

**RAMAKRISHNA MISSION SEVA PRATISHTHAN**  
**(A General Hospital)**



**SCHEDULE OF CHARGES**

**1st March, 2023**

*Issued by*  
The Secretary  
Ramakrishna Mission Seva Pratishthan  
99, Sarat Bose Road, Kolkata - 700 026

Phone : +91 33 2475-3636 (4 Lines), 4032-0200  
E-Mail : [rkmspm@gmail.com](mailto:rkmspm@gmail.com)  
Website : [www.rkmsevapratishtan.org](http://www.rkmsevapratishtan.org)

## Contents

<u>Title</u>	<u>Page No.</u>
Some important information	3
Schedule :	
A. OPD Registration Fee	5
B. Daily Charges	5
C. Confinement	5
C1. Oxygen Charges	5
D. Investigations :	
D1. Radiology	6
D2. CT Scanning	15
D2A DEXA Scan	16
D3. MRI Scanning	16
D4. Ultrasonography	18
D5. Echocardiography	22
D6. Haematology	22
D7. Clinical Pathology	24
D8. Immunology	25
D9. Serology	26
D10. Microbiology	27
D11. Histopathology	28
D12. Cytology	28
D13. Biochemistry	29
D14. Genetics	34
D15. Cardiac	34
D16. Neuro	35
D17. Endoscopy	35
D18. Others	36
D19. Day Care Obstetrics Unit & Gynae OPD	36
D20. Urodynamic Studies (Urology OPD)	36
Infertility Clinic	36
E. Plastering, Reduction, Etc.	37
F. Cardiac Instrumentation	38
F-1. Cath Lab	38
G. Haemodialysis	40
H. Dental Surgery & Instrumentations	42
I. ENT Surgery & Instrumentation	43
J. Eye Surgery & Instrumentation	43
K. Blood Bank	45
L. Therapy	45
Interventional Pain Management (IPM)	46
M. Extra	47
N. Cancellation Charges	48
O. Duplicate Report Copies	48
P. Service Charges (Non Refundable)	48
Q. Miscellaneous	49
R. Operations	49
S. List of Operations (Department Wise)	53

**RAMAKRISHNA MISSION SEVA PRATISHTHAN**  
**SCHEDULE OF CHARGES**  
**(As on 01-04-2021)**

**INTRODUCTION**

Established in 1932, as a small maternity and child welfare clinic this institution was originally known as the RAMAKRISHNA MISSION SISHUMANGAL 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.
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) :

	<b><u>Paying Ward</u></b> (₹)	<b><u>Cabin "E"</u></b> (₹)
A. i) Maternity Ward for normal confinement	2550.00	6500.00
ii) Extra for Forceps Delivery	250.00	300.00
iii) Extra for Caesarean Section to cover O.T. charges	2000.00	3000.00

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 for any reason, 50% of the booking amount will be deducted as Cancellation Charges before the refund is made.

- B. Intensive Care Unit, Coronary Care Unit, High Dependency Unit, Intensive Therapy Unit, Cardiology Ward (ICU, CCU, HDU, ITU & CW) : 5 days' Seat Rent and ₹ 200/- as non-refundable Service Charges.
- C. Other Wards : 10 days' Seat Rent and non-refundable Service Charge of ₹ 150/- and ₹ 200/- for General 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 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 ₹ 9,000/- (Rupees nine 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 ₹ 500/- 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. 20/- 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 @ 20/- each.

For Obstetric Cases Rs. 60/- for New Card – valid till Delivery

SERV CODE	DESCRIPTION	CHARGE (₹)
INJO	Disposable Syringe (any type 1, 2, 3, 5)	7

### B. DAILY CHARGES

SERV TYPE	SERV CODE	DESCRIPTION	CHARGE (₹)
BRC	BR01	Paying Ward (General)	150
BRC	BR10	Caesarian Room	400
CRC	CR06	Cardiology Ward Bed	600
CRC	CR06	High Dependency Unit (I, II & III) (with Cardiac Monitor)	2500
CRC	CR05	Coronary Care Unit (CCU)	1500
BRC	BR06	Paying Ward (Paediatric)	200
CRC	CR04	Cabin A (Paediatric) Full Cabin (with Toilet)	800
CRC	CR03	Cabin B (Paediatric) Half Cabin (without Toilet)	500
CRC	CR02	Cabin C (Cabin without Toilet)	600
CRC	CR01	Cabin D (Cabin with Toilet)	800
CRC	CR08	Cabin E (AC Cabin without Toilet)	1000
CRC	CR09	Special Cabin Delux (Premananda Ward)	2500
BRC	BR08	CTVS ITU Ward	1300
BRC	BR11	Paying Ward (Genral) with AC	400
CRC	CR07	Cabin F (AC Cabin with Toilet)	1200
BRC	BR07	Intensive Therapy Unit (with Cardiac Monitor)	2500
CRC	CR05	Intensive Care Unit (ICU)	1500
CRC	CR10	ICU Isolation	1700
SBW	SB01	Neonatal Intensive Care Unit (NICU-I)	300
SBW	SB02	Neonatal Intensive Care Unit (NICU-II)	300
SBW	SB03	Paediatric Intensive Care Unit (PICU)	300
OHE3		PPE Kits (for doctors, nurses and other health care providers) for HDU-I & II patients, General Bed in Wards / ICU / Cabin (Per Day)	1000

### C. CONFINEMENT (OPERATION CHARGES)

SERV TYPE	SERV CODE	DESCRIPTION	CABIN B CHARGE (₹)	GEN. BED CHARGE (₹)
CON	CN01	Normal Confinement	3000	2500
CON	CN02	Caesarean Section	6000	4500
CON	CN03	Forceps Delivery	3500	3000
CON	CN04	Emergency Delivery Charges for Normal / Cesarean	500	500
CON	CN05	Episiotomy during delivery	500	500

### C1. OXYGEN CHARGES

SERV TYPE	SERV CODE	DESCRIPTION	CABIN/ICU/HDU CCU/PICU/ITU/ Card. Ward CHARGE (₹)	GEN. BED CHARGE (₹)
OXY	OX01	Oxygen Charges (Daily)	1,000	500

## D1. INVESTIGATIONS - RADIOLOGY

### (DIGITAL X-RAY)

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
<b>SKULL</b>	DXRC	DXR1	AP Or PA	200.00	180.00
	DXRC	DXR2	RT. Or LT. LAT	200.00	180.00
	DXRC	DXR3	AP + LAT	350.00	300.00
	DXRC	DXR4	Tangential View	200.00	180.00
	DXRC	DXR5	Towne's View	200.00	180.00
	DXRC	DXR6	Reverse Towne's View	200.00	180.00
	DXRC	DXR7	Stenverse View	200.00	180.00
	DXRC	DXR8	I.A.M. View	200.00	180.00
	DXRC	DXR9	E.A.M. View	200.00	180.00
	DXRC	DXR10	Base View	200.00	180.00
	DXRC	DXR11	Mastoid One Side Lat. Oblique View	200.00	180.00
	DXRC	DXR12	Mastoid's Both Lat. Oblique View	350.00	300.00
	DXRC	DXR13	T.M. Joint (One Side) Open & Close Mouth	350.00	300.00
	DXRC	DXR14	T. M. Joint (Both Side) Open & Close Mouth	680.00	600.00
<b>PNS</b>	DXRC	DXR15	OM View	200.00	180.00
	DXRC	DXR16	OF View	200.00	180.00
	DXRC	DXR17	Water's View	200.00	180.00
	DXRC	DXR18	Cladwell's View	200.00	180.00
	DXRC	DXR19	LAT View (PNS)	200.00	180.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
ORBIT	DXRC	DXR20	Orbit PA	200.00	180.00
	DXRC	DXR21	Optic Foramen One Side	200.00	180.00
	DXRC	DXR22	Optic Foramen Both Side	350.00	300.00
MANDIBLE	DXRC	DXR23	Mandible PA	200.00	180.00
	DXRC	DXR24	Mandible LAT	200.00	180.00
	DXRC	DXR25	LAT. Oblique View One Side	200.00	180.00
	DXRC	DXR26	LAT. Oblique View Both Side	350.00	300.00
FACE	DXRC	DXR27	Face AP or LAT Or OM View	200.00	180.00
	DXRC	DXR28	Face AP + LAT. View	350.00	300.00
	DXRC	DXR29	Nasal Bone - Both LAT	350.00	300.00
	DXRC	DXR30	Soft Tissue Neck AP + LAT	350.00	300.00
	DXRC	DXR31	Soft Tissue Neck Nasopharynx LAT	200.00	180.00
CERVICAL SPINE	DXRC	DXR32	AP View or LAT Cerv. Spine	200.00	180.00
	DXRC	DXR33	AP + Lat View Cerv. Spine	350.00	300.00
	DXRC	DXR34	One Side Oblique view	200.00	180.00
	DXRC	DXR35	Both Side Oblique View	350.00	300.00
	DXRC	DXR36	Flexion + Extension View	350.00	300.00
	DXRC	DXR37	AP + LAT + Both Oblique	680.00	600.00
	DXRC	DXR204	AP + LAT. In Flexion & Extension	500.00	450.00
	DXRC	DXR38	Open Mouth View	200.00	180.00
	DXRC	DXR39	Trans - LAT View	200.00	180.00
	DXRC	DXR40	Cervico-Dorsal Spine AP Or LAT	200.00	180.00
	DXRC	DXR41	Cervico-Dorsal Spine AP + LAT	240.00	200.00
	DXRC	DXR42	Thoracic Inlet AP View	200.00	180.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
<b>DORSAL SPINE</b>	DXRC	DXR44	AP Or LAT View	200.00	180.00
	DXRC	DXR45	AP + LAT View	350.00	300.00
	DXRC	DXR46	One Side Oblique	200.00	180.00
	DXRC	DXR47	Both Side Oblique	350.00	300.00
	DXRC	DXR48	Dorso-Lumber AP Or LAT	200.00	180.00
	DXRC	DXR50	Dorso-Lumber Spine AP & Lat	350.00	300.00
<b>LUMBER SPINE (LS)</b>	DXRC	DXR51	AP Or LAT View	200.00	180.00
	DXRC	DXR52	AP + LAT View	350.00	300.00
	DXRC	DXR53	One Side Oblique View	200.00	180.00
	DXRC	DXR54	Both Side Oblique View	350.00	300.00
	DXRC	DXR55	Flexion + Extension View	350.00	300.00
	DXRC	DXR56	AP + LAT in Flex. & Extn. View	500.00	450.00
	DXRC	DXR57	AP+LAT+Flex.+Extn. View	680.00	600.00
	DXRC	DXR58	Cone View -AP Or LAT View	200.00	180.00
	DXRC	DXR59	Cone View -AP+LAT View	350.00	300.00
<b>SACRUM &amp; COCCYX</b>	DXRC	DXR60	AP View Or LAT View	200.00	180.00
	DXRC	DXR61	AP+LAT View	350.00	300.00
<b>PELVIS</b>	DXRC	DXR62	Pelvis AP View	200.00	180.00
	DXRC	DXR63	Pelvis with Both Hip AP View	200.00	180.00
	DXRC	DXR64	Both Hip AP View	200.00	180.00
	DXRC	DXR65	RT. Or Lt. Hip AP View	200.00	180.00
	DXRC	DXR66	RT Or LT Hip LAT View	200.00	180.00
	DXRC	DXR67	Both Hip Lat View	350.00	300.00
	DXRC	DXR68	Both Hip AP + LAT View	500.00	450.00
	DXRC	DXR69	Oblique View for One Side	200.00	180.00
	DXRC	DXR70	Oblique View for Both Side	350.00	300.00



ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
	DXRC	DXR71	RT. Or LT. Hip with Femur AP or LAT	200.00	180.00
	DXRC	DXR72	RT. Or LT. Hip with Femur AP + LAT	350.00	300.00
	DXRC	DXR73	Both Hip with Femur AP View	200.00	180.00
	DXRC	DXR74	Both Hip Frog Leg LAT View	200.00	180.00
	DXRC	DXR75	S.I. Joint Both Side AP View	200.00	180.00
	DXRC	DXR76	S.I. Joint Both Side Oblique View	350.00	300.00
	DXRC	DXR77	S.I. Joint AP + Both Oblique	500.00	450.00
	DXRC	DXR78	S.I. Joint AP+ One Side Oblique	350.00	300.00
<b>KNEE JT.</b>	DXRC	DXR79	RT. Or LT./AP Or LAT View	200.00	180.00
	DXRC	DXR80	RT. Or LT. AP+ LAT View	350.00	300.00
	DXRC	DXR81	Both Knee AP Or LAT View	350.00	300.00
	DXRC	DXR82	Both Knee AP + LAT View	680.00	600.00
			<b>(1 To 4 - Standing or Supine)</b>		
	DXRC	DXR83	Knotch View One Side	200.00	180.00
	DXRC	DXR84	Knotch View Both Side	350.00	300.00
	DXRC	DXR85	Skyline View of Patella One Side	200.00	180.00
	DXRC	DXR86	Skyline View of Patella Both Side	350.00	300.00
	DXRC	DXR87	Each Knee With Femur Or Each Knee with Leg Ap View	200.00	180.00
	DXRC	DXR88	Each Knee with Femur Or LEG LAT View	200.00	180.00
	DXRC	DXR89	Both Knee with Femur Or LEG AP	350.00	300.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
	DXRC	DXR90	Both Knee with Femur	350.00	300.00
			Or LEG LAT		
	DXRC	DXR91	Both Knee with Femur	680.00	600.00
			Or LEG AP + LAT		
LEG	DXRC	DXR92	Each LEG AP Or LAT View	200.00	180.00
	DXRC	DXR93	Each LEG AP + LAT View	350.00	300.00
	DXRC	DXR94	Both LEG AP Or LAT View	350.00	300.00
	DXRC	DXR95	Both LEG AP + LAT View	680.00	600.00
ANKLE	DXRC	DXR96	Each Ankle AP Or LAT View	200.00	180.00
	DXRC	DXR97	Each Ankle AP + LAT View	350.00	300.00
	DXRC	DXR98	Both Ankle AP + LAT View	680.00	600.00
	DXRC	DXR99	Each Ankle Oblique View	200.00	180.00
	DXRC	DXR100	Each Ankle	350.00	300.00
			Both Oblique View		
	DXRC	DXR101	Both Ankle Oblique View	350.00	300.00
	DXRC	DXR102	Both Ankle	680.00	600.00
			Both Oblique View		
	DXRC	DXR103	Mortise View (Each)	200.00	180.00
	DXRC	DXR104	Mortise View (Both Ankle)	350.00	300.00
	DXRC	DXR105	Each Ankle AP+LAT+OB.	500.00	450.00
	DXRC	DXR106	Both Ankle AP+LAT+OB.	1000.00	900.00
	DXRC	DXR107	Each Heel Or Calcantium	200.00	180.00
		Axial View			
DXRC	DXR108	Each Heel Or Calcantium	200.00	180.00	
		LAT View			
DXRC	DXR109	Both Heel Or Calcantium	350.00	300.00	
		Axial View			
DXRC	DXR110	Both Heel Or Calcantium	350.00	300.00	
		LAT View			

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
FOOT	DXRC	DXR111	Both Heel Or Calcantium Axial + LAT View	680.00	600.00
	DXRC	DXR112	Each Foot AP Or LAT Or Oblique	200.00	180.00
	DXRC	DXR113	Each Foot AP+ LAT View	350.00	300.00
	DXRC	DXR114	Each Foot AP+ Oblique View	350.00	300.00
	DXRC	DXR115	Both Foot AP Or LAT Or Oblique	350.00	300.00
	DXRC	DXR116	Both Foot AP+ LAT View	680.00	600.00
	DXRC	DXR117	Both Foot AP+ Oblique View	680.00	600.00
CHEST	DXRC	DXR118	Sternum LAT Or Oblique View	200.00	180.00
	DXRC	DXR119	Sternum LAT + Oblique View	350.00	300.00
	DXRC	DXR120	PA/LAT/ Oblique	200.00	180.00
	DXRC	DXR121	PA + LAT View	350.00	300.00
	DXRC	DXR122	PA+RT. Or LT. Oblique	350.00	300.00
	DXRC	DXR123	PA + Both Oblique View	500.00	450.00
	DXRC	DXR124	LAT. Decubetus Or Trans LAT View	200.00	180.00
CALVICAL SCAPULA	DXRC	DXR125	Apical Or Lordoti & View	200.00	180.00
	DXRC	DXR126	Each Or Both Clavical AP	200.00	180.00
	DXRC	DXR127	Each side AP Or Oblique	200.00	180.00
	DXRC	DXR128	Both Side AP View	350.00	300.00
	DXRC	DXR129	Both Side Oblique View	350.00	300.00
	DXRC	DXR130	Each Scapula 'Y' View	200.00	180.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
SHOULDER	DXRC	DXR131	Each Schoulder AP Or		
			Lat Or Oblique	200.00	180.00
	DXRC	DXR132	Each Shoulder AP + Lat		
			Or Oblique	350.00	300.00
	DXRC	DXR133	Each Shoulder AP+Oblique	350.00	300.00
	DXRC	DXR134	Each Shoulder Axial View	200.00	180.00
	DXRC	DXR135	Each Shoulder Y-View	200.00	180.00
DXRC	DXR136	Both Shoulder- AP+Lat	680.00	600.00	
HUMERUS OR ARM	DXRC	DXR137	AP Or Lat (Each) View	200.00	180.00
	DXRC	DXR138	Each Humerous AP+Lat	350.00	300.00
	DXRC	DXR139	Both Humerous AP+Lat	680.00	600.00
ELBOW	DXRC	DXR140	Each AP Or Lat	200.00	180.00
	DXRC	DXR141	Each Elbow AP+Lat	350.00	300.00
	DXRC	DXR142	Each Elbow Oblique View	200.00	180.00
	DXRC	DXR144	Both Elbow Oblique View	350.00	300.00
	DXRC	DXR145	Each Elbow		
			AP+Lat+Oblique	500.00	450.00
	DXRC	DXR146	Both Elbow AP+Lat+Oblique	1000.00	900.00
	DXRC	DXR147	Each Elbow Shoot		
			Through View	200.00	180.00
DXRC	DXR148	Both Elbow Shoot			
		Through View	350.00	300.00	
FOREARM	DXRC	DXR149	Each F.A. AP Or Lat.		
			OR Oblique	200.00	180.00
	DXRC	DXR150	Each F.A. AP+Lat View	350.00	300.00
	DXRC	DXR151	Each F.A. AP+Lat+Oblique	500.00	450.00
	DXRC	DXR152	Both F.A. AP Or Lat Or OB	200.00	180.00
	DXRC	DXR153	Both F.AAP + Lat	680.00	600.00
	DXRC	DXR154	Both F.A. AP+Lat + Oblique	1000.00	900.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
WRIST	DXRC	DXR155	Each Side AP Or Lat		
			Or Oblique	200.00	180.00
	DXRC	DXR156	Each Wrist AP + Lat	350.00	300.00
	DXRC	DXR157	Each Wrist AP+Lat+Oblique	500.00	450.00
	DXRC	DXR158	Each Wrist Scaphoid View	200.00	180.00
	DXRC	DXR159	Both Wrist AP Or Lat		
			Or Oblique	350.00	300.00
	DXRC	DXR160	Both Wrist AP+Lat View	680.00	600.00
DXRC	DXR161	Both Wrist AP+Lat+Oblique	1000.00	900.00	
DXRC	DXR162	Both Wrist Scaphoid View	350.00	300.00	
HAND OR PALM	DXRC	DXR163	Each Hand AP Or Lat		
			Or Oblique	200.00	180.00
	DXRC	DXR164	Each Hand AP+Lat View	350.00	300.00
	DXRC	DXR165	Each Hand AP+Obli. View	350.00	300.00
	DXRC	DXR166	Each Hand AP+Lat+Oblique	500.00	450.00
	DXRC	DXR167	Both Hand AP Or Lat		
			Or Oblique	350.00	300.00
	DXRC	DXR168	Both Hand AP+Lat View	680.00	600.00
DXRC	DXR169	Both Hand AP+Obli. View	680.00	600.00	
DXRC	DXR170	Finger (Phlanges) AP + Lat View	350.00	300.00	
ABDOMEN	DXRC	DXR171	Erect Or Supine AP View	200.00	180.00
	DXRC	DXR172	Erect + Supine AP View	350.00	300.00
	DXRC	DXR173	Kub AP View	350.00	300.00
	DXRC	DXR174	Abdomen Trans. Lat View	200.00	180.00
DENTAL	DXRC	DXR175	Per Film	140.00	120.00
	DXRC	DXR176	Occlusal	350.00	300.00
	DXRC	DXR	OPG X-ray	680.00	600.00

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
INVESTIGATION	DXRC	DXR177	BA-Swallow+SD+ICR	2600.00	2200.00
	DXRC	DXR178	BA-Swallow Oesophagus	1350.00	1200.00
	DXRC	DXR179	BA-Swallow+Strom Dud	2200.00	1800.00
	DXRC	DXR180	BA-Swallow+ST. DU.+F.T.	3000.00	2500.00
	DXRC	DXR181	BA Stomachdudenum	1250.00	1100.00
	DXRC	DXR182	BA Stomachdudenum&F.T	2060.00	1800.00
	DXRC	DXR183	Barium I.C.R. (Only)	1000.00	900.00
	DXRC	DXR184	Barium Enema	1800.00	1600.00
	DXRC	DXR185	I.V.P.	1700.00	1500.00
	DXRC	DXR186	H.S.G.	1140.00	1000.00
	DXRC	DXR187	Fistulogram	1140.00	1000.00
	DXRC	DXR188	MCU	1140.00	1000.00
	DXRC	DXR189	Sinogram	1140.00	1000.00
	DXRC	DXR190	Sialogram	1250.00	1000.00
	DXRC	DXR191	Nephrostogram	1250.00	1000.00
	DXRC	DXR192	RGP (One Side) Retrograde Pyelography	1350.00	1200.00
	DXRC	DXR193	RGP (Both Side) Retrograde Pyelography	1700.00	1500.00
	DXRC	DXR194	Fluroscopy	140.00	120.00
	DXRC	DXR197	Ascending Urethrogram	600.00	500.00
	DXRC	DXR198	T. Tube Cholangiogram	680.00	600.00
	DXRC	DXR199	Per OP Cholangiogram (In OT)	1350.00	1200.00
DXRC	DXR200	Dacryocystogram(One Side)	1000.00	900.00	
DXRC	DXR201	Dacryocystogram(Both Side)	1350.00	1200.00	

ORGANS	SERV TYPE	SERV CODE	INVESTIGATION/ PROCEDURE	CHARGES AT	CHARGES AT
				ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
PORTABLE X-RAY	DXRC	DXR202	Portable X-Ray	350.00	300.00
O. T.	DXRC	DXR203	X-Ray At OT C-ARM	1800.00	1600.00
	DXRC	DXR204	Cervical AP+Lat-in Flexion	500.00	450.00
	DXRC	DXR205	X-Ray Duplicate Film with Report		50.00
	DXRC	DXR211	Mamogram (Both Breasts)	1900.00	1700.00
	DXRC	DXR212	Mamogram (Single Breasts)	1500.00	1200.00
	DXRC	OPG	OPG X-Ray	680.00	600.00

## D2. INVESTIGATIONS – CT SCANNING

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
CTS	CT01	Brain Scan	1500	1400
CTS	CT02	Upper Abdomen Scan	3100	3000
CTS	CT03	Lower Abdomen Scan	3100	3000
CTS	CT04	Whole Abdomen Scan	5700	5500
CTS	CT05	Any Organ Scan	3600	3500
CTS	CT06	Brain & Orbit Scan	4200	4000
CTS	CT07	Chest/Thorax Scan	3600	3500
CTS	CT08	Spine/HIP Scan	4100	4000
CTS	CT09	CT Scan - PNS	3100	3000
CTS	CT15	Brain Screening	1100	1000
CTS	CT16	Upper Abdomen Screening	1500	1400
CTS	CT17	Lower Abdomen Screening	1500	1400
CTS	CT18	Whole Abdomen Screening	3100	3000
CTS	CT19	Any Organ Screening	1500	1400
CTS	CT20	Chest/Thorax Screening	2100	2000
CTS	CT21	Spine/Hip Screening	1500	1400
CTS	CT27	C.T. Guided FNAC	2700	2500
CTS	CT28	C.T. Thorax with Guided FNAC	5700	5500
CTS	CT29	PNS Limited Cut Only Coronal/Axial	1200	1100

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
CTS	CT30	Mastoid Limited Cut Coronal/Axial	1300	1200
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	6700	6500
CTS	CT41	Carotid Angio	6700	6500
CTS	CT42	Upper Limb Angio	11200	11000
CTS	CT43	Lower Limb Angio	12200	12000
CTS	CT44	Abdominal / Aortic Angio	10200	10000
CTS	CT45	Renal Angio	9200	9000
CTS	CT46	Triple Phase Liver	6700	6500
CTS	CT47	Dual Phase Liver	6700	6500
CTS	CT48	KUB / IVU / Urogram / Pyelogram	6700	6500
CTS	CT49	3D Reconstruction of any part of bone	6700	6500
CTS	CT50	CT Urogram (Contrast Study)	4200	4000
CTS	CT51	CT Guided Biopsy Procedure	5700	5500
CTS	CT54	W/A Angio (Triple Phase)	11200	11000

### D2A. INVESTIGATIONS – DEXA SCAN

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
DS	DS01	Dual Femur (Hip)	2000	1800
DS	DS02	AP Spine	2000	1800
DS	DS03	Dual Femur (HIP) & AP Spine	2900	2500
DS	DS04	Total Body	4000	3000

### D3. INVESTIGATIONS – MRI SCANNING

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
MRI	MRI01	Brain	3100	3000



SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
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	MRI12	MRCP and Upper Abdomen	6200	6000
MRI	MRI13	MRI Upper Abdomen	3100	3000
MRI	MRI14	MRI Lower Abdomen / Pelvis	3100	3000
MRI	MRI16	Orbit	3100	3000
MRI	MRI17	PNS	3100	3000
MRI	MRI18	Angio & Veno (Brain)	4100	4000
MRI	MRI20	MRI Myelogram	2100	2000
MRI	MRI21	Brain & Orbit	5200	5000
MRI	MRI22	MRI Fistulogram	2100	2000
MRI	MRI23	Extremity or Swelling	3100	3000
MRI	MRI25	MRI Cervical Spine Bronchial Plexus	5200	5000
MRI	MRI26	MRI LS Spine & S.I Joint	5200	5000
MRI	MRI28	Sacro Iliac Joint	2600	2500
MRI	MRI29	MRI Contrast (10 ml.)	1600	1500
MRI	MRI30	MRI Anaesthesia	850	750
MRI	MRI31	Duplicate Report & Film of MRI	1000	1000
MRI	MRI32	MRI Venogram	2100	2000
MRI	MRI33	Duplicate Report of MRI	-	50
MRI	MRI50	MRI Contrast Study Additional	200	200
MRI	MRI51	Brain Volumetric - Hippocampi Analysis Regular MRI Charges + Additional.....	600	500

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

#### D4. ULTRASONOGRAPHY

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
USG	US00	Lower Abdomen	800	700
USG	US01	Upper Abdomen (Liver, GB, Panc)	800	700
USG	US02	Pelvis	800	700
USG	US03	Upper & Lower Abdomen	1300	1200
USG	US04	KUB + Prostate	800	700
USG	US05	Single Organ	900	800
USG	US06	Pregnancy Profile Single	800	700
USG	US06A	Pregnancy Profile Twin	1100	1000
USG	US06B	Early/Dating Scan Single	800	700
USG	US06C	Early/Dating Scan Twin	1100	1000
USG	US06D	Growth Scan Single	900	800
USG	US06E	Growth Scan Twin	1300	1200
USG	US06F	TVS	1300	1200
USG	US07	USG : Brain	900	800
USG	US08	USG : Thyroid/Neck	900	800
USG	US09	US Testes/Scrotum Both	900	800
USG	US10	Eye/Knee/Breast Single	900	800
USG	US11	Eye/Knee/Breast Both	1200	1100
USG	US12	Both Organ Screening	800	700
USG	US14	Anomaly Scan Single	1300	1200
USG	US14A	Anomaly Scan Twin	2100	1900
USG	US15	Combined First Trimester Screening (NT) 1600 (Add Double Marker Rs. 2000 to be done outside)		1400
USG	US15A	Combined First Trimester Screening (NT) (Twin) 2300		2100
USG	US19	Screening upper Abdomen	550	500
USG	US20	Screening Lower Abdomen	550	500
USG	US21	Screening Whole Abdomen	550	500

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
USG	US22	Screening Pregnancy	550	500
USG	US23	Screening KUB + Prostate	550	500
USG	US24	Single Organ Screening	550	500
USG	US30	USG Guided FNAC	1600	1400
USG	US31	USG Guided Aspiration	2000	1800
USG	US32	USG Guided Aspiration (Portable)	2600	2400
USG	US33	USG Guided FNAC (Portable)	2100	1900
USG	US34	USG Guided Pigtail Drainage (Portable)	5100	4800
USG	US37	Portable USG	1300	1200
USG	US38	Portable USG Doppler Study	550	500
USG	US40	Carotid Doppler One Side	1200	1100
USG	US41	Carotid Doppler Both Side	2300	2100
USG	US42	Colour Doppler Study of Both Limbs Artery + Vein (U/L) (R/L)	5500	5300
USG	US43	Colour Doppler Study of Both Lower Limbs Artery Vein	5500	5300
USG	US44	Single Limb Artery (Peripheral)	1900	1700
USG	US44A	Both Limb Artery (Upper/Lower)	3300	3000
USG	US44B	USG Guided Pigtail Drainage	3800	3500
USG	US44C	USG Guided Biopsy	4800	4500
USG	US45	Single Limb Vein (U/L) (R/L)	1400	1200
USG	US45A	Both Limb Vein (Upper/Lower)	2600	2400
USG	US46	Single Limb Artery + Vein (U/L) (R/L)	3000	2800
USG	US49	Doppler Study of Renal Artery (Bilateral)	2000	1800
USG	US50	Portal Vain Doppler	1400	1200
USG	US51	Doppler Study of Pregnancy Single	1400	1200
USG	US51A	Doppler Study of Pregnancy Twin	2000	1800

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/ GEN. BED (₹)
USG	US52	Foetal Doppler Echo Study	1600	1400
USG	US52A	Foetal Doppler Echo Study (Twin baby)	2600	2400
USG	US53	Doppler Study of Hand	1400	1200
USG	US54	Doppler Study of Wrist	1400	1200
USG	US55	Doppler Study of Scrotum (Both)	1400	1200
USG	US56	Doppler Study of Pelvis	1400	1200
USG	US56A	Doppler Study of Pelvis (Screening)	1100	1000
USG	US57	Doppler Study of Renal Vein	1400	1200
USG	US58	Doppler Study of Both (U/L) Limb Vessel	5500	5300
USG	US60	Carotid Doppler One Side (Single Screening)	800	700
USG	US61	Carotid Doppler Both Side (Single Screening)	1300	1200
USG	US62	Peripheral Artery Both Side (U/L Screening)	1900	1700
USG	US63	Peripheral Vein Both Side (U/L Screening)	1400	1200
USG	US64	Colour Flow Image of Peripheral Artery R/L U/L Single One Side (Screening)	1200	1100
USG	US65	Colour Flow Image Of Peripheral Artery Right/Left Lower Limb (Screening)	1200	1100
USG	US66	Colour Flow Image Of Peripheral Vein Right/Left Upper Limb (Screening)	800	700
USG	US67	Colour Flow Image Of Peripheral Vein Right/Left Lower Limb (Screening)	800	700
USG	US68	Colour Flow Image Of Both Upper Limbs Vessels R + L (Screening)	3000	2800
USG	US69	Colour Flow Image Of Both Lower Limbs Vessels R + L (Screening)	3000	2800
USG	US70	Doppler Study Of Renal Artery (Bilateral) (Screening)	1100	1000
USG	US71	Doppler Study Of Renal Vein (Bilateral) (Screening)	800	700

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
USG	US71A	Doppler Study Of Renal Vessels (Bilateral) (Screening)	1100	1000
USG	US72	Doppler Study Of Pregnancy (Screening)	900	800
USG	US73	Foetal Doppler Echo Study (Screening)	1100	1000
USG	US73A	Foetal Doppler Echo Study Screening (Twin baby)	1600	1400
USG	US74	Abdominal Aorta including Spleno-Portal Doppler/Portal Vain Doppler with Film	1900	1700
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	1600	1400
USG	US92	Biochemistry with Free HCG / Para - A	800	700
USG	US93	Biochemistry (10 to 11 Weeks) with NT 11 to 13 weeks	800	700

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)

#### D5. ECHO-CARDIOGRAPHY

EKH	EK03	Echo-Colour Doppler Study	1500	1400
EKH	EK35	Portable Echo Colour Doppler Stuty (With Film)	2000	1800
EKH	EK09	Echo Colour Doppler Screening	1000	900
EKH	EK10	Doubtamine Stress Echo	3000	2500
EKH	EK11	Pericardial Effusion Tapping Under of Central/Echo	1200	1000
EKH	EK12	Portable Echo-Cardiography (Screen)	700	600
EKH	EK16	Duplicate Report & Flim of Echo	100	100
EKH	EK22	Trans-Oesophageal Echo (TEE)	4500	3900
EKH		Trans-Oesophageal Echo (Portable)	4500	4200
EKH	EK23	Trans Oesophageal Echo Screening	3600	3400
EKH	EK33	Echo Screening (Paediatric)	350	300
EKH	EK34	Paediatric Echocardiography	1800	1700

#### D6. INVESTIGATIONS – HAEMATOLOGY

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
HMT	HM00	TC DC HB ESR	170	150
HMT	HM01	TC DC HB	150	130
HMT	HM02	Total Count	60	50
HMT	HM03	Differential Count	60	50
HMT	HM04	Haemoglobin	60	50
HMT	HM05	ESR	60	50
HMT	HM06	PCV	60	50
HMT	HM07	RBC	60	50

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
HMT	HM08	BT & CT	80	70
HMT	HM09	BT	50	40
HMT	HM10	CT	50	40
HMT	HM11	MP	120	100
HMT	HM12	MF	120	100
HMT	HM13	Reticulocytes	140	120
HMT	HM15	Aldehyde Test	70	60
HMT	HM16	Peripheral Blood Film Study	80	70
HMT	HM17	Peripheral Blood Film with ABS Values	80	70
HMT	HM18	Platelet Count	80	70
HMT	HM19	Clot Retraction	80	70
HMT	HM20	Lysis	120	100
HMT	HM21	Complete Haemogram with ABS Values	230	200
HMT	HM22	Bone Marrow Aspiration	920	800
HMT	HM23	RBC Osmotic Fragility Test	460	400
HMT	HM24	LE Cell Detection	230	200
HMT	HM25	Total Eosinophil Count	60	50
HMT	HM26	Glucose 6 PD	350	300
HMT	HM28	Prothrombin Time with INR	170	150
HMT	HM29	Activated Partial Thromb Time (APTT)	520	450
HMT	HM30	Thrombin Clotting Time	150	130
HMT	HM31	Plasma Fibrinogen	460	400
HMT	HM32	F D P Test	700	600
HMT	HM36	HbA1C	500	450
HMT	HM37	Thalassemia Screening	580	500
HMT	HM38	Hb & PCV	90	80
HMT	HM42	Plasmodium Falciparum Malaria	350	300
HMT	HM43	D-DIMER Test	850	800
HMT	HM47	Bone Marrow Biopsy	1100	1000
HMT	HM49	M.C.V	60	50

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
HMT	HM50	M.C.H.	60	50
HMT	HM51	M.C.H.C.	60	50
HMT	HM52	MCV/MCH/MCHC	180	150
HMT	HM53	Double Antigen (P.Faliciparum & P.Vivax)	520	450
HMT	HM54	Coagulation Profile	1260	1100
HMT	HM56	Bone Marrow Aspiration + Biopsy	2000	1800

#### D7. INVESTIGATIONS – CLINICAL PATHOLOGY

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
CLP	CP01	CSF for Cell Count	120	100
CLP	CP02	CSF for Cell Type	120	100
CLP	CP03	CSF for Cell Count & Type	200	180
CLP	CP04	CSF for AFB Stain	120	100
CLP	CP05	CSF for GRAM Stain	120	100
CLP	CP06	PERI / PLEU Fluid-Cell Count	120	100
CLP	CP07	PERI / PLEU Fluid-Cell Type	120	100
CLP	CP08	PERI / PLEU Fluid-Gram Stain	120	100
CLP	CP09	PERI / PLEU Fluid-AFB Stain	120	100
CLP	CP10	Semen Analysis	230	200
CLP	CP11	Urine Routine Examination	80	70
CLP	CP12	Acetone in Urine	80	70
CLP	CP13	Bile Salt in Urine	80	70
CLP	CP14	Bile Pigment in Urine	80	70
CLP	CP15	Urobilinogen & Others in Urine	80	70
CLP	CP16	Bence Jones Protein in Urine	90	80
CLP	CP17	Albumin in Urine	80	70



SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
CLP	CP18	Chylous Urine for Study	90	80
CLP	CP20	Stool Routine Examination	80	70
CLP	CP21	Occult Blood in Stool	80	70
CLP	CP22	Stool Routine by Concentration Method	80	70
CLP	CP24	Sputum Direct Smears for AFB	90	80
CLP	CP26	Smears from any specimen for Gram Stain	90	80
CLP	CP27	Smears from any other Specimen for AFB Stain	90	80
CLP	CP33	PUS FOR ACID FAST BACILLI	90	80
CLP	CP34	PERI/PLEU FLUID CELL TYPE & COUNT	200	180
CLP	CP37	ASCITIC / PLEURAL FLUID CELL COUNT & TYPE	200	180
CLP	CP38	PERI / SYNOVIOL FLUID-CELL COUNT & TYPE	180	160
CLP	CP42	Indian Ink	120	100
CLP	CP43	Reducing Substances Test	80	70
CLP	CP44	Fungal Stain	120	100

#### D8. INVESTIGATIONS – IMMUNOLOGY

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
IMM	IM01	Mantoux Text	90	80
IMM	IM02	VDRL	90	80
IMM	IM03	Vitamin B-12	800	700
IMM	IM04	Folic Acid (Folate)	800	700
IMM	IM05	Vitamin B-12 & Folic Acid (Folate)	1400	1200
IMM	IM06	Widal Test	120	100
IMM	IM07	DENGU (IgG & IgM) by Elisa / Antibody	800	700
IMM	IM08	DENGU NS1 Antigen by Elisa	800	700

SERV TYPE	SERV CODE	DESCRIPTION	CARGES AT	CARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
IMM	IM10	Anti-Nuclear Antibody Test (ANA)	690	600
IMM	IM14	Australia Antigen (Enhanced Chemiluminescence Method)	400	350
IMM	IM19	Clot Retraction	90	80
IMM	IM20	Anti-HIV I & II (Enhanced Chemiluminescence Method)	500	450
IMM	IM23	HAM Test	180	150
IMM	IM25	Coagulation Correction	920	800
IMM	IM26	ANF	500	450
IMM	IM28	Anti-DS DNA	520	450
IMM	IM30	ASO (Quantitative)	690	600
IMM	IM31	RA (Quantitative)	690	600
IMM	IM32	CRP (Quantitative)	690	600
IMM	IM33	ANA (IF)	800	700

#### D9. INVESTIGATIONS – SEROLOGY

SERV TYPE	SERV CODE	DESCRIPTION	CARGES AT	CARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
SRL	SE01	HB Core IgM (Enhanced Chemiluminescence Immunoassay)	690	600
SRL	SE02	HBe Antibody (Enhanced Chemiluminescence Immunoassay)	690	600
SRL	SE03	HBe Antigen (Enhanced Chemiluminescence Immunoassay)	690	600
SRL	SE04	HBs Antibody (Enhanced Chemiluminescence Immunoassay)	690	600
SRL	SE05	HBs Antigen (Enhanced Chemiluminescence Immunoassay)	690	600
SRL	SE06	HCV 3 Antibody (Enhanced Chemiluminescence Immunoassay)	690	600

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
SRL	SE07	HAV Igm Antibody (Enhanced Chemiluminescence Immunoassay)	690	600
SRL	SE08	HBs Antigen (Spot Test)	350	300
SRL	SE09	Anti HIV (Spot Test)	350	300
SRL	SE10	Hepatitis Profile	4800	4500
SRL	SE11	Anti HEV IgM (Elisa)	690	600
SRL	SE24	Dialysis Package	1700	1500
HMT	HM04	Haemoglobin	60	50
SRL	SE13	Potassium & Creatinine	200	180
SRL	SE14	HBS Ag, Anti HCV, Anti HIV I & II	1600	1500
SRL	SE15	Anti HCV (Spot Test)	350	300
SRL	SE16	SCRUB TYPHUS	600	500
SRL	SE17	ANA (IF) WITH TITRE	1600	1500
SRL	SE18	Typhi DOT	450	400
SRL	SE19	ANA Panel	2400	2200
SRL	SE21	COVID 19 Test	950	950
SRL	SE25	Rapid Antigen Test for COVID 19 on Urgent Basis		200

#### D10. INVESTIGATIONS – MICROBIOLOGY

			(₹)	(₹)
MIC	MI01	Blood & Sterile Body Fluid Culture & Sensitivity	650	600
MIC	MI03	Throat SWAB for KLB	120	100
MIC	MI05	Culture & Sensitivity	900	800
MIC	MI06	Culture of one Specimen for TB (AFB Culture)	350	300
MIC	MI07	Myco-Bact Culture of 5 Urine Sample (Each)	350	300
MIC	MI10	Smears for Gram Stain	140	120
MIC	MI11	KOH Preparation for Fungus of Any Specimen	170	150
MIC	MI12	Fungal Culture & Sensitivity	580	500
MIC	MI13	Skin Slit Smears for Hansens' Disease (AFB Stain)	120	100
MIC	MI15	Urine Smears for AFB Stain	120	100
MIC	MI17	MTB Rifampicin Resistance Test	2300	2000
MIC	MI18	Blood Bank QC1	1800	1700

**D11. INVESTIGATIONS – HISTOPATHOLOGY**

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
HIS	HP01	Biopsy Small Specimen (1-2 Blocks)	500	500
HIS	HP02	Biopsy Medium Specimen (3-5 Blocks)	1000	1000
HIS	HP03	Large Specimen (More than 5 Blocks)	1500	1500
HIS	HP04	Extra Large (9 - 12 Blocks)	2200	2200
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	300	300
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
HIS	HP16	True Cut Biopsy including needle	1600	1500
HIS	HP17	Mastectomy Specimen Biopsy (Whole Breast Tissue)	4000	4000
HIS	HP18	ER+PR+HER2+KI-67	4000	4000
HIS	HP19	KI-67	1200	1200
HIS	HP20	CKAE1 / AE3	1200	1000
HIS	HP21	CD45	1200	1000
HIS	HP22	Chromogranin	1200	1000
HIS	HP23	WT-1	1200	1000
HIS	HP24	CK 20	1200	1000
HIS	HP25	CK 7	1200	1000
HIS	HP26	P 63	1200	1000

**D12. INVESTIGATIONS – CYTOLOGY**

			(₹)	(₹)
CYT	CY01	Pap Smear (All Body Fluids, Gynae, Specimen, Nipple Discharge etc.)	550	500
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	CHARGES AT ICU/CCU/CW/ ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/ GEN. BED (₹)
<b>D13. INVESTIGATIONS – BIOCHEMISTRY</b>				
BIO	B002	Serum CPK-MM	290	250
BIO	B004	Plasma/Serum Creatinine	90	80
BIO	B005	Serum Urea	90	80
BIO	B006	Serum Uric Acid	90	80
BIO	B007	Blood Urea Nitrogen (BUN)	90	80
BIO	B008	NPN	90	80
BIO	B010	CSF/PF/Serum Chloride	120	100
BIO	B011	Serum Electrolytes	350	300
BIO	B012	Serum : Sodium	120	100
BIO	B013	Serum : Potassium	120	100
BIO	B014	Serum : Chloride	120	100
BIO	B015	CSF/PF/AF Protein	120	100
BIO	B016	Serum Ceruloplasmin	920	800
BIO	B018	Urinary Copper	460	400
BIO	B019	Cardiac Enzyme : LDH, SGOT, CPK, CPK-MB	920	800
BIO	B020	Serum LDH	230	200
BIO	B021	SGOT (AST)	120	100
BIO	B022	Serum CPK	290	250
BIO	B023	Serum CPK-MB	290	250
BIO	B024	Serum Lipid/Protein Profile	580	500
BIO	B025	Serum Total Cholesterol	180	150
BIO	B026	Serum HDL Cholesterol	180	150
BIO	B027	Serum LDL Cholesterol	180	150
BIO	B028	Serum Cholesterol VLDL	180	150
BIO	B029	Serum Triglycerides	200	170
BIO	B030	LFT : BLR, PRT, ALB, GLB, ALKPH, SGPT, SGOT	630	550

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
BIO	B031	Serum Total Protein (Albumin & Globulin)	120	100
BIO	B032	Serum AIK Phosphatase	120	100
BIO	B033	SGPT (ALT)	120	100
BIO	B034	Serum Bilirubin Total	120	100
BIO	B035	Serum Bilirubin : Conju/Unconju+Total	190	160
BIO	B036	Serum FSH (Enhanced Chemiluminescence Immunoassay)	800	700
BIO	B037	Serum LH (Enhanced Chemiluminescence Immunoassay)	800	700
BIO	B038	Serum Prolactin (Enhanced Chemiluminescence Immunoassay)	700	600
BIO	B040	Glucose Tolerance Test (GTT)	400	350
BIO	B045	Serum Lipase	350	300
BIO	B049	ABGA : pCO <sub>2</sub> , pO <sub>2</sub> , pH, bicarbonate	750	700
BIO	B058	Serum Amylase	350	300
BIO	B061	Serum Calcium	120	100
BIO	B065	Serum Iron	230	200
BIO	B066	Serum I.B.C.	230	200
BIO	B067	Serum Inorganic Phosphorus	150	130
BIO	B071	Serum Bicarbonate	170	150
BIO	B077	Serum T3, T4, TSH (Enhanced Chemiluminescence Immunoassay)	600	520
BIO	B078	Serum T3 (Enhanced Chemiluminescence Immunoassay)	200	170
BIO	B079	Serum T4 (Enhanced Chemiluminescence Immunoassay)	200	170

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
BIO	B080	Serum TSH (Enhanced Chemiluminescence Immunoassay)	260	230
BIO	B082	Urinary Amylase	250	220
BIO	B083	Urinary Bilirubin	90	80
BIO	B084	Urinary Calcium	120	100
BIO	B085	Urinary Chloride	120	100
BIO	B086	Urinary Creatinine	120	100
BIO	B088	Urinary Creatinine Clearance	170	150
BIO	B092	Urinary Inorganic Phosphorous	170	150
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	70	60
BIO	B098	P. Fluid Sugar	70	60
BIO	B099	Asc. Fluid Sugar	70	60
BIO	B100	Sugar : Blood, CSF, PF, Asc	280	240
BIO	B102	Urinary Protein (Total) Random	140	120
BIO	B103	Urinary Protein - 24 HRS	140	120
BIO	B105	Urinary Urea	120	100
BIO	B106	Urinary VMA	920	800
BIO	B107	Urobilinogen	90	80
BIO	B109	Sugar by Glucometer	50	50
BIO	B110	Sugar Fasting & Urea	180	140
BIO	B111	Sugar Fasting & PP	120	90
BIO	B112	Sugar, Urea & Creatinine	250	220
BIO	B113	Urea, Creatinine & Uric Acid	270	240
BIO	B114	Sugar & LFT : PRT, ALB, GLB, BLR, ALKP, AST ALT	700	600
BIO	B115	Sugar (F) & Serum Electrolyte	420	360
BIO	B116	Sugar (F) & Lipid Profile	650	560
BIO	B117	Sugar (F) & Cardiac Enzyme	990	860

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
BIO	B118	Sugar (F), Urea, Creatine, LFT, Electrolyte	1180	1120
BIO	B119	Sugar (F), Urea, Creatine & LFT	830	720
BIO	B120	Serum Triglycerides & Cholesterol	320	270
BIO	B121	Sugar, Protein & Chloride CSF/PF/AF	280	240
BIO	B122	Sugar & Protein CSF/PF/AF	160	140
BIO	B123	CSF Protein	120	100
BIO	B124	PF Protein	120	100
BIO	B125	AF Protein	120	100
BIO	B126	CSF Chloride	180	150
BIO	B127	PF Chloride	120	100
BIO	B128	AF Chloride	120	100
BIO	B129	Sugar (F), PP, Electrolyte & LFT	940	820
BIO	B130	Sugar & Uric Acid	160	140
BIO	B131	Postprandial Sugar & Uric Acid	160	140
BIO	B132	Serum Urea & Creatinine	190	160
BIO	B134	Urine for Micro Albumin	690	600
BIO	B135	Serum Insulin Fasting	1150	1100
BIO	B136	Serum PSA (Enhanced Chemiluminescence Immunoassay)	580	500
BIO	B137	Serum Ferritin (Enhanced Chemiluminescence Immunoassay)	580	500
BIO	B138	Serum Insulin P. P.	1150	1000
BIO	B139	Serum Transferrin	230	200
BIO	B142	Serum C. Peptide P. P.	580	500
BIO	B143	Serum Gamma Glutamyl Transferase	230	200
BIO	B144	Serum Magnesium	180	150
BIO	B146	Serum C-Peptide Fasting	1150	1000
BIO	B147	Serum FT3 (Enhanced Chemiluminescence Immunoassay)	230	200
BIO	B148	Serum FT4 (Enhanced Chemiluminescence Immunoassay)	230	200



SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
BIO	B149	Serum Oestradiol	350	300
BIO	B151	Serum Testosterone	580	500
BIO	B152	Serum DHEA-Sulphate	580	500
BIO	B153	Serum Cortisol (Enhanced Chemiluminescence Immunoassay)	700	600
BIO	B154	Growth Hormone (GH)	900	700
BIO	B155	Serum Alfa Fetoprotein (AFP)	700	600
BIO	B156	Serum Carcino Embryonic Antigen (CEA)	700	600
BIO	B157	Serum CA-125 (Enhanced Chemiluminescence Immunoassay)	700	600
BIO	B159	Direct LDL	180	150
BIO	B160	Direct HDL	180	150
BIO	B164	Plasma / Blood Ammonia	400	350
BIO	B166	Serum BETA HCG	700	600
BIO	B167	25 OH Vitamin D Total	1500	1300
BIO	B173	Serum Calcium Profile (Calcium + Alk Phos + Phosphorus + MGM)	580	500
BIO	B178	L. F. T. (T+C)	630	550
BIO	B180	Serum Sodium & Potassium	230	200
BIO	B182	Serum Lipase & Amylase	700	600
BIO	B184	ADA test	580	500
BIO	B186	Plasma Lactate	580	500
BIO	B187	Spot / 24 Hrs Urinary Albumin Creatinine Ratio (Protein-Creatinine)	700	600
BIO	B190	Serum Procalcitonim (PCT)	1500	1500
BIO	B191	25-OH Vitamin D Total (DS)	1400	1200
BIO	B192	Troponin-1	900	800
BIO	B193	Anti CCP	1300	1200
BIO	B194	Anti TPO	1300	1200
BIO	B195	PTH	1300	1200
BIO	B196	Biothesiometry	350	300
BIO	B197	Insulin Like Growth Factor (IGF 1)	1400	1200
BIO	B198	Pro BNP	1500	1500
BIO	B199	EGFR (PCT)	100	90
BIO	B200	Urea, Creatinine, Sodium, Potassium	450	400
BIO	B207	IL-6 (Interleukin 6) (Test for COVID-19 Patients)	1700	1500

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/GEN. BED (₹)
<b>D14. INVESTIGATIONS – GENETICS</b>				
GEN	SG01	ABO+Rh(D) Group Determination	230	200
GEN	SG02	Pregnancy Test Immunological Method	300	250
GEN	SG04	Direct Coomb's Test (DCT)	400	350
GEN	SG05	Indirect Coomb's Test (ICT)	400	350
GEN	SG06	Serum Titration - ABO	300	250
GEN	SG07	Serum Titration - Rh	300	250
GEN	GE11	Chromosome (Karyotype)	2700	2500
GEN	SG13	ABO+RD(D) & DCT	600	550
GEN	SG14	ABO+RD(D), DCT & ICT	1000	900
GEN	SG15	DCT & ICT	800	700
GEN	SG16	ABO+RD(D), ABO & Rh Titration	800	700
GEN	SG22	ABO+RD(D) & ICT	600	550
GEN	SG34	ABO & RD(D) & ABOTitration	600	550
GEN	SG35	ABO & RD(D), Rh Titration	600	550
GEN	SG38	ABO+Rh(D), DCT, ICT, Auto	1350	1250

#### D15. INVESTIGATIONS – CARDIAC

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/GEN. BED (₹)
ECG	EC01	E C G	175	125
ECG	EC02	E C G (Stress Test) TMT	1050	1000
ECG	EC03	D C Shock	225	200
ECG	EC04	Holter Monitoring - 24 Hrs. Each	1500	1300
ECG		Holter Monitoring - 48 Hrs. Each	3000	2600
ECG	EC05	Pace maker Analysis	250	200
ECG	EC09	Carotid Sinus Message (CSM)	550	500
ECG	EC14	24 Hours Ambulatory Blood Pressure Monitoring (ABPM)	2000	1800
ECG		48 Hours Ambulatory Blood Pressure Monitoring (ABPM)	4000	3600

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/GEN. BED (₹)
-----------	-----------	-------------	---	-------------------------------------

#### D16. INVESTIGATIONS – NEURO

EEG	EE01	E E G (16 Channel)	650	550
EMG	EM01	E M G (Only)	650	550
EMG	EM03	E M G (4 Channels) with needles	650	550
EMG	EM04	N C V	850	750
EMG	EM05	E M G : 6 Channel & NCV Together	1150	1050
EMG	EM06	Evoked Potentials - VEP	650	550
EMG	EM07	Evoked Potentials - BERA	650	550
EMG	EM08	Evoked Potentials - SSEP	650	550
EMG	EM11	RNST	750	650

#### D17. INVESTIGATIONS – ENDOSCOPY / ERCP

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/GEN. BED (₹)
END	ED01	Arthroscopy	900	850
END	ED02	Bronchoscopy	450	400
END	ED03	Cystoscopy	300	250
END	ED04	Colonoscopy (Short)	1000	800
END	ED05	Colonoscopy (Long)	1500	1400
END	ED06	Colonoscopic Polypectomy	2200	2000
END	ED07	Gastroscopy	600	500
END	ED09	Oesophagoscopy	500	400
END	ED10	Sigmoidoscopy	400	300
END	ED15	Laryngoscopy	300	250
END	ED16	Laparoscopy	700	600
END	ED17	UGI Endoscopy / Gastroscopy	1000	800
END	ED19	Sclerotherapy - EST	900	800
END	ED20	Endoscopic Varicoel Ligation (Banding) E.V.L.	1700	1500
END	ED28	HMO CLIP	900	800
END	ED29	Esophageal Dilatation	2600	2500
END	ED30	E R C P (Therapeutic)	8000	7000
END	ED31	Video - Bronchoscopy	3000	2500
END	ED38	ERCP Portable	8000	8000
END	ED33	Portable Endoscopy	1700	1500

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
END	ED34	Colonoscopy (Portable)	2200	2000
END	ED35	Medical Thoracoscopy	3200	3000
END	ED37	Medical Thoracoscopy	3200	3000
END	ED39	Lower GI Endoscopy (Diagnostic)	1700	1500
END	ED40	Oesophageal SG Dilatation	2200	2000
END	ED41	Achalasia Dilatation	3200	3000
END	ED42	Haemo-Clip Application (excluding cost of Clip)	1200	1000
END	ED43	EVH (Endoscopic Vessel Harvesting)	35,000	
<b>D18. INVESTIGATIONS – OTHERS</b>				
OIN	OI01	Audiogram	400	300
OIN	OI02	Autologous Plasma Skin Test (APST) / Autologous Serum Skin Test (ASST)	100	100
OIN	OI03	Caloric Test	75	50
OIN	OI04	Examination of Extremities	75	50
OIN	OI05	Eye Refraction	40	40
OIN	OI06	Glaucoma Examination	75	60
OIN	OI07	Lung Function Test /P.F.T.	800	600
OIN	OI08	SNRT	400	350
OIN	OI09	Eye Refraction (Out side)	40	40
OIN	OI10	Speech Audiometry	60	50
OIN	OI11	F. F. Audiometry	125	100
OIN	OI12	A.B.L.B. Test	50	40
OIN	OI13	SISI Test	60	50
OIN	OI14	Tone Decay Test	60	50
OIN	OI15	Uroflowmetry	350	300
OIN	OI17	PTA	70	70
OIN	OI19	OTO Acoustic Emission Test	600	500
OIN	OI20	OTO Refractometer	30	30
OIN	OI23	Cystometry with Pressure-Flow Analysis(PFA)		2500
OIN	OI24	Cystometry with pressure Flow Analysis(PFA) EMG Study		3000
OIN	OI25	Flow EMG		1000
<b>D19. INVESTIGATIONS – DAY CARE</b>				
<b>OBSTETRICS UNIT &amp; GYNAE OPD</b>				
			(₹)	(₹)
CTG	OBS	CTG Service	300	250
CTG	OBS1	USG Service (Day Care)	450	400

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
CTG	OBS2	CTG & USG Combined	700	600
GYN	GY01	Colposcopy	500	500
GYN	GY02	HPV Test for excluding CA Cervix	1550	1550
GYN	GY03	Infertility investigation	1550	1550
GYN	GY04	IUI (Donor)	2000	2000

The package charges for Urodynamic Study 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)**

#### **E. PLASTERING, REDUCTION, ETC.**

PLR	PL01	Plastered OR Plaster Shell	650	500
PLR	PL02	Minerva Jacket	650	500
PLR	PL03	Shoulder Spica	650	500
PLR	PL04	Whitman's Hip Spica (Adult)	650	500
PLR	PL05	Whitman's Hip Spica (Child)	500	400
PLR	PL06	Plaster- Longleg	400	300
PLR	PL07	Plaster-Long Arm	400	300
PLR	PL08	Plaster Below Elbow	400	300
PLR	PL09	Slabs - Above Elbow	250	200
PLR	PL10	Slabs - Above Knee	250	200
PLR	PL11	Slabs - Below Knee	250	200
PLR	PL12	Plastering in Ward & OPD/EMER	150	100
PLR	PL13	All Other Plastering & Reduction Under GA	800	700
PLR	PL14	Change / Review of Dress / Wounds	250	200
PLR	PL15	Examination Under GA	600	400
PLR	PL16	OPD - Colles Plaster	300	250
PLR	PL17	OPD - Local Steroid Injection	70	50
PLR	PL18	OPD - Pressure Bandage	70	50
PLR	PL19	Fig of 8 Bandage	75	50

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
PLR	PL20	Strapping	100	70
PLR	PL21	Plaster Off	75	50
PLR	PL22	Dressing	75	50
PLR	PL23	O/C Sling	75	50
PLR	PL24	Stitch Off	75	50
PLR	PL25	Aspiration Under LA	150	125
PLR	PL26	Muscle Nerve Chart	70	50
PLR	PL27	Exercise with Equipment	30	20
PLR	PL38	I & D Under LA	100	70

#### F. CARDIAC INSTRUMENTATION (FOR ICCU ONLY)

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

#### F-1. CATH LAB & CTVS

CL1	Coronary Angiography (Procedure Charges)	7,500
CL2	Coronary Angioplasty (PTCA) (Procedure Charge) (Without Balloon & Stent)	48,000
CL3	Single Chamber Pacemaker/ICD (Procedure Charges)	32,000
CL4	Double Chamber Pacemaker/ICD (Procedure Charges)	42,000
CL5	ADHOC PTCA (Angiography + PTCA) (Without Balloon & Stent) (Procerure Charges)	52,000
	Bed Charges for HDU-I & II (Per day)	2,250
	PPE Kits (for doctors, nurses and other health care providers) for HDU-I & II patients (Per day)	1,000

The package charges will include the followings :-

- 1) 1 day in Hospital stay in case of Angiography.
- 2) 2 days hospital stay in CCU & 1 day in Ward in case of PTCA (Elective & Ad-Hoc)
- 3) O.T. Charges.
- 4) Investigations (Hb%, Urea, Creatinine, Hepatitis B & C, HIV)

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ITU/HDU/CABIN (₹)
-----------	-----------	-------------	--

- 5) Surgical Items (Dye, Catheter etc.)  
N.B. Additional charges will be applicable for any item not covered by the above list (if required), like (i) longer hospital stay, (ii) other investigations/ repeat investigation, (iii) medicine etc.

#### Cardiothoracic Surgery Procedure Charges

CL6*	Bypass Surgery/CABG (Excl. Heart Lung Mac)	1,75,000
CL7*	ASD Closure (Including Heart Lung Machine)	1,75,000
CL11*	MVR (Including Heart Lung Machine) + Cost of Implant	1,85,000
CL12*	AVR (Including Heart Lung Machine) + Cost of Implant	1,85,000
CL13*	DVR (Including Heart Lung Machine) + Cost of Implant	2,00,000
CL15*	CABG + AVR + (Cost of Implant)	2,00,000
CL16*	CABG + MVR + (Cost of Implant)	2,00,000
CL17*	CABG + DVR + (Cost of Implant)	2,10,000
CL8	Ballon Mitral Valvuloplasty (BMV)	40,000
	(Charges include in the package from the day of operation — 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	45,600
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	10,000
CL28	CA06 Pacemaker Battery Changing	30,000
CL29	CA08 Repositioning of Permanent Pacemaker (Single)	30,000
CL30	Double Chamber Pacemaker Battery Charging	40,000
CL31	CA08 Repositioning of Permanent Pacemaker (Double)	40,000
CL32	Pericardiocentesis	7,000
CL33	PAG	8,000
CL34	PAG - Coil embolization	45,000
CL35	PAG without Stent & Ballon	10,000
CL42*	VSD Closure	1,75,000
CL43*	LA MYXOMA	1,75,000

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ITU/HDU/CABIN (₹)
CL44*	RA	MYXOMA	1,75,000
CL45*		Pericardiectomy	1,75,000
CL46*		MICS (Minimally Invasive Cardiac Surgery) with EVH	3,00,000
CL47*		MICS (Minimally Invasive Cardiac Surgery) without EVH	2,70,000

\* The Package Charges will include the followings :—

- 1) 8 days in Hospital stay
- 2) O. T. Charges
- 3) Investigations & Medicine

**N.B. : Additional Charges will be applicable in the following cases :—**

- 1) Rs. 20,000/- to Rs. 25,000/- for blood, high cost medicine & investigation
- 2) Longer hospital stay (more than 8 days)

#### Paediatric Cardiothoracic Surgery Procedure Charges

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
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

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/Gen. BED (₹)	HOLIDAY (₹)
DIA	DI01	2nd Dialysis (General) Onwards	1200	1000	
DIA	DI03	AV Fistula Operation Only	5000	4000	
DIA	DI04	Peritoneal Dialysis per Sitting	600	500	



SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ITU/HDU/CABIN	CHARGES AT OPD/OUTSIDE/Gen. BED	HOLIDAY
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	Femoral catheter 135mm each	690	690	
DIA	DI18	Guide Wire (O'PC)	400	400	
DIA	DI23	Tissue Dilator (Vessel)	154	154	
DIA	DI24	Introducer Needle	154	154	
DIA	DI27	Advance for dialysis	4000	4000	
DIA	DI28	Long Line in ICCU	700	700	
DIA	DI29	Plasmapheresis	30000	30000	
DIA	DI30	N.S. 0.9% 500 ML	22	22	
DIA	DI31	Dextrose 10% (500 ML)	30	30	
DIA	DI32	Dextrose 25% (100 ML)	17	17	
DIA	DI33	Artificial Kidney	625	625	
DIA	DI34	Blood Tubing Set	200	200	
DIA	DI51	1st Dialysis (General) Holiday	—	—	5500
DIA	DI52	1st Dialysis (General)	4500	4000	
DIA	DI52A	1st Dialysis without Subclavian Cath	2500	2000	
DIA	DI53	2nd Dialysis (General) onwards Holiday	—	—	2000
DIA	DI54	1st Dialysis (Saline)	4600	4100	
DIA	DI55	1st Dialysis (Saline) Holiday	—	—	5600
DIA	DI56	2nd Dialysis (Saline) onwards Holiday	—	—	2100
DIA	DI57	Dialysis (SLED)	6000		
DIA	DI58	Dialysis (SLED) Holiday	—	—	7500
DIA	DI59	2nd Dialysis (SLED) onwards	1200		
DIA	DI60	2nd Dialysis (SLED) onwards Holiday	—	—	2000
DIA	DI200	2nd Dialysis (Saline) onwards	1300	1100	

## H. DENTAL SURGERY & INSTRUMENTATIONS

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
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
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

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN	OPD/OUTSIDE/ GEN. BED
			(₹)	(₹)
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
DEN	DE59	RVG (Radiovisiogram) (New Machine)		100
DEN	DE60	RVG (Radiovisiogram) (Old Machine)		80
<b>I. ENT SURGERY &amp; INSTRUMENTATION</b>				
ENT	EN01	Microscopic Examination in O.T.	60	50
ENT	EN02	Suction Clearance	50	40
ENT	EN03	Outdoor OT under LA	—	300
ENT	EN04	Antrum Puncture	70	60
ENT	EN05	Tympanogram	400	350
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)	900	800
ENT	EN11	Fibre Optic Laryngoscopy (FOL) (without Film)	500	450
ENT	EN12	Nasoendoscopy (with Film)	700	700
ENT	EN13	Nasoendoscopy (without Film)	300	300
<b>J. EYE SURGERY &amp; INSTRUMENTATION</b>				
EYE	EY00	Perimetry	700	600
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 (Single)	400	300
EYE		Biometry (Both)	600	500

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT	CHARGES AT
			ICU/CCU/CW/ ITU/HDU/CABIN (₹)	OPD/OUTSIDE/ GEN. BED (₹)
EYE	EY06	Intraocular Lences (IO2)	360	360
EYE	EY09	Fundus Fluroscein Angiography (FFA)	1000	900
EYE	EY10	OCT Macula (for one eye)	900	800
EYE	EY11	OCT Macula (for both eyes)	1400	1200
EYE	EY12	OCT RNFL Analysis (Retinal Nerve Fibre Layer) (for one eye)	900	800
EYE	EY13	OCT RNEL Analysis (Retinal Nerve Fibre Layer) (for both eyes)	1100	1100
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)	250	250
EYE	EY17	Anterior Segment OCT (for both eyes) (Central Corneal Thickness)	350	350
EYE	EY18	Sita Standard Sita Swap		400
EYE	EY19	Repeat OCT – Single Eye	400	300
EYE	EY20	Repeat OCT – Both Eyes	500	400
EYE	EY21	Fundus Photography Single Eye	400	300
EYE	EY22	Fundus Photography Both Eye	500	400
EYE	EY25	Yag Capsulotomy Or Yag Iridotomy (PI) (Single Eye)	1400	1200
EYE	EY26	Yag Capsulotomy Or Yag Iridotomy (PI) (Both Eye)	2750	2400
EYE	EY28	R.O.P. Screening (Both Eyes)	600	500
EYE	EY29	R.O.P. Laser (Both Eyes) (After Screening, if required)	10000	10000
EYE	EY30	Argon Laser	1400	1200
EYE	EY33	OCT (Optical Coherence Tomography, Single Eye)	—	80
EYE	EY34	OCT (Optical Coherence Tomography, Both Eye)	—	120
EYE	EY35	CCT (Central Corneal Thickness, Single Eye)	—	20
EYE	EY36	CCT (Central Corneal Thickness, Both Eye)	—	30

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/ GEN. BED (₹)
-----------	-----------	-------------	--	--------------------------------------

#### K. BLOOD BANK

BBC	BB10	**Concentrated RBC/Whole Blood (Per Unit)	1300	1200
BBC	BB11	**Fresh Frozen Plasma	600	500
BBC	BB12	**Platelet Concentrate	700	600
BBC	BB13	Single Donor Platelet (Plateletpheresis) Per unit	10200	10000
BBC	BB14	Cryoprecipitated Anti Haemophilic Factor	600	500
BBC	BB15	Cryo-poor Plasma	600	500

\*\* (Service and Processing Charges : Rs. 500/- per unit)

#### L. THERAPY

PTP	PT01	Physiotherapy Traction Per Day	50	50
PTP	PT02	Pelvic Traction Per Day	50	50
PTP	PT03	Electrotherapy (Nerve Stimulation) Per Day	75	40
PTP	PT04	ECT (Per Sitting)	100	50
PTP	PT05	Diathermy (Per Exposure)	100	70
PTP	PT06	Infra Red Ray (Per Exposure)	50	25
PTP	PT07	Ultra Violet (Per Sitting)	50	25
PTP	PT08	Ultrasonic (Per Sitting) UST	100	70
PTP	PT09	Wax Bath (Per Sitting)	90	70
PTP	PT10	Speech Therapy (1st Visit)	50	50
PTP	PT11	Speech Therapy (Subsequent Visit)	20	20
PTP	PT12	Chemotherapy	115	100
PTP	PT13	Phototherapy (Per 8 Hours)	80	80
PTP	PT18	Interferential Therapy (IFT/Tens)	150	120
PTP	PT19	Nebulizer	40	35
PTP	PT20	Electrical Traction	30	30
PTP	PT21	Normal Physiotherapy (Per day)	50	50

**INTERVENTIONAL PAIN MANAGEMENT (IPM) & DURING O.T . AT INDOOR / OUTDOOR**

**GRADE - 1**

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

**INDOOR CASES UNDER LA/GA**

**GRADE - 2**

<b>Code</b>	<b>Description</b>	<b>Bed (₹)</b>	<b>Cabin (₹)</b>
PC-08	Facet Joint Blocks / Median Nerve Block (1-2 level)	<b>1000.00 (for each case)</b>	<b>1500.00 (for each case)</b>
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		
PC18A	B. B. Block		

**GRADE - 3**

<b>Code</b>	<b>Description</b>	<b>Bed (₹)</b>	<b>Cabin (₹)</b>
PC-19	Racz Adhesiolysis (FBSS)	<b>2000.00 (for each case)</b>	<b>2500.00 (for each case)</b>
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**

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

SERV TYPE	SERV CODE	DESCRIPTION	CHARGES AT ICU/CCU/CW/ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/GEN. BED (₹)
<b>M. EXTRA</b>				
EXT	EX01	NICU with Incubator	300	300
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	1275	1275
EXT	EX10	Cancellation Charges For CT Scan	150	150
EXT	EX11	Cancellation Charges For USG	30	30
EXT	EX12	Cancellation Charges For Echocardiography	30	30
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
EXT	Ex100	INS True ME & TS (Except's Dialysis)		100
EXT	Ex101	Mackintosh		90
EXT	Ex102	High Flow Nasal Cannula System (First Day)		6,250
EXT	Ex103	On Consecutive Day (Per Day) after first day		850
EXT	Ex104	Fees for COVID 19 Protection (USG/CT/ENDO/Col)		200
EXT	Ex105	Fees for COVID 19 Protection (X-ray / Echo)		100

#### 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 (or CGP)	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 (or EMNC)	50	
14. VEP. + Bera + SSEP (or VBS)	100	
15. Booked Spl. X-Ray (or BS Xray)	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	CHARGES AT ICU/CCU/CW/ ITU/HDU/CABIN (₹)	CHARGES AT OPD/OUTSIDE/ GEN. BED (₹)
SER	SC01	Service Charge	200	150



### Q. MISCELLANEOUS

	CHARGE AT ICCU/ITU/CCU/ HDU/CABIN (₹)	CHARGE AT GENERAL BED (₹)
1. Medical Report Comprehensive		100
2. Duplicate Birth Record		100
3. Duplicate MC, VP, RC, MRCPT OPD CARD, Etc. Each		50
4. Insurance Claim form Certificate		200
5. Medical Reimbursement Claim		100
6. Medical Certificate for Fitness Admission, Rest, Etc.		50
7. CD Charges		50
8. Bed Head Ticket		200

### R. OPERATIONS

All types of Surgical Cases (Emergency as well as Scheduled), if Post-operative **ICU Observation** is required as per advice of the concerned doctor, patient party will be required to deposit an amount of ₹ 7,000/- (Rupees Seven thousand) and in case of **ICU Observation with Ventilation and Costly Medicine**, patient party will be required to deposit an amount of ₹ 45,000/- (Rupees Forty five thousand).

#### GENERAL SURGERY

INDOOR & OPD UNDER L.A. : ₹ 400/-,  
UNDER GA : ₹ 800/- & UNDER SA : ₹ 600/-

		CHARGE AT ICCU/ITU/CCU/ HDU/CABIN (₹)	CHARGE AT GENERAL BED (₹)
GROUP	A	1200	950
-Do -	B1	2800	2300
-Do -	B2	3200	2600
-Do -	C1	4000	3200
-Do -	C2	4500	3600
-Do -	D1	5500	4400
-Do -	D2	6500	5200

#### (GENERAL SURGERY) (UROLOGY)

GROUP	A	1200	950
-Do -	B	2800	2300
-Do -	C	4000	3200
-Do -	D	6000	4800

		CHARGE AT ICCU/ITU/CCU/ HDU/CABIN (₹)	CHARGE AT GENERAL BED (₹)
	<u>URS/LC</u>		
GROUP	E	10000	8000

	<u>PCNL</u>		
GROUP	F	10500	8500

**PLASTIC/THORACIC/NEURO/FACIO-MAX**

GROUP	A	1500	1200
-Do -	B	2800	2300
-Do -	C	3400	2750
-Do -	D	5500	4400
-Do -	E	7500	6000

**PAEDIATRIC SURGERY**

GROUP	A	1200	950
-Do -	B	2800	2300
-Do -	C	4000	3200
-Do -	D	4500	3600

**OBS. & GYNAE**

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

GROUP	A	1200	950
-Do -	B	3000	2400
-Do -	C	3800	3100
-Do -	D	4500	3600
-Do -	E	5000	4000

**OBS. & GYNAE (ENDOSCOPIC) LAPAROSCOPY**

GROUP	A1	3000	2400
-Do -	A2	3500	2800
-Do -	A3	4200	3400
-Do -	A4	7500	6000

			CHARGE AT ICCU/ITU/CCU/ HDU/CABIN (₹)	CHARGE AT GENERAL BED (₹)
<b><u>HYSTEROSCOPY</u></b>				
Code				
465	GROUP	B1	3000	2400
326	-Do -	B2	3200	2600
<b><u>CYSTOSCOPY</u></b>				
472	GROUP	C	3000	2400
<b><u>BREAST SURGERY</u></b>				
555	Breast Reduction		10000	10000
561	Insertion of Chemo Port with mastectomy		4000	3200
562	Lumpectomy (small)		4000	3200
563	Lumpectomy (Large)		5200	4200
564	Breast Reconstruction (Expander)		6500	5200
565	Lumpectomy with frozen section		6500	5200
566	Microdoectomy		6500	5200
567	Breast Reconstruction (Implant)		7500	6000
568	Lumpectomy with frozen section f/b modified/ Radical mastectomy		10800	9000
<b><u>ORTHOPAEDICS</u></b>				
<b><u>[OPD : OT CASES WITH LA/GA WITH IMPLANT : ₹ 1000/- &amp; WITHOUT IMPLANT ₹ 600/-]</u></b>				
GROUP		A	1500	1200
-Do -		B1	3000	2400
-Do -		B2	3500	2800
-Do -		C	4000	3200
-Do -		D	5500	4400
-Do -		E	7500	6000
<b><u>ENT/OTORHINO</u></b>				
<b><u>INDOOR / OPD OPERATION UNDER LA ₹ 300/-, SA ₹ 500/-, GA ₹ 600/-</u></b>				
GROUP		A	1000	800
-Do -		B	2500	2000
-Do -		C	4000	3200
-Do -		D	5200	4200
-Do -		E	6500	5200
COCHLEAR IMPLANTATION			40000	32000
Cost of Implant Rs. 5,38,000/-				

**OPHTHALMOLOGY**

-Do -	A	750	600
-Do -	B	1800	1450
-Do -	C	2550	2100
Code			
352	DCR Under - LA	975	650
353	DCR Under -GA	2100	1400
367	Simple Cataract	900	600
328	Microsurgery (IOL)	1350	900
358	Phaco Emulsification	4200	3260

**PACKAGE CHARGES FOR CATARACT OPERATION W.E.F. 01-04-2021**

Package	Type of O.T.	Lens Types	OT Charges at Gen. Bed	OT Charges in Cabin
A	SICS	EC-EDGE	4000/-	5000/-
B	SICS	ULTIMA IC	6000/-	7000/-
C	PHACO	ULTIMA IC	7000/-	8000/-
D	PHACO	ACRYSOF MP	11000/-	12000/-
E	PHACO	ACRYSOF SP	14000/-	15000/-
F	PHACO	ACRYSOF IQ	16000/-	17000/-
G	PHACO	TORIC (MONOFOCAL)	18000/-	19000/-
H	PHACO	MULTI FOCAL (ACRIDIFF) (BIFOCAL)	30000/-	31000/-
I	PHACO	MULTI FOCAL (TRIDIFF) (TRIFOCAL)	35000/-	36000/-
J	PHACO	MULTI FOCAL (TRIPHOBIC) (TRIFOCAL)	45000/-	46000/-
K	PHACO	TORIC MULTIFOCAL (ATM)	55000/-	56000/-

1. Operation charges will be — full charges for the principal operation & 50% charges for the other group's operation.
2. 2 days hospital stay & service charges included in the package. Other Lab/tests if any are chargeable.

**LIST OF OPERATIONS : GENERAL SURGERY**

- 15 **OT AT INDOOR / OPD UNDER LA - ₹ 400/-**
- 16 **OT AT INDOOR / OPD UNDER SA - ₹ 600/-**
- OT AT INDOOR / 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	Charges at	Charges
				ICCU/ITU/CCU/ HDU/Cabin (₹)	at Gen. Bed (₹)
1	11	Excision/Biopsy of Skin & Seb. Tissue/Muscle/ Gangleon/Seb. Cyst./ Lipoma/ Sup. Sinus and Ulcer	General Surgery-A	1200	950
2	14	Eversion of Sac	General Surgery -A	1200	950
3	15	Examination under Anaesthesia	General Surgery -A	1200	950
4	16	Sphincterotomy	General Surgery -A	1200	950
5	17	Fistulectomy (Low)	General Surgery -A	1200	950
6	19	Incision & Drainage of Abscess (Breasts, Gluteal Abscess Etc.)	General Surgery -A	1200	950
7	21	Lymph Node Biopsy	General Surgery -A	1200	950
8	26	Procto Sigmoidoscopy with Biopsy	General Surgery -A	1200	950
9	28	Anal Stitching/Fissurectomy	General Surgery -A	1200	950
10	29	Retrograde Pyelography	General Surgery -A	1200	950
11	30	Review of Wound and/or Dressing in OT	General Surgery -A	1200	950
12	31	Secondary Suture	General Surgery -A	1200	950
13	34	Testicular Biopsy	General Surgery -A	1200	950
14	332	Z-Plasty	General Surgery -A	1200	950
15	333	Adherinolysis	General Surgery -A	1200	950
16	370	Repair of Lacerated Injury (Small)	General Surgery -A	1200	950

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
17	371	Avulsion of Toe Nail	General Surgery -A	1200	950
1	13	Excision of Fibroadenoma of Breasts	General Surgery -BI	2800	2300
2	18	Haemorrhoidectomy (Conventional)	General Surgery -BI	2800	2300
3	40	Appendicectomy	General Surgery -BI	2800	2300
4	41	Intra Abdominal Polypectomy	General Surgery -BI	2800	2300
5	43	Drainage of Liver Abscess/ Intra Abdominal/Peritoneal/ Subphrenic	General Surgery -BI	2800	2300
6	45	Drainage of Subphrenic Abscess	General Surgery -BI	2800	2300
7	47	Exploration of Ureter	General Surgery -BI	2800	2300
8	52	Nephrolithotomy	General Surgery -BI	2800	2300
9	54	Operation for Varicose Vein/Varicocele (Unilateral)	General Surgery -BI	2800	2300
10	56	Partial Amputation of Penis	General Surgery -BI	2800	2300
11	321	Excision of Umbilical Fistula	General Surgery -BI	2800	2300
12	322	Repair of Burst Abdomen	General Surgery -BI	2800	2300
13	335	Excision of Piles	General Surgery -BI	2800	2300
14	336	Excision of Intra-Oral Growth and Cyst.	General Surgery -BI	2800	2300
15	372	Fistulectomy (High)	General Surgery -BI	2800	2300
16	373	Repair of Inguinal Hernia (Unilateral)	General Surgery -BI	2800	2300
17	545	Gastrostomy/Colostomy/ Feeding Jejunostomy/ Jejunostomy	General Surgery -BI	2800	2300

Srl. No.	Code	Operation Name	Group Name	Charges at		
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)	
18	546	Pyloric Myotomy	General Surgery -BI	2800	2300	
19	547	Wide Excision with/without Skin Grafting	General Surgery -BI	2800	2300	
1	51	Exploratory Laparotomy with any Biopsy from Abdomen	General	General Surgery -BII	3200	2600
2	66	Repair of Paraumbilical Hernia/Adult Umbilical/Ventral Hernia/Femoral Hernia/ Incisional Hernia	General Surgery -BII	3200	2600	
3	75	Gastro Jejunostomy	General Surgery -BII	3200	2600	
4	105	Resection/Anastomosis of Small Intestine	General Surgery -BII	3200	2600	
5	374	Repair of Inguinal Hernia (Bilateral)	General Surgery -BII	4200	3500	
6	375	Hemorrhoidectomy (Stapled)	General Surgery -BII	3200	2600	
1	79	Excision of Sub Mandibular Salivary Gland	General Surgery -CI	4000	3200	
2	85	Abdomino Perineal Resection	General Surgery -CI	4000	3200	
3	87	Bladder-Neck Plasty	General Surgery -CI	4000	3200	
4	90	Colonic Transplant	General Surgery -CI	4000	3200	
5	103	Radical Amputation of Penis	General Surgery -CI	4000	3200	
6	107	Repair of Strangulated Hernia with Gut Resection	General Surgery -CI	4000	3200	
7	110	Roux-En-Y-Jejunostomy	General Surgery -CI	4000	3200	
8	111	Splenectomy	General Surgery -CI	4000	3200	
9	113	Total Oesophagectomy	General Surgery -CI	4000	3200	
10	114	Thyroidectomy (Subtotal)	General Surgery -CI	4000	3200	

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
11	122	Superficial Parotidectomy	General Surgery -CI	4000	3200
12	323	Excision of Tracheo Oesophageal Fistula	General Surgery -CI	4000	3200
13	376	Vegotomy	General Surgery -CI	4000	3200
14	377	Laparoscopic Appendectomy	General Surgery -CI	4000	3200
15	378	Laparoscopic Repair of Perforation	General Surgery -CI	4000	3200
16	379	Mastectomy (Simple)	General Surgery -DI	5500	4400
1	82	Adrenalectomy	General Surgery C-II	4500	3600
2	96	Hemicolectomy	General Surgery C-II	4500	3600
3	97	Sympathectomy (Lumber/Cervical)	General Surgery C-II	4500	3600
4	101	Gastrectomy (Partial)	General Surgery C-II	4500	3600
5	135	Mastectomy (Radical/ Modified)	General Surgery E-II	8500	7000
6	347	Open/Laparoscopic Cholecystectomy	General Surgery C-II	4500	3600
7	381	Laparoscopic Repair of Hernia	General Surgery C-II	4500	3600
8	382	Cholecystectomy with CBD Exploration	General Surgery C-II	4500	3600
9	383	Modified/Radical Mastectomy with Axillary Clearance	General Surgery E-II	7500	6000
1	384	Gastrectomy (Total)	General Surgery D-I	5500	4400
2	385	Hepeticojejunostomy	General Surgery D-I	5500	4400
3	386	Pancreaticojejunostomy	General Surgery D-I	5500	4400
4	387	Anterior Resection	General Surgery D-I	5500	4400
5	388	Removal of Retroperitoneal Tumour	General Surgery D-I	5500	4400



Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
6	389	Thyroidectomy (Total)	General Surgery D-I	5500	4400
7	390	Parotidectomy (Total)	General Surgery D-I	5500	4400
1	104	Gastrectomy (Radical)	General Surgery D-II	6500	5200
2	134	Pancreatico Duodenectomy (Whipples/Trippl Bypass)	General Surgery D-II	6500	5200
3	136	Thyroidectomy + Neck Dessection (Radical Thyroidectomy)	General Surgery D-II	6500	5200
4	391	APR/LAR of Rectum	General Surgery D-II	6500	5200
5	392	Colectomy (Total)	General Surgery D-II	6500	5200

### UROLOGY

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
1	393	Cystoscopy and Bladder Biopsy	Urology - A	1200	950
2	334	Cystoscopy and Removal of D J Stent	Urology - A	1200	950
3	9	Diagnostic Cystoscopy	Urology - A	1200	950
4	394	Prostatic Biopsy	Urology - A	2500	2150
5	8	Suprapubic Cystolithotomy	Urology - A	1200	950
6	33	Suprapubic Cystolithotomy (Open/Trocar)	Urology - A	1200	950
7	395	Testicular Biopsy	Urology - A	1200	950
8	35	Urethral Dilatation and Cystoscopy	Urology - A	1200	950
1	397	Insertion of D J Stent	Urology - B	2800	2300
2	24	Orchidectomy	Urology - B	2800	2300
3	396	Penectomy (Partial/Total)	Urology - B	2800	2300

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU Cabin (₹)	Charges at Gen. Bed (₹)
4	53	Percutaneous Nephrostomy (PCN)	Urology - B	2800	2300
5	73	Ureterolithotomy (Open)	Urology - B	2800	2300
1	401	Bladder Neck Incision (BNI)	Urology - C	4000	3200
2	92	Cystectomy (Partial)	Urology - C	4000	3200
3	399	Laparoscopic Ureterolithotomy	Urology - C	4000	3200
4	137	Nephrectomy (Radical/Simple/Partial)	Urology - C	4000	3200
5	549	Prostatectomy (Open)	Urology - C	12000	10000
6	549	Prostatectomy - Turp/Holep	Urology - C	12000	10000
7	58	Pyelolithotomy (Open)	Urology - C	4000	3200
8	398	Pyeloplasty	Urology - C	4000	3200
9	115	Tur of Bladder Tumours (Turbt)	Urology - C	4000	3200
10	400	Ureteric Reimplantation	Urology - C	4000	3200
11	71	Ureterolysis	Urology - C	4000	3200
12	72	Ureterostomy (OIU)	Urology - C	4000	3200
13	74	Urethroplasty	Urology - C	4000	3200
1	404	Bladder Augmentation	Urology - D	6000	4800
2	402	Cystectomy (Radical/Total)	Urology - D	6000	4800
3	405	Laparoscopic : Nephrectomy/Pyeloplasty	Urology - D	6000	4800
4	99	Nephro Ureterectomy	Urology - D	6000	4800
5	549	Prostatectomy (Radical HOLEP)	Urology - D	12000	10000
6	106	Retro Peritoneal Lymph Node Dissection	Urology - D	6000	4800
1	406	URS/LC	Urology - E	10000	8000
2	559	DVIU (Direct Vision Internal Urethrotomy)	Urology - E	10000	8000
3	560	RIRS (Retrogade Intra Renal Surgery)	Urology - E	10000	8000
4	569	RIRS (Retrograde Intra Renal Surgery)	Urology - E	10000	8000
1	369	Percutaneous Nephrolithotomy (PCNL)	Urology - F	10500	8500

**EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL)**

Code	Service	General Bed	ICU/CCU/Cabin
ESWL01	Upto First Three (3) Sessions (Day Care)	10,000.00	—
557	Upto First Three (3) Sessions for Inpatient	10,000.00 plus Bed charges plus other procedural charges	12,000.00
ESWL02 558	Supplementary Lithotripsy Single Session	3,000.00	4,000.00

**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
ESWL06	Laser	6,000.00
ESWL07	ESWL Screening	1,000.00

Srl. No.	Code	Operation Name	Group Name	Charges at Charges	
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)
<b><u>PLASTIC/THORACIC/NEURO/FACIO MAX</u></b>					
1	409	Bronchoscopy (with or without Biopsy)	Plastic/Thoracic/ Neuro-A	1500	1200
2	39	Excision or Cyst/Small Growth from Gum/ Cheek & Tongue	Plastic/Thoracic/ Neuro-A	1500	1200
3	412	Frenectomy	Plastic/Thoracic/ Neuro-A	1500	1200
4	20	Intercostal Drainage (ICD)	Plastic/Thoracic/ Neuro-A	1500	1200
5	408	Oesophagoscopy (with or without Biopsy)	Plastic/Thoracic/ Neuro-A	1500	1200
6	23	Oesophagoscopy with Dilatation	Plastic/Thoracic/ Neuro-A	1500	1200
7	410	Release of Carpel Tunnel	Plastic/Thoracic/ Neuro-A	1500	1200

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
8	411	Repair of Fracture zygoma	Plastic/Thoracic/ Neuro-A	1500	1200
9	32	Skin Grafting over Small Area	Plastic/Thoracic/ Neuro-A	1500	1200
1	93	Excision/Repair of Encephelo/Meningocele	Plastic/Thoracic/ Neuro-B	2800	2300
2	414	Excision of Non-Malignant Lesions of Head/Neck (With or without Skin Grafting)	Plastic/Thoracic/ Neuro-B	2800	2300
3	415	Excision of Submandibular Gland	Plastic/Thoracic/ Neuro-B	2800	2300
4	77	Release of Contracture & Skin Grafting-Fingers & Toe	Plastic/Thoracic/ Neuro-B	2800	2300
5	68	Repair of Lacerated Injury	Plastic/Thoracic/ Neuro-B	2800	2300
6	70	Skin Grafting	Plastic/Thoracic/ Neuro-B	2800	2300
7	413	Surgical Removal of Impacted Teeth	Plastic/Thoracic/ Neuro-B	2800	2300
8	84	V. P. Shunt	Plastic/Thoracic/ Neuro-B	2800	2300
1	83	A. V. Fistula / Shunt	Plastic/Thoracic/ Neuro-C	3400	2750
2	420	Cleft Lip	Plastic/Thoracic/ Neuro-C	3400	2750
3	88	Craniotomy with Evacuation of Haematoma (Burrhole Exploration)	Plastic/Thoracic/ Neuro-C	3400	2750
4	94	Excision of A.V. Fistula	Plastic/Thoracic/ Neuro-C	3400	2750

( 60 )

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
5	418	Forehead Flap	Plastic/Thoracic/ Neuro-C	3400	2750
6	417	Release of Contracture of Limbs	Plastic/Thoracic/ Neuro-C	3400	2750
7	419	Repair of Fracture Mandible with Costochondral Graft	Plastic/Thoracic/ Neuro-C	3400	2750
8	109	Repair of Hiatus Hernia	Plastic/Thoracic/ Neuro-C	3400	2750
9	416	Rib Resection & Drainage of Empyema	Plastic/Thoracic/ Neuro-C	3400	2750
10	69	Rotation Flap	Plastic/Thoracic/ Neuro-C	3400	2750
1	125	Cleft Lip with Palate	Plastic/Thoracic/ Neuro-D	5500	4400
2	130	Closed Mitral Valvotomy	Plastic/Thoracic/ Neuro-D	5500	4400
3	339	Closure of P.D.A.	Plastic/Thoracic/ Neuro-D	5500	4400
4	129	Lobectomy	Plastic/Thoracic/ Neuro-D	5500	4400
5	421	Oesophageal Myotomy	Plastic/Thoracic/ Neuro-D	5500	4400
6	132	Pneumonectomy	Plastic/Thoracic/ Neuro-D	5500	4400
7	423	Reconstruction with D.P. Flap/PECT. Major Flap	Plastic/Thoracic/ Neuro-D	5500	4400
8	124	Release of T.M.J. Ankylosis	Plastic/Thoracic/ Neuro-D	5500	4400
9	422	Removal of Intra-Thoracic Tumours	Plastic/Thoracic/ Neuro-D	5500	4400
10	117	Repair of Fracture Maxilla	Plastic/Thoracic/ Neuro-D	5500	4400

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
11	131	Trans Hiatal Oesophagectomy	Plastic/Thoracic/ Neuro-D	5500	4400
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	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
<b><u>PAEDIATRIC SURGERY</u></b>					
1	431	Dermoid Cyst Excision	Paediatric Surgery-A	1200	950
2	433	Incision and Drainage of Abscess of Babies under Anaesthesia	Paediatric Surgery-A	1200	950
3	22	Meatotomy/Meatoplasty	Paediatric Surgery-A	1200	950
4	3	Opening of Colostomy	Paediatric Surgery-A	1200	950
5	432	Papilloma Cheek and Tongue	Paediatric Surgery-A	1200	950
6	10	Prepuceoplasty/ Circumcision	Paediatric Surgery-A	1200	950
7	430	Release of Tongue Tie	Paediatric Surgery-A	1200	950
8	429	Removal of Rectal Polyp	Paediatric Surgery-A	1200	950
1	81	Anoplasty	Paediatric Surgery-B	2800	2300
2	440	Closed Loop Ureterostomy	Paediatric Surgery-B	2800	2300
3	439	Closure of Colostomy	Paediatric Surgery-B	2800	2300
4	442	Cystoscopy-Retrograde	Paediatric Surgery-B	2800	2300
5	434	Excision of Lymphangioma, Hemangioma	Paediatric Surgery-B	2800	2300
6	46	Excision of Thyroglossal Cyst/Fistula	Paediatric Surgery-B	2800	2300
7	441	Excision of Umbilical Fistula and Umbilical Hernia Repair	Paediatric Surgery-B	2800	2300
8	436	Exploratory Laparotomy	Paediatric Surgery-B	2800	2300
9	36	Herniotomy-Inguinal	Paediatric Surgery-B	2800	2300
10	25	Orchidopexy/Orchidectomy	Paediatric Surgery-B	2800	2300

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
11	438	Pelvic Colostomy	Paediatric Surgery-B	2800	2300
12	435	Pyloromyotomy	Paediatric Surgery-B	2800	2300
13	61	Repair of Cleft Lip	Paediatric Surgery-B	2800	2300
14	437	Resection/Anastamosis of Gut	Paediatric Surgery-B	2800	2300
1	86	Duhamel Operation	Paediatric Surgery-C	4000	3200
2	445	Fulguration of P.U.V. (Posterior Urethral Valve)	Paediatric Surgery-C	4000	3200
3	50	Hypospadias	Paediatric Surgery-C	4000	3200
4	98	Nephrectomy	Paediatric Surgery-C	4000	3200
5	447	Pelvic Ureteric Junction Dysfunction (Puj) Kidneys	Paediatric Surgery-C	4000	3200
6	443	Posterior Sagittal Anorectoplasty	Paediatric Surgery-C	4000	3200
7	444	Repair of Cleft Palate	Paediatric Surgery-C	4000	3200
8	446	Repair of Hiatus Hernia	Paediatric Surgery-C	4000	3200
9	448	Splenectomy	Paediatric Surgery-C	4000	3200
1	449	Closure of Tracheo oesophageal Fistula	Paediatric Surgery-D	4500	3600
2	452	Heller's Myotomy for Achalasia/Stricture Oesophagus	Paediatric Surgery-D	4500	3600
3	108	Repair of Diaphragmatic Hernia	Paediatric Surgery-D	4500	3600
4	451	Repair of Epispadias/ Extrophy Complex	Paediatric Surgery-D	4500	3600



Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
5	450	Repair of Oesophageal Atresia	Paediatric Surgery-D	4500	3600
6	116	Ureteric Reimplantation	Paediatric Surgery-D	4500	3600

### OBSTETRICS & GYNAECOLOGY

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

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
1	150	Biopsy with Vulval	OBS. & GYNAE-A	1200	950
2	140	Cervical Biopsy & Endometrial Biopsy	OBS. & GYNAE-A	1200	950
3	148	Cystoscopy	OBS. & GYNAE-A	1200	950
4	144	D & C & Polypectomy	OBS. & GYNAE-A	1200	950
5	145	D & C with Cervical Biopsy	OBS. & GYNAE-A	1200	950
6	139	D & C with Cervical Cautery	OBS. & GYNAE-A	1200	950
7	166	D.C. Perineorrhaphy	OBS. & GYNAE-A	1200	950
8	138	Dilatation & Curettage (D & C) & with or without Endometrial Biopsy	OBS. & GYNAE-A	1200	950
9	158	Dilatation & Evacuation (D & E)	OBS. & GYNAE-A	1200	950
10	141	Dilatation, Insufflation & Curettage(DIC)	OBS. & GYNAE-A	1200	950

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
11	154	Drainage of Bartholin Abscess (Cyst/Cyst Removal/ Marsupialization/Bartholin	OBS. & GYNAE-A	1200	950
12	152	Drainage of Hamato-metra/Pyometra	OBS. & GYNAE-A	1200	950
13	147	Examination Under Anaesthesia (EUA)	OBS. & GYNAE-A	1200	950
14	164	Exploration of Perineal Sinus	OBS. & GYNAE-A	1200	950
15	159	Exploration of Uterus	OBS. & GYNAE-A	1200	950
16	165	Exploration of Vaginal Vault	OBS. & GYNAE-A	1200	950
17	156	Fenton's Operation	OBS. & GYNAE-A	1200	950
18	142	Fractional Curettage	OBS. & GYNAE-A	1200	950
19	155	Hymenectomy	OBS. & GYNAE-A	1200	950
20	149	Lymph Node Biopsy	OBS. & GYNAE-A	1200	950
21	143	Polypectomy	OBS. & GYNAE-A	1200	950
22	163	Removal of Foreign Body from Episiotomy Wound/Vagina	OBS. & GYNAE-A	1200	950
23	157	Removal of Loop From Uterine Cavity	OBS. & GYNAE-A	1200	950
24	162	Secondary Perineal/ Abdominal Suture	OBS. & GYNAE-A	1200	950
25	151	Ulcer Excision	OBS. & GYNAE-A	1200	950
26	168	Amputation of Cervix	OBS. & GYNAE-A	1200	950
1	171	Anterior Colporrhaphy with or Without D & C	OBS. & GYNAE-B	3000	2400
2	170	Anterior Colporrhaphy & Posterior Colpoperineorrhaphy	OBS. & GYNAE-B	3000	2400

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
3	177	Bilateral Salpingectomy (Abdominal/Vaginal/Post PartumLigation/Puerperal Ligation)	OBS. & GYNAE-B	3000	2400
4	172	Cervical Amputation with Or Without D & C	OBS. & GYNAE-B	3000	2400
5	161	Drainage and Repair of Vulval Haematoma	OBS. & GYNAE-B	3000	2400
6	184	Excision of Scar Endometriosis	OBS. & GYNAE-B	3000	2400
7	183	Exploration of Wound/ Abdominal Sinus	OBS. & GYNAE-B	3000	2400
8	182	Forceps Application under GA	OBS. & GYNAE-B	3000	2400
9	186	Gilliam's Operation	OBS. & GYNAE-B	3000	2400
10	181	Internal Podalic Version with Breech Extraction	OBS. & GYNAE-B	3000	2400
11	173	Kelly's Operation	OBS. & GYNAE-B	3000	2400
12	453	Manual Removal of Placenta	OBS. & GYNAE-B	3000	2400
13	179	Oophorectomy/ Salpingectomy	OBS. & GYNAE-B	3000	2400
14	330	Ovarian Biopsy	OBS. & GYNAE-B	3000	2400
15	178	Plication of Round Ligaments with or without any other operation	OBS. & GYNAE-B	3000	2400
16	167	Posterior Colpe-Perineorrhaphy with or without DC	OBS. & GYNAE-B	3000	2400

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
17	185	Removal of Ectopic Pregnancy (Unilateral)	OBS. & GYNAE-B	3000	2400
18	175	Removal of Vaginal Cyst	OBS. & GYNAE-B	3000	2400
19	174	Repair of Urethrocele/ Cystocele	OBS. & GYNAE-B	3000	2400
20	160	Shirodkar's/Mcdonald's/ Lash's Operation	OBS. & GYNAE-B	3000	2400
21	169	Trachelorrhaphy	OBS. & GYNAE-B	3000	2400
22	329	Wedge Resection of Ovary	OBS. & GYNAE-B	3000	2400
1	454	Burch Colposuspension	OBS. & GYNAE-C	3800	3100
2	342	Fothergill's Operation	OBS. & GYNAE-C	3800	3100
3	201	Ligature of Internal Iliac Vessels	OBS. & GYNAE-C	3800	3100
4	199	Ovariectomy/Overian Cystectomy (Unilateral or Bilateral)	OBS. & GYNAE-C	3800	3100
5	197	Reconstruction of Uterus	OBS. & GYNAE-C	3800	3100
6	191	Removal of Broad Ligament Cyst or Tumour	OBS. & GYNAE-C	3800	3100
7	341	Removal of Ectopic Preg (Unilateral/Bilateral/ Salpingectomy/Oorhorectomy)	OBS. & GYNAE-C	3800	3100
8	190	Removal of Tubo-Ovarian Mass	OBS. & GYNAE-C	3800	3100
9	187	Repair of Old Complete Perineal Tear	OBS. & GYNAE-C	3800	3100
10	340	Repair of Recto Vaginal Fistula	OBS. & GYNAE-C	3800	3100

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
11	188	Repair of Vesico Vaginal Fistula	OBS. & GYNAE-C	3800	3100
12	192	Sling Operation (Purandare's Sling Or Shirodkar's Sling Cervicopexy)	OBS. & GYNAE-C	3800	3100
13	193	Tubo-Plasty/Tubal Surgery/Reconstruction of Tube/Anastomosis of Tube/ Cuff Salpingostomy	OBS. & GYNAE-C	3800	3100
14	189	Vaginoplasty	OBS. & GYNAE-C	3800	3100
1	343	ABD. Hysterectomy with or without Salpingo Oophorectomy	OBS. & GYNAE-D	4500	3600
2	207	Abdominal Hysterectomy/ Repair of Uterus following	OBS. & GYNAE-D	4500	3600
3	206	Abdomino-Perineal Radical Hysterectomy	OBS. & GYNAE-D	4500	3600
4	204	Mitra's Operation	OBS. & GYNAE-D	4500	3600
5	196	Myomectomy/Cervical Myoma	OBS. & GYNAE-D	4500	3600
6	200	Operation for Endometriosis-Conser-vative or Radical Surgery	OBS. & GYNAE-D	4500	3600
7	205	Schauta's Operation	OBS. & GYNAE-D	4500	3600
8	344	Vaginal Hysterectomy with or without PFR (Ward Mayo's Operation)	OBS. & GYNAE-D	4500	3600

Srl. No.	Code	Operation Name	Group Name	Charges at ICCU/ITU/CCU /HDU/Cabin	Charges at Gen. Bed
1	208	ABD. Hysterectomy with Bilateral Salpingo-Oophorectomy with Infracolic Omentectomy with Appendicectomy (Operation for ovarian Malignancy)	OBS. & GYNAE-E	5000	4000
2	209	Anterior Exenteration	OBS. & GYNAE-E	5000	4000
3	210	Posterior Exenteration	OBS. & GYNAE-E	5000	4000
4	202	Repair of Vault Prolapse (Abdominal/Vaginal)	OBS. & GYNAE-E	5000	4000
5	203	Wertheim's Operation/ Radical Hysterectomy	OBS. & GYNAE-E	5000	4000
6	211	Total Abdominal/Total Vaginal Pan Hysterectomy	OBS. & GYNAE-E	5000	4000

**OBSTETRICS & GYNAECOLOGY**  
**ENDOSCOPIC SURGERY**

Srl. No.	Code	Operation Name	Group Name	Charges at ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
1	354	Diagnostic Lap. dye Test + D/C	OBS. & GYNAE-A1	3000	2400
2	355	Diagnostic Laparoscopy	OBS. & GYNAE-A1	3000	2400
1	456	Laparoscopic Ovarian Biopsy	OBS. & GYNAE-A2	3500	2800
2	457	Laparoscopic Tubal Ligation (Bilateral)	OBS. & GYNAE-A2	3500	2800

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
3	455	Laparoscopic Tubectomy (Bilateral)	OBS. & GYNAE-A2	3500	2800
1	459	Lap. Adhesiolysis	OBS. & GYNAE-A3	4200	3400
2	458	Lap. Ovarian Cystectomy	OBS. & GYNAE-A3	4200	3400
3	460	Lap. Salpingectomy For Ectopic Pregnancy	OBS. & GYNAE-A3	4200	3400
1	462	Lap. Burch Colposus-pension	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	2400
2	469	Diagnostic Hysteroscopy + D/C + CX. Biopsy	OBS. & GYNAE-B1	3000	2400
3	470	Diagnostic Hysteroscopy + D/C + CX. Cautery	OBS. & GYNAE-B1	3000	2400
4	466	Diagnostic Hysteroscopy + Endo Biopsy	OBS. & GYNAE-B1	3000	2400
5	467	Diagnostic Hysteroscopy + Polypectomy	OBS. & GYNAE-B1	3000	2400
6	468	Diagnostic Hysteroscopy + Polypectomy + D/C	OBS. & GYNAE-B1	3000	2400
1	326	Lap. Hysteroscopy + D/C	OBS. & GYNAE-B2	3200	2600

Srl. No.	Code	Operation Name	Group Name	Charges at	Charges
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)
2	471	Laparoscopy + Hysterescopy + D/C + Dye Test	OBS. & GYNAE-B2	3200	2600
1	472	Diagnostic Cystoscopy	OBS. & GYNAE-C	3000	2400

### ORTHOPAEDICS

101 With Implant ₹ 1000/-

102 Without Implant ₹ 600/-

Srl. No.	Code	Operation Name	Group Name	Charges at	Charges
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)
1	212	Aspiration	Orthopaedics-A	1500	1200
2	215	Denham's Pinning or Steinmann Pinning or Skelital Traction or D-Pin Insertion or Skull Traction	Orthopaedics-A	1500	1200
3	219	Dressing & Drainage or Osteomyelitis & Wound Toilet/Debridement/ Sloughectomy with Anaesthesia*	Orthopaedics-A	1500	1200
4	216	Examination under Anaesthesia (EUA)	Orthopaedics-A	1500	1200
5	218	Incision & Drainage	Orthopaedics-A	1500	1200
6	324	Manipulation under Anaesthesia (MUA/Close Reduction)	Orthopaedics-A	1500	1200
7	217	Removal of Screws, K-Wire, Circlage wire, Staples	Orthopaedics-A	1500	1200



Srl. No.	Code	Operation Name	Group Name	Charges at Charges	
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)
8	474	Skin Grafting Minor	Orthopaedics-A	1500	1200
9	214	Trephine Bone Biopsy	Orthopaedics-A	1500	1200
1	220	Amputation/Disarticulation Through Finger, Toe, Phallanges Inter-Phallangeal Joints (IP Joints) Metacarpo/ Metatarso Phallangeal Joints (M.P. Joints)	Orthopaedics-B1	3000	2400
2	544	Arthrodisis of Interphallangeal Joints	Orthopaedics-B1	3000	2400
3	240	Arthrotomy/Joint Eplosation/Clearence	Orthopaedics-B1	3000	2400
4	221	Bone Biopsy	Orthopaedics-B1	3000	2400
5	223	Carpal Tunnel Decompression	Orthopaedics-B1	3000	2400
6	350	Correction of CTEV (PMSTR/JESS)	Orthopaedics-B1	3000	2400
7	222	Curettage and or Bone Grafting	Orthopaedics-B1	3000	2400
8	237	Drainage of Osteomy-elitis Septic Arthritis	Orthopaedics-B1	3000	2400
9	225	Excision of Swelling of Whole or part of Bone, E.G.Loose Bone Piece, Radial/Ulnar Head, Exostosis	Orthopaedics-B1	3000	2400
10	476	MUA+Distractor+K. Wire	Orthopaedics-B1	3000	2400
11	229	Open Reduction & Internal Fixation with	Orthopaedics-B1	3000	2400

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
		K-wire, Fractures of Phalanges, Metacarpals & Metatarsals			
12	475	Removal of any Implant Except Those Mentioned in GR "A"	Orthopaedics-B1	3000	2400
13	227	Soft Tissue Release	Orthopaedics-B1	3000	2400
14	234	Synovectomy	Orthopaedics-B1	3000	2400
15	236	Wound Toilet/ Debridement with soft Tissue (Muscle, Tendon, Ligament, Nerve) Repair	Orthopaedics-B1	3000	2400
1	245	AMP Bipolar Prosthesis (Non-Cemented)	Orthopaedics-B2	3500	2800
2	478	Condylocephalic Nailing	Orthopaedics-B2	3500	2800
3	238	Cross Flaps	Orthopaedics-B2	3500	2800
4	479	Diagnostic Arthroscopy	Orthopaedics-B2	3500	2800
5	224	Dilwyn Envan's Operation	Orthopaedics-B2	3500	2800
6	226	Meniscectomy	Orthopaedics-B2	3500	2800
7	228	Osteotomy (Any kind) Except Scapular Osteotomy, McMurray's Osteotomy, Dickson's Osteotomy	Orthopaedics-B2	3500	2800
8	230	Patellectomy	Orthopaedics-B2	5000	4000
9	231	Quadriceps Plasty	Orthopaedics-B2	3500	2800
10	235	Sequestrectomy, Saucerisation Irrigation Suction, Curettage	Orthopaedics-B2	3500	2800

Srl. No.	Code	Operation Name	Group Name	Charges at Charges	
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)
11	233	Skin Grafting Major	Orthopaedics-B2	3500	2800
12	477	Tendon Repair & Nerve Repair	Orthopaedics-B2	3500	2800
13	248	Tendon Transfer/Grafting	Orthopaedics-B2	3500	2800
14	249	Tension Band Wiring	Orthopaedics-B2	3500	2800
1	481	ACL Reconstruction (Open)	Orthopaedics-C	4000	3200
2	250	Amputation/Disarticulation Except Those of No. 1 of Group "B"	Orthopaedics-C	4000	3200
3	239	Arthrodisis-All Except Interphalangeal Joint	Orthopaedics-C	4000	3200
4	252	External Fixator- Application	Orthopaedics-C	4000	3200
5	244	Interlocking Nailing (Femur, Tibia, Humerous) PFN/AFN/DFN	Orthopaedics-C	4000	3200
7	351	Moor's Pinning/DHS/ JWET Nail Plasty	Orthopaedics-C	4000	3200
8	242	Moor's Pinning/S.P. Nailing/Screw Head Nailing	Orthopaedics-C	4000	3200
9	243	Open Reduction & Internal Fixation (Nailing and or Plating)	Orthopaedics-C	4000	3200
10	480	Prosthesis AMP. Bipolar (Cemented)	Orthopaedics-C	4000	3200
11	246	S.P. Nailing & Plating, Screw Head Nailing & Plating	Orthopaedics-C	4000	3200

Srl. No.	Code	Operation Name	Group Name	Charges at	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Charges at Gen. Bed (₹)
12	247	Scapular Osteotomy, Mcmurry's Osteotomy, Dickson's Geometre Osteotomy	Orthopaedics-C	4000	3200
13	253	Spinal Operation- Drainage or Abscess	Orthopaedics-C	4000	3200
1	483	ACL Reconstruction/ Meniscorraphy (Arthroscopy Guided)	Orthopaedics-D	5500	4400
2	254	Ilizarov Fixator Application Corticotomy/ Limb Lengthening	Orthopaedics-D	5500	4400
3	482	Spinal Operations - Laminectomy with or without Instrumentation	Orthopaedics-D	7500	6000
1	486	Total Elbow Replacement	Orthopaedics-E	7500	6000
2	325	Total Hip Replacement- Unipolar Modular	Orthopaedics-E	10000	8000
3	484	Total Hip Replacement- Bipolar Modular	Orthopaedics-E	15000	12000
4	485	Total Knee Replacement	Orthopaedics-E	10000	8000
5	487	Total Shoulder Replacement	Orthopaedics-E	9000	7200
1	548	Dressing & Drainage of Osteomyelitis & Wound Toilet/Debridement/ Sloughectomy Without Anaesthesia	Orthopaedics-F	1000	800
	INJ 03	A-PRF / I-PRF Injection at O.T. under LA		2000	1800

Srl. No.	Code	Operation Name	Group Name	Charges at Gen.	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Bed (₹)

**OTORHINOLARYNGOLOGY**

103	OPD Cases : Operation Under LA : ₹ 300/-
104	Operation Under GA : ₹ 600/-
105	Operation Under SA : ₹ 500/-

Srl. No.	Code	Operation Name	Group Name	Charges at Gen.	
				ICCU/ITU/CCU /HDU/Cabin (₹)	Bed (₹)
1	488	Antral Washout -Bilateral/ Unilateral	ENT-Otorhino-A	1000	800
2	493	Biopsy Under LA	ENT-Otorhino-A	1000	800
3	357	Diagnostic Nasal Endoscopy Under LA	ENT-Otorhino-A	1000	800
4	291	Direct Laryngoscopy (D/L) - Diagnostic	ENT-Otorhino-A	1000	800
5	293	Examination Under Anaesthesia	ENT-Otorhino-A	1000	800
6	492	Examination Under Microscope (EUM)	ENT-Otorhino-A	1000	800
7	294	Gland Biopsy Under LA	ENT-Otorhino-A	1000	800
8	490	I/D of Abscesses	ENT-Otorhino-A	1000	800
9	295	Myringotomy (If inddor) with Gromet Insertion	ENT-Otorhino-A	1000	800
10	296	Nasal Polypectomy	ENT-Otorhino-A	1000	800
11	491	Removal of Submandibular Duct Stone Under LA	ENT-Otorhino-A	1000	800
12	297	Repair of Pinna	ENT-Otorhino-A	1000	800
13	489	Repair of Soft Tissue Injury	ENT-Otorhino-A	1000	800
14	298	Youngs Operation	ENT-Otorhino-A	1000	800
1	299	Caldwell Luc's Operation	ENT-Otorhino-B	2500	2000
2	500	Direct Laryngoscopy (D/L) with Biopsy/Removal of F.B.	ENT-Otorhino-B	2500	2000
3	306	Endolymphatic Shunt	ENT-Otorhino-B	2500	2000
4	494	Endoscopic DCR	ENT-Otorhino-B	2500	2000

Srl. No.	Code	Operation Name	Group Name	Charges at Charges	
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)
5	308	Excision of Any Tract	ENT-Otorhino-B	2500	2000
6	498	Excision of Nasal Mass Under LA	ENT-Otorhino-B	2500	2000
7	292	Excision of Pre-Auricular Sinus Under LA	ENT-Otorhino-B	2500	2000
8	309	Gland Biopsy Under G.A.	ENT-Otorhino-B	2500	2000
9	497	Middle Meatal Antrostomy (MMA) Under LA	ENT-Otorhino-B	2500	2000
10	301	Myringoplasty	ENT-Otorhino-B	2500	2000
11	499	Oesophagoscopy/ Bronchoscopy (Diagnostic)	ENT-Otorhino-B	2500	2000
12	501	Reduction of Fracture Nasal Bone Under GA	ENT-Otorhino-B	2500	2000
13	495	Removal of F.B. From Ear/Nose/Throat under GA	ENT-Otorhino-B	2500	2000
14	496	Removal of Submandibular Duct stone under GA	ENT-Otorhino-B	2500	2000
15	311	Ulcers Excision	ENT-Otorhino-B	2500	2000
1	310	Adenotonsillectomy	ENT-Otorhino-C	4000	3200
2	307	Attico-Antrostomy/Atticotomy	ENT-Otorhino-C	4000	3200
3	510	Excision of Branchial Cyst/ Fistula Under GA (Systunk)	ENT-Otorhino-C	4000	3200
4	508	Excision of Nasal Mass Under GA	ENT-Otorhino-C	4000	3200
5	506	Excision of Submandibular Gland under GA	ENT-Otorhino-C	4000	3200
6	314	Excision of Thyroid Gland	ENT-Otorhino-C	4000	3200
7	505	External Ethmoidectomy/ Fronto-Ethmoidectomy	ENT-Otorhino-C	4000	3200
8	543	Lateral Rhinotomy/Medial Maxillectomy	ENT-Otorhino-C	4000	3200

Srl. No.	Code	Operation Name	Group Name	Charges at Charges	
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)
9	300	Mastoidectomy (Any Type) with or without Conchomeatoplasty	ENT-Otorhino-C	4000	3200
10	503	Microlaryngoscopic Surgery (MLS)	ENT-Otorhino-C	4000	3200
11	509	Oesophagoscopy/ Bronchoscopy with Biopsy/ Removal of F.B. Under GA	ENT-Otorhino-C	4000	3200
12	318	Pharyngectomy	ENT-Otorhino-C	4000	3200
13	302	SMR/Septoplasty	ENT-Otorhino-C	4000	3200
14	312	Stapedotomy/Stapedectomy	ENT-Otorhino-C	4000	3200
15	507	Superficial Parotidectomy	ENT-Otorhino-C	4000	3200
16	502	Thyroidectomy (Hemi/ Partial)	ENT-Otorhino-C	4000	3200
17	305	Tracheostomy	ENT-Otorhino-C	4000	3200
18	303	Tympanoplasty/ Ossiculoplasty	ENT-Otorhino-C	4000	3200
19	504	Unilateral Endoscopic Sinus Surgery (Fess)	ENT-Otorhino-C	4000	3200
1	512	Bilateral Endoscopic Sinus Surgery (B/L Fess) Under GA	ENT-Otorhino-D	5200	4200
	554	Fees with Microdebrider (Additional) Charges		2500	2000
2	511	Decompression of Facial Nerve	ENT-Otorhino-D	5200	4200
3	516	Endolymphatic Shunt	ENT-Otorhino-D	5200	4200
4	515	Endoscopic Hypophysectomy (Excision of Pituitary Tumour)	ENT-Otorhino-D	5200	4200
5	513	Endoscopic Repair of CSF Rhinorrhoea	ENT-Otorhino-D	5200	4200
6	523	Excision of Nasopharyngeal Angiofibroma	ENT-Otorhino-D	5200	4200
7	524	Excision of Parapharyngeal, Tumour	ENT-Otorhino-D	5200	4200
8	526	Facial Nerve Grafting	ENT-Otorhino-D	5200	4200
9	520	Glossectomy	ENT-Otorhino-D	5200	4200

Srl. No.	Code	Operation Name	Group Name	Charges at Charges	
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)
10	316	Labyrinthectomy	ENT-Otorhino-D	5200	4200
11	315	Laryngectomy	ENT-Otorhino-D	5200	4200
12	522	Laryngoplasty (Type I-IV Thyroplasty)	ENT-Otorhino-D	5200	4200
13	519	Neck Dissection	ENT-Otorhino-D	5200	4200
14	514	Orbital/Optic Nerve Decompression	ENT-Otorhino-D	5200	4200
15	530	Palatopharyngoplasty	ENT-Otorhino-D	5200	4200
16	319	Pharyngo-Laryngectomy	ENT-Otorhino-D	5200	42 00
17	529	Repair of Cleft Lip/ Palate	ENT-Otorhino-D	5200	4200
18	518	Rhinoplasty/ Septorhinoplasty	ENT-Otorhino-D	5200	4200
19	525	Styloidectomy Through Tonsillar Fossa Under GA	ENT-Otorhino-D	5200	4200
20	527	Surgery for Microtia	ENT-Otorhino-D	5200	4200
21	317	Total Maxillectomy	ENT-Otorhino-D	5200	4200
22	521	Total Parotidectomy	ENT-Otorhino-D	5200	4200
23	517	Total Thyroidectomy	ENT-Otorhino-D	5200	4200
24	528	Uvulopalatopharyngoplasty	ENT-Otorhino-D	5200	4200
1	536	Baha Implantation	ENT-Otorhino-E	6500	5200
2	533	Commando Operation	ENT-Otorhino-E	6500	5200
3	313	Excision of Accoustic-Neuroma	ENT-Otorhino-E	6500	5200
4	532	Glossectomy with Neck Dissection	ENT-Otorhino-E	6500	5200
5	531	Laryngectomy with Neck Dissection	ENT-Otorhino-E	6500	5200
6	534	Laryngopharyngectomy with Neck Dissection	ENT-Otorhino-E	6500	5200
7	538	Maxillary Swing-Door Surgery	ENT-Otorhino-E	6500	5200
8	537	Skull Base Surgery	ENT-Otorhino-E	6500	5200
9	535	Thyroidectomy with Neck Dissection	ENT-Otorhino-E	6500	5200



Srl. No.	Code	Operation Name	Group Name	Charges at Charges	
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)

1	554	Fess with Micodebrider (Additional Charges)		2500	2000
---	-----	---	--	------	------

### OPHTHALMOLOGY

1	264	Cyclo Diathermy	Ophthalmology (A)	750	600
2	263	Cyclocryo Therapy	Ophthalmology (A)	750	600
3	256	Dacryocystectomy (D.C.T)	Ophthalmology (A)	750	600
4	255	Dicission Operation (Needling)	Ophthalmology (A)	750	600
5	257	Drainage of Lid Abscess	Ophthalmology (A)	750	600
6	258	Examination Under Anaesthesia	Ophthalmology (A)	750	600
7	259	Gland/Excision Biopsy	Ophthalmology (A)	750	600
8	260	Iridectomy	Ophthalmology (A)	750	600
9	348	Membranectomy	Ophthalmology (A)	750	600
10	261	Multiple Chalazion	Ophthalmology (A)	750	600
11	268	Needling of after Cataract	Ophthalmology (A)	750	600
12	266	Optical Iridectomy	Ophthalmology (A)	750	600
13	269	P.B.I. (Glaucoma)	Ophthalmology (A)	750	600
14	262	Pterygium	Ophthalmology (A)	750	600
15	267	Tarsorrhaphy	Ophthalmology (A)	750	600
16	265	Total Conjunctivoplasty Under LA	Ophthalmology (A)	750	600
1	270	"Open Sky" Vitrectomy	Ophthalmology (B)	1800	1450
2	274	Abcission of IRIS Prolapse	Ophthalmology (B)	1800	1450
3	276	Capsulo Iridectomy	Ophthalmology (B)	1800	1450
4	349	Enucleation	Ophthalmology (B)	1800	1450
5	271	Plastic Reconstruction Of Lids	Ophthalmology (B)	1800	1450
6	272	Removal of Intraocular Foreign Body	Ophthalmology (B)	1800	1450

Srl. No.	Code	Operation Name	Group Name	Charges at Charges	
				ICCU/ITU/CCU /HDU/Cabin (₹)	at Gen. Bed (₹)
7	273	Squint Correction	Ophthalmology (B)	1800	1450
8	275	Sysaectomy	Ophthalmology (B)	1800	1450
1	282	Excision of Major Parital Growth	Ophthalmology (C)	2550	2100
2	283	Exenteration of Orbit	Ophthalmology (C)	2550	2100
3	280	Filtering Surgery/ Trabeculectomy	Ophthalmology (C)	2550	2100
4	284	Keratoplasty	Ophthalmology (C)	2550	2100
5	285	Lateral Orbitotomy	Ophthalmology (C)	2550	2100
6	286	Operation for Detachment of Retina	Ophthalmology (C)	2550	2100
7	278	Reconstructive Surgery for Contracted Socket	Ophthalmology (C)	2550	2100
8	288	Repair of Lacterated Injury of the eye	Ophthalmology (C)	2550	2100
9	279	Scheie's Operation	Ophthalmology (C)	2550	2100
10	287	Vitrectomy	Ophthalmology (C)	2550	2100
11	367	Cataract Operation (Extraction of Lens).		900	600
12	328	Microsurgery (IOL)		1350	900
13	352	DCR Under - LA		975	650
14	353	DCR Under - GA		2100	1400
15	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.**