

RAMAKRISHNA MISSION SEVA PRATISHTHAN
(A General Hospital)



SCHEDULE OF CHARGES

Issued by
The Secretary
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RAMAKRISHNA MISSION SEVA PRATISHTHAN
SCHEDULE OF CHARGES
(As on.....)

INTRODUCTION

Established in 1932, as a small maternity and child welfare clinic this institution was originally known as the RAMAKRISHNA MISSION SISUMANGAL PRATISHTHAN. It made steady progress and soon became a popular maternity-cum-children hospital. In 1956, it was developed into a General Hospital and in 1957 its name was changed to RAMAKRISHNA MISSION SEVA PRATISHTHAN to suit its altered character. It is now the biggest Medical Centre of the Ramakrishna Mission and is serving the people through its five wings viz. (1) General Hospital, (2) School of Nursing, (3) Ma Sarada College of Nursing, (4) Post-graduate Medical College and Research Centre – Vivekananda Institute of Medical Sciences and (5) Community Health Service.

SOME IMPORTANT INFORMATION

1. The Hospital is recognised for treatment of Central Government employees and members of their families, vide Health Ministry's Orders No. F8(IX)-17/55-HII(HI) dated 17.08.57 and No. 14025/29/73 MC dated 07.09.73. It is also recognised for treatment of patients under the Central Govt. Health Scheme (CGHS) vide health Ministry's Order No. F9-2/72-CGHS(P) dated 25.05.72.
2. This schedule is the result of rationalisation and revision of the rate of charges that were in force for several years.
3. Payment to be made at the time of admission (for maternity ward admission advance booking of paying bed is essential) :

	<u>Paying Ward</u>	<u>Cabin "C"</u>
	(₹)	(₹)
A. i) Maternity Ward for normal confinement	2550.00	4300.00
ii) Extra for Forceps Delivery	250.00	300.00
iii) Extrafor Caesarean Section to cover O.T. charges	2000.00	2500.00

For normal confinement, payment is inclusive of 4 days' Seat Rent and non-refundable Service Charges of ₹ 150/- for Paying Ward. Advance booking of Paying Bed is compulsory within one month from the date of outdoor registration and on payment of full charges for normal confinement. If booking is cancelled by the patient's party, a Cancellation Charge of ₹ 500/- will be deducted before the refund is made.

- B. Intensive Care Unit, Coronary : 5 days' Seat Rent and
Care Unit, High Dependent ₹ 200/- as non-refundable
Unit, Intensive Therapy Unit, Service Charges.
Cardiology Ward
(ICU, CCU, HDU, ITU & CW)
- C. Other Wards : 10 days' Seat Rent and non-
refundable Service Charge of
₹ 150/- and ₹ 200/- for
Paying Bed and Cabin
Patients respectively
- D. For Surgical Cases Operation Theatre Charges are also to be deposited.
4. The diet supplied from the Pratishtan is free of charges.
5. Supply of Medicines:
Prescribed medicines have to be supplied by the Patients' parties in all paying cases. From July 2012, arrangement has been made to supply medicines to all indoor patients from the hospital pharmacy. For this, an advance deposit of ₹ 5,000/- (Rupees five thousand) is taken for each patient at the time of admission.
6. All bills sent to the indoor patients are required to be paid within two days of presentation.
7. Supply of Blood for the patients is to be arranged by the Patients' parties. Blood for indoor patients may be supplied by the Pratishtan's Blood Bank on exchange donation of Blood and on payment of scheduled Service Charges, subject to availability. If Blood is not used for the patient after reservation, the amount deposited for it will be refunded to the party only after a deduction of Service Charges of ₹ 400/- per pouch of blood.
8. Except for LSCS, for any emergency operation ₹ 200/- extra will be charged.
9. Operation Theatre charges as applicable to Cabin Cases will be payable, if a patient is transferred to Cabin on guardian's request within 2 days of operation. Similarly for transfer of Maternity Cases to Cabins within two days of delivery.
10. Application for refund of excess deposit of hospital charges must be made within 15 days of discharge by the guardian. Registration Card, Money Receipts and Discharge Card should be enclosed.

A. OPD REGISTRATION FEE

Rs. 10/- for each new card (except for patients recommended for admission in reserved beds and emergency cases) with a validity for one month. Renewals will be charged @ 10/- each.

For Obstetric Cases Rs. 50/- for New Card – valid till Delivery

B. DAILY CHARGES

SERV TYPE	SERV CODE	DESCRIPTION	CHARGE (₹)
BRC	BR01	Paying Ward (General)	100
CRC	CR06	High Dependency Unit (with Cardiac Monitor)	1000
CRC	CR05	Coronary Care Unit (CCU)	1250
BRC	BR06	Paying Ward (Paediatric)	120
CRC	CR04	Cabin A (Paediatric) Full Cabin	600
CRC	CR03	Cabin B (Paediatric) Half Cabin	300
CRC	CR02	Cabin C (Cabin without Toilet)	400
CRC	CR01	Cabin D (Cabin with Toilet)	600
CRC	CR08	Cabin E (AC Cabin without Toilet)	800
CRC	CR07	Cabin F (AC Cabin with Toilet)	1000
CRC	CRO5	Intensive Care Unit (ICU)	1250
CRC	CRO6	Cardiology Ward Bed	500
SBW	SB01	Neonatal Intensive Care Unit (NICU-I)	200
SBW	SB02	Neonatal Intensive Care Unit (NICU-II)	200
SBW	SB03	Paediatric Intensive Care Unit (PICU)	200
BRC	BR07	Intensive Therapy Unit (with Cardiac Monitor)	1000
BRC	BR08	CTVS ITU Ward	1000

C. CONFINEMENT

SERV TYPE	SERV BED CODE	DESCRIPTION	CABIN B CHARGE (₹)	PAYING CHARGE (₹)
CON	CN01	Normal Confinement	2500	2000
CON	CN02	Caesarean Section	5000	4000
CON	CN03	Forceps Delivery	2800	2250

D1. INVESTIGATIONS - RADIOLOGY**(DIGITAL X-RAY)**

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE	OPD/OUTSIDE/ PAYING BED CHARGE
				(₹)	(₹)
SKULL	DXRC	DXR1	AP Or PA	150.00	125.00
	DXRC	DXR2	RT. Or LT. LAT	150.00	125.00
	DXRC	DXR3	AP + LAT	240.00	200.00
	DXRC	DXR4	Tangential View	150.00	125.00
	DXRC	DXR5	Towne's View	150.00	125.00
	DXRC	DXR6	Reverse Towne's View	150.00	125.00
	DXRC	DXR7	Stenverse View	150.00	125.00
	DXRC	DXR8	I.A.M. View	150.00	125.00
	DXRC	DXR9	E.A.M. View	150.00	125.00
	DXRC	DXR10	Base View	150.00	125.00
	DXRC	DXR11	Mastoid One Side Lat. Oblique View	150.00	125.00
	DXRC	DXR12	Mastoid's Both Lat. Oblique View	240.00	200.00
	DXRC	DXR13	T.M. Joint (One Side) Open & Close Mouth	240.00	200.00
	DXRC	DXR14	T. M. Joint (Both Side) Open & Close Mouth	480.00	400.00
PNS	DXRC	DXR15	OM View	150.00	125.00
	DXRC	DXR16	OF View	150.00	125.00
	DXRC	DXR17	Water's View	150.00	125.00
	DXRC	DXR18	Cladwell's View	150.00	125.00
	DXRC	DXR19	LAT View	150.00	125.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE	OPD/OUTSIDE/ PAYING BED CHARGE
				(₹)	(₹)
ORBIT	DXRC	DXR20	PA	150.00	125.00
	DXRC	DXR21	Optic Foramen One Side	150.00	125.00
	DXRC	DXR22	Optic Foramen Both Side	240.00	200.00
MANDIBLE	DXRC	DXR23	PA	150.00	125.00
	DXRC	DXR24	LAT	150.00	125.00
	DXRC	DXR25	LAT. Oblique View One Side	150.00	125.00
	DXRC	DXR26	LAT. Oblique View Both Side	240.00	200.00
FACE	DXRC	DXR27	AP or LAT Or OM View	150.00	125.00
	DXRC	DXR28	AP + LAT. View	240.00	200.00
	DXRC	DXR29	Nasal Bone - Both LAT	240.00	200.00
	DXRC	DXR30	Soft Tissue Neck AP + LAT	240.00	200.00
	DXRC	DXR31	Soft Tissue Neck Nasopharynx LAT	150.00	125.00
	DXRC	DXR32	AP View Or LAT	150.00	125.00
	DXRC	DXR33	AP + Lat View	240.00	200.00
	DXRC	DXR34	One Side Oblique view	150.00	125.00
	DXRC	DXR35	Both Side Oblique View	240.00	200.00
	CERVICAL	DXRC	DXR36	Flexion + Extension View	240.00
SPINE	DXRC	DXR37	AP + LAT + Both Oblique	480.00	400.00
	DXRC	DXR204	AP + LAT. In Flexion & Extension	360.00	300.00
	DXRC	DXR38	Open Mouth View	150.00	125.00
	DXRC	DXR39	Trans - LAT View	150.00	125.00
	DXRC	DXR40	Cervico-Dorsal Spine AP Or LAT	150.00	125.00
	DXRC	DXR41	Cervico-Dorsal Spine AP + LAT	240.00	200.00
	DXRC	DXR42	Thoracic Inlet AP View	150.00	125.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE	OPD/OUTSIDE/ PAYING BED CHARGE
				(₹)	(₹)
DORSAL	DXRC	DXR44	AP Or LAT View	150.00	125.00
SPINE	DXRC	DXR45	AP + LAT View	240.00	200.00
	DXRC	DXR46	One Side Oblique	150.00	125.00
	DXRC	DXR47	Both Side Oblique	240.00	200.00
	DXRC	DXR48	Dorso-Lumber AP Or LAT	150.00	125.00
	DXRC	DXR50	Dorso-Lumber Spine AP & Lat	240.00	200.00
LUMBER	DXRC	DXR51	AP Or LAT View	150.00	125.00
SPINE	DXRC	DXR52	AP + LAT View	240.00	200.00
(LS)	DXRC	DXR53	One Side Oblique View	150.00	125.00
	DXRC	DXR54	Both Side Oblique View	240.00	200.00
	DXRC	DXR55	Flexion + Extension View	240.00	200.00
	DXRC	DXR56	AP + LAT in Flex. & Extn. View	360.00	300.00
	DXRC	DXR57	AP+LAT+Flex.+Extn. View	480.00	400.00
	DXRC	DXR58	Cone View -AP Or LAT View	150.00	125.00
	DXRC	DXR59	Cone View -AP+LAT View	240.00	200.00
SACRUM & COCCYX	DXRC	DXR60	AP View Or LAT View	150.00	125.00
	DXRC	DXR61	AP+LAT View	240.00	200.00
PELVIS	DXRC	DXR62	Pelvis AP View	150.00	125.00
	DXRC	DXR63	Pelvis with Both Hip AP View	150.00	125.00
	DXRC	DXR64	Both Hip AP View	150.00	125.00
	DXRC	DXR65	RT. Or Lt. Hip AP View	150.00	125.00
	DXRC	DXR66	RT Or LT Hip LAT View	150.00	125.00
	DXRC	DXR67	Both Hip Lat View	240.00	200.00
	DXRC	DXR68	Both Hip AP + LAT View	360.00	300.00
	DXRC	DXR69	Oblique View for One Side	150.00	125.00
	DXRC	DXR70	Oblique View for Both Side	240.00	200.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
	DXRC	DXR71	RT. Or LT. Hip with Femur AP or LAT	150.00	125.00
	DXRC	DXR72	RT. Or LT. Hip with Femur AP + LAT	240.00	200.00
	DXRC	DXR73	Both Hip with Femur AP View	150.00	125.00
	DXRC	DXR74	Both Hip Frog Leg LAT View	150.00	125.00
	DXRC	DXR75	S.I. Joint Both Side AP View	150.00	125.00
	DXRC	DXR76	S.I. Joint Both Side Oblique View	240.00	200.00
	DXRC	DXR77	S.I. Joint AP + Both Oblique	360.00	300.00
	DXRC	DXR78	S.I. Joint AP+ One Side Oblique	240.00	200.00
KNEE JT.	DXRC	DXR79	RT. Or LT./AP Or LAT View	150.00	125.00
	DXRC	DXR80	RT. Or LT. AP+ LAT View	240.00	200.00
	DXRC	DXR81	Both Knee AP Or LAT View	240.00	200.00
	DXRC	DXR812	Both Knee AP + LAT View	480.00	400.00
			(1 To 4 - Standing or Supine)		
	DXRC	DXR83	Knotch View One Side	150.00	125.00
	DXRC	DXR84	Knotch View Both Side	240.00	200.00
	DXRC	DXR85	Skyline View of Patella One Side	150.00	125.00
	DXRC	DXR86	Skyline View of Patella Both Side	240.00	200.00
	DXRC	DXR87	Each Knee With Femur Or Each Knee with Leg Ap View	150.00	125.00
	DXRC	DXR88	Each Knee with Femur Or LEG LAT View	150.00	125.00
	DXRC	DXR89	Both Knee with Femur Or LEG AP	240.00	200.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
	DXRC	DXR90	Both Knee with Femur Or LEG LAT	240.00	200.00
	DXRC	DXR91	Both Knee with Femur Or LEG AP + LAT	240.00	200.00
LEG	DXRC	DXR92	Each LEG AP Or LAT View	150.00	125.00
	DXRC	DXR93	Each LEG AP + LAT View	240.00	200.00
	DXRC	DXR94	Both LEG AP Or LAT View	240.00	200.00
	DXRC	DXR95	Both LEG AP + LAT View	480.00	400.00
ANKLE	DXRC	DXR96	Each Ankle AP Or LAT View	150.00	125.00
	DXRC	DXR97	Each Ankle AP + LAT View	240.00	200.00
	DXRC	DXR98	Both Ankle AP + LAT View	480.00	400.00
	DXRC	DXR99	Each Ankle Oblique View	150.00	125.00
	DXRC	DXR100	Each Ankle Both Oblique View	240.00	200.00
	DXRC	DXR101	Both Ankle Oblique View	240.00	200.00
	DXRC	DXR102	Both Ankle Both Oblique View	480.00	400.00
	DXRC	DXR103	Mortise View (Each)	150.00	125.00
	DXRC	DXR104	Mortise View (Both Ankle)	240.00	200.00
	DXRC	DXR105	Each Ankle AP+LAT+OB.	360.00	300.00
	DXRC	DXR106	Both Ankle AP+LAT+OB.	700.00	600.00
	DXRC	DXR107	Each Heel Or Calcantium Axial View	150.00	125.00
	DXRC	DXR108	Each Heel Or Calcantium LAT View	150.00	125.00
	DXRC	DXR109	Both Heel Or Calcantium Axial View	240.00	200.00
	DXRC	DXR110	Both Heel Or Calcantium LAT View	240.00	200.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
	DXRC	DXR111	Both Heel Or Calcanium Axial + LAT View	480.00	400.00
FOOT	DXRC	DXR112	Each Foot AP Or LAT Or Oblique	150.00	125.00
	DXRC	DXR113	Each Foot AP+ LAT View	240.00	200.00
	DXRC	DXR114	Each Foot AP+ Oblique View	240.00	200.00
	DXRC	DXR115	Both Foot AP Or LAT Or Oblique	240.00	200.00
	DXRC	DXR116	Both Foot AP+ LAT View	480.00	400.00
	DXRC	DXR117	Both Foot AP+ Oblique View	480.00	400.00
CHEST	DXRC	DXR118	Sternum LAT Or Oblique View	150.00	125.00
	DXRC	DXR119	Sternum LAT + Oblique View	240.00	200.00
	DXRC	DXR120	PA/LAT/ Oblique	150.00	125.00
	DXRC	DXR121	PA + LAT View	240.00	200.00
	DXRC	DXR122	PA+RT. Or LT. Oblique	240.00	200.00
	DXRC	DXR123	PA + Both Oblique View	360.00	300.00
	DXRC	DXR124	LAT. Decubetus Or Trans LAT View	150.00	125.00
	DXRC	DXR125	Apical Or Lordoti & View	150.00	125.00
CALVICAL	DXRC	DXR126	Each Or Both Clavical AP	150.00	125.00
SCAPULA	DXRC	DXR127	Each side AP Or Oblique	150.00	125.00
	DXRC	DXR128	Both Side AP View	240.00	200.00
	DXRC	DXR129	Both Side Oblique View	240.00	200.00
	DXRC	DXR130	Each Scapula 'Y' View	150.00	125.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
SHOULDER	DXRC	DXR131	Each Shoulder AP Or Lat Or Oblique	150.00	125.00
	DXRC	DXR132	Each Shoulder AP + Lat Or Oblique	240.00	200.00
	DXRC	DXR133	Each Shoulder AP+Oblique	240.00	200.00
	DXRC	DXR134	Each Shoulder Axial View	150.00	125.00
	DXRC	DXR135	Each Shoulder Y-View	150.00	125.00
	DXRC	DXR136	Both Shoulder- AP+Lat	480.00	400.00
	HUMERUS	DXRC	DXR137	AP Or Lat (Each) View	150.00
OR ARM	DXRC	DXR138	Each Humerous AP+Lat	240.00	200.00
	DXRC	DXR139	Both Humerous AP+Lat	480.00	400.00
ELBOW	DXRC	DXR140	Each AP Or Lat	150.00	125.00
	DXRC	DXR141	Each Elbow AP+Lat	240.00	200.00
	DXRC	DXR142	Each Elbow Oblique View	150.00	125.00
	DXRC	DXR144	Both Elbow Oblique View	240.00	200.00
	DXRC	DXR145	Each Elbow AP+Lat+Oblique	360.00	300.00
	DXRC	DXR146	Both Elbow AP+Lat+Oblique	700.00	600.00
	DXRC	DXR147	Each Elbow Shoot Through View	150.00	125.00
	DXRC	DXR148	Both Elbow Shoot Through View	240.00	200.00
FOREARM	DXRC	DXR149	Each F.A. AP Or Lat. OR Oblique	150.00	125.00
	DXRC	DXR150	Each F.A. AP+Lat View	240.00	200.00
	DXRC	DXR151	Each F.A. AP+Lat+Oblique	360.00	300.00
	DXRC	DXR152	Both F.A. AP Or Lat Or OB	150.00	125.00
	DXRC	DXR153	Both F.AAP + Lat	480.00	400.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
	DXRC	DXR154	Both F.A. AP+Lat + Oblique	700.00	600.00
WRIST	DXRC	DXR155	Each Side AP Or Lat Or Oblique	150.00	125.00
	DXRC	DXR156	Each Wrist AP + Lat	240.00	200.00
	DXRC	DXR157	Each Wrist AP+Lat+Oblique	360.00	300.00
	DXRC	DXR158	Each Wrist Scaphoid View	150.00	125.00
	DXRC	DXR159	Both Wrist AP Or Lat Or Oblique	240.00	200.00
	DXRC	DXR160	Both Wrist AP+Lat View	480.00	400.00
	DXRC	DXR161	Both Wrist AP+Lat+Oblique	700.00	600.00
	DXRC	DXR162	Both Wrist Scaphoid View	240.00	200.00
HAND OR PALM	DXRC	DXR163	Each Hand AP Or Lat Or Oblique	150.00	125.00
	DXRC	DXR164	Each Hand AP+Lat View	240.00	200.00
	DXRC	DXR165	Each Hand AP+Obli. View	240.00	200.00
	DXRC	DXR166	Each Hand AP+Lat+Oblique	360.00	300.00
	DXRC	DXR167	Both Hand AP Or Lat Or Oblique	240.00	200.00
	DXRC	DXR168	Both Hand AP+Lat View	480.00	400.00
	DXRC	DXR169	Both Hand AP+Obli. View	480.00	400.00
	DXRC	DXR170	Finger (Phalanges) AP + Lat View	240.00	200.00
ABDOMEN	DXRC	DXR171	Erect Or Supine AP View	150.00	125.00
	DXRC	DXR172	Erect + Supine AP View	240.00	200.00
	DXRC	DXR173	Kub AP View	240.00	200.00
	DXRC	DXR174	Abdomen Trans. Lat View	150.00	125.00
DENTAL	DXRC	DXR175	Per Film	100.00	80.00
	DXRC	DXR176	Occlusal	220.00	200.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
INVESTIGATION	DXRC	DXR177	BA-Swallow+SD+ICR	2400.00	2000.00
	DXRC	DXR178	BA-Swallow Oesophagus	980.00	800.00
	DXRC	DXR179	BA-Swallow+Strom Dud	2040.00	1700.00
	DXRC	DXR180	BA-Swallow+ST. DU.+F.T.	2760.00	2300.00
	DXRC	DXR181	BA Stomachdudenum	850.00	750.00
	DXRC	DXR182	BA Stomachdudenum&F.T	1560.00	1300.00
	DXRC	DXR183	Barium I.C.R. (Only)	720.00	600.00
	DXRC	DXR184	Barium Enema	1440.00	1200.00
	DXRC	DXR185	I.V.P.	1200.00	1000.00
	DXRC	DXR186	H.S.G.	840.00	700.00
	DXRC	DXR187	Fistulogram	840.00	700.00
	DXRC	DXR188	MCU	840.00	700.00
	DXRC	DXR189	Sinogram	840.00	700.00
	DXRC	DXR190	Sialogram	850.00	750.00
	DXRC	DXR191	Nephrostogram	850.00	800.00
	DXRC	DXR192	RGP (One Side) Retrograde Pyelography	960.00	800.00
	DXRC	DXR193	RGP (Both Side) Retrograde Pyelography	1200.00	1000.00
	DXRC	DXR194	Fluroscopy	100.00	80.00
	DXRC	DXR195	E R C P	3000.00	2500.00
	DXRC	DXR197	Ascending Urethrogram	500.00	400.00
	DXRC	DXR198	T. Tube Cholangiogram	480.00	400.00
DXRC	DXR199	Per OP Cholangiogram (In OT)	960.00	800.00	
DXRC	DXR200	Dacryocystogram(One Side)	720.00	600.00	
DXRC	DXR201	Dacryocystogram(Both Side)	960.00	800.00	

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE	OPD/OUTSIDE/ PAYING BED CHARGE
				(₹)	(₹)
PORTABLE X-RAY	DXRC	DXR202	Portable X-Ray	250.00	200.00
O. T.	DXRC	DXR203	X-Ray At OT C-ARM	1600.00	1200.00
	DXRC	DXR204	Cervical AP+Lat-in Flexion	360.00	300.00
	DXRC	DXR205	X-Ray Duplicate Film with Report		50.00
	DXRC	DXR211	Mamogram (Both Breasts)	1500.00	1500.00
	DXRC	DXR212	Mamogram (Single Breasts)	1000.00	1000.00
	DXRC	OPG	OPG X-Ray	400.00	400.00

D2. INVESTIGATIONS – CT SCANNING

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE	OPD/OUTSIDE/ PAYING BED CHARGE
			(₹)	(₹)
CTS	CT01	Brain Scan	1300	1200
CTS	CT02	Upper Abdomen Scan	2300	2200
CTS	CT03	Lower Abdomen Scan	2300	2200
CTS	CT04	Whole Abdomen Scan	4600	4400
CTS	CT05	Any Organ Scan	2600	2500
CTS	CT06	Brain & Orbit Scan	3000	2800
CTS	CT07	Chest/Thorax Scan	2600	2500
CTS	CT08	Spine/HIP Scan	2600	2500
CTS	CT09	CT Scan - PNS	2300	2200
CTS	CT15	Brain Screening	800	700
CTS	CT16	Upper Abdomen Screening	1300	1200
CTS	CT17	Lower Abdomen Screening	1300	1200
CTS	CT18	Whole Abdomen Screening	2500	2300
CTS	CT19	Any Organ Screening	1300	1200
CTS	CT20	Chest/Thorax Screening	1600	1500
CTS	CT21	Spine/Hip Screening	1300	1200
CTS	CT27	C.T. Guided FNAC	2200	2000
CTS	CT28	C.T. Thorax with Guided FNAC	4600	4400
CTS	CT29	PNS Limited Cut Only Coronal/Axial	900	800

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
CTS	CT30	Mastoid Limited Cut Coronal/Axial	900	800
CTS	CT35	Duplicate Film & Report For CT Scan	600	600
CTS	CT36	Duplicate Film & Report For Brain	250	250
CTS	CT37	Duplicate Report of CT Scan	50	50
CTS	CT40	Brain Angio	5200	5000
CTS	CT41	Carotid Angio	5200	5000
CTS	CT42	Upper Limb Angio	9200	9000
CTS	CT43	Lower Limb Angio	9200	9000
CTS	CT44	Abdominal / Aortic Angio	7200	7000
CTS	CT45	Renal Angio	7200	7000
CTS	CT46	Triple Phase Liver	5200	5000
CTS	CT47	Dual Phase Liver	5200	5000
CTS	CT48	KUB / IVU / Urogram / Pyelogram	5200	4500
CTS	CT49	3D Reconstruction of any part of bone	5000	5000
CTS	CT50	CT Urogram (Contrast Study)	3000	2800
CTS	CT51	CT Guided Biopsy Procedure	4200	4000

D2A. INVESTIGATIONS – DEXA SCAN

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
DX	DX01	Dual Femur (Hip)	1700	1500
DX	DX02	AP Spine	1700	1500
DX	DX03	Dual Femur (HIP) & AP Spine	2200	2000
DX	DX04	Total Body	2700	2500

D3. INVESTIGATIONS – MRI SCANNING

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
MRI	MRI01	Brain	3100	3000

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
MRI	MRI02	Brain & Angio	6200	6000
MRI	MRI03	Angio (Brain/Venography)	3100	3000
MRI	MRI04	Cervical Spine	3100	3000
MRI	MRI05	Dorsal Spine	3100	3000
MRI	MRI06	Lumber Spine	3100	3000
MRI	MRI07	Dorsi Lumber	4100	4000
MRI	MRI08	Cervico-Dorsal	4100	4000
MRI	MRI09	Spine Screening	1100	1000
(ONE PART ALONG WITH FULL EXAM. OF OTHER PART)				
MRI	MRI10	One Joint (SHOULDER, HIP, KNEE)	3100	3000
MRI	MRI11	MRCP	3500	3350
MRI	MRI16	Orbit	3100	3000
MRI	MRI17	PNS	3100	3000
MRI	MRI18	Angio & Veno (Brain)	4100	4000
MRI	MRI20	MR Myelogram	2100	2000
MRI	MRI21	Brain & Orbit	5200	5000
MRI	MRI22	Mr Fistulogram	2100	2000
MRI	MRI23	Extremity or Swelling	3100	3000
MRI	MRI26	MR LS Spine & S.I Joint	5200	5000
MRI	MRI28	Sacro Iliac Joint	2600	2500
MRI	MRI31	Duplicate Report & Film of MRI	-	1000
MRI	MRI32	MRI Venogram	2100	2000
MRI	MRI33	Duplicate Report of MRi	-	50
MRI	MRI50	MRI Contrast Study Additional	200	200

** For Contrast Study Additional Film Charges Rs. 200/- Per Film **

D4. ULTRASONOGRAPHY

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ PAYING BED
			CHARGE	CHARGE
			(₹)	(₹)
USG	US00	Lower Abdomen	550	500
USG	US01	Upper Abdomen (Liver, GB, Panc)	550	500
USG	US02	Pelvis	550	500
USG	US03	Upper & Lower Abdomen	1100	1000
USG	US04	KUB + Prostate	550	500
USG	US05	Single Organ	700	600
USG	US06	Pregnancy Profile Single	600	500
USG	US06A	Pregnancy Profile Twine	900	800
USG	US06B	Early/Dating Scan Single	600	500
USG	US06C	Early/Dating Scan Twine	900	800
USG	US06D	Growth Scan Single	700	600
USG	US06E	Growth Scan Twine	1100	1000
USG	US06F	TVS	1100	1000
USG	US07	USG : Brain	700	600
USG	US08	USG : Thyroid/Neck	700	600
USG	US09	US Testes/Scrotum	700	600
USG	US10	Eye/Knee/Breast Single	700	600
USG	US11	Eye/Knee/Breast Both	1000	900
USG	US12	Both Organ Screening	550	500
USG	US14	Anomaly Scan Single	1100	1000
USG	US14A	Anomaly Scan Twine	1700	1600
USG	US15	Combined First Trimester Screening (NT)1300 (Add Double Marker Rs. 2000 to be done outside)		1200
USG	US19	Screening upper Abdomen	400	350
USG	US20	Screening Lower Abdomen	400	350
USG	US21	Screening Whole Abdomen	400	350

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
USG	US22	Screening Pregnancy	400	350
USG	US23	Screening KUB + Prostate	400	350
USG	US24	Single Organ Screening	400	350
USG	US30	USG Guided FNAC	1400	1200
USG	US31	USG Guided Aspiration	1700	1500
USG	US32	USG Guided Aspiration (Portable)	2200	2000
USG	US33	USG Guided FNAC (Portable)	1800	1600
USG	US34	USG Guided Pigtail Drainage (Portable)	4500	4200
USG	US37	Portable USG	1100	1000
USG	US38	Portable USG Doppler Study	400	300
USG	US40	Carotid Doppler One Side	1000	900
USG	US41	Carotid Doppler Both Side	2000	1800
USG	US42	Colour Doppler Study of Both Limbs Artery + Vein (U/L) (R/L)	5000	4800
USG	US43	Colour Doppler Study of Both Lower Limbs Artery Vein	5000	4800
USG	US44	Single Limb Artery (Periferal)	1600	1400
USG	US44A	Both Limb Artery (Upper/Lower)	3000	2800
USG	US44B	USG Guided Pigtail Drainage	3200	3000
USG	US44C	USG Guided Biopsy	4200	4000
USG	US45	Single Limb Vein (U/L) (R/L)	1200	1000
USG	US45A	Both Limb Vein (Upper/Lower)	2200	2000
USG	US46	Single Limb Artery + Vein (U/L) (R/L)	2600	2400
USG	US49	Doppler Study of Renal Artery (Bilateral)	1800	1500
USG	US50	Portal Vain Doppler	1200	1000
USG	US51	Doppler Study of Pregnancy Single	1200	1000
USG	US51A	Doppler Study of Pregnancy Twine	1700	1500

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
USG	US52	Foetal Doppler Echo Study	1300	1200
USG	US53	Doppler Study of Hand	1200	1000
USG	US54	Doppler Study of Wrist	1200	1000
USG	US55	Doppler Study of Scrotum	1200	1000
USG	US56	Doppler Study of Pelvis	1200	1000
USG	US56A	Doppler Study of Pelvis (Screening)	1000	800
USG	US57	Doppler Study of Renal Vain	1200	1000
USG	US58	Doppler Study of Both (U/L) Limb Vessel	5000	4800
USG	US60	Carotid Doppler One Side (Single Screening)	600	500
USG	US61	Carotid Doppler Both Side (Single Screening)	1100	1000
USG	US62	Peripheral Artery Both Side (U/L Screening)	1600	1400
USG	US63	Peripheral Vein Both Side (U/L Screening)	1200	1000
USG	US64	Colour Flow Image of Peripheral Aretery R/L U/L Single One Side (Screening)	1000	900
USG	US65	Colour Flow Image Of Peripheral Aretery Right/Left Lower Limb (Screening)	1000	900
USG	US66	Colour Flow Image Of Peripheral Vein Right/Left Upper Limb (Screening)	600	500
USG	US67	Colour Flow Image Of Peripheral Vein Right/Left Lower Limb (Screening)	600	500
USG	US68	Colour Flow Image Of Both Upper Limbs Vessels R + L (Screening)	2800	2500
USG	US69	Colour Flow Image Of Both Lower Limbs Vessels R + L (Screening)	2800	2500
USG	US70	Doppler Study Of Renal Artery (Bilateral) (Screening)	800	1000
USG	US71	Doppler Study Of Renal Vain (Bilateral) (Screening)	600	800

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
USG	US71A	Doppler Study Of Renal Vessels (Bilateral) (Screening)	1000	800
USG	US72	Doppler Study Of Pregnancy (Screening)	700	600
USG	US73	Foetal Doppler Echo Study (Screening)	900	800
USG	US74	Abdominal Aorta including Spleno-Portal Doppler/Portal Vain Doppler with Film	1600	1400
USG	US78	Duplicate USG Report & Plate	200	200
USG	US79	Duplicate Report of USG.	50	50
USG	US91	Biochemistry Combined with NT + Free HCG+Para-A	1300	1200
USG	US92	Biochemistry with Free HCG / Para - A	600	500
USG	US93	Biochemistry (10 to 11 Weeks) with NT 11 to 13 weeks	600	500

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
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D5. ECHO-CARDIOGRAPHY

EKH	EK03	Echo-Colour Doppler Study	2100	2000
EKH	EK09	Echo Colour Doppler Screening	1300	1200
EKH	EK10	Doubtamine Stress Echo	1500	1400
EKH	EK11	Pericardial Effusion Tapping Under of Central/Echo	1200	1000
EKH	EK12	Portable Echo-Cardiography	700	600
EKH	EK16	Duplicate Report & Flim of Echo	100	100
EKH	EK22	Trans-Oesophageal Echo	3500	3500
EKH	EK23	Trans Oesophageal Echo Screening	2000	2000
EKH	EK33	Echo Screening (Paediatric)	300	300
EKH	EK34	Paediatric Echocardiography	1600	1500

D6. INVESTIGATIONS – HAEMATOLOGY

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
HMT	HM00	TC DC HB ESR	125	100
HMT	HM01	TC DC HB	105	90
HMT	HM02	Total Count	35	30
HMT	HM03	Differential Count	35	30
HMT	HM04	Haemoglobin	35	30
HMT	HM05	ESR	30	25
HMT	HM06	PCV	35	30
HMT	HM07	RBC	30	25

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
HMT	HM08	BT & CT	70	50
HMT	HM09	BT	35	25
HMT	HM10	CT	35	25
HMT	HM11	MP	40	30
HMT	HM12	MF	40	30
HMT	HM13	Reticulocytes	100	100
HMT	HM15	Aldehyde Test	60	45
HMT	HM16	Peripheral Blood Film Study	60	50
HMT	HM17	Peripheral Blood Film with ABS Values	100	70
HMT	HM18	Platelet Count	75	55
HMT	HM19	Clot Retraction	75	60
HMT	HM20	Lysis	75	60
HMT	HM21	Complete Haemogram with ABS Values	150	125
HMT	HM22	Bone Marrow Aspiration	250	200
HMT	HM23	RBC Osmotic Fragility Test	120	100
HMT	HM24	LE Cell Detection	90	75
HMT	HM25	Total Eosinophil Count	50	40
HMT	HM26	Glucose 6 PD	180	150
HMT	HM28	Prothrombin Time with INR	120	100
HMT	HM29	Activated Partial Thromb Time (APTT)	480	400
HMT	HM30	Thrombin Clotting Time	120	100
HMT	HM31	Plasma Fibrinogen	400	350
HMT	HM32	F D P Test	700	600
HMT	HM36	HbA1C	350	350
HMT	HM37	Thalassemia Screening	500	450
HMT	HM38	Hb & PCV	70	60
HMT	HM42	Plasmodium Falciparum Malaria	250	250
HMT	HM43	D-DIMER Test	700	600
HMT	HM47	Bone Marrow Biopsy	350	350
HMT	HM49	M.C.V	40	30

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
HMT	HM50	M.C.H.	40	30
HMT	HM51	M.C.H.C.	40	30
HMT	HM52	MCV/MCH/MCHC	120	90
HMT	HM53	Double Antigen (P.Faliciparum & P.Vivax)	500	400
HMT	HM54	Coagulation Profile	1080	900

D7. INVESTIGATIONS – CLINICAL PATHOLOGY

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
CLP	CP01	CSF for Cell Count	80	65
CLP	CP02	CSF for Cell Type	80	65
CLP	CP03	CSF for Cell Count & Type	160	130
CLP	CP04	CSF for AFB Stain	80	65
CLP	CP05	CSF for GRAM Stain	80	65
CLP	CP06	PERI / PLEU Fluid-Cell Count	80	65
CLP	CP07	PERI / PLEU Fluid-Cell Type	80	65
CLP	CP08	PERI / PLEU Fluid-Gram Stain	80	65
CLP	CP09	PERI / PLEU Fluid-AFB Stain	80	65
CLP	CP10	Semen Analysis	150	120
CLP	CP11	Urine Routine Examination	40	30
CLP	CP12	Acetone in Urine	40	30
CLP	CP13	Bile Salt in Urine	30	20
CLP	CP14	Bile Pigment in Urine	30	20
CLP	CP15	Urobilinogen & Others in Urine	30	20
CLP	CP16	Bence Jones Protein in Urine	75	60
CLP	CP17	Albumin in Urine	30	20

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
CLP	CP18	Chylous Urine for Study	75	60
CLP	CP20	Stool Routine Examination	40	30
CLP	CP21	Occult Blood in Stool	50	35
CLP	CP22	Stool Routine by Concentration Method	50	40
CLP	CP24	Sputum Direct Smears for AFB	80	65
CLP	CP26	Smears from any specimen for Gram Stain	80	65
CLP	CP27	Smears from any other Specimen for AFB Stain	80	65
CLP	CP33	PUS FOR ACID FAST BACILLI	80	65
CLP	CP37	ASCITIC / PLEURAL FLUID CELL COUNT & TYPE	160	130
CLP	CP38	PERI / SYNOVIOL FLUID-CELL COUNT & TYPE	160	130
CLP	CP42	Indian Ink	100	80
CLP	CP43	Reducing Substances Test	40	30

D8. INVESTIGATIONS – IMMUNOLOGY

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
IMM	IM01	Mantoux Text	60	50
IMM	IM02	VDRL	60	50
IMM	IM03	Vitamin B-12	550	500
IMM	IM04	Folic Acid (Folate)	550	500
IMM	IM05	Vitamin B-12 & Folic Acid (Folate)	1100	1000
IMM	IM06	Widal Test	90	75
IMM	IM07	DENGU (IgG & IgM) by Elisa / Antibody	600	500

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
IMM	IM09	Latex Test for RA factor	110	90
IMM	IM10	Anti-Nuclear Antibody Test (ANA)	400	350
IMM	IM11	CRP Test (Latex)	170	130
IMM	IM12	ASO Titre Test (Latex)	170	130
IMM	IM14	Australia Antigen (Enhanced Chemiluminescence Method)	300	250
IMM	IM19	Clot Retraction	80	65
IMM	IM20	Anti-HIV I & II (Enhanced Chemiluminescence Method)	400	350
IMM	IM23	HAM Test	110	90
IMM	IM25	Coagulation Correction	550	500
IMM	IM26	ANF	400	350
IMM	IM28	Anti-DS DNA	450	400
IMM	IM30	ASO (Quantitative)	550	550
IMM	IM31	RA (Quantitative)	400	400
IMM	IM32	CRP (Quantitative)	550	550

D9. INVESTIGATIONS – SEROLOGY

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
SRL	SE01	HB Core IgM (Enhanced Chemiluminescence Immunoassay)	600	500
SRL	SE02	HBe Antibody (Enhanced Chemiluminescence Immunoassay)	600	500
SRL	SE03	HBe Antigen (Enhanced Chemiluminescence Immunoassay)	600	500
SRL	SE04	HBs Antibody (Enhanced Chemiluminescence Immunoassay)	600	500

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
SRL	SE05	HBs Antigen (Enhanced Chemiluminescence Immunoassay)	600	500
SRL	SE06	HCV 3 Antibody (Enhanced Chemiluminescence Immunoassay)	600	500
SRL	SE07	HAV Igm Antibody (Enhanced Chemiluminescence Immunoassay)	600	500
SRL	SE08	HBs Antigen (Spot Test)	200	200
SRL	SE09	Anti HIV (Spot Test)	250	250
SRL	SE10	Hepatitis Profile	4800	4000
SRL	SE11	Anti HEV IgM (Elisa) Dialysis Package	600 1000	500 1000
SRL	SE12	Haemoglobin	30	30
SRL	SE13	Potassium & Creatinine	140	140
SRL	SE14	HBS Ag, Anti HCV, Anti HIV I & II	830	830

D10. INVESTIGATIONS – MICROBIOLOGY

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
MIC	MI01	Blood & Sterile Body Fluid Culture & Susceptibility	550	500
MIC	MI03	Throat SWAB for KLB	75	60
MIC	MI05	Culture & Susceptibility	450	400
MIC	MI06	Culture of one Specimen for TB (AFB Culture)	300	250
MIC	MI07	Myco-Bact Culture of 5 Urine Sample (Each)	300	250
MIC	MI10	Smears for Gram Stain	80	65
MIC	MI11	KOH Preperation for Fungus of Any Specimen	150	110
MIC	MI12	Fungal Culture & Susceptibility	450	400
MIC	MI13	Skin Slit Smears for Hansens' Disease (AFB Stain)	80	65

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
MIC	MI15	Urine Smears for AFB Stain	80	65
MIC	M117	MTB Rifampicin Resistance Test	2000	1700

D11. INVESTIGATIONS – HISTOPATHOLOGY

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
HIS	HP01	Biopsy Small Specimen (1-2 Blocks)	300	250
HIS	HP02	Biopsy Medium Specimen (3-5 Blocks)	600	600
HIS	HP03	Large Specimen (More than 5 Blocks)	1200	1200
HIS	HP04	Extra Large (9 - 12 Blocks)	1800	1800
HIS	HP09	Frozen Section (By Leica CM 1860) (For Double Block)	2500	2500
HIS	HP10	Frozen Section (By Leica CM 1860) (For Single Block)	1500	1500
HIS	HP11	Extra Charge per Block	200	200
HIS	HP12	Estrogen Receptor (ER)	1200	1200
HIS	HP13	Progesterone Receptor (PR)	1200	1200
HIS	HP14	Human Epidermal Growth Factor Receptor-2 (HER-2)	1200	1200
HIS	HP15	ER+PR+HER	3500	3500

D12. INVESTIGATIONS – CYTOLOGY

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
CYT	CY01	Pap Smear (All Body Fluids, Gynae, Specimen, Nipple Discharge etc.)	250	200
CYT	CY02	FNAC	350	300
CYT	CY03	Aspiration Smears for Cytological Examination (drawn) (USG Guided or CT Guided)	250	200

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
D13. INVESTIGATIONS – BIOCHEMISTRY				
BIO	B002	Serum CPK-MM	230	200
BIO	B004	Plasma/Serum Creatinine	80	60
BIO	B005	Serum Urea	80	60
BIO	B006	Serum Uric Acid	80	60
BIO	B007	Blood Urea Nitrogen (BUN)	80	60
BIO	B008	NPN	80	60
BIO	B010	CSF/PF/Serum Chloride	100	80
BIO	B011	Serum Electrolytes	300	240
BIO	B012	Serum : Sodium	100	80
BIO	B013	Serum : Potassium	100	80
BIO	B014	Serum : Chloride	100	80
BIO	B015	CSF/PF/AF Protein	80	60
BIO	B016	Serum Ceruloplasmin	400	300
BIO	B017	Serum Copper	400	300
BIO	B018	Urinary Copper	400	300
BIO	B019	Cardiac Enzyme : LDH, SGOT, CPK, CPK-MB	730	630
BIO	B020	Serum LDH	180	150
BIO	B021	SGOT (AST)	95	80
BIO	B022	Serum CPK	230	200
BIO	B023	Serum CPK-MB	230	200
BIO	B024	Serum Lipid/Protein Profile	400	350
BIO	B025	Serum Total Cholesterol	90	80
BIO	B026	Serum HDL Cholesterol	140	120
BIO	B027	Serum LDL Cholesterol	140	120
BIO	B028	Serum Cholesterol VLDL	120	100
BIO	B029	Serum Triglycerides	180	140

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
BIO	B030	LFT : BLR, PRT, ALB, GLB, ALKPH, SGPT, SGOT	400	350
BIO	B031	Serum Total Protein (Albumin & Globulin)	100	80
BIO	B032	Serum AIK Phosphatase	95	80
BIO	B033	SGPT (ALT)	95	80
BIO	B034	Serum Bilirubin Total	75	60
BIO	B035	Serum Bilirubin : Conju/Unconju+Total	115	100
BIO	B036	Serum FSH (Enhanced Chemiluminescence Immunoassay)	330	300
BIO	B037	Serum LH (Enhanced Chemiluminescence Immunoassay)	330	300
BIO	B038	Serum Prolactin (Enhanced Chemiluminescence Immunoassay)	330	300
BIO	B040	Glucose Tolerance Test (GTT)	300	250
BIO	B045	Serum Lipase	250	200
BIO	B049	ABGA : pCO ₂ , pO ₂ , pH, bicarbonate	600	600
BIO	B058	Serum Amylase	220	200
BIO	B061	Serum Calcium	90	80
BIO	B065	Serum Iron	200	150
BIO	B066	Serum I.B.C.	200	150
BIO	B067	Serum Inorganic Phosphorus	120	100
BIO	B071	Serum Bicarbonate	150	120
BIO	B077	Serum T3, T4, TSH (Enhanced Chemiluminescence Immunoassay)	500	400
BIO	B078	Serum T3 (Enhanced Chemiluminescence Immunoassay)	150	120
BIO	B079	Serum T4 (Enhanced Chemiluminescence Immunoassay)	150	130

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
BIO	B080	Serum TSH (Enhanced Chemiluminescence Immunoassay)	200	150
BIO	B082	Urinary Amylase	220	200
BIO	B083	Urinary Bilirubin	75	60
BIO	B084	Urinary Calcium	90	80
BIO	B085	Urinary Chloride	100	80
BIO	B086	Urinary Creatinine	80	60
BIO	B088	Urinary Creatinine Clearance	140	120
BIO	B092	Urinary Inorganic Phosphorous	120	100
BIO	B094	Fasting Plasma Sugar	60	45
BIO	B095	Post Prandial Plasma Sugar	60	45
BIO	B096	Random Plasma Sugar	60	45
BIO	B097	CSF : Sugar	60	45
BIO	B098	P. Fluid Sugar	60	45
BIO	B099	Asc. Fluid Sugar	60	45
BIO	B100	Sugar : Blood, CSF, PF, Asc	60	45
BIO	B102	Urinary Protein (Total) Random	100	80
BIO	B103	Urinary Protein - 24 HRS	100	80
BIO	B105	Urinary Urea	80	60
BIO	B106	Urinary VMA	750	700
BIO	B107	Urobilinogen	60	50
BIO	B109	Sugar by Glucometer	50	50
BIO	B110	Sugar Fasting & Urea	140	105
BIO	B111	Sugar Fasting & PP	120	90
BIO	B112	Sugar, Urea & Creatinine	220	165
BIO	B113	Urea, Creatinine & Uric Acid	240	180
BIO	B114	Sugar & LFT : PRT, ALB, GLB, BLR, ALKP, AST ALT	460	395
BIO	B115	Sugar (F) & Serum Electrolyte	360	295
BIO	B116	Sugar (F) & Lipid Profile	460	395
BIO	B117	Sugar (F) & Cardiac Enzyme	760	645

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
BIO	B118	Sugar (F), Urea, Creatine, LFT, Electrolyte	920	765
BIO	B119	Sugar (F), Urea, Creatine & LFT	620	515
BIO	B120	Serum Triglycerides & Cholesterol	270	220
BIO	B121	Sugar, Protein & Chloride CSF/PF/AF	240	185
BIO	B122	Sugar & Protein CSF/PF/AF	140	105
BIO	B123	CSF Protein	80	60
BIO	B124	PF Protein	80	60
BIO	B125	AF Protein	80	60
BIO	B1256	CSF Chloride	100	80
BIO	B127	PF Chloride	100	80
BIO	B128	AF Chloride	100	80
BIO	B129	Sugar (F), PP, Electrolyte & LFT	820	690
BIO	B130	Sugar & Uric Acid	140	105
BIO	B131	Postprandial Sugar & Uric Acid	140	105
BIO	B132	Serum Urea & Creatinine	160	120
BIO	B134	Urine for Micro Albumin	350	300
BIO	B135	Serum Insulin Fasting	350	300
BIO	B136	Serum PSA (Enhanced Chemiluminescence Immunoassay)	450	400
BIO	B137	Serum Ferritin (Enhanced Chemiluminescence Immunoassay)	400	350
BIO	B138	Serum Insulin P. P.	350	300
BIO	B139	Serum Transferrin	200	150
BIO	B142	Serum C. Peptide P. P.	350	300
BIO	B143	Serum Gamma Glutamyl Transferase	180	150
BIO	B144	Serum Magnesium	150	120
BIO	B146	Serum C-Peptide Fasting	350	300
BIO	B147	Serum FT3 (Enhanced Chemiluminescence Immunoassay)	200	180
BIO	B148	Serum FT4 (Enhanced Chemiluminescence Immunoassay)	200	180

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
BIO	B149	Serum Oestradiol	350	300
BIO	B150	Serum Progesterone	350	300
BIO	B151	Serum Testosterone	350	300
BIO	B152	Serum DHEA-Sulphate	450	400
BIO	B153	Serum Cortisol (Enhanced Chemiluminescence Immunoassay)	380	350
BIO	B154	Growth Hormone (GH)	800	600
BIO	B155	Serum Alfa Fetoprotein (AFP)	400	350
BIO	B156	Serum Carcino Embryonic Antigen (CEA)	500	450
BIO	B157	Serum CA-125 (Enhanced Chemiluminescence Immunoassay)	550	500
BIO	B164	Plasma / Blood Ammonia	350	300
BIO	B166	Serum BETA HCG	450	400
BIO	B167	25 OH Vitamin D Total	1300	1200
BIO	B173	Serum Calcium Profile (Calcium + Alk Phos + Phosphorus + MGM)	455	380
BIO	B178	L. F. T. (T+C)	440	390
BIO	B180	Serum Sodium & Potassium	200	160
BIO	B182	Serum Serum Lipase & Amylase	470	400
BIO	B184	ADA test	400	350
BIO	B186	Plasma Lactate	450	400
BIO	B187	Spot / 24 Hrs Urinary Albumin Creatinine Ratio (Protein-Creatinine)	350	300
BIO	B190	Serum Procalcitonim	1000	1000
BIO	B191	25-OH Vitamin D Total (DS)	1200	1200
BIO	B192	Troponin-1	800	800
BIO	B193	Anti CCP	1200	1100
BIO	B194	Anti TPO	1000	900
BIO	B195	PTH	1200	1000
BIO	B196	PCT	1500	1500
BIO	B197	Insulin Like Growth Factor (IGF 1)	1400	1200
BIO	B198	Pro BNP	1500	1500

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
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D14. INVESTIGATIONS – GENETICS

GEN	SG01	ABO+Rh(D) Group Determination	200	150
GEN	SG02	Pregnancy Test Immunological Method	250	200
GEN	SG04	Direct Coomb's Test (DCT)	330	300
GEN	SG05	Indirect Coomb's Test (ICT)	330	300
GEN	SG06	Serum Titration - ABO	250	200
GEN	SG07	Serum Titration - Rh	250	200
GEN	CG11	Chromosome (Karyotype)	2700	2500
GEN	SG13	ABO+RD(D) & DCT	530	450
GEN	SG14	ABO+RD(D), DCT & ICT	860	750
GEN	SG15	DCT & ICT	660	600
GEN	SG16	ABO+RD(D), ABO & Rh Titration	700	550
GEN	SG22	ABO+RD(D) & ICT	530	450
GEN	SG34	ABO & RD(D) & ABOTitration	450	350
GEN	SG35	ABO & RD(D), Rh Titration	450	350

D15. INVESTIGATIONS – CARDIAC

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
ECG	EC01	E C G	125	100
ECG	EC02	E C G (Stress Test) TMT	850	800
ECG	EC03	D C Shock	225	200
ECG	EC04	Holter Monitoring - 24 Hrs. Each	1200	1000
ECG	EC05	Pace maker Analysis	250	200
ECG	EC09	Carotid Sinus Massage	350	300

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
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D16. INVESTIGATIONS – NEURO

EEG	EE01	E E G (16 Channel)	500	400
EMG	EM01	E M G (Only)	600	500
EMG	EM03	E M G (4 Channels) with needles	600	500
EMG	EM04	N C V	700	600
EMG	EM05	E M G : 6 Channel & NCV Together	1000	900
EMG	EM06	Evoked Potentials - VEP	500	400
EMG	EM07	Evoked Potentials - BEAR	500	400
EMG	EM08	Evoked Potentials - SSEP	500	400
EMG	EM11	RNST	600	500

D17. INVESTIGATIONS – ENDOSCOPY

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
END	ED01	Arthroscopy	900	850
END	ED02	Bronchoscopy	450	400
END	ED03	Cystoscopy	300	250
END	ED04	Colonoscopy (Short)	700	600
END	ED05	Colonoscopy (Long)	1200	1100
END	ED06	Colonoscopic Polypectomy	1600	1500
END	ED07	Gastroscopy	600	500
END	ED08	Endoscopy	700	600
END	ED09	Oesophagoscopy	500	400
END	ED10	Sigmoidoscopy	400	300
END	ED15	Laryngoscopy	300	250
END	ED16	Laparoscopy	700	600
END	ED18	Endoscopy + E.V.L. Bonding	1100	1000
END	ED19	Sclerotherapy - EST	900	800
END	ED20	Endoscopic Varicoel Ligation (Bending) E.V.L.	900	800
END	ED29	Esophageal Dilatation	2600	2500
END	ED30	E R C P (Therapeutic)	4800	4000

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
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D18. INVESTIGATIONS – OTHERS

OIN	OI01	Audiogram	225	200
OIN	OI02	Allergy Test	125	100
OIN	OI03	Caloric Test	75	50
OIN	OI04	Examination of Extremities	75	50
OIN	OI05	Eye Refraction	30	20
OIN	OI06	Glaucoma Examination	75	60
OIN	OI07	Lung Function Test /P.F.T.	500	450
OIN	OI08	SNRT	400	350
OIN	OI10	Speech Audiometry	50	40
OIN	OI11	F. F. Audiometry	125	100
OIN	OI12	A.B.L.B. Test	50	40
OIN	OI13	SISI Test	40	30
OIN	OI14	Tone Decay Test	50	40
OIN	OI15	Uroflowmetry	350	300
OIN	OI17	PTA	70	70
OIN	OI19	Auto Acoustic Emission Test	400	400
OIN	OI20	Auto-Retractometer	30	30

D19. INVESTIGATIONS – DAY CARE OBSTETRICS UNIT & GYNAE OPD

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
CTG	OBS	CTG Service	300	250
CTG	OBS1	USG Service	450	400
CTG	OBS2	CTG & USG Combined	700	600
GYN	GY01	Colposcopy	500	500
GYN	GY02	HPV Test for excluding CA Cervix	1550	1550

D20. URODYNAMIC STUDIES UROLOGY OPD

OI 23	Cystometry with Pressure Flow Analysis (PFA)			2,500
OI 24	Cystometry with Pressure Flow Analysis (PFA) & EMG Study			3,000
OI 25	Flow EMG			1,000

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
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The package charges will include supply of the following :—

- 1) Gloves — 3 pairs
- 2) Syringes (20 cc - 1pc., 10cc - 1 pc. & 5 cc - 2 pcs.)
- 3) EMG electrodes — 3 pcs.
- 4) Foley's Catheter (10/14 Fr.)
- 5) Urobag
- 6) Lignocaine Jelly
- 7) Betadine lotion (100 ml.)
- 8) Normal Saline 1 Litre

N.B. : Additional charges will be applicable for any item not covered by the above list like i) Antibiotics, ii) other medicines (if required)

INFERTILITY CLINIC

GYN	GY03	Infertility investigation	1550	1550
GYN	GY04	IUI (Donor)	2000	2000

E. PLASTERING, REDUCTION, ETC.

PLR	PL01	Plastered OR Plaster Shell	600	450
PLR	PL02	Minerva Jacket	600	450
PLR	PL03	Sholder Spica	600	450
PLR	PL04	Whitman's Hip Spica (Adult)	600	450
PLR	PL05	Whitman's Hip Spica (Child)	400	300
PLR	PL06	Plaster- Longleg	300	200
PLR	PL07	Plaster-Long Arm	300	200
PLR	PL08	Plaster Below Elbow	300	200
PLR	PL09	Slabs - Above Elbow	200	150
PLR	PL10	Slabs - Above Knee	200	150
PLR	PL11	Slabs - Below Knee	200	150
PLR	PL12	Plastering in Ward & OPD/EMER	120	80
PLR	PL13	All Other Plastering & Reduction Under GA	700	600
PLR	PL14	Change / Review of Dress / Wounds	200	150
PLR	PL15	Examination Under GA	500	300
PLR	PL16	OPD - Colles Plaster	250	200
PLR	PL17	OPD - Local Steroid Injection		50
PLR	PL18	OPD - Pressure Bandage		50

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
PLR	PL19	Fig of 8 Bandage	40	30
PLR	PL20	Strapping	60	50
PLR	PL21	Plaster Off	20	20
PLR	PL22	Dressing	20	20
PLR	PL23	O/C Sling	20	20
PLR	PL24	Stitch Off	20	20
PLR	PL25	Aspiration Under LA	100	80
PLR	PL26	Muscle Nerve Chart	40	30
PLR	PL27	Exercise with Equipment	15	10
PLR	PL38	I & D Under LA	100	80

F. CARDIAC INSTRUMENTATION (FOR ICCU ONLY)

CAR	CA01	Temporary Pacemaker	2000	2000
CAR	CA03	Use of External Pacemaker per day	500	500
CAR	CA04	Defibrillation	500	500
CAR	CA05	ECG Monitor	300	300
CAR	CA07	Pacemaker Screening	1000	1000
CAR	CA09	Central Line (ICCU/ITU/Dialysis)	700	700

F-1. CATH LAB & CTVS

CL1	Coronary Angiography	6,000
CL2	Coronary Angioplasty (PTCA) (Without Balloon & Stent) (Charges include in the package 24 hours Hospital Stay & Viral Profile, Urea Creatinine, NA+, K+, P.Time, CBC. & Service Charges)	45,000
CL3	Single Chamber Pacemaker/ICD (One day in ICU & one day in ward & Viral Profile, Urea Creatinine, NA+, K+, P.Time, CBC.)	30,000
CL4	Double Chamber Pacemaker/ICD (One day in ICU & one day in ward)	40,000
CL5	ADHOC PTCA (Angiography + PTCA) (Without Balloon & Stent) (Angiography+Angioplasty at the same sitting) Charges include in the package 2 days in ICCU & 1 day in Ward & Viral Profile, Urea Creatinine, NA+, K+, P.Time, CBC.)	48,000

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
<u>Cardiothoracic Surgery Procedure Charges</u>				
CL6*		Bypass Surgery/CABG (Excl. Heart Lung Mac)		75,000
CL7*		ASD Closure (Including Heart Lung Machine)		90,000
CL11*		MVR (Including Heart Lung Machine)		90,000
CL12*		AVR (Including Heart Lung Machine)		90,000
CL13*		DVR (Including Heart Lung Machine)		1,15,000
CL15*		CABG + AVR		1,10,000
CL16*		CABG + MVR		1,20,000
CL17*		CABG + DVR		1,40,000
		*(a) Bed Charges, Lab Charges & Service Charges etc. will have to be paid separately.		
		b) ASD Device, Valve and other related medical items etc. will be supplied from the hospital's pharmacy and will be included duly in the Medicine Bill.)		
CL8		Ballon Mitral Valvuloplasty (BMV)		40,000
		(Charges include in the package <u>from the day of operation —</u> 3 days stay in CCU & Ward, Viral Profile, Urea Creatinine, NA+, K+, P. Time CBC, ECG, Echocardiography Screening)		
CL9		Heart-Lung Machine		20,000
CL10		IABP Machine		40,000
CL14		Device Closure		8,000
CL19		Occlutech Figulla Flex II		22,000
CL22		PDA (Package Charges)		25,000
CL23		ASD (Device + Package Charges)		1,00,000
CL24		BPV Balloon Charges		20,000
CL25		BPV Package Charges		20,000
CL26		Coil Embolization Package + Coil Charges		20,000
CL27		CAG+PAG		8,000
CL28		CA06 Pacemaker Battery Changing		22,000
CL29		CA08 Repositioning of Permanent Pacemaker		22,000
<u>Paediatric Cardiothoracic Surgery Procedure Charges</u>				
PCL01*		Paediatric Cardiac Angiography		7,000
PCL02*		Paediatric Coil Embolization		12,000
PCL03*		Paediatric PDA Device Closure		16,000
PCL04*		Paediatric ASD Device Closure		26,000

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
	PCL05*	Paediatric VSD Device		36,000
	PCL06*	Paediatric Pulmonary Valve Angioplasty		16,000
	PCL07*	Paediatric Aortic Valve Balloon Angioplasty		21,000
	PCL08*	Paediatric Pericardiocentesis		10,000
	PCL09*	Paediatric Balloon Artrial Septostomy		16,000
		*(a) Bed Charges, Lab Charges & Service Charges etc. will have to be paid separately.		
		b) Coil, PDA device sheath, Balloon, VSD Device, VSD Delivery Catheter, ASD Device, ASD Delivery Sheath etc. will be supplied from the hospital's pharmacy and will be included duly in the Medicine Bill.)		

G. HAEMODIALYSIS

DIA	DI01	2nd Dialysis (General) Onwards	1200	1000
DIA	DI03	AV Fistula Operation Only	5000	4000
DIA	DI04	Peritoneal Dialysis per Sitting	600	500
DIA	DI05	A.F. Fistula Needle each	45	45
DIA	DI06	Artificial Kidney Each	670	670
DIA	DI07	Blood Tubing Set Each	180	180
DIA	DI08	IV Set Each	15	15
DIA	DI09	B T Set Each	20	20
DIA	DI10	Disposable Syringe Each	10	10
DIA	DI11	Sub-clavian catheter 195mm (kit) each	2000	2000
DIA	DI12	Sub-clavian catheter without kit each	1750	1750
DIA	DI13	Fenoral catheter 135mm each	690	690
DIA	DI18	Guide Wire (O'PC)	400	400
DIA	DI23	Tissue Diator (Vessel)	154	154
DIA	DI24	Introducer Needle	154	154
DIA	DI27	Advance for dialysis	4000	4000
DIA	DI29	Plasmapheresis	25000	25000
DIA	DI30	N.S. 09% 500 ML	22	22
DIA	DI31	Dextrose 10% (500 ML)	30	30
DIA	DI32	Dextross 25% (100 ML)	17	17
DIA	DI51	1st Dialysis (General) Holiday	5000	
DIA	DI52	1st Dialysis (General)	4000	4500
DIA	DI53	2nd Dialysis (General) onwards Holiday	1500	
DIA	DI54	1st Dialysis (Saline)	4600	4100

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
DIA	DI55	1st Dialysis (Saline) Holiday	5100	
DIA	DI56	2nd Dialysis (Saline) onwards Holiday	1600	
DIA	DI57	Dialysis (SLED)	6000	
DIA	DI58	Dialysis (SLED) Holiday	7000	
DIA	DI59	2nd Dialysis (SLED) onwards	1200	
DIA	DI60	2nd Dialysis (SLED) onwards Holiday	1500	
DIA	DI200	2nd Dialysis (Saline) onwards	1300	1100

H. DENTAL SURGERY & INSTRUMENTATIONS

DEN	DE01	Trans Alveolar Extraction		200
DEN	DE03	One Surface Filling Adaptic		300
DEN	DE05	Scaling (Per Sitting)		200
DEN	DE06	Extraction of Each Tooth		50
DEN	DE07	Extraction of Impacted Tooth (Soft Tissue)		200
DEN	DE08	Extraction of Impacted Tooth (Hard Tissue)		400
DEN	DE09	Root Canal Therapy - Vital Tooth		700
DEN	DE10	Root Canal Therapy - Non-Vital Tooth		1000
DEN	DE11	Selective Grinding		50
DEN	DE12	Temporary Filling		100
DEN	DE16	Orthopantomography (OPG)		400
DEN	DE17	Cephalometry		250
DEN	DE19	Orthodontic Treatment : Initial		2000
DEN	DE20	Orthodontic Treatment : Per Sitting		1000
DEN	DE21	Ceramic Crown-per Tooth		1200
DEN	DE22	Metal Crown		700
DEN	DE23	Bone Grafting Surgery		500
DEN	DE24	RCT+Filling (Conventional Method) Single Canal		1000
DEN	DE25	RCT+Filling(Conventional Method) Multi Canal		1200
DEN	DE26	Protaper RCT + RVG		2500
DEN	DE27	Metal Crown (NC)		1000
DEN	DE28	Ceramic Crown (PFNL)		1200
DEN	DE29	Full Ceramic Crown		3500
DEN	DE30	Composite Filling		300
DEN	DE31	Hard Tissue Surgical Extraction / Apicoectomy		1000
DEN	DE32	Fibre Post / Cast Post		800
DEN	DE33	Screw Post		500
DEN	DE34	Pulpotomy		500

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
DEN	DE35	Temporary Crown (Acrylic)		300
DEN	DE36	Removal Partial Denture (RPD)		200
DEN	DE37	GIC Filling		200
DEN	DE38	Complete Denture (High impact material)		4500
DEN	DE39	Complete Denture High		6000
DEN	DE40	Single Setting RCT & RVG		3000
DEN	DE41	Bite Plate		600
DEN	DE42	Soft Tissue Surgical Procedure		600
DEN	DE43	Orthodontic Treatment Fixed (Per Installment)		5000
DEN	DE44	Functional Appliance		10000
DEN	DE45	Removal Appliance		5000
DEN	DE46	Retentive Appliance		2000
DEN	DE47	Tooth Polishing & Bleaching		3800
DEN	DE48	Veneering / unit		3000
DEN	DE49	Flexible R.P.D.		6000
DEN	DE50	Half or Upper or Lower Denture		2250
DEN	DE53	Orthodontic Ceramic (White) Bracket Per Sitting		5000
DEN	DE54	Implant+Abutment+Other Accessories & Implant Posthetic Part (Crown) (1st Instalment)		7000
DEN	DE55	Implant+Abutment+Other Accessories & Implant Posthetic Part (Crown) (2nd Instalment)		2500
DEN	DE56	Implant+Abutment+Other Accessories & Implant Posthetic Part (Crown) (3rd Instalment)		2500

I. ENT SURGERY & INSTRUMENTATION

ENT	EN01	Microscopic Examination in O.T.	60	50
ENT	EN02	Suction Clearance	50	40
ENT	EN04	Antrum Puncture	70	60
ENT	EN05	Tympanogram	275	250
ENT	EN06	ETF Test	250	200
ENT	EN07	Myringectomy Under L.A.	100	100
ENT	EN08	CESS	250	250
ENT	EN10	Fibre Optic Laryngoscopy (FOL) (with Film)	700	700
ENT	EN11	Fibre Optic Laryngoscopy (FOL) (without Film)	300	300
ENT	EN12	Nasoendoscopy (with Film)	700	700
ENT	EN13	Nasoendoscopy (without Film)	300	300

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
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J. EYE SURGERY & INSTRUMENTATION

EYE	EY00	Perimetry	500	400
EYE	EY01	C Lens Hard Single Eye	200	200
EYE	EY02	C Lens Soft Single Eye	400	400
EYE	EY03	C Lens Hard Both Eye	310	310
EYE	EY04	C Lens Soft Both Eye	600	600
EYE	EY05	Biometry	150	150
EYE	EY08	Fundus Photography	200	200
EYE	EY09	Fundus Fluroscin Angiography (FFA)	800	700
EYE	EY10	OCT Macula (for one eye)	600	600
EYE	EY11	OCT Macula (for both eyes)	1000	1000
EYE	EY12	OCT RNFL Analysis (Retinal Nerve Fibre Layer) (for one eye)	600	600
EYE	EY13	OCT RNEL Analysis (Retinal Nerve Fibre Layer) (for both eyes)	900	900
EYE	EY14	OCT Macula + FFA (both eyes) (Fundus Fluorescein Angiography)	1500	1500
EYE	EY15	OCT RNFL + HFA/HVF/Perimetry (both eyes) (Hymphrey Field Analyzer)	1300	1300
EYE	EY16	Anterior Segment OCT (for one eye) (Central Corneal Thickness)	150	150
EYE	EY17	Anterior Segment OCT (for both eyes) (Central Corneal Thickness)	250	250
EYE	EY18	Sita Standard Sita Swap		400
EYE	EY19	Repeat OCT – Single Eye		200
EYE	EY20	Repeat OCT – Both Eyes		300
EYE	EY21	Fundus Photography Single Eye		200
EYE	EY22	Fundus Photography Both Eye		300
EYE	EY25	Yag Capsulotomy Or Yag Iridotomy (PI) (Single Eye)		1000
EYE	EY26	Yag Capsulotomy Or Yag Iridotomy (PI) (Both Eye)		2000

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ PAYING BED
			CHARGE (₹)	CHARGE (₹)

K. BLOOD BANK

Sl. No.	Details of Product	Against Replacement Donation	Against Voluntary Blood Donation Card	For patient of other Hosp./Nur. Homes	For Indoor Patients of RKMS		
					Gen. Bed	Cabin	ICCU/ ITU/HDU
1.	Whole Blood	Processing Charge ₹ 400/- per unit	One unit free of cost against one Voluntary Blood Donation Card of RKMS	₹ 1200/- per unit	₹ 900/- per unit	₹1000/- per unit	₹ 1000/- per unit
2.	Concentrated RBCs	DO	DO	₹ 1300/- per unit	₹1000/- per unit	₹1100/- per unit	₹ 1100/- per unit
3.	Fresh Frozen Plasma	DO	DO	₹ 500/- per unit	₹ 400/- per unit	₹ 500/- per unit	₹ 500/- per unit
4.	Platelet Concentrate	DO	DO	₹ 600/- per unit	₹ 500/- per unit	₹ 600/- per unit	₹ 600/- per unit

L. THERAPY

PTP	PT01	Physiotherapy Traction Per Day	50	25
PTP	PT02	Pelvic Traction Per Day	50	25
PTP	PT03	Electrotherapy (Nerve Stimulation) Per Day	50	25
PTP	PT04	ECT (Per Sitting)	100	50
PTP	PT05	Diathermy (Per Exposure)	70	50
PTP	PT06	Infra Red Ray (Per Exposure)	50	25
PTP	PT07	Ultra Violet (Per Sitting)	50	25
PTP	PT08	Ultrasonic (Per Sitting)	70	50
PTP	PT09	Wax Bath (Per Sitting)	70	50
PTP	PT10	Speech Therapy (1st Visit)	20	20
PTP	PT11	Speech Therapy (Subsequent Visit)	10	10
PTP	PT12	Chemotherapy	115	100
PTP	PT13	Phototherapy (Per 8 Hours)	80	80
PTP	PT18	Interferential Therapy (IFT/Tens)	125	100
PTP	PT19	Nebulizer	30	30
PTP	PT20	Electrical Traction	30	30

INTERVENTIONAL PAIN MANAGEMENT (IPM)

GRADE - 1

Code	Description	Rate (₹)
	<u>OPD CASES (TAP BLOCK)</u>	
PC-01	Any T-Point Injection	500.00 (for each case)
PC-02	Any Intra-auricular Injection	
PC-03	Stellate Ganglion Block	
PC-04	Intercostal Nerve Block (1-2 levels)	
PC-05	Pyriformis Muscle, Psoas, Quadratus Lumborum Injection	
OC-06	Suprascapular Nerve Block	
PC-07	Any Peripheral Block	

INDOOR CASES UNDER LA/GA

GRADE - 2

Code	Description	Bed (₹)	Cabin (₹)
PC-08	Facet Joint Blocks / Median Nerve Block (1-2 level)	1000.00 (for each case)	1500.00 (for each case)
PC-09	Epidural-Lumbar/Caudal/Thoracic Injections/Cervical		
PC-10	Nerve Root Block/Transforaminal Epidural Injection		
PC-11	Intraathecal or Epidural Trial for Permanent Implant		
PC-12	Coeliac Block / Splanchnic Nerve Block		
PC-13	Lumbar Sympathetic Block		
PC-14	Superior Hypogastric Block		
PC-15	Ganglion Impar Block		
PC-16	T2-T3 Sympathetic Block		
PC-17	Discography (Single Level)		
PC-18	Ozone Nucleolysis		

GRADE - 3

Code	Description	Bed (₹)	Cabin (₹)
PC-19	Racz Adhesiolysis (FBSS)	2000.00 (for each case)	2500.00 (for each case)
PC-20	Radiofrequency Rhizotomy (Facet/Stellate/Sacroiliac, Trigeminal)		
PC-21	Percutaneous Vertebroplasty		
PC-22	Multilevel Disc Procedures		
PC-23	Multilevel Facet Blocks		
PC-24	Trial of Spinal Stimulators		

GRADE - 4

Code	Description	Bed (₹)	Cabin (₹)
PC-25	Permanent Implantation of Intrathecal Pump / Spinal Cord Stimulator	4000.00	5500.00

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
M. EXTRA				
EXT	EX01	INCU with Incubator	200	200
EXT	EX02	Alpha Bed/Ripple Bed	100	100
EXT	EX03	Water Bed	50	50
EXT	EX04	RH Test of Husband	150	100
EXT	EX05	Ventilator in ITU/ICCU/OT/PICU (Per day or Part Thereof)	1200	1200
EXT	EX06	Nephro Bed-Post/Peri Dialysis	300	200
EXT	EX07	Air Conditioner Per Day	250	250
EXT	EX08	Cold Storage of Dead Body (First 12 Hours, then 70/- per hour)	800	800
EXT	EX09	Cancellation, Charges For OBS Booking	500	500
EXT	EX16	Bipap (Per Day or Part Thereof)	600	500
EXT	EX17	C-Pap (Per Day or Part Thereof)	600	500
EXT	EX18	Ventilator (Portable) per hour	100	100
EXT	EX19	Pneumatic Compression	600	400
EXT	EX20	Down Syndroms Screening	600	600

N. CANCELLATION CHARGES (OPD/OUTSIDE ONLY)

	For Cancellation of Total Examination (₹)	For Cancellation of Screening (₹)
1. MRI	200	100
2. CT Scan	150	50
3. USG	50	30
4. Echocardiography	50	30

5. Endoscopy/Colonoscopy/ERCP Etc.	100
6. PFT/ECG/Carotid Massage	30
7. Tympanometry	20
8. Perimetry	50
9. Biometry	30
10. FFA/Treadmill/Holter	100
11. Uroflowmetry	30
12. AOE/D-Dimmer	50
13. EMG+NCV	50
14. VEP. + Bear + SSEP	100
15. Booked Spl. X-Ray	50

N. DUPLICATE REPORT COPIES

- A) For Producing Duplicate copies of Reports from Computer like those in CT Scan, USG, MRI and Issuing after taking Doctor's Signature, A Charge of ₹ 50/- Each will be taken.
- B) Where it is Possible to give duplicate Film with Report, The rate of charge will be as follows :-

ITEM	RATE (₹)
1. CT Scan	150 (Per Plate)
2. USG	50 (Per Plate)
3. MRI	250 (Per Plate)
4. Echocardiography	100 (Per Plate)

P. SERVICE CHARGES (NON REFUNDABLE)

SERV TYPE	SERV CODE	DESCRIPTION	ICU/CCU/CW/ ITU/HDU/CABIN CHARGE (₹)	OPD/OUTSIDE/ PAYING BED CHARGE (₹)
SER	SC01	Service Charge	200	150

Q. MISCELLANEOUS

	ICCU/ITU/ CABIN CHARGE (₹)	PAYING BED CHARGE (₹)
1. Medical Report Comprehensive		80
2. Duplicate Birth Record		75
3. Duplicate MC, VP, RC, MRCPT OPD CARD, Etc. Each		20
4. Insurance Claim form Certificate		150
5. Medical Reimbursement Claim		50
6. Medical Certificate for Fitness Admission, Rest, Etc.		20
7. CD Charges		50

R. OPERATIONS

GENERAL SURGERY

OPD UNDER L.A. : ₹ 400/- & UNDER GA : ₹ 800/-

		ICCU/ITU/ CABIN CHARGE (₹)	PAYING BED CHARGE (₹)
GROUP	A	1200	800
-Do -	B1	2800	2000
-Do -	B2	3200	2400
-Do -	C1	4000	2800
-Do -	C2	4500	3500
-Do -	D1	5500	4000
-Do -	D2	6500	5000

(GENERAL SURGERY) (UROLOGY)

GROUP	A	1200	800
-Do -	B	2800	2000
-Do -	C	4000	3000
-Do -	D	6000	4500

URS/LC

GROUP	E	10000	8000
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PCNL

GROUP	F	10500	8500
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PLASTIC/THORACIC/NEURO/FACIO-MAX

GROUP	A	1500	1000
-Do -	B	2800	2200
-Do -	C	3400	2600
-Do -	D	5500	4000
-Do -	E	7500	6000

PAEDIATRIC SURGERY

GROUP	A	1200	800
-Do -	B	2800	2000
-Do -	C	4000	3000
-Do -	D	4500	3500

OBS. & GYNAE

MINOR OPERATION UNDER LA IN O.T. (INDOOR PATIENTS) : ₹ 600/-

GROUP	A	1200	800
-Do -	B	3000	1800
-Do -	C	3800	2800
-Do -	D	4500	3500
-Do -	E	5000	3800

OBS. & GYNAE (ENDOSCOPIC) LAPAROSCOPY

GROUP	A1	3000	2000
-Do -	A2	3500	2500
-Do -	A3	4200	3000
-Do -	A4	7500	6000

HYSTEROSCOPY

GROUP	B1	3000	2000
-Do -	B2	3200	2200

CYSTOSCOPY

GROUP	C	3000	2000
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BREAST SURGERY

Breast Reduction		10000	10000
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ORTHOPAEDICS

**[OPD : OT CASES WITH LA/GA WITH IMPLANT : ₹ 1000/- &
WITHOUT IMPLANT ₹ 600/-]**

GROUP	A	1500	1000
-Do -	B1	3000	2000
-Do -	B2	3500	2500
-Do -	C	4000	3000
-Do -	D	5500	4000
-Do -	E	7500	5000

ENT/OTORHINO

OPD OPERATION UNDER LA ₹ 300/- GA : ₹ 600/-

GROUP	A	1000	700
-Do -	B	2500	1600
-Do -	C	4000	2800
-Do -	D	5200	4000
-Do -	E	6500	5000
COCHLEAR IMPLANTATION		25000	25000
Cost of Implant Rs. 5,38,000/-			

OPHTHALMOLOGY

-Do -	A	750	500
-Do -	B	1800	1200
-Do -	C	2550	1700

DCR Under - LA	975	650
DCR Under -GA	2100	1400
Simple Cataract	900	600
Microsurgery (IOL)	1350	900
Phaco Emulsification	4200	3260

PACKAGE CHARGES FOR CATARACT OPERATION W.E.F. 01-01-2016

Package	Type of O.T.	Lens	Paying Bed	Cabin
A	SICS	USIOL	4000/-	5000/-
B	SICS	ULTIMA IC	6000/-	7000/-
C	PHACO	AQUAFOLD FLEX	7000/-	8000/-
D	PHACO	SENSAR MP / ACRYSOF MP / RAYNER -C - FLEX	11000/-	12000/-
E	PHACO	ACRYSOF SP / SENSAR 1	14000/-	15000/-
F	PHACO	ACRYSOF IQ / TECNIS 1	16000/-	17000/-

1. Except for LSCS, for any Emergency Operation ₹ 200/- Extra will be Charged.
2. When two operations are done in one sitting, Operation Theatre Charges will be as follows :
 - (I) Two Operations of Group "A" - One full Charge Plus 50% of another.
 - (II) One Operation of Group "A" with one of "B" or "C" or "D" or "E" Charges for Principal Operation Plus 50% of GR. "A" Operation.
 - (III) One Operation of Group "B" with one of "C" or "D" or "E" Charges for Principal Operation Plus 50% of Group "B" Operation.
 - (IV) One Operation of Group "C" with one of Group "D" or "E" Charges for Principal Operation Plus 50% of Group "C" Operation.
 - (V) One Operation of Group "D" with one of Group "E", Charges for Principal Operation Plus 50% of Group "D" Operation.

LIST OF OPERATIONS : GENERAL SURGERY

15 **OPD UNDER LA - ₹ 400/-**

16 **OPD UNDER GA - ₹ 800/-**

For use of Harmonic Scalpel in Appendicectomy ₹ 2,000/- extra

For use of Harmonic Scalpel in other operations in Dept. of Gynae/Urology/
Gen. Surgery & others ₹ 5,000/- extra.

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
1	11	Excision/Biopsy of Skin & Seb. Tissue/Muscle/ Gangleon/Seb. Cyst./ Lipoma/ Sup. Sinus and Ulcer	General Surgery-A	1200	800
2	14	Eversion of Sac	General Surgery -A	1200	800
3	15	Examination under Anaesthesia	General Surgery -A	1200	800
4	16	Sphincterotomy	General Surgery -A	1200	800
5	17	Fistulectomy (Low)	General Surgery -A	1200	800
6	19	Incision & Drainage of Abscess (Breasts, Gluteal Abscess Etc.)	General Surgery -A	1200	800
7	21	Lymph Node Biopsy	General Surgery -A	1200	800
8	26	Procto Sigmoidoscopy with Biopsy	General Surgery -A	1200	800
9	28	Anal Stitching/Fissurectomy	General Surgery -A	1200	800
10	29	Retrograde Pyelography	General Surgery -A	1200	800
11	30	Review of Wound and/or Dressing in OT	General Surgery -A	1200	800
12	31	Secondary Suture	General Surgery -A	1200	800
13	34	Testicular Biopsy	General Surgery -A	1200	800
14	332	Z-Plasty	General Surgery -A	1200	800
15	333	Adherinolysis	General Surgery -A	1200	800
16	370	Repair of Lacerated Injury (Small)	General Surgery -A	1200	800

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
17	371	Avulsion of Toe Nail	General Surgery -A	1200	800
1	13	Excision of Fibroadenoma of Breasts	General Surgery -BI	2800	2000
2	18	Haemorrhoidectomy (Conventional)	General Surgery -BI	2800	2000
3	40	Appendicectomy	General Surgery -BI	2800	2000
4	41	Intra Abdominal Polypectomy	General Surgery -BI	2800	2000
5	43	Drainage of Liver Abscess/ Intra Abdominal/Peritoneal/ Subphrenic	General Surgery -BI	2800	2000
6	45	Drainage of Subphrenic Abscess	General Surgery -BI	2800	2000
7	47	Exploration of Ureter	General Surgery -BI	2800	2000
8	52	Nephrolithotomy	General Surgery -BI	2800	2000
9	54	Operation for Varicose Vein/Varicocele (Unilateral)	General Surgery -BI	2800	2000
10	56	Partial Amputation of Penis	General Surgery -BI	2800	2000
11	321	Excision of Umbilical Fistula	General Surgery -BI	2800	2000
12	322	Repair of Burst Abdomen	General Surgery -BI	2800	2000
13	335	Excision of Piles	General Surgery -BI	2800	2000
14	336	Excision of Intra-Oral Growth and Cyst.	General Surgery -BI	2800	2000
15	372	Fistulectomy (High)	General Surgery -BI	2800	2000
16	373	Repair of Inguinal Hernia (Unilateral)	General Surgery -BI	2800	2000
17	545	Gastrostomy/Colostomy/ Feeding Jejunostomy/ Jejunostomy	General Surgery -BI	2800	2000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)	
18	546	Pyloric Myotomy	General Surgery -BI	2800	2000	
19	547	Wide Excision with/without Skin Grafting	General Surgery -BI	2800	2000	
1	51	Exploratory Laparotomy with any Biopsy from Abdomen	General	General Surgery -BII	3200	2400
2	66	Repair of Paraumbilical Hernia/Adult Umbilical/Ventral Hernia/Femoral Hernia/ Incisional Hernia	General Surgery -BII	3200	2400	
3	75	Gastro Jejunostomy	General Surgery -BII	3200	2400	
4	105	Resection/Anastomosis of Small Intestine	General Surgery -BII	3200	2400	
5	374	Repair of Inguinal Hernia (Bilateral)	General Surgery -BII	3200	2400	
6	375	Haemopriectomy (Stapled)	General Surgery -BII	3200	2400	
1	79	Excision of Sub Mandibular Salivary Gland	General Surgery -CI	4000	2800	
2	85	Abdomino Perineal Resection	General Surgery -CI	4000	2800	
3	87	Bladder-Neck Plasty	General Surgery -CI	4000	2800	
4	90	Colonic Transplant	General Surgery -CI	4000	2800	
5	103	Radical Amputation of Penis	General Surgery -CI	4000	2800	
6	107	Repair of Strangulated Hernia with Gut Resection	General Surgery -CI	4000	2800	
7	110	Roux-En-Y-Jejunostomy	General Surgery -CI	4000	2800	
8	111	Splenectomy	General Surgery -CI	4000	2800	
9	113	Total Oesophagectomy	General Surgery -CI	4000	2800	
10	114	Thyroidectomy (Subtotal)	General Surgery -CI	4000	2800	

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
11	122	Superficial Parotidectomy	General Surgery -CI	4000	2800
12	323	Excision of Tracheo Oesophageal Fistula	General Surgery -CI	4000	2800
13	376	Vegotomy	General Surgery -CI	4000	2800
14	377	Laparoscopic Appendicectomy	General Surgery -CI	4000	2800
15	378	Laparoscopic Repair of Perforation	General Surgery -CI	4000	2800
16	379	Mastectomy (Simple)	General Surgery -CI	4000	2800
1	82	Adrenalectomy	General Surgery C-II	4500	3500
2	96	Hemicolectomy	General Surgery C-II	4500	3500
3	97	Sympathectomy (Lumber/Cervical)	General Surgery C-II	4500	3500
4	101	Gastrectomy (Partial)	General Surgery C-II	4500	3500
5	135	Mastectomy (Radical/ Modified)	General Surgery C-II	4500	3500
6	347	Open/Laparoscopic Cholecystectomy	General Surgery C-II	4500	3500
7	381	Laparoscopic Repair of Hernia	General Surgery C-II	4500	3500
8	382	Cholecystectomy with CBD Exploration	General Surgery C-II	4500	3500
9	383	Simple Mastectomy with Axillary Clearance	General Surgery C-II	4500	3500
1	384	Gastrectomy (Total)	General Surgery D-I	5500	4000
2	385	Hepeticojejunostomy	General Surgery D-I	5500	4000
3	386	Pancreaticojejunostomy	General Surgery D-I	5500	4000
4	387	Anterior Resection	General Surgery D-I	5500	4000
5	388	Removal of Retroperitoneal Tumour	General Surgery D-I	5500	4000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
6	389	Thyroidectomy (Total)	General Surgery D-I	5500	4000
7	390	Parotidectomy (Total)	General Surgery D-I	5500	4000
1	104	Gastrectomy (Radical)	General Surgery D-II	6500	5000
2	134	Pancreatico Duodenectomy (Whipples/Trippl Bypass)	General Surgery D-II	6500	5000
3	136	Thyroidectomy + Neck Dessection (Radical Thyroidectomy)	General Surgery D-II	6500	5000
4	391	APR/LAR of Rectum	General Surgery D-II	6500	5000
5	392	Colectomy (Total)	General Surgery D-II	6500	5000

UROLOGY

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
1	393	Cystoscopy and Bladder Biopsy	Urology - A	1200	800
2	334	Cystoscopy and Removal of D J Stent	Urology - A	1200	800
3	9	Diagnostic Cystoscopy	Urology - A	1200	800
4	394	Prostatic Biopsy	Urology - A	1200	800
5	8	Suprapubic Cystolithotomy	Urology - A	1200	800
6	33	Suprapubic Cystolithotomy (Open/Trocar)	Urology - A	1200	800
7	395	Testicular Biopsy	Urology - A	1200	800
8	35	Urethral Dilatation and Cystoscopy	Urology - A	1200	800
1	397	Insertion of D J Stent	Urology - B	2800	2000
2	24	Orchidectomy	Urology - B	2800	2000
3	396	Penectomy (Partial/Total)	Urology - B	2800	2000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
4	53	Percutaneous Nephrostomy (PCN)	Urology - B	2800	2000
5	73	Ureterolithotomy (Open)	Urology - B	2800	2000
1	401	Bladder Neck Incision (BNI)	Urology - C	4000	3000
2	92	Cystectomy (Partial)	Urology - C	4000	3000
3	399	Laparoscopic Ureterolithotomy	Urology - C	4000	3000
4	137	Nephrectomy (Radical/Simple/Partial)	Urology - C	4000	3000
5	549	Prostatectomy (Open)	Urology - C	12000	10000
6	549	Prostatectomy - Turp	Urology - C	12000	10000
7	58	Pyelolithotomy (Open)	Urology - C	4000	3000
8	398	Pyeloplasty	Urology - C	4000	3000
9	115	Tur of Bladder Tumours (Turbt)	Urology - C	4000	3000
10	400	Ureteric Reimplantation	Urology - C	4000	3000
11	71	Ureterolysis	Urology - C	4000	3000
12	72	Ureterostomy (OIU)	Urology - C	4000	3000
13	74	Urethroplasty	Urology - C	4000	3000
1	404	Bladder Augmentation	Urology - D	6000	4500
2	402	Cystectomy (Radical/Total)	Urology - D	6000	4500
3	405	Laparoscopic : Nephrectomy/Pyeloplasty	Urology - D	6000	4500
4	99	Nephro Ureterectomy	Urology - D	6000	4500
5	549	Prostatectomy (Radical HOLEP)	Urology - D	12000	10000
6	106	Retro Peritoneal Lymph Node Dissection	Urology - D	6000	4500
1	406	URS/LC	Urology - E	10000	8000
1	369	Percutaneous Nephrolithotomy (PCNL)	Urology - F	10500	8500

EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL)

Code	Service	Rate (₹)
ESWL01	Upto First Three (3) Sessions (Day Care)	10,000.00
	Upto First Three (3) Sessions for Inpatient	10,000.00 plus Bed charges plus other procedural charges
ESWL02	Supplementary Lithotripsy Single Session	3,000.00

The Additional Charges Laser Application for Treatment of Stones / Prostate Diseases will be as follows

Code	Service	Rate (₹)
ESWL03	Laser Lithotripsy	6,000.00
ESWL04	Supplementary Laser Lithotripsy	3,000.00
ESWL05	Laser Prostatectomy	6,000.00

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
<u>PLASTIC/THORACIC/NEURO/FACIO MAX</u>					
1	409	Bronchoscopy (with or without Biopsy)	Plastic/Thoracic/ Neuro-A	1500	1000
2	39	Excision or Cyst/Small Growth from Gum/ Cheek & Tongue	Plastic/Thoracic/ Neuro-A	1500	1000
3	412	Frenectomy	Plastic/Thoracic/ Neuro-A	1500	1000
4	20	Intercostal Drainage (ICD)	Plastic/Thoracic/ Neuro-A	1500	1000
5	408	Oesophagoscopy (with or without Biopsy)	Plastic/Thoracic/ Neuro-A	1500	1000
6	23	Oesophagoscopy with Dilatation	Plastic/Thoracic/ Neuro-A	1500	1000
7	410	Release of Carpel Tunnel	Plastic/Thoracic/ Neuro-A	1500	1000
8	411	Repair of Fracture zygoma	Plastic/Thoracic/ Neuro-A	1500	1000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
9	32	Skin Grafting over Small Area	Plastic/Thoracic/ Neuro-A	1500	1000
1	93	Excision/Repair of Encephelo/Meningocele	Plastic/Thoracic/ Neuro-B	2800	2200
2	414	Excision of Non-Malignant Lesions of Head/Neck (With or without Skin Grafting)	Plastic/Thoracic/ Neuro-B	2800	2200
3	415	Excision of Submandibular Gland	Plastic/Thoracic/ Neuro-B	2800	2200
4	77	Release of Contracture & Skin Grafting-Fingers & Toe	Plastic/Thoracic/ Neuro-B	2800	2200
5	68	Repair of Lacerated Injury	Plastic/Thoracic/ Neuro-B	2800	2200
6	70	Skin Grafting	Plastic/Thoracic/ Neuro-B	2800	2200
7	413	Surgical Removal of Impacted Teeth	Plastic/Thoracic/ Neuro-B	2800	2200
8	84	V. P. Shunt	Plastic/Thoracic/ Neuro-B	2800	2200
1	83	A. V. Fistula / Shunt	Plastic/Thoracic/ Neuro-C	3400	2600
2	420	Cleft Lip	Plastic/Thoracic/ Neuro-C	3400	2600
3	88	Craniotomy with Evacuation of Haematoma (Burrhole Exploration)	Plastic/Thoracic/ Neuro-C	3400	2600
4	94	Excision of A.V. Fistula	Plastic/Thoracic/ Neuro-C	3400	2600
5	418	Forehead Flap	Plastic/Thoracic/ Neuro-C	3400	2600

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
6	417	Release of Contracture of Limbs	Plastic/Thoracic/ Neuro-C	3400	2600
7	419	Repair of Fracture Mandible with Costochondral Graft	Plastic/Thoracic/ Neuro-C	3400	2600
8	109	Repair of Hiatus Hernia	Plastic/Thoracic/ Neuro-C	3400	2600
9	416	Rib Resection & Drainage of Empyema	Plastic/Thoracic/ Neuro-C	3400	2600
10	69	Rotation Flap	Plastic/Thoracic/ Neuro-C	3400	2600
1	125	Cleft Lip with Palate	Plastic/Thoracic/ Neuro-D	5500	4000
2	130	Closed Mitral Valvotomy	Plastic/Thoracic/ Neuro-D	5500	4000
3	339	Closure of P.D.A.	Plastic/Thoracic/ Neuro-D	5500	4000
4	129	Lobectomy	Plastic/Thoracic/ Neuro-D	5500	4000
5	421	Oesophageal Myotomy	Plastic/Thoracic/ Neuro-D	5500	4000
6	132	Pneumonectomy	Plastic/Thoracic/ Neuro-D	5500	4000
7	423	Reconstruction with D.P. Flap/PECT. Major Flap	Plastic/Thoracic/ Neuro-D	5500	4000
8	124	Release of T.M.J. Ankylosis	Plastic/Thoracic/ Neuro-D	5500	4000
9	422	Removal of Intra-Thoracic Tumours	Plastic/Thoracic/ Neuro-D	5500	4000
10	117	Repair of Fracture Maxilla	Plastic/Thoracic/ Neuro-D	5500	4000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
11	131	Trans Hiatal Oesophagectomy	Plastic/Thoracic/ Neuro-D	5500	4000
1	426	Both Jaw Osteotomy	Plastic/Thoracic/ Neuro-E	7500	6000
2	424	Correction of Jaw Deformity	Plastic/Thoracic/ Neuro-E	7500	6000
3	89	Craniectomy with Removal of Tumour	Plastic/Thoracic/ Neuro-E	7500	6000
4	123	Excision of Malignant Tumours of the Oral Cavity with Radical Neck Dissection	Plastic/Thoracic/ Neuro-E	7500	6000
5	128	Laminectomy (Lumbar/ Cervical)	Plastic/Thoracic/ Neuro-E	7500	6000
6	428	Laminectomy with Removal of Spinal Tumour	Plastic/Thoracic/ Neuro-E	7500	6000
7	121	Maxillectomy/Mandibulectomy with Reconstruction	Plastic/Thoracic/ Neuro-E	7500	6000
8	425	Microvascular Reconstruction	Plastic/Thoracic/ Neuro-E	7500	6000
9	133	Porto-Caval Shunts	Plastic/Thoracic/ Neuro-E	7500	6000
10	427	Repair of Pan Facial Fracture	Plastic/Thoracic/ Neuro-E	7500	6000
11	112	Thoracotomy (If Thoracotomy is Followed By an Additional Operation of other Groups-Charges of Thoracotomy or Additional Operation-Whichever is Higher will be Payable)	Plastic/Thoracic/ Neuro-E	7500	6000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
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PAEDIATRIC SURGERY

1	431	Dermoid Cyst Excision	Paediatric Surgery-A	1200	800
2	433	Incision and Drainage of Abscess of Babies under Anaesthesia	Paediatric Surgery-A	1200	800
3	22	Meatotomy/Meatoplasty	Paediatric Surgery-A	1200	800
4	3	Opening of Colostomy	Paediatric Surgery-A	1200	800
5	432	Papilloma Cheek and Tongue	Paediatric Surgery-A	1200	800
6	10	Prepuceoplasty/ Circumcision	Paediatric Surgery-A	1200	800
7	430	Release of Tongue Tie	Paediatric Surgery-A	1200	800
8	429	Removal of Rectal Polyp	Paediatric Surgery-A	1200	800
1	81	Anoplasty	Paediatric Surgery-B	2800	2000
2	440	Closed Loop Ureterostomy	Paediatric Surgery-B	2800	2000
3	439	Closure of Colostomy	Paediatric Surgery-B	2800	2000
4	442	Cystoscopy-Retrograde	Paediatric Surgery-B	2800	2000
5	434	Excision of Lymphangioma, Hemangioma	Paediatric Surgery-B	2800	2000
6	46	Excision of Thyroglossal Cyst/Fistula	Paediatric Surgery-B	2800	2000
7	441	Excision of Umbilical Fistula and Umbilical Hernia Repair	Paediatric Surgery-B	2800	2000
8	436	Exploratory Laparotomy	Paediatric Surgery-B	2800	2000
9	36	Herniotomy-Inguinal	Paediatric Surgery-B	2800	2000
10	25	Orchidopexy/Orchidectomy	Paediatric Surgery-B	2800	2000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
11	438	Pelvic Colostomy	Paediatric Surgery-B	2800	2000
12	435	Pyloromyotomy	Paediatric Surgery-B	2800	2000
13	61	Repair of Cleft Lip	Paediatric Surgery-B	2800	2000
14	437	Resection/Anastamosis of Gut	Paediatric Surgery-B	2800	2000
1	86	Duhamel Operation	Paediatric Surgery-C	4000	3000
2	445	Fulguration of P.U.V. (Posterior Urethral Valve)	Paediatric Surgery-C	4000	3000
3	50	Hypospadias	Paediatric Surgery-C	4000	3000
4	98	Nephrectomy	Paediatric Surgery-C	4000	3000
5	447	Pelvic Ureteric Junction Dysfunction (Puj) Kidneys	Paediatric Surgery-C	4000	3000
6	443	Posterior Sagittal Anorectoplasty	Paediatric Surgery-C	4000	3000
7	444	Repair of Cleft Palate	Paediatric Surgery-C	4000	3000
8	446	Repair of Hiatus Hernia	Paediatric Surgery-C	4000	3000
9	448	Splenectomy	Paediatric Surgery-C	4000	3000
1	449	Closure of Tracheo oesophageal Fistula	Paediatric Surgery-D	4500	3500
2	452	Heller's Myotomy for Achalasia/Stricture Oesophagus	Paediatric Surgery-D	4500	3500
3	108	Repair of Diaphragmatic Hernia	Paediatric Surgery-D	4500	3500
4	451	Repair of Epispadias/Extrophy Complex	Paediatric Surgery-D	4500	3500

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
5	450	Repair of Oesophageal Atresia	Paediatric Surgery-D	4500	3500
6	116	Ureteric Reimplantation	Paediatric Surgery-D	4500	3500

OBSTETRICS & GYNAECOLOGY

**540 Minor : Any Operation Under Local Anaesthesia in O.T.
(Indoor Patients) ₹ 600/-**

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
1	150	Biopsy with Vulval	OBS. & GYNAE-A	1200	800
2	140	Cervical Biopsy & Endometrial Biopsy	OBS. & GYNAE-A	1200	800
3	148	Cystoscopy	OBS. & GYNAE-A	1200	800
4	144	D & C & Polypectomy	OBS. & GYNAE-A	1200	800
5	145	D & C with Cervical Biopsy	OBS. & GYNAE-A	1200	800
6	139	D & C with Cervical Cautery	OBS. & GYNAE-A	1200	800
7	166	D.C. Perineorrhaphy	OBS. & GYNAE-A	1200	800
8	138	Dilatation & Curettage (D & C) & with or without Endometrial Biopsy	OBS. & GYNAE-A	1200	800
9	158	Dilatation & Evacuation (D & E)	OBS. & GYNAE-A	1200	800
10	141	Dilatation, Insufflation & Curettage(DIC)	OBS. & GYNAE-A	1200	800

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
11	154	Drainage of Bartholin Abscess (Cyst/Cyst Removal/ Marsupialization/Bartholin	OBS. & GYNAE-A	1200	800
12	152	Drainage of Hamato-metra/Pyometra	OBS. & GYNAE-A	1200	800
13	147	Examination Under Anaesthesia	OBS. & GYNAE-A	1200	800
14	164	Exploration of Perineal Sinus	OBS. & GYNAE-A	1200	800
15	159	Exploration of Uterus	OBS. & GYNAE-A	1200	800
16	165	Exploration of Vaginal Vault	OBS. & GYNAE-A	1200	800
17	156	Fenton's Operation	OBS. & GYNAE-A	1200	800
18	142	Fractional Curettage	OBS. & GYNAE-A	1200	800
19	155	Hymenectomy	OBS. & GYNAE-A	1200	800
20	149	Lymph Node Biopsy	OBS. & GYNAE-A	1200	800
21	143	Polypectomy	OBS. & GYNAE-A	1200	800
22	163	Removal of Foreign Body from Episiotomy Wound/Vagina	OBS. & GYNAE-A	1200	800
23	157	Removal of Loop From Uterine Cavity	OBS. & GYNAE-A	1200	800
24	162	Secondary Perineal/ Abdominal Suture	OBS. & GYNAE-A	1200	800
25	151	Ulcer Excision	OBS. & GYNAE-A	1200	800
26	168	Amputation of Cervix	OBS. & GYNAE-A	1200	800
1	171	Anterior Colporrhaphy with or Without D & C	OBS. & GYNAE-B	3000	1800
2	170	Anterior Colporrhaphy & Posterior Colpoperineorrhaphy	OBS. & GYNAE-B	3000	1800

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
3	177	Bilateral Salpingectomy (Abdominal/Vaginal/Post PartumLigation/Puerperal Ligation)	OBS. & GYNAE-B	3000	1800
4	172	Cervical Amputation with Or Without D & C	OBS. & GYNAE-B	3000	1800
5	161	Drainage and Repair of Vulval Haematoma	OBS. & GYNAE-B	3000	1800
6	184	Excision of Scar Endometriosis	OBS. & GYNAE-B	3000	1800
7	183	Exploration of Wound/ Abdominal Sinus	OBS. & GYNAE-B	3000	1800
8	182	Forceps Application under GA	OBS. & GYNAE-B	3000	1800
9	186	Gilliam's Operation	OBS. & GYNAE-B	3000	1800
10	181	Internal Podalic Version with Breech Extraction	OBS. & GYNAE-B	3000	1800
11	173	Kelly's Operation	OBS. & GYNAE-B	3000	1800
12	453	Manual Removal of Placenta	OBS. & GYNAE-B	3000	1800
13	179	Oophorectomy/ Salpingectomy	OBS. & GYNAE-B	3000	1800
14	330	Ovarian Biopsy	OBS. & GYNAE-B	3000	1800
15	178	Plication of Round Ligaments with or without any other operation	OBS. & GYNAE-B	3000	1800
16	167	Posterior Colpe-Perineorrhaphy with or without DC	OBS. & GYNAE-B	3000	1800

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
17	185	Removal of Ectopic Pregnancy (Unilateral)	OBS. & GYNAE-B	3000	1800
18	175	Removal of Vaginal Cyst	OBS. & GYNAE-B	3000	1800
19	174	Repair of Urethrocele/ Cystocele	OBS. & GYNAE-B	3000	1800
20	160	Shirodkar's/Mcdonald's/ Lash's Operation	OBS. & GYNAE-B	3000	1800
21	169	Trachelorrhaphy	OBS. & GYNAE-B	3000	1800
22	329	Wedge Resection of Ovary	OBS. & GYNAE-B	3000	1800
1	454	Burch Colposuspension	OBS. & GYNAE-C	3800	2800
2	342	Fothergill's Operation	OBS. & GYNAE-C	3800	2800
3	201	Ligature of Internal Iliac Vessels	OBS. & GYNAE-C	3800	2800
4	199	Ovariectomy/Overian Cystectomy (Unilateral or Bilateral)	OBS. & GYNAE-C	3800	2800
5	197	Reconstruction of Uterus	OBS. & GYNAE-C	3800	2800
6	191	Removal of Broad Ligament Cyst or Tumour	OBS. & GYNAE-C	3800	2800
7	341	Removal of Ectopic Preg (Unilateral/Bilateral/ Salpingectomy/Oorhorectomy)	OBS. & GYNAE-C	3800	2800
8	190	Removal of Tubo-Ovarian Mass	OBS. & GYNAE-C	3800	2800
9	187	Repair of Old Complete Perineal Tear	OBS. & GYNAE-C	3800	2800
10	340	Repair of Recto Vaginal Fistula	OBS. & GYNAE-C	3800	2800

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
11	188	Repair of Vesico Vaginal Fistula	OBS. & GYNAE-C	3800	2800
12	192	Sling Operation (Purandare's Sling Or Shirodkar's Sling Cervicopexy)	OBS. & GYNAE-C	3800	2800
13	193	Tubo-Plasty/Tubal Surgery/Reconstruction of Tube/Anastomosis of Tube/ Cuff Salpingostomy	OBS. & GYNAE-C	3800	2800
14	189	Vaginoplasty	OBS. & GYNAE-C	3800	2800
1	343	ABD. Hysterectomy with or without Salpingo Oophorectomy	OBS. & GYNAE-D	4500	3500
2	207	Abdominal Hysterectomy/ Repair of Uterus following	OBS. & GYNAE-D	4500	3500
3	206	Abdomino-Perineal Radical Hysterectomy	OBS. & GYNAE-D	4500	3500
4	204	Mitra's Operation	OBS. & GYNAE-D	4500	3500
5	196	Myomectomy/Cervical Myoma	OBS. & GYNAE-D	4500	3500
6	200	Operation for Endometriosis-Conser-vative or Radical Surgery	OBS. & GYNAE-D	4500	3500
7	205	Schauta's Operation	OBS. & GYNAE-D	4500	3500
8	344	Vaginal Hysterectomy with or without PFR (Ward Mayo's Operation)	OBS. & GYNAE-D	4500	3500

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
1	208	ABD. Hysterectomy with Bilateral Salpingo-Oophorectomy with Infracolic Omentectomy with Appendicectomy (Operation for ovarian Malignancy)	OBS. & GYNAE-E	5000	3800
2	209	Anterior Exenteration	OBS. & GYNAE-E	5000	3800
3	210	Posterior Exenteration	OBS. & GYNAE-E	5000	3800
4	202	Repair of Vault Prolapse (Abdominal/Vaginal)	OBS. & GYNAE-E	5000	3800
5	203	Wertheim's Operation/ Radical Hysterectomy	OBS. & GYNAE-E	5000	3800
6	211	Total Abdominal/Total Vaginal Pan Hysterectomy	OBS. & GYNAE-E	5000	3800

OBSTETRICS & GYNAECOLOGY
ENDOSCOPIC SURGERY

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
1	354	Diagnostic Lap. dye Test + D/C	OBS. & GYNAE-A1	3000	2000
2	355	Diagnostic Laparoscopy	OBS. & GYNAE-A1	3000	2000
1	456	Laparoscopic Ovarian Biopsy	OBS. & GYNAE-A2	3500	2500
2	457	Laparoscopic Tubal Ligation (Bilateral)	OBS. & GYNAE-A2	3500	2500

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
3	455	Laparoscopic Tubectomy (Bilateral)	OBS. & GYNAE-A2	3500	2500
1	459	Lap. Adhesiolysis	OBS. & GYNAE-A3	4200	3000
2	458	Lap. Ovarian Cystectomy	OBS. & GYNAE-A3	4200	3000
3	460	Lap. Salpingectomy For Ectopic Pregnancy	OBS. & GYNAE-A3	4200	3000
1	462	Lap. Burch Colposuspension	OBS. & GYNAE-A4	7500	6000
2	463	Lap. Hysterectomy (TLH)	OBS. & GYNAE-A4	7500	6000
3	464	Lap. Hysterectomy with Lymph Adenectomy	OBS. & GYNAE-A4	7500	6000
4	461	Lap. Myomectomy	OBS. & GYNAE-A4	7500	6000
5	327	Lavh (Laparoscopy Asst. Vaginal Hyst)	OBS. & GYNAE-A4	7500	6000
1	465	Diagnostic Hysteroscopy	OBS. & GYNAE-B1	3000	2000
2	469	Diagnostic Hysteroscopy + D/C + CX. Biopsy	OBS. & GYNAE-B1	3000	2000
3	470	Diagnostic Hysteroscopy + D/C + CX. Cautery	OBS. & GYNAE-B1	3000	2000
4	466	Diagnostic Hysteroscopy + Endo Biopsy	OBS. & GYNAE-B1	3000	2000
5	467	Diagnostic Hysteroscopy + Polypectomy	OBS. & GYNAE-B1	3000	2000
6	468	Diagnostic Hysteroscopy + Polypectomy + D/C	OBS. & GYNAE-B1	3000	2000
1	326	Lap. Hysteroscopy + D/C	OBS. & GYNAE-B2	3200	2200

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
2	471	Laparoscopy + Hysterescopy + D/C + Dye Test	OBS. & GYNAE-B2	3200	2200
1	472	Diagnostic Cystoscopy	OBS. & GYNAE-C	3000	2000

ORTHOPAEDICS

101 With Implant ₹ 1000/-

102 Without Implant ₹ 600/-

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
1	212	Aspiration	Orthopaedics-A	1500	1000
2	215	Denham's Pinning or Steinmann Pinning or Skelital Traction or D-Pin Insertion or Skull Traction	Orthopaedics-A	1500	1000
3	219	Dressing & Drainage or Osteomyelitis & Wound Toilet/Debridement/ Sloughectomy with Anaesthesia*	Orthopadics-A	1500	1000
4	216	Examination under Anaesthesia (EUA)	Orthopadics-A	1500	1000
5	218	Incision & Drainage	Orthopadics-A	1500	1000
6	324	Manipulation under Anaesthesia (MUA/Close Reduction)	Orthopadics-A	1500	1000
7	217	Removal of Screws, K-Wire, Circlage wire, Staples	Orthopadics-A	1500	1000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
8	474	Skin Grafting Minor	Orthopadics-A	1500	1000
9	214	Trephine Bone Biopsy	Orthopadics-A	1500	1000
1	220	Amputation/Disarticulation Through Finger, Toe, Phallanges Inter-Phallangeal Joints (IP Joints) Metacarpo/ Metatarso Phallangeal Joints (M.P. Joints)	Orthopadics-B1	3000	2000
2	544	Arthrodisis of Interphallangeal Joints	Orthopadics-B1	3000	2000
3	240	Arthrotomy/Joint Eplosation/Clearence	Orthopadics-B1	3000	2000
4	221	Bone Biopsy	Orthopadics-B1	3000	2000
5	223	Carpal Tunnel Decompression	Orthopadics-B1	3000	2000
6	350	Correction of CTEV (PMSTR/JESS)	Orthopadics-B1	3000	2000
7	222	Curettage and or Bone Grafting	Orthopadics-B1	3000	2000
8	237	Drainage of Osteomy-elitis Septic Arthritis	Orthopadics-B1	3000	2000
9	225	Excision of Swelling of Whole or part of Bone, E.G.Loose Bone Piece, Radial/Ulnar Head, Exostosis	Orthopadics-B1	3000	2000
10	476	MUA+Distractor+K. Wire	Orthopadics-B1	3000	2000
11	229	Open Reduction & Internal Fixation with	Orthopadics-B1	3000	2000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
		K-wire, Fractures of Phalanges, Metacarpals & Metatarsals			
12	475	Removal of any Implant Except Those Mentioned in GR "A"	Orthopadics-B1	3000	2000
13	227	Soft Tissue Release	Orthopadics-B1	3000	2000
14	234	Synovectomy	Orthopadics-B1	3000	2000
15	236	Wound Toilet/ Debridement with soft Tissue (Muscle, Tendon, Ligament, Nerve) Repair	Orthopadics-B1	3000	2000
1	245	AMP Bipolar Prosthesis (Non-Cemented)	Orthopadics-B2	3500	2500
2	478	Condylocephalic Nailing	Orthopadics-B2	3500	2500
3	238	Cross Flaps	Orthopadics-B2	3500	2500
4	479	Diagnostic Arthroscopy	Orthopadics-B2	3500	2500
5	224	Dilwyn Envan's Operation	Orthopadics-B2	3500	2500
6	226	Menisectomy	Orthopadics-B2	3500	2500
7	228	Osteotomy (Any kind) Except Scapular Osteotomy, McMurray's Osteotomy, Dickson's Osteotomy	Orthopadics-B2	3500	2500
8	230	Patellectomy	Orthopadics-B2	3500	2500
9	231	Quadriceps Plasty	Orthopadics-B2	3500	2500
10	235	Sequestrectomy, Saucerisation Irrigation Suction, Curettage	Orthopadics-B2	3500	2500

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
11	233	Skin Grafting Major	Orthopadics-B2	3500	2500
12	477	Tendon Repair & Nerve Repair	Orthopadics-B2	3500	2500
13	248	Tendon Transfer/Grafting	Orthopadics-B2	3500	2500
14	249	Tension Band Wiring	Orthopadics-B2	3500	2500
1	481	ACL Reconstruction (Open)	Orthopadics-C	4000	3000
2	250	Amputation/Disarticulation Except Those of No. 1 of Group "B"	Orthopadics-C	4000	3000
3	239	Arthrodisis-All Except Interphalangeal Joint	Orthopadics-C	4000	3000
4	252	External Fixator-Application	Orthopadics-C	4000	3000
5	244	Interlocking Nailing (Femur, Tibia, Humerous) PFN/AFN/DFN	Orthopadics-C	4000	3000
7	351	Moor's Pinning/DHS/JWET Nail Plasty	Orthopadics-C	4000	3000
8	242	Moor's Pinning/S.P. Nailing/Screw Head Nailing	Orthopadics-C	4000	3000
9	243	Open Reduction & Internal Fixation (Nailing and or Plating)	Orthopadics-C	4000	3000
10	480	Prosthesis AMP. Bipolar (Cemented)	Orthopadics-C	4000	3000
11	246	S.P. Nailing & Plating, Screw Head Nailing & Plating	Orthopadics-C	4000	3000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
12	247	Scapular Osteotomy, Mcmurry's Osteotomy, Dickson's Geometre Osteotomy	Orthopadics-C	4000	3000
13	253	Spinal Operation- Drainage or Abscess	Orthopadics-C	4000	3000
1	483	ACL Reconstruction/ Meniscorraphy (Arthroscopy Guided)	Orthopadics-D	5500	4000
2	254	Ilizarov Fixator Application Corticotomy/ Limb Lengthening	Orthopadics-D	5500	4000
3	482	Spinal Operations - Laminectomy with or without Instrumentation	Orthopadics-D	5500	4000
1	486	Total Elbow Replacement	Orthopadics-E	7500	5000
2	325	Total Hip Replacement- Unipolar Modular	Orthopadics-E	7500	5000
3	484	Total Hip Replacement- Bipolar Modular	Orthopadics-E	7500	5000
4	485	Total Knee Replacement	Orthopadics-E	7500	5000
5	487	Total Shoulder Replacement	Orthopadics-E	7500	5000
1	548	Dressing & Drainage of Osteomyelitis & Wound Toilet/Debridement/ Sloughectomy Without Anaesthesia	Orthopadics-F	1000	700

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
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OTORHINOLARYNGOLOGY

103 OPD Cases : Operation Under LA : ₹ 300/-
104 Operation Under GA : ₹ 600/-

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
1	488	Antral Washout -Bilateral/ Unilateral	ENT-Otorhino-A	1000	700
2	493	Biopsy Under LA	ENT-Otorhino-A	1000	700
3	357	Diagnostic Nasal Endoscopy Under LA	ENT-Otorhino-A	1000	700
4	291	Direct Laryngoscopy (D/L) - Diagnostic	ENT-Otorhino-A	1000	700
5	293	Examination Under Anaesthesia	ENT-Otorhino-A	1000	700
6	492	Examination Under Microscope (EUM)	ENT-Otorhino-A	1000	700
7	294	Gland Biopsy Under LA	ENT-Otorhino-A	1000	700
8	490	I/D of Abscesses	ENT-Otorhino-A	1000	700
9	295	Myringotomy (If inddor) with Gromet Insertion	ENT-Otorhino-A	1000	700
10	296	Nasal Polypectomy	ENT-Otorhino-A	1000	700
11	491	Removal of Submandibular Duct Stone Under LA	ENT-Otorhino-A	1000	700
12	297	Repair of Pinna	ENT-Otorhino-A	1000	700
13	489	Repair of Soft Tissue Injury	ENT-Otorhino-A	1000	700
14	298	Youngs Operation	ENT-Otorhino-A	1000	700
1	299	Caldwell Luc's Operation	ENT-Otorhino-B	2500	1600
2	500	Direct Laryngoscopy (D/L) with Biopsy/Removal of F.B.	ENT-Otorhino-B	2500	1600
3	306	Endolymphatic Shunt	ENT-Otorhino-B	2500	1600
4	494	Endoscopic DCR	ENT-Otorhino-B	2500	1600

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
5	308	Excision of Any Tract	ENT-Otorhino-B	2500	1600
6	498	Excision of Nasal Mass Under LA	ENT-Otorhino-B	2500	1600
7	292	Excision of Pre-Auricular Sinus Under LA	ENT-Otorhino-B	2500	1600
8	309	Gland Biopsy Under G.A.	ENT-Otorhino-B	2500	1600
9	497	Middle Meatal Antrostomy (MMA) Under LA	ENT-Otorhino-B	2500	1600
10	301	Myringoplasty	ENT-Otorhino-B	2500	1600
11	499	Oesophagoscopy/ Bronchoscopy (Diagnostic)	ENT-Otorhino-B	2500	1600
12	501	Reduction of Fracture Nasal Bone Under GA	ENT-Otorhino-B	2500	1600
13	495	Removal of F.B. From Ear/Nose/Throat under GA	ENT-Otorhino-B	2500	1600
14	496	Removal of Submandibular Duct stone under GA	ENT-Otorhino-B	2500	1600
15	311	Ulcers Excision	ENT-Otorhino-B	2500	1600
1	310	Adenotonsillectomy	ENT-Otorhino-C	4000	2800
2	307	Attico-Antrostomy/Atticotomy	ENT-Otorhino-C	4000	2800
3	510	Excision of Branchial Cyst/ Fistula Under GA (Systrunk)	ENT-Otorhino-C	4000	2800
4	508	Excision of Nasal Mass Under GA	ENT-Otorhino-C	4000	2800
5	506	Excision of Submandibular Gland under GA	ENT-Otorhino-C	4000	2800
6	314	Excision of Thyroid Gland	ENT-Otorhino-C	4000	2800
7	505	External Ethmoidectomy/ Fronto-Ethmoidectomy	ENT-Otorhino-C	4000	2800
8	543	Lateral Rhinotomy/Medial Maxillectomy	ENT-Otorhino-C	4000	2800

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
9	300	Mastoidectomy (Any Type) with or without Conchomeatoplasty	ENT-Otorhino-C	4000	2800
10	503	Microlaryngoscopic Surgery (MLS)	ENT-Otorhino-C	4000	2800
11	509	Oesophagoscopy/ Bronchoscopy with Biopsy/ Removal of F.B. Under GA	ENT-Otorhino-C	4000	2800
12	318	Pharyngectomy	ENT-Otorhino-C	4000	2800
13	302	SMR/Septoplasty	ENT-Otorhino-C	4000	2800
14	312	Stapedotomy/Stapedectomy	ENT-Otorhino-C	4000	2800
15	507	Superficial Parotidectomy	ENT-Otorhino-C	4000	2800
16	502	Thyroidectomy (Hemi/ Partial)	ENT-Otorhino-C	4000	2800
17	305	Tracheostomy	ENT-Otorhino-C	4000	2800
18	303	Tympanoplasty/ Ossiculoplasty	ENT-Otorhino-C	4000	2800
19	504	Unilateral Endoscopic Sinus Surgery (Fess)	ENT-Otorhino-C	4000	2800
1	512	Bilateral Endoscopic Sinus Surgery (B/L Fess) Under GA	ENT-Otorhino-D	5200	4000
		Fees with Microdebrider (Additional) Charges		2500	2000
2	511	Decompression of Facial Nerve	ENT-Otorhino-D	5200	4000
3	516	Endolymphatic Shunt	ENT-Otorhino-D	5200	4000
4	515	Endoscopic Hypophysectomy (Excision of Pituitary Tumour)	ENT-Otorhino-D	5200	4000
5	513	Endoscopic Repair of CSF Rhinorrhoea	ENT-Otorhino-D	5200	4000
6	523	Excision of Nasopharyngeal Angiofibroma	ENT-Otorhino-D	5200	4000
7	524	Excision of Parapharyngeal, Tumour	ENT-Otorhino-D	5200	4000
8	526	Facial Nerve Grafting	ENT-Otorhino-D	5200	4000
9	520	Glossectomy	ENT-Otorhino-D	5200	4000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
10	316	Labyrinthectomy	ENT-Otorhino-D	5200	4000
11	315	Laryngectomy	ENT-Otorhino-D	5200	4000
12	522	Laryngoplasty (Type I-IV Thyroplasty)	ENT-Otorhino-D	5200	4000
13	519	Neck Dissection	ENT-Otorhino-D	5200	4000
14	514	Orbital/Optic Nerve Decompression	ENT-Otorhino-D	5200	4000
15	530	Palatopharyngoplasty	ENT-Otorhino-D	5200	4000
16	319	Pharyngo-Laryngectomy	ENT-Otorhino-D	5200	4000
17	529	Repair of Cleft Lip/Palate	ENT-Otorhino-D	5200	4000
18	518	Rhinoplasty/Septorhinoplasty	ENT-Otorhino-D	5200	4000
19	525	Styloidectomy Through Tonsillar Fossa Under GA	ENT-Otorhino-D	5200	4000
20	527	Surgery for Microtia	ENT-Otorhino-D	5200	4000
21	317	Total Maxillectomy	ENT-Otorhino-D	5200	4000
22	521	Total Parotidectomy	ENT-Otorhino-D	5200	4000
23	517	Total Thyroidectomy	ENT-Otorhino-D	5200	4000
24	528	Uvulopalatopharyngoplasty	ENT-Otorhino-D	5200	4000
1	536	Baha Implantation	ENT-Otorhino-E	6500	5000
2	533	Commando Operation	ENT-Otorhino-E	6500	5000
3	313	Excision of Accoustic-Neuroma	ENT-Otorhino-E	6500	5000
4	532	Glossectomy with Neck Dissection	ENT-Otorhino-E	6500	5000
5	531	Laryngectomy with Neck Dissection	ENT-Otorhino-E	6500	5000
6	534	Laryngopharyngectomy with Neck Dissection	ENT-Otorhino-E	6500	5000
7	538	Maxillary Swing-Door Surgery	ENT-Otorhino-E	6500	5000
8	537	Skull Base Surgery	ENT-Otorhino-E	6500	5000
9	535	Thyroidectomy with Neck Dissection	ENT-Otorhino-E	6500	5000

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
1	539	Cochlear Implantation		25000	25000
2	554	Fess with Micodebrider (Additional Charges)		2500	2000

OPHTHALMOLOGY

1	264	Cyclo Diathermy	Ophthalmology (A)	750	500
2	263	Cyclocryo Theraphy	Ophthalmology (A)	750	500
3	256	Dacryocystectomy (D.C.T)	Ophthalmology (A)	750	500
4	255	Dicission Operation (Needling)	Ophthalmology (A)	750	500
5	257	Drainage of Lid Abscess	Ophthalmology (A)	750	500
6	258	Examination Under Anaesthesia	Ophthalmology (A)	750	500
7	259	Gland/Excision Biopsy	Ophthalmology (A)	750	500
8	260	Iridectomy	Ophthalmology (A)	750	500
9	348	Membranectomy	Ophthalmology (A)	750	500
10	261	Multiple Chalazion	Ophthalmology (A)	750	500
11	268	Needling of after Cataract	Ophthalmology (A)	750	500
12	266	Optical Iridectomy	Ophthalmology (A)	750	500
13	269	P.B.I. (Glaucoma)	Ophthalmology (A)	750	500
14	262	Pterygium	Ophthalmology (A)	750	500
15	267	Tarsorrhaphy	Ophthalmology (A)	750	500
16	265	Total Conjunctivoplasty Under LA	Ophthalmology (A)	750	500
1	270	"Open Sky" Vitrectomy	Ophthalmology (B)	1800	1200
2	274	Abcission of IRIS Prolapse	Ophthalmology (B)	1800	1200
3	276	Capsulo Iridectomy	Ophthalmology (B)	1800	1200
4	349	Enucleation	Ophthalmology (B)	1800	1200
5	271	Plastic Reconstruction Of Lids	Ophthalmology (B)	1800	1200
6	272	Removal of Intraocular Foreign Body	Ophthalmology (B)	1800	1200

Srl. No.	Code	Operation Name	Group Name	ICCU/ITU Cabin Charge (₹)	Bed Charge (₹)
7	273	Squint Correction	Ophthalmology (B)	1800	1200
8	275	Sysaectomy	Ophthalmology (B)	1800	1200
1	282	Excision of Major Parital Growth	Ophthalmology (C)	2550	1700
2	283	Exenteration of Orbit	Ophthalmology (C)	2550	1700
3	280	Filtering Surgery/ Trabeculectomy	Ophthalmology (C)	2550	1700
4	284	Keratoplasty	Ophthalmology (C)	2550	1700
5	285	Lateral Orbitotomy	Ophthalmology (C)	2550	1700
6	286	Operation for Detachment of Retina	Ophthalmology (C)	2550	1700
7	278	Reconstructive Surgery for Contracted Socket	Ophthalmology (C)	2550	1700
8	288	Repair of Lacterated Injury of the eye	Ophthalmology (C)	2550	1700
9	279	Scheie's Operation	Ophthalmology (C)	2550	1700
10	287	Vitrectimy	Ophthalmology (C)	2550	1700
	367	Cataract Operation (Extraction of Lens).		900	600
	328	Microsurgery (IOL)		1350	900
	352	DCR Under - LA		975	650
	353	DCR Under - GA		2100	1400
	358	Phaco Emulsification		4200	3260

Note : 1) If any operation is done outside the above list, its Group will be decided by the Hospital Authority and charges will be Payable Accordingly.

2) The rates and charges are subject to changes from time to time. In case of any variation between charges taken and charges published, please contact the Hospital authority as soon as possible with money receipt.