पावर ट्रॉंसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि0

(उत्तराखण्ड सरकार का उपक्रम)

CIN:- U40101UR2004SGC028675

मानव संसाधन एवं प्रशासनिक विभाग

विद्युत भवन, नजदीक–आई0एस0बी0टी0 क्रासिंग, सहारनपुर रोड़, माजरा, देहरादून–248002

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पत्रांक 479 /मा0सं0एवंप्र0वि0/पिटकुल/पी–5 दिनांक : 29.03.2025

कार्यालय ज्ञाप

पावर ट्रॉंन्समिशन कारपोरेशन ऑफ उत्तराखण्ड लि0 के सेवारत/सेवानिवृत्त कर्मिकों, उनके आश्रितों तथा पारिवारिक पेन्शनरों की चिकित्सा हेतु निम्नलिखित चिकित्सालय की मान्यता अवधि एतद्द्वारा निम्नानुसार बढ़ायी जाती है:–

क्र0 स0	चिकित्सालय/चिकित्सा संस्थान का नाम	मान्यता समाप्ति की अवधि	मान्यता वृद्धि की तिथि	उद्देश्य
1	राजीव गांधी कैन्सर इन्स्टीट्यूट एण्ड रिसर्च सेन्टर, सेक्टर–5, रोहीणी, दिल्ली	31.03.2025	01.04.2025 से 31.03.2026 तक	कैंसर रोगों हेतु

प्रतिबन्ध यह होगा कि : –

1. उक्त चिकित्सालय पावर ट्रॉंन्समिशन कारपोरेशन ऑफ उत्तराखण्ड लि0 के साथ हुए अनुबन्ध के अनुरूप चिकित्सालय में वर्तमान में प्रभावी चिकित्सालय दरों (वर्ष–2025) पर 10 प्रतिशत की छूट प्रदान करते हुये पिटकुल के सेवारत/सेवानिवृत्त कार्मिकों एवं उनके आश्रितों तथा पारिवारिक पेन्शनरों को चिकित्सा सुविधा प्रदान करेंगे।
2. चिकित्सालय द्वारा निर्धारित शर्तों की अवहेलना करने पर चिकित्सालय की मान्यता समाप्त की जा सकती है।
3. उपरोक्त के साथ ही उक्त चिकित्सालय अपने परिसर में एक साईन बोर्ड लगायेगा, जो यह दर्शायेगा –
   " पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि0 के अधिकारियों/कर्मचारियों/पेंशनर्स/पारिवारिक पेंशनर्स एवं उन पर पूर्णतया आश्रित सदस्यों के लिए अधिकृत चिकित्सालय"
4. **चिकित्सालय द्वारा पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि0 का एक अलग रजिस्टर रखा जायेगा, जिसमें निम्न प्रविष्टियां अनिवार्यतः अंकित की जायेंगी –**
   1. रोगी का नाम, आयु एवं लिंग
   2. यदि रोगी स्वयं कर्मचारी/अधिकारी नहीं है तो उसके पिता/पति का नाम और रोगी से सम्बन्ध। (केवल पूर्णतया आश्रित होने की स्थिति में)
   3. चिकित्सालय में भर्ती एवं डिसचार्ज की तिथि
   4. कर्मचारी का वेतनमान तथा तैनाती स्थान।
   5. रोग का विवरण।
   6. कुल प्राप्त की गयी राशि।
   7. निगम अधिकारी/कर्मचारी के हस्ताक्षर

उक्त रजिस्टर की प्रमाणित प्रतिलिपि चिकित्सालय द्वारा प्रत्येक माह के प्रथम सप्ताह में अधोहस्ताक्षरी के कार्यालय को अनिवार्य रूप से प्रेषित की जायेगी।

प्रबन्ध निदेशक

पत्रांक : 479 /मा0सं0एवंप्र0वि0/पिटकुल/पी0–5 तददिनांक :

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषितः–

1. निजी सचिव, प्रबन्ध निदेशक, पिटकुल, को प्रबन्ध निदेशक महोदय के संज्ञानार्थ प्रेषित।
2. निजी सचिव/डा0ए0ऑ0–निदेशक (मा0सं0)/(परिचालन)/(परियोजना)(वित्त), पिटकुल, देहरादून को निदेशकगणों के संज्ञानार्थ प्रेषित।
3. समस्त मुख्य अभियन्ता/महाप्रबन्धक/कम्पनी सचिव/अधीक्षण अभियन्ता/उपमहाप्रबन्धक, पिटकुल .....।
4. समस्त अधिशासी अभियन्ता, पिटकुल .....।
5. अधिशासी अभियन्ता (सू0प्रौ0), पिटकुल, देहरादून को इस आशय के साथ कि वह आदेश को पिटकुल की वैबसाइट पर अपलोड करवाना सुनिश्चित करें।
6. सम्बन्धित चिकित्सालय।
7. सम्बन्धित पत्रावली/कट फाईल।

(अशोक कुमार जुयाल)
महाप्रबन्धक (मा0सं0)

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SCHEDULE OF CHARGES

2025

* Applicable from 1st January 2025

ISO No. F/MISC/09-4-04

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INDEX

RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE

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Rajiv Gandhi Cancer Institute & Research Centre

(A Unit of Indraprastha Cancer Society and Research Centre)

ROOM TARIFF 2025

CATEGORY NAME	HOSPITAL CHARGES				
	BED CHARGES	ICU/HDU POPT	SURGEON CHARGES	DAY VISIT	NIGHT VISIT
DELUXE SUITE	18250.00	24250.00	200%	2500 .00	2800.00
DELUXE ROOM	15250 .00	21250 .00	150%	2500 .00	2800 .00
PRIVATE ROOM	13550 .00	18550 .00	125%	1800 .00	2000 .00
PRIVATE ROOM (OLD)	12550 .00	17550 .00	125%	1800 .00	2000 .00
SEMI-PRIVATE (DELUXE)	10550 .00	15550 .00	85%	1500 .00	1700 .00
SEMI-PRIVATE	9450 .00	14450 .00	80%	1500. 00	1700 .00
ECONOMY SPECIAL	6050 .00	11050 .00	70%	900 .00	1100 .00
GENERAL WARD	4350 .00	9350 .00	65%	800 .00	1000 .00
THYROID WARD	13550 .00	18550 .00	125%	1800 .00	2000 .00
ICU / HDU/POST OPERATIVE/MICU/SICU	18550 .00		125%	1800 .00	2000 .00
BMT(AUTOLOGUS/ALLO GENIC)	14250 .00	19250	----	1800 .00	2000 .00
NEUTROPENIA ROOM(SINGLE)	13850 .00	18850	----	1800 .00	2000 .00
BMT CENTER TWO BEDDED	11250 .00	16250	----	1500 .00	1700 .00
EMERGENCY /CASUALTY WARD	1200 .00	-----	----	----	----

NOTE :

1. Night visit will count from 10:00 P.M. to 6:00 A.M.
2. Not more than two visits will be charged per day.
3. The Surgeon's Post Operative visit for One day will be free.
4. The admitting Consultant may refer the case for opinion or for management to the Consultants. For the case referred for opinion, the latter should charge only one visit.

   However, in cases referred for further Management regular charges as authorized by Hospital are chargeable by the latter.
5. a) Charges for stand by Consultant/Surgeon if assisting in operative procedures will be 50% of the charges of operating surgeons.

b) Charges for standby Consultant / Surgeon if not assisting the surgeon or if the standby Consultant is a Physician/Cardiologist are 25% of the charges of Operating Surgeons.

c) Charges for standby Anesthesiologist will be 20% of the charges of Operating Surgeons.

d) Multiple Surgery, performed in one sitting in the same region by the surgeon , the first surgery shall be billed as full while the subsequent ones as @ 50% of the same.

e) Minor Operation Theater charges Rs.250.00 per case/procedure .

6. In case patient retains the room/accommodation while Patient is admitted to Post Operative/ ICU, charges for both will levied.

If a Patient opts of his own, for higher category at any given point of stay, In that case, higher opted category charges will be levied, from the date of admission & Room rent applicable from the date higher category opted.

7. The following charges would be levied in addition to the Surgeon fees:
   a) OT charges => 88 % of Surgeon & Standby Surgeon fees
   b) Anaesthesiologist fees => 35 % of Surgeon & Standby Surgeon fees

8. Room rent is inclusive of the following charges
   a) Nursing care
   b) Diet services
   c) R.M.O. fees
   d) All other facilities provided to attendant as per the category of the admission.

9. Check out time 12 Noon.

10. Patient discharged after 6PM will be charged 50% of the room /Bed charges in the admitted category, full day room/bed charges applicable patient discharge after 10PM in the admitted category.

11. Admission charges of Rs. 600/- will be charged for each admission.

12. One time Registration charges of Rs.350/-will be charged.

13. Private OPD consultation charges of Rs. 1500/- once paid entitle a patient for consultation by the Oncologist for a period of 5 days for any number of visits.

14. ONLINE Consultation charges of Rs.2000/- per consultation by the Oncologist.

15. SPECIAL OPD Consultation charges (5Pm to 6PM) of Rs.2500/-per consultation by the UNIT HEAD Oncologist.

16. Cross references within Surgical oncology /Radiation oncology/Medical oncology will be charged separately Rs.1500.00 each reference. But within same department no charge will be levied for 2nd opinion.

17. Only Monitoring & Infusion Pump charges of ICU/POP are included in the Incremental Bed charges of ICU/POP rest as per the actual services given to the patient be charged like Gas charges, Medicine charges , Blood sugar, Nebulizer(per day),Alpha Bed, Ventilator, BIPAP (if RGCI provide BIPAP Machine than chargeable) , BGM(Radiometer Analyzer) per day, Uro Stix & Dressing etc. to be charged.

18. Casualty / Emergency Ward charges & BMT Room rent includes Monitoring &Infusion Pump charges rest as per actual services given to the patient to be charged.

ALL TAXES/SURCHARGES LEVIED BY GOVT. OF INDIA/STATE GOVT. WILL BE CHARGED EXTRA

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ANAESTHESIA

S.No.	SERVICE NAME	AMOUNT
1	ANAES. FEES FOR TAKING PT. ON VENTILATOR (CT)	2200
2	ANAES. FOR PLANNING/INTRAOP BRACHY BY RT.DEPT	4620
3	ANAES.FEES FOR ACCOMP. PT.TO OTHER HOSP	2640
4	ANAESTHESIA FEES FOR 5 RT SITTINGS	3500
5	ANAESTHESIA FEES FOR ONE RT SITTING	1000
6	ANAESTHESIA FOR RADIO FREQ AB/MICROWAVE THERAPY	12300
7	ANAESTHESIA FOR RF ADDITIONAL LESIONS	1540
8	ANAESTHESIA FOR TACE/TARE /PTBD/ /INTERVENTIONAL RADIOLOGICAL PROCEDURE	9000
9	ANAESTHESIA FOR TRANSPERINEAL BIOPSY	6000
10	ANAETHESIA CHARGES FOR CT BIOPSY	4400
11	ANESTHESIA FOR PET CT	2640
12	ARTERIAL CANNULATION FOR PRESSURE MON./SAMP.	4400
13	ARTERIAL PUNCTURE FOR SAMPLING	660
14	BRONCHOSCOPIC /VIDEO INTUBATION	5445
15	BRONCHOSCOPY WITH AMBUSCOPE IN ICU	5445
16	CAUDAL FOR PAIN RELIEF	1320
17	COELIAC AXIS BLOCK	2420
18	COMBINED SPINAL EPIDURAL	5500
19	CVP LINE IN WARD/O.T.	3630
20	DIFFICULT AIRWAY LIKE BLOCKERS/DLT/LASER TUBE/TRACHEAL STENT	5500
21	EPIDURAL/PARAVERTEBRAL/TPA/ESPB	5500
22	GEN. ANAESTHESIA / SEDATION FOR CT	2200
23	GEN. ANAESTHESIA / SEDATION FOR MRI	3630
24	GEN. ANAESTHESIA / SEDATION FOR PROC. IN DAYCARE	1540
25	GEN.ANAESTHESIA/SEDATION FOR PROCEDURE IN ICU	2200
26	GENERAL ANAESTH. IN NUCLEAR MEDICINE	1320
27	GENERAL ANAESTHESIA / SEDATION IN GEN ICU	8000
28	GENERAL ANESTHESIA IN ICU FOR STEM CELL HARVESTING	8000
29	INTERNAL JUGLAR/ SUBCLAVIAN /FEMORAL CANNULATION	5280
30	LMA USE	1540
31	LUMBER PUNCTURE IN ICU	2000
32	NARCOTIC INTRAVENOUS INFUSION	715
33	PERIPHERAL LINE PLACEMENT IN THE WARD	550
34	PRE ANAESTHETIC CHARGES - DELUXE/DELUXE SUITE	2400
35	PRE ANAESTHETIC CHARGES - GENERAL WARD/ECO .SPL	750
36	PRE ANAESTHETIC CHARGES - SINGLE	1700
37	PRE ANAESTHETIC CHARGES (O.P.D)	1500
38	PRE ANAESTHETIC CHARGES- DOUBLE/SEMI PVT DLX	1400
39	PRIMARY PAC OF CASES IN THE WARD AFTER ADMISSION	1500
40	PUT ON TO VENTILATOR	1815
41	REGIONAL BLOCKS	3300
42	STAND BY ANAESTHETIST CHARGES IN CATH LAB/OUTSIDE MAJOR O.T/MINOR OT	3300
43	STANDBY DR. FOR MRI / CT	1430
44	USE OF JET VENTILATION	2200

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BED SIDE / DAY CARE PROCEDURES

S.No.	SERVICE NAME	AMOUNT
1	AMIKA FEEDING PUMP CHARGES	200
2	ASCITIC TAPPING/PLEURAL TAPPING	1550
3	AUDIOMETRY	900
4	B.C.G. INSTALLATION.	1200
5	BCG/ MITOMYCINE INSTALLATION CHARGES	1200
6	BIPAP(NON INVASIVE VENTILATORY SUPPORT) P/DAY	2800
7	BLADDER WASH/DISTAL LOOP WASH	250
8	BLOOD SUGAR TEST BY GLUCO - DIASTIX	75
9	BLOOD TRANSFUSION	950
10	BONE MARROW ASPIRATION/BIOPSY	4650
11	CATHERIZATION	550
12	CATHETER CARE	100
13	CENTRAL LINE CARE - FLUSHING	300
14	COLOSTOMY BAG CHANGE/ UROSTOMY BAG CHANGE	350
15	DECANULATION OF TRACHEOSTOMY	1000
16	DOZEE BED (ENHANCED VITALS MONITORING SYSTEM) per day charges	550
17	DRESSING (LARGE)	950
18	DRESSING (MEDIUM)	800
19	DRESSING (MINOR)	550
20	DVT PUMP (PER DAY)	650
21	ENEMA/BOWEL WASH	150
22	EVD PLACEMENT BY TWISTDRILL (BED SIDE)	15000
23	HIVEC PROCEDUDE CHARGES	1200
24	I.M INJECTION & SUBCUTANEOUS INJECTION { S/C }	50
25	I.V INJECTION	400
26	INFUSION PUMPS IN CHEMOTHERAPY WARD/ROOM CHARGES	225
27	INFUSION PUMPS(CHARGES PER DAY) IN WARD / ROOM	425
28	LINEN CHARGES.	100
29	LUMBAR DRAIN PLACEMENT	5000
30	LUMBER PUNCTURE DIAGNOSTIC	1250
31	LUMBER PUNCTURE THERAUPETIC	2750
32	NEBULISER PER DAY CHARGES	200
33	PICC DRESSING	500
34	RYLE`S TUBE	550
35	SCALP COOLING (PER SITTING).	4000
36	SLEEP DISORDER STUDY	11000
37	STOMACH WASH	275
38	SUTURE REMOVAL {EXCLUDING IPD}	550
39	SYRINGE PUMP.	350
40	TRACHEOSTOMY IN BEDSIDE/ICU	11000
41	TRACHEOSTOMY TUBE CHANGE	350
42	URINALYSIS TEST BY KETO-DIASTIX	75
43	UROFLOWMETRY CHARGES	550

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BONE MARROW TRANSPLANT

S.No.	SERVICE NAME	AMOUNT
1	CAR-T PROCESSING / ADMINASTRATIVE CHARGES	200000
2	HARVESTING	40000
3	HEMATOPOIETIC STEM CELL TRANSPLANTATION	200000
4	HIGH DOSE THERAPY	150000
5	NEX GENERATION CAR-T (INFUSION PROCEDURE CHARGES)	210000

C.S.S.D.

S.No.	SERVICE NAME	AMOUNT
1	ARTERIAL CANNULATION SET	800
2	B.M. SET	1700
3	B.M.T. MOUTHWASH SET	500
4	C.V.P CANNULATION SET	850
5	CATHETRISATION SET	500
6	CUT OPEN SET	650
7	DRESSING SET	600
8	E.T.O. GAS STERILIZATION CHARGE (PER LOAD)	2600
9	GAS PLASMA STERILLIZATION	2600
10	INTERVENTIONAL BIOPSY SET	350
11	L.P. SET	500
12	NECK EXPLORATION SET	700
13	PACKING ROLL	225
14	PICC LINE SET	500
15	SUTURE REMOVAL SET	500
16	SUTURE SET	500
17	TRACHEOSTOMY SET	1000

CHEMOTHERAPY

S.No.	SERVICE NAME	AMOUNT
	CHEMOTHERAPY WARD SERVICES	
1	CHEMOTHERAPY WARD SINGLE DOSE CHEMOTHERAPY (A)	2900
2	CHEMOTHERAPY WARD SINGLE DOSE CHEMOTHERAPY (B)	4700
3	CHEMOTHERAPY WARD MULTIPLE DRUG THERAPY (A)	4200
4	CHEMOTHERAPY WARD MULTIPLE DRUG THERAPY (B)	5800
5	CHEMOTHERAPY WARD ATIBIOTICS/ANTIEMETICS/ANALGESICS (PER VISIT)/SUPPORTIVE	300
6	CHEMOTHERAPY WARD CHEMOTHERAPY (C)	900
7	SPECIAL CHEMOTHERAPY WARD SINGLE DOSE CHEMOTHERAPY (A)	4300
8	SPECIAL CHEMOTHERAPY WARD SINGLE DOSE CHEMOTHERAPY (B)	5700
9	SPECIAL CHEMOTHERAPY WARD MULTIPLE DRUG THERAPY (A)	8100
10	SPECIAL CHEMOTHERAPY WARD MULTIPLE DRUG THERAPY (B)	8600
11	SPECIAL CHEMOTHERAPY WARD CHEMOTHERAPY (C)	1250
	IPD SERVICES	
12	INDOOR SINGLE DOSE CHEMOTHERAPY (A) {GEN/ECO SPL}	3400
13	INDOOR SINGLE DOSE CHEMOTHERAPY (B) {GEN/ECO SPL}	5200
14	INDOOR SINGLE DOSE CHEMOTHERAPY (A) {SEMI PVT/SEMI PVT DLX/SMEI PVT 4 BEDED}	4000
15	INDOOR SINGLE DOSE CHEMOTHERAPY (B) {SEMI PVT/SEMI PVT DLX/SMEI PVT 4 BEDED}	5500
16	INDOOR SINGLE DOSE CHEMOTHERAPY (A) {SINGLE ROOM/DLX/DLX SUITE}	4500
17	INDOOR SINGLE DOSE CHEMOTHERAPY (B) {SINGLE ROOM DLX/DLX SUITE}	6600
18	ADJUNCTIVE THERAPY (ZOL./GF/PUSH) SD{C}	950
19	DOMICILIARY INFUSIONAL PUMP CHEMOTHERAPY for one Day	3500
20	INTRATHECAL CHEMOTHERAPY WITH SEDATION BED SIDE/ Minor OT	3500
	PROTOCAL CHARGES	
21	SINGLE DOSE (A)CHEMO MIXING CHARGES AT CYTOTOXIC (INHOUSE MEDICINES)& INFUSION CHARGES	800
22	SINGLE DOSE (A) CHEMO MIXING CHARGES AT CYTOTOXIC (OUTSIDE MEDICINES) & INFUSION CHARGES	1200
23	SINGLE DOSE (B) CHEMO MIXING CHARGES AT CYTOTOXIC (INHOUSE MEDICINES) & INFUSION CHARGES	900
24	SINGLE DOSE (B) CHEMO MIXING CHARGES AT CYTOTOXIC (OUTSIDE MEDICINES)& INFUSION CHARGES	1400
25	MULTIPLE DRUG (A) MIXING CHARGES AT CYTOTOXIC (INHOUSE MEDICINES)& INFUSION CHARGES	1100
26	MULTIPLE DRUG (A) MIXING CHARGES AT CYTOTOXIC (OUTSIDE MEDICINES)& INFUSION CHARGES	1400
27	MULTIPLE DRUG (B) MIXING CHARGES AT CYTOTOXIC (INHOUSE MEDICINES)& INFUSION CHARGES	1250
28	MULTIPLE DOSE (B) MIXING CHARGES AT CYTOTOXIC(OUTSIDE MEDICINES) & INFUSION CHARGES	1750
29	CHEMOTHERAPY PLANNING(FOR FOREIGN PATIENTS)	8000
30	CHEMOTHERAPY PLANNING(FOR OUTSTATION PTS)	5500

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CHEMOTHERAPY WARD BED/ROOM CHARGES

S.No.	SERVICE NAME	AMOUNT
1	0-1 HOURS CHEMOTHERAY WARD GEN.BED CHARGES	1100
2	0-1 HOURS CHEMOTHERAY WARD RECLINER CHARGES	850
3	1-2 HOURS CHEMOTHERAY WARD GEN.BED CHARGES	1800
4	1-2 HOURS CHEMOTHERAY WARD RECLINER CHARGES	1450
5	2-4 HOURS CHEMOTHERAY WARD GEN.BED CHARGES	2200
6	2-4 HOURS CHEMOTHERAY WARD RECLINER CHARGES	1850
7	4-6 HOURS CHEMOTHERAY WARD GEN.BED CHARGES	3100
8	4-6 HOURS CHEMOTHERAY WARD RECLINER CHARGES	2650
9	6-8 HOURS CHEMOTHERAY WARD GEN.BED CHARGES	3800
10	6-8 HOURS CHEMOTHERAY WARD RECLINER CHARGES	3250
11	MORE THAN 8 HOURS CHEMOTHERAPY WARD GEN.BED CHARGES	4200
12	MORE THAN 8 HOURS CHEMOTHERAPY WARD RECLINER CHARGES	3750
13	SPECIAL CHEMOTHERAY WARD CHARGES 0-2 HOURS	2700
14	SPECIAL CHEMOTHERAY WARD ROOM CHARGES	5200

COLOR DOPPLER/E.C.G

COLOR DOPPLER

S.No.	SERVICE NAME	AMOUNT
1	24 HOURS HOLTER MONITORING	3800
2	ABDOMINAL DOPPLER -RENAL/AORTA/IVC MASS.	4500
3	BOTH LIMBS ARTERIAL DOPPLER.	4500
4	BOTH LIMBS VENOUS DOPPLER.	4500
5	CAVHD PROCEDURE.	6000
6	COMBINED STUDIES (ARTERY/VEIN)	4500
7	DOBUTAMINE STRESS ECHO	6500
8	DOPPLER STUDIES (ARTERY/VEIN/MASSES)	4500
9	ECHO CARDIOGRAPHY/2D ECHO WITH COLOUR DOPPLER	4000
10	ELECTIVE D.C. CARDIOVERSION	3000
11	NECK DOPPLER (CAROTID).	4500
12	PERICARDIAL TAPPING.	2400
13	PERICARDIOCENTESIS WITH PIGTAIL CATHETERIZATION.	6000
14	PERICARDIOCENTESIS.	4700
15	PORTABLE ECHOCARDIOGRAPHY-	4000
16	RIGHT HEART STUDY AND SWAN GANZ.	4800
17	SINGLE LIMB ARTERIAL AND VENOUS DOPPLER.	4500
18	SINGLE LIMB ARTERIAL OR VENOUS DOPPLER.	3000
19	STRESS ECHO	5000
20	TEE ECHOCARDIOGRAPHY (TEE)	5500
21	TEMPARORY PACEMAKER IMPLANTATION UNDER FLURO (TPI)	15000
22	TMT	4000
23	TMT STRESS ECHO	7000
24	UPPER ABDOMEN + SP AXIS DOPPLER.	3500

E.C.G

S.No.	SERVICE NAME	AMOUNT
1	ECG	550
2	PORTABLE ECG(BED SIDE)	800

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CRITICAL CARE & INTERVENTIONAL PAIN MANAGEMENT

S.No.	SERVICE NAME	AMOUNT
1	ADVANCED PAIN PROCEDURE / NERVE BLOCK / CERVICAL EPIDURAL	13000
2	ADVANCED PROCEDURES INTRATHECAL PUMP/VERTEBROPLASTY/SPINAL CORD	16500
3	ADVANCED REGIONAL NERVE BLOCK FOR PAIN Mx /ARTERIAL LINE PLACEMENT/TAPPING	5000
4	ANALGESIC TITRATION (1)	1200
5	ANALGESIC TITRATION.	3800
6	B/L ESPB	8000
7	B/L TAP	8000
8	BLUE PROTOCOL	1300
9	CERVICAL MEDIAN BRANCH RADIO FREQUENCY ABLATION	4200
10	CODE BLUE / RESUSCIATION	2000
11	COELLAC PLEXUS NERVE BLOCK BY FLUROSCOPY	4400
12	DRY NEEDLING LEVEL- 1	2200
13	DRY NEEDLING LEVEL- 2	3300
14	DRY NEEDLING THREE SESSIONS	9000
15	EPIDURAL/PARA VERTEBRAL/TPA/ESPB/PECS BLOCK/CENTRAL LINE PLACEMENT	5500
16	ERECTOR SPINAE MUSCLE BLOCK USG	5000
17	FACETJT BLOCK / ASCITING TAPPING/PLEURAL TAPPING	3300
18	GANGLION IMPAR NERVE BLOCK BY FLUROSCOPY	3200
19	GLOSSOPHARYNGEAL NERVE BLOCK	4200
20	GREATER/LESSER OCCIPITAL NERVE BLOCK	4200
21	INFRA ARTICULAR RADIO FREQUENCY AABL/STEROID INSTILLATION	2200
22	INTERCOSTAL NERVE NEUROLYSIS/REGIONAL N BLOCK/CENTRAL DESENSITIZATION	3300
23	INTERLAMINAR CATHETER / TMJ BLOCK	4200
24	INTRA-DISCAL OZONE/RADIO FREQUENCY ABLATION	6600
25	INTRATHECAL NEUROLYSIS	5500
26	LESION OF RAMI COMMUNICANTES	4200
27	LUMBAR MEDIAN BRAN BLOCK RADIO FREQ ABLA/FACET STEROID INJ	3150
28	LUMBAR SYMPATHETIC NERVE BLOCK	4235
29	LUMBER TRANS FORA EPIDU STEROID INJE/SELEC NERVE ROOT BLOCK	4235
30	MIPSI	5500
31	MIRROR THERAPY	2400
32	PERCUTANEOUS PULSED RF FOR NEUROPATHY/PLANTAR FASCIA INJECTION	2200
33	PERIPHERAL NERVE BLOCK	2200
34	Prolotherapy	13200
35	PRP Injection	11000
36	PRPINJECTION/OZONE INJECTION{MACHINE/KIT CHARGES EXTRA}	3800
37	PUDENDAL NERVE BLOCK	5500
38	PULSED RADIO FREQUENCY ABLATION OF DORSAL ROOT GANGLION	7200
39	RESPITE CARE	5500
40	RF MACHINE	16500
41	SACRAL CAUDAL NEUROPLASTY/INTRA THECAL INJECTION	3850
42	SACRAL TRANS FORAMINAL EPIDURAL STEROID INJECTION	4200
43	SACRO ILIAC JOINT RADIO FREQUENCY ABLATION	3850

S.No.	SERVICE NAME	AMOUNT
44	SHOULDER / KNEE BURSA INJECTION	4400
45	SPHENOPALATINE GANGLION NEUROLYSIS	4200
46	SPLANCHNIC NERVE NEUROLYSIS	4400
47	STELLATE GANGLION BLOCK	5000
48	STEROID/LESION OF SUPERASCAPULAR NERVE	2200
49	SUBZYGOMATIC MANDIBULAR NERVE BLOCK	4200
50	SUPERIOR HYPOGASTRIC NERVE BLOCK BY FLUROSCOPY	4400
51	T2 T3 SYMPATHETIC NEUROLYSIS	4400
52	TRIGEMINAL GANGLION (F.OVALE)	15000
53	TRIGEMINAL GANGLION NEUROLYSIS/STELLATE GANGLION BLOCK	7200
54	TRIGGER POINT INJECTION/RELEASE (PER POINT)	1300
55	USG GUIDED PROCEDURE	4000

E.E.G./ GAS CHARGES/ HBOT THERAPY

E.E.G.

S.No.	SERVICE NAME	AMOUNT
1	EEG	4000

GAS CHARGES

S.No.	SERVICE NAME	AMOUNT
1	MEDICAL GAS CHARGES UPTO 1 HOUR	100
2	MEDICAL GAS CHARGES IN WARD (1 HRS to 6 HRS.)	350
3	MEDICAL GAS CHARGES IN WARD (> 6 HRS.)	900

HBOT THERAPY

S.No.	SERVICE NAME	AMOUNT
1	HBOT THERAPY PER SITTING	2000

BIOCHEMISTRY

S.No.	SERVICE NAME	AMOUNT
1	24 HOURS URINARY CALCIUM	770
2	24 HOURS URINARY MAGNESIUM	720
3	24 HOURS URINARY PROTEIN	490
4	24 HRS. URINARY CREATININE	300
5	24 HRS. URINARY PHOSPHORUS	350
6	ALBUMIN/GLOBULIN RATIO	480
7	BLOOD GAS ANALYSIS	1500
8	BLOOD GLUCOSE (F)[HK]A	170
9	BLOOD GLUCOSE (PP)[HK]B	170
10	BLOOD GLUCOSE (R)[HK]141	170
11	BLOOD UREA [URIASE/GLDH]	220
12	BLOOD UREA NITROGEN(BUN)	220
13	BODY FLUID FOR ALBUMIN	150
14	BODY FLUID FOR CHYLE(Triglycerides)	420
15	BODY FLUIDS FOR BIOCHEMISTRY	650
16	CREATININE CLEARANCE [ZAFFE]	830
17	DRAIN FLUID FOR AMYLASE.	600
18	DRAIN FLUID FOR BILIRUBIN.	240
19	DRAIN FLUID FOR CREATININE	350
20	DRAIN FLUID FOR LDH	550
21	GLUCOSE TOLERANCE TEST(GTT) [HK]	740
22	IONIZED CALCIUM	740
23	KIDNEY FUNCTION TEST (INCLD. SOD.POTASSIUM)	1510
24	KIDNEY FUNCTION TEST(INCLUDING SODIUM POTASSIUM AND BICARBONATE)	1730
25	LIPID PROFILE	1460
26	LIVER FUNCTION TEST	1730
27	PLEURAL FLUID FOR LDH	615
28	SERUM ALBUMIN [BCG]	200
29	SERUM ALKALINE PHOSPHATASE [IFCC AT 37 C]	300
30	SERUM ALPHA AMYLASE/SERUM AMYLASE(ENZYMATIC)	570
31	SERUM ASCITIES ALBLUMIN GRADIENT (SAAG)....	400
32	SERUM CHLORIDE [ISE]	300
33	SERUM CHOLESTEROL[CHO,POD]	300
34	SERUM CK-MB [IFCC]	800
35	SERUM CPK [IFCC]	500
36	SERUM CREATININE [JAFFE]	300
37	SERUM DIRECT BILIRUBIN [DPD]	230
38	SERUM ELECTROLYTES	700
39	SERUM GAMMA GT [IFCC]	650
40	SERUM HAPTOGLOBIN	2850
41	SERUM HDL/ HDL CHOLESTEROL [ENZYMATIC DIRECT]	360
42	SERUM LDH [IFCC WITH PP AT 37	580
43	SERUM MAGNESIUM [XYLIDYL BLUE]	720
44	SERUM OSMOLALITY	900
45	SERUM PHOSPHORUS [MOLYBDATE UB]	360

S.No.	SERVICE NAME	AMOUNT
46	SERUM POTASSIUM[ISE]	350
47	SERUM SODIUM [ISE]	350
48	SERUM TOTAL BILRUBIN [DPD]	240
49	SERUM TOTAL PROTEIN [BIURET]	290
50	SERUM TRIGLYCERIDES [GPO,POD]	450
51	SERUM URIC ACID [URICASE]	250
52	SGOT [IFCC WITH PP) AT 37 C]	300
53	SGPT [IFCC WITH PP) AT 37 C]	310
54	TOTAL CALCIUM	760
55	URINE CHLORIDE [ISE]	290
56	URINE FOR CREATININE(RANDOM)	295
57	URINE FOR POTASSIUM[ISE]	345
58	URINE FOR SODIUM [ISE]	345
59	URINE PROTEIN CREATININE RATIO	640

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BLOOD BANK

S.No.	SERVICE NAME	AMOUNT
1	ABO RH/BLOOD GROUP & RH TYPE	420
2	ABO-Group matched RDPs: Leucodepleted & Irradiated (02 units)	6500
3	ABO-Group matched RDPs: Leucodepleted & Irradiated (04 units)	10000
4	ACD BAGS	756
5	Anti A /Anti B antibody TITRATION.	2074
6	Anti SARS CoV-2 IgG Test	1500
7	Biolog RFID Tag for PRBC	308
8	Blood Group Type & Screen (First Admission.)	1071
9	BLOOD GROUPING & CROSS MATCHING BY AUTOMATION{PRBC NAT SAFE}	280
10	Coomb`s DAT (Monospecific -IgG, C3b & C3d)	872
11	COOMB`S TEST (INDIRECT) -IAT	719
12	CRYOPRECERVATION OF STEM CELLS(OUTSIDE)	26292
13	CRYOPRECIPITATE (NAT SAFE)	750
14	DONOR SCREENING FOR APHARESIS	3344
15	EMPTY SINGLE BAG	404
16	FRESH FROZEN PLASMA (NAT SAFE)	900
17	Granulocytapheresis inclides HES with tri sodium citrate & Irradiation (Outside	20862
18	GRANULOCYTE COLLECTION	27825
19	GROUPING/CROSS MATCHING (NAT SAFE)	280
20	HES(6 percent)with Tri Sodium citrate(46.7 percent)for Granulocytaphersis	1806
21	IRRADIATION	1000
22	IRRADIATION (OUTSID BLOOD COMPONENT)	1000
23	IRRADIATION ON (RDP NAT SAFE)	1000
24	IRRADIATION ON {PRBC NAT SAFE}	1000
25	LEUCOFILTERATION ON (RDP NAT SAFE)	1500
26	LEUCOFILTERATION ON SDP	1500
27	LEUCOFILTERATION ON{PRBC NAT SAFE}	1000
28	Leukodepleted Packed Red Blood Cells(LD-PRBC)	4600
29	LYMPHOCYTE COLLECTION	55172
30	Non-ABO Group matched RDPs: Leucodepleted & Irradiated (02 units)	6000
31	Non-ABO Group matched RDPs: Leucodepleted & Irradiated (04 units)	9600
32	PATIENT`S ANTIBODIES SCREENING BY 3 CELL PANEL	719
33	PERIPHERAL BLOOD APHERESIS(CD34+)	55172
34	PERPHERAL BLOOD STEM COLLECTION (CD34+)WITOUT CRYOPRESERVATION (OUTSIDE)	40245
35	PHENOTYPING FOR EXTENDED SEROLOGY{PRBC NAT SAFE}	500
36	PLASMAPHERESIS	11000
37	Platelet Additive Solution (PAS) for SDP	2536
38	PLATELET ADDITIVE SOLUTION (PAS) FOR SDP (HALF)	1268
39	RAD- Control Irradiation Indicator	220
40	RDP WITHOUT LEUCOFILTERATION &IRRADIATION (RDP NAT SAFE)	1250
41	RH AND KELL ANTIGENS PHENOTYPING (EXTENDED PHENOTYPING)	693
42	SALE OF PLASMA PER LITER -INTASPHARMA.	1600
43	SDP APHERESIS (MATERIAL)- HALF	3500

S.No.	SERVICE NAME	AMOUNT
44	SDP APHERESIS (MATERIAL)-FULL	7000
45	SDP APHERESIS (SERVICES CHARGES)-FULL	4000
46	SDP APHERESIS (SERVICES) - HALF	2000
47	STERILE DOCKING	369
48	THERAPEUTIC LEUCAPHERESIS	26492
49	THERAPEUTIC PHLEBOTOMY	1000
50	THERAPEUTIC PLASMA EXCHANGE (TPE)	25300
51	Therapeutic Plasma Exchange(TPE) with 5 % albumin in saline	6678
52	THERAPEUTIC THROMBOCYTAPHERESIS	26492
53	TRANSFUSION BOOKLET	488
54	VENESECTION	604
55	WHOLE BLOOD / PACKED CELL ISSUE (NAT SAFE)	4000

CLINICAL PATHOLOGY/CENTRE FOR EXCELLENCE FOR CLL

CLINICAL PATHOLOGY

S.No.	SERVICE NAME	AMOUNT
1	BILE SALTS AND BILE PIGMENT (URINE)	140
2	OCCULT BLOOD	180
3	PREGENCY DETECTION TEST	370
4	ROUTINE STOOL EXAMINATION	180
5	SEMEN ANALYSIS	460
6	URINE ANALYSIS ROUTINE	255
7	URINE MICROALBUMIN..	630

CENTRE FOR EXCELLENCE FOR CLL

S.No.	SERVICE NAME	AMOUNT
1	CLL NGS 7 gene panel (TP53, ATM ,SF3B1 ,BIRC3 ,MYD88M, NOTCHI and BRAF)	20000
2	IGHV Somatic Hypermutation in CLL by NGS	15000
3	PROGNOSTIC PANEL for CLL	10000

ELISA/CHEMILUMINISCENCE/ EMIT BASED TESTS

S.No.	SERVICE NAME	AMOUNT
1	ANTI SARS COV2 IgG ANTIBODY	700
2	hsCRP, SERUM	900
3	NT Pro BNP	4500
4	SERUM AFP [CHEMILUMI]	1700
5	SERUM BETA HCG [CHEMI LUMI]	1700
6	SERUM CA - 125.[CHEMI LUMI]	2400
7	SERUM CA-19-9.[CHEMI LUMI]	2250
8	SERUM CEA.[CHEMI LUMI]	1550
9	SERUM E2 LEVEL (ESTRADIOL)	875
10	SERUM FREE T3	900
11	SERUM FREE T4	900
12	SERUM FSH	1000
13	SERUM LH	1000
14	SERUM METHOTREXATE LEVEL [EMIT]	2800
15	SERUM PROLACTIN	670
16	SERUM PSA.[CHEMI LUMI]	1740
17	SERUM VORICONAZOLE	4000
18	THYROID FUNCTION TESTS (SERUM)	1740
19	TROPONIN-I	2610
20	TSH.[CHEMI LUMI]	910

HAEMATOLOGY

S.No.	SERVICE NAME	AMOUNT
1	APTT/PTTK (Whole blood citrate)	685
2	BONE MARROW SMEAR EXAMINATION (Smears)	1375
3	CBC (HEMOGRAM COMPLETE) (Whole blood EDTA)	630
4	D- Dimer Quantitative.	1260
5	D.L.C. (DIFFERENTIAL LEUCOCYTE COUNT)(Whole Blood EDTA)	220
6	E S R	170
7	ELECTROPHORESIS FOR M BAND	1380
8	Factor VIII Level(Funtional)	1160
9	G6PD Deficiency(Screening)	735
10	HB (HAEMOGLOBIN) (Whole blood EDTA)	210
11	M.P.(MALARIA PARASITE SMEAR)	140
12	MIXING STUDIES(FOR INHIBITOR SCREEN)	2100
13	MYELOPEROXIDASE. (Smears)	650
14	PCV (PACKED CELL VOLUME) (Whole blood EDTA)	230
15	PERIPHERAL SMEAR (Whole blood EDTA)	500
16	PLASMA FIBRINOGEN LEVELS (Whole blood citerate)	1000
17	PLATELET COUNT (Whole blood EDTA)	290
18	PROTHROMBIN TIME/ INR (Whole blood citrate)	685
19	RETICULOCYTE COUNT	315
20	SERUM FOR FREE LIGHT CHAIN ASSAY.	8350
21	TLC (TOTAL LEUCOCYTE COUNT) (Whole Blood EDTA)	230

HISTO PATHOL.& CYTOLOGY

S.No.	SERVICE NAME	AMOUNT
1	ANNOTATION CHARGES FOR SINGLE WSI	1200
2	ARCHIVING CHARGES BEYOND TEN YEARS(EACH BLOCK)	550
3	BLOCK ISSUE HANDLING CHARGES (PER CASE)	550
4	BODY FLUID CYTOLOGY WITH CELL BLOCK	3800
5	BODY FLUID TLC & DLC	700
6	BODY FLUIDS CYTOLOGY	2500
7	BONE MARROW BIOPSY	3000
8	BRUSH CYTOLOGY	1300
9	CELL BLOCK	2700
10	ENDOSCOPIC ULTRASOUND GUIDED FNAC with adequecy check	4400
11	ENDOSCOPIC ULTRASOUND GUIDED FNAC/BIOPSY	4000
12	FNAC	2200
13	FNAC + CELL BLOCK	3800
14	FROZEN SECTION>5	7000
15	FROZEN SECTION1-2	3500
16	FROZEN SECTION3-5	5000
17	HEAD & NECK RESECTION WITH BONE TISSUE	12000
18	HISTOPATH SPECIMEN/REVIEW,BLOCKS 1 TO 2	2700
19	HISTOPATH SPECIMEN/REVIEW,BLOCKS 11 TO 20	6900
20	HISTOPATH SPECIMEN/REVIEW,BLOCKS 3 TO 10	3750
21	INTERVENTIONALFNAC (INTERPRETATION)	2200
22	INTRAOPERATIVE CYTOLOGY	1300
23	LIQUIDE BASED CYTOLOGY (PAP'S) MATERIAL	500
24	PAP SMEAR	1200
25	PARAFFIN BLOCK PREPARATION (1-2) & ISSUE (WITHOUT OPINION)	1100
26	PARAFFIN BLOCK PREPARATION ONLY(RESEARCH)	550
27	RAPID ON SITE SCREENING FOR FNAC(PATHOLOGY CHARGES)	1200
28	SENTINEL L NODE FROZEN SECTION(RESEARCH)	1100
29	SINGLE SLIDE SCANNING CHARGE	600
30	SINGLE STAINED SLIDES ISSUE - RESEARCH	250
31	SINGLE UNSTAINED POLY-LYSINE COATED/ UNCOATED SLIDE ISSUE	200
32	SLIDE ISSUE (3-5) WITH HANDLING CHARGES	1000
33	SLIDE ISSUE (6-10) WITH HANDLING CHARGES	1500
34	SLIDE ISSUE (UPTO 2) WITH HANDLING CHARGES	800
35	SLIDE REVIEW OF FNAC/BODY FLUIDS/PAP SMEAR	1500
36	SUPERMEGA CASSETTE PREPRATION FOR RESEARCH(EACH CASSETTE)	1100
37	SUPERMEGA SLIDE ISSUE(EACH SLIDE WITH SERVICE CHARGE)	550
38	VAGINAL VALT SMEAR	1200
39	VULVA SMEAR	1200

IMMUNO HISTOCHEM STAINS

S.No.	SERVICE NAME	AMOUNT
1	ALK-IHC.	6000
2	AMPULLARY CARCINOMA BIOPSY WITH IHC(FOUR MARKERS).	8750
3	ANY ONE MARKER.	2700
4	ANY TWO IHC MARKERS.	4400
5	BIOPSY WITH REFLEX IHC UPTO 4 IHC MARKERS	9500
6	BIOPSY WITH REFLEX IHC UPTO 8 IHC MARKERS	15000
7	BIOPSY/REVIEW WITH HER2 IHC MMR IHC & PDL1-SP263	15000
8	BODY FLUID CYTOLOGY & CELL BLOCK WITH REFLEX IHC	6500
9	BONE MARROW BIOPSY WIH REFLEX ANY TWO IHC	5200
10	BRAF V600E BY IHC	5000
11	BRAIN ADVANCED PANELWITH IHC & REFLEX MGMT/1p19q	21000
12	Brain with reflex IHC (GFAP,IDH-1R132H,P53,ATRX,Ki67)	12500
13	BREAST / ER/Pgr/IHC/Her-2 by IHC & Reflex Her-2 FISH Testing(Package)	14000
14	BREAST BIOPSY/REVIEW WITH ER/Pgr/IHC / Her-2 by IHC & Reflex Her-2 FISH Testing(Package)	15500
15	DIAGNOSTIC BONE & SOFT TISSUE WITH REFLEX IHC	11000
16	EBER by ISH	5500
17	ESTROGEN & PROGESTERONE RECEPTORS.	4400
18	FGT / MGT REVIEW INCLUSIVE OF IHC	12000
19	FGT COMPREHENSIVE TESTING (INCLUDING REVIEW,IHC,MMR IHC/HER2 & PPLE	25000
20	FGT/MGT RESECTION WITH REFLEX IHC	15000
21	FGT/MGT RESECTION WITH REFLEX IHC & MMR IHC	17000
22	HER2 IHC , MMR IHC & PDL1 IHC	14000
23	HER2 IHC AND HER2 FISH TEST	10500
24	HER2 NEU IHC(FDA APPROVED)	5500
25	IHC ADDITIONAL MARKERS WITH REFLEX EBER.	4000
26	IHC PANEL - ANY FOUR.	8000
27	IHC PANEL - FIVE TO EIGHT.	13500
28	IHC PANEL EXPANDED.	16000
29	IMMUNOHISTOCHEMISTRY PDL1 22C3 (Dako)	15100
30	Kappa light/Lambda light chain by ISH	6500
31	KIDNEY RESECTION WITH REFLEX IHC	14000
32	LIVER BIOPSY WITH REFLEX IHC for MUO	12000
33	LUNG WITH REFLEX IHC (UPTO 4) + PDL1	10500
34	LUNG WITH reflex IHC up to 4 MARKERS	9000
35	LYMPHODE BIOPSY/REVIEW WITH LYMPHOMA PANEL-REFLEX EBER(ISH)	15500
36	LYMPHOMA PANEL WITH REFLEX EBER(ISH).	14500
37	METASTASIS UNKNOWN ORIGIN-PANEL ANY SITE (OTHER THAN LYMPHOMA)	12000
38	MMR IHC & HER2 IHC TESTING	10000
39	MMR IHC & MSI TESTING	13000
40	MMR IHC WITH REFLEX MSI TESTING BY PCR(FOR TUMOUR OTHER THAN COLO-RECTAL)	9500
41	MSI TESTING(IHC) + PDL1(IHC)	10500
42	MUO PANEL SMALL BIOPSY	11500
43	NASOPHARYNGEAL BIOPSY WITH REFLEX IHC & EBER BY ISH	10500

S.No.	SERVICE NAME	AMOUNT
44	ORTHOPAEDIC RADICAL RESECTON WITH REFLEX IHC - LIMB	16000
45	OUT SIDE BLOCK WITH SLIDES REVIEW WITH REFLEX IHC (OTHER THAN LYMHOMA)	11000
46	PAN TrK IHC	5500
47	PDL-1 IHC AND HER2 IHC	8500
48	PDL-1 IHC(22C3 LDT,SP263, SP142- ANY ONE CLONE)	6500
49	REVIEW/1-2 BLOCKS WITH HER2 IHC , MMR IHC & PDL1 IHC	15000
50	ROS-1{D4D6 CLONE} BY IHC	5500
51	SKIN TUMOR WITH REFLEX IHC	10000
52	SMALL BIOPSY OROPHARYNX WITH REFLEX P16 IHC	4500
53	SMALL BIOPSY WITH REFLEX ANY TWO IHC MARKERS	5000
54	THYROID RESECTION WITH REFLEX IHC	10000
55	TRUS GUIDED BIOPSY WITH REFLEX IHC (ANY TWO)	9000
56	WHIPPLE RESECTION WITH REFLEX HIC	16000

MICROBIOLOGY

S.No.	SERVICE NAME	AMOUNT
1	A.F.B. CULTURE	1900
2	A.F.B. STAIN	475
3	A.S.O. TITRE	580
4	ALBERT`S STAIN	475
5	Anti HBs Titre	950
6	ANTI HCV ANTIBODIES	1475
7	Anti-Hepatitis B Core (HBc) Antibody	900
8	ANTI-SARS-COV-2 total test	1625
9	AU - HBSAG	950
10	BACTEC CULTURE	1900
11	BLOOD CULTURE DUO(Bactec Duo)	2200
12	BODY FLUID CULTURE	1725
13	C. DIFFICILE+ GDH+TOXIN(A+B)	2100
14	C.diff geneXpert	6000
15	CARBA-R	4200
16	CHIKUNGUNYA(igm)	1050
17	COVID-19 Antigen	150
18	C-REACTIVE PROTEIN	600
19	CRYPTOCOCCUS ANTIGEN	1675
20	CRYPTOSPORIDIUM ANTIGEN	2400
21	DENGUE NSI ANTIGEN	2350
22	DENGUE SEROLOGY	1700
23	Flu geneXpert test	6000
24	FUNGAL CULTURE	1700
25	GALACTOMANNAN	3700
26	GASTROINTESTINAL PANEL	17000
27	GENE XPERT (M.T.B)	2250
28	GENE XPERT COVID 2019	2550
29	GRAM STAIN	500
30	H.PYLORI ANTIGEN	1050
31	H.PYLORI	450
32	HANGING DROP PREPARATION	400
33	HEPATITIS B SURFACE ANTIBODY (Anti-HBs)	1000
34	HIV (ANTIBODIES)	1000
35	HPV geneXpert	3250
36	INDIA INK PREPARATION	350
37	KOH EXAM	350
38	LCB COUNT FOR MYCOLOGY	350
39	LEGIONELLA ANTIGEN	2650
40	MANTOUX TEST	350
41	MENINGITIS PANEL	17000
42	NAT TESTING	1400
43	PNEUMONIA PANEL LOWER	17000

S.No.	SERVICE NAME	AMOUNT
44	R.A.FACTOR	500
45	RESPIRATORY PANEL TRACT	17000
46	SEROLOGY FOR MALARIA ANTIGEN(PF & PV)	900
47	SPESIS PANEL	17000
48	STAIN FOR CRYPTOSPORADIUM	500
49	STAIN FOR NOCARDIA	500
50	STREPTOCOCCUS PNEUMONIAE	1300
51	SYPHILIS TPHA	850
52	TPHA TEST	550
53	TYPHIDOT	700
54	VAGINAL SMEAR EXAMINATION	150
55	WESTERN BLOT FOR HIV -I & II	5700
56	WIDAL TEST	500

MOLECULAR DIAGNOSTIC

S.No.	SERVICE NAME	AMOUNT
1	Adequacy of tumor tissue for molecular testing of outside blocks	1050
2	ADVANCED GIST PANEL	42000
3	ALK Fusion Variant Testing	14595
4	ALL COMPREHENSIVE NGS PANEL (550 GENES+TMB+MSI)	89250
5	ALL Translocation Panel[t(1;19),t(12;21),t(4;11),t(9;22)]	9030
6	AML Comboquest (NPM1 mutation analysis,FLT3 mutation analysis, CEBPA mutation analysis)	11025
7	AML Translocation Extended Panel[t(8;21),t(15;17), inv16,FLT3, NPM1] CEBPA	14595
8	AML Translocation Panel [t(8;21),t(15;17),inv16]	5880
9	AML-ETO (8;21) Quantitative PCR	8400
10	Bcl2 ,Bcl6 & Cmyc Translocations by FISH	22050
11	Bcl2 by FISH	7245
12	Bcl6 by FISH	7350
13	BCOR break apart FISH	7140
14	BCR/ABL Kinase Domain Mutation analysis (Molecular Analysis of Acquired Resistance to Imatinib)	11550
15	BCR-ABL BY FISH.	7245
16	BCR-ABL QUALITATIVE BY RT-PCR	4830
17	BKV Quantitative PCR	6720
18	BMT SEX MISMATCH X,Y	6720
19	BRAF V600E mutation analysis	9765
20	BRCA1 & BRCA2 by Next Gen Sequencing	19425
21	BRCA1/BRCA2 testing by MLPA (Long Genomic Rearrangements)	9765
22	BREAST BRCA1 & BRCA2 REFLEX PANEL (NGS /MLPA)	27825
23	CCND1/IGH t(11;14)fusion by FISH	6090
24	CEBPA Mutation Analysis	4830
25	Cell Free DNA by Droplet Digital PCR(EGFR L858R, E746_A750del & T790M)	13335
26	CHIMERISM SPLIT CELL ANALYSIS-MYELOID CELL (CD 15)	9030
27	CHIMERISM SPLIT CELL ANALYSIS-T CELL (CD 3)	9030
28	Chromosome Breakage Study	8400
29	CKIT & PDGFRA MUTATION ANALYSIS FOR GIST BY NEXT GENERATION SEQUENCING	27825
30	CLINICAL EXOME SEQUENCING	36750
31	C-myc by FISH	7350
32	COMPREHENSIVE MYELOID PANEL NGS(AML,MDS,MPN,CML,CMML & JMML)	32025
33	Comprehensive NGS Panel(161 Genes)DNA,RNA,CNV	73500
34	DNA Extraction,Quality check & DNA storage for 5 years	8610
35	DYPD MUTATION	8400
36	EBV Quantitative PCR	7245
37	EGFR by RT PCR, ROS1 translocation by FISH & ALK by IHC	24150
38	EGFR mutation analysis for Exon 18 to 21	13230
39	EGFR RT PCR, LUNG NGS PANEL, ALK BY IHC (SMART LUNG PANEL)	36750
40	Extended Molecular Profiling of KRAS, NRAS and BRAF	24150
41	FGFR3/IGH t(4;14) fusion by FISH	6300
42	FISH ANALYSIS - MDS PANEL	16275
43	FISH BREAKAPART Test for EML-ALK fusion	12075

S.No.	SERVICE NAME	AMOUNT
44	FISH BREAKAPART Test for Ewings Sarcoma/Synovial Sarcoma	14490
45	FISH BREAKAPART Test for EWSR1(Chr.22)(Ewings Sarcoma/PNET)	7560
46	FISH BREAKAPART Test for SS18 (Chr. 18) (Synovial Sarcoma)	7560
47	FISH BREAKAPART TEST FOR TFE-3 & TFEB	9765
48	FISH for 1p36/1q25 and 19q13/19p13 codeletion	10185
49	FISH FOR CLL	14490
50	FISH for HER2Neu copy number gain	11576
51	FISH for PML -RARA t(15;17)	6510
52	FISH FOR t (8;14)(IGH/MYS)	5040
53	FLASH LUNG PANEL	29400
54	FLASH LUNG PANEL & SMART NGS PANEL	63000
55	FLT3 muations (ITD & D835) Restriction Digestion	4830
56	FOXO1 break apart FISH for alveolar rhabdomyosarcoma	5460
57	Genetic Counseling Consultation	577
58	Germline BRCA 1&BRCA2 NGC(Saarthi)	3675
59	Germline Testing of Proband of LYNCH SYNDROME	19687
60	HCV Genotyping	4725
61	HRD PANEL WITH BRCA1 & BRCA2 TESTING	63000
62	HRR-DNA-PANEL (15 HRR GENE MUTATION ANALYSIS)	27562
63	HSV Quantitative PCR Qualitative 1 & 2.	6930
64	IGH/MAF t(14;16) fusion by FISH	6300
65	IGHV MUTATION PCR	8505
66	IGHV mutation status by NGS	23100
67	Interpretation and Counseling for outside NGS reports	3675
68	Inv -16(16;16) Quantitative PCR	5880
69	Inversion 16 by RTPCR	4830
70	JAK -2 REFLEX (JAK-2 V617F AND EXON 12 MUTATION)	9660
71	JC/BK VIRUS	8085
72	KARYOTYPING IN LEUKEMIAS	3990
73	LIQUID BX. CELL FREE COMPREHENSIVE COLON CANCER PANEL (KNAS,NRAS,BRAF)	26565
74	LUNG CANCER MUTATION AND FUSION PANEL BY NGS	50925
75	Lung Cell Free Total Nucleic Acid(DNA,RNA,CNV)By NGS	49350
76	Lung COE NGS only Panel(Saarthi)	13125
77	Lung COE Smart Panel (SAARTHI)	18375
78	MET BY FISH	9660
79	MET EXON 14 SKIPPING	6930
80	MGMT MS-PCR.	9660
81	MLH1 METHYLATION ASSAY.	4725
82	MLL GENE REARANGEMENT.	7875
83	MMR-IHC OR MSI by fragment length analysis	8610
84	MPN REFLEX PANEL(BCR-ABL QUALITATIVE, JAK-3 V617F, JAK-2 EXON12, CALRETICULIN , MPL MUTATIONS)	18480
85	MYD88 L265P Mutation Analysis	6300
86	MYELOMA PANEL BY FISH	18480
87	Next Generation Sequencing Cancer Hot Spot Panel	36435
88	NGS Expanded Panel for Liquid Biopsy	44625

S.No.	SERVICE NAME	AMOUNT
89	NGS Expanded Panel for Liquid Biopsy and Solid Tumor	69825
90	NGS Expanded Panel for Solid Tumor Tissue	32025
91	NGS KIDNEY PANEL (15 GENES)	40425
92	NGS PAN CANCER PANEL FROM LIQUID BIOPSY	68250
93	N-MYC By FISH	9870
94	NPM1 MRD QUANTITATIVE	4725
95	Nucleic Acid Extraction and Quality Check	3150
96	Oncomine RNA Fusion Panel for Fusion Rearrangement (Translocation/Inversion)	20790
97	PANOPTIC PANCREATIC AND PROSTATE PANEL (50 Gene NGS+HRR+MMR Without PDL1)..	71400
98	PANOPTIC PANCREATIC AND PROSTATE PANEL (50 Gene NGS+HRR+MMR+PDL1)..	79800
99	PARVOVIRUS B19 QUALITATIVE PCR	2887
100	PIK3CA MUTATION BY RGCQ-PCR	18480
101	PML RARA t(15;17) QUANTITATIVE / QUALITATIVE PCR	8295
102	Pole Mutation Analysis	13125
103	PRE ENGRAFTMENT CHIEMRISM (DONOR & PATIENT)	12600
104	Qualitative PCR for CMV	4830
105	Qualitative PCR for FIP1L1-PDGFRA translocation	6300
106	Qualitative PCR for HBV	4830
107	Qualitative PCR for HCV	4830
108	Qualitative PCR for JAK2 Exon 12 mutation	6720
109	Qualitative PCR for JAK2 V617F Exon 14 mutation detection	6720
110	Quantitative PCR for CMV	7350
111	Quantitative PCR for HBV	9660
112	Quantitative PCR for HCV	11025
113	Quantitative PCR t(9;22) BCR/ABL	8610
114	RET GENE TRANSLOCATION by FISH	9660
115	ROS1 BY FISH	9660
116	ROS1& MET BY FISH	14700
117	Site Specific BRCA Mutation Detection	7350
118	Site Specific Testing of FDR?SDR for LYNCH SYNDROME	13230
119	Smart Lung panel(Janssen)	21000
120	SMART LUNG PANEL(NGS ONLY)	28875
121	STRESS CYTOGENTICS	8925
122	Thalassemia Aplha Mutation Analysis	4515
123	Thalassemia Beta Mutation Analysis	6195
124	TMB+ONCOMINE RNA NGS PANEL	79800
125	TP53 deletion by FISH	6090
126	TPMT genotyping	8610
127	TUMOR MUTATION BURDEN	72975
128	TUMOR MUTATION BURDEN + PDL1 + MSI	79800
129	UGT1A1 Gene Polymorphism (TA Repeat).	6300
130	VNTR Chimerism Analysis Without Donor	6825

NEEDLE STICK INJURY

S.No.	SERVICE NAME	AMOUNT
1	NSI-ANTI HBS ANTIBODY TITER(NSI)	920
2	NSI-ANTI HCV ANTIBODIES.(NSI)	1475
3	NSI-AU - HBSAG(NSI)	950
4	NSI-CBC (HEMOGRAM COMPLETE) (Whole blood EDTA)(NSI)	630
5	NSI-HCV IGM(NSI)	1840
6	NSI-HIV (ANTIBODIES)(NSI)	1000
7	NSI-LFT(NSI)(BASELINE)	1730
8	NSI-NAT TESTING(NSI)(STAFF+PATIENT)	1400

SPECIAL LABORATORY INVESTIGATIONS

BIOCHEMISTRY - SPECIAL

S.No.	SERVICE NAME	AMOUNT
1	1,25 DIHYDROXYVITAMIN D	3680
2	24 HRS. URINARY FREE CORTISOL	945
3	24 HRS. URINARY PROTEIN ELECTROPHORESIS	4410
4	24 HRS. URINE FOR CALCIUM	275
5	24 HRS. URINE FOR CATECHOLAMINES	5145
6	ACETYLCHOLINE RECEPTOR BINDING ANTIBODY(ACHR)	2415
7	ADENOSINE DEAMINASE (ADA)..	750
8	AMH	2260
9	AMMONIA, BLOOD	1440
10	CA 15.3	1575
11	CROMOGRANIN A	7900
12	Glycosylated Hemoglobin (HbA1c)....	740
13	HOMOVANILLIC ACID-24 HOURS URINE..	4520
14	IGFBP-3	4620
15	IGF-I(SOMATOMEDIN—C)	4520
16	INTERLEUKIN 6 (IL6) Serum	2520
17	METANEPHRINE FREE PLASMA	6825
18	MUTILPLE MYELOMA COMPREHENSIVE PANEL 1	12600
19	MUTILPLE MYELOMA COMPREHENSIVE PANEL 2	11235
20	MUTILPLE MYELOMA COMPREHENSIVE PANEL 3	9975
21	PHEOCHROMOCYTOMA PROFILE, 24 HRS. URINE	11350
22	PLASMA ACTH	1800
23	S.TACROLIMUS	4100
24	SERUM ALDOLASE.	800
25	SERUM ALDOSTERONE	1900
26	SERUM ANGIOTENSIN CONVERTING ENZYME	1160
27	SERUM ANT THYROID ANTIBODIES	2840
28	SERUM Anti Thyroglobulin	2095
29	SERUM BICARBONATE LEVEL.	730
30	SERUM C PEPTIDE..	1150
31	SERUM CA72.4	1680
32	SERUM CATECHOLAMINE	5150
33	SERUM DIGOXIN	1050
34	SERUM ERYTHROPOIEITIN	2310
35	SERUM GASTRIN.	1365
36	SERUM GLLUCAGON	8085
37	SERUM GROWTH HORMONE	850
38	SERUM INHIBIN	850
39	SERUM INHIBIN B	2420
40	SERUM INSULIN	850
41	SERUM IRON	580

S.No.	SERVICE NAME	AMOUNT
42	SERUM LIPASE....	750
43	SERUM LITHIUM	350
44	SERUM NSE	2680
45	SERUM TESTOSTERONE (FREE)..	2100
46	SERUM TIBC/TOTAL IRON BINDING CAPACITY	580
47	SERUM TPO LEVEL	1560
48	SERUM TRANSFERRIN	1260
49	SERUM VALPORATE	950
50	SIROLIMUS(RAPAMYCIN)	5250
51	THYROGLOBULIN Panel	3420
52	Tissue transglutaminase IgA (tTg-IgA)	1155
53	Tissue transglutaminase IgA (tTg-IgG)	1155
54	TROPONIN T	1900
55	URINARY 5 HIAA	4000
56	URINARY CATECHOLAMINES	5150
57	URINARY VMA	4000
58	URINE (OSMOLALITY)	800
59	URINE FOR METANEPHARINE	6825
60	VITAMIN D 25-HYDROXY	2540

ELISA BASED TEST - SPECIAL

S.No.	SERVICE NAME	AMOUNT
1	ANTI CCP	2000
2	PIVKA-II	4000
3	PLASMA CYCLOSPORINE BY IMMUNOASSAY	2900
4	PROCALCITONIN TEST	3310
5	Prostate Health Index (PHI)	3150
6	SERUM BETA-2-MICROGLOBULIN	1550
7	SERUM CALCITONIN LEVEL.	2420
8	SERUM CARBAMAZEPINE LEVEL	950
9	SERUM CORTISOL	700
10	SERUM DHEA	2750
11	SERUM FERRITIN	1440
12	SERUM FOLATE LEVELS	1370
13	SERUM INSULIN LEVEL..	850
14	SERUM PARATHYROID HORMONE.	2080
15	SERUM PHENOBARBITONE	1050
16	SERUM PHENYTOIN LEVEL/DILANTIN/EPTOIN	1160
17	SERUM THYROGLOBULIN	2000
18	SERUM VITAMIN B12 ASSAY	1580
19	SERUM-PROGESTERONE	650
20	TESTESTERONE-QUANTITATIVE	800

FLOW CYTOMETRY BLOOD - SPECIAL

S.No.	SERVICE NAME	AMOUNT
1	CD 3 ENUMERATION	6825
2	CD 34 ENUMERATION	6825
3	CSF/FLUDID FLOW CYTOMETRY	8400
4	FLOW-CLL PANEL	17325
5	FLOWCYTOMETRIC MRD ASSAY	17325
6	LEUKAEMIA DIFFERENTIATION PANEL	17325
7	Single Lineage limited flow cytometery	10500
8	T-Reg Cell Enumeration	3000

HEAMATOLOGY - SPECIAL

S.No.	SERVICE NAME	AMOUNT
1	ADAMTS 13 Activity	21600
2	ANTI NEUTROPHIL CYTOPLASTIC ANTIBODY (ANCA) BY IFA	2040
3	ANTI -THROMBIN ACTIVITY FUNCTIONAL	3100
4	CHROMOSOME ANALYSIS CORE BONE MARROW BIOPSY	5000
5	CHROMOSOME ANALYSIS PERIPHERAL BLOOD LEUKOCYTE CULTURE FOR GENETIC ANALYSIS (KARYOTYPE)	3500
6	Confirmatory HLA Typing	22472
7	CROSS MATCHING	3500
8	ELECTROPHORESIS FOR FOETAL HAEMOGLOBIN	950
9	FACTOR IX FUNCTIONAL (Lal Path Lab)	1110
10	FACTOR VIII FUNCTIONAL (Lal Path Lab)	1800
11	FACTOR XI FUNCTIONAL (Lal Path Lab)	3100
12	FACTOR XII FUNCTIONAL (Lal Path Lab)	3200
13	Fibrin Degradation Product	1100
14	FIPILI-PDGFRA ASSAY	8400
15	G6 PD (GLUCOSE 6 PHOSPH. DEHYDROGENASE DEFICIENCY)	5600
16	HAMS TEST	1200
17	HB ELECTROPHORESIS..	950
18	HEMOGLOBIN FREE URINE	210
19	HLA A,B,C (CLASS/ANTIGENS)	14800
20	HLA DNA TYPING FOR BONE MARROW TRANSPLANT PCR A,B,C,DR & DQ TYPING	21000
21	HLA DONOR SPECIFIC ANTIBODIES CLASS 1&2(Per Doner)	10800
22	HLA DR/DQ-CLASS II AGS	8850
23	HLA Single Antigen Assay For Class I and Class II IgG Antibodies	43200
24	HLA Single Antigen Assay For Class I IgG Antibodies	23800
25	HLA T&B CROSS MATCH(PER DONER)	1750
26	HLA TYPING	13000
27	HLA TYPING (HIGH) A,B & DRBI LOCI	11000
28	HLA TYPING (HIGH) A,B,C,DRBI & DQBI LOCI	13000
29	HLA TYPING (HIGH) A/B/C/DRBI/DQBI LOCI	13000
30	HLA TYPING (INTERMEDIATE) A,B & DRBI LOCI	13000
31	HLA TYPING (INTERMEDIATE) A/B/C/DRBI/DQBI LOCUS	13000
32	HLA TYPING (INTERMEDIATE)A,B,C, DRBI & DQBI LOCI	13000

S.No.	SERVICE NAME	AMOUNT
33	HLA TYPING + CROSS MATCHING	16500
34	IDM Testing	34000
35	IGH/CCNDI T(11:14)	4800
36	IMMUNO FIXATION ELECTROPHORESIS-SERUM	6700
37	IMMUNO FIXATION ELECTROPHORESIS-URINE	8600
38	LUPUS ANTICOAGULANT BY DRVVT	1900
39	LUPUS ANTICOAGULANT.	1900
40	NK Cells KIR Tissue Typing	16854
41	NON SPECIFIC ESTRASES	950
42	PAS	490
43	PLASMA AT III	13800
44	Plasma Renin Activity	5600
45	PNH PANEL(CD55,CD59)	6800
46	Pre-Sample Collection	11236
47	PROTEIN C FUNCTIONAL	4300
48	PROTEIN S	3600
49	TEL/AMLI T(12,21)	3200
50	THALASSEMIA ALPHA MUTATION ANALYSIS.	4300
51	THALASSEMIA BETA MUTATION ANALYSIS.	5900
52	THROMBIN TIME	800
53	THROMBOPHILIA PROFILE	16200
54	Urine Dysmorphic RBC	350

MOLECULAR DIAGNOSTIC - SPECIAL

S.No.	SERVICE NAME	AMOUNT
1	ANTI -STREPTOLYSIN O ANTIBODY ASO	630
2	B-CELL GENE REARRANGEMENT PCR CELL BASED	9345
3	CALRETICULIN MUTATION ANALYSIS	5250
4	CHIMERISM STUDY-I	6615
5	CHIMERISM STUDY-II	11550
6	CHIMERISM STUDY-III	17325
7	EML-4ALK GENE FUSION PCR	9765
8	HLA B-27 BY FLOW CYTOMETRY	2520
9	IMMUNE DEFICIENCY PANEL-2:(CD4 & CD8)	2730
10	IMMUNE DEFICIENCY PANEL-4:(CD4)	1890
11	QUEST EXPERT DIAGNOSIS.	9240
12	QUEST EXPERT DIAGNOSTICS	15225
13	T-CELL RECEPTOR GENE REARRANGEMENT QUALITATIVE PCR	7350

MICROBIOLOGY - SPECIAL

S.No.	SERVICE NAME	AMOUNT
1	1,3 Beta D Glucan (BDG)	11000
2	Acute fever Multiplex	6000
3	Adenovirus PCR-Quantitative Any sample (Blood, Resp. sample/eye swab / CSF etc.)	5000
4	AFB CULTURE 10 DRUGS SENSITIVITY	11900
5	AFB CULTURE 4 DRUGS SENSITIVITY	5100
6	AFB CULTURE 5 DRUGS SENSITIVITY	6800
7	AMA(anti mitochondrial antibody)	1900
8	AMOEBIC SEROLOGY	1500
9	ANA BY IFA	2400
10	ANTI DNA ANTIBODY DS (EIA)	1300
11	ANTI HBE DETECTION-	800
12	ANTI HEV ANTIBODIES IGM	1800
13	ANTI NUCLEAR ANTIBODY	800
14	ANTI THYROID ANTIBODY PANEL	2700
15	ANTI THYROID PROXIDASE (ANTI-TPO)	1500
16	ANTIBODY TO PM-sd	2300
17	Aspergillus fumigatus	1200
18	Aspergillus species, PCR-CSF/ respiratory sample / tissue	7000
19	Brucella agglutination test	800
20	C3 C4 complement	1400
21	CMV combo PCR (Viral load with GCV resistance)	10000
22	Complement C3&C4	1400
23	CYTOMEGALO VIRUS IgG	700
24	CYTOMEGALO VIRUS IgM	650
25	ENA Extended panel 23 Ag	8400
26	EPSTEIN BARR VIRUS (IGg)	1800
27	EPSTEIN BARR VIRUS (IGm)	1800
28	Fever with rash multiplex	6000
29	Fungal meningitis multiplex	15000
30	HAV (IGg)	1190
31	HAV (IGm)	1190
32	HBc (IGm)	1100
33	HBE AG DETECTION	1000
34	HDV-IGM	2800
35	Helicobacter Pylori Antigen	1600
36	HEPATITIS A ANTIBODY TOTAL	1190
37	HEPATITIS C PCR	4300
38	HEPATITIS E -IGG	1800
39	HERPS 1&2(IGg)	800
40	HERPS 1&2(IGm)	700
41	HEV PCR	5500
42	HHV 6 PCR	7000
43	Histoplasma Antigen	3000
44	HIV RNA PCR Quantitative	5400
45	HUMAN PAPILIOMA VIRUS (HPV)	1450

S.No.	SERVICE NAME	AMOUNT
46	IMMUNE PROFILE.	1200
47	IMMUNOGLOBULIN IGD & IGE TYPING-SERUM	7500
48	IMMUNOGLOBULIN IGG SUB CLASSES.	7000
49	JC vius PCR CSF,Urine,Blood	5000
50	Leishmania Antibody (KALA AZARI)	650
51	Measles PCR CSF, nasal/oral swab/Plasma	5000
52	Mini transplant Reflux multiplex	12000
53	Mini transplant Reflux plus multiplex	14000
54	Mumps PCR	5000
55	Neuronal paraneoplastic auto ab	10800
56	P ANCA	2000
57	PARVO VIRUS B19 (IGg)	2600
58	PARVO VIRUS B19(IGm)	2600
59	Parvovirus B 19 PCR quantitative Blood/any sample	7000
60	Parvovirus B19 PCR qualitative Blood/any sample	5000
61	PCR (HSV-1)	4000
62	PCR (HSV-2)	4000
63	PCR FOR TUBERCULOSIS	2200
64	PNEUMOCYSTIS JIROVECI	2700
65	Pneumocystitis Jiroveci PCR quantitative	7000
66	Post transplant viral multiplex	10000
67	RUBELLA- IgG	660
68	RUBELLA-IgM	660
69	Scrub typhus Ab Igm	1200
70	SERUM IGA LEVELS	390
71	SERUM IGE LEVELS	900
72	SERUM IGG LEVELS	390
73	SERUM IGM LEVELS	470
74	Smooth muscle antibody IFA	1900
75	T.B.GOLD TEST (QUANTIFERON)	2800
76	TORCH-IgG	1400
77	TORCH-IgM	1400
78	Toxoplasma gondi PCR(Qualitative) any sample	3000
79	TOXOPLASMA-IgG	640
80	TOXOPLASMA-IgM	640
81	VIRAL MARKER FOR HEPATITIS A	1870
82	VIRAL MARKER FOR HEPATITIS B	330

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M.R.I

S.No	SERVICE NAME	AMOUNT
1	3D MR MAMMOGRAPHY-(CONTRAST CHARGES ADDITIONAL)	14000
2	ABDOMEN MR (UPPER) WITH MRCP-PLAIN	9500
3	ABDOMEN MR (WHOLE) WITH OUT CONTRAST	12000
4	ABDOMEN MR (WHOLE-SINGLE PHASE) - WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	13000
5	ABDOMEN MR UPPER / LOWER	8500
6	ABDOMEN MR UPPER / LOWER - WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	9500
7	ADDITIONAL STUDY	3000
8	ADDITIONAL STUDY- FUNCTIONAL MR-PER PARADIGM	7500
9	ADDITIONAL STUDY -PERFUSION/TRACTOGRAPHY/SPECTROSCOPY	3500
10	BRACHIAL PLEXUS RIGHT/LEFT	8000
11	CARDIAC MRI- WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	12000
12	CHEST /THORAX MR	7500
13	CHEST /THORAX MR - WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	8500
14	ENTEROGRAPHY /COLONOGRAPHY	10000
15	EXTRA CHARGE PER FILM (MR)	300
16	HEAD MR - POST -OPERATIVE STUDY WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	4000
17	HEAD MR WITH SELLA WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	12500
18	HEAD MRA/MRV WITHOUT CONTRAST	4000
19	HEAD MR-POST TREATMENT EVALUATION PACKAGE(CONTRAST CHARGES ADDITIONAL)	14000
20	HEAD MR-WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	9500
21	HEAD MR-WITH OUT CONTRAST	9000
22	JOINT MR LEFT / RIGHT	7500
23	JOINT MR LEFT / RIGHT - WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	8500
24	LOWER / UPPER EXTREMITY SCREENING WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	5000
25	LOWER / UPPER EXTREMITY SCREENING WITOUT CONTRAST	4000
26	LOWER/ UPPER EXTREMITY RIGHT/LEFT	7500
27	LOWER/ UPPER EXTREMITY RIGHT/LEFT WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	8000
28	MRA/MRV- BRAIN (CONTRAST CHARGES ADDITIONAL)	3000
29	MRA-CONTRAST ENHANCED (CONTRAST CHARGES ADDITIONAL)	6500
30	MRCP	5000
31	MRI-Regional (as part of Pet-MRI package) (MR)	5500
32	NECK /FACE/MANDIBLE MRI	10000
33	NECK /FACE/MANDIBLE MRI- WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	10000
34	ORBITS (MR)	8500
35	ORBITS MR WITH CONTRAST(CONTRAST CHARGES ADDITIONAL)	9500
36	PROSTATE MULTI PARAMETRIC(CONTRAST CHARGES ADDITIONAL)	8500
37	REVIEW -OUTSIDE MRI	2000
38	RT PLANNING WITHOUT CONTRAST -PER REGION (MR)	5500
39	SPINE MR ONE REGION (CERVICAL/DORSAL/LUMBAR/LS)	7500
40	SPINE MR ONE REGION (CERVICAL/DORSAL/LUMBAR/LS)WITH CONTRAST(CONTRAST CHARGES ADDITIONAL)	7500
41	SPINE TWO REGIONS-WHOLE SPINE	14000
42	SPINE TWO REGIONS-WHOLE SPINE WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	15000
43	SPINE WHOLE SCREENING - ONLY SAGITTAL SEQUENCE	7500
44	WHOLE BODY MRI	12000

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MINOR OT PROCEDURES

S.No.	SERVICE NAME	AMOUNT
1	ABSCESS DRAINAGE SMALL	500
2	ACUTE CHRONIC ABSCESS I & D	4050
3	ACUTE CHRONIC ABSCESS I & D (ANAES. CHRGS)	1418
4	APC	12000
5	APC(ANAES.CHAGS)	4200
6	ARM PORT INSERTION	12000
7	ARM PORT INSERTION (ANAES.CHARGES)	4200
8	AV Fistula	15000
9	AXILLARY LYMPH NODE BIOPSY	4000
10	AXILLARY LYMPH NODE BIOPSY (ANAES. CHRGS)	1400
11	BILIARY RADIOFREQUENCY ABLATION	10000
12	BILIARY RADIOFREQUENCY ABLATION (ANEAS.CHARGS)	3500
13	BILLAIRY ELECTROHYDRAULIC PROBE	25480
14	BIOPSY - CERVICAL	1200
15	BIOPSY - CERVICAL (ANAES. CHRGS)	420
16	BIOPSY - CERVICAL LYMPH NODE	4000
17	BIOPSY - CERVVICAL LYMPH NODE (ANAES. CHRGS)	1400
18	BIOPSY - INTALE NECK	935
19	BIOPSY - INTALE NECK (ANAES. CHRGS)	327
20	BIOPSY - KIDNEY	3300
21	BIOPSY - KIDNEY (ANAES. CHRGS)	1155
22	BIOPSY - NASAL	2000
23	BIOPSY - NASAL (ANAES. CHRGS)	700
24	BIOPSY - OPEN BONE (ANAES. CHRGS)	1400
25	BIOPSY - OPEN BONE FEMEN	5400
26	BIOPSY - OPEN BONE FEMEN (ANAES. CHRGS)	1890
27	BIOPSY - OPEN OF BONE	4000
28	BIOPSY - PLEURAL (NEEDLE)	3000
29	BIOPSY -ORAL(ANAES.CHARGES)	875
30	BIOPSY -PLEURAL (NEEDLE) (ANAES. CHRGS)	1050
31	BIOPSY-ORAL	2500
32	BONE MARROW ASPIRATION	4600
33	BONE MARROW ASPIRATION (ANAES.CHRGS)	1610
34	BRONCHOSCOPY	8000
35	BRONCHOSCOPY- (ANAES. CHRGS)	1800
36	BRONCHOSCOPY FOR BALLOON BRONCHO PLASTY	13000
37	BRONCHOSCOPY FOR BALLOON BRONCHO PLASTY (ANAES. CHRGS)	4550
38	BRONCHOSCOPY FOR FOREIGN BODY REMOVAL	15000
39	BRONCHOSCOPY FOR FOREIGN BODY REMOVAL(ANAES. CHRGS)	5250
40	BRONCHOSCOPY FOR LASER/ ELECTROCONTERY RESESTION/ENDOBRONCHIAL CRYOTHERAPY / GLUO	15000
41	BRONCHOSCOPY FOR LASER/ ELECTROCONTERY RESESTION/ENDOBRONCHIAL CRYOTHERAPY (ANAES. CHRGS)	5250
42	BRONCHOSCOPY WITH BAL	8500

S.No.	SERVICE NAME	AMOUNT
43	BRONCHOSCOPY WITH BAL (ANAES. CHRGS)	1913
44	BRONCHOSCOPY WITH BRONCHIAL STENTING	15000
45	BRONCHOSCOPY WITH BRONCHIAL STENTING (ANAES. CHRGS)	5250
46	BRONCHOSCOPY WITH GLUE INSTILLATION	15000
47	BRONCHOSCOPY WITH GLUE INSTILLATION (ANAES.CHARGS)	5250
48	BRONCHOSCOPY WITH T.B. BIOPSY	10000
49	BRONCHOSCOPY WITH T.B. BIOPSY (ANAES. CHRGS)	3500
50	BRONCHOSCOPY WITH TBNA	10000
51	BRONCHOSCOPY WITH TBNA (ANAES. CHRGS)	3500
52	BRONCHOSCOPY WITH TRACHEAL STENTING	15000
53	BRONCHOSCOPY WITH TRACHEAL STENTING (ANAES. CHRGS)	5250
54	BUGBEE ELECTRODE CYSTOFULGURATION	9000
55	BUGBEE ELECTRODE CYSTOFULGURATION (ANAES. CHARGS	3150
56	CAPSULE ENDOSCOPY	20000
57	CAPSULE ENDOSCOPY(ANAES.CHARGES)	7000
58	CAVAFIX INSERTION	500
59	CHEMICAL CAUTERIZATION WITH (TRICHLOROACETIC ACID)	1100
60	CHEMICAL CAUTERIZATION WITH (TRICHLOROACETIC ACID)(ANEAS.CHARGS)	385
61	CHEMICAL PEELING (PER SESSION)	1700
62	CHEMICAL PEELING (PER SESSION)(ANEAS .CHARGRS)	595
63	CHEMOEMBOLIZATION OF HEPATIC TUMOUR/METS	42500
64	CHEMOEMBOLIZATION OF HEPATIC TUMOUR/METS (ANAES. CHARGES)	14875
65	CHOLANGIOSCOPY WITH LITHOTRIPSY	38000
66	CHOLANGIOSCOPY WITH LITHOTRIPSY(ANEAS.CHARGS)	13300
67	CHPLANGIOSCOPY	20000
68	CHPLANGIOSCOPY(ANEAS.CHARGS)	4500
69	COLONIC DIALATION	12000
70	COLONIC DIALATION (ANAES. CHRGS)	4200
71	COLONIC STENTING	22000
72	COLONIC STENTING (ANAES. CHRGS)	7700
73	COLONOSCOPY	13000
74	COLONOSCOPY (ANAES. CHRGS)	4550
75	COLPOSCOPY/VAGINOSCOPY/VULVOSCOPY	4050
76	CRYOSURGERY	3500
77	CRYOSURGERY (ANAES. CHRGS)	1225
78	CRYOTHEROPY CERVIX	5000
79	CRYOTHEROPY CERVIX (ANAES. CHRGS)	1750
80	CYSTOLITHOTOMY	5000
81	CYSTOLITHOTOMY (ANAES. CHRGS)	1750
82	CYSTOSCOPY	10000
83	CYSTOSCOPY (ANAES. CHRGS)	3500
84	D & C	3600
85	D & C (ANAES. CHRGS)	1260
86	DEBRIDEMENT (MAJOR)	4000
87	DEBRIDEMENT (MINOR)	2000

S.No.	SERVICE NAME	AMOUNT
133	ERCP WITH DOUBLE DUCT STENTING(ANAES. CHARGS)	8750
134	ERCP WITH PAILLOTOMY / CBD BALLONOPLASTY	13000
135	ERCP WITH PAILLOTOMY/CBD BALLONOPLASTY(ANAES. CHARGS)	2925
136	ERCP WITH PANCREATIC STENTING	19000
137	ERCP WITH PANCREATIC STENTING(ANAES. CHRGS)	4275
138	ERCP WITH/WITHOUT BILIARY DILATION WITH STENTING(ANAES. CHRGS)	4500
139	ESOPHAGEAL FULL BARE HEAD STENT - TAEWOONG NITI-S.	42952
140	ESOPHAGEAL FULL COVERED STENT- TAEWOONG NITI-S.	42952
141	EUS GUIDED BILIARY DRAINAGE	25000
142	EUS GUIDED BILIARY DRAINAGE (ANAES.CHARGES)	5625
143	EUS GUIDED BILIARY GASTROJEJUNOSTOMY	28000
144	EUS GUIDED BILIARY GASTROJEJUNOSTOMY (ANAES.CHARGES)	9800
145	EUS GUIDED COILING	25000
146	EUS GUIDED COILING (ANAES.CHARGES)	5625
147	EUS WITH CELIAC PLEXUS BLOCK/NEUROLYSIS	22000
148	EUS/EBUS WITH TBNA	18500
149	EUS/EBUS WITH TBNA (ANAES. CHRGS)	4162
150	EXCISION BIOPSY SKIN	1150
151	EXCISION BIOPSY SKIN (ANAES. CHRGS)	403
152	EXCISION LYMPH NODE CAROTID TRIANGLE	4125
153	EXCISION LYMPH NODE CAROTID TRIANGLE (ANAES. CHRGS)	1444
154	EXCISION OF LESION (LARGE)	20000
155	EXCISION OF LESION (LARGE)[ANAES.CHRGS]	7000
156	EXCISION OF LESION (MEDIUM)	15000
157	EXCISION OF LESION (MEDIUM)[ANAES.CHRGS]	5250
158	EXCISION OF LESION (SMALL)	10000
159	EXCISION OF LESION (SMALL)(ANAES. CHRGS)	3500
160	EXCISION OF SINGLE LESION(EXCISIONAL BIOPSY SKIN)	2500
161	EXCISION OF SINGLE LESION(EXCISIONAL BIOPSY SKIN)(ANEAS.CHARGS)	875
162	EXCISION TONGUE ULCER & BIOPSY	2200
163	EXCISION TONGUE ULCER & BIOPSY (ANAES. CHRGS)	770
164	EXCISIONAL BIOPSY OF MODULIN (SUBCUT)	2200
165	EXCISIONAL BIOPSY OF MODULIN (SUBCUT) (ANAES. CHRGS)	770
166	EXTENSIVE /MULTIPLE DRESSING	2500
167	FIBROSCAN	6500
168	FLAP DIVISION	7000
169	FLAP DIVISION (ANAES.CHRGS)	2450
170	FOREIGN BODY REMOVAL	10000
171	FOREIGN BODY REMOVAL (ANAES. CHRGS)	3500
172	GASTRIC STENTING	20000
173	HEAMOCLIPPING	10000
174	HEAMOCLIPPING (ANAES. CHRGS)	3500
175	HICKMAN CATHERISATION	15000
176	HICKMAN CATHERISATION (ANAES. CHRGS)	3000
177	HICKMAN CATHETAR REMOVAL	2300

S.No.	SERVICE NAME	AMOUNT
178	HICKMAN CATHETAR REMOVAL (ANAES. CHRGS)	805
179	HYSTEROSCOPY	2750
180	HYSTEROSCOPY (ANAES. CHRGS)	963
181	INDOCYANINE GREEN TEST (ICG)	1600
182	INDOCYANINE GREEN TEST(ICG)(ANAES.CHRGS)	560
183	INGUINAL LYMPH NODE BIOPSY	3300
184	INGUINAL LYMPH NODE BIOPSY (ANAES. CHRGS)	1155
185	INJECTION THERAPY	8500
186	INJECTION THERAPY (ANAES. CHRGS)	2975
187	INTERCOSTAL TUBE DRAINAGE	5000
188	INTERCOSTAL TUBE DRAINAGE (ANAES. CHRGS)	1750
189	INTERDENTAL WIRING (IMF)	10000
190	INTERNAL DIALATION	6650
191	INTERNAL DIALATION (ANAES. CHRGS)	1496
192	INTRA LESIONAL INJECTION	1300
193	INTRA LESIONAL INJECTION (ANEAS.CHARGS)	455
194	INTRAPLENUL STREPTOKINASE INSTILLATION(ANAES.CHARGES)	1400
195	INTRAPLEURAL/PERITONEAL CATHETER(IPC)	6600
196	INTRAPLEURAL/PERITONEAL CATHETER(IPC)(ANAES. CHRGS)	2310
197	IVC FILTER IMPLANTATION	25000
198	IVC FILTER IMPLANTATION (ANAESTH. CHARGES)	8750
199	JEJUNAL STENTING	24000
200	JEJUNAL STENTING (ANAES.CHARGS)	8400
201	LASER HAIR REMOVAL(PER SESSION)	5000
202	LASER HAIR REMOVAL(PER SESSION)(ANEAS.CHARGS)	1750
203	LEEP CERVIX	5550
204	LEEP CERVIX (ANAES. CHRGS)	1943
205	LIP RECONSTRUCTION WITH SLING (ANAES. CHARGES)	5250
206	LIP RECONSTRUCTION WITH SLING.	15000
207	LOCAL FASCIOCUTANEOUS FLAP (SMALL)	15000
208	LOCAL FASCIOCUTANEOUS FLAP (SMALL)[ANAES.CHRGS]	5250
209	LUMBER PUNCTURE DIAGNOSTIC	1200
210	LUMBER PUNCTURE DIAGNOSTIC(ANAES.CHRGS)	420
211	LUMBER PUNCTURE THERAPEUTIC	2700
212	LUMBER PUNCTURE THERAPEUTIC (ANAES. CHARGS)	945
213	LUMPECTOMY (BREAST)	6400
214	LUMPECTOMY (BREAST) (ANAES. CHRGS)	2240
215	MEDICAL THORACOSCOPY/VAT	16500
216	MEDICAL THORACOSCOPY/VAT(ANAES.CHARGS)	5775
217	NAIL AVULSION/PARONYCHIA	2200
218	NAIL AVULSION/PARONYCHIA(ANEAS.CHARGES)	770
219	NASAL ENDOSCOPY	3000
220	NASAL ENDOSCOPY (ANAES.CHRGS)	1050
221	NECK EXPLORATION UNDER L.A	10000
222	OESOPHAGEAL STENTING	18000

S.No.	SERVICE NAME	AMOUNT
223	OESOPHAGEAL STENTING (ANAES. CHRGS)	6300
224	OMMAYA INSTILLATION OF MEDICINE	5000
225	OMMAYA INSTILLATION OF MEDICINE (ANAES.CHRGS)	1750
226	OMMAYA TAPPING	4000
227	OMMAYA TAPPING (ANAES.CHRGS)	1400
228	P I C C INSERTION	4000
229	P I C C INSERTION (ANAES.CHARGES)	1400
230	PAEDIATRIC BRONCHOSCOPY	10000
231	PAEDIATRIC BRONCHOSCOPY (ANAES. CHRGS)	3500
232	PARING OF CORN	1100
233	PARING OF CORN (ANEAS.CHARGS)	385
234	PCN.	10900
235	PCN. (ANAES. CHRGS)	3815
236	PEG	14000
237	PEG (ANAES. CHRGS)	4900
238	PEG ROMOVAL (ANAES.CHARGES)	2625
239	PEG ROMOVAL	7500
240	PLACEMENT OF DRAINS UNDER L.A	4000
241	PLATELET RICH PLASMA THERAPY (PRP)(PER SESSION)	3500
242	PLATELET RICH PLASMA THERAPY (PRP)(PER SESSION)(ANEAS.CHARGS)	1225
243	PLEURAL ASPIRATION	2500
244	PLEURAL ASPIRATION (ANAES. CHRGS)	875
245	PLEURODESIS (ANAES. CHRGS)	1575
246	PLEURODESIS/ STREPTOKINASE INSTILLATION	4500
247	POLYPECTOMY-MULTIPLE POLYPS	18000
248	POLYPECTOMY-MULTIPLE POLYPS(ANAES.CHRGS)	6300
249	POLYTECTOMY	14500
250	POLYTECTOMY (ANAES. CHRGS)	5075
251	PORT INSERTION	16500
252	PORT INSERTION (ANAES.CHARGS)	5775
253	PORT REVISION	1200
254	PORTREMOVAL	3500
255	PORTREMOVAL(ANAES.CHARGS)	1225
256	PUNCH BIOPSY - RECTAL	850
257	PUNCH BIOPSY - RECTAL (ANAES. CHRGS)	298
258	PUNCH BIOPSY ORAL	1250
259	PUNCH BIOPSY ORAL (ANES.CHARGE)	438
260	PUNCH BIOPSY(SKIN BIOPSY)	1500
261	PUNCH BIOPSY(SKIN BIOPSY)(ANEAS.CHARGS)	525
262	RADIOFREQUENCY ABLATION(RFA) UPTO 5 LESIONS(ELECTROCAUTRY)	2500
263	RADIOFREQUENCY ABLATION(RFA) UPTO 5 LESIONS(ELECTROCAUTRY)(ANEAS.CHARGS)	875
264	RECONSTRUCTION PLATE REMOVAL (SMALL)	10000
265	RECONSTRUCTION PLATE REMOVAL (SMALL)(ANAES.CHARGES)	3500
266	REMOVAL OF IMF/ARCHBAR	5500
267	REMOVAL OF IMF/ARCHBAR (ANAES. CHRGS)	1925

S.No.	SERVICE NAME	AMOUNT
268	RESUTURING OF FLIPPED PORT	500
269	RETROPHARYNGAL ABSCESS DRAINAGE	3300
270	RETROPHARYNGAL ABSCESS DRAINAGE (ANAES. CHRGS)	1155
271	SCALENE NODE BIOPSY	3600
272	SCALENE NODE BIOPSY- (ANAES. CHRGS)	1260
273	SCALP LESION EXCISION	10000
274	SCALP LESION EXISION (ANES. CHARGES)	3500
275	SCREENING EUS	5500
276	SCREENING EUS (ANAES. CHARGES)	1925
277	SECONDARY SUTURING (MAJOR)	5000
278	SECONDARY SUTURING (MINOR)	2000
279	SIDE VIEWING ENDOSCOPY	10000
280	SIGMOIDOSCOPY FIBROPTIC	6500
281	SIGMOIDOSCOPY FIBROPTIC (ANAES. CHRGS)	2275
282	SINOVIALOR BONE BIOPSY OF HIP JOINT	6400
283	SINOVIALOR BONE BIOPSY OF HIP JOINT (ANAES. CHRGS)	2240
284	SKIN BIOPSY	700
285	SKIN BIOPSY (ANAES. CHRGS)	245
286	SKIN GRAFT MEDIUM(ANAES.CHRGS)	5950
287	SKIN GRAFT MEDIUM.	17000
288	SKIN GRAFT SMALL(ANAES.CHRGS)	4200
289	SKIN GRAFT SMALL..	12000
290	SUPRA PUBIC CYSTOSTOMY(SPC)	4500
291	SUPRA PUBIC CYSTOSTOMY(SPC)(ANAES. CHARGES)	1575
292	TEP VOICE PROSTHESIS	8500
293	TEP VOICE PROSTHESIS (ANAES.CHRGS)	2975
294	TESTICULAR BIOPSY (BI-LATERAL)	3500
295	TESTICULAR BIOPSY (BI-LATERAL)- (ANAES. CHRGS)	1225
296	TESTICULAR BIOPSY (UNILATERAL)	3000
297	TESTICULAR BIOPSY (UNILATERAL)- (ANAES. CHRGS)	1050
298	TONSIL BIOPSY	1000
299	TONSIL BIOPSY (ANAES. CHRGS)	350
300	TRACHEOSTOMY	11000
301	TRACHEOSTOMY (ANAES. CHRGS)	3850
302	TRANS RECTAL ULTRASOUND / PROSTATE BIOPSY	6050
303	TRUE CUT BIOPSY (EXTRACAVITY/SUPERFICIAL)	1500
304	TRUE CUT BIOPSY (INTRACAVITY)	3500
305	URETHRAL DIALATATION	1100
306	URETHRAL DIALATATION (ANAES. CHRGS)	350
307	URO FLOW RATE	600
308	VACCUM ASSISTED BREAST BIOPSY-ENCORE	12000
309	VACUUM BIOPSY MULTICORE(RADIOLOGIST)	2500
310	VACUUM BIOPSY MULTICORE(SURGEN)	2500
311	VARICEAL BANDING	10000
312	VARICEAL BANDING (ANAES. CHRGS)	3500

S.No.	SERVICE NAME	AMOUNT
313	VARICEAL GLUE INJECTION	11000
314	VARICEAL GLUE INJECTION (ANAES.CHRGS)	3850
315	WOUND DEDRIDEMENT	1550
316	WOUND DEDRIDEMENT (ANAES. CHRGS)	543

MONITORING CHARGES/MISCELLANEOUS CHARGES

MONITORING CHARGES

S.No.	SERVICE NAME	AMOUNT
1	MONITORING CHARGES IN MINOR O.T	300
2	MONITORING CHARGES IN WARD	600
3	PCA PUMP CHARGE	600
4	PULSE OXYMETER CHARGES IN WARD	600

MISCELLANEOUS CHARGES

S.No.	SERVICE NAME	AMOUNT
1	3D PRINTING 12 VERTEBRAE LEVELS (ANVKA)	23600
2	3D PRINTING 5 VERTEBRAE LEVELS (ANVKA)	11800
3	3D PRINTING 7 VERTEBRAE LEVELS (ANVKA)	17700
4	3D PRINTING ALL ORTHOPEDIC CASES (ANVKA)	29500
5	3D PRINTING FREE FIBULA FLAP SET CONTAINS 5 MODELS {MANDIBLE WITH DEFECT,RECONSTRUCTED MANDIBLE, MANDIBLE GUIDE, FIBULA GUIDE, FIBULA } (ANVKA)	23600
6	3D PRINTING FULL SKULL MODEL (ANVKA)	21240
7	3D PRINTING FULL SPINE (ANVKA)	41300
8	3D PRINTING MANDIBLE MODEL (ANVKA)	3540
9	3D PRINTING MAXILLA MODEL(ANVKA)	7080
10	Air Mattress --(Arjo Huntleigh Autologic)	450
11	ALPHA BED INTAI LIFESCIENCES (RENTAL CHARGES)	400
12	BCA (BODY COMPOSITION ANALYSIS)	100
13	COPY / INSPECTION OF OPD RECORDS	900
14	COPY / INSPET. OF IPD RECORDS > 200 PAGES	2100
15	COPY / INSPET. OF IPD RECORDS UPTO 200 PAGES	1300
16	DISPOSABLE GOWN	200
17	EMPLOYEE IDENTITY CARD CHARGE	100
18	EXTERNAL DOCTOR VISIT- III	1500
19	GOWN CHARGES	250
20	INFECTION CONTROL CHARGES	200
21	INSTRUMENT PROCESSING CHARGES	600
22	LOST PASS CHARGES	500
23	MULTI STAKE HOLDERS PSYCHO ONCO.SESSION OPD/IPD	1000
24	NEONATOLOGIST FIRST VISIT	5000
25	NEONATOLOGIST SUBSEQUENT VISIT	3000
26	PALLIATIVE CARE PHYSICIAN SESSION OPD/IPD	500
27	PREVENTIVE ONCOLOGY	300
28	PSYCHO ONCOLOGY SESSION OPD/IPD	500
29	SPEECH THERAPY OPD/IPD SESSION	800
30	SWALLOWING THERAPY OPD/IPD SESSION	500
31	TPA DOCUMENTATION & FILE PROCESSING CHARGES	1100
32	TPA DOCUMENTATION & FILE PROCESSING CHARGES {DAY CARE}	600
33	TUMOUR BOARD CHARGES	500

NUCLEAR MEDICINE

S.No.	SERVICE NAME	AMOUNT
1	11-15 mCi,I-131	12800
2	177Lu-PSMA PRLT drug and material charges	230000
3	225-ACTINIUM PRRT drugs and material charges	540000
4	225-ACTINIUM PRRT procedure charges	10000
5	DOBUTAMINE STRESS THALLIUM	12000
6	G.I. BLEED	7700
7	HIDA	11000
8	I-131 Iodine Therapy planning & Procedure charges	5000
9	INJ.THYROGEN(TSH INJ.) (MEDICINE ONLY)	95000
10	LIVER BLOOD POOL	7700
11	Lu177 PRPT Drugs & Material	205000
12	Lu177 PRPT Procedure Charges	10000
13	Lu177 PRRT (BRIT) Procedure Charges	10000
14	Lu177 Whole Body SPECT CT	7000
15	Lu-177-DOTATATE (BRIT) 100mCi drugs and material charges	68000
16	Lu-177-DOTATATE (BRIT) 200mCi drugs and material charges	135000
17	Lu-177-PSMA (BRIT) 100mCi drugs and material charges	65000
18	Lu-177-PSMA (BRIT) 200mCi drugs and material charges	125000
19	LUNG PERFUSION SCAN	8500
20	LUNG VENTILATION SCAN	8000
21	OUTSIDE SCAN REVIEW (NM)	1000
22	PARATHYROID SCAN (TL-TC)	10000
23	RADIONUCLIDE VENOGRAPHY	7700
24	RENAL (DTPA) SCAN & GFR	7700
25	RENAL DMSA SCAN	7150
26	REST MUGA	7700
27	SAMARIUM -153 EDTMP INJECTION	18000
28	SAMARIUM -153 EDTMP INJECTION PROCEDURE CHARGES	5000
29	STRESS MUGA	7000
30	THREE PHASE BONE SCAN (MDP)	7000
31	THYROID FLOW AND SCAN (TC)	7000
32	THYROID SCAN (TL)	5500
33	THYROID UPTAKE & SCAN (131-I)	7700
34	THYROID UPTAKE & SCAN (TC)	7700
35	TMT STRESS THALLIUM	11000
36	VU REFLUX	6500
37	WHOLE BODY BONE SCAN (MDP)	7700
38	WHOLE BODY SCAN SPECT - CT	7700
39	Y-90 SIR-Sphere (Sun Pharma)	905625
40	Y-90 TheraSphere (Syare Therapeutics)	883103
41	Y-90 whole body SPECT CT	7700

IMAGING MATERIAL

S.No.	SERVICE NAME	AMOUNT
1	BRAIN PET-CT (MATERIAL CHARGES)	7500
2	BREAST BIOPSY MR GUIDED (PACKAGE) MATERIAL.	8000
3	BREAST MR GUIDED (PACKAGE) (ADDITIONAL MATERIAL).	10500
4	BREAST MR GUIDED WIRE LOCALIZATION(PACKAGE)MATERIAL.	8000
5	CONTRAST MRI (GD) PER UNIT (ADDITIONAL)	3000
6	F-CHOLINE PET CT (MATERIAL CHARGES)	15000
7	F-DOPA PET CT(MATERIAL CHARGES)	13500
8	IMRT PLANNING WITH PET-CT (MATERIAL CHARGES)	7500
9	IONIC CONTRAST	170
10	NON IONIC CONTRAST	500
11	PET SCINTIMAMMOGRAPHY (MATERIAL CHARGES)	7500
12	PET-MRI PACKAGE (MATERIAL)	10500
13	WHOLE BODY PET CT WITH DIAG. CT (MATERIAL CHARGES)	9000
14	WHOLE BODY PET CT WITHOUT DIAG. CT (MATERIAL CHARGES)	7500
15	WHOLE BODY PET-CTWITH OTHER RADIOPHARMACEUTICALS MATERIAL	9000

CA THYROID

S.No.	SERVICE NAME	AMOUNT
1	2-5 MCI,I-131	10200
2	6-10 MCI,I-131.	11500
3	89-SR	91300

IMAGING/IN VIVO

S.No.	SERVICE NAME	AMOUNT
1	100 MCI,I-131	22850
2	150 MCI,I-131	31715
3	200 MCI,I-131	39100
4	250 MCI,I-131	49425
5	25MCI,I-131	15000
6	300 MCI,I-131	60950
7	50 MCI,I-131.	15525

THERAPHY

S.No.	SERVICE NAME	AMOUNT
1	25 MCI CAPSULE	23000
2	50 MCI CAPSULE	30000
3	75 MCI CAPSULE	29000
4	100 MCI CAPSULE	33000
5	150 MCI CAPSULE	36000
6	200 MCI CAPSULE	42000
7	250 MCI CAPSULE	58500
8	300 MCI CAPSULE	57000
9	131-I MIBG THERAPY (100 mCiXI) (BRIT MUMBAI)	64000
10	131-I MIBG THERAPY (100 mCiXI)(other than BRIT Mumbai)	110000
11	ADRENAL SCAN (MIBG)	28500
12	BRAIN TL/MIBI SPECT SCAN	9500
13	CAPTOPRIL RENAL SCAN PACKAGE	14000
14	GALLIUM SCAN	11000
15	I-131 MIBG PROCEDURE CHARGES	5500
16	POPT BRAIN SPECT (THALLIUM)	8900
17	SALIVARY GLAND IMAGING	7700
18	SCINTIMAMMOGRAPHY/TUMOUR VIABILITY STUDY	4500
19	SENTINEL NODE SCINT. (COST OF DRUGS & MATER.)	6000
20	SENTINEL NODE SCINTIGRAPHY SPECT-CT	9000
21	TESTICULAR IMAGING	3600

PET - CT

S.No.	SERVICE NAME	AMOUNT
1	18-F MISO PROCEDURE CHARGES	11500
2	18-F-MISO WHOLE BODY PET CT	30000
3	18F-PSMA WHOLE BODY PET CT	19000
4	68-GALLIUM PET-CT SCAN WITH REGIONAL CECT	32000
5	BRAIN PET-CT	10500
6	DIAGNOSTIC CT	3000
7	FAPI PET CT	19000
8	FAPI PET CT AND FDG PET CT	36000
9	FAPI PET-CT RES/SCM/59/2023/54 {RESEARCH PATIENTS}	1
10	F-CHOLINE PET CT (PROCEDURE CHARGES)	11000
11	F-DOPA PET CT	11500
12	FES+FDG PET CT package for breast cancer	19000
13	Ga 68 DOTA Q 18F FDG Packgae Procedure Charges.	26500
14	Ga 68 DOTANOC SCAN DRUGS AND MATERIAL WITH REGIONAL CECT	12500
15	Ga 68 DOTANOC SCAN WITH REGIONAL CECT PROCEDURE CHARGE	19500
16	Ga68 DOTA NOC Scan Drugs & Material	11000
17	Ga68 DOTA NOC Scan Procedure Charges	19000
18	Ga68 DOTA Q 18F FDG Package Drugs & Material.	21500
19	Ga68 PSMA Scan Drugs & Material .	9000
20	Ga68 PSMA Scan Procedure Charges	10000
21	IMRT PLLANNING WITH PET-CT	7500
22	PET SCINTIMAMMOGRAPHY	10500
23	PET-CT EXTRA CD	300
24	PET-Regional (as part of Pet-MRI package)	9000
25	PSMA AND FDG PET CT	36000
26	REVIEW OF OUTSIDE PET-CT	3500
27	REVIEW OF OUTSIDE PET-CT(MULTIPLE STUDIES)	4000
28	WHOLE BODY PET CT	11500
29	WHOLE BODY PET CT WITHOUT DIAG. CT	11500
30	WHOLE BODY PET-CTWITH OTHER RADIOPHARMACEUTICALS	14500
31	Y-90 Post Therapy PET CT	11500

PALLATIVE CARE

S.No.	SERVICE NAME	AMOUNT
1	FENSPAR 25mcg PATCH	530
2	FENSPAR 50mcg PATCH	693
3	FENTANYL CITERATE INJ 2ML	47
4	FENTANYL CITRATE 50 MCG/ML 10 ML AMP	235
5	FENTANYL CITRATE INJ. 2 ML	56.4
6	FENTANYL PATCH 12.5 MCG	231
7	FENTANYL PATCHES 12 MCG (DUROGESIC)J&J	451
8	FENTANYL PATCHES 25MGC (DUROGESIC)- Joh	920
9	FENTANYL PATCHES 50MGC (DUROGESIC)- Joh	1575
10	FenTrans 25mcg/hr (Fentanyl Transdermal Patch)	600
11	FenTrans 50mcg/hr (Fentanyl Transdermal Patch)	660
12	Inj. Morphine 15mg	33.25
13	MORPHINE 60mg TAB, VERVE	20.85
14	MORPHINE INJ. 15 MG	14.9
15	MORPHINE INJECTION 15mg (VERVE)	16.75
16	MORPHINE TAB. 20 MG SR	8.1
17	MORPHINE TAB. 30 MG SR	7.75
18	MORPHINE TABLETS 10 MG	7.4
19	TOTAL HEAL BROAD SPECTRUM 1000MG (30 ML)	4500
20	TOTAL HEAL BROAD SPECTRUM 3000MG (30 ML)	8500
21	TOTAL HEAL FULL SPECTRUM 1000MG (30 ML)	4500
22	TOTAL HEAL FULL SPECTRUM 3000MG (30 ML)	8500
23	TROFENTYL OTFC 200 MCG TAB (1x1 TAB)	72.6
24	TROFENTYL OTFC 200 MCG TAB(1X1 TAB)(TROIKAA)	252
25	ZFV6- 125-10-12.0 ZILVER FLEX 35 VASCULAR	48742

P.F.T/ PACKAGES

P.F.T

S.No.	SERVICE NAME	AMOUNT
1	P.F.T	1900
2	PFT PRE BRONCHODILATOR	1800
3	PFT PRE POST BRONCHODILATOR	2000
4	PFT WITH DIFFUSION	2700

PACKAGES

S.No.	SERVICE NAME	AMOUNT
1	BLOOD CULTURE DUO[Bactec Duo]	4000
2	PET-MRI PACKAGE	14000
3	TBC PACKAGE 1	1200
4	TBC Package 2	1000

PHYSIOTHERAPY

S.No.	SERVICE NAME	AMOUNT
1	BIOFEEDBACK	250
2	CERVICAL TRACTION	130
3	CHEST PHYSIOTHERAPY(A)	450
4	CHEST PHYSIOTHERAPY(A) & EXERCISE THERAPY	550
5	CHEST PHYSIOTHERAPY(B)	550
6	CHEST PHYSIOTHERAPY(B) & EXERCISE THERAPY	600
7	COMBINATION THERAPY	900
8	COMBINATION THERAPY PACKAGE UPTO 10 SITTINGS (VALID FOR 30DAYS)	8100
9	COMBINATION THERAPY PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	5850
10	CONSULTATION FEE FOR PHYSIOTHERAPY	300
11	CPM	250
12	CRYOTHERAPY	200
13	ELECTRONIC MUSCLE STIMULATOR (GROUP)	200
14	ELECTRONIC MUSCLE STIMULATOR (PEN)	400
15	EXERCISE PACKAGE UPTO 10 SITTINGS (VALID FOR 30DAYS)	3825
16	EXERCISE PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	2765
17	EXERCISE THERAPY/ SITTING	425
18	HOT FOMENTATION	150
19	I.R	125
20	IFT	400
21	LASER	250
22	LYMPHAPRESS (PER SITTING)	700
23	LYMPHAPRESS + SLD REGIMEN	700
24	LYMPHAPRESS PACKAGE UP TO 10 SITTINGS (VALID FOR 30DAYS)	6300
25	LYMPHAPRESS PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	4550
26	MOBILIZATION	280
27	MORE THEN TWO MODALITY	600
28	MULTIPLE TREATEMENT	480
29	PAIN PACKAGE FOR 8 TO 10 SITTINGS (VALID FOR 30DAYS)	4950
30	PAIN PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	3575
31	POST OPERATIVE REGIMEN	550
32	PRE-OPERATIVE PHYSIOTHERAPY	350
33	PROSTHESIS	210
34	REHABILITATION / SITTING	750
35	REHABILITATION AIDS SERVICE	160
36	REHABILITATION PACKAGE UPTO 10 SITTINGS (VALID FOR 30DAYS)	6750
37	REHABILITATION PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	4875
38	SIMPLE EXERCISE	375
39	SLD REGIMEN	425
40	SPECIAL EXERCISES	500
41	SPECIAL EXERCISES PACKAGE UPTO 07 SITTINGS (VALID FOR 30DAYS)	3250
42	SPECIAL EXERCISES PACKAGE UPTO 10 SITTINGS (VALID FOR 30DAYS)	4500

S.No.	SERVICE NAME	AMOUNT
43	SWALLOWING EXERCISES	380
44	TENS	275
45	U.S	225
46	UPTO TWO MODALITY	550
47	UVR	180

CT SCAN

S.No.	SERVICE NAME	AMOUNT
1	ABDOMEN WHOLE WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	7000
2	ABDOMEN WHOLE WITHOUT CONTRAST	6500
3	ABDOMEN UPPER OR LOWER ABDOMEN WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	5000
4	ABDOMEN UPPER OR LOWER ABDOMEN WITOUT CONTRAST	5000
5	ABDOMEN WHOLE{TRIPLE PHASE} (CONTRAST CHARGES ADDITIONAL)	10500
6	ABDOMEN(TRIPLE PHASE) + CHEST CT	15000
7	ANGIOGRAPHY (CONTRAST CHARGES ADDITIONAL)	13000
8	CD UPLOADING ON PACS	200
9	CHEST /HRCT/LOW DOSE CT	5000
10	CHEST WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	7000
11	CONSULTANT STANDBY IN RADIOLOGY (CT)	2000
12	CORONARY ANGIOGRAPHY(CONTRAST CHARGES ADDITIONAL)	12000
13	CT - EXTRA FILM	350
14	CT JOINTS/MUSCULOSKELETAL/ EXTERMITIES WITOUT CONTRAST	3300
15	CT NECK/FACE/MANDIBLE/INNER EAR/PNS/PITUITARY FOSSA/ORBIT WITH CONTRAST(CONTRAST CHARGES ADDITIONAL)	4000
16	CT NECK/FACE/MANDIBLE/INNER EAR/PNS/PITUITARY FOSSA/ORBIT WITOUT CONTRAST	4000
17	CT PLANNING FOR IMRT (CT)	6500
18	CT UROGRAPHY	10000
19	ENTEROGRAPHY -CONTRAST CHARGES EXTRA	8800
20	HEAD WITH CONTRAST(CONTRAST CHARGES ADDITIONAL)	4000
21	HEAD WITHOUT CONTRAST	3500
22	REVIEWING OUTSIDE CT FILMS	2000
23	SCANNING OUTSIDE FILMS FOR REVIEW/COMPARISON	500
24	SPECIAL REQUIREMENT (CT)	3000
25	SPINE ONE REGINE	3300
26	SPINE WHOLE	5000
27	STUDY ON EXTRA CD	600

INTERVENTIONAL ONCOLOGY

S.No.	SERVICE NAME	AMOUNT
1	ADDITIONAL / REPEAT TACE	37500
2	ANGIOPLASTY (BALLOON).	35000
3	ANGIOPLASTY AND STENTING.	50000
4	BALLON PLASTY NON VASCULAR.	12000
5	BED SIDE ASPIRATION	8000
6	BED SIDE BIOPSY- INTRACAVITY	10000
7	BED SIDE BIOPSY-EXTRACAVITY	8000
8	BED SIDE FNAC	6000
9	BED SIDE MULTIPLE SITE PROCEDURE-ADDITIONAL	4000
10	BEDSIDE CATHETER DRAINAGE	11500
11	BONE BIOPSY.	7000
12	CATHETER CHOLANGIOGRAM	3000
13	CENTRAL LINE INSERTION -TUNNELLED.	18000
14	CENTRAL LINE INSERTION.	9000
15	CRYOABLATION	40000
16	CT GUIDED ASPIRATION	7500
17	CT GUIDED BIOPSY- INTRACAVITY	11000
18	CT GUIDED BIOPSY-EXTRACAVITY	9000
19	CT GUIDED DRAINAGE	12000
20	CT GUIDED FNAC	7500
21	CT GUIDED LUMBER PUNCTURE	7500
22	CT GUIDED MULTIPLE SITE PROCEDURE-ADDITIONAL	4000
23	CT GUIDED NERVE BLOCK (CHEMICAL)	15000
24	CYST ABLATION.	12500
25	DIGITAL SUBTRACTION ANGIOGRAPHY (DSA).	18250
26	FALLOPIAN TUBE RECANALIZATION	12500
27	FLOUROSCOPIC GUIDED NG / NJ TIBE INSERTION	5000
28	FLOUROSCOPY GUIDED DIAGNOSTIC LYMPHANGIOGRAPHY	25000
29	FLOUROSCOPY GUIDED FIDUCIAL PLACEMENT	20000
30	FLUOROSCOPIC GUIDED VENOUS LINE PLACEMENT (PICC/ MIDLINE/CAVAFIX)	4500
31	FLUROSCOPY GUIDED LYMPHANGIOGRAPHY	25000
32	INTERNALIZATION +/- STENT – 2 SYSTEM	18000
33	INTERNALIZATION +/- STENT – SINGLE SYSTEM	10000
34	INTERNALIZATION +/- STENT –3 SYSTEM	25000
35	INTERVENTIONAL RADIOLOGY REVIEW	1200
36	INTRADUCTAL BIOPSY / CYTOLOGY	12500
37	INTRALUMINAL ABLATION	31250
38	INTRA-OP ABLATION (MORE THAN 5 LESIONS)	50000
39	INTRA-OP ABLATION (UPTO 2 LESIONS)	35000
40	INTRA-OP ABLATION (UPTO 3-5 LESIONS)	45000
41	INTRAVASCULAR SNARING.	25000
42	IVC FILTER..	37500
43	LUNG ABLATION (MWA)	40000
44	MISC NON-VASCULAR PROCEDURE.	30000

S.No.	SERVICE NAME	AMOUNT
45	MISC VASCULAR PROCEDURE.	50000
46	MR GUIDED INTERVENTIONAL	15000
47	MR WITH MR GUIDED BIOPSY.	15000
48	MWA/RFA CT GUIDED-ADDITIONAL LESION	15000
49	MWA/RFA US GUIDED ADDITIONAL LESION	12000
50	NEPHROSTOGRAM	3000
51	NERVE ABLATION (FOR PAIN RELIEF)	12000
52	P.V.EMBOLIZATION..	55000
53	PARTIAL SPLENIC EMBOLIZATION	37500
54	PCN UNILATERAL	20000
55	PERCUTANEOUS EMBOLISATION.	10000
56	PERCUTANEOUS GASTROSTOMY.	15000
57	PERIPHERAL VASCULAR RECANALIZATION.	30000
58	PORT INSERTION IN CATH LAB.	17750
59	PORT REMOVAL IN CATH LAB	3300
60	PORT/VENOUS LINE RE-CANALIZATION	5000
61	PRE -BIOPSY EVALUATION / CONSULTATION	1000
62	PROCEDURE UNDER IMAGE INTESIFIER (CR).	3000
63	PTBD- 3 SYSTEM..	38000
64	PTBD-2 SYSTEM	28000
65	PTBD-SINGLE SYSTEM	20000
66	RADIOLOGY PROCEDURE IN O.T .	8000
67	REPEAT TACE	35000
68	RF ABLATION / BIOPSY STANDBY SURGEON.	6500
69	RFA/MEA-CT GUIDED SINGLE LESION	40000
70	RFA/MEA-US GUIDED SINGLE LESION	35000
71	SCLEROTHERAPY..	12500
72	STEREOTACTIC BIOPSY/WIRE PLACEMENT	7000
73	SUPRAPUBIC CYSTOSTOMY	12000
74	TACE.	60000
75	TARE Planning (+NMD Diagnostic).	95000
76	TARE Therapy (+NMD Handling).	95000
77	THORACIC DUCT CANNULATION /LYMPHANGIOGRAPHY AND EMBOLISATION	60000
78	THROMBOLYSIS	37500
79	TIPS(Transjugular Intrahepatic Portosystemic Shunt).	75000
80	TRANSHEPATIC ACCESS FOR BRACHYTHERAPY	25000
81	TRANSJUGULAR LIVER BIOPSY.	16500
82	TRUS GUIDED FIDUCIAL PLACEMENT	15000
83	TRUSS / TVS GUIDED BIOPSY	6000
84	TUBE/CATHETER REPLACEMENT.	10000
85	TUMOUR ABLATION (CHEMICAL)	10000
86	TUNNELED DRAINAGE CATHETER PLACEMENT	12000
87	URETERAL STENTING-BILATERAL	18000
88	URETERAL STENTING-UNILATERAL	10000
89	US / CT GUIDED CRYOABLATION	45000

S.No.	SERVICE NAME	AMOUNT
90	US GUIDED ASPIRATION	5000
91	US GUIDED BIOPSY- INTRACAVITY	8000
92	US GUIDED BIOPSY-EXTRACAVITY	6000
93	US GUIDED CHOLECYSTOSTOSTOMY	10000
94	US GUIDED DRAINAGE..	9000
95	US GUIDED FNAC	4500
96	US GUIDED INTERVENTIONAL	4600
97	US GUIDED MARKER CLIP PLACEMENT	7000
98	US GUIDED MULTIPLE SITE PROCEDURE-ADDITIONAL	3000
99	US GUIDED PLEURODESIS	5000
100	US GUIDED VENOUS LINE PLACEMENT (PICC/ MIDLINE/CAVAFIX) - BEDSIDE /ICU	6500
101	VACCUM ASSISTED BREAST BIOPSY-ENCORE (VAB BIOPSY)	15000
102	VACCUM ASSISTED BREAST LUMPECTOMY (VAB LUMPECTOMY)	20000
103	VARICES EMBOLIZATION.	70000
104	Varicose Vein Laser Ablation	15000
105	VASCULAR EMBOLIZATION..	48000
106	VERTEBROPLASTY/KYPHOPLASTY (CT)/VERTEBRAL BIOPSY	15000

MAMMOGRAPHY/ ULTRA SOUND

MAMMOGRAPHY

S.No.	SERVICE NAME	AMOUNT
1	DIAGNOSTIC MAMMOGRAPHY (FFDM) BILATERAL BREAST	3000
2	DIAGNOSTIC MAMMOGRAPHY (FFDM) SINGLE BREAST	1900
3	DIAGNOSTIC MAMMOGRAPHY (FFDM+DBT)	3500
4	DIAGNOSTIC MAMMOGRAPHY (FFDM+DBT+US)	4000
5	DIAGNOSTIC MAMMOGRAPHY (FFDM+USG)	3000
6	DIAGNOSTIC MAMMOGRAPHY -ADDITIONAL VIEWS	500
7	REVIEW OF MAMMOGRAPHY (MG)	400
8	SPECIMEN MAMMOGERAPHY	500

ULTRA SOUND

S.No.	SERVICE NAME	AMOUNT
1	BREAST (BILATERAL)	2500
2	BREAST (SINGLE)	1250
3	ELASTOGRAPHY /FAT QUANTIFICATION	2500
4	KUB (US)	1500
5	LOWER ABDOMEN (US)	1500
6	NECK	1600
7	OBSTETRICS (US)	1500
8	PORTABLE ULTRA SOUND (US)	2500
9	RESIDUAL URINE (US)	500
10	SMALL PARTS (US)	1500
11	TRANSVAGINAL (US)	1400
12	TRUSS (US)	1400
13	UPPER ABDOMEN (US)	1500
14	WHOLE ABDOMEN (US)	3000

X - RAY

S.No.	SERVICE NAME	AMOUNT
1	CONSULTANT STANDBY IN RADIOLOGY	2000
2	DUAL SITE DEXA	2800
3	EXTRA FILM (PER FILM)	200
4	EXTREMITY X-RAY SCANOGRAM	1500
5	FISTULGRAM / SINOGRAM / SIALOGRAPHY / DCG/HSG/TT CHOLANGIOGRAM-(NON-IONIC CONTRAST CHARGES ADDITIONAL)	3000
6	GASTROGRAFFIN /BARIUM-SWALLOW/UGIT/FOLLOW THROUGH/ENEMA (IONIC CONTRAST CHARGES ADDITIONAL)	4500
7	INTRAVENOUS PYELOGRAPHY {IVP} (NON-IONIC CONTRAST CHARGES ADDITIONAL)	3200
8	NEPHROSTOGRAM / MCU / RETROGRADE URETHROGRAM/RETROGRADE RPG(NON-IONIC CONTRAST CHARGES ADDITIONAL)	3000
9	ONE X-RAY EXPOSURE -CHEST/ ABDOMEN/PNS/OTHERS	550
10	PORTABLE X-RAY -SINGLE EXPOSURE	1000
11	REVIEW OUTSIDE FILMS	550
12	SCANNING OUTSIDE FILE-ONE	175
13	SKELETAL SURVEY(12 X-RAY EXPOSERS)	6600
14	SPINE AP AND LAT. (FLEXION, NEUTRAL AND EXTENSION)	2200
15	TWO X-RAY EXPOSURES- SPINE/EXTREMITIES/JOINTS/SKULL- AP & LAT/ABDOMEN-ERECT & SUPINE	1100
16	WHOLE BODY DEXA	4000
17	WHOLE SPINE X-RAY SCANOGRAM	1500

BRACHYTHERAPY/CYBERKNIFE/IMRT/IGRT

BRACHYTHERAPY

S.No.	SERVICE NAME	AMOUNT
1	INTERSTITIAL IMPLANT BOOST(WITH ANESTHESIA)	52500
2	INTERSTITIAL IMPLANT FULL((WITH ANESTHESIA)	105000
3	INTRACAVITARY PER SESSION (WITH ANESTHESIA)	25000
4	INTRACAVITARY WITH 3D PLANN-	29500
5	INTRALUMENAL/INTRACAVITARY PER SESSION (WITHOUT ANAESTHESIA)	21000
6	RADICAL MOULD TREATMENT PER PACKAGE-	48500
7	SINGLE LEADER FLEXIBLE IMPLANT CATHATER WITH BUTTONS	5250
8	STAND BY CARDIOLOGIST	1500

CYBERKNIFE

S.No.	SERVICE NAME	AMOUNT
1	ADJUVANT FRACTIONS CYBERKNIFE	50000
2	PALLIATIVE SRS/SBRT BY CYBERKNIFE	180000
3	SINGLE FRACTION PALLIATIVE SRS / SBRT	130000
4	SINGLE FRACTION CYBERKNIFE	200000
5	TWO to FIVE FRACTIONS CYBERKNIFE	350000

IMRT/IGRT

S.No.	SERVICE NAME	AMOUNT
1	3DCRT	130000
2	ADAPTIVE RADIOTHERAPY (ART)WITH IGRT	210000
3	CT SIMULATION FOR IMRT / IGRT	10000
4	CT SIMULATION FOR RTP	4500
5	DIBH-IMRT(PALLIATIVE)	125000
6	DIBH-IMRT(RADICAL)	185000
7	IGRT	240000
8	IGRT (VMAT/ARC)	255000
9	IMAGE BASED BRACHYTHERAPY	15700
10	IMRT (VMAT/ARC/MLC)BASED	180000
11	PALLIATIVE/SHORT COURSE IMRT	101000
12	SHORT COURSE-IGRT (UPTO 10 FRACTIONS)	145000
13	SINGLE FRACTION	25000
14	SPECIAL CHARGES FOR RADATION	25000
15	SRBT PALLIATIVE	160000
16	SRBT RADICAL	265000
17	SRS PALLIATIVE	110000
18	SRS RADICAL	225000
19	SRT	268000
20	TSEI	175000

LINEAR ACCELERATOR/TOMOTHERAPY

LINEAR ACCELERATOR

S.No.	SERVICE NAME	AMOUNT
1	BONE (EXTRA CORPORED)	12000
2	ELECTRON BOOST	26000
3	EXTENDED FIELD RADIOTHERAPY	130000
4	PALLIATIVE MULTIPLE SITE	60000
5	PALLIATIVE SINGLE SITE	45000
6	PR-OPERATIVE/POST OPERATIVE ADJ.RADIOTHERAPY	90000
7	RADICAL RADIOTHERAPY	120000

TOMOTHERAPY

S.No.	SERVICE NAME	AMOUNT
1	ADAPTIVE RADIOTHERAPY By TOMOTHERAPY	230000
2	IGRT BY TOMOTHERAPY	270000
3	IMMOBILISATION & SIMULATION SCAN (TOMO)	9000
4	IMRT By TOMOTHERAPY	190000
5	MORE THAN TWO FRACTIONS (TOMO)	125000
6	PALLIATIVE IMRT By TOMOTHERAPY	110000
7	PALLIATIVE SBRT By TOMOTHERAPY	167500
8	PALLIATIVE SRS By TOMOTHERAPY	125000
9	SBRT RADICAL By TOMOTHERAPY	280000
10	SHORT COURSE IGRT By TOMOTHERAPY	150000
11	SINGLE FRACTION (TOMO)	25000
12	SRS RADICAL By TOMOTHERAPY	230000
13	TBI By TOMOTHERAPY(MORE THAN 2 FRACTIONS)	170000
14	TBI SINGLE FRACTION.	70000
15	TBI UPTO TWO FRACTIONS (TOMO)	95000

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Ethics, Empathy & Excellence

VENTILATOR CHARGES

S.No.	SERVICE NAME	AMOUNT
1	VENTILATOR CHARGES with NEBULISER 0 HOUR TO 6 HOURS	2000
2	VENTILATOR CHARGES with NEBULISER MORE THAN 6 HOURS	4400

SURGERY -ABDOMEN

S.No.	SERVICE NAME	AMOUNT
1	ABDOMINAL PERINEAL RESECTION (APR)	90000
2	ANTERIOR RESECTION	90000
3	APENDICECTOMY	7500
4	CHOLECYSTECTOMY + CHOLEDOCHODUOD	38000
5	CLOSURE OF INTESTINAL FISTULA	15000
6	COLOSTOMY	20000
7	COLOSTOMY/ILEOSTOMY CLOSURE	26000
8	DERMOLIPECTOMY	17500
9	DIGITAL DILATION FOR ANAL FISSURE	2800
10	DISTAL PANCREATECTOMY + SPLENECTOMY	55000
11	EXCISION ABDOMEN WALL TUMOR	30000
12	EXCISION EXTRA BIG STS	120000
13	EXCISION MESENTERIC S.T. SARCOMA(L)	50000
14	EXCISION OF BIGSOFT TISSUES SARCOMA	55000
15	EXCISION OF PILONIDAL SINUS	3000
16	EXCISION RETROPERIT TUMOR	82000
17	EXCISION SACRAL CHORDOMA	25000
18	EXPLORATORY LAPROTOMY	24000
19	GASTRECTOMY WITH D1	70000
20	GASTRECTOMY WITH D2	80000
21	GASTROJEJUNOSTOMY	26000
22	GASTROSTOMY	8000
23	HAEMORRHOIDECTOMY	5000
24	HARTMANN`S PROCEDURE	55000
25	HEMICOLECTOMY	66000
26	HEPATICO JEJUNOSTOMY	50000
27	HERNIA REPAIR - INCISIONAL/INGUINAL	40000
28	HIPEC IN GI CANCER	95000
29	ILEOSTOMY	20000
30	ILEO-TRANSVERSE COLOSTOMY	22000
31	JEJUNOSTOMY (FEEDING)	10000
32	LAPAROSCOPY FOR Ca GE JUNCTION	14500
33	LAPAROTOMY & OPEN REDUCTION OF INTUSUSCEPTION	16500
34	LAPROSCOPY (DIAGNOSTIC)	25000
35	LIVER ABSCESS (OPEN DRAINAGE)	11000
36	MESH REPAIR	38500
37	MICROWAVE ABLATION PROCEDURE	33000
38	MULTIPLE METASTATECTOMY LIVER	44000
39	PALLIATIVE GASTRECTOMY	31000
40	PANCREATICO DUODENOSPLENECTOMY	88000
41	PERIANAL ABSCESS+FISTULAIN ANO	3500
42	POST CHOLE.EXC OF LIVERBED & LYMPHADENECTOMY	55000
43	PYLOROPLASTY	11000

S.No.	SERVICE NAME	AMOUNT
44	RADICAL CHOLECYSTECTOMY	71500
45	RADICAL CHOLOCYSTECTOMY WITH BYPASS	77000
46	RADICAL HEMICOLECTOMY	71500
47	R-APR/ANTERIOR RESECTION	145000
48	RECTOPEXY	11000
49	RE-EXPLORATION	12000
50	RESCTION AND ANASTOMOSIS	35000
51	RESTRORATIVE TOTAL PROCTODOCYTOMY	60000
52	R-GASTRECTOMY	145000
53	R-HEMICOLECTOMY	145000
54	R-HEPATECTOMY	145000
55	R-OESOPHEGECTOMY	145000
56	R-RADICAL CHOLECYCTECTOMY	145000
57	SIGMOIDCOLECTOMY	44000
58	SIMPLE CHOLECYSTECTOMY	24000
59	SIMPLE GASTRECTOMY	35000
60	SPHINCIEROTOMY/ BOTOX INJECTION	5000
61	SPLENECTOMY	36000
62	TOTAL COLECTOMY	66000
63	TRANSANAL EXCISION	44000
64	TRIPLE BYPASS	52000
65	ULTRA -LOW RESECTION	70000
66	WHIPPLE PROCEDURE	110000

BIOPSY/MINOR PROCEDURES

S.No.	SERVICE NAME	AMOUNT
1	ACUTE CHRONIC ABSCESS I & D	4050
2	ARM PORT INSERTION IN MAJOR O.T	12000
3	AV Fistula IN MAJOR O.T	15000
4	AXILLARY LYMPH NODE BIOPSY IN MAJOR O.T	4000
5	BIOPSY - CERVICAL LYMPH NODE IN MAJOR O.T	4000
6	BIOPSY - NASAL IN MAJOR O.T	2000
7	BIOPSY - OPEN BONE FEMUR IN MAJOR O.T	5400
8	BIOPSY - OPEN OF BONE IN MAJOR O.T	4000
9	BONE MARROW ASPIRATION IN MAJOR O.T	4600
10	BONE MARROW HARVESTING	35000
11	CORE BIOPSY	1500
12	CYSTOLITHOTOMY IN MAJOR O.T	5000
13	DEBRIDEMENT (MAJOR)IN MAJOR O.T	4000
14	DIALATATION OF ANAL CANAL & BIOPSY	2750
15	DRAINAGE OF PERIANAL ABSCESS	1200
16	DUODENAL STENTING IN MAJOR O.T	15000
17	EXCISION BIOPSY OF NODULE	1200
18	EXCISION LYMPH NODE CAROTID TRIANGLE IN MAJOR O.T	4125
19	EXCISION LYMPHNODE CAROTIDTRIANGLE	3300
20	EXCISION OF LESION (SMALL)IN MAJOR O.T	10000
21	EXCISION OF SEBACEOUS CYST	2750
22	EXCISIONAL BIOPSY	3300
23	F.B. EXPLORATION	3300
24	FUSION BIOPSY PROSTATE PROCEDURE CHARGES	30000
25	HICKMAN CATHERISATION IN MAJOR O.T	15000
26	HYSTEROSCOPY IN MAJOR O.T	2750
27	INCISION & DRAINAGE	1200
28	INDOCYANINE GREEN TEST (ICG) IN MAJOR O.T	1600
29	INGUINAL LYMPH NODE BIOPSY IN MAJOR O.T	3300
30	INTERCOSTAL TUBE DRAINAGE IN MAJOR O.T	5000
31	INTERDENTAL WIRING (IMF) IN MAJOR O.T	10000
32	KIDNEY/LIVER BIOPSY	3300
33	LEEP CERVIX IN MAJOR O.T	5550
34	LIP RECONSTRUCTION WITH SLING.IN MAJOR O.T	15000
35	LOCAL FASCIOCUTANEOUS FLAP (SMALL) IN MAJOR O.T	15000
36	LUMBER PUNCTURE DIAGNOSTIC IN MAJOR O.T	1200
37	LUMBER PUNCTURE THERAPEUTIC IN MAJOR O.T	2700
38	MEDICAL THORACOSCOPY/VAT IN MAJOR O.T	16500
39	OPEN BIOPSY BONE	4000
40	OPEN BIOPSY STS	2750
41	OPEN LIVER BIOPSY	3300
42	P I C C INSERTION IN MAJOR O.T	4000
43	PAEDIATRIC BRONCHOSCOPY IN MAJOR O.T	10000

S.No.	SERVICE NAME	AMOUNT
44	PAROTIDEDUCT CANNULATION/I&D SUBMAN	3300
45	PEG IN MAJOR O.T	14000
46	PORT INSERTION IN MAJOR O.T	16500
47	PORT REVISION IN MAJOR O.T	1200
48	PORTREMOVAL IN MAJOR O.T	3300
49	SCALENE NODE BIOPSY IN MAJOR O.T	3600
50	SCALP LESION EXCISION IN MAJOR O.T	10000
51	SECONDARY SUTURING (MAJOR) IN MAJOR O.T	5000
52	SINOVIAL BIOPSY HIP JOINT	3300
53	TEP VOICE PROSTHESIS IN MAJOR O.T	8500
54	TESTICULAR BIOPSY (BI-LATERAL)	3500
55	TESTICULAR BIOPSY (UNILATERAL)	3000
56	TONGUE ULCER BIOPSY/ORAL BIOPSY	1200
57	TONSIL BIOPSY-IN MAJOR O.T	1000
58	TRU CUT BIOPSY (INTRACAVITY)	3500
59	URETHRAL DIALATATION IN MAJOR O.T	1100
60	VACCUM ASSISTED BREAST BIOPSY-ENCORE IN MAJOR O.T	12000

SURGERY - BONE,LIMB & SOFT TISSUS

S.No.	SERVICE NAME	AMOUNT
1	AMPUTATION OF ARM/THIGH/FORE ARM/LE	44000
2	ARTHRO PLASTY	70000
3	ARTHROSCOPY/ARTHROTOMY	10000
4	BALLON KYPHOPLASTY	50000
5	BENIGN BONE TUMOUR EXCISION WITH RECO.	60000
6	BENIGN BONE TUMOUR RESECTION WITHOUT RECONSTRUCTION	27000
7	BONE GRAFTING	23000
8	BONE SACRCOMA - WIDE/COMPARTMENTAL	28000
9	CORE DECOMPRESSION WITH BONE GRAFTING	21000
10	CRYOFREEZ TREATMENT FOR BONE SARCOMA MATERIAL	5000
11	CURETTAGE + RECONSTRUCTION + PLATING	60000
12	DEDRIDMENT OF WOUND	10000
13	DISARTICULATION OF FORE QUARTER/HIN	50000
14	DISARTICULATION OF KNEE/ELBOW	28000
15	DISARTICULATION OF WRIST/ANKLE	23000
16	EXCISION OF SMALL LESION	10000
17	EXTERNAL FIXATION	25000
18	HEMIPELVECTOMY(EXTERNAL)	80000
19	IMPLANT REMOVAL	20000
20	IMPLANT REMOVAL + NAIL CEMENT ARTHRODESIS	50000
21	INTERNAL FIXATION - MAJOR	60000
22	INTERNAL FIXATION - MINOR	30000
23	INTERNAL FIXATION WITH IN NAILING	60000
24	INTERNAL HEMIPELVECTOMY	120000
25	LAMINECTOMY-CERVICAL/LUMBAR	50000
26	LIMB SALVAGE SURGERY WITH ARTHRODESIS/INTERNAL FIXATION	120000
27	LIMB SALVAGE SURGERY WITH MEGAPROSTHESIS	120000
28	LIMB SALVAGE SURGERY/ROTATION PLASTY	100000
29	LSS WITH CRYOFREEZE TREATMENT	50000
30	OSTEOSYNTHESIS	20000
31	PART SPINAL INSTRUMENTATION	80000
32	POP HIP SPICA/SHOULDER SPICA/ABOVE KNEE/ABOVE ELBOW	9000
33	POPLITEAL LN DISSECTION	25000
34	RECONSTRUCTION WITH MEGA PROSTHESIS	50000
35	SACRECTOMY	90000
36	SCLEROTHERAPY/STEROID INJECTION	16000
37	SMALL STS	28000
38	TUMOUR EXCISION (LONG BONE)	50000
39	WIDE EXCISION OF BIG S.T.T.	70000
40	WIDE EXCISION OF MELANOMA/OTHER SKIN LESION	28000
41	WIDE RESECTION LIMB SARCOMA	45000

SURGERY - BREAST

S.No.	SERVICE NAME	AMOUNT
1	AXILLARY CLEARANCE	29500
2	BCS WITH CHEST WALL PERFORATOR FLAP(LICAP/LTAP/TDAP)	65000
3	BENIGN BREAST LUMP EXCISION (LARGE)	20000
4	BENIGN BREAST LUMP EXCISION (MEDIUM)	15000
5	BENIGN BREAST LUMP EXCISION (SMALL)	12000
6	BILATERALTHERAPEUTIC MAMMOPLASTY	65000
7	BREAST ABSCESS	5500
8	BREAST ONCOPLASTE -I	35000
9	BREAST ONCOPLASTE- II	50000
10	CONTRALATERAL REDUCTION MAMMOPLASTY	35000
11	DIEP FLAP	62000
12	EXCISION OF PECTORALIS MAJOR	7000
13	EXCISION OF PHYLLOIDR TUMOR	45000
14	EXCISION SCAR & REC	7500
15	LD FLAP FOR BREAST RECONSTRUCTION	50000
16	LICAP / AICAP	60000
17	LUMPECTOMY/FROZEN SECTION	22000
18	MAJOR DUCT COMPLEX EXCISION (HADFIELD`S PROCEDURE)	20000
19	MARKER PLACEMENT	5000
20	MASTECTOMY WITH AXILLARY CLEARANCE(MRM)/MASTECTOMY WITH SENTINEL NODE BIOPSY	68000
21	MICRODOCECTOMY	20000
22	MINI LD FLAP	30000
23	PRIMARY RECONST. BREAST IMPLANT	37000
24	QUADRANTECTOMY WITH AXILLARY CLEARANCE(BCS)/BCS WITH SENTINEL NODE BIOPSY	68000
25	RECONSTRUCTION IN BREAST CONSERVATIVE SURGERY BY VOLUME DISPLACEMENT	40000
26	RECONSTRUCTION IN BREAST CONSERVATIVE SURGERY BY VOLUME REPLACEMENT	40000
27	SECONDARY SUTURING	5500
28	SENTINEL NODE BIOPSY ALONE	15000
29	SIMPLE MASTECTOMY	22000
30	SIMPLE MASTECTOMY AND SENTINAL NODE	30000
31	THERAPEUTIC MAMMOPLASTY	55000
32	TRAM FLAP	40000
33	VABB PROCEDURE	23000

DENTAL DEPARTMENT

S.No.	SERVICE NAME	AMOUNT
1	ALL CERAMIC BRIDGE (ZICONIA)PER UNIT	14000
2	ALL CERAMIC CROWN (IPS EMPRESS)	8000
3	ALL CERAMIC CROWN (PROCERA)	14000
4	APICOCETOMY PER TOOTH	5500
5	BIEACHING TEETH (IN CLINIC)	15000
6	BIEACHING TEETH AT HOME (TRY FABRICATED)DENTAL GUARDS	5000
7	BIOHORIZON IMPLANT	40000
8	BIOPSY	4500
9	BONE+SOFT TISSUE RECONSTRUCTION (UNDER GA)	60000
10	COMPLETE DENTURE LUCITONE	12100
11	COMPLETE DENTURE WITH METAL BASE	28500
12	COMPONENT RESECTION (UNDER GA)	50000
13	CROWN CHROME COBALT (PER UNIT)	3025
14	CROWN METAL CERAMIC (PER UNIT)	4850
15	CROWN METAL WITH ACRYLIC FACING (PER UNIT)	3025
16	DENTAL PROCEDURE I	550
17	EXCISIONAL BIOPSY OF SOFT & HARD TISSUE	3500
18	EXTRACTION (PER TOOTH) GRADE I/GRADE II	550
19	EXTRACTION OF ROOT STUMPS/CARIOUS DESTROYED	880
20	EXTRACTION OF TEETH INVOLVING 5 SITTINGHS.	4000
21	EXTRACTION OF TEETH INVOLVING ONE QUADRANT(UNDER GA).	15000
22	EXTRACTION OF TEETH INVOLVING THREE QUADRANTS (UNDER GA).	30000
23	EXTRACTION OF TEETH INVOLVING TWO QUADRANT(UNDER GA).	22000
24	EXTRAORAL DRESSING	350
25	FILING COMPOSITE (SIMPLE)	880
26	FILING COMPOSITE(COMPLEX WITH GI BASE)	700
27	FIXED ORTHODONTIC TREATMENT WITH CERAMIC BRACKETS	41400
28	FIXED ORTHODONTIC TREATMENT WITH CERAMIC BRACKETS SINGLE ARCH	17950
29	FLAP SURGERY + BONE GRAFT (PER QUADRANT)	12250
30	FLAP SURGERY FULL MOUTH(UNDER GA).	40000
31	FLAP SURGERY PER QUADRANT(UNDER GA).	10000
32	FLAP SURGERY PER SINGLE TOOTH(UNDER GA).	8000
33	FLUORIDE APPLICATION 5 SITTING PACKAGE	7500
34	FLUORIDE APPLICATION PER SITTING	1500
35	FREE GINGIVAL GRAFT	5500
36	FULL MOUTH EXTRACTION OF TEETH UNDER GENERAL ANESTHESIA.	40000
37	GINGIVECTOMY (PER QUADRANT)	5500
38	GINGIVECTOMY FULL MOUTH	19300
39	GLASS LONOMER RESTORATION	660
40	IMPACTION (MAXILLARY MANDIBLE)	6000
41	IMPLANT FOR 1.(UNDER GA)	15200
42	IMPLANT FOR 2.(UNDER GA)	25000
43	IMPLANT FOR 3.(UNDER GA)	36000
44	IMPLANT FOR 4.(UNDER GA)	45000
45	IMPLANT FOR 5.(UNDER GA)	54000

S.No.	SERVICE NAME	AMOUNT
46	IMPLANT FOR 6.(UNDER GA)	63000
47	IMPLANT FOR MORE THAN 6.(UNDER GA)	75000
48	LASER ASISSTED ORAL SURGERIES (MINOR)	8000
49	LASER ASSISSTED BIOPSIES	8000
50	LASER ASSISSTED ORAL SURGERIES (MAJOR)	12000
51	LASER BIOPSTIMULATION (PER SITTING)	5000
52	MANDIBULAR FRACTURE (INTERARCH WIRING)	15000
53	MAXILLOFACIAL PERMANENT OBTURATOR	11000
54	MAXILLOFACIAL TEMPORARY OBTURATOR	5500
55	MINOR ORAL SURGERY	5000
56	NOBEL BIOCARE	45000
57	ORTHODONTIC MANDIBULAR GUIDING	9500
58	OTHODONTIC TREATMENT: FIXED FUNCTIONAL APPLIANCE	12400
59	OTHODONTIC TREATMENT: REMOVABLE FUNCTIONAL APPLIANCE	8150
60	PANOREX /ORTHOPANTOMOGRAPH (OPG)	650
61	PARTIAL DENTURE ACRYLIC	2200
62	PARTIAL DENTURE ACRYLIC IN LUCITONE	3850
63	PARTIAL DENTURE MANDIBULAR IN METAL BASE	16500
64	PIT & FISSURE SEALANT IN CHILDREN PER TOOTH	660
65	PORCELAIN LAMINATES PER TOOTH	8300
66	POST & CORE (CUSTOM/LAB FABRICATED)	2000
67	POST & CORE (PREFABRICATED)	1650
68	ROOT CANAL TRATMENT(POSTERIOR)	3850
69	ROOT CANAL TREATMENT (ANTERIOR)	3080
70	SCALING (SUBGINGIVAL)	4000
71	SCALING + POLISHING	3000
72	SPLINTING OF TEETH FOLLOWING TAUMA	3500
73	SUB GINGIVAL CURETTAGE PER JAW	8200
74	SUB GINGIVAL CURETTAGE PER SEGMENT	2100
75	SURGICAL EXTRACTION UNDER GENERAL ANAESTHESIA	5500
76	TEMPORARY FILING	300
77	TRISMUS SCREW APPLIANCE	2750

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DIALYSIS AND PROCEDURES

S.No.	SERVICE NAME	AMOUNT
1	A.V.FISTULA CHARGES	7800
2	CRITICAL CARE DIALYSIS	2500
3	CRRT	12000
4	FEMORAL/JUNGLAR VENOUS CANNULATION FOR DIALYSIS	3000
5	SECURE PORT PLP.(AUREATE)	18000
6	SLED (SLOW LOW EFFICIENCY DIALYSIS	7000
7	SLED(SLOW LOW EFFICIENCY DIALYSIS	7000

ENDOSCOPY

S.No.	SERVICE NAME	AMOUNT
1	BRONCHOSCOPY	8000
2	BRONCHOSCOPY & COLONOSCOPY	7000
3	BRONCHOSCOPY FOR BALLOON BRONCHO PLASTY IN MAJOR O.T	13000
4	BRONCHOSCOPY FOR FOREIGN BODY REMOVAL IN MAJOR O.T	15000
5	BRONCHOSCOPY FOR LASER/ ELECTROCONTERY RESESTION/ENDOBRONCHIAL CRYOTHERAPY IN MAJOR O.T	15000
6	BRONCHOSCOPY WITH BRONCHIAL STENTING	15000
7	BRONCHOSCOPY WITH TRACHEAL DILATION	13000
8	BRONCHOSCOPY WITH TRACHEAL STENTING.	20000
9	CHROMOENDOSCOPY	7500
10	COLONIC DILATETION	12000
11	COLONIC INJECTION THERAPY	8500
12	COLONIC STENTING IN MAJOR O.T	22000
13	COLONOSCOPY	13000
14	COLONOSCPIC POLYPECTOMY	13200
15	COLPOSCOPY/VAGINOSCOPY/VULVOSCOPY IN MAJOR O.T	4050
16	CYSTOSCOPY	10000
17	DHODENAL STENTING	20000
18	DILATION OF ESOPHAGEEL STRUCTUE (SUB)	9000
19	DIRECT LARYNGOSCOPY	8000
20	ENDOMETRIAL ASPIRATION	3850
21	ENDOSCOPIC MUSUSAL RESECTION(EMR)	16500
22	ENDOSCOPIC PLACEMENT OF RYLES TUBE.	6000
23	ENDOSCOPIC SUBMULOSAL DISSECTION	28000
24	ENDOSCOPIC/ FLUOROSPIC PLACEMENT OF JEJUNALTUBE	11000
25	ENDOSCOPY	9000
26	ERCP WITH DOUBLE DUCT STENTING.	25000
27	ERCP WITH/WITHOUT BILIARY DILATION WITH STENTING	25000
28	INJECTION THERAPY OF BLEEDING ULCER	8500
29	OESOPHAGEAL STENTING.	15000
30	OESOPHAGOSCOPY FIRBROPTIC	4000
31	PEG.	14000
32	RECTAL STENTING.	20000
33	RIGID BRONCHOSCOPY FOR STRAIGHT STENT	20000
34	RIGID BRONCHOSCOPY FOR ELECTROCAUTERY AND CORING	15000
35	RIGID BRONCHOSCOPY FOR Y STENT	22000
36	RIGID BRONCHOSCOPY WITH CORING	15000
37	RIGID BRONCHOSCOPY WITH LASER RESEC	15000
38	SIDE VIEWING ENDOSCOPY.	10000
39	SIGMOIDOSCOPY	5000
40	UPPER GI ENDOSCOPY IN MAJOR O.T	9000
41	UPPER GI ENDOSCOPY WITH POYPECTOMY	10500

SURGERY - EYE

S.No.	SERVICE NAME	AMOUNT
1	ANTERIOR ORBITOTOMY	50000
2	ENOPHTHALMOS CORRECTION	40000
3	ENTROPION/ECTROPION	30000
4	ENUCLEATION FOR EYE BALL TUMOR/EVISCERATION OF EYE	32000
5	ENUCLEATION WITH IMPLANT	40000
6	EVISCERATION WITH IMPLANT	35000
7	EXENTERATION	50000
8	FUNDUS EXAMINATION	1000
9	INTRAOCULAR PRESSURE MEASUREMENT	500
10	LATERAL ORBITATOMY	65000
11	LID TUMOR EXCISION WITH DIRECT CLOSURE	30000
12	LID TUMOR EXCISION WITH GRAFTING	50000
13	LID TUMOR EXCISION WITH MAJOR RECONSTRUCTION	40000
14	ORBITAL EXENTERATION	28000
15	SMALL LID TUMOUR EXCISION	3500
16	SMALL LID TUMOUR EXCISION & RECONST	21000
17	TARSORRHAPHY	10000

SURGERY - GYNAECOLOGY

S.No.	SERVICE NAME	AMOUNT
1	ANT/EXENTERATION	120000
2	BILATERAL OOPHOROPEXY COMPLETE	22000
3	BILATERAL OOPHRECTOMY	22000
4	COLPOTOMY	3000
5	CONE BIOPSY	17500
6	CRYOSURGERY	5000
7	D & C	3500
8	D & C POLYPECTOMY	4000
9	EXCISION OF BARTHOLIN ABSCESS	3300
10	EXCISION OF PELVIS SARCOMA	60000
11	HEMIVULVECTOMY	17500
12	HIPEC	95000
13	HITHOC	40000
14	HYSTEROSCOPY AND D&C	27500
15	LAPAROSCOPIC OVARIAN/CYSTECTOMY	20000
16	LEEP	10000
17	MYOMECTOMY & PLICATION OF ROUND LIG	35000
18	OMENTECTOMY+PAN HYSTERECTOMY & BIOPSY(OVARIAN LAPAROTOMY)	115000
19	OPEN RADICAL HYSTRECTOMY	115000
20	OVARIAN CYSTECTOMY UNILATERAL	13000
21	PANHYSTRECTOMY	48000
22	PARTIAL PERITONECTOMY	35000
23	PARTIAL VAGINECTOMY	15000
24	PELVIC LYMPHNODE DISSECTION	25000
25	PERITONECTOMY	55000
26	POST EXENTRATION (PELVIC)	90000
27	R-COMPLETION SURGERY	145000
28	REPAIR OF VVF	35000
29	ROBOTIC -SIMPLE HYSTERECTOMY	100000
30	R-OVARIAN LAPROTOMY	145000
31	R-PARAMERECTOMY	145000
32	R-RH.	145000
33	SECOND LOOK LAPROTOMY FOR OVARIAN	75000
34	SURGERY FOR BARTHOLIN CYST/ABSCESS	2800
35	TOTAL PELVIC EXENTERATION (MALE/FEMALE)+STURE	120000
36	TOTAL VAGINECTOMY	33000
37	VULVECTOMY	27500
38	WOUND DEDRIDEMENT	2200

SURGERY - HEAD & NECK

S.No.	SERVICE NAME	AMOUNT
1	BONE/ SOFT TISSUE RECONSTRUCTION IN ORAL CANCER PEDICLED.	70000
2	BRONCHOSCOPIC LASER MASS EXCISION (LASER)	16500
3	CAROTID BODY TUMOUR	60000
4	CENTRAL COMPARTMENT CLEARANCE	35000
5	CFR	115500
6	CFR + RECONSTRUCTION	130000
7	COMMANDO	125000
8	COMMANDO WITH LOCAL RECONSTRUCTION	130000
9	EAR CANAL CARCINOMA EXCISION + MASTOIDECTOMY	75000
10	ENDISCOPIC SINUS DEBRIDENEBT	50000
11	ENDOSCOPIC SINUS SURGERY/FESS	120000
12	ENDOSCOPIC SKULL BASE BIOPSY	30000
13	ENDOSCOPIC SURGERY OF CA OROPHARYNX	95000
14	EXCISION OF SCALP /SKIN/FACE TUMOR (LARGE)	25000
15	EXCISION OF SCALP/SKIN/FACE TUMOR (SMALL)	10000
16	FREE RIB GRAFT	15000
17	HEMITHYROIDECTOMY	65000
18	LASER CORDECTOMY (LASER)	27500
19	LASER EXCISION OF SUBMUCOUS FIBROSIS (LASER)	5500
20	LASER MLS (LASER)	27500
21	LATERAL TEMPORAL BONE RESECTION	120000
22	LIGATION OF EXTERNAL CAROTID ART	12000
23	MAXILLECTOMY	100000
24	MIDDLE MEATAL ANTROSTOMY (MMA)	13000
25	MODIFIED RND/FUNCTION NECK DISSECT.	75000
26	NECK TUMOR EXCISION	30000
27	ORAL RESECTION	65000
28	ORAL RESECTION WITH LOCAL RECONSTRUCTION	85000
29	ORAL RESECTION WITH RND	85000
30	PARATHYROIDECTOMY	38500
31	PARTIAL GLOSSECTOMY	46000
32	R- TORS	145000
33	RADICAL NECK DISSECTION (RND)	70000
34	RADICAL/TOTAL/SUPERFACIAL PAROTIDECTOMY	80000
35	RE EXPLORATION NECK	7000
36	REMOVAL OF SEQUESTRUM	8000
37	R-EXCE.OF BASE OF TONGUE TUMOUR	145000
38	RHINOTOMY + PARTIAL MAXIL	44000
39	R-NECK DISSSECTION	145000
40	ROBOTIC HEAD & NECK SURGERY	145000
41	R-THYROIDECTOMY	145000
42	SCALP TUMOR+SKULL BONE EXCISION	49000
43	SUBMANDIBULAR DISSECTION/GLAND EXCISION	38500
44	SUPRA OMOHYOID	65000
45	TEMPORAL BONE RESECTION	75000

S.No.	SERVICE NAME	AMOUNT
46	THYROPLASTY	10000
47	TOTAL/NEAR TOTAL THYROIDECTOMY/COMPLETION	85000
48	TRACHEAL RESCTION LARGE +RECONSTRUCTION	120000
49	TRACHEOSTOMY	15000
50	TRACHEOSTOMY + DL SCOPY WITH BIOPSY	20000
51	TRANSORAL LASER SURGERY (LASER)	30000
52	WIDE LOCAL EXCISION- SMALL	20000

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SURGERY - LARYNX

S.No.	SERVICE NAME	AMOUNT
1	LARYNGO - PHARYNGECTOMY	115000
2	LARYNGO PHARYNGECTOMY WITH GASTRICP	120000
3	M.L.S	22000
4	M.L.S. MAJOR	11000
5	PARTIAL LARYNGECTOMY	90000
6	R-CONSERVATIVE LARYNGEAL SURGERY	145000
7	SUPRAGLOTTIC LARYNGECTOMY	60000
8	TOTAL LARYNGECTOMY	110000
9	VOICE PROSTHESIS	12000

SURGERY - LIVER

S.No.	SERVICE NAME	AMOUNT
1	EXCISION PANCREATIC TUMOUR	45000
2	LEFT LETERAL SEGMNTECTOMY	45000
3	LIVER BED EXCISION	45000
4	LIVER TRANSPLANT RECIPIENT	220000
5	LOBAR RESECTION /LT.LOBE	71000
6	LOBAR RESECTION RT LOBE	75000
7	METASTATECTOMY	55000
8	RIGHT ANT/POST SECTIONECTOMY	50000
9	SUTURING (Sec.)	8500
10	TRISEGMENTECTOMY	80000

SURGERY -NEURO SURGERY

S.No.	SERVICE NAME	AMOUNT
1	ANTERIOR CERVICAL CORPECTOMY WITH IMPLANTATION MICROSCOPIC	80000
2	ANTERIOR CERVICAL SPINE SURGERY WITH FUSION/FIXATION	72000
3	ANTERO LATERAL DECOMPRESSION WITH VERTEBRECTOMY AND RECONSTRUCTION	68000
4	AWAKE CRANIOTOMY & DECOMPRESSION OF TUMOR	110000
5	BONE FLAP REMOVAL	42000
6	BRAIN ABSCESS DRAINAGE	35000
7	BRAIN ABSCESS EXCISION	60000
8	BRAIN HEMATOMA EVACUATION	45000
9	BRAIN LESION BIPOSY	50000
10	BRAIN TUMOR DECOMPRESSION	115000
11	BRAIN TUMOUR SURGERY	70000
12	BURR HOLE MULTIPLE	20000
13	BURR HOLE SINGLE	10000
14	CHRONIC SUBDURAL HEMATOMA DRAINAGE	45000
15	CRANIOPLASTY	40000
16	CRANIOTOME CHARGES	7000
17	CRANIOTOMY	22000
18	CRANIOTOMY & ANEURYSM CLIPPLING	115000
19	CRANIOTOMY & EVACUATION OF HAEMATOMA	70000
20	CRANIOTOMY ,TUMOR DEBULKING & DURAPLASTY	115000
21	CRANIOTOMY AND DEBULKING OF TUMOR	45000
22	CRANIOTOMY WITH BIOPSY	27000
23	CRANIOVERTEBRAL DECOMPRESSION & FIXATION/FUSION	90000
24	CSF LEAK REPAIR SURGERY	50000
25	CYST -REMOVAL SCALP (MULTIPLE)	20000
26	CYST -REMOVAL SCALP (SINGLE)	10000
27	DECOMPRESSION OF CARPEL TUNNEL SYNDROME	30000
28	DECOMPRESSIVE CRANIOTOMY & BONE FLAP PLACEMENT IN ANTERIOR ABDOMINAL WALL	80000
29	DURAL GRAFTING AND REPAIR	20000
30	DURAPLASTY	22000
31	ENDOSCOPIC 3RD VENTRICULOSTOMY	65000
32	ENDOSCOPIC BIOPSY OF INTRA VENTRICULAR TUMOR/DECOMPRESSION	100000
33	ENDOSCOPIC PITUITORY SURGERY	55000
34	EXCISION OF NERVE SHEATH TUMOR	45000
35	EXPLORATION & DECOMPRESSION OF BRACIAL PLEXUS	60000
36	EXTERNAL VENTRICULAR DRAIN PLACEMENT	15000
37	FRAME FIXATION AND PLANNING	45000
38	INSTILLATION OF MEDICATION BY OMAYA	4000
39	INTRAMEDULLARY SPINE TUMAR SURGERY	90000
40	KYPHOPLASTY SINGLE BALOON	50000
41	KYPHOPLASTY/DOUBLE BALLOON	90000
42	LACERATION SUTURING	6000
43	LAMINECTOMY	42000
44	LAMINECTOMY & TUMOR DECOMPRESSION (MICROSCOPIC)	75000
45	LAMINECTOMY AND TUMOR DECOMPRESSION	52000

S.No.	SERVICE NAME	AMOUNT
46	LAMINOPLASTY	38000
47	LP WITH INTRATHECAL MEDICINE INSTILLATION	10000
48	LUMBAR DRAINAGE	7000
49	LUMBER PUNCTURE	5000
50	LUMBO-PERITONEAL SHUNT	45000
51	MANIPULATIONS/SKULL TRACTION	7000
52	MINIMALLY INVASIVE SPINE SURGERY (MICROSCOPIC)	85000
53	NERVE/MUSCLE BIOPSY	5000
54	OMAGA / SHUNT VALVE CSF ASPIRATION	3000
55	OMAYA REMOVAL	15000
56	OMAYA RESERVOIR PLACEMENT	30000
57	OMAYA TAPPING	5000
58	ORBITOTOMY WITH BIOPSY/DECOMPRESSION	40000
59	ORBITOTOMY WITH TUMOR EXCISION	50000
60	PARTIAL SACRECTOMY	80000
61	POSTERIOR CERVICAL SPINE SURGERY WITH FUSION/FIXATION	70000
62	RE-EXPLORATION & EVACUATION OF CLOT/INFARCTION	30000
63	RE-EXPLORATION SURGERY FOR BRAIN	85000
64	RE-EXPLORATION SURGERY FOR SPINE	85000
65	REMOVAL OF SCREWS	30000
66	REVISION OF V.P SHUNT	30000
67	SACRAL TUMOR REMOVAL	90000
68	SCALP LESION EXCISIONAL BIPOSY SMALL	25000
69	SCALP LESION EXEISIONAL BIPOSY LARGE	40000
70	SCALP TUMAR EXCISION	45000
71	SCALP TUMAR EXCISION WITH RECONSTRUCTION	65000
72	SCALP TUMOR EXCISSION (BIG)	30000
73	SCALP TUMOR EXCISSION (SMALL)	25000
74	SHUNT LIGATION	22000
75	SHUNT SURGERY	42000
76	SKULL BASE SURGERY	70000
77	SPINAL DECOMPRESSION (MICROSCOPIC)	65000
78	SPINAL INSTRUMENTATION	90000
79	SPINAL TUMOR DECOMPRESSION (MICROSCOPIC)	75000
80	SPINAL TUMOR SURGERY	50000
81	SPINE LESION BIOPSY	20000
82	SPINE SURGERY WITH FIXATION	65000
83	SPINE SURGERY WITHOUT FIXATION	50000
84	SPINE TUMOR MICROSCOPIC DECOMPRESSION & INSTRUMENTATION	130000
85	SPINE WOUND DEDRIDEMENT WITH SCREW REMOVAL	15000
86	STEREOTACTIC BIOPSY OF BRAINSTEM & DEEP SEATED LESION	80000
87	STEROTACTIC BIOPSY OF BRAIN LESION	60000
88	SUBDURAL ASIPRATION/TAPPING	8000
89	TOTAL SACRECTOMY WITH FIXATION	115000
90	TRANS ORAL DECOMPRESSION OF TUMOR	65000
91	TRANS SPHENOIDAL SURGERY	75000
92	V.P.SHUNT WITH Y-CONNECTION	65000

S.No.	SERVICE NAME	AMOUNT
93	VENTRICULAR PUNCTURE	10000
94	VENTRICULAR TAP	7000
95	VENTRICULO-ATRIAL SHUNT	50000
96	VERTEBRAL AUGMENTATION	50000
97	VERTEBRAL BIOPSY	40000
98	VERTEBROPLASTY	15000
99	VERTERBRAL BONE BIOPSY	25000
100	VP SHUNT	65000
101	VP SHUNT REMOVAL	10000
102	WOUND DEBRIDEMENTE	8000

SURGERY - PEDIATRIC

S.No.	SERVICE NAME	AMOUNT
1	ARM PORT INSERTION	12000
2	EXCISION OF PARASPINAL NEUROBLASTOMA	40000
3	EXCISION OF SACROCOCCYGEAL TUMOR LARGE WITH INTRAABDOMINAL EXTENSION	40000
4	EXCISION OF SACROCOCCYGEAL TUMOR SMALL	25000
5	HERNIOTOMY PEDIATRIC	15000
6	INTRATHECAL CHEMOTHERAPY WITH SEDATION {IN MAJOR O.T}	3000
7	TESTICULAR IMPLANT INSERTION	15000
8	THYROGLOSSAL CYST EXCISION	15000
9	VAGINOSCOPY AND BIOPSY	3500

SURGERY - PLASTIC SURGERY

S.No.	SERVICE NAME	AMOUNT
1	A V FISTULA	26000
2	A V FISTULA WITH VASCULAR GRAFT/BY PASS VASCULAR GRAFT	58000
3	ABDOMINOPLASTY	65000
4	ADVANCEMENT FLAP	35000
5	BIPADDLE PMMC/PMMC WITH SSG	80000
6	BREST RECONSTRUCTION & LOCAL FLAP WITH IMPLANT (BILATERAL)	105000
7	BREST RECONSTRUCTION & LOCAL FLAP WITH IMPLANT (UNILATERAL)	80000
8	BREST RECONSTRUCTION WITH IMPLANT (BILATERAL)	100000
9	BREST RECONSTRUCTION WITH IMPLANT (UNILATERAL)	63000
10	CAVITY INSET	8000
11	CHIMERIC(MUSCULOCUTANEOUS FLAP) DOUBLE PADDLE FREE SOFT TISSUE FLAP	110000
12	COMPONENT RECONSTRUCTION ORAL CAVITLY	60000
13	DEBULKING WITH SKIN GRAFTING LYMPHOEDEMA	63000
14	DERMAL FAT GRAFTING	21000
15	DERMAL SHEET APPLICATION (MATRIDERM)	25000
16	DIVISION OF FLAP	9000
17	DOUBLE PADDLE FREE FIBULA FLAP (LOCAL FLAP 1/2+FREE FIBULA)	120000
18	ELEVATION AND INSET OF MYOCUTANEOUS FLAP/MUSCELE FLAP(BREAST)	70000
19	EXCISION OF BENIGN TUMOR (LARGE)	21000
20	EXCISION OF BENIGN TUMOR (MEDIUM)	16000
21	EXCISION OF BENIGN TUMOR (SMALL)	10500
22	EXCISION OF SUPERFICIAL LESION WITH FLAP/GRAFT	19000
23	EYELID RECONSTRUCTION POST TUMOR EXCISSION	42000
24	FASCIALATA DUROPLASTY	16000
25	FASCIOTOMY	10000
26	FIBULAR GRAFT	32000
27	FLAP DEBULKING	32000
28	FREE FIBULA FLAP/OSTEOCUTANEOUS FLAP	120000
29	FREE FLAP - RADIAL/ALT/MUSCLE	100000
30	FREE FLAP FOR PHARYNGEAL RECON /BREST RECON/WITH SLING/IN ROBOTIC CASES	120000
31	FREE FUNCTIONAL MUSCLE TRANSFER	95000
32	FULL THICKNESS SKIN GRAFT (LARGE)	21000
33	FULL THICKNESS SKIN GRAFT(MEDIUM)	16000
34	FULL THICKNESS SKIN GRAFT(SMALL)	10500
35	INTRA LESIONAL STEROID INJECTION	2100
36	JEJUNAL FREE FLAP	120000
37	LASER HAIR REMOVAL OF FLAP PER SITTING	5250
38	LIPOINJECTION FOR CONTOURING MAJOR	42000
39	LIPOINJECTION FOR CONTOURING MINOR	21000
40	LIPOSUCTION FOR LYMPHOEDEMA FOR ONE LIMB	42000
41	LIPOSUCTION MAJOR	42000
42	LIPOSUCTION MINOR	23000
43	LOCAL FLAP /FACIOCUTANEOUS FLAP/LOCAL MUSCLE FLAP/ PRIMARY PHARYNGEAL	55000

S.No.	SERVICE NAME	AMOUNT
44	LOCAL FLAP DIVISION & INSET	21000
45	LYMPHATIC CANNULATION	10000
46	LYMPHATICOVENOUS ANASTONOSIS	63000
47	LYMPHONODOVENOUS SHUNT	42000
48	MAJOR CHEST WALL/ABDOMINAL WALL RECONSTRUCTION	50000
49	MAJOR CHEST WALL/ABDOMINAL WALL RECONSTRUCTION WITH MESH APPLICATION	75000
50	MANDIBULAR PLATING	17000
51	MICRONEURAL NERVE GRAFT	52000
52	MICROVASCULAR REPAIR/NEURAL REPAIR	42000
53	MISC SECONDARY RECONSTRUCTION/PROCEDURES	46000
54	NAC RECONSTRUCTION	26000
55	OCF/DEBRIMENT OF FAILED FLAP/DEBRIDEMENT OF ORN/OSTEOMYELITIS/WOUND	21000
56	ORBITAL FLOOR RECONSTRUCTION/ MESH REPAIR / DERMAL REPAIR / BONE GRAFT	25000
57	PALATAL REPAIR	26000
58	PAROTID DUCT REPLANATTION	12600
59	PENILE RECONSTRUCTION	105000
60	PERFORATOR FLAPS	58000
61	PRIMARY ABDOMINAL WOUND REPAYRE AFTER LAPAROTOMY	35000
62	PRIMARY CLOSER OF SMALL WOUNDS	6300
63	PRIMARY CLOSURE OF INTRA ORAL DEFECT	25000
64	REANIMATION PROCD.IN HEAD & NECK SURGERY INCL MUSCLE SLING TRANSFERS	37000
65	RECON PLATE WITH SOFT TISSUE FLAP	105000
66	RECONSTRUCTION PLATE REMOVAL (LARGE) / MULTIPLE	20000
67	RECONSTRUCTION PLATE REMOVAL (SMALL)	10500
68	REDUCTION MAMMOPLASTY BILATEARAL(B/L)	100000
69	REDUCTION MAMMOPLASTY UNILATERAL(U/L)	63000
70	RE-EXPLORATION OF FLAP	7000
71	REMOVAL OF IMF/ARCHBAR PLATE	5800
72	REVISION OF FLAP MARGINS	5800
73	RIB GRAFT & PLATING	21000
74	SCAR REVISION MAJOR	32000
75	SCAR REVISION MINOR	21000
76	SECONDARY REPAIR OF ABDOMINAL DEHISCENCE WITH ADVANCEMENT FLAP	46000
77	SECONDARY SUTURING	21000
78	SECONDARY SUTURING/PRIMARY CLOSER OF SMALL WOUNDS	6300
79	SISTRUNCK OPERATION	63000
80	SKIN GRAFT LARGE	25000
81	SKIN GRAFT MEDIUM	19000
82	SKIN GRAFT SMALL	12500
83	SKULL BASE RECONSTRUCTION	65000
84	SKULL BASE RECONSTRUCTION WTH FREE FLAP	120000
85	SMF RELEASE + LOCAL FLAP	55000
86	SMF RELEASE + SKIN GRAFT	40000
87	SUBCUTANEOUS MASTECTOMY BILATERAL	63000
88	SUBCUTANEOUS MASTECTOMY UNILATERAL	42000

S.No.	SERVICE NAME	AMOUNT
89	TARSORRHAPHY	12600
90	TATTOING FOR NAC / SCAR	16000
91	VASCULAR LYMPHA NODE TRANSFER	74000
92	VASCULAR MALFORMATION LARGE	48000
93	VASCULAR MALFORMATION MEDIUM	27000
94	VASCULAR MALFORMATION SMALL	13000

SURGERY - THORAX

S.No.	SERVICE NAME	AMOUNT
1	BAR/IMPLANT REMOVAL	32000
2	BILATERAL METASTASECTOMY LUNG	65000
3	BRONCHIAL RESECTION / SLEEVE RECONSTRUCTION LUNG	90000
4	BRONCHOSCOPIC TRACHEAL I BRONCHIAL INTERVENTION	16000
5	CHAMBERLAIN PROCEDURE	30000
6	DECORTICATION	55000
7	EXTENDED PLEURECTOMY DECORTICATION / MESOTHELIOMA	100000
8	HITHOC FOR PLEURA	95000
9	LASER ASSISTED LUNG SURGERY	70000
10	LOBECTOMY/VATS LOBECTOMY/PNEUNONECTOMY	80000
11	MAJOR CHEST WALL RESECTION	65000
12	MAJOR TRACHEAL RESECTION / RECONSTRUCTION	120000
13	MAJOR VASCULAR REPAIR/DIAPHRAGM REPAIR	30000
14	MEDIASTINAL LYMPH NODE DISSECTION / MLND	42000
15	MEDIASTINAL MASS EXCISION	90000
16	METASTETECTOMY LUNG/VATS METASTECTOMY LUNG	55000
17	NUSS PROCEDURE / CHEST WALL RESECTION/ RECONSTRUCTION	85000
18	OESOPHAGEAL RESECTION AND RECON./VATS ESOPHAGCTOMY	105000
19	R-ESOPHAGECTOMY	145000
20	R-LOBECTOMY	145000
21	R-THYMECTOMY/ MEDIASTINAL MASS	145000
22	SEGMENTECTOMY / SUBLOBAR / WEDGE EXCISION	52000
23	STERNOTOMY	25000
24	THORACIC DUCT LIGATION	42000
25	THORACOSTOMY	13000
26	THORACOTOMY-EXPLORATORY	24000
27	VATS DIAGNOSTIC / THERAPEUTIC	33000
28	VIDEO MEDIASTINOSCOPY	55000

SURGERY - URINARY TRACT

S.No.	SERVICE NAME	AMOUNT
1	ADRENALECTOMY	90000
2	BIL.URETERO+OMENTAL WRAPPING+J-STEN	48000
3	BI-LATERAL P L N D	30000
4	BOAR`S FLAB DOUBLE	30000
5	BOARIS FLAP SINGLE/ URETER RECON/REPAIR	20000
6	CHEAVASSURS MANEOVUR	20000
7	CIRCUMCISION	5000
8	CLOT EVALUATON	27000
9	CONTINENT DIVERSION	44000
10	CUTANEOUS URETEROTOMY	3300
11	CYSTO EIU	35000
12	CYSTO FULGARATION	16500
13	CYSTOLITHOLAPAXY	15000
14	DEDRIDEMENT OF WOUND	3300
15	DIVERTICULECTOMY	15000
16	DOUBLE J STENT PLACEMENT-DOUBLE	27000
17	DOUBLE J STENT PLACEMENT-UNILAT.	17000
18	DRAINAGE OF PERINEPHRIC ABCESS	15000
19	EUA	6000
20	EXCISION BIGH RETROPERITONEAL TUMOR	125000
21	EXCISION OF INGUINAL TUMOR	22000
22	EXCISION PELVIC TUMOR	65000
23	HIGH ORCHIDECTOMY	28000
24	ILEAL CONDUIT	32000
25	ILEO INGUINAL BLOCK UNILATERAL	65000
26	IVC THROMBUS REMOVAL	38000
27	LIPOIDAL INJECTION	2000
28	MEATOPLASTY	3300
29	NEOBLADDER	65000
30	NSS	85000
31	ORCHIDECTOMY BI-LATERAL	27000
32	PARTIAL AMPUTATION OF PENIS	28000
33	PARTIAL CYSTECTOMY	32000
34	PCN	22000
35	PERINEAL URETHROSTOMY	30000
36	R- RE EXPLORATION	145000
37	R- RN (RADICAL NEPHRECTOMY)	145000
38	R VVF REPAIR	145000
39	RADICAL CYSTECTOMY + CONTINENT I.C.	110000
40	RADICAL CYSTECTOMY + ILEAL CONDUIT	110000
41	RADICAL NEPHRO URETERECTOMY	110000
42	RADICAL PROSTECTOMY	110000
43	R-ADRENALECTOMY	145000
44	RETROCRURAL NODE DISSECTION	60000
45	R-EXCISION OF ABDOMINAL MASS	145000

S.No.	SERVICE NAME	AMOUNT
46	R-EXCISION OF RECURANANT TUMOR	145000
47	R-IVC THROMBECTOMY	145000
48	R-MESH HERNIOPLASTY	145000
49	R-NSS	145000
50	RPLND	120000
51	R-PLND	145000
52	R-RCP + NB	150000
53	R-RCPNB/IC	145000
54	R-RPLND	145000
55	R-RRP	145000
56	RT. ORCHIDOPAXY	9000
57	R-VEIL	145000
58	SIMPLE NEPHRECTOMY	28000
59	SUPRA PUBIC DRAINAGE	6000
60	TOTAL AMPUTATION OF PENIS	42000
61	TUR B- LIMITTED RESECTION (LR)	32000
62	TUR B/TUR P	68000
63	URS.	27000

UROLOGY

S.No.	SERVICE NAME	AMOUNT
1	HIFU _+ TURP (PACKAGE)	500000

PACKAGE INCLUDE ALL SERVICES & MATERIALS FROM ADMISSION TO DISCHARGE IN ALL THE BED CATEGORIES.