



पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि०

(उत्तराखण्ड सरकार का उपक्रम)

CIN:- U40101UR2004SGC028675

मानव संसाधन एवं प्रशासनिक विभाग

विद्युत भवन, नजदीक-आई०एस०बी०टी० क्रासिंग, सहारनपुर रोड़, माजरा, देहरादून-248002

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पत्रांक 603/मा०सं०एवंप्र०वि०/पिटकुल/पी-5

दिनांक : 04.04.2026

कार्यालय ज्ञाप

पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि० के सेवारत/सेवानिवृत्त कर्मियों, उनके आश्रितों तथा पारिवारिक पेन्शनरों की चिकित्सा हेतु निम्नलिखित चिकित्सालय की मान्यता अवधि एतद्वारा निम्नानुसार बढ़ायी जाती है:-

क्र० सं०	चिकित्सालय/चिकित्सा संस्थान का नाम	मान्यता समाप्ति की अवधि	विस्तारित मान्यता अवधि	उद्देश्य
1	कम्बाईन्ड मेडिकल इन्स्टीट्यूट (सी०एम०आई० हॉस्पिटल), 54, हरिद्वार रोड़, देहरादून	31.03.2026	01.04.2026 से 31.03.2027 तक	सभी रोगों हेतु

प्रतिबन्ध यह होगा कि :-

- उक्त चिकित्सालय पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि० के साथ हुए अनुबन्ध के अनुरूप सी०जी०एच०एस० दरों के अधीन पिटकुल के सेवारत/सेवानिवृत्त कर्मियों एवं उनके आश्रितों तथा पारिवारिक पेन्शनरों को चिकित्सा सुविधा प्रदान करेंगे, जिन उपचारों/प्रक्रियाओं/जाँचों की दरें सी०जी०एच०एस० दर सूची में सम्मिलित नहीं हैं उन उपचारों/प्रक्रियाओं/जाँचों में चिकित्सालय दर सूची पर 10 प्रतिशत की छूट अनुमन्य होगी।
- चिकित्सालय द्वारा निर्धारित शर्तों की अवहेलना करने पर चिकित्सालय की मान्यता समाप्त की जा सकती है।
- उपरोक्त के साथ ही उक्त चिकित्सालय अपने परिसर में एक साईन बोर्ड लगायेगा, जो यह दर्शायेगा -
" पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि० के अधिकारियों/कर्मचारियों/पेंशनर्स/पारिवारिक पेंशनर्स एवं उन पर पूर्णतया आश्रित सदस्यों के लिए अधिकृत चिकित्सालय"
- चिकित्सालय द्वारा पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि० का एक अलग रजिस्टर रखा जायेगा, जिसमें निम्न प्रविष्टियां अनिवार्यतः अंकित की जायेंगी -
 - रोगी का नाम, आयु एवं लिंग
 - यदि रोगी स्वयं कर्मचारी/अधिकारी नहीं है तो उसके पिता/पति का नाम और रोगी से सम्बन्ध। (केवल पूर्णतया आश्रित होने की स्थिति में)
 - चिकित्सालय में भर्ती एवं डिस्चार्ज की तिथि
 - कर्मचारी का वेतनमान तथा तैनाती स्थान।
 - रोग का विवरण।
 - कुल प्राप्त की गयी राशि।
 - 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 : 603/मा०सं०एवंप्र०वि०/पिटकुल/पी०-5 तददिनांक :

- निजी सचिव, प्रबन्ध निदेशक, पिटकुल, को प्रबन्ध निदेशक महोदय के संज्ञानार्थ प्रेषित।
- निजी सचिव/डा०ए०आ०-निदेशक (मा०सं०)/(परिचालन)/(परियोजना)/(वित्त) पिटकुल, देहरादून को निदेशकगणों के संज्ञानार्थ प्रेषित।
- समस्त मुख्य अभियन्ता/महाप्रबन्धक/कम्पनी सचिव/अधीक्षण अभियन्ता/उपमहाप्रबन्धक, पिटकुल।
- समस्त अधिशासी अभियन्ता, पिटकुल।
- अधिशासी अभियन्ता (सू०प्रौ०), पिटकुल, देहरादून को इस आशय के साथ कि वह आदेश को पिटकुल की वैबसाइट पर अपलोड करवाना सुनिश्चित करें।
- सम्बन्धित चिकित्सालय को सूचनार्थ एवं इस आशय के साथ कि उक्त चिकित्सा बीजक में सम्बन्धित चिकित्सा प्रक्रियाओं (Procedures) के कोड का भी स्पष्ट उल्लेख करेंगे।

(अशोक कुमार जुयाल)
महाप्रबन्धक (मा०सं०)



FACILITIES

- 24 hrs. Emergency for all types of cases.
- 25 bedded. ICU equipped with Ventilators, Cardiac Monitors, Infusion Pumps,
- Pulse Ox meter etc. & manned 24hrs by qualified staff
- O.P.D. (Morning & Evening)
- Well-equipped O.Ts
- NICU
- Dialysis

SUPER – SPECIALITY SERVICES

- Neuro-Surgery
- Chest & Respiratory diseases
- Cardiology, Diabetology, Cath lab facilities
- Obstetrics & Gynaecology
- Urosurgery
- Gastro Surgery, Laparoscopic Surgery
- Vascular Surgery
- Nephrology
- Plastic Surgery & Reconstructive Surgery

SPECIALITY SERVICES

- General Medicine
- General Surgery
- Orthopaedics
- Paediatrics
- Obst. & Gynaecology
- E.N.T.
- Anaesthesiology

INVESTIGATION FACILITIES

- Coronary Angiography
- TMT, Echocardiography, Stress Echo, Thallium Scan
- Colour Doppler.
- EEG
- Bronchoscopy, Sleep Lab, Lung biopsy
- Hysteroscopy / Colposcopy
- Sigmoidoscopy
- Nasoendoscopy
- Peripheral angiography
- Peripheral Doppler studies



- Arthroscopy
- Cystoscopy, Ureteroscopy
- Dynamic uroflometry

Radiology Services – Available 24 Hrs.

- Whole body CT Scan
- 500 MA X- Ray Machi2ne
- Mobile X-Ray Unit
- Ultrasound, Bed side ultrasound
- IVP

Pathology Lab. – Available 24 Hrs.

- Pathology
- Bio Chemistry (Express Pulse)
- Electrolytes (AVL 1920)
- Services are also provided Histopathology FNAC.
- Bone Marrow Examination Serology Etc.



OPD CHARGES

Consultants Name	OPD Fee
Dr Mahesh Kuriyal	1,000
Dr R K Jain	1,000
Dr Bimal Nautiyal	1,000
Dr Sumita Prabhakar	700
Dr Abinav Jain	500
Dr Sanjeev Kumar	700
Dr Anshika Jain	600
Dr Parveen Jindal	1,000
Dr Rohit Arora	700
Dr Bhavin Brahmhatt	1,000
Dr Avinash Zutshi	1,000
Dr Kamal Bhatt	600
Dr Apoorv Jain	500
Dr Paras Aggarwal	700
Dr Arvinder Pal	700
Dr Sumit Khatri	700



BED CATEROGRY WISE CHARGES

Bed Category	Bed Charges	Nursing Charges	Resident Charges	Total
ICU/CCU	5250	1200	500	6950
Executive Suite	4950	1000		5950
DX Room	4000	800		4800
NICU	2900	800		3700
Private	2500	700		3200
Nuero Surgical HDU	3000	500		3500
Ortho Surgical HDU	3000	500		3500
Medical HDU	3000	500		3500
IMUC	1800	500		2300
Semi Private	2000	500		2500
Cubicles	1750	500		2250
General Ward	1600	500		2100
Day Care				1000

The above Charges include nursing care charges, Resident Doctor Fees, Diet Charges.

Schedule Extra Charges:-

- Ventilator Charges if any
- Investigation Charges
- Oxgyen Charges
- Physiotherapy
- Doctor Fees (2 visits per day)

**HOSPITAL CHARGES**

Sr. No	Service Name	Rate	
1	Infusion Pump	200	
2	BIPAP	2000	
3	Ventilator	4500	
4	Oxygen	1200	
5	Air Mattress	300	
6	Nebulisation	200	
7	Central Line	3000	
8	ICD	5000	
9	Tracheostomy	10,000	
10	Bronchoscopy	12,000	
11	Pleural Tap	2000	
12	Ascetic Tap	2000	
13	L P	1500	
14	Dressing	Small	500
		Medium	750
		LARGE	1000
15	Ventilator/ Initiation	1500	
16	BIPAP Mask	1500	
17	HFNAC	3000	
18	CPAP	3000	
19	Phototherapy	800	
20	Endoscopy	3000	
21	Catheterization-Foley's	300	
22	Plaster	Small	2000
		Large	3500
23	PAC	1500	
24	CTG	1000	
25	Rice Tube	200	
26	RBS	150	

**EMERGENCY CHARGES**

Sr. No	Service Name	Rate
1	Intramuscular Inj.	50
2	Subcutaneous Inj.	50
3	Intra Venus Inj.	100
4	Small Suturing	500
5	Big Suturing	1000
6	Stapler	500
7	Ryles Tube Insertion	500
8	Foleys Catheterisation	500
9	Cannulation	100
10	Vaccination	100
11	Tracheostomy Change	500
12	Blood Pressure	50
13	Random Sugar	50
14	Weight Measurement	50
15	Day Care	1000

**NEPHROLOGY DIALYSIS**

SR. No	Service Name	Rate
1	Routine Haemodialysis	1500
2	Emergency Haemodialysis	2000
3	Routine Peritoneal Dialysis	1500
4	Dialysis (4 Hourly)	1500
5	Dialysis (5 Hourly)	1800
6	Emergency Dialysis	2000
7	ICU Dialysis	3000
8	PermaCath Insertion	40000
9	Jugular Vein Distention	5000

**ORTHOPAEDICS**

SR. No	SURGERY NAME	SURGEON CHARGES
1	Fracture Fixation (Paediatric + Adult).	
	· ORIF / Bridge Plating /MIPPO	40,000
	· CRIF	30,000
2	Joint Replacement.	
	· Total Knee Replacement (TKR)	40,000
	· Total Hip Replacement (THR)	40,000
3	Bipolar Hemiarthroplasty.	40,000
4	Knee & Shoulder Arthroscopy.	
	· ACL Reconstruction.	35,000
	· PCL Reconstruction.	40,000
5	· Rotator Cuff Repair / Bankart Repair / Meniscal Repair / Meniscectomy.	50,000
6	Tendon Repair or Tendon Transfer.	40,000

*** OT and Anaesthesia Charges 70% of Surgery Charges**

**OBSTETRICIAN-GYNAECOLOGIST**

SR. No	SURGERY NAME	SURGEON CHARGES
1	Laparoscopy – Cystectomy	40,000
2	LSCS	35,000
3	Hysteroscopy	20,000
4	D&C	10,000
5	Ectopic Pregnancy (Laparotomy)	30,000
6	Total Abdominal Hysterectomy	40,000
7	Vaginal Hysterectomy	45,000
8	Normal Vaginal Delivery	28,000
9	Bartholdi cyst Excision	20,000
10	Breast Lump	15,000
11	Lap – Ectopic	45,000
12	Vaginal Plasty	45,000
13	Adhesiolysis	15000
14	Normal Delivery	28000
15	Cerclage	10000

*** OT and Anaesthesia Charges 70% of Surgery Charges**

**GENERAL SURGERY**

SR. No	SURGERY NAME	SURGEON CHARGES
1	Laparotomy	35,000
2	Lapchol Cystectomy	30,000
3	Lapchol Cystectomy Open	35,000
4	Piles	18,000
5	Hernia	20,000
6	Abscess I&D	10,000
7	Fistula In ANO	30,000
8	Fissure in ANO	30,000
9	Cyst Excision	10,000
10	Breast Lump	15,000
11	Soft Tissue	15,000
12	Other Major Surgery	35,000
13	Other Minor Surgery	15,000

*** OT and Anaesthesia Charges 70% of Surgery Charges**



UROGLOY		
SR. No	SURGERY NAME	SURGEON CHARGES
1	Cystoscopy Surgery	15,000
2	DVIU	25,000
3	Intermediate Surgery	25,000
4	Major Surgery	35,000
5	Minor Surgery	15,000
6	PCNL Surgery	35,000
7	Procedure	10,000
8	Testicular Biopsy	10,000
9	TURBT (Major)	15,000
10	TURBT Surgery	35,000
11	USR Surgery	35,000

*** OT and Anaesthesia Charges 70% of Surgery Charges**

**NEURO SURGICAL CHARGES**

SR. No	SURGERY NAME	SURGEON CHARGES
1	Super Specialist Surgery	50,000
2	Major Surgery	40,000
3	Intermediate Surgery	30,000
4	Minor Surgery	20,000
5	Procedure	10,000

*** OT and Anaesthesia Charges 70% of Surgery Charges**

**OTHER SURGERY**

SR. No	SURGERY NAME	SURGEON CHARGES
1	Super Specialist Surgery	40,000
2	Major Surgery	30,000
3	Intermediate Surgery	25,000
4	Minor Surgery	20,000
5	Procedure	10,000

*** OT and Anaesthesia Charges 70% of Surgery Charges**

**NON-INVASIVE CARDIO PULMONARY LAB**

Sr No	Test Name	Rate
1	Cardiac Monitoring With Continues ECG Tracing	1000
2	E.C.G OPD	300
3	Echo-Colour Doppler	2000
4	Holter Monitoring	2000
5	Screening Echo	1000
6	Temporary Pacing	10,000
7	Thrombolysis Charges	12,000
8	Pulmonary Function Test	1500
9	Stress Echo	3000
10	TMT	1700
11	Angio Graphy	10,000
12	Angio Plasty	1,10,000
13	Duel Chamber Pace Maker (DDDR)	1,60,000
14	Single Chamber Pace Maker (DDDR)	1,00,000
15	Balloon Mitral	75,000
16	TPI	10,000
17	Bed Side ECHO	3000
19	Stent Charges	As Per Actual



PHYSIOTHERAPY		
Sr.No	Test Name	Rate
1	OPD	300
2	IPD Level 1	300
3	IPD Level 2	350
4	IPD Level 3	400
5	ICU	500
6	Executive / Deluxe	500
7	Private / Semi Private Ward	400
8	General Ward	350

**DIAGNOSTIC/OTHER PROCEDURE SERVICES**

C.T SCAN	
CT - ABDOMEN - DUAL PHASE FOR LIVER	3,500
CT - ABDOMEN - KUB PLAIN	5,000
CT - ABDOMEN - PELVIS / LOWER ABDOMEN PLAIN	5,000
CT - ABDOMEN - PELVIS / LOWER ABDOMEN WITH CONTRAST	6,000
CT - ABDOMEN - TRIPLE PHASE FOR LIVER	7,500
CT - ABDOMEN - UPPER ABDOMEN PLAIN	5,000
CT - ABDOMEN - UPPER ABDOMEN WITH CONTRAST	6,000
CT - ABDOMEN - WHOLE ABDOMEN PLAIN	6,000
CT - ABDOMEN - WHOLE ABDOMEN WITH CONTRAST	7,500
CT - ANGIO - ABDOMINAL AORTA	12,000
CT - ANGIO - CAROTID ARTERY	10,000
CT - ANGIO - CEREBRAL VESSELS / HEAD	10,000
CT - ANGIO - PERIPHERAL / EXTREMITIES	12,000
CT - ANGIO - PULMONARY	10,000
CT - ANGIO - RENAL ARTERY	10,000
CT - ANGIO - THORACIC AORTA	12,000
CT - ANY JOINT 3D	6,000
CT - BRAIN - CONTRAST	3,000
CT - BRAIN - IAM / TEMPORAL BONE	5,000
CT - BRAIN - PITUITARY - SELLA	3,000
CT - BRAIN - PLAIN	2,500
CT - BRAIN - POSTERIOR FOSSA	2,500
CT - CD CHARGES	500
CT - CHARGES FOR FILMS	500
CT - CHEST - CONTRAST	7,000
CT - CHEST - CONTRAST WITH HRCT	7,000
CT - CHEST - HRCT	6,000
CT - CHEST - PLAIN	6,000
CT - ENTEROCLYSIS	7,000
CT - EXTREMITIES - CONTRAST	4,500
CT - EXTREMITIES - PLAIN	4,000
CT - JOINTS CONTRAST	4,500
CT - JOINTS PLAIN	4,000
CT - MAXILLO - FACIAL TRAUMA 3D	6,000
CT - NECK / PHARYNX / LARYNX - CONTRAST	6,000
CT - NECK / PHARYNX / LARYNX - PLAIN	5,000
CT - ORBITS PLAIN	3,500
CT - PNS - CONTRAST	4,000



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CT - PNS - PLAIN	3,500
CT - SCANOGRAM BOTH LOWER LIMB	3,500
CT - SINOGRAM	3,500
CT - SPINE - CERVICAL	3,500
CT - SPINE - LUMBAR / DORSAL SPINE	4,000
CT - SPINE - LUMBOSACRAL SPINE	4,000
CT - SPINE - THORACIC 5 VERTEBRAE	4,000
CT - SPINE - WITH CONTRAST	4,500
CT - UROGRAPHY - CONTRAST	6,500

*** Contrast Charges Will Be Extra Where Ever Applicable**



ULTRASONOGRAPHY	
CYSTOGRAM	6,500
IVP AND MCU	2,500
IVP NON - IONIC CONTRAST	2,500
ULTRASOUND OBSTETRIC AND FETA	1,500
US BRAIN	1,800
US BREAST BILATERAL	1,800
US BREST UNILATERAL	1,800
US CHEST	1,600
US COLOUR DOPPLER - BOTH LIMBS - ARTERIAL	5,000
US COLOUR DOPPLER - BOTH LIMBS - VENOUS	5,000
US COLOUR DOPPLER - CAROTIDS	3,500
US COLOUR DOPPLER - LOCAL SWELLING	3,000
US COLOUR DOPPLER - PERIPHERAL ARTERIAL ONE LIMB	3,000
US COLOUR DOPPLER - PERIPHERAL VENOUS ONE LIMB	3,000
US COLOUR DOPPLER - PREGNANCY	3,000
US COLOUR DOPPLER - RENAL ARTERY BOTH SIDES	3,500
US COLOUR DOPPLER - SCROTUM	2,500
US COLOUR DOPPLER - THYROID	2,500
US COLOUR DOPPLER - TWIN PREGNECY	5,000
US FETAL - 1ST TRIMESTER SCREENING 11-14 WK	5,000
US FETAL - CERVICAL LENGTH SCREENING	1,500
US FOLLICLE MONITORING 1 DAY	1,600
US GUIDED FNAC	1,500
US GUIDED DIAGNOSTIC ASPIRATION.	2,500



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US GUIDED THERAPEUTIC ASPIRATION	4,000
US KUB	1,000
US KUB AND SCROTUM	1,000
US LOCAL SWELLING	1,700
US LOWER ABDOMEN / PELVIS	1,000
US NECK	1,700
US OBSTETRICS	1,500
US OBSTETRICS TWINS	2,500
US PELVIS - TRANSVAGINAL	1,600
US PELVIS AND SCROTAL	1,600
US PELVIS TRANSABDOMINAL	1,000
US PORTABLE CHARGES	1,000
US SCREENING OF UTERINE ARTERIES	1,000
US SCRENNING	1,000
US SCROTUM	1,800
US THYROID	1,700
US TWIN PREGENCY - 1ST TRIMESTER SCREENING 11 - 14 WK	2,500
US UPPER ABDOMEN	1,200
US WHOLE ABDOMEN	1,300
US WHOLE ABDOMEN WITH TVS	2,300
USG GUIDED BIOPSY	2,300



X RAY	
X-RAY ABDOMEN - AP	350
X-RAY ABDOMEN - DECUBITUS	350
X-RAY ABDOMEN - ERECT	350
X-RAY ABDOMEN - OTHER - ONE VIEW	350
X-RAY ABDOMEN - SUPINE	350
X-RAY ACROMIO - CLAVICULAR JOINT BOTH SIDE	350
X-RAY ANKLE JOINT - AP	700
X-RAY ANKLE JOINT - AP AND LAT	700
X-RAY ANKLE JOINT - BOTH SIDE - AP / LAT	350
X-RAY ANKLE JOINT - LAT	350
X-Ray ANKLE JOINT - OBL	350
X-RAY ARM - AP	700
X-RAY ARM - AP AND LAT	700
X-RAY CALCANEUM - AP AND AXIAL	200
X-RAY CERVICAL SPINE (AP& LAT VIEW)	700
X-RAY CHARGES FOR EXTRA FILM	350
X-RAY CHARGES FOR PORTABLE SINGLE FILM	350
X-RAY CHEST - AP	350
X-RAY CHEST - DECUBITUS RIGHT / LEFT	350
X-RAY CHEST - LATERAL RIGHT / LEFT	350
X-RAY CHEST - OBL FOR RIBS	350
X-RAY CHEST - OTHER - ONE VIEW	350
X-RAY CHEST - PA	350
X-Ray CLAVICLE - RIGHT / LEFT AP	700
X-RAY COCCYX - AP AND LAT	700
X-RAY DIGITS - AP AND LAT	700
X-RAY ELBOW JOINT - AP AND LAT	700
X-RAY FEMUR - AP	350
X-RAY FEMUR - AP AND LAT	700
X-RAY FEMUR - LAT	350
X-RAY FOOT (LT) AP & LT	700
X-RAY FOOT (RT) AP & LT	700
X-RAY FOOT - ANY OTHER 1 VIEW	350
X-RAY FOOT - AP AND LAT	700
X-Ray FOOT - AP AND OBL	700
X-Ray FOOT - BOTH SIDE - AP AND LAT	700
X-RAY FOREARM - AP AND LAT	700
X-RAY HANDS - ANY 2 VIEWS	700
X-RAY HANDS - AP	350
X-RAY HANDS - AP AND LAT	700
X-RAY HIP JOINT - AP	700



X-RAY HIP JOINT - AP AND LAT	700
X-RAY HIP JOINT - LAT	350
X-RAY KNEE - AP	350
X-RAY KNEE - AP AND LAT	700
X-RAY KNEE - BOTH JOINT - AP AND LAT	1,050
X-RAY KNEE - LAT	350
X-RAY KUB - 1 VIEW	350
X-RAY L.S.SPINE(AP & LAT VIEW)	700
X-RAY LEG - AP	350
X-RAY LEG - AP AND LAT	700
X-RAY LEG - LAT	350
X-RAY MASTOIDS - LAT AND OBL	700
X-RAY NASAL BONE - LAT	350
X-Ray NASOPHARYNX - LAT VIEW FOR ADENOIDS	350
X-RAY NECK (AP & LAT VIEW)	700
X-RAY NECK - FOR SOFT TISSUES - LAT	350
X-RAY ORBIT - AP	350
X-Ray ORBIT - AP AND LAT	700
X-RAY ORBIT - LAT	350
X-RAY PELVIS - AP	350
X-RAY PELVIS - AP INCLUDING BOTH HIP JOINTS	350
X-RAY PNS - WATERS VIEW	350
X-RAY SACRO - ILIAC JOINTS - OBL	350
X-RAY SACRO - ILIAC JOINTS - PA	350
X-RAY SCAPULA - AP AND LAT	700
X-RAY SELLA PITUITARY FOSSA	350
X-RAY SHOULDER - AP	350
X-RAY SHOULDER - AP AND AXIAL	700
X-RAY SHOULDER - AP AND LAT	700
X-RAY SKULL - ANY 2 VIEWS	700
X-RAY SKULL - ANY 3 VIEWS	1,050
X-RAY SKULL - AP AND LAT	700
X-RAY SKULL - LAT	350
X-RAY SKULL - OBL	350
X-RAY SKULL - STYLOID PROCESS	350
X-RAY SPECIAL VIEWS - FOR MANDIBLE - AP AND OBL	700
X-RAY SPECIAL VIEWS - FOR MASTOIDS	350
X-RAY SPECIAL VIEWS - FOR ORBITS	350
X-RAY SPINE - CERVICAL AP AND LAT	700
X-RAY SPINE - CERVICAL BOTH OBL	350
X-RAY SPINE - CERVICAL LAT	350
X-RAY SPINE - CERVICAL NEUTRAL , FLEXION AND EXTENSION	700
X-RAY SPINE - CERVICOTHORACIC AP AND LAT	700



X-RAY SPINE - CV JUNCTION 2 VIEWS	700
X-RAY SPINE - DORSAL AP	350
X-RAY SPINE - DORSAL LAT	350
X-RAY SPINE - DORSOLUMBAR AP AND LAT	700
X-RAY SPINE - LUMBAR AP	350
X-RAY SPINE - LUMBAR AP AND LAT	700
X-RAY SPINE - LUMBAR AP AND LAT BOTH OBL	700
X-RAY SPINE - LUMBAR LAT	350
X-RAY SPINE - LUMBOSACRAL AP AND LAT	700
X-RAY SPINE - LUMBOSACRAL AP AND LAT IN FLEXION AND EXTENSION	700
X-RAY STERNUM - AP / LAT	700
X-RAY STERNUM - AP AND LAT	700
X-RAY WRIST JOINT - ANY 3 VIEWS	1,000
X-RAY WRIST JOINT - AP AND OBLIQUE	700
X-Ray WRIST JOINT - BILATERAL AP	350
X-RAY WRIST JOINT- AP AND LAT	700

**PATHOLOGY SERVICE**

Service Name	Rate
24 hrs. Potassium	200
24 hrs. Sodium	200
24 hrs. urine uric acid	200
24 hrs. urine albumin creatinine ratio	650
24 hrs. urine calcium	200
24 hrs. urine phosphorus	180
24 Hrs. urine Protein	300
25-OH VITAMIN D	1400
A:G RATIO	200
ABG TEST	300
Absolute Lymphocyte Count	300
ABSOLUTE NEUTROPHIL COUNT	150
ABSOLUTE RETICULOCYTE COUNT	300
ACID PHOSPHATASE	400
ADA	750
ADENOSINE DEAMINASE (ADA)	750
ADVANCED LIPID PROFILE	550
AEC(Absolute Eosinophil Count)	300
AFB STAINING	250
AFB/ SPUTAM EXAMINATION	250
AFP	1000
ALBUMIN	100
ALKALINE PHOSPHATASE	150
ALKALINE PHOSPHATASE I	150
ALPHA FETO PROTEIN	1000
ALPHA FETO PROTEIN(AFP)	1000
AMMONIA	1000
AMYLASE	400
ANTI HCV	900
Anti-Hepatitis 'C' Virus – Anti HCV	900
Anti-Hepatitis'C'Virus-AntiHCV	900
Anti-Nuclear Antibody	900
ANTI-NATAL PROFILE	1500
APTT	400
ARTERIAL BLOOD GASES (ABG)	1000
ASCITIC FLUID EXAMINATION	700
ASO TITER	750
BASOPHIL	300
BETA HCG	700
BILE SALT AND BILE PIGMENT(Urine)	100
BILIRUBIN TOTAL/DIRECT	300



BIOPSY (LARGE TISSUE)	2000
BIOPSY (MEDIUM TISSUE)	1500
BIOPSY (SMALL TISSUE)	1000
BLEEDING TIME (BT) CLOTTING TIME (CT)	200
Blood C/S	800
BLOOD CULTURE	800
BLOOD GROUP & RH TYPING	150
BLOOD SUGAR (F)	80
BLOOD SUGAR (PP)	80
BLOOD SUGAR (R)	80
BLOOD UREA	150
Blood Urea Nitrogen(BUN)	150
BONE MARROW ASPIRATION	2500
BONE MARROW SMEARS	1000
BONEMARROW EXAMINATION	2500
BUN	150
C Reactive Protein	550
CALCIUM	150
CBC (COMPLETE BLOOD COUNT)	300
CBC WITH PBS	550
CHLORIDE	150
CHLORIDE(CSF)	150
CHLORIDE(SERUM)	150
CHLORIDE(URINE)	150
CHOLESTEROL TEST	150
Clotting Time	100
COAGULATION PROLILE	2200
CONJUGATED (D. Bilirubin)	150
CONJUGATED(D Bilirubin)	150
CORTISOL	500
CORTISOL SERUM (MORNING)	500
CPK NAC	500
CPK-MB	600
CRP (C-Reactive Protein, Qualitative)	550
CT (Clotting Time)	100
Culture & Sensitivity -Vaginal Swab	500
D-DIMER	1500
DENGUE NS-1 ANTIGEN RAPID	800
DENGUE SEROLOGY	1100
DIFFERENTIAL LEUCOCYTE COUNT(DLC)	150
DIRECT COOMBS TEST	400
DLC	150
DRUG PROFILE TEST URINE DRUG ABUSE	1400
ELECTROLYTES	400



EOSINOPHIL	150
ESR (Erythrocyte Sedimentation Rate)	100
EXECUTIVE HEALTH PROFILE (R-M)	2500
F PSA	700
Ferritin	700
FLUID AMYLASE	400
FLUID BIOCHEMISTARY	700
FLUID CULTURE	500
FLUID EXAMINATION REPORT	700
FNAC	800
FREE THYROID PROFILE(FT3,FT4,TSH)	700
FT3	300
FT4	300
fungal hyphae	200
FUNGAL SPUTUM	200
G6PD -Qualitative (G-6 Phosphate dehydrogenase)	700
Gamma GT	200
Globulin	160
GLUCOSE CHALLENGE TEST GCT 75gm	300
GLUCOSE FASTING	80
GLUCOSE PP	80
GLUCOSE RANDOM	80
Glycosylated Hb%	550
GRAMS STAIN	250
GTT (GLUCOSE TOLERANCE TEST)	350
HAEMOGLOBIN	100
HBA1C (GLYCOSYLATED HB)	550
Hbs Ag	350
HDL CHOLESTEROL	250
HIV 1&II	400
IDCT/INDIRECT COOMB'S TEST	900
INSULIN (F)	800
INSULIN (PP)	800
INSULIN (R)	800
INSULIN FASTING	800
IONIZED CALCIUM	150
IPOORGANIC PHOSPHORUS	150
IRON	250
IRON BINDING CAPACITY-TOTAL TIBC	250
KFT (KIDNEY FUNCTION TEST)	750
L D L CHOLESTEROL	350
L E CELL /PHENOMENON TEST	500
Lactate dehydrogenase	300
LADYSFINGER	500



LDH	300
LE CELL	500
LE CELL PHENOMENON	500
LE CELL TEST	500
LFT (LIVER FUNCTION TEST)	700
LIPASE	500
LIPID PROFILE	550
LYMPHOMA PROFILE 7 MARKERS	150
M C V	300
MAGNESIUM	450
Malaria MP	500
MALARIA PARASITE IDENTIFICATION	500
Millstream Urine Analysis	130
MANTOUX TEST	200
MCH	300
MCHC	300
MCV	300
MEAN CORPUSCULAR HB CONCENTRATION(MCHC)	300
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	300
MEAN CORPUSCULAR VOLUME(MCV)	300
MEAN PLATELET VOLUME	300
MICROALBUMIN	450
MONOCYTE	150
MP (MALARIA BY CARD METHOD)	500
NEUTROPHIL	150
NT PROBNP	2500
P.C.V / HAEMATOCRIT	300
P/S FOR MICROFILARIA	300
PACKED CELL VOLUME	300
Pap Smear(LBC)	800
PBF STUDY(Peripheral Smear Examination)	250
PCV	300
PDW	300
PERIPHERAL SMEAR.	250
PLATELET COUNT	150
PLEURAL FLUID ASPIRATION	700
POTASSIUM	200
PRE OPERATIVE PROFILE	2600
Pro calcitonin	2500
PROSTATE SPECIFIC ANTIGEN (PSA)	700
PT INR	350
PUS CULTURE & SENSITIVITY	500
RA FACTOR (QUANTITATIVE)	400
RA FACTOR QUALITATIVE	400



RBC COUNT	300
RDW	100
RENAL FUNCTION TEST (RFT)	750
RETICULOCYTE COUNT	300
Rh ANTIBODY TITRE	500
S. CALCIUM	150
S. I. PHOSPHORUS	150
S. INSULIN (PP)	800
S. LITHIUM	500
S.B. HCG	700
S.CALCIUM	150
S.URIC ACID	150
Semen culture & sensitivity	500
SEMEN R/M	500
SERUM ACID PHOSPHATASE	400
SERUM ALBUMIN	150
SERUM ALK PHOSPHATE	150
SERUM AMYLASE	400
SERUM CALCIUM	150
SERUM CHOLESTROL	150
SERUM CREATININE	150
Serum Ferritin Level	700
SERUM HDL CHOLESTROL	250
Serum IGE	700
SERUM INSULIN (PP)	800
SERUM INSULIN (R)	800
SERUM IRON	250
SERUM LDL CHOLESTROL	350
SERUM LIPASE	500
SERUM LITHIUM	500
SERUM PHOSPHOROUS	150
SERUM PROTIEIN	150
SERUM SODIUM (NA+)	200
SERUM URIC ACID	150
SERUM.CALCIUM	150
SGOT (Glutamic- oxalacetic Transaminase)	150
SGPT(Glutamic-pyruvic Transaminase)	150
SICKLING PHENOMENON	350
SICKLING TEST	350
SODIUM	200
SPOT URINARY CREATININE	300
SPOT URINARY PROTEIN	150
SPOT URINARY PROTEIN / CRETININE	550
SPOT URINARY PROTEIN /CRETININE	550



SPOT URINARY PROTEIN/CRETININE	550
SPUTUM AFB	250
SPUTUM FOR C/S	500
SPUTUM FOR MALIGNANT CELL	250
SPUTUM GRAM STAIN	250
STOOL COMPLETE EXAMINATION	150
STOOL CULTURE	500
STOOL OCCULT BLOOD	100
STOOL PH	50
STOOL REDUCING SUGAR	100
T3 (Triiodothyronine)	300
T4 (Thyroxin)	300
THYROID FUNCTION TEST (T3/T4/TSH)	700
TIBC	250
TLC	150
TOTAL CHOLESTEROL	150
TOTAL IGE	700
TOTAL IRON BINDING CAPACITY	250
TOTAL LEUCOCYTE COUNT (TLC)	150
TOTAL PROTIEIN	150
TRIGLYCERIDES	200
TROPONIN -I (HIGH SENSITIVE)	1100
TROPONIN I	1100
TROPONIN T	1100
TSH (thyroid stimulating hormone)	300
TYPHIDOT (IgG & IgM) RAPID	400
TYPHIDOT IgM ANTIBODY	400
UMA-Urine micro albumin	450
UNCONJUGATED (I.D. Bilirubin)	150
UNCONJUGATED(I D Bilirubin)	150
UPT	150
UREA	150
URIC ACID	150
Urinary Micro albuminuria	450
URINARY POTASSIUM (K)	200
URINE ALBUMIN	150
URINE BENCE JONES PROTEIN	300
URINE BS/BP	100
URINE COMPLETE EXAMINATION	130
URINE CULTURE AND SENSITIVITY	500
URINE FOR MALIGNANT CELLS	250
URINE GLUCOSE PP	80
URINE KETONES BODIES	80
urine pregnancy	150



COMBINED MEDICAL INSTITUTE (P) LTD.

CIN : U85110UR1999PTC001890

LIN : 1-9948-2359-8



URINE PROTINE	150
Urine Protine Creatinine Ratio	550
URINE ROUTINE MICROSCOPY	130
URINE SUGAR	80
V.D.R.L	150
VDRL RAPID	150
VENOUS BLOOD GAS	1000
VITAMIN B12	1100
VITAMIN B6	1400
VITAMIN D3	1400
VLDL	150
WIDAL (SLIDE)	250
WIDAL (TUBE)	250
WIDAL((SLIDE))	250