PVT WARD] | 2,400.00 |
| PNEUMATIC DILATION [OESPHAGUS] [GEN WARD] | 1,800.00 |
| PNEUMATIC DILATION [OESPHAGUS] [PVT WARD] | 1,800.00 |
| POLYPECTOMY-A SIG [GEN WARD] | 900.00 |
| POLYPECTOMY-A SIG [PVT WARD] | 1,200.00 |
| POLYPECTOMY-B COLONOSCOPY [GEN WARD] | 1,500.00 |
| POLYPECTOMY-B COLONOSCOPY [PVT WARD] | 1,800.00 |
| PTBD RS. 1000 + MEDICINE COST [GEN WARD] | 1,200.00 |
| PTBD RS. 1500 + MEDICINE COST [PVT WARD] | 1,800.00 |
| PTC (ENDOSCOPY) [GEN WARD] | 960.00 |
| PTC (ENDOSCOPY) [PVT WARD] | 1,440.00 |
| PTC WITH BILIARY STENTING (GEN) | 3,000.00 |
| PTC WITH BILIARY STENTING (PVT) | 3,600.00 |
| SIGMODOSCOPY RIGID/FLEXIABLE (GEN WARD) | 360.00 |
| SIGMODOSCOPY RIGID/FLEXIABLE (PVT WARD) | 480.00 |
| UGI ENDOSCOPY (GEN WARD) | 480.00 |
| UGI ENDOSCOPY (PVT WARD) | 720.00 |
| GYN / OBST / ONCO / REP BIO | MAP # : |
| ASCITIC TAPPING | 300.00 |
| CERVICAL BIOPSY | 360.00 |
| CHEMICAL CAUTRISATION | 360.00 |

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| CRYOCAUTORIZATION OF CERVIX | 600.00 |
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| DIAGNOSTIC COLPOSCOPY | 500.00 |
| | |
| ENDOMETRIAL BIOPSY | 360.00 |
| | |
| INTRA UTERINE INSEMINATION | 360.00 |
| | |
| PAP SMEAR | 180.00 |
| | |
| PLEURAL TAPPING | 0.00 |
| | |
| POLYPECTOMY | 0.00 |
| | |
| POST COITAL TEST | 360.00 |
| | |
| PYOMETRA DRAINAGE | 360.00 |
| | |
| SPERM WASH + IUI (AIH) | 780.00 |
| | |
| THERAPEUTIC (PROCEDURES) | 1,000.00 |
| | |
| TRUCUT BIOPSY | 360.00 |
| | |
| VULVAL BIOPSY | 0.00 |
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| HAEMATOLOGY | MAP # : |
| Hb,TC,DC,PLATELETCOUNT | 70.00 |
| | |
| TC,DC,Hb | 55.00 |
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| TC,DC,HB,ESR EACH RS. 15/- | 70.00 |
| | |
| ABSOLUTE EOSINOPHIL COUNT | 20.00 |
| | |
| ASCITIC FLUID TC+DC | 35.00 |
| | |
| BASOPHIL | 0.00 |
| | |
| BLEEDING TIME | 10.00 |
| | |
| BLOOD FIBRINOGEN | 50.00 |
| | |
| BONE MARROW SMEAR | 110.00 |
| | |
| CBC (Hb+TC+DC+RBC+PCV+MCV+PLATELATE+MCH+MCHC) | 240.00 |
| | |
| CLOTTING TIME | 10.00 |
| | |
| CSF (TC+DC) | 35.00 |
| | |
| DC/WBC | 20.00 |
| | |
| EOSINOPHIL | 0.00 |
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| ESR | 20.00 |
| FAETAL HB | 70.00 |
| HAEMATOCRIT (PCV) | 20.00 |
| HAEMOGRAM (HB,WBC,DLC,ESR) RS. 15 EACH | 70.00 |
| Hb | 20.00 |
| LE CELL | 70.00 |
| LYMPHOCYTE | 0.00 |
| MCH | 20.00 |
| MCHC | 20.00 |
| MCV | 20.00 |
| MONOCYTE | 0.00 |
| NEUTROPHIL | 0.00 |
| PBS FOR MP | 20.00 |
| PDW | 0.00 |
| PERICARDIAL FLUID (TC+DC) | 35.00 |
| PERIPHERIAL SMEAR EXAMINATION | 20.00 |
| PLATELET COUNT | 20.00 |
| PLEURAL FLUID (TC+DC) | 35.00 |
| PROTHROMBIN TIME | 70.00 |
| RBC COUNT | 20.00 |
| RBC FRAGILITY TEST | 70.00 |
| RDW-CV | 0.00 |
| RDW-SD | 0.00 |
| RETICULOCYTE COUNT | 20.00 |
| TC/WBC | 20.00 |
| HISTOPATHOLOGY | MAP # : |
| ASCITIC FLUID CYTOLOGY | 70.00 |
| BILE PIGMENT, URINE | 20.00 |
| BILE SALT, URINE | 20.00 |

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| CYTOLOGY | 70.00 |
| FAT GLOBULES | 20.00 |
| FAT GLOBULES STOOL ROUTINE | 20.00 |
| FNAC ASPIRATION | 300.00 |
| HPE / BIOPSY | 110.00 |
| KETONE BODIES, URINE | 20.00 |
| MALIGNANCY TEST | 70.00 |
| SIEMEN FLUID | 55.00 |
| URINE PROTEIN | 20.00 |
| URINE SUGAR | 20.00 |
| UROBILINOGEN | 20.00 |
| ICU | MAP # : |
| ARTERIL CANNULATION [GEN WARD] | 120.00 |
| ARTERIL CANNULATION [PVT WARD] | 180.00 |
| BED CHARGE PER DAY [GEN WARD] | 1,080.00 |
| BED CHARGE PER DAY [PVT WARD] | 1,440.00 |
| BED SIDE ECG [GEN WARD] | 85.00 |
| BED SIDE ECG [PVT WARD] | 85.00 |
| BRONCHOSCOPY [GEN WARD] | 500.00 |
| BRONCHOSCOPY [PVT WARD] | 2,400.00 |
| CVP CATHERISATION [GEN WARD] | 300.00 |
| CVP CATHERISATION [PVT WARD] | 480.00 |
| CXR BEDSIDE [GEN WARD] | 120.00 |
| CXR BEDSIDE [PVT WARD] | 180.00 |
| DRESSING CATEGORY - II [GEN WARD] | 120.00 |
| DRESSING CATEGORY - II [PVT WARD] | 180.00 |
| DRESSING CATEGORY - III [GEN WARD] | 120.00 |
| DRESSING CATEGORY - III [PVT WARD] | 180.00 |

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| ECHO BEDSIDE [GEN WARD] | 300.00 |
| ECHO BEDSIDE [PVT WARD] | 480.00 |
| ENDOTRACHEAL INTUBATION [GEN WARD] | 120.00 |
| ENDOTRACHEAL INTUBATION [PVT WARD] | 180.00 |
| EPIDURAL [GEN WARD] | 300.00 |
| EPIDURAL [PVT WARD] | 480.00 |
| FOLEYS CATHERISATION [GEN WARD] | 60.00 |
| FOLEYS CATHERISATION [PVT WARD] | 60.00 |
| ICU CHARGE (EMERGENCY) | 1,080.00 |
| LUMBAR PUNCTURE [GEN WARD] | 300.00 |
| LUMBAR PUNCTURE [PVT WARD] | 480.00 |
| SPIROMETRY TEST | 250.00 |
| SUTURING [GEN WARD] | 120.00 |
| SUTURING [PVT WARD] | 180.00 |
| TAPPING ASCITIC/PLEURAL [GEN WARD] | 300.00 |
| TAPPING ASCITIC/PLEURAL [PVT WARD] | 480.00 |
| TEMP PACEMAKER [GEN WARD] | 1,800.00 |
| TEMP PACEMAKER [PVT WARD] | 2,400.00 |
| TRACHEOSTOMY [GEN WARD] | 1,800.00 |
| TRACHEOSTOMY [PVT WARD] | 2,400.00 |
| URINE BACTERIAL CULTURE | 55.00 |
| USG BEDSIDE [GEN WARD] | 300.00 |
| USG BEDSIDE [PVT WARD] | 480.00 |
| VENTILATOR CHARGES PER DAY [GEN WARD] | 1,800.00 |
| VENTILATOR PER DAY [GEN WARD] | 1,800.00 |
| VENTILATOR PER DAY [PVT WARD] | 2,400.00 |
| IMMUNOLOGY | MAP # : |
| HBsAg + HCV | 400.00 |
| ALLERGY TEST | 295.00 |

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| AMOEBIC SEROLOGY | 100.00 |
| ANA | 350.00 |
| ANTI HAV/IgM PER TEST | 275.00 |
| ANTI HBc IgG | 275.00 |
| ANTI HBe | 175.00 |
| ANTI HCV | 275.00 |
| ANTI HEV IgM | 275.00 |
| ANTI SPERM ANTIBODY | 70.00 |
| ASO TITER | 180.00 |
| BRUCELLESIS TEST | 55.00 |
| C REACTIVE PROTEIN | 180.00 |
| C3 | 360.00 |
| C4 | 360.00 |
| CASONI TEST | 70.00 |
| CHIKUNGUNIYA (IgM) | 350.00 |
| COLD AGGLUTINATION TEST | 55.00 |
| DENGUE SEROLOGY | 960.00 |
| ELISA FOR MALARIA PER TEST | 275.00 |
| FORMULA GET TEST | 30.00 |
| GENETIC STUDY | 2,070.00 |
| HBcAb IgM | 360.00 |
| HBeAb | 360.00 |
| HBeAg | 360.00 |
| HBsAg BY ELISA | 125.00 |
| HDV ANTIBODY | 480.00 |
| HIV SEROLOGY | 210.00 |
| HLA TYPING | 2,760.00 |
| IgA | 175.00 |

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| IgG / ADA | 175.00 |
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| IgM | 175.00 |
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| IMMUNE PROFILE | 380.00 |
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| KALAZAR SEROLOGY | 210.00 |
| | |
| LEPTOSPIRA (IgM) | 350.00 |
| | |
| MALARIA PARASITE | 20.00 |
| | |
| MALARIA PARASITE BY KIT (ANTIGEN) | 180.00 |
| | |
| MONTOUX (TUBERCULINE TEST) | 30.00 |
| | |
| PAUL BUNNEL TEST | 55.00 |
| | |
| PREGNANCY TEST (ELISA) | 100.00 |
| | |
| PREGNANCY TEST (SLIDE TEST) | 55.00 |
| | |
| RA FACTOR | 180.00 |
| | |
| RK - 39 | 360.00 |
| | |
| SCRUB TYPHUS - Ab | 250.00 |
| | |
| TYPHI DOT/IGM PER TEST | 275.00 |
| | |
| VDRL | 30.00 |
| | |
| WELL FLIEX TEST | 55.00 |
| | |
| WIDAL TEST | 55.00 |
| | |
| MAMMOGRAPHY | MAP # : |
| MAMMOGRAPHY + STERIOTECTIVE BIOPSY | 780.00 |
| | |
| STERIOTECTIVE BIOPSY | 240.00 |
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| MEDICAL RECORD SECTION | MAP # : |
| ANY TYPE OF CERTIFICATE | 60.00 |
| | |
| BLINDNESS CERTIFICATE | 60.00 |
| | |
| CERTIFICATE FOR CORRECTION OF NAME, ADDRESS, ETC. | 60.00 |
| | |
| CERTIFIED BED HEAD TICKET | 120.00 |
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| DUPLICATE DEATH CERTIFICATE | 30.00 |
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| ESTIMATE CERTIFICATE | 60.00 |

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| HOSPITAL TREATMENT CERTIFICATE (LIC) | 300.00 |
| MEDICAL CERTIFICATE | 60.00 |
| OUT SIDE STATE REFERRED FORM | 120.00 |
| PROCESSING OF MEDICAL RE-IMBURSEMENT CLAIM FORM | 180.00 |
| TRAIN CONCESSION CERTIFICATE EXCEPT CANCER PATIENT | 30.00 |
| MICROBIOLOGY | MAP # : |
| BACT | 0.00 |
| COLOUR | 0.00 |
| CONSISTANCY | 0.00 |
| CRYSTAL | 0.00 |
| E. CELL | 0.00 |
| MICROSCOPIC | 0.00 |
| MUCAN | 0.00 |
| OTHERS | 0.00 |
| PH | 0.00 |
| PROTEIN | 0.00 |
| R.B.C. | 0.00 |
| SPECIAL GRAVITY | 0.00 |
| SUGAR | 0.00 |
| W.B.C. | 0.00 |
| ABG | 660.00 |
| AFB SKIN SMEAR | 30.00 |
| BLOOD FUNGAL STUDY | 55.00 |
| BLOOD GROUPING - ABO Rh | 35.00 |
| FLURCCENCE MICROSCOPY FOR KIDNEY DISEASE & OTHERS | 350.00 |
| GRAM STAIN (URINE/SPUTUM/ASCITIC FLUID/OTHERS) | 30.00 |
| GRAM STAIN ASCITIC FLUID | 30.00 |

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| GRAM STAIN OTHERS | 30.00 |
| GRAM STAIN SPUTUM | 30.00 |
| GRAM STAIN URINE | 30.00 |
| KOH WET MOUNT PREPARATION | 30.00 |
| PUS FOR AFB STAINING | 30.00 |
| RH ANTIBODY TITER | 85.00 |
| SPUTUM FOR AFB STAINING | 0.00 |
| STOOL ROUTINE EXAMINATION | 20.00 |
| URINE FOR AFB STAINING | 30.00 |
| URINE ROUTINE EXAMINATION | 20.00 |
| WHOLE BLOOD/PACKED CELL | 600.00 |
| MORPHINE | MAP # : |
| INJ. FENTANYL CITRATE 50 mg/e/ml amp. | 40.00 |
| INJ. MORPHINE SULPHATE 10mg | 25.00 |
| TAB. MORPHINE SULPH. 10mg (1 strip) - NR | 20.00 |
| TAB. MORPHINE SULPH. 10mg (1 strip) - SR | 20.00 |
| TAB. MORPHINE SULPH. 30mg (1 strip) - NR | 60.00 |
| TAB. MORPHINE SULPH. 30mg (1 strip) - SR | 60.00 |
| NEPHROLOGY | MAP # : |
| A.V. SHUNT PROCEDURE [GEN. WARD] | 900.00 |
| A.V. SHUNT PROCEDURE [PVT. WARD] | 1,380.00 |
| ARTERIO VENOUS FISTULA SURGERY | 2,340.00 |
| ARTERIO VENOUS FISTULA SURGERY [PVT WARD] | 4,680.00 |
| BLOOD & BLOOD PRODUCTS | 5,000.00 |
| CAPD (MANUAL) [PVT WARD] | 500.00 |
| CAPD (MANUAL) PER DAY [GEN WARD] | 250.00 |
| CAPD CATHETER INSERTION [GEN WARD] | 1,000.00 |
| CAPD CATHETER INSERTION [PVT WARD] | 2,000.00 |

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| CAPD CATHETER REMOVAL [GEN WARD] | 750.00 |
| CAPD CATHETER REMOVAL [PVT WARD] | 1,250.00 |
| CAPD TRAINING [GEN WARD] | 1,000.00 |
| CAPD TRAINING [PVT WARD] | 1,500.00 |
| COST OF SURGICAL MATERIALS | 60,000.00 |
| HD WITH A-V SHUNT FISTULA NECK LINE OR ANY PREFORMED VASCULAR ACCESS [GEN WARD] | 720.00 |
| HD WITH A-V SHUNT FISTULA NECK LINE OR ANY PREFORMED VASCULAR ACCESS [PVT WARD] | 1,200.00 |
| HD WITH FEMORAL CATHERIZATION (INCLUDING COST OF DISPOSABLE ITEMS LIKE FEMORAL CATHETER, GUIDE WIRE, MEDICATE ETC.) [GEN WARD] | 1,200.00 |
| HD WITH FEMORAL CATHERIZATION (INCLUDING COST OF DISPOSABLE ITEMS LIKE FEMORAL CATHETER, GUIDE WIRE, MEDICATE ETC.) [PVT WARD] | 1,800.00 |
| INTERNAL JUGULAR VENOUS CATHERISATION [GEN WARD] | 500.00 |
| INTERNAL JUGULAR VENOUS CATHERISATION [PVT WARD] | 750.00 |
| KIDNEY BIOPSY UNDER ANAESTHESIA WITH GUN (USG GUIDED) [GEN WARD] | 3,000.00 |
| KIDNEY BIOPSY UNDER ANAESTHESIA WITH GUN (USG GUIDED) [PVT WARD] | 3,500.00 |
| KIDNEY BIOPSY UNDER ANAESTHESIA WITHOUT GUN (USG GUIDED) [GEN WARD] | 1,500.00 |
| KIDNEY BIOPSY UNDER ANAESTHESIA WITHOUT GUN (USG GUIDED) [PVT WARD] | 1,750.00 |
| KIDNEY BIOPSY WITH GUN (USG GUIDED) [GEN WARD] | 2,000.00 |
| KIDNEY BIOPSY WITH GUN (USG GUIDED) [GEN WARD] | 2,500.00 |
| KIDNEY BIOPSY WITHOUT GUN [GEN WARD] | 500.00 |
| KIDNEY BIOPSY WITHOUT GUN [GEN WARD] | 750.00 |
| 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 |
| 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 |

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| MEDICATION CHARGES AT THE TIME OF OPERATION (INCLUDING INDUCTION) | 125,000.00 |
| PERITONEAL DIALYSIS PROCEDURE [GEN WARD] | 780.00 |
| PERITONEAL DIALYSIS PROCEDURE [PVT WARD] | 1,380.00 |
| PERMACATH (TUNNELED HEMODIALYSIS CATHETER) INSERTION [GEN WARD] | 1,000.00 |
| PERMACATH (TUNNELED HEMODIALYSIS CATHETER) REMOVAL | 750.00 |
| PERMACATH (TUNNELED HEMODIALYSIS CATHETER) REMOVAL [PVT WARD] | 1,250.00 |
| PERMACATH (TUNNELED HEMODYLALYSIS CATHETER) INSERTION [PVT WARD] | 1,500.00 |
| RENAL BIOPSY USG GUIDED [GEN WARD] | 1,380.00 |
| RENAL BIOPSY USG GUIDED [PVT WARD] | 1,560.00 |
| TRAVLED CHARGES OF EXPERTS | 72,000.00 |
| VESSEL TIP [2] & CONNECTOR [1] [GEN WARD] | 1,080.00 |
| VESSEL TIP [2] & CONNECTOR [1] [PVT WARD] | 1,080.00 |
| NEUROLOGY | MAP # : |
| BRAINSTEM AUDITORY EVOKED POTENTIAL | 1,800.00 |
| CATEGORY I [GEN WARD] | 360.00 |
| CATEGORY I [PVT WARD] | 600.00 |
| CATEGORY II [GEN WARD] | 600.00 |
| CATEGORY II [PVT WARD] | 1,200.00 |
| CATEGORY III [GEN WARD] | 840.00 |
| CATEGORY III [PVT WARD] | 1,680.00 |
| CATEGORY IV [GEN WARD] | 1,200.00 |
| CATEGORY IV [PVT WARD] | 1,800.00 |
| EEG WITH RECORD [GEN WARD] | 600.00 |
| EEG WITH RECORD [PVTWARD] | 840.00 |
| EMG WITH RECORD (GEN WARD) | 600.00 |
| EMG WITH RECORD (PVT. WARD) | 840.00 |
| NCV (GEN) | 1,200.00 |

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| NEOSTIGMINE TEST [GEN WARD] | 360.00 |
| NERVE CONDUCTION VELOCITY (PVT) | 1,800.00 |
| PROCEDURE CHARGE FOR BOTULINIUM TOXIN | 1,200.00 |
| PROCEDURE CHARGES FOR LUMBER PUNCTURE [GEN WARD] | 180.00 |
| PROCEDURE CHARGES FOR LUMBER PUNCTURE [PVT WARD] | 300.00 |
| REPITIVE NERVER STIMULATION [GEN WARD] | 600.00 |
| RNS [GEN WARD] | 1,200.00 |
| SLEEP ANALYSIS CATEGORY I [GEN WARD] | 1,200.00 |
| SLEEP ANALYSIS CATEGORY I [PVT WARD] | 2,070.00 |
| SLEEP ANALYSIS CATEGORY II [GEN WARD] | 2,760.00 |
| SLEEP ANALYSIS CATEGORY II [PVT WARD] | 4,140.00 |
| SOMATOSNSORY EVOKED POTENTIAL | 1,440.00 |
| SYMPATHETIC SKIN RESPONSE (SSR) [GEN WARD] | 600.00 |
| VEP | 600.00 |
| OXYGEN GAS | MAP # : |
| OXYGEN MORE THAN 4 HOURS UPTO 12 HOURS | 120.00 |
| OXYGEN MORE THAN 12 HOURS UPTO 24 HOURS | 240.00 |
| OXYGEN MORE THAN ONE DAY PER DAY | 240.00 |
| OXYGEN SHORT TERM UPTO 4 HOURS - FREE | 0.00 |
| PHYSIOTHERAPY | MAP # : |
| EXERCISE ONLY AT BEDSIDE TO BED RIDDEN PATIENTS/DAY (INDOOR PATIENTS) [GEN WARD] | 25.00 |
| EXERCISE ONLY AT BEDSIDE TO BED RIDDEN PATIENTS/DAY (INDOOR PATIENTS) [PVT WARD] | 50.00 |
| EXERCISE TO INDOOR PATIENTS WHO CAN COME TO PHYSIOTHERAPY AND REHABILITATION UNIT/DAY [GEN WARD] | 50.00 |
| EXERCISE TO INDOOR PATIENTS WHO CAN COME TO PHYSIOTHERAPY AND REHABILITATION UNIT/DAY [PVT WARD] | 50.00 |
| EXERCISE+ELECTROTHERAPY TO BED RIDDEN | 60.00 |

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| PATIENTS/DAY (INDOOR PATIENTS) [GEN WARD] | |
| EXERCISE+ELECTROTHERAPY TO BED RIDDEN PATIENTS/DAY (INDOOR PATIENTS) [PVT WARD] | 90.00 |
| PHYSIOTHERAPY (15 DAYS PACKAGE) [GEN WARD] (INTER DEPARTMENTAL REFERRALS) | 600.00 |
| PHYSIOTHERAPY (30 DAYS PACKAGE) [GEN WARD] (INTER DEPARTMENTAL REFERRALS) | 1,140.00 |
| PHYSIOTHERAPY (7 DAYS PACKAGE) [GEN WARD] (INTER DEPARTMENTAL REFERRALS) | 300.00 |
| PHYSIOTHERAPY 15 DAYS PACKAGE (OUTSIDE REFERRALS) [GEN WARD] | 600.00 |
| PHYSIOTHERAPY 30 DAYS PACKAGE (OUTSIDE REFERRALS) [GEN WARD] | 1,140.00 |
| PHYSIOTHERAPY FOR INDOOR PATIENTS PER DAY (GEN WARD) | 25.00 |
| PHYSIOTHERAPY FOR INDOOR PATIENTS PER DAY (PVT WARD) | 50.00 |
| PHYSIOTHERAPY/DAY (GEN WARD) (INTER DEPARTMENTAL REFERRALS) | 50.00 |
| PHYSIOTHERAPY/DAY PACKAGE (OUTSIDE REFERRALS) [GEN WARD] | 60.00 |
| PHYSTIOTHERAPY 7 DAYS PACKAGE (OUTSIDE REFERRALS) [GEN WARD] | 300.00 |
| REGISTRATION & PHYSIOTHERAPY/DAY (OUTSIDE REFERRALS) [GEN WARD] | 60.00 |
| RADIOLOGY (CT-SCAN) | MAP # : |
| ABDOMINAL AND PERIPHERAL CT ANGIOGRAPHY | 5,400.00 |
| CT BRAIN + NOSOPHALYNX WITH CONTRAST | 3,240.00 |
| CT BRAIN + PNS | 2,940.00 |
| CT BRAIN + TEMPORAREA WITHOUT CONTRAST | 1,655.00 |
| CT BRAIN PLAIN | 1,380.00 |
| CT BRAIN WITH CONTRAST | 1,860.00 |
| CT BRAIN+TERMPORAL AREA WITH CONTRAST | 2,135.00 |
| CT CARDIAC ANGIOGRAPHY | 6,000.00 |
| CT CHEST WITH CONTRAST | 3,600.00 |
| CT- CHEST WITHOUT CONTRAST | 2,760.00 |

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| CT ELBOW WITH CONTRAST | 3,240.00 |
| CT FACE PLAIN WITH CONTRAST | 3,600.00 |
| CT GUIDED FNAC/BIOPSY | 720.00 |
| CT GUIDED TRUE CUT BIOPSY | 1,200.00 |
| CT HIGH RESOLUTION CT [CHEST] WITH CONTRAST | 1,860.00 |
| CT HIGH RESOLUTION CT [CHEST] WITHOUT CONTRAST | 1,380.00 |
| CT HRCT CHEST | 1,860.00 |
| CT KNEE JOINTS WITH CONTRAST | 1,860.00 |
| CT KNEE JOINTS WITHOUT CONTRAST | 1,380.00 |
| CT LOWER ABDOMEN WITH CONTRAST | 3,600.00 |
| CT LOWER ABDOMEN WITHOUT CONTRAST | 2,760.00 |
| CT LOWER EXTREMITIES (FOOT) | 3,240.00 |
| CT LOWER EXTREMITIES (HIP) | 3,240.00 |
| CT LOWER EXTREMITIES (KNEE) | 3,240.00 |
| CT MANDIBLE JOINT (HRCT) | 1,380.00 |
| CT NASOPHYRNX WITH CONTRAST | 2,940.00 |
| CT NASOPHYRNX WITHOUT CONTRAST | 2,460.00 |
| CT NECK PLAIN WITH CONTRAST | 3,600.00 |
| CT ORBIT AXIAL CORONAL WITH CONTRAST | 2,460.00 |
| CT ORBIT PLAIN | 2,100.00 |
| CT ORBITS + BRAIN PLAIN WITH CONTRAST | 2,940.00 |
| CT PITURAY POSSA & PRONE (BRAIN & CORONAL PRONE) WITH CONTRAST | 2,135.00 |
| CT PITURAY POSSA & PRONE (BRAIN & CORONAL PRONE) WITHOUT CONTRAST | 1,655.00 |
| CT PNS [ONLY CORONAL FOR SINUSITES] WITHOUT CONTRAST | 840.00 |
| CT PNS [ONLY CORONAL FOR SINUSITES] WITH CONTRAST | 1,320.00 |
| CT PNS COMPLETE WITH CONTRAST | 1,860.00 |

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| CT PNS COMPLETE WITHOUT CONTRAST | 1,380.00 |
| CT SI JOINTS ONLY WITH CONTRAST | 2,135.00 |
| CT SI JOINTS ONLY WITHOUT CONTRAST | 1,655.00 |
| 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 |
| CT TEMPROMEDIDULA JOIN [HRTC] 1150 + NIL | 1,380.00 |
| CT THYROID WITH CONTRAST | 2,135.00 |
| CT TYROID WITHOUT CONTRAST | 1,655.00 |
| CT UPPER ABDOMEN WITH CONTRAST | 3,600.00 |
| CT UPPER ABDOMEN WITHOUT CONTRAST | 2,760.00 |
| CT UPPER EXTREMITIES (ELBOW, FOREARM, SHOULDER) | 3,600.00 |
| CT WHOLE ABDOMEN WITH CONTRAST | 4,920.00 |
| CT WHOLE ABDOMEN WITHOUT CONTRAST | 4,080.00 |
| CT WHOLE SPINE + MYLOGRAM (X-RAY REQUIRE) WITH CONTRAST | 3,600.00 |
| CT WHOLE SPINE+MYLOGRAM (X-RAY REQUIRE) WITHOUT CONTRAST | 3,120.00 |
| CT-BRAIN + NOSOPHALYNX WITHOUT CONTRAST | 2,760.00 |
| CT-ELBOW WITHOUT CONTRAST | 2,760.00 |
| PTBD | 2,400.00 |
| PTBD WITH STENT PLACEMENT | 3,600.00 |
| RENAL BIOPSY (BY RADIOLOGIT) | 1,200.00 |
| WHOLE BODY CT ANGIOGRAPHY | 12,000.00 |
| RADIOLOGY (MRI) | MAP # : |
| CE-MRS | 3,550.00 |
| MRCP | 4,400.00 |
| MRI ANGIOGRAPHY (NON CONTRAST) | 4,400.00 |
| MRI ANGIOGRAPHY CONTRAST + CONTRAST CHARGE | 3,550.00 |
| MRI ARM | 3,300.00 |
| MRI ARTHROGRAPHY + CONTRAST | 3,550.00 |

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| MRI BRAIN CONTRAST | 4,800.00 |
| MRI BRAIN PLAIN | 3,300.00 |
| MRI BREAST | 3,300.00 |
| MRI CERVICAL SPINE | 3,300.00 |
| MRI CERVICAL SPINE WITH SCREENING OF D-L SPINE | 4,125.00 |
| MRI CHARGES | 3,300.00 |
| MRI CHEST | 3,300.00 |
| MRI CONTRAST 10 ml | 1,500.00 |
| MRI CONTRAST 20 ml | 3,000.00 |
| MRI CSF SHOW STUDY | 4,400.00 |
| MRI DL SPINE | 3,300.00 |
| MRI DTT | 4,400.00 |
| MRI ENTEROCLYSIS | 3,550.00 |
| MRI FACE | 3,300.00 |
| MRI FOOT | 3,300.00 |
| MRI FORE ARM | 3,300.00 |
| MRI HAND | 3,300.00 |
| MRI JOIN (SINGLE REGION) P | 3,300.00 |
| MRI LEG | 3,300.00 |
| MRI LIVER | 3,300.00 |
| MRI LOWER ABDOMEN | 3,300.00 |
| MRI L-S SPINE | 3,300.00 |
| MRI NECK | 3,300.00 |
| MRI ONE EXTRA REGION | 825.00 |
| MRI ONE REGION SCREENING (ONLY WITH PRIMARY REGION) | 825.00 |
| MRI ORBIT | 3,300.00 |
| MRI PELVIS | 3,300.00 |
| MRI PERFUSION STUDY | 4,400.00 |

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| MRI PITUITARY GLAND | 3,300.00 |
| MRI SOFTY TISSUE | 3,300.00 |
| MRI SPECTROSCOPY | 4,400.00 |
| MRI THIGH | 3,300.00 |
| MRI THREE EXTRA REGION SCREENING | 2,475.00 |
| MRI TRACTOGRAPHY | 4,400.00 |
| MRI TWO EXTRA REGION SCREENING | 1,650.00 |
| MRI UPPER ABDOMEN | 3,300.00 |
| MRI UROGRAPHY | 4,400.00 |
| MRI VENOGRAPHY (NON CONTRAST) | 4,400.00 |
| MRI VENOGRAPHY CONTRAST + CONTRAST | 3,550.00 |
| OTHER SINGLE REGION EXAMINATION | 3,300.00 |
| WHOLE BODY MRI SCREENING FOR METASTATIC REGION | 6,600.00 |
| RADIOLOGY (ULTRASOUND) | MAP # : |
| CAROTD COLOR DOPPLER | 600.00 |
| CAROTID ARTERY (B.SCAN ONLY) | 300.00 |
| COLOR DOPPLER FETAL WELL BEING | 600.00 |
| COLOR DOPPLER LOWER LIMB VESSELS (ONE SIDE OR BOTH SIDE) | 600.00 |
| COLOR DOPPLER SWELLING | 600.00 |
| COLOR DOPPLER UPPER LIMB VESSELS (ONE SIDE OR BOTH SIDES) | 600.00 |
| FETAL WELL BEING | 300.00 |
| FETAL WELL BEING (LEVEL 3) | 600.00 |
| FNAC US GUIDED | 300.00 |
| FOLLICULAR MONITORING | 600.00 |
| ORBIT | 300.00 |
| PCD USG GUIDED | 300.00 |
| PCN USG GUIDED | 300.00 |

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| PELVIS | 300.00 |
| RENAL COLOR DOPPLER | 600.00 |
| SIMPLE USG ABDOMEN | 300.00 |
| TRUS | 600.00 |
| TVS | 600.00 |
| USG BREAST | 300.00 |
| USG OBSTETRICS | 300.00 |
| USG PELVIS | 300.00 |
| USG SCROTUM | 300.00 |
| USG THYROID OR OTHER SMALL PARTS OR SWELLING | 300.00 |
| USG WHOLE ABDOMEN WITH PLATE | 420.00 |
| RADIOLOGY (X-RAY) | MAP # : |
| ABDOMEN ERECT & THORASIC SPINE LAT (TWO PLATE) | 240.00 |
| ABDOMEN ERECT (ONE PLATE) | 120.00 |
| ABDOMEN FOR KUB (ONE PLATE) | 120.00 |
| AGP B/L | 720.00 |
| AGP ONE SIDE | 510.00 |
| ANKLE AP | 120.00 |
| ANKLE AP & LAT (BOTH SIDE) | 290.00 |
| ANKLE JOINT AP & LAT | 145.00 |
| ANKLE LAT | 120.00 |
| ARM AP & LATERAL | 145.00 |
| BARIUM ENEMA | 480.00 |
| BARIUM MEAL FOLLOW THROUGH/STUDY | 900.00 |
| BARIUM MEAL ICR ONLY (ONE PLATE) | 180.00 |
| BARIUM MEAL S+D | 420.00 |
| BARIUM SWALLOW | 300.00 |

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|--|-----------------|
| BOTH KNEE LATERAL VIEWS | 240.00 |
| | |
| CALVICLE | 145.00 |
| | |
| CERVICAL SPINE AP & LAT | 180.00 |
| | |
| CERVICAL SPINE LAT | 120.00 |
| | |
| CERVICAL SPINE LAT IN EXTENSION | 120.00 |
| | |
| CERVICAL SPINE LAT IN FLEXION | 120.00 |
| | |
| CHEST LAT (L) | 120.00 |
| | |
| CHEST LAT (R) | 120.00 |
| | |
| CHEST OBLIQUE ON ANY SIDE | 120.00 |
| | |
| CHEST PA | 120.00 |
| | |
| CHEST X-RAY AP | 120.00 |
| | |
| COCCYX AP | 120.00 |
| | |
| COCCYX AP LAT | 180.00 |
| | |
| CONTRAST ENAM FOR CHILD < 08 YEARS | 1,110.00 |
| | |
| CONTRAST STUDY FOR CHILD < 08 YEARS SWALLOWED BA | 510.00 |
| | |
| DORSAL SPINE AP AND LAT | 180.00 |
| | |
| DORSAL SPINE AP ONLY | 120.00 |
| | |
| DORSAL SPINE LAT ONLY | 120.00 |
| | |
| ELBOW BOTH AP+LAT | 290.00 |
| | |
| ELBOW JOINT AP &LAT. | 145.00 |
| | |
| FACE AND ORBIT | 120.00 |
| | |
| FACE ORBIT AP & LAT | 240.00 |
| | |
| FEET (BOTH) AP | 240.00 |
| | |
| FEET (BOTH) AP& LAT | 290.00 |
| | |
| FEMUR AP & LAT | 145.00 |
| | |
| FEMUR AP OR LAT | 120.00 |
| | |
| FISTULOGRAM | 510.00 |
| | |
| FOOT AP | 120.00 |
| | |

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|--------------------------|----------|
| FOOT AP & LAT | 145.00 |
| | |
| FOREARM AP AND LAT | 145.00 |
| | |
| HAND AP | 120.00 |
| | |
| HAND AP & LAT | 180.00 |
| | |
| HAND LAT | 120.00 |
| | |
| HEAL AXIAL | 120.00 |
| | |
| HEAL AXIAL BOTH SIDES | 240.00 |
| | |
| HIP AP & LAT (ONE SIDE) | 240.00 |
| | |
| HIP AP (ONE PLATE) | 120.00 |
| | |
| HSG | 960.00 |
| | |
| INVERTOGRAM | 120.00 |
| | |
| IVP/IVU WITH CONTRAST | 1,440.00 |
| | |
| KNEE AP & LAT | 290.00 |
| | |
| KNEE AP & LAT (ONE SIDE) | 145.00 |
| | |
| KNEE BOTH AP & LAT VIEWS | 420.00 |
| | |
| KNEE BOTH AP STANDING | 120.00 |
| | |
| KNEE SKYLINE | 120.00 |
| | |
| KNEE SKYLINE BOTH | 240.00 |
| | |
| KUB AP | 120.00 |
| | |
| KUB AP ERECT | 120.00 |
| | |
| LEG AP & LAT (ONE SIDE) | 145.00 |
| | |
| LOOPGRAM | 900.00 |
| | |
| LUMBAR SPINE AP & LAT | 180.00 |
| | |
| LUMBER SPINE AP | 120.00 |
| | |
| LUMBER SPINE LATERAL | 120.00 |
| | |
| MAMMOGRAPHY | 540.00 |
| | |
| MANDIBLE AP | 120.00 |
| | |
| MANDIBLE LAT OR OBLIQUE | 120.00 |
| | |
| MCU < 10 YEARS | 510.00 |

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|----------------------------------|-----------|
| MCU > 10 YEARS | 720.00 |
| MCU ONLY (WITHOUT CONTRAST) | 300.00 |
| MOSTOID BOTH SIDES | 240.00 |
| NASAL BONE B/L | 180.00 |
| NASOPHARYNX (LATERAL VIEW) | 120.00 |
| NECK AP & LAT | 180.00 |
| NEPHROSTOGRAM (WITHOUT CONTRAST) | 300.00 |
| ORBIT AP | 120.00 |
| ORBIT AP & LAT (TWO PLATE) | 180.00 |
| PELVIS AP & LAT | 180.00 |
| PELVIS WITH BOTH HIP JOINT AP | 120.00 |
| PERIURETHOGRAM | 420.00 |
| PNS | 120.00 |
| PTC (RADIO) | 540.00 |
| RADIATION SYNOVECTOMY PROCEDURE | 24,000.00 |
| RGP/BI WITHOUT CONTRAST | 300.00 |
| RGU & MCU WITHOUT CONTRAST | 420.00 |
| RGU <10 YEARS | 510.00 |
| RGU >10 YEARS | 510.00 |
| RGU ONLY (WITHOUT CONTRAST) | 300.00 |
| RGU-MCU <10 YEARS | 840.00 |
| RGU-MCU >10 YEARS | 840.00 |
| SACRUM | 120.00 |
| SACRUM AP & LAT | 180.00 |
| SHOULDER AP | 120.00 |
| SHOULDER AP & LAT | 180.00 |
| SHOULDER AP & LAT BOTH SIDES | 360.00 |
| SI JOINT AP | 120.00 |

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|---|-----------------|
| SINOGRAM (WITHOUT CONTRAST) | 510.00 |
| | |
| SKULL AP | 120.00 |
| | |
| SKULL AP & LAT | 180.00 |
| | |
| SKULL LAT | 120.00 |
| | |
| STERNUM | 120.00 |
| | |
| THORASIC SPINE AP | 120.00 |
| | |
| THORASIC SPINE LAT | 120.00 |
| | |
| THIGH AP & LAT | 145.00 |
| | |
| THIGH BOTH SIDE AP & LAT | 290.00 |
| | |
| THORACIC SPINE AP & LAT | 180.00 |
| | |
| T-TUBE CHOLANGIORAPHY WITHOUT DYE | 510.00 |
| | |
| WRIST AP & LAT (ONE SIDE) | 145.00 |
| | |
| WRIST BOTH AP | 120.00 |
| | |
| WRIST BOTH AP & LAT (BOTH SIDE) | 290.00 |
| | |
| WRIST LAT (ONE SIDE) | 120.00 |
| | |
| X-IVP/IVU WITHOUT CONTRAST & CONSUMABLES | 600.00 |
| | |
| X-OCG(WITHOUT DRUG) | 270.00 |
| | |
| X-RAY MARKING | 180.00 |
| | |
| X-RGU & MCU WITH CONTRAST | 600.00 |
| | |
| RCC | MAP # : |
| CHEMOTHERAPY - I (PER CYCLE) GEN WARD | 240.00 |
| | |
| CHEMOTHERAPY [PVT WARD] | 720.00 |
| | |
| CHEMOTHERAPY-I (PER CYCLE) [GEN WARD] | 360.00 |
| | |
| MAJOR PROCEDURE - I [GEN WARD] | 1,800.00 |
| | |
| MAJOR PROCEDURE - II [GEN WARD] | 2,400.00 |
| | |
| MAJOR PROCEDURE - III [GEN WARD] | 4,800.00 |
| | |
| MINOR PROCEDURE - I [GEN WARD] | 180.00 |
| | |
| MINOR PROCEDURE - II [GEN WARD] | 360.00 |
| | |
| NEW DAY CARE (RCC) | 240.00 |

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| PALATIVE RADIOTHERAPY | 1,800.00 |
| PLANING RADIOGRAM | 180.00 |
| RADICAL EBRT | 4,800.00 |
| RADICAL ICRT | 4,800.00 |
| REGISTRATION | MAP # : |
| OPD NEW REGISTRATION | 50.00 |
| REGISTRATON IN EMERGENCY COUNTER | 100.00 |
| RENEWAL OF REGISTRATION AFTER ONE MONTH | 20.00 |
| RIO | MAP # : |
| A SCAN | 180.00 |
| A.L.T. | 300.00 |
| AC WASH + F.B. REMOVAL | 360.00 |
| ANGIOGRAPHY WITH REPORT IN CD PRINT FORMAT FFA | 1,020.00 |
| AUTOMATED PERIMETRY (HFA) | 360.00 |
| BLEPHAROPLASTY | 720.00 |
| CHALAZION | 150.00 |
| COMBINED EXTRACTION | 1,560.00 |
| CONJUCTIVAL CYST | 360.00 |
| CONJUNCTIVAL TRANSPLANT | 360.00 |
| CORNEAL TOPOGRAPHY | 420.00 |
| CYCLOCRYOPEXY | 240.00 |
| D.C.R. | 900.00 |
| D.C.T. | 600.00 |
| ECCE (GEN WARD) | 480.00 |
| ECCE WITH IOL (HS IMPORTED RIGID IOL) (GEN WARD) | 3,180.00 |
| ECCE WITH IOL (HS INDIAN RIGID IOL) (GEN WARD) | 2,160.00 |
| ECCE WITH RIGID IOL [PVT WARD] | 4,800.00 |

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| ECCE WITH RIGID IOL (PT) [GEN WARD] | 1,920.00 |
| | |
| ECCE WITHOUT IOL [PVT WARD] | 3,600.00 |
| | |
| ENTROPION / ECTROPION (SINGLE) | 360.00 |
| | |
| ENTROPION / ECTROPION WITH GRAFT | 480.00 |
| | |
| ENUCLEATION | 360.00 |
| | |
| EVISCERTION | 240.00 |
| | |
| FOCAL LASER | 300.00 |
| | |
| FORNIX DEEPENING STRUCTURE | 360.00 |
| | |
| FUNDUS PHOTOGRAPHY FOR RECORD PURPOSE | 300.00 |
| | |
| FUSION EXERCISE | 150.00 |
| | |
| GONIOTOMY | 720.00 |
| | |
| INTRAVITREAL INJECTION (MINOR 2) | 350.00 |
| | |
| LAMELLAR KERATOPLASY | 1,800.00 |
| | |
| LASER DELIMITATION | 300.00 |
| | |
| LASER MACULAR GRID | 300.00 |
| | |
| LENSECTOMY | 720.00 |
| | |
| LENSECTOMY VIRTECTOMY + IOL | 4,320.00 |
| | |
| LID INJURY REPAIR MAJOR/WITH CANALICULI REPAIR | 720.00 |
| | |
| LID INJURY REPAIR MINOR | 240.00 |
| | |
| LID TUMOR EXCISION + LID RECONSTRUCTION | 1,560.00 |
| | |
| NEEDLE CAPSULOTOMY | 240.00 |
| | |
| OCT FOR ANTERIOR SEGMENT ANALYSIS ANGLE + TOPOGRAPHY | 600.00 |
| | |
| OCT FOR RETINA ANALYSIS (MACULA + DISC) | 960.00 |
| | |
| ORBITAL DECOMPRESSION | 1,440.00 |
| | |
| ORBITOTOMY ANTERIOR | 720.00 |
| | |
| ORBITOTOMY LATERAL | 1,080.00 |
| | |
| P.P.M. | 600.00 |
| | |
| P.R.P. (PER SITTING) | 360.00 |
| | |

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| PERFORATION REPAIR/INJUIRY [GEN WARD] | 600.00 |
| PHACO SURGERY WITH FOLDABLE ACRYLIC LENS (HS) (GEN WARD) | 8,700.00 |
| PHACO SURGERY WITH FOLDABLE SILICON LENS (HS) (GEN WARD) | 7,440.00 |
| PHACO SURGERY WITH IMPORTED RIGID IOL (HS) (GEN WARD) | 5,100.00 |
| PHACO WITH FOLDABLE IOL ACRYLIC LENS [PVT WARD] | 10,440.00 |
| PHACO WITH FOLDABLE IOL SILICON [PVT WARD] | 9,120.00 |
| PHACO WITH IOL (PT) (GEN WARD) | 4,200.00 |
| PHACO WITH RIGID IOL [PVT WARD] | 6,060.00 |
| PHOTOMYDRIASIS | 240.00 |
| PK OPTICAL PK WITH CATRACT | 2,640.00 |
| PK PHARAPENTIC | 1,200.00 |
| PK WITH IOL | 3,600.00 |
| PLANNED ANTERIOR VIRTECTOMY | 720.00 |
| PROBING SYRINGING | 360.00 |
| PROPHYLACTIC CRYOPEXY/ARC | 240.00 |
| PTERYGIUM SURGERY | 360.00 |
| PTOSIS SURGERY | 1,080.00 |
| R.D. + VITRECTOMY + AIR FLUID (AF) + VITRECTOMY + AIR FLUID (AF)EXCHANGE + OR GASINJECTION | 3,600.00 |
| R.D. + VITRECTOMY + AIR FLUID (AF) EXCHANGE | 3,360.00 |
| R.D. + VITRECTOMY + AIR FLUID (AF) EXCHANGE + LASER | 4,200.00 |
| R.D. + VITRECTOMY SURGERY | 3,360.00 |
| R.D. SURGERY (BUCKLING) [GEN WARD] | 2,280.00 |
| R.D. SURGERY (BUCKLING) [PVT WARD] | 3,600.00 |
| R.D. Sx + GASINJECTION | 2,640.00 |
| RADIAL KERATOTOMY | 2,160.00 |
| REFRACTION | 25.00 |
| RIO FB REMOVAL + VIRTECTOMY | 3,000.00 |

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| RIO FB WITHOUT VIRTECTOMY | 480.00 |
| S.O. REMOVAL | 480.00 |
| SECTOR LASER | 360.00 |
| SICS WITH IOL (PT) (GEN WARD) | 3,000.00 |
| SOCKET RECONSTRUCTION | 1,440.00 |
| SQUINT SURGERY 1ST SURGERY | 1,200.00 |
| SQUINT SURGERY 2ND SURGERY | 600.00 |
| SURGICAL PI | 360.00 |
| SUTUROLYSIS | 180.00 |
| SYMBLEPHARON RELEASE + GRAFTING | 600.00 |
| SYMBLOPHARON RELEASE | 360.00 |
| TRABECULECTOMY | 1,200.00 |
| USG B - SCAN WITH (UBM) | 420.00 |
| VITRECTOMY | 2,760.00 |
| WITH CANALICULAR TUBING | 360.00 |
| YAG CAPSULOTOMY FOR OUTSIDE PATIENT | 480.00 |
| YAG CAPSULOTOMY FOR RIO PATIENT | 300.00 |
| YAG SWEEPING | 480.00 |
| YAG SYHECHIOLYSIS | 480.00 |
| SERVICES | MAP # : |
| ABDOMINAL COLOR DOPPLER US [GEN WARD] | 360.00 |
| ASCITIC FLUID ASPIRATION [GEN WARD] | 120.00 |
| BONE MARROW ASPIRATION [GEN WARD] | 120.00 |
| BREAST CANCER AWARENESS | 450.00 |
| BREAST CANCER AWARENESS [BPL] | 250.00 |
| CARM NERVE LOCATOR[GEN WARD] | 420.00 |
| CERVICAL CANCER AWARENESS | 240.00 |
| COMPLETE HEALTH CHECKUP | 2,000.00 |

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| COMPLETE HEALTH CHECKUP | 2,200.00 |
| | |
| DHARAMSHALA PER DAY | 40.00 |
| | |
| DIET CHARGE PER DAY | 115.00 |
| | |
| DISPOSABLE INVASIVE PRESSURE TRANSDUC [GEN WARD] | 1,145.00 |
| | |
| DRESSING CATEGORY -1 [GEN WARD] | 30.00 |
| | |
| DRESSING CATEGORY - 11 [GEN WARD] | 60.00 |
| | |
| DRESSING CATEGORY - 111 [GEN WARD] | 120.00 |
| | |
| FNAC [GEN WARD] | 120.00 |
| | |
| HBCAG [GEN WARD] | 360.00 |
| | |
| I&D OF WOUND [GEN WARD] | 60.00 |
| | |
| MISC. CHARGES | 600.00 |
| | |
| NEBULIZER | 35.00 |
| | |
| PASS LOST | 1,000.00 |
| | |
| PILES INJECTION FIRST TIME [GEN WARD] | 120.00 |
| | |
| PILES INJECTION REPEAT [GEN WARD] | 60.00 |
| | |
| PLEURAL FLUID ASPIRATION [GEN WARD] | 120.00 |
| | |
| PROSTATE BIOPSY [GEN WARD] | 240.00 |
| | |
| REMOVAL OF THE T/TUBE [GEN WARD] | 120.00 |
| | |
| SPC CAUTERIZATION [GEN WARD] | 240.00 |
| | |
| SUTURING [GEN WARD] | 120.00 |
| | |
| SURGICAL PROCEDURE | MAP # : |
| ADVANCE SERUM ANALYSIS | 240.00 |
| | |
| AIH (IUI) | 1,440.00 |
| | |
| ASD CLOSURE | 60,000.00 |
| | |
| ASO Aid (IUI) | 600.00 |
| | |
| BD GLENN | 60,000.00 |
| | |
| BT SHUNT | 24,000.00 |
| | |
| CABS | 84,000.00 |
| | |

| | |
|--|-------------------|
| CABS + IABP | 108,000.00 |
| | |
| COA REPAIR | 24,000.00 |
| | |
| DIAGNOSTIC HISTEROSCOPY | 1,200.00 |
| | |
| DIAGNOSTIC LAPAROSCOPY | 1,200.00 |
| | |
| ENTEROSCOPY RS. 1500/- + CONSUMABLE | 1,800.00 |
| | |
| FONTAN OPERATION | 78,000.00 |
| | |
| GLUE INJECTION FOR VARICES RS 1500/- + GLUE | 1,800.00 |
| | |
| LAPAROSCOPIC CHOLECYSTECTOMY - [GEN WARD] (NOTE :- ANY OTHER SPECIAL LAPAROSCOPIC PROCEDURE WILL BE CHARGED AS PER SSP-1) | 2,760.00 |
| | |
| LAPAROSCOPIC CHOLECYSTECTOMY - [PVT WARD] (NOTE :- ANY OTHER SPECIAL LAPAROSCOPIC PROCEDURE WILL BE CHARGED AS PER SSP-1) | 5,520.00 |
| | |
| MAJOR - I (GEN WARD) | 2,940.00 |
| | |
| MAJOR - I (PVT WARD) | 5,880.00 |
| | |
| MAJOR - II (GEN WARD) | 2,340.00 |
| | |
| MAJOR - II (PVT WARD) | 4,680.00 |
| | |
| MINOR - I (GEN WARD) | 780.00 |
| | |
| MINOR - I (PVT WARD) | 1,560.00 |
| | |
| MINOR - II (GEN WARD) | 360.00 |
| | |
| MINOR - II (PVT WARD) | 720.00 |
| | |
| MINOR - III (GEN WARD) | 180.00 |
| | |
| MINOR - III (PVT WARD) | 360.00 |
| | |
| OESOPHAGEAL STENTING RS. 1500/- + STENT | 1,800.00 |
| | |
| OPERATIVE HISTEROSCOPY | 2,400.00 |
| | |
| PDA LOGATION | 7,200.00 |
| | |
| PERICAR DECTOMY | 24,000.00 |
| | |
| SPIROMETRY TEST | 180.00 |
| | |
| SSP - I (GEN WARD) | 4,920.00 |
| | |
| SSP - I (PVT WARD) | 9,720.00 |
| | |
| SSP - II (GEN WARD) | 3,720.00 |
| | |

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|---|----------------|
| SSP - II (PVT WARD) | 7,440.00 |
| | |
| TAPVC REPAIR | 84,000.00 |
| | |
| TOTAL CORRECTION | 78,000.00 |
| | |
| VALVE SURGERY (Cost of Valve Extra) | 54,000.00 |
| | |
| VSD CLOSURE | 72,000.00 |
| | |
| SURGICAL PROCEDURE(ONCOLOGY) | MAP # : |
| C-ARM MAJOR CASE [GEN WARD] | 600.00 |
| | |
| C-ARM MINOR CASE [GEN WARD] | 360.00 |
| | |
| C-ARM SPECIAL PROCEDURE [GEN WARD] | 960.00 |
| | |
| HYSTERO SAPLINGOGHCOPY (HSG) [GEN WARD] | 600.00 |
| | |
| MAJOR I (A) DIRECT LYRENGOSCOPY & FIBROPTIC LYRENGOSCOPY [GEN WARD] | 720.00 |
| | |
| MAJOR I (A) DIRECT LYRENGOSCOPY & FIBROPTIC LYRENGOSCOPY [PVT WARD] | 1,440.00 |
| | |
| MAJOR I (B) INCLUDING FIBROPTIC BRONCOSCOPE [GEN WARD] | 900.00 |
| | |
| MAJOR I (B) INCLUDING FIBROPTIC BRONCOSCOPE [PVT WARD] | 1,800.00 |
| | |
| MAJOR I (C) [GEN WARD] | 1,380.00 |
| | |
| MAJOR I (C) [PVT WARD] | 2,760.00 |
| | |
| MAJOR II [GEN WARD] | 2,100.00 |
| | |
| MAJOR II [PVT WARD] | 4,200.00 |
| | |
| MIINOR IV [PVT WARD] | 275.00 |
| | |
| MINOR I [GEN WARD] | 600.00 |
| | |
| MINOR I [PVT WARD] | 1,200.00 |
| | |
| MINOR II [GEN WARD] | 360.00 |
| | |
| MINOR II [PVT WARD] | 720.00 |
| | |
| MINOR III [GEN WARD] | 275.00 |
| | |
| MINOR III [PVT WARD] | 550.00 |
| | |
| MINOR IV [GEN WARD] | 140.00 |
| | |
| SSP I [GEN WARD] | 2,760.00 |

| | |
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| SSP I [PVT WARD] | 5,520.00 |
| SSP II [GEN WARD] | 3,120.00 |
| SSP II [PVT WARD] | 6,240.00 |
| URO OT | MAP # : |
| CHECK CYSTOSCOPY | 360.00 |
| UROLOGY | MAP # : |
| BCG INSTILLATION IN BLADDER [GEN WARD] | 180.00 |
| CATHETERIZATION [GEN WARD] | 60.00 |
| CYSTOSCOPY | 600.00 |
| DAY CARE WARD BED CHARGE [GEN WARD] | 180.00 |
| DJ STENT REMOVAL | 360.00 |
| ESWL FOR RENAL STONE SIZE 1.5CM (1ST SITTING) UPTO 4500 SHOCKS [GEN WARD] | 8,400.00 |
| ESWL FOR RENAL STONE SIZE MORE THAN 1.5CM (1ST SITTING) UPTO 4500 SHOCKS [GEN WARD] | 9,600.00 |
| ESWL SUBSEQUENT [GEN WARD] | 2,400.00 |
| PCN (TROCAR) | 360.00 |
| PCN (US GUIDED) | 600.00 |
| SPOT URINE PROTEIN CRETININE | 90.00 |
| TROCAR CYSTOSTOMY | 360.00 |
| U/S GUIDED PROCEDURE CONSUMABLE EXTRA [GEN WARD] | 1,200.00 |
| URETHRAL DILATION | 180.00 |
| URINARY CREATININE | 0.00 |
| URINARY PROTEIN | 0.00 |
| URO FLOMETRY [GEN WARD] | 240.00 |
| URO FLOMETRY [PVT WARD] | 480.00 |
| URODYNAMIC STUDY [GEN WARD] | 600.00 |
| URODYNAMIC STUDY [PVT. WARD] | 1,200.00 |
| VIROLOGY | MAP # : |

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|--|---------------|
| MICROSCOPE FOR DETECTION OF VIRAL AMITIES | 90.00 |
| | |
| ROTA VIRUS DETECTION STOOL | 210.00 |
| | |
| SPECIAL VIRAL IDENTIFICATION IT VIRAL DISEASE | 210.00 |
| | |
| VIRUS ISOLATION AND IDENTIFICATION | 210.00 |
