



# पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि०

(उत्तराखण्ड सरकार का उपक्रम)

CIN:- U40101UR2004SGC028675

मानव संसाधन एवं प्रशासनिक विभाग

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पत्रांक 573 / 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	मान्यता वृद्धि की तिथि	उद्देश्य
1	राजीव गांधी कैंसर इन्स्टीट्यूट एण्ड रिसर्च सेन्टर, सेक्टर-5, रोहीणी, दिल्ली	31.03.2026	01.04.2026 से 31.03.2027 तक	कैंसर रोगों हेतु

प्रतिबन्ध यह होगा कि :-

- उक्त चिकित्सालय पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि० के साथ हुए अनुबन्ध के अनुरूप चिकित्सालय में वर्तमान में प्रभावी चिकित्सालय दरों (दर सूची वर्ष-2026) पर 10 प्रतिशत की छूट प्रदान करते हुये पिटकुल के सेवारत/सेवानिवृत्त कर्मियों एवं उनके आश्रितों तथा पारिवारिक पेन्शनरों को चिकित्सा सुविधा प्रदान करेंगे।
- 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 डिसचार्ज 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 : 573 / मा०सं०एवंप्र०वि० / पिटकुल / पी०-5 तददिनांक :

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

- 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।
- सम्बन्धित पत्रावली/कट फाईल।

(अशोक कुमार जुयाल)  
महाप्रबन्धक (मा०सं०)



## Schedule of Charges

# 2026

\*Applicable from 1<sup>st</sup> January 2026



## **RGCIRC, Rohini**

A Unit of Indraprastha Cancer Society  
and Research Centre,  
D -18, Sector - 5, Rohini, Delhi - 110085  
Tel.: +91 - 11 - 4702 2222  
Email: [info@rgcirc.org](mailto:info@rgcirc.org) | Web.: [www.rgcirc.org](http://www.rgcirc.org)



An Architect's Impression of RGCIRC, Niti Bagh (Post Expansion)

## **RGCIRC, Niti Bagh South Delhi**

A Venture with National Chest Institute,  
Mahendra Kumar Jain Marg, Niti Bagh  
South Delhi - 110049  
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**Rajiv Gandhi Cancer Institute & Research Centre**  
(A Unit of Indraprastha Cancer Society and Research Centre)

**ROOM TARIFF 2026**

CATEGORY NAME	HOSPITAL CHARGES				
	BED CHARGES	ICU/HDU POPT	SURGEON CHARGES	DAY VISIT	NIGHT VISIT
DELUXE SUITE	20100.00	26600.00	200%	2600 .00	2900.00
DELUXE ROOM	16800 .00	23300 .00	150%	2600 .00	2900 .00
PRIVATE ROOM	14750 .00	20250 .00	125%	1900 .00	2100 .00
PRIVATE ROOM (OLD)	13750 .00	19250 .00	125%	1900 .00	2100 .00
SEMI-PRIVATE (DELUXE)	11300 .00	16500 .00	85%	1600 .00	1800 .00
SEMI-PRIVATE	10000 .00	15200 .00	80%	1600. 00	1800 .00
ECONOMY SPECIAL	6400 .00	11600 .00	70%	950 .00	1150 .00
GENERAL WARD	4550 .00	9750 .00	65%	850 .00	1050 .00
THYROID WARD	14750 .00	20250 .00	125%	1900 .00	2100 .00
ICU / HDU/POST OPERATIVE/MICU/SICU	20250 .00	-----	125%	1900 .00	2100 .00
BMT(AUTOLOGUS/ALLOGENIC)	15300 .00	20800.00	125%	1900 .00	2100 .00
NEUTROPENIA ROOM(SINGLE)	14800 .00	20300.00	125%	1900 .00	2100 .00
BMT CENTER TWO BEDDED	12000 .00	17200.00	80%	1600 .00	1800 .00
EMERGENCY /CASUALTY WARD	1350 .00	----	----	----	----

**NOTE :**

**1. Room Rent Includes:**

- a) Nursing care
- b) Diet services
- c) R.M.O. fees
- d) Facilities provided to the attendant as per the category of admission

**2. Bed Retention and Category Change:**

- a) If the patient retains a room/accommodation while admitted to Post-Operative/ICU/HDU, charges for both beds/rooms will be levied.
- b) If a patient opts for a higher category at any point during the stay, higher category applicable charges will apply from the date of admission, and higher room rent charges applicable from the date of Bed change.

**3. Isolation Ward Charges (Organism Resistance):**

Due to organism resistance, if isolation is recommended by the treating doctor in a single/isolation ward, bed charges will be levied as per the patient's desired bed category. After infection control, the patient must be shifted back. If the patient continues in the higher bed category, no isolation benefit or concession will be given. Charges will apply from the day the isolation bed/room is allotted, as per actuals.

**4. ICU/HDU/POP Charges:**

Only monitoring and infusion pump charges are included in incremental ICU/HDU/POP bed charges.

Additional actual service charges will apply for Gas Charges /Medicines /Blood sugar tests/ Nebulizer (per day) /Alpha bed /Ventilator /BIPAP (if provided by hospital) /BGM (Radiometer Analyzer) /Uro stick /Dressing, etc.

**BMT/CASULTY Charges:**

Casualty/Emergency Ward and BMT Room rent includes monitoring and infusion pump charges. Other services will be charged as per actuals.

**5. Casualty to ICU/Ward/Daycare:**

If patients reported to the casualty are shifted to ICU/HDU//Ward/Daycare within one hour, no casualty charges will be levied for that day. Bed charges of the respective shifted areas will apply.

**6. Night Visit Timing:** Night visit will count from 10:00 PM to 6:00 AM.

**7. Visit Limit:** Not more than two visits will be charged per day by the admitted doctor.

**8. Post-Operative Visit:** The surgeon's post-operative visit for one day will be free.

**9. Consultant Referral:**

The admitting consultant may refer the case for an opinion or management to other consultants.

- a) For cases referred for opinion, only one visit may be charged by the latter.
- b) For cases referred for management, regular authorized hospital charges will apply.

**10. In addition to Surgeon fees following charges will be levied:**

- a) OT Charges – 88% of surgeon and standby surgeon fees.
- b) Anesthesiologist Fees – 35% of surgeon and standby surgeon fees.

**Standby Charges:**

- a) Charges for standby consultant/surgeon assisting in operative procedures — 50% of the operating surgeon's charges.
- b) Charges for standby consultant/surgeon (not assisting) or if the standby consultant is a physician/cardiologist — 25% of the operating surgeon's charges.

c) Charges for standby anesthesiologist — 20% of the operating surgeon's charges.

d) Multiple Surgeries: If multiple surgeries are performed in one sitting in the same region by the same surgeon, the first surgery shall be billed in full, and subsequent ones at 50% of the same.

e) Minor Operation Theatre Charges: ₹350 per case / procedure.

**11. Check-Out Time:** 12:00 Noon.

- a) Patient Discharge after 6:00 PM – 50% of room/bed charges applicable of admitted category.
- b) Patient Discharge after 10:00 PM – Full day room/bed charges applicable of admitted category.

**12. Admission Charges:** ₹600 per admission.

**13. Registration Charges:** One-time charge of ₹350.

**14. Private OPD Consultation:** ₹1,600 once, valid for 5 days of consultations with the oncologist.

**15. Online Consultation:** ₹2,000 per consultation with the oncologist.

**16. Special OPD Consultation:** ₹2,500 per consultation (5:00PM- 6:00PM) with the Unit Head Oncologist.

**17. OPD Cross References:**

- a) Within Surgical, Radiation, or Medical Oncology – ₹1,600 per reference.
- b) Within the same department – No charge for a second opinion.

**ALL TAXES/SURCHARGES LEVIED BY THE GOVERNMENT OF INDIA OR THE STATE GOVERNMENT WILL BE CHARGED EXTRA.**

## 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/CRYOABLATION	12300
7	ANAESTHESIA FOR RF ADDITIONAL LESIONS	1540
8	ANAESTHESIA FOR TACE/TARE/PTBD/INTERVENTIONAL RADIOLOGICAL PROCEDURES	9000
9	ANAESTHESIA FOR TRANSPERINEAL BIOPSY	6000
10	ANAETHESIA CHARGES FOR BIOPSY	4400
11	ANESTHESIA FOR PET CT	2640
12	ARTERIAL CANNULATION FOR PRESSURE MON./SAMP.	4600
13	ARTERIAL PUNCTURE FOR SAMPLING	700
14	BRONCHOSCOPIC /VIDEO INTUBATION	5600
15	BRONCHOSCOPY WITH AMBUSCOPE IN ICU	5600
16	CAUDAL FOR PAIN RELIEF	1320
17	COELIAC AXIS BLOCK	2420
18	COMBINED SPINAL EPIDURAL	5500
19	CVP LINE IN WARD/O.T.	3800
20	DIFFICULT AIRWAY LIKE BLOCKERS/DLT/LASER TUBE/TRACHEAL STENT	5500
21	EPIDURAL/PARAVERTEBRAL/TPA/ESPB	5700
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	2600
35	PRE ANAESTHETIC CHARGES - GENERAL WARD/ECO .SPL	850
36	PRE ANAESTHETIC CHARGES - SINGLE	1900
37	PRE ANAESTHETIC CHARGES (O.P.D)	1600
38	PRE ANAESTHETIC CHARGES- DOUBLE/SEMI PVT DLX	1700
39	PRIMARY PAC OF CASES IN THE WARD AFTER ADMISSION	1600
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

### BED SIDE / DAY CARE PROCEDURES

S.No.	SERVICE NAME	AMOUNT
1	AMIKA FEEDING PUMP CHARGES	250
2	ASCITIC TAPPING/PLEURAL TAPPING	1600
3	AUDIOMETRY	1000
4	B.C.G. INSTALLATION.	1300
5	BCG/ MITOMYCINE INSTALLATION CHARGES	1300
6	BIPAP(NON INVASIVE VENTILATORY SUPPORT) P/DAY	2900
7	BLADDER WASH/DISTAL LOOP WASH	300
8	BLOOD SUGAR TEST BY GLUCO - DIASTIX	80
9	BLOOD TRANSFUSION	1000
10	CATHETER CARE	110
11	CATHETER INSERTION / CHANGE	600
12	CENTRAL LINE CARE - FLUSHING	325
13	COLOSTOMY BAG CHANGE/ UROSTOMY BAG CHANGE	360
14	DECANULATION OF TRACHEOSTOMY	1100
15	DOZEE BED (ENHANCED VITALS MONITORING SYSTEM) PER DAY CHARGES	600
16	DRESSING (LARGE)	1000
17	DRESSING (MEDIUM)	850
18	DRESSING (MINOR)	600
19	DVT PUMP (PER DAY)	700
20	ENEMA/BOWEL WASH	175
21	EVD PLACEMENT BY TWISTDRILL (BED SIDE)	15000
22	EXTERNAL VENTRICULAR DRAIN PLACEMENT BEDSIDE / ICU	10000
23	FLAP RE-EXPLORATION ( BED SIDE / ICU )	7000
24	HIVEC PROCEDURE CHARGES	1300
25	I.M INJECTION & SUBCUTANEOUS INJECTION { S/C } /I/V PUSH	50
26	I.V INJECTION	400
27	INFUSION PUMPS IN CHEMOTHERAPY WARD/ROOM CHARGES	275
28	INFUSION PUMPS(CHARGES PER DAY) IN WARD / ROOM	475
29	LINEN CHARGES.	150
30	LP WITH INTRATHECAL DRUG PLACEMENT BEDSIDE / ICU	10000
31	LUMBAR DRAIN PLACEMENT	5500
32	NEBULISER PER DAY CHARGES	225
33	NEUROPHYSIOLOGY MONITORING BEDSIDE / ICU	5000
34	OMAYA RESERVOIR DRAINAGE PLACEMENT BEDSIDE / ICU	3000
35	OMAYA RESERVOIR REPLACEMENT BEDSIDE / ICU	15000
36	OMAYA TAPPING BEDSIDE / ICU	4000
37	PICC DRESSING	525
38	PLASTIC SURGERY DRESSING (MAJOR) BEDSIDE / ICU	2200
39	PLASTIC SURGERY DRESSING (MINOR) BEDSIDE / ICU	1200
40	RYLE'S TUBE INSERTION / CHANGE	575
41	SCALP COOLING (PER SITTING).	4000
42	SLEEP DISORDER STUDY	11000
43	STOMACH WASH	300
44	SUTURE REMOVAL {EXCLUDING IPD}	575
45	SYRINGE PUMP.	400

### BED SIDE / DAY CARE PROCEDURES

S.No.	SERVICE NAME	AMOUNT
46	TRACHEOSTOMY IN BEDSIDE/ICU	11000
47	TRACHEOSTOMY TUBE CHANGE	375
48	URINALYSIS TEST BY KETO-DIASTIX	80
49	UROFLOWMETRY CHARGES	575
50	VP SHUNT REMOVAL / EXTERIORISATION OF VP SHUNT BEDSIDE / ICU	10000

### BONE MARROW TRANSPLANT

S.No.	SERVICE NAME	AMOUNT
1	CAR-T PROCESSING / ADMINISTRATIVE 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.**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
1	ARTERIAL CANNULATION SET	850
2	B.M. SET	1750
3	B.M.T. MOUTHWASH SET	550
4	C.V.P CANNULATION SET	900
5	CATHETRISATION SET	550
6	CUT OPEN SET	700
7	DRESSING SET	650
8	E.T.O. GAS STERILIZATION CHARGE (PER LOAD)	2650
9	GAS PLASMA STERILLIZATION	2650
10	INTERVENTIONAL BIOPSY SET	400
11	L.P. SET	550
12	NECK EXPLORATION SET	750
13	PACKING ROLL	250
14	PICC LINE SET	550
15	SUTURE REMOVAL SET	550
16	TRACHEOSTOMY SET	1050

## CHEMOTHERAPY

S.No.	SERVICE NAME	AMOUNT
	<b>CHEMOTHERAPY WARD SERVICES</b>	
1	CHEMOTHERAPY WARD MULTIPLE DRUG THERAPY (A)	4620
2	CHEMOTHERAPY WARD MULTIPLE DRUG THERAPY (B)	6000
3	CHEMOTHERAPY WARD SINGLE DOSE CHEMOTHERAPY ( A )	3190
4	CHEMOTHERAPY WARD SINGLE DOSE CHEMOTHERAPY ( B )	5000
5	CHEMOTHERAPY WARD ATIBIOTICS/ANTIEMETICS/ANALGESICS (PER VISIT)/SUPPORTIVE	350
6	CHEMOTHERAPY WARD CHEMOTHERAPY (C)/ ADJUNCTIVE THERAPY (ZOL./GF/PUSH) SD{C}	990
	<b>IPD SERVICES</b>	
7	INDOOR SINGLE DOSE CHEMOTHERAPY (A) {GEN/ECO SPL}	3600
8	INDOOR SINGLE DOSE CHEMOTHERAPY (B) {GEN/ECO SPL}	5600
9	INDOOR SINGLE DOSE CHEMOTHERAPY (A) {SEMI PVT/SEMI PVT DLX/SMEI PVT 4 BEDED}	4400
10	INDOOR SINGLE DOSE CHEMOTHERAPY (B) {SEMI PVT/SEMI PVT DLX/SMEI PVT 4 BEDED}	5800
11	INDOOR SINGLE DOSE CHEMOTHERAPY (A) {SINGLE ROOM/DLX/DLX SUITE}	4950
12	INDOOR SINGLE DOSE CHEMOTHERAPY (B) {SINGLE ROOM DLX/DLX SUITE}	7000
13	ADJUNCTIVE THERAPY (ZOL./GF/PUSH) SD{C}	990
14	DOMICILIARY INFUSIONAL PUMP CHEMOTHERAPY for one Day	3850
15	INTRATHECAL CHEMOTHERAPY WITH SEDATION BED SIDE/ Minor OT	3850
	<b>PROTOCOL CHARGES</b>	
16	SINGLE DOSE (A)CHEMO MIXING CHARGES AT CYTOTOXIC (INHOUSE MEDICINES)& INFUSION CHARGES	900
17	SINGLE DOSE (A) CHEMO MIXING CHARGES AT CYTOTOXIC (OUTSIDE MEDICINES) & INFUSION CHARGES	1400
18	SINGLE DOSE (B) CHEMO MIXING CHARGES AT CYTOTOXIC (INHOUSE MEDICINES) & INFUSION CHARGES	1000
19	SINGLE DOSE (B) CHEMO MIXING CHARGES AT CYTOTOXIC (OUTSIDE MEDICINES)& INFUSION CHARGES	1600
20	MULTIPLE DRUG (A) MIXING CHARGES AT CYTOTOXIC (INHOUSE MEDICINES)& INFUSION CHARGES	1200
21	MULTIPLE DRUG (A) MIXING CHARGES AT CYTOTOXIC (OUTSIDE MEDICINES)& INFUSION CHARGES	1600
22	MULTIPLE DRUG (B) MIXING CHARGES AT CYTOTOXIC (INHOUSE MEDICINES)& INFUSION CHARGES	1350
23	MULTIPLE DOSE (B) MIXING CHARGES AT CYTOTOXIC(OUTSIDE MEDICINES) & INFUSION CHARGES	1950
24	CHEMOTHERAPY PLANNING(FOR FOREIGN PATIENTS)	8800
25	CHEMOTHERAPY PLANNING(FOR OUTSTATION PTS)	6000

### CHEMOTHERAPY WARD BED/ROOM CHARGES

S.No.	SERVICE NAME	AMOUNT
1	UPTO 01 HOUR CHEMOTHERAPY WARD RECLINER CHARGES	1000
2	UPTO 01 HOUR CHEMOTHERAPY WARD BED CHARGES	1200
3	01 HOUR TO UP TO 03 HOURS CHEMOTHERAPY WARD RECLINER CHARGES	1800
4	01 HOUR TO UP TO 03 HOURS CHEMOTHERAY WARD BED CHARGES	2250
5	03 HOURS TO UP TO 06 HOURS CHEMOTHERAPY WARD RECLINER CHARGES	2800
6	03 HOURS TO UP TO 06 HOURS CHEMOTHERAY WARD BED CHARGES	3200
7	MORE THAN 6 HOURS CHEMOTHERAPY WARD RECLINER CHARGES	3850
8	MORE THAN 6 HOURS CHEMOTHERAPY WARD BED CHARGES	4300

### COLOR DOPPLER

S.No.	SERVICE NAME	AMOUNT
1	24 HOURS HOLTER MONITORING	4000
2	ABDOMINAL DOPPLER -RENAL/AORTA/IVC MASS.	4800
3	BOTH LIMBS ARTERIAL DOPPLER.	4800
4	BOTH LIMBS VENOUS DOPPLER.	4800
5	CAVHD PROCEDURE.	6200
6	COMBINED STUDIES (ARTERY/VEIN)	4800
7	DOBUTAMINE STRESS ECHO	6800
8	DOPPLER STUDIES (ARTERY/VEIN/MASSES)	5000
9	ECHO CARDIOGRAPHY/2D ECHO WITH COLOUR DOPPLER	4200
10	ELECTIVE D.C. CARADIOVERSION	3200
11	NECK DOPPLER (CAROTID).	4800
12	PERICARDIAL TAPPING.	2500
13	PERICARDIOCENTESIS WITH PIGTAIL CATHETERIZATION.	6200
14	PERICARDIOCENTESIS.	5000
15	PORTABLE ECHOCARDIOGRAPHY-	4200
16	RIGHT HEART STUDY AND SWAN GANZ.	5000
17	SINGLE LIMB ARTERIAL AND VENOUS DOPPLER.	4800
18	SINGLE LIMB ARTERIAL OR VENOUS DOPPLER.	3200
19	STRESS ECHO	5300
20	TEE ECHOCARDIOGRAPHY (TEE)	5800
21	TEMPARORY PACEMAKER IMPLANTATION UNDER FLURO (TPI)	15000
22	TMT	4200
23	TMT STRESS ECHO	7200
24	UPPER ABDOMEN + SP AXIS DOPPLER.	3800

### E.C.G

S.No.	SERVICE NAME	AMOUNT
1	PORTABLE ECG(BED SIDE)	900
2	ECG	600

**CRITICAL CARE & INTERVENTIONAL PAIN MANAGEMENT**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
1	ADVANCED PAIN PROCEDURE / NERVE BLOCK / CERVICAL EPIDURAL	14300
2	ADVANCED PROCEDURES INTRATHECAL PUMP/VERTEBROPLASTY/SPINAL CORD STIMULATOR	18150
3	ADVANCED REGIONAL NERVE BLOCK FOR PAIN Mx /ARTERIAL LINE PLACEMENT/TAPPING	5500
4	ANALGESIC TITRATION (1)	1300
5	ANALGESIC TITRATION.	4200
6	B/L ESPB	8800
7	B/L TAP	8800
8	BLUE PROTOCOL	1400
9	CERVICAL MEDIAN BRANCH RADIO FREQUENCY ABLATION	4600
10	CODE BLUE / RESUSCIATION	2200
11	COELLAC PLEXUS NERVE BLOCK BY FLUROSCOPY	4850
12	DRY NEEDLING LEVEL- 1	2400
13	DRY NEEDLING LEVEL- 2	3600
14	DRY NEEDLING THREE SESSIONS ( TO BE AVAILED WITHIN 2 WEEKS )	9900
15	EPIDURAL/PARA VERTEBRAL/TPA/ESPB/PECS BLOCK/CENTRAL LINE PLACEMENT	6050
16	ERECTOR SPINAE MUSCLE BLOCK USG	5500
17	FACETJT BLOCK / ASCITING TAPPING/PLEURAL TAPPING	3600
18	GANGLION IMPAR NERVE BLOCK BY FLUROSCOPY	3500
19	GLOSSOPHARYNGEAL NERVE BLOCK	4600
20	GREATER/LESSER OCCIPITAL NERVE BLOCK	4600
21	INFRA ARTICULAR RADIO FREQUENCY AABL/STEROID INSTILLATION	2400
22	INTERCOSTAL NERVE NEUROLYSIS/REGIONAL N BLOCK/CENTRAL DESENSITIZATION	3600
23	INTERLAMINAR CATHETER / TMJ BLOCK	4600
24	INTRA-DISCAL OZONE/RADIO FREQUENCY ABLATION	7250
25	INTRATHECAL NEUROLYSIS	6050
26	LESION OF RAMI COMMUNICANTES	4600
27	LUMBAR MEDIAN BRAN BLOCK RADIO FREQ ABLA/FACET STEROID INJ	3500
28	LUMBAR SYMPATHETIC NERVE BLOCK	4650
29	LUMBER TRANS FORA EPIDU STEROID INJE/SELEC NERVE ROOT BLOCK	4650
30	MIPSI	6050
31	MIRROR THERAPY	2600
32	PERCUTANEOUS PULSED RF FOR NEUROPATHY/PLANTAR FASCIA INJECTION	2400
33	PERIPHERAL NERVE BLOCK	2400
34	PROLOThERAPY	14500
35	PRP INJECTION	12100
36	PRPINJECTION/OZONE INJECTION{MACHINE/KIT CHARGES EXTRA}	4200
37	PUDENDAL NERVE BLOCK	6050
38	PULSED RADIO FREQUENCY ABLATION OF DORSAL ROOT GANGLION	7900
39	RESPIRE CARE	6050
40	RF MACHINE	18150
41	SACRAL CAUDAL NEUROPLASTY/INTRA THECAL INJECTION	4200
42	SACRAL TRANS FORAMINAL EPIDURAL STEROID INJECTION	4600
43	SACRO ILIAC JOINT RADIO FREQUENCY ABLATION	4200
44	SHOULDER / KNEE BURSA INJECTION	4850

**CRITICAL CARE & INTERVENTIONAL PAIN MANAGEMENT**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
45	SPHENOPALATINE GANGLION NEUROLYSIS	4600
46	SPLANCHNIC NERVE NEUROLYSIS	4800
47	STELLATE GANGLION BLOCK	5500
48	STEROID/LESION OF SUPERASCAPULAR NERVE	2400
49	SUBZYGOMATIC MANDIBULAR NERVE BLOCK	4600
50	SUPERIOR HYPOGASTRIC NERVE BLOCK BY FLUROSCOPY	4800
51	T2 T3 SYMPATHETIC NEUROLYSIS	4800
52	TRIGEMINAL GANGLION (F.OVALE)	16500
53	TRIGEMINAL GANGLION NEUROLYSIS/STELLATE GANGLION BLOCK	7900
54	TRIGGER POINT INJECTION/RELEASE(PER POINT)	1400
55	USG GUIDED PROCEDURE	4400

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

#### E.E.G.

S.No.	SERVICE NAME	AMOUNT
1	EEG LESS THAN ONE HOUR	4000
2	EEG FOR TWENTY-FOUR HOURS	40000
3	EEG FOR EIGHT HOURS	20000
4	EEG FOR ONE HOUR.	6000

#### GAS CHARGES

S.No.	SERVICE NAME	AMOUNT
1	MEDICAL GAS CHARGES UPTO 1 HOUR	100
2	MEDICAL GAS CHARGES IN WARD (> 6 HRS.)	950
3	MEDICAL GAS CHARGES IN WARD (1 HRS to 6 HRS.)	375

#### HBOT THERAPY

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

## BIOCHEMISTRY

S.No.	SERVICE NAME	AMOUNT
1	24 HOURS URINARY CALCIUM	793
2	24 HOURS URINARY MAGNESIUM	742
3	24 HOURS URINARY PROTEIN	505
4	24 HRS. URINARY CREATININE	309
5	24 HRS. URINARY PHOSPHORUS	361
6	ALBUMIN/GLOBULIN RATIO	494
7	BLOOD GAS ANALYSIS	1545
8	BLOOD GLUCOSE (F)	175
9	BLOOD GLUCOSE (PP)	175
10	BLOOD GLUCOSE (R)	175
11	BLOOD UREA	227
12	BLOOD UREA NITROGEN(BUN)	227
13	BODY FLUID FOR ALBUMIN	206
14	BODY FLUID FOR CHYLE(Triglycerides)	463
15	BODY FLUIDS FOR BIOCHEMISTRY	670
16	CREATININE CLEARANCE [ZAFFE]	855
17	DRAIN FLUID FOR AMYLASE	618
18	DRAIN FLUID FOR BILIRUBIN	247
19	DRAIN FLUID FOR CREATININE	361
20	DRAIN FLUID FOR LDH	597
21	GLUCOSE TOLERANCE TEST(GTT) [HK]	762
22	IONIZED CALCIUM	762
23	KIDNEY FUNCTION TEST (INCLD. SOD.POTASSIUM)	1555
24	Kidney Function Test(including Sodium Potassium and Bicarbonate)	1782
25	LIPID PROFILE	1504
26	LIVER FUNCTION TEST	1782
27	PLEURAL FLUID FOR LDH	633
28	SERUM ALBUMIN [BCG]	206
29	SERUM ALKALINE PHOSPHATASE	309
30	SERUM ALPHA AMYLASE/SERUM AMYLASE	587
31	SERUM ASCITIES ALBLUMIN GRADIENT (SAAG)	412
32	SERUM CHLORIDE [ISE]	309
33	SERUM CHOLESTEROL[CHO,POD]	309
34	SERUM CK-MB MASS	824
35	SERUM CPK	515
36	SERUM CREATININE	309
37	SERUM DIRECT BILIRUBIN	237
38	SERUM ELECTROLYTES	721
39	SERUM GAMMA GT	670
40	SERUM HAPTOGLOBIN	2936
41	SERUM HDL/ HDL CHOLESTEROL [ENZYMATIC DIRECT]	371
42	SERUM LDH	597
43	SERUM MAGNESIUM	742
44	SERUM OSMOLALITY	927
45	SERUM PHOSPHORUS	371

### BIOCHEMISTRY

S.No.	SERVICE NAME	AMOUNT
46	SERUM POTASSIUM[ISE]	361
47	SERUM SODIUM [ISE]	361
48	SERUM TOTAL BILRUBIN	247
49	SERUM TOTAL PROTEIN [BIURET]	299
50	SERUM TRIGLYCERIDES	464
51	SERUM URIC ACID [URICASE]	258
52	SGOT	309
53	SGPT	319
54	Total Calcium	783
55	URINE CHLORIDE [ISE]	299
56	URINE FOR CREATININE(RANDOM)	304
57	URINE FOR POTASSIUM[ISE]	355
58	URINE FOR SODIUM [ISE]	355
59	URINE PROTEIN CREATININE RATIO	659

### BLOOD BANK

S.No.	SERVICE NAME	AMOUNT
1	ABO RH/BLOOD GROUP & RH TYPE	441
2	ABO-GROUP MATCHED RDPS: LEUCODEPLETED & IRRADIATED (02 UNITS)	6500
3	ABO-GROUP MATCHED RDPS: LEUCODEPLETED & IRRADIATED (04 UNITS)	10000
4	ACD BAGS	779
5	ANTI A /ANTI B ANTIBODY TITRATION.	2178
6	ANTI SARS COV-2 IGG TEST	1500
7	BIOLOG RFID TAG FOR PRBC	339
8	BLOOD GROUP TYPE & SCREEN (FIRST ADMISSION.)	1125
9	BLOOD GROUPING & CROSS MATCHING BY AUTOMATION{PRBC NAT SAFE}	280
10	CD34+ CELL COUNT - FLOW CYTOMETRY (INCLUDING 7AAD VIABILITY) - POST-THAW	6000
11	COOMB`S DAT (MONOSPECIFIC -IGG, C3B & C3D)	916
12	COOMB`S TEST (INDIRECT) -IAT	755
13	CRYOPRECIPITATE (NAT SAFE)	750
14	CRYOPRESERVATION & STORAGE IN LIQUID NITROGEN FOR UP TO 1 YEAR (BY CELGENE)	50000
15	CRYOSURE-DMSO (10 ML VIAL)	2205
16	DLI WITHOUT CRYOPRESERVATION	47431
17	DONOR SCREENING FOR APHARESIS	3511
18	EMPTY SINGLE BAG	424
19	FRESH FROZEN PLASMA (NAT SAFE)	900
20	GRANULOCYTAPHERESIS INCLUDES HES WITH TRI SODIUM CITRATE & IRRADIATION (OUTSIDE	21905
21	GRANULOCYTE COLLECTION	29216
22	GROUPING/CROSS MATCHING (NAT SAFE)	280
23	HES(6 PERCENT)WITH TRI SODIUM CITRATE(46.7 PERCENT)FOR GRANULOCYTAPHERESIS	1987
24	IRRADIATION	1000
25	IRRADIATION (OUTSID BLOOD COMPONENT)	1000
26	IRRADIATION ON (RDP NAT SAFE)	1000
27	IRRADIATION ON {PRBC NAT SAFE}	1000
28	LEUCOFILTRATION ON (RDP NAT SAFE)	1500
29	LEUCOFILTRATION ON SDP	1500
30	LEUCOFILTRATION ON{PRBC NAT SAFE}	1000
31	LEUKODEPLETED PACKED RED BLOOD CELLS(LD-PRBC)	4600
32	NON-ABO GROUP MATCHED RDPS: LEUCODEPLETED & IRRADIATED (02 UNITS)	6000
33	NON-ABO GROUP MATCHED RDPS: LEUCODEPLETED & IRRADIATED (04 UNITS)	9600
34	PATIENT`S ANTIBODIES SCREENING BY 3 CELL PANEL	755
35	PERIPHERAL BLOOD STEM COLLECTION (CD34+)WITHOUT CRYOPRESERVATION	47431
36	PHENOTYPING FOR EXTENDED SEROLOGY{PRBC NAT SAFE}	500
37	PLASMAPHERESIS	11000
38	PLATELET ADDITIVE SOLUTION (PAS) FOR SDP	2790
39	PLATELET ADDITIVE SOLUTION (PAS) FOR SDP (HALF)	1395
40	RAD- CONTROL IRRADIATION INDICATOR	242
41	RDP WITHOUT LEUCOFILTRATION &IRRADIATION (RDP NAT SAFE)	1250
42	RH AND KELL ANTIGENS PHENOTYPING (EXTENDED PHENOTYPING)	728
43	SALE OF PLASMA PER LITER -INTASPHARMA.	1600
44	SDP APHERESIS (MATERIAL)- HALF	3500
45	SDP APHERESIS (MATERIAL)-FULL	7000

### BLOOD BANK

S.No.	SERVICE NAME	AMOUNT
46	SDP APHERESIS (SERVICES CHARGES)-FULL	4000
47	SDP APHERESIS (SERVICES) - HALF	2000
48	STERILE DOCKING	387
49	THERAPEUTIC LEUCAPHERESIS	27817
50	THERAPEUTIC PHLEBOTOMY	1000
51	THERAPEUTIC PLASMA EXCHANGE (TPE)	26565
52	THERAPEUTIC PLASMA EXCHANGE(TPE) WITH 5 % ALBUMIN IN SALINE	7012
53	THERAPEUTIC THROMBOCYTAPHERESIS	27817
54	VENESECTION	634
55	WHOLE BLOOD / PACKED CELL ISSUE (NAT SAFE)	4000

**CLINICAL PATHOLOGY/CENTRE FOR EXCELLENCE FOR CLL**

**CLINICAL PATHOLOGY**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
1	BILE SALTS AND BILE PIGMENT (URINE)	150
2	OCCULT BLOOD	190
3	PREGENCY DETECTION TEST	390
4	ROUTINE STOOL EXAMINATION	200
5	SEMEN ANALYSIS	500
6	URINE ANALYSIS ROUTINE	270
7	URINE MICROALBUMIN..	650

**CENTRE FOR EXCELLENCE FOR CLL**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
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/CHEMILUMINESCENCE/ EMIT BASED TESTS

S.No.	SERVICE NAME	AMOUNT
1	ANTI SARS COV2 IgG ANTIBODY	735
2	hsCRP, SERUM	945
3	NT Pro BNP	4725
4	SERUM AFP [CHEMILUMI]	1785
5	SERUM BETA HCG	1785
6	SERUM CA - 125.[CHEMI LUMI]	2520
7	SERUM CA-19-9.[CHEMI LUMI]	2363
8	SERUM CEA.[CHEMI LUMI]	1628
9	SERUM E2 LEVEL (ESTRADIOL)	919
10	SERUM FREE T3	945
11	SERUM FREE T4	945
12	SERUM FSH.	1050
13	SERUM LEUTENISING HORMONE	1050
14	SERUM METHOTREXATE LEVEL [EMIT]	3000
15	SERUM PROLACTIN	704
16	SERUM PSA.[CHEMI LUMI]	1827
17	SERUM VORICONAZOLE	4200
18	THYROID FUNCTION TESTS (SERUM)	1827
19	TROPONIN-I	2741
20	TSH.	956

## HAEMATOLOGY

S.No.	SERVICE NAME	AMOUNT
1	APTT/PTTK (WHOLE BLOOD CITRATE)	710
2	BONE MARROW SMEAR EXAMINATION (SMEARS)	1500
3	CBC (HEMOGRAM COMPLETE) (WHOLE BLOOD EDTA)	650
4	D- DIMER QUANTITATIVE.	1350
5	D.L.C. (DIFFERENTIAL LEUCOCYTE COUNT )(WHOLE BLOOD EDTA)	250
6	E S R	200
7	ELECTROPHORESIS FOR M BAND	1500
8	FACTOR VIII LEVEL(FUNCTIONAL)	1200
9	G6PD DEFICIENCY(SCREENING)	770
10	HB (HAEMOGLOBIN) (WHOLE BLOOD EDTA)	230
11	M.P.(MALARIA PARASITE SMEAR).	160
12	MIXING STUDIES(FOR INHIBITOR SCREEN)	2300
13	MUTILPLE MYELOMA COMPREHENSIVE PANEL 1	12978
14	MUTILPLE MYELOMA COMPREHENSIVE PANEL 2	11572
15	MUTILPLE MYELOMA COMPREHENSIVE PANEL 3	10274
16	MYELOPEROXIDASE. (SMEARS)	700
17	PCV (PACKED CELL VOLUME) (WHOLE BLOOD EDTA)	250
18	PERIPHERAL SMEAR (WHOLE BLOOD EDTA)	520
19	PLASMA FIBRINOGEN LEVELS (WHOLE BLOOD CITERATE)	1100
20	PLATELET COUNT (WHOLE BLOOD EDTA)	300
21	PROTHROMBIN TIME/ INR (WHOLE BLOOD CITRATE)	710
22	RETICULOCYTE COUNT	350
23	SERUM FOR FREE LIGHT CHAIN ASSAY.	8800
24	TLC (TOTAL LEUCOCYTE COUNT) (WHOLE BLOOD EDTA)	250

### HISTO PATHOL.& CYTOLOGY

S.No.	SERVICE NAME	AMOUNT
1	ANNOTATION CHARGES FOR SINGLE WSI	1300
2	ARCHIVING CHARGES BEYOND TEN YEARS(EACH BLOCK)	600
3	BLOCK ISSUE HANDLING CHARGES (PER CASE)	600
4	BODY FLUID CYTOLOGY WITH CELL BLOCK	4000
5	BODY FLUID TLC & DLC	750
6	BODY FLUIDS CYTOLOGY	2600
7	BONE MARROW BIOPSY	3250
8	BRUSH CYTOLOGY	1500
9	CELL BLOCK	3000
10	ENDOSCOPIC ULTRASOUND GUIDED FNAC with adequacy check	5000
11	ENDOSCOPIC ULTRASOUND GUIDED FNAC/BIOPSY	4400
12	FNAC	2300
13	FNAC + CELL BLOCK	4000
14	FROZEN SECTION>5	7250
15	FROZEN SECTION1-2	3700
16	FROZEN SECTION3-5	5250
17	HEAD & NECK RESECTION WITH BONE TISSUE	13000
18	HISTOPATH SPECIMEN/REVIEW,BLOCKS 1 TO 2	3000
19	HISTOPATH SPECIMEN/REVIEW,BLOCKS 11 TO 20	7000
20	HISTOPATH SPECIMEN/REVIEW,BLOCKS 3 TO 10	4000
21	INTERVENTIONALFNAC (INTERPRETATION)	2300
22	INTRAOPERATIVE CYTOLOGY	1500
23	LIQUIDE BASED CYTOLOGY (PAP'S) MATERIAL	500
24	PAP SMEAR	1200
25	PARAFFIN BLOCK PREPARATION (1-2) & ISSUE (WITHOUT OPINION)	1200
26	PARAFFIN BLOCK PREPARATION ONLY( RESEARCH)	600
27	RAPID ON SITE SCREENING FOR FNAC(PATHOLOGY CHARGES)	1500
28	SENTINEL L NODE FROZEN SECTION(RESEARCH)	1200
29	SINGLE SLIDE SCANNING CHARGE	700
30	SINGLE STAINED SLIDES ISSUE - RESEARCH	300
31	SINGLE UNSTAINED POLY-LYSINE COATED/ UNCOATED SLIDE ISSUE	250
32	SLIDE ISSUE (3-5) WITH HANDLING CHARGES	1100
33	SLIDE ISSUE (6-10) WITH HANDLING CHARGES	1700
34	SLIDE ISSUE (UPTO 2) WITH HANDLING CHARGES	900
35	SLIDE REVIEW OF FNAC/BODY FLUIDS/PAP SMEAR	1600
36	SUPERMEGA CASSETTE PREPRATION FOR RESEARCH(EACH CASSETTE)	1100
37	VAGINAL VALT SMEAR	1200
38	VULVA SMEAR	1200

### IMMUNO HISTOCHEM STAINS

S.No.	SERVICE NAME	AMOUNT
1	ALK-IHC.	6000
2	AMPULLARY CARCINOMA BIOPSY WITH IHC(FOUR MARKERS).	9000
3	ANY ONE MARKER.	2700
4	ANY TWO IHC MARKERS.	4400
5	BIOPSY WITH REFLEX IHC UPTO 4 IHC MARKERS	10000
6	BIOPSY WITH REFLEX IHC UPTO 8 IHC MARKERS	16000
7	BIOPSY/REVIEW WITH HER2 IHC MMR IHC & PDL1-SP263	15500
8	BODY FLUID CYTOLOGY & CELL BLOCK WITH REFLEX IHC	6500
9	BONE MARROW BIOPSY WITH REFLEX ANY TWO IHC	6000
10	BRAF V600E BY IHC	5000
11	BRAIN ADVANCED PANEL WITH 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)	14500
14	BREAST BIOPSY/REVIEW WITH ER/PGR/IHC / HER-2 BY IHC & REFLEX HER-2 FISH TESTING(PACKAGE)	16000
15	CLAUDIN 18 ASSAY	6000
16	DIAGNOSTIC BONE & SOFT TISSUE WITH REFLEX IHC	11000
17	EBER BY ISH	5500
18	ESTROGEN & PROGESTERONE RECEPTORS.	4400
19	FGT / MGT REVIEW INCLUSIVE OF IHC	12500
20	FGT COMPREHENSIVE TESTING (INCLUDING REVIEW/RESECTION, IHC, MMR IHC/HER2 & POLE MUTATIONS)	25000
21	FGT/MGT RESECTION WITH REFLEX IHC	15500
22	FGT/MGT RESECTION WITH REFLEX IHC & MMR IHC	17000
23	GASTRIC BIOMARKERS(HER2, PDL-1, MMR-IHC, CLAUDIN 18)	17000
24	HER2 IHC , MMR IHC & PDL1 IHC	15000
25	HER2 IHC AND HER2 FISH TEST	10750
26	HER2 NEU IHC(FDA APPROVED)	5600
27	IHC ADDITIONAL MARKERS WITH REFLEX EBER.	5500
28	IHC PANEL - ANY FOUR.	9000
29	IHC PANEL - FIVE TO EIGHT.	15000
30	IMMUNOHISTOCHEMISTRY PDL1 22C3 (DAKO)	15100
31	KAPPA LIGHT/LAMBDA LIGHT CHAIN BY ISH	6500
32	KIDNEY RESECTION WITH REFLEX IHC	15000
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)	17000
36	LYMPHOMA PANEL WITH REFLEX EBER(ISH).	16000
37	MMR IHC & HER2 IHC TESTING	11000
38	MMR IHC & MSI TESTING	13000
39	MSI TESTING(IHC) + PDL1(IHC)	10500
40	ORTHOPAEDIC RADICAL RESECTON WITH REFLEX IHC - LIMB	18000
41	PAN TrK IHC	5750
42	PDL-1 IHC(22C3 LDT, SP263, SP142- ANY ONE CLONE)	5000
43	RESEARCH PDL-1 SP263 (Dr. Vineet Talwar)	2500

### IMMUNO HISTOCHEM STAINS

S.No.	SERVICE NAME	AMOUNT
44	REVIEW/1-2 BLOCKS WITH GASTRIC BIOMARKERS (Her2,PDL-1,MMR-IHC,CLAUDIN 18)	18000
45	ROS-1{D4D6 CLONE} BY IHC	5500
46	SMALL BIOPSY WITH REFLEX ANY TWO IHC MARKERS	6000
47	THYROID RESECTION WITH REFLEX IHC	10000
48	TRUS GUIDED BIOPSY WITH REFLEX IHC (ANY TWO)	11000
49	WHIPPLE RESECTION WITH REFLEX IHC	16000

## MICROBIOLOGY

S.No.	SERVICE NAME	AMOUNT
1	1,3 BETA D GLUCAN(BDG)	9000
2	A.F.B. CULTURE	2000
3	A.F.B. STAIN	500
4	A.S.O. TITRE	600
5	ALBERT'S STAIN	500
6	ANTI HBS TITRE	1000
7	ANTI HCV ANTIBODIES	1500
8	ANTI-HEPATITIS B CORE (HBC) ANTIBODY	1000
9	ANTI-SARS-COV-2 TOTAL TEST	1700
10	ASPERGILLUS FUMIGATUS IG G	2000
11	ASPERGILLUS FUMIGATUS IGM	2000
12	AU - HBSAG	1000
13	BACTEC CULTURE	2000
14	BLOOD CULTURE DUO(BACTEC DUO)	2300
15	BODY FLUID CULTURE	1800
16	C. DIFFICILE+ GDH+TOXIN(A+B)	2200
17	C.DIFF GENEXPERT	6000
18	CHIKUNGUNYA(IGM)	1100
19	COVID-19 ANTIGEN	150
20	C-REACTIVE PROTEIN	600
21	CRYPTOCOCCAL CAPSULAR POLYSACCHARIDE ANTIGEN (QUANTITATIVE TEST)	7000
22	CRYPTOCOCCUS ANTIGEN	1700
23	CRYPTOSPORIDIUM ANTIGEN	2500
24	DENGUE NSI ANTIGEN	2400
25	DENGUE SEROLOGY	1800
26	FLU GENEXPERT TEST	6000
27	FUNGAL CULTURE	1800
28	GALACTOMANNAN	3700
29	GALACTOMANNAN ANTIGEN DETECTION TEST (QUANTITATIVE)	6000
30	GASTROINTESTINAL PANEL..	18000
31	GENE XPERT (M.T.B)	2300
32	GENE XPERT COVID 2019	2600
33	GRAM STAIN	500
34	H.PYLORI	500
35	H.PYLORI ANTIGEN	1100
36	HANGING DROP PREPARATION	500
37	HEPATITIS B SURFACE ANTIBODY (ANTI-HBS)	1000
38	HIV (ANTIBODIES)	1000
39	HPV GENEXPERT	3300
40	INDIA INK PREPARATION	400
41	KOH EXAM	400
42	LCB COUNT FOR MYCOLOGY	350
43	LEGIONELLA ANTIGEN	2700
44	MANTOUX TEST	400
45	MENINGITIS PANEL	18000

## MICROBIOLOGY

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
46	NAT TESTING	1500
47	PNEUMONIA PANEL LOWER	17000
48	R.A.FACTOR	500
49	RESPIRATORY PANEL TRACT	18000
50	SEROLOGY FOR MALARIA ANTIGEN(PF & PV)	1000
51	SPESIS PANEL	18000
52	STAIN FOR CRYPTOSPORADIUM	500
53	STAIN FOR NOCARDIA	500
54	STREPTOCOCCUS PNEUMONIAE	1400
55	SYPHILIS TPHA	900
56	TPHA TEST	600
57	TYPHIDOT	700
58	VAGINAL SMEAR EXAMINATION	200
59	WIDAL TEST	600

### MOLECULAR DIAGNOSTIC

S.No.	SERVICE NAME	AMOUNT
1	ADEQUACY OF TUMOR TISSUE FOR MOLECULAR TESTING OF OUTSIDE BLOCKS	1100
2	ADVANCED GIST PANEL	43000
3	ALK FUSION VARIANT TESTING	15000
4	ALL COMPREHENSIVE NGS PANEL (550 GENES+TMB+MSI)	90000
5	ALL TRANSLOCATION PANEL[T(1;19),T(12;21),T(4;11),T(9;22)]	9400
6	AML COMBOQUEST (NPM1 MUTATION ANALYSIS,FLT3 MUTATION ANALYSIS, CEBPA MUTATION ANALYSIS)	11500
7	AML TRANSLOCATION EXTENDED PANEL[T(8;21),T(15;17), INV16,FLT3, NPM1] CEBPA	15000
8	AML TRANSLOCATION PANEL [T(8;21),T(15;17),INV16]	6000
9	AML-ETO (8;21) QUANTITATIVE PCR	8500
10	BCL2 ,BCL6 & CMYC TRANSLOCATIONS BY FISH	22500
11	BCL2 BY FISH	7500
12	BCL6 BY FISH	7500
13	BCOR BREAK APART FISH	7500
14	BCR/ABL KINASE DOMAIN MUTATION ANALYSIS (MOLECULAR ANALYSIS OF ACQUIRED RESISTANCE TO IMATINIB)	12000
15	BCR-ABL BY FISH.	7500
16	BCR-ABL QUALITATIVE BY RT-PCR	5000
17	BKV QUANTITATIVE PCR	7000
18	BMT SEX MISMATCH X,Y	7000
19	BRAF V600E MUTATION ANALYSIS	10000
20	BRCA1 & BRCA2 BY NEXT GEN SEQUENCING	20000
21	BRCA1/BRCA2 TESTING BY MLPA (LONG GENOMIC REARRANGEMENTS)	12500
22	BREAST BRCA1 & BRCA2 REFLEX PANEL (NGS /MLPA)	24500
23	CCND1/IGH T(11;14)FUSION BY FISH	6300
24	CEBPA MUTATION ANALYSIS	5000
25	CELL FREE DNA BY DROPLET DIGITAL PCR(EGFR L858R, E746_A750DEL & T790M)	14000
26	CHIMERISM SPLIT CELL ANALYSIS-MYELOID CELL (CD 15)	9500
27	CHIMERISM SPLIT CELL ANALYSIS-T CELL (CD 3)	9500
28	CHROMOSOME BREAKAGE STUDY	8500
29	CKIT & PDGFRA MUTATION ANALYSIS FOR GIST BY NEXT GENERATION SEQUENCING	28000
30	CLINICAL EXOME SEQUENCING	38000
31	C-MYC BY FISH	7500
32	COMPREHENSIVE MYELOID PANEL NGS(AML,MDS,MPN,CML,CMML & JMML)	33000
33	COMPREHENSIVE NGS PANEL(161 GENES)DNA,RNA,CNV	75000
34	DNA EXTRACTION,QUALITY CHECK & DNA STORAGE FOR 5 YEARS	9000
35	DYPD MUTATION	8500
36	EBV QUANTITATIVE PCR	7500
37	EGFR BY RT PCR, ROS1 TRANSLOCATION BY FISH & ALK BY IHC	25000
38	EGFR MUTATION ANALYSIS FOR EXON 18 TO 21	13500
39	EGFR RT PCR, LUNG NGS PANEL, ALK BY IHC (SMART LUNG PANEL)	37000
40	ESR1 MUTATION	8500
41	EXTENDED MOLECULAR PROFILING OF KRAS, NRAS AND BRAF	25000
42	FGFR3/IGH T(4;14) FUSION BY FISH	6500
43	FISH ANALYSIS - MDS PANEL	17000
44	FISH BREAKAPART TEST FOR EML-ALK FUSION	12500

### MOLECULAR DIAGNOSTIC

S.No.	SERVICE NAME	AMOUNT
45	FISH BREAKAPART TEST FOR EWINGS SARCOMA/SYNOVIAL SARCOMA	15000
46	FISH BREAKAPART TEST FOR EWSR1(CHR.22)(EWINGS SARCOMA/PNET)	7600
47	FISH BREAKAPART TEST FOR SS18 (CHR. 18) (SYNOVIAL SARCOMA)	7600
48	FISH BREAKAPART TEST FOR TFE-3 & TFEB	10000
49	FISH FOR 1P36/1Q25 AND 19Q13/19P13 CODELETION	10500
50	FISH FOR CLL	15000
51	FISH FOR HER2NEU COPY NUMBER GAIN	12000
52	FISH FOR PML -RARA T(15;17)	7500
53	FISH FOR T (8;14)(IGH/MYS)	5300
54	FLASH LUNG PANEL	30000
55	FLASH LUNG PANEL & SMART NGS PANEL	65000
56	FLT3 MUATIONS (ITD & D835) RESTRICTION DIGESTION	5000
57	FOXO1 BREAK APART FISH FOR ALVEOLAR RHABDOMYOSARCOMA	5800
58	GENETIC COUNSELING CONSULTATION	1000
59	GERMLINE BRCA 1&BRCA2 NGC(SAARTHI)	3800
60	GERMLINE BRCA1 & BRCA2 BY NEXT GENERATION SEQUENCING WITHOUT MLPA	12500
61	GERMLINE TESTING OF PROBAND OF LYNCH SYNDROME	20000
62	HCV GENOTYPING	5000
63	HRD PANEL WITH BRCA1 & BRCA2 TESTING	66000
64	HRR-DNA-PANEL (15 HRR GENE MUTATION ANALYSIS)	28000
65	HSV QUANTITATIVE PCR QUALITATIVE 1 & 2.	7300
66	IGH/MAF T(14;16) FUSION BY FISH	6500
67	IGHV MUTATION PCR	9000
68	IGHV MUTATION STATUS BY NGS	24300
69	INTERPRETATION AND COUNSELING FOR OUTSIDE NGS REPORTS	3800
70	INV -16(16;16) QUANTITATIVE PCR	6200
71	INVERSION 16 BY RTPCR	5200
72	JAK -2 REFLEX (JAK-2 V617F AND EXON 12 MUTATION)	10000
73	JC/BK VIRUS	8500
74	KARYOTYPING IN LEUKEMIAS	4200
75	LIQUID BX. CELL FREE COMPREHENSIVE COLON CANCER PANEL (KNAS,NRAS,BRAF)	28000
76	LUNG CANCER MUTATION AND FUSION PANEL BY NGS	53000
77	LUNG CELL FREE TOTAL NUCLEIC ACID(DNA,RNA,CNV)BY NGS	52000
78	LUNG COE NGS ONLY PANEL(SAARTHI)	12500
79	LUNG COE SMART PANEL (SAARTHI)	19000
80	MET BY FISH	10000
81	MET EXON 14 SKIPPING	7300
82	MGMT MS-PCR.	10000
83	MLH1 METHYLATION ASSAY.	5000
84	MLL GENE REARRANGEMENT.	8300
85	MMR-IHC OR MSI BY FRAGMENT LENGTH ANALYSIS	9000
86	MPN REFLEX PANEL(BCR-ABL QUALITATIVE, JAK-3 V617F, JAK-2 EXON12, CALRETICULIN , MPL MUTATIONS)	19500
87	MYD88 L265P MUTATION ANALYSIS	6500
88	MYELOMA PANEL BY FISH	19500
89	NEXT GENERATION SEQUENCING CANCER HOT SPOT PANEL	38000

## MOLECULAR DIAGNOSTIC

S.No.	SERVICE NAME	AMOUNT
90	NGS EXPANDED PANEL FOR LIQUID BIOPSY	45000
91	NGS EXPANDED PANEL FOR LIQUID BIOPSY AND SOLID TUMOR	70000
92	NGS EXPANDED PANEL FOR SOLID TUMOR TISSUE	33000
93	NGS HIGH RESOLUTION HLA TYPING	6000
94	NGS KIDNEY PANEL (15 GENES)	42000
96	NGS PAN CANCER PANEL FROM LIQUID BIOPSY	71000
97	N-MYC BY FISH	10000
98	NPM1 MRD QUANTITATIVE	5000
99	NUCLEIC ACID EXTRACTION AND QUALITY CHECK	3150
100	ONCOMINE RNA FUSION PANEL FOR FUSION REARRANGEMENT (TRANSLOCATION/INVERSION)	22000
101	PANOPTIC PANCREATIC AND PROSTATE PANEL (50 GENE NGS+HRR+MMR WITHOUT PDL1).	72000
102	PANOPTIC PANCREATIC AND PROSTATE PANEL (50 GENE NGS+HRR+MMR+PDL1)..	80500
103	PARVOVIRUS B19 QUALITATIVE PCR	3000
104	PIK3CA MUTATION BY RGCQ-PCR	19000
105	PML RARA T(15;17) QUANTITATIVE / QUALITATIVE PCR	9500
106	POLE MUTATION ANALYSIS	13500
107	PRE ENGRAFTMENT CHIEMRISM (DONOR & PATIENT)	13500
108	QUALITATIVE PCR FOR CMV	5500
109	QUALITATIVE PCR FOR FIP1L1-PDGFRα TRANSLOCATION	6500
110	QUALITATIVE PCR FOR HBV	5000
111	QUALITATIVE PCR FOR HCV	5000
112	QUALITATIVE PCR FOR JAK2 EXON 12 MUTATION	7000
113	QUALITATIVE PCR FOR JAK2 V617F EXON 14 MUTATION DETECTION	7000
114	QUANTITATIVE PCR FOR CMV	7500
115	QUANTITATIVE PCR FOR HBV	10000
116	QUANTITATIVE PCR FOR HCV	11500
117	QUANTITATIVE PCR T(9;22) BCR/ABL	9000
118	RET GENE TRANSLOCATION BY FISH	10000
119	ROS1 BY FISH	10000
120	ROS1& MET BY FISH	15000
121	SITE SPECIFIC BRCA MUTATION DETECTION	7500
122	SITE SPECIFIC TESTING OF FDR?SDR FOR LYNCH SYNDROME	13500
123	SMART LUNG PANEL(JANSSEN)	22000
124	SMART LUNG PANEL(NGS ONLY)	30000
125	STRESS CYTOGENETICS	9300
126	THALASSEMIA ALPHA MUTATION ANALYSIS	4700
127	THALASSEMIA BETA MUTATION ANALYSIS	6500
128	TMB+ONCOMINE RNA NGS PANEL	83000
129	TP53 DELETION BY FISH	6300
130	TPMT GENOTYPING	9000
131	TRANSEQ ALL NGS	26000
132	TUMOR MUTATION BURDEN	76000
133	TUMOR MUTATION BURDEN + PDL1 + MSI	83000
134	UGT1A1 GENE POLYMORPHISM (TA REPEAT).	6500
135	VNTR CHIMERISM ANALYSIS WITHOUT DONOR	7500

### NEEDLE STICK INJURY

S.No.	SERVICE NAME	AMOUNT
1	NSI-ANTI HBS ANTIBODY TITER(NSI)	920
2	NSI-ANTI HCV ANTIBODIES.(NSI)	1500
3	NSI-AU - HBSAG(NSI)	1000
4	NSI-CBC (HEMOGRAM COMPLETE) (Whole blood EDTA)(NSI)	650
5	NSI-HCV IGM(NSI)	1840
6	NSI-HIV (ANTIBODIES)(NSI)	1000
7	NSI-LFT(NSI)(BASELINE)	1782
8	NSI-NAT TESTING(NSI)(STAFF+PATIENT)	1500

## SPECIAL LABORATORY INVESTIGATIONS

### BIOCHEMISTRY - SPECIAL

S.No.	SERVICE NAME	AMOUNT
1	1,25 DIHYDROXYVITAMIN D	3790
2	24 HRS. URINARY FREE CORTISOL	973
3	24 HRS. URINARY PROTEIN ELECTROPHORESIS	4542
4	24 HRS. URINE FOR CALCIUM	283
5	24 HRS. URINE FOR CATECHOLAMINES	5299
6	ACETYLCHOLINE RECEPTOR BINDING ANTIBODY(ACHR)	2487
7	ADENOSINE DEAMINASE (ADA)	773
8	AMH	2328
9	AMMONIA, BLOOD	1483
10	CA 15.3	1622
11	CROMOGRANIN A	8137
12	GLYCOSYLATED HEMOGLOBIN (HBA1C)	762
13	HOMOVANILLIC ACID-24 HOURS URINE	4656
14	IGFBP-3	4759
15	IGF-I(SOMATOMEDIN—C)	4656
16	INTERLEUKIN 6 (IL6) SERUM	2596
17	METANEPHRINE FREE PLASMA	7030
18	PHEOCHROMOCYTOMA PROFILE, 24 HRS. URINE	11691
19	PLASMA ACTH.	1854
20	S.TACROLIMUS	4223
21	SERUM ALDOLASE.	824
22	SERUM ALDOSTERONE	1957
23	SERUM ANGIOTENSIN CONVERTING ENZYME	1195
24	SERUM ANT THYROID ANTIBODIES	2925
25	SERUM ANTI THYROGLOBULIN	2158
26	SERUM BICARBONATE LEVEL.	752
27	SERUM C PEPTIDE..	1185
28	SERUM CA72.4	1730
29	SERUM CATECHOLAMINE	5305
30	SERUM DIGOXIN	1082
31	SERUM ERYTHROPOIEITIN	2379
32	SERUM GASTRIN.	1406
33	SERUM GLLUCAGON	8328
34	SERUM GROWTH HORMONE	876
35	SERUM INHIBIN	876
36	SERUM INHIBIN B	2493
37	SERUM INSULIN	876
38	SERUM IRON	597
39	SERUM LIPASE	773
40	SERUM LITHIUM	361
41	SERUM NSE	2760
42	SERUM TESTOSTERONE (FREE	2163
43	SERUM TIBC/TOTAL IRON BINDING CAPACITY	597

S.No.	SERVICE NAME	AMOUNT
44	SERUM TPO LEVEL	1607
45	SERUM TRANSFERRIN	1298
46	SERUM VALPORATE	979
47	SIROLIMUS(RAPAMYCIN)	5408
48	THYROGLOBULIN Panel	3523
49	TISSUE TRANSGLUTAMINASE IGA (TTG-IGA)	1190
50	TISSUE TRANSGLUTAMINASE IGA (TTG-IGG)	1190
51	TROPONIN T	1957
52	URINARY 5 HIAA	4120
53	URINARY CATECHOLAMINES	5305
54	URINARY VMA	4120
55	URINE (OSMOLALITY)	824
56	URINE FOR METANEPHARINE	7030
57	VITAMIN D 25-HYDROXY	2616

#### ELISA BASED TEST - SPECIAL

S.No.	SERVICE NAME	AMOUNT
1	ANTI CCP	2060
2	PIVKA-II.	4120
3	PLASMA CYCLOSPORINE BY IMMUNOASSAY	2987
4	PROCALCITONIN TEST	3409
5	PROSTATE HEALTH INDEX (PHI)	3245
6	SERUM BETA-2-MICROGLOBULIN	1597
7	SERUM CALCITONIN LEVEL.	2493
8	SERUM CARBAMAZEPINE LEVEL	979
9	SERUM CORTISOL	721
10	SERUM DHEA	2833
11	SERUM FERRITIN.	1483
12	SERUM FOLATE LEVELS	1411
13	SERUM INSULIN LEVEL	876
14	SERUM PARATHYROID HORMONE.	2142
15	SERUM PHENOBARBITONE	1082
16	SERUM PHENYTOIN LEVEL/DILANTIN/EPTOIN	1195
17	SERUM THYROGLOBULIN	2060
18	SERUM VITAMIN B12 ASSAY	1627
19	SERUM-PROGESTERONE	670
20	TESTOSTERONE-QUANTITATIVE.	824

### FLOW CYTOMETRY BLOOD - SPECIAL

S.No.	SERVICE NAME	AMOUNT
1	CSF/FLUIDID FLOW CYTOMETRY	8400
2	LEUKAEMIA DIFFERENTIATION PANEL	17325
3	CD 3 ENUMERATION	6825
4	CD 34 ENUMERATION	6825
5	FLOW-CLL PANEL	17325
6	FLOWCYTOMETRIC MRD ASSAY	17325
7	SINGLE LINEAGE LIMITED FLOW CYTOMETRY	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	ELECTROPHORESIS FOR FOETAL HAEMOGLOBIN	950
5	FACTOR IX FUNCTIONAL (LAL PATH LAB)	1900
6	FACTOR VIII FUNCTIONAL (LAL PATH LAB)	2000
7	FACTOR XI FUNCTIONAL (LAL PATH LAB)	3300
8	FACTOR XII FUNCTIONAL (LAL PATH LAB)	3500
9	HB ELECTROPHORESIS..	950
10	HEMOGLOBIN FREE URINE	210
11	HLA B-27 BY FLOW CYTOMETRY	2520
12	HLA DONOR SPECIFIC ANTIBODIES CLASS 1&2(PER DONER)	10800
13	HLA SINGLE ANTIGEN ASSAY FOR CLASS I AND CLASS II IGG ANTIBODIES	43200
14	HLA SINGLE ANTIGEN ASSAY FOR CLASS I IGG ANTIBODIES	23800
15	HLA T&B CROSS MATCH(PER DONER)	4100
16	HLA TYPING (HIGH) A,B & DRBI LOCI	11000
17	HLA TYPING (HIGH) A,B,C,DRBI & DQBI LOCI	13000
18	HLA TYPING (HIGH) A/B/C/DRBI/DQBI LOCI	13000
19	HLA TYPING (INTERMEDIATE) A,B & DRBI LOCI	13000
20	HLA TYPING (INTERMEDIATE) A/B/C/DRBI/DQBI LOCUS	13000
21	HLA TYPING (INTERMEDIATE)A,B,C, DRBI & DQBI LOCI	13000
22	IMMUNO FIXATION ELECTROPHORESIS-SERUM.	6700
23	IMMUNO FIXATION ELECTROPHORESIS-URINE.	8600
24	LUPUS ANTICOAGULANT BY DRVVT	1900
25	LUPUS ANTICOAGULANT.	1900
26	PLASMA RENIN ACTIVITY	5600
27	PNH PANEL(CD55,CD59).	6800
28	PROTEIN C FUNCTIONAL	4300
29	PROTEIN S	3600
30	THALASSEMIA ALPHA MUTATION ANALYSIS.	4300
31	THALASSEMIA BETA MUTATION ANALYSIS.	5900
32	THROMBIN TIME	800
33	THROMBOPHILIA PROFILE	16200
34	URINE DYSMORPHIC RBC	350

**MICROBIOLOGY - SPECIAL**

S.No.	SERVICE NAME	AMOUNT
1	ACUTE FEVER MULTIPLEX	6000
2	ADENOVIRUS PCR-QUANTITATIVE ANY SAMPLE (BLOOD, RESP. SAMPLE/EYE SWAB / CSF ETC.)	8400
3	AFB CULTURE 10 DRUGS SENSITIVITY	11900
4	AFB CULTURE 4 DRUGS SENSITIVITY	5100
5	AFB CULTURE 5 DRUGS SENSITIVITY	6800
6	AMA(ANTI MITOCHONDRIAL ANTIBODY)	1900
7	AMOEBIC SEROLOGY	1500
8	ANA BY IFA	2400
9	ANTI DNA ANTIBODY DS (EIA)	1300
10	ANTI HBE DETECTION-	800
11	ANTI HEV ANTIBODIES IGM	1800
12	ANTI NUCLEAR ANTIBODY	800
13	ANTI THYROID ANTIBODY PANEL	2700
14	ANTI THYROID PROXIDASE (ANTI-TPO)	1500
15	ANTIBODY TO PM-SD	2300
16	ASPERGILLUS SPECIES, PCR-CSF/ RESPIRATORY SAMPLE / TISSUE	8500
17	B19 DNA DETECTION QUANTITATIVE	7000
18	BRUCELLA AGGLUTINATION TEST	800
19	C3 C4 COMPLEMENT	1400
20	CMV COMBO PCR (VIRAL LOAD WITH GCV RESISTANCE)	10000
21	COMPLEMENT C3&C4	1400
22	CYTOMEGALO VIRUS IGG	640
23	CYTOMEGALO VIRUS IGM	640
24	ENA EXTENDED PANEL 23 AG	8400
25	EPSTEIN BARR VIRUS (IGG)	1800
26	EPSTEIN BARR VIRUS (IGM)	1800
27	FEVER WITH RASH MULTIPLEX	6000
28	FUNGAL MENINGITIS MULTIPLEX	15000
29	HAV (IGG)	1190
30	HAV (IGM)	1190
31	HBC ( IGM)	1190
32	HBE AG DETECTION	1000
33	HDV-IGM	2800
34	HELICOBACTER PYLORI ANTIGEN	1600
35	HEPATITIS C PCR	4900
36	HEPATITIS E -IGG	1800
37	HERPS 1&2(IGG)	700
38	HERPS 1&2(IGM)	700
39	HEV PCR	4900
40	HHV 6 QUALITATIVE	3000
41	HISTOPLASMA GALACTOMANNAN ANTIGEN	3000
42	HIV RNA PCR QUANTITATIVE	5400
43	HUMAN PAPILOMA VIRUS (HPV)	1450

S.No.	SERVICE NAME	AMOUNT
44	IMMUNE PROFILE.	1100
45	IMMUNOGLOBULIN IGD & IGE TYPING-SERUM	7500
46	IMMUNOGLOBULIN IGG SUB CLASSES.	7000
47	JC VIRUS QUANTITATIVE	4500
48	LEISHMANIA ANTIBODY (KALA AZARI)	700
49	LEPTOSPIRA IGG	1500
50	LEPTOSPIRA IGM	1500
51	LKM ANTIBODY IFA	1600
52	LKM-1 ANTIBODY ELISA	1800
53	MALDITOF TESTING	1200
54	MEASLES PCR CSF, NASAL/ORAL SWAB/PLASMA	5000
55	MINI TRANSPLANT REFLUX MULTIPLEX	12000
56	MINI TRANSPLANT REFLUX PLUS MULTIPLEX	14000
57	MUMPS IGM	1800
58	MUMPS PCR	5000
59	MYCOPLASMA PNEUMONIAE IGG + IGM	3900
60	NEURONAL PARANEOPLASTIC AUTO AB	10800
61	OPPORTUNISTIC ENTERIC PARASITE SCREEN TEST	900
62	P ANCA	2000
63	PARVO VIRUS B19 (IGG)	2600
64	PARVO VIRUS B19(IGM)	2600
65	PARVOVIRUS B19 PCR QUALITATIVE BLOOD/ANY SAMPLE	5000
66	PCR (HSV-1)	4000
67	PCR (HSV-2)	4000
68	PCR FOR TUBERCULOSIS	2200
69	PNEUMOCYSTIS JIROVECI	2700
70	PNEUMOCYSTITIS JIROVECI PCR QUANTITATIVE	3000
71	POST TRANSPLANT VIRAL MULTIPLEX	10000
72	RUBELLA- IGG	660
73	RUBELLA-IGM	660
74	SARS-COV-2 (COVID-19) QUALITATIVE REAL TIME RT-PCR (MICROBIOLOGY)	240
75	SCRUB TYPHUS AB IGM	1200
76	SERUM IGA LEVELS	390
77	SERUM IGE LEVELS	900
78	SERUM IGG LEVELS	390
79	SERUM IGM LEVELS	470
80	SMOOTH MUSCLE ANTIBODY IFA	1900
81	T.B.GOLD TEST (QUANTIFERON)	2800
82	TORCH-IGG	1400
83	TORCH-IGM	1400
84	TOXOPLASMA GONDI PCR( QUALITATIVE) ANY SAMPLE	3500
85	TOXOPLASMA-IGG	640
86	TOXOPLASMA-IGM	640
87	VANCOMYCIN DRUG LEVELS	5100

**M.R.I**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
1	3D MR MAMMOGRAPHY-(CONTRAST CHARGES ADDITIONAL)	14000
2	ABDOMEN MR (UPPER) WITH MRCP-PLAIN	10000
3	ABDOMEN MR (WHOLE) WITH OUT CONTRAST	13000
4	ABDOMEN MR (WHOLE-SINGLE PHASE ) - WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	14000
5	ABDOMEN MR UPPER OR ABDOMEN MR LOWER - WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	10500
6	ABDOMEN MR UPPER OR ABDOMEN MR LOWER	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 WITOUT CONTRAST	4000
25	LOWER/ UPPER EXTREMITY RIGHT/LEFT	7500
26	LOWER/ UPPER EXTREMITY RIGHT/LEFT WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	8000
27	LOWER/UPPER EXTREMITY SCREENING WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	5000
28	MRA/MRV- BRAIN (CONTRAST CHARGES ADDITIONAL)	3000
29	MRA-CONTRAST ENHANCED(CONTRAST CHARGES ADDITIONAL)	6500
30	MRCP	6000
31	MRI HEAD FUNCTIONAL MAPPING PROTOCOL (CONNECTOME ELOQUENT)	12000
32	MRI HEAD FUNCTIONAL MAPPING PROTOCOL (CONNECTOME COGNITIVE)	14500
33	MRI-REGIONAL (AS PART OF PET-MRI PACKAGE) (MR)	5500
34	NECK /FACE/MANDIBLE MRI	10000
35	NECK /FACE/MANDIBLE MRI- WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	10000
36	ORBITS (MR)	8500
37	ORBITS MR WITH CONTRAST(CONTRAST CHARGES ADDITIONAL)	9500
38	PROSTATE MULTI PARAMETRIC(CONTRAST CHARGES ADDITIONAL)	8500
39	REVIEW -OUTSIDE MRI	3000
40	RT PLANNING WITHOUT CONTRAST -PER REGION (MR)	5500
41	SPINE MR ONE REGION (CERVICAL/DORSAL/LUMBAR/LS)	7500
42	SPINE MR ONE REGION (CERVICAL/DORSAL/LUMBAR/LS)WITH CONTRAST ( CONTRAST CHARGES ADDITIONAL)	7500
43	SPINE TWO REGIONS-WHOLE SPINE	14000
44	SPINE TWO REGIONS-WHOLE SPINE WITH CONTRAST (CONTRAST CHARGES ADDITIONAL)	15000
45	SPINE WHOLE SCREENING - ONLY SAGITTAL SEQUENCE	7500
46	UPPRR ABDOMEN MR {TRIPLE PHASE } (CONTRAST CHARGES ADDITIONAL)	10000
47	WHOLE BODY MRI	12000

**MINOR OT PROCEDURES**

S.No.	SERVICE NAME	AMOUNT
1	ABSCESS DRAINAGE SMALL	500
2	ACUTE CHRONIC ABSCESS I & D IN MINOR OT	4050
3	ACUTE CHRONIC ABSCESS I & D (ANAES. CHRGS)	1418
4	APC	12000
5	APC(ANAES.CHAGS)	4200
6	ARM PORT INSERTION IN MINOR OT	12000
7	ARM PORT INSERTION (ANAES.CHARGES)	4200
8	AV FISTULA	15000
9	AXILLARY LYMPH NODE BIOPSY IN MINOR OT	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 - CERVICAL 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/ENDBRONCHIAL CRYOTHERAPY (ANAES. CHRGS)	5250
41	BRONCHOSCOPY FOR LASER/ ELECTROCONTERY RESESTION/ENDBRONCHIAL CRYOTHERAPY / GLUO	15000
42	BRONCHOSCOPY WITH BAL	8500
43	BRONCHOSCOPY WITH BAL (ANAES. CHRGS)	1913
44	BRONCHOSCOPY WITH BRONCHIAL STENTING	15000
45	BRONCHOSCOPY WITH BRONCHIAL STENTING (ANAES. CHRGS)	5250

### MINOR OT PROCEDURES

S.No.	SERVICE NAME	AMOUNT
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	CAUDAL EPIDURAL BLOCK	5000
59	CAUDAL EPIDURAL BLOCK (ANAES.CHRGS)	1750
60	CAVAFIX INSERTION	500
61	CHEMICAL CAUTERIZATION WITH (TRICHLOROACETIC ACID)	1100
62	CHEMICAL CAUTERIZATION WITH (TRICHLOROACETIC ACID)(ANEAS.CHARGS)	385
63	CHEMICAL PEELING (PER SESSION)	1700
64	CHEMICAL PEELING (PER SESSION)(ANEAS .CHARGRS)	595
65	CHEMOEMBOLIZATION OF HEPATIC TUMOUR/METS	42500
66	CHEMOEMBOLIZATION OF HEPATIC TUMOUR/METS (ANAES. CHARGES)	14875
67	CHOLANGIOSCOPY WITH LITHOTRIPSY	38000
68	CHOLANGIOSCOPY WITH LITHOTRIPSY(ANEAS.CHARGS)	13300
69	CHPLANGIOSCOPY	20000
70	CHPLANGIOSCOPY(ANEAS.CHARGS)	4500
71	CISTERANAL PUNCTURE	5000
72	CISTERANAL PUNCTURE (ANAES.CHRGS)	1750
73	COLONIC DIALATION	12000
74	COLONIC DIALATION (ANAES. CHRGS)	4200
75	COLONIC STENTING	22000
76	COLONIC STENTING (ANAES. CHRGS)	7700
77	COLONOSCOPY	13000
78	COLONOSCOPY (ANAES. CHRGS)	4550
79	COLPOSCOPY/VAGINOSCOPY/VULVOSCOPY	4050
80	CORE NEEDLE BIOPSY	3000
81	CRYOSURGERY IN MINOR OT	3500
82	CRYOSURGERY (ANAES. CHRGS)	1225
83	CRYOTHEROPY CERVIX	5000
84	CRYOTHEROPY CERVIX (ANAES. CHRGS)	1750
85	CVAD	2000
86	CYSTOLITHOTOMY	5000
87	CYSTOLITHOTOMY (ANAES. CHRGS)	1750
88	CYSTOSCOPY	10000
89	CYSTOSCOPY (ANAES. CHRGS)	3500
90	D & C IN MINOR OT	3600

### MINOR OT PROCEDURES

S.No.	SERVICE NAME	AMOUNT
91	D & C (ANAES. CHRGS)	1260
92	DEBRIDEMENT (MAJOR)	4000
93	DEBRIDEMENT (MINOR)	2000
94	DIALATION OF OESOPHAGEAL STRICTURE (SUB.)	9000
95	DIALATION OF OESOPHAGEAL STRICTURE (SUB.) (ANAES. CHRGS)	3150
96	DIALATION OF OESOPHEAGAL STRICTURE (FIRST)	12000
97	DIALATION OF OESOPHEAGAL STRICTURE (FIRST) (ANAES. CHRGS)	4200
98	DIRECT LARYNGOSCOPY	8000
99	DIRECT LARYNGOSCOPY (ANAES. CHRGS)	2800
100	DIVISION OF FLAP IN MINOR OT	4000
101	DIVISION OF FLAP (ANAES. CHRGS)	1400
102	DJ STENT REMOVAL	10000
103	DOUBLE BALOON ENTEROSCOPY(ANEAS.CHARGS)	10500
104	DOUBLE BALOON ENTEROSCOPY	30000
105	DRESSING (MAJOR) UNDER L.A.	2200
106	DRESSING (MEDIUM)UNDER L.A.	1200
107	DRESSING EXTENSIVE/MULTIPLE	3500
108	DRYNEEDLING IN MINOR OT	2500
109	DUODENAL STENTING	20000
110	DUODENAL STENTING (ANAES. CHRGS)	7000
111	E.R.C.P. (MATERIAL EXTRA)	12000
112	E.R.C.P. (MATERIAL EXTRA) (ANAES. CHRGS)	4200
113	E.R.C.P. WITH STENTING (MATERIAL EXTRA)	18000
114	E.R.C.P. WITH STENTING (MATERIAL EXTRA) (ANAES. CHRGS)	6300
115	E.U.A.	5050
116	E.U.A. (ANAES. CHRGS)	1768
117	EAR WAX SUCTION / REMOVAL	1500
118	EBUS/EUS	15000
119	EBUS/EUS (ANAES. CHRGS)	5250
120	ENDOBONCHIA RADIAL PROBE(ANES.CHRGS)	4450
121	ENDOBONCHIAL RADIAL PROBE	13000
122	ENDOCERVIAL ASPIRATION	3850
123	ENDOCERVIAL ASPIRATION (ANAES. CHRGS)	1610
124	ENDOSCOPIC MUCOSAL RESECTION (EMR)	16500
125	ENDOSCOPIC MUCOSAL RESECTION{(EMR) ANAES.CHRGS}	3712
126	ENDOSCOPIC PLACEMENT OF RYLES TUBE	8000
127	ENDOSCOPIC PLACEMENT OF RYLES TUBE (ANAES. CHRGS)	2800
128	ENDOSCOPIC REMOVAL OF BILLIARY STENT	7000
129	ENDOSCOPIC SUBMUCOSAL DISSECTION LARGE	40000
130	ENDOSCOPIC SUBMUCOSAL DISSECTION LARGE(ANAES. CHARGES)	14000
131	ENDOSCOPIC SUBMUCOSAL DISSECTION(ESD)	28000
132	ENDOSCOPIC SUBMUCOSAL DISSECTION{(ESD)ANAES.CHRGS}	6300
133	ENDOSCOPIC/FLUOROSPIC PLACEMENT OF JEJUNAL TUBE	11000
134	ENDOSCOPIC/FLUOROSPIC PLACEMENT OF JEJUNAL TUBE (ANAES. CHRGS)	3850
135	ENDOSCOPY	9000

### MINOR OT PROCEDURES

S.No.	SERVICE NAME	AMOUNT
136	ENDOSCOPY (ANAES. CHRGS)	3150
137	ENTERAL DILATATION	10000
138	ENTEROSCOPY (ANAES.CHARGES)	1800
139	ERCP WITH / WITHOUT BILIARY DILATATION WITH STENTING	25000
140	ERCP WITH / WITHOUT BILIARY DILATATION WITH STENTING(ANAES.CHARGES)	8750
141	ERCP WITH DOUBLE DUCT STENTING	25000
142	ERCP WITH DOUBLE DUCT STENTING(ANAES. CHARGS)	8750
143	ERCP WITH PAILLOTOMY / CBD BALLONOPLASTY	13000
144	ERCP WITH PAILLOTOMY/CBD BALLONOPLASTY(ANAES. CHARGS)	2925
145	ERCP WITH PANCREATIC STENTING	19000
146	ERCP WITH PANCREATIC STENTING(ANAES. CHRGS)	4275
147	ERCP WITH/WITHOUT BILIARY DILATION WITH STENTING(ANAES. CHRGS)	4500
148	ESOPHAGEAL FULL BARE HEAD STENT - TAEWOONG NITI-S.	42952
149	ESOPHAGEAL FULL COVERED STENT- TAEWOONG NITI-S.	42952
150	EUS GUIDED BILIARY DRAINAGE	25000
151	EUS GUIDED BILIARY DRAINAGE (ANAES.CHARGES)	5625
152	EUS GUIDED BILIARY GASTROJEJUNOSTOMY	28000
153	EUS GUIDED BILIARY GASTROJEJUNOSTOMY (ANAES.CHARGES)	9800
154	EUS GUIDED COILING	25000
155	EUS GUIDED COILING (ANAES.CHARGES)	5625
156	EUS WITH CELIAC PLEXUS BLOCK/NEUROLYSIS	22000
157	EUS/EBUS WITH TBNA	18500
158	EUS/EBUS WITH TBNA (ANAES. CHRGS)	4162
159	EXCISION BIOPSY SKIN	1150
160	EXCISION BIOPSY SKIN (ANAES. CHRGS)	403
161	EXCISION LYMPH NODE CAROTID TRIANGLE	4125
162	EXCISION LYMPH NODE CAROTID TRIANGLE (ANAES. CHRGS)	1444
163	EXCISION OF LESION (LARGE)	20000
164	EXCISION OF LESION (LARGE)[ANAES.CHRGS]	7000
165	EXCISION OF LESION (MEDIUM)	15000
166	EXCISION OF LESION (MEDIUM)[ANAES.CHRGS]	5250
167	EXCISION OF LESION (SMALL)	10000
168	EXCISION OF LESION (SMALL)(ANAES. CHRGS)	3500
169	EXCISION OF SINGLE LESION(EXCISIONAL BIOPSY SKIN)	2500
170	EXCISION OF SINGLE LESION(EXCISIONAL BIOPSY SKIN)(ANEAS.CHARGES)	875
171	EXCISION TONGUE ULCER & BIOPSY	2200
172	EXCISION TONGUE ULCER & BIOPSY (ANAES. CHRGS)	770
173	EXCISIONAL BIOPSY OF MODULIN (SUBCUT)	2200
174	EXCISIONAL BIOPSY OF MODULIN (SUBCUT) (ANAES. CHRGS)	770
175	EXTENSIVE /MULTIPLE DRESSING	2500
176	FIBROSCAN	6500
177	FLAP DIVISION	7000
178	FLAP DIVISION (ANAES.CHRGS)	2450
179	FLAP RE-EXPLORATION (MINOR OT)	7000
180	FLAP RE-EXPLORATION (MINOR OT) (ANAES.CHRGS)	2450

### MINOR OT PROCEDURES

S.No.	SERVICE NAME	AMOUNT
181	FOLEY'S/ JUGLAR CATHERIZATION IN MINOR OT	1000
182	FOREIGN BODY REMOVAL	10000
183	FOREIGN BODY REMOVAL (ANAES. CHRGS)	3500
184	FUSION BIOPSY PROSTATE	30000
185	FUSION BIOPSY PROSTATE (ANAES.CHRGS)	10500
186	GASTRIC STENTING	20000
187	HEAMOCLIPPING	10000
188	HEAMOCLIPPING (ANAES. CHRGS)	3500
189	HICKMAN CATHERISATION	15000
190	HICKMAN CATHERISATION (ANAES. CHRGS)	3000
191	HICKMAN CATHETAR REMOVAL	2300
192	HICKMAN CATHETAR REMOVAL (ANAES. CHRGS)	805
193	HYSTEROSCOPY	2750
194	HYSTEROSCOPY (ANAES. CHRGS)	963
195	ICD FLUSING / SUTURE REMOVAL	1500
196	ICD REMOVAL	5000
197	INDOCYANINE GREEN TEST (ICG)	1600
198	INDOCYANINE GREEN TEST(ICG)(ANAES.CHRGS)	560
199	INGUINAL LYMPH NODE BIOPSY	3300
200	INGUINAL LYMPH NODE BIOPSY (ANAES. CHRGS)	1155
201	INJECTION THERAPY	8500
202	INJECTION THERAPY (ANAES. CHRGS)	2975
203	INTERCOSTAL BLOCK	2000
204	INTERCOSTAL BLOCK (ANAES.CHRGS)	700
205	INTERCOSTAL TUBE DRAINAGE	5000
206	INTERCOSTAL TUBE DRAINAGE (ANAES. CHRGS)	1750
207	INTERDENTAL WIRING (IMF)	10000
208	INTERNAL DIALATION	6650
209	INTERNAL DIALATION (ANAES. CHRGS)	1496
210	INTRA LESIONAL INJECTION	1300
211	INTRA LESIONAL INJECTION (ANEAS.CHARGES)	455
212	INTRAPLENUL STREPTOKINASE INSTILLATION(ANAES.CHARGES)	1400
213	INTRAPLEURAL/PERITONEAL CATHETER(IPC)	6600
214	INTRAPLEURAL/PERITONEAL CATHETER(IPC)(ANAES. CHRGS)	2310
215	IVC FILTER IMPLANTATION	25000
216	IVC FILTER IMPLANTATION (ANAESTH. CHARGES)	8750
217	JEJUNAL STENTING	24000
218	JEJUNAL STENTING (ANAES.CHARGES)	8400
219	LASER HAIR REMOVAL(PER SESSION)	5000
220	LASER HAIR REMOVAL(PER SESSION)(ANEAS.CHARGES)	1750
221	LEEP CERVIX	5550
222	LEEP CERVIX (ANAES. CHRGS)	1943
223	LIP RECONSTRUCTION WITH SLING (ANAES. CHARGES)	5250
224	LIP RECONSTRUCTION WITH SLING.	15000
225	LOCAL FASCIOCUTANEOUS FLAP (SMALL)	15000

### MINOR OT PROCEDURES

S.No.	SERVICE NAME	AMOUNT
226	LOCAL FASCIOCUTANEOUS FLAP (SMALL)[ANAES.CHRGS]	5250
227	LUMBAR DRAIN PLACEMENT IN MINOR OT	5000
228	LUMBAR DRAIN PLACEMENT (ANAES.CHRGS)	1750
229	LUMBER PUNCTURE DIAGNOSTIC(ANAES.CHRGS)	420
230	LUMBER PUNCTURE DIAGNOSTIC IN MINOR OT	1250
231	LUMBER PUNCTURE THERAPEUTIC IN MINOR OT	2700
232	LUMBER PUNCTURE THERAPEUTIC (ANAES. CHARGS)	945
233	LUMPECTOMY (BREAST)	6400
234	LUMPECTOMY (BREAST) (ANAES. CHRGS)	2240
235	MEDICAL THORACOSCOPY/VAT	16500
236	MEDICAL THORACOSCOPY/VAT(ANAES.CHARGS)	5775
237	MINOR OT CHARGES	350
238	NAIL AVULSION/PARONYCHIA	2200
239	NAIL AVULSION/PARONYCHIA(ANEAS.CHARGES)	770
240	NASAL ENDOSCOPY	3000
241	NASAL ENDOSCOPY (ANAES.CHRGS)	1050
242	NASOPHARYNGIOSCOPY	3000
243	NECK EXPLORATION UNDER L.A	10000
244	OESOPHAGEAL STENTING	18000
245	OESOPHAGEAL STENTING (ANAES. CHRGS)	6300
246	OMMAYA INSTILLATION OF MEDICINE	5000
247	OMMAYA INSTILLATION OF MEDICINE (ANAES.CHRGS)	1750
248	OMMAYA TAPPING	4000
249	OMMAYA TAPPING (ANAES.CHRGS)	1400
250	P I C C INSERTION IN MINOR OT	4000
251	P I C C INSERTION ( ANAES.CHARGES)	1400
252	PAEDIATRIC BRONCHOSCOPY	10000
253	PAEDIATRIC BRONCHOSCOPY (ANAES. CHRGS)	3500
254	PARING OF CORN	1100
255	PARING OF CORN (ANEAS.CHARGS)	385
256	PCN.	10900
257	PCN. (ANAES. CHRGS)	3815
258	PEG	14000
259	PEG (ANAES. CHRGS)	4900
260	PEG DRESSING	1500
261	PEG ROMOVAL (ANAES.CHARGES)	2625
262	PEG ROMOVAL	7500
263	PLACEMENT OF DRAINS UNDER L.A	4000
264	PLATE REMOVAL	10500
265	PLATE REMOVAL (ANAES.CHRGS)	3675
266	PLATELET RICH PLASMA THERAPY (PRP)(PER SESSION)	3500
267	PLATELET RICH PLASMA THERAPY (PRP)(PER SESSION)(ANEAS.CHARGS)	1225
268	PLEURAL ASPIRATION	2500
269	PLEURAL ASPIRATION (ANAES. CHRGS)	875
270	PLEURODESIS (ANAES. CHRGS)	1575

### MINOR OT PROCEDURES

S.No.	SERVICE NAME	AMOUNT
271	PLEURODESIS/ STREPTOKINASE INSTILLATION	4500
272	POLYPECTOMY-MULTIPLE POLYPS	18000
273	POLYPECTOMY-MULTIPLE POLYPS(ANAES.CHRGS)	6300
274	POLYTECTOMY	14500
275	POLYTECTOMY (ANAES. CHRGS)	5075
276	POP PLASTERING	2500
277	PORT INSERTION	16500
278	PORT INSERTION (ANAES.CHARGS)	5775
279	PORT REVISION	1200
280	PORTREMOVAL	3500
281	PORTREMOVAL(ANAES.CHARGS)	1225
282	PUNCH BIOPSY - RECTAL	850
283	PUNCH BIOPSY - RECTAL (ANAES. CHRGS)	298
284	PUNCH BIOPSY ORAL	1250
285	PUNCH BIOPSY ORAL (ANES.CHARGE)	438
286	PUNCH BIOPSY(SKIN BIOPSY)	1500
287	PUNCH BIOPSY(SKIN BIOPSY)(ANEAS.CHARGS)	525
288	RADIOFREQUENCY ABLATION(RFA) UPTO 5 LESIONS(ELECTROCAUTRY)	2500
289	RADIOFREQUENCY ABLATION(RFA) UPTO 5 LESIONS(ELECTROCAUTRY)(ANEAS.CHARGS)	875
290	RECONSTRUCTION PLATE REMOVAL (SMALL) IN MINOR OT	10000
291	RECONSTRUCTION PLATE REMOVAL (SMALL)(ANAES.CHARGES)	3500
292	RECONSTRUCTIVE PLASTIC SURGERY PROCEDURE (UNDER LA )	10000
293	REMOVAL OF IMF/ARCHBAR	5500
294	REMOVAL OF IMF/ARCHBAR (ANAES. CHRGS)	1925
295	RESUTURING OF FLIPPED PORT	500
296	RETROPHARYNGAL ABSCESS DRAINAGE	3300
297	RETROPHARYNGAL ABSCESS DRAINAGE (ANAES. CHRGS)	1155
298	RYLE TUBE INSERTION IN MINOR OT	2000
299	SCALENE NODE BIOPSY	3600
300	SCALENE NODE BIOPSY- (ANAES. CHRGS)	1260
301	SCALP LESION EXCISION	10000
302	SCALP LESION EXISION (ANES. CHARGES)	3500
303	SCREENING EUS	5500
304	SCREENING EUS (ANAES. CHARGES)	1925
305	SECONDARY SUTURING (MAJOR)	5000
306	SECONDARY SUTURING (MINOR)	2000
307	SIDE VIEWING ENDOSCOPY	10000
308	SIGMOIDOSCOPY FIBROPTIC	6500
309	SIGMOIDOSCOPY FIBROPTIC (ANAES. CHRGS)	2275
310	SINOVIATOR BONE BIOPSY OF HIP JOINT	6400
311	SINOVIATOR BONE BIOPSY OF HIP JOINT (ANAES. CHRGS)	2240
312	SKIN BIOPSY	700
313	SKIN BIOPSY (ANAES. CHRGS)	245
314	SKIN GRAFT MEDIUM(ANAES.CHRGS)	5950
315	SKIN GRAFT MEDIUM.	17000

### MINOR OT PROCEDURES

S.No.	SERVICE NAME	AMOUNT
315	SKIN GRAFT MEDIUM.	17000
316	SKIN GRAFT SMALL(ANAES.CHRGS)	4200
317	SKIN GRAFT SMALL..	12000
318	SUPRA PUBIC CYSTOSTOMY(SPC)	4500
319	SUPRA PUBIC CYSTOSTOMY(SPC)(ANAES. CHARGES)	1575
320	TEP VOICE PROSTHESIS	8500
321	TEP VOICE PROSTHESIS (ANAES.CHRGS)	2975
322	TESTICULAR BIOPSY (BI-LATERAL) IN MINOR OT	3500
323	TESTICULAR BIOPSY (BI-LATERAL)- (ANAES. CHRGS)	1225
324	TESTICULAR BIOPSY (UNILATERAL) IN MINOR OT	3000
325	TESTICULAR BIOPSY (UNILATERAL)- (ANAES. CHRGS)	1050
326	TONSIL BIOPSY	1000
327	TONSIL BIOPSY (ANAES. CHRGS)	350
328	TRACHEOSTOMY IN MINOR OT	11000
329	TRACHEOSTOMY IN MINOR OT (ANAES. CHRGS)	3850
330	TRANS RECTAL ULTRASOUND / PROSTATE BIOPSY	6050
331	TRANSFORAMINAL N ROOT BLOCK	5000
332	TRANSFORAMINAL N ROOT BLOCK (ANAES.CHRGS)	1750
333	TRUE CUT BIOPSY (EXTRACAVITY/SUPERFICIAL)	1500
334	TRUE CUT BIOPSY (INTRACAVITY)	3500
335	URETHRAL DIALATATION	1100
336	URETHRAL DIALATATION (ANAES. CHRGS)	350
337	URO FLOW RATE	600
338	VACCUM ASSISTED BREAST BIOPSY-ENCORE	12000
339	VACUUM BIOPSY MULTICORE(RADIOLOGIST)	2500
340	VACUUM BIOPSY MULTICORE(SURGEN)	2500
341	VARICEAL BANDING	10000
342	VARICEAL BANDING (ANAES. CHRGS)	3500
343	VARICEAL GLUE INJECTION	11000
344	VARICEAL GLUE INJECTION (ANAES.CHRGS)	3850
345	WOUND DEDRIDEMENT IN MINOR OT	1550
346	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	650
3	PCA PUMP CHARGE	650
4	PULSE OXYMETER CHARGES IN WARD	650

### MISCELLANEOUS CHARGES

S.No.	SERVICE NAME	AMOUNT
1	AIR MATTRESS --(ARJO HUNTLEIGH AUTOLOGIC)	500
2	ALPHA BED INTAI LIFESCIENCES (RENTAL CHARGES)	450
3	BCA (BODY COMPOSITION ANALYSIS)	100
4	COPY / INSPECTION OF OPD RECORDS	1000
5	COPY / INSPET. OF IPD RECORDS > 200 PAGES	2200
6	COPY / INSPET. OF IPD RECORDS UPTO 200 PAGES	1400
7	DIETETICS SESSION IN OPD	500
8	DISPOSABLE GOWN	200
9	EMPLOYEE IDENTITY CARD CHARGE	100
10	EXTERNAL DOCTOR VISIT- III	1500
11	GOWN CHARGES	250
12	GROSHONG NXT PICC 4FR.WITH MI CLOSED ENDED SINGLE LUMEN CATHETER WITH THREE WAY VALVE AT DISTAL TIP IN 4FR. ( CODE. NO. 7655405 )	14317
13	INFECTION CONTROL CHARGES	200
14	INSTRUMENT PROCESSING CHARGES	600
15	LOST PASS CHARGES	600
16	MULTI STAKE HOLDERS PSYCHO ONCO.SESSION OPD/IPD	1000
17	NEONATOLOGIST FIRST VISIT	5000
18	NEONATOLOGIST SUBSEQUENT VISIT	3000
19	NEUROPHYSIOLOGY MONITORING DURING SURGERY (FOR LONG CASE)	10000
20	NEUROPHYSIOLOGY MONITORING DURING SURGERY (FOR SHORT CASE)	5000
21	PALLIATIVE CARE PHYSICIAN SESSION OPD/IPD	500
22	PREVENTIVE ONCOLOGY	300
23	PSYCHO ONCOLOGY SESSION OPD/IPD	500
24	REGISTRATION FEE.	350
25	SPEECH THERAPY OPD/IPD SESSION	900
26	SWALLOWING THERAPY OPD/IPD SESSION	500
27	TPA DOCUMENTATION & FILE PROCESSING CHARGES	1200
28	TPA DOCUMENTATION & FILE PROCESSING CHARGES {DAY CARE}	650
29	TUMOUR BOARD CHARGES	500

## NUCLEAR MEDICINE

S.No.	SERVICE NAME	AMOUNT
1	11-15 MCI,I-131	18000
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	14200
6	DOSIMETRY CHARGES (131-I/Y-90/LU-177/161-TB/OTHERS)	10000
7	FUNCTIONAL LIVER VOLUMENTRY (MEBROFENIN SCAN) REPORT	2500
8	G.I. BLEED	8470
9	HIDA	12100
10	I-131 IODINE THERAPY PLANNING & PROCEDURE CHARGES	5000
11	INJ.THYROGEN(TSH INJ.) (MEDICINE ONLY)	95000
12	LIVER BLOOD POOL	8470
13	LU177 PRPT DRUGS & MATERIAL	205000
14	LU177 PRPT PROCEDURE CHARGES	10000
15	LU177 PRRT (BRIT) PROCEDURE CHARGES	10000
16	LU177 WHOLE BODY SPECT CT	7700
17	LU-177-DOTATATE (BRIT) 100MCI DRUGS AND MATERIAL CHARGES	68000
18	LU-177-DOTATATE (BRIT) 200MCI DRUGS AND MATERIAL CHARGES	135000
19	LU-177-PSMA (BRIT) 100MCI DRUGS AND MATERIAL CHARGES	65000
20	LU-177-PSMA (BRIT) 200MCI DRUGS AND MATERIAL CHARGES	125000
21	LUNG PERFUSION SCAN	9350
22	LUNG VENTILATION SCAN	8800
23	OUTSIDE SCAN REVIEW (NM)	1500
24	PARATHYROID SCAN (TL-TC)	11000
25	RADIONUCLIDE VENOGRAPHY	8470
26	RENAL (DTPA) SCAN & GFR	8470
27	RENAL DMSA SCAN	7865
28	REST MUGA	8470
29	SAMARIUM -153 EDTMP INJECTION	19800
30	SAMARIUM -153 EDTMP INJECTION PROCEDURE CHARGES	5500
31	STRESS MUGA	8470
32	THREE PHASE BONE SCAN (MDP)	8470
33	THYROID FLOW AND SCAN (TC)	8470
34	THYROID UPTAKE & SCAN (131-I)	8470
35	THYROID UPTAKE & SCAN (TC)	8470
36	TMT STRESS THALLIUM	12100
37	VU REFLUX	7150
38	WHOLE BODY BONE SCAN (MDP)	8470
39	WHOLE BODY SCAN SPECT - CT	8470
40	Y-90 SIR-SPHERE (SUN PHARMA)	905625
41	Y-90 THERASPHERE (SYARE THERAPEUTICS)	952875
42	Y-90 WHOLE BODY SPECT CT	8470

## IMAGING MATERIAL/CA THYROID/IMAGING/IN VIVO

### 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 BIOPSY MR GUIDED WIRE LOCALIZATION (PACKAGE) MATERIAL	8000
5	CONTRAST MRI(GD) PER UNIT (ADDITIONAL)	3000
2	F-CHOLINE PET CT (MATERIAL CHARGES)	15000
3	F-DOPA PET CT(MATERIAL CHARGES)	13500
4	IMRT PLANNING WITH PET-CT (MATERIAL CHARGES)	7500
5	IONIC CONTRAST	170
6	NON IONIC CONTRAST	500
7	PET SCINTIMAMMOGRAPHY (MATERIAL CHARGES)	7500
8	PET-MRI PACKAGE (MATERIAL)	10500
9	WHOLE BODY PET CT WITH DIAG. CT (MATERIAL CHARGES)	9000
10	WHOLE BODY PET CT WITHOUT DIAG. CT (MATERIAL CHARGES)	7500
11	WHOLE BODY PET-CTWITH OTHER RADIOPHARMACEUTICALS MATERIAL	9000

### CA THYROID

S.No.	SERVICE NAME	AMOUNT
1	2-5 MCI,I-131	12000
2	6-10 MCI,I-131.	15000
3	89-SR	100000

### IMAGING/IN VIVO

S.No.	SERVICE NAME	AMOUNT
1	100 MCI,I-131	36300
2	150 MCI,I-131	39600
3	200 MCI,I-131	46200
4	250 MCI,I-131	64350
5	25MCI,I-131	25300
6	300 MCI,I-131	65550
7	50 MCI,I-131.	33000

### THERAPHY

S.No.	SERVICE NAME	AMOUNT
1	100 MCI CAPSULE	36300
2	131-I MIBG THERAPY (100 mCiXI) (BRIT MUMBAI)	70400
3	131-I MIBG THERAPY (100 MCIXI)(OTHER THAN BRIT MUMBAI)	121000
4	150 MCI CAPSULE	39600
5	161-TERBIUM-DOTATATE (MANUFACTURED BY THERA NETHERLANDS).	444000
6	161-TERBIUM-PSMA (MANUFACTURED BY THERA NETHERLANDS).	507000
7	200 MCI CAPSULE	46200
8	25 MCI CAPSULE	23500
9	250 MCI CAPSULE	64350
10	300 MCI CAPSULE	65550
11	50 MCI CAPSULE	33000
12	75 MCI CAPSULE	31900
13	ADRENAL SCAN (MIBG)	31350
14	BRAIN TL/MIBI SPECT SCAN	10450
15	CAPTOPRIL RENAL SCAN PACKAGE	17000
16	I-131 MIBG PROCEDURE CHARGES	10000
17	POPT BRAIN SPECT (THALLIUM)	9790
18	SALIVARY GLAND IMAGING	8470
19	SCINTIMAMMOGRAPHY/TUMOUR VIABILITY STUDY	8470
20	SENTINEL NODE SCINT. (COST OF DRUGS & MATER.)	6600
21	SENTINEL NODE SCINTIGRAPHY SPECT-CT	9900
22	TESTICULAR IMAGING	3960

**PET - CT**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
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 PETCT WITH REGIONAL CECT	23500
8	FAPI PET CT	19000
9	FAPI PET CT AND FDG PET CT	36000
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	PSMA PETCT WITH REGIONAL CECT	23500
27	REVIEW OF OUTSIDE PET-CT	4000
28	REVIEW OF OUTSIDE PET-CT(MULTIPLE STUDIES)	4500
29	WHOLE BODY PET CT	11500
30	WHOLE BODY PET CT WITHOUT DIAG. CT	11500
31	WHOLE BODY PET-CTWITH OTHER RADIOPHARMACEUTICALS	14500
32	Y-90 POST THERAPY PET CT	11500

### PALLATIVE CARE

S.No.	SERVICE NAME	AMOUNT
1	FENSPAR 25mcg PATCH	582
2	FENSPAR 50mcg PATCH	693
3	FENTANYL CITRATE INJ 2ML	47
4	FENTANYL CITRATE 50 MCG/ML 10 ML AMP	239
5	FENTANYL CITRATE INJ. 2 ML	56.4
6	FENTANYL PATCH (FENSPAR 12.5MCG/Hr.3'	360
7	FENTANYL PATCH (VERFEN 12MCG)	510
8	FENTANYL PATCH 12.5 MCG	231
9	FENTANYL PATCHES 12 MCG (DUROGESIC)J&J	494
10	FENTANYL PATCH 25MCG/HR (VERFEN) 1'S	827
11	FENTANYL PATCH 50MCG/HR (VERFEN) 1'S	1583
12	FenTrans 25mcg/hr (Fentanyl Transdermal Patch)	654
13	FenTrans 50mcg/hr (Fentanyl Transdermal Patch)	565
14	Inj. Morphine 15 mg	37
15	MORPHINE 30MG TAB	10.7
16	Morphine 60Mg SR Tab	19
17	MORPHINE 60mg TAB, VERVE	20.85
18	MORPHINE INJ. 15 MG	17
19	MORPHINE INJECTION 15mg (VERVE)	16.75
20	MORPHINE TAB. 20 MG SR	8.1
21	MORPHINE TAB. 30 MG SR	7.75
22	MORPHINE TABLETS 10 MG	8
23	TOTAL HEAL BROAD SPECTRUM 3000MG (30 ML)	8500
24	TROFENTYL OTFC 200 MCG TAB(1X1 TAB)(TROIKAA)	250

**P.F.T/PACKAGES**

**P.F.T**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
1	P.F.T	2000
2	PFT PRE BRONCHODILATOR	1900
3	PFT PRE POST BRONCHODILATOR	2100
4	PFT WITH DIFFUSION	2800

**PACKAGES**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
1	FDG & GA68 FAPI PET CT Package (Head & Neck)	25000
2	PET- MRI PACKAGE	14000

## PHYSIOTHERAPY

S.No.	SERVICE NAME	AMOUNT
1	BIOFEEDBACK	300
2	CERVICAL TRACTION	150
3	CHEST PHYSIOTHERAPY(A)	500
4	CHEST PHYSIOTHERAPY(A) & EXERCISE THERAPY	600
5	CHEST PHYSIOTHERAPY(B)	600
6	CHEST PHYSIOTHERAPY(B) & EXERCISE THERAPY	650
7	COMBINATION THERAPY	1000
8	COMBINATION THERAPY PACKAGE UPTO 10 SITTINGS (VALID FOR 30DAYS)	9000
9	COMBINATION THERAPY PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	6300
10	CONSULTATION FEE FOR PHYSIOTHERAPY	500
11	CPM	300
12	CRYOTHERAPY	250
13	ELASTIC BAND (EXERCISE) ZORBIS	950
14	ELECTRONIC MUSCLE STIMULATOR (GROUP)	250
15	ELECTRONIC MUSCLE STIMULATOR (PEN)	450
16	EXERCISE PACKAGE UPTO 10 SITTINGS (VALID FOR 30DAYS)	4000
17	EXERCISE PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	2900
18	EXERCISE THERAPY/ SITTING	450
19	HIP AND THIGH BRACE/SUPPORT ZORBIS	8820
20	HOT FOMENTATION	200
21	I.R	150
22	IFT	450
23	LASER	300
24	LOWER LIMB KIT ZOBIS	7481
25	LYMPHAPRESS (PER SITTING)	800
26	LYMPHAPRESS PACKAGE UP TO 10 SITTINGS (VALID FOR 30DAYS)	7200
27	LYMPHAPRESS PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	5050
28	MOBILIZATION	300
29	MORE THEN TWO MODALITY	700
30	MRM KIT ZORBIS	3308
31	MULTIPLE TREATMENT	550
32	PAIN PACKAGE FOR 8 TO 10 SITTINGS (VALID FOR 30DAYS)	5400
33	PAIN PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	3800
34	POST OPERATIVE REGIMEN	600
35	PRE-OPERATIVE PHYSIOTHERAPY	400
36	PROSTHESIS	250
37	REHABILITATION / SITTING	800
38	REHABILITATION AIDS SERVICE	200
39	REHABILITATION PACKAGE UPTO 10 SITTINGS (VALID FOR 30DAYS)	7200
40	REHABILITATION PACKAGE UPTO 7 SITTINGS (VALID FOR 30DAYS)	5050
41	SIMPLE EXERCISE	450
42	SLD REGIMEN	500
43	SPECIAL EXERCISES	550
44	SPECIAL EXERCISES PACKAGE UPTO 07 SITTINGS (VALID FOR 30DAYS)	3500
45	SPECIAL EXERCISES PACKAGE UPTO 10 SITTINGS (VALID FOR 30DAYS)	5000

**PHYSIOTHERAPY**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
46	SWALLOWING EXERCISES	400
47	TENS	300
48	U.S	300
49	UPPER LIMB KIT ZORBIS	5906
50	UPTO TWO MODALITY	600
51	UVR	200
52	ZORBIS CHIN STRAP	600
53	ZORBIS CHIN STRAP COLLER.	851
54	ZORBIS FULL ARM SLEEVE WITH GAUNTLET + SHOULDER ST.	975
55	ZORBIS KNEE IMMOBILZER ( LONG).	975
56	ZORBIS L.S. BELT EXTRA WIDE.	1143
57	ZORBIS SCORTAL SUPPORT WIDE	700
58	ZORBIS SIDE OPEN ABD. BINDER N. WIDE.	1040
59	ZORBIS TAYLOR'S BRACE EXTRA WIDE	2079

### 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)	12000
6	ABDOMEN(TRIPLE PHASE) + CHEST CT	17000
7	ANGIOGRAPHY (CONTRAST CHARGES ADDITIONAL)	14000
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)	13500
13	CT - EXTRA FILM	350
14	CT ADDITIONAL 3D RECONSTRUCTION	2500
15	CT CARDIAC CALCIUM SCORING	4000
16	CT JOINTS/MUSCULOSKELETAL/ EXTERMITIES WITOUT CONTRAST	3300
17	CT NECK/FACE/MANDIBLE/INNER EAR/PNS/PITUITARY FOSSA/ORBIT WITH CONTRAST(CONTRAST CHARGES ADDITIONAL)	4000
18	CT NECK/FACE/MANDIBLE/INNER EAR/PNS/PITUITARY FOSSA/ORBIT WITOUT CONTRAST	4000
19	CT PLANNING FOR IMRT (CT)	6500
20	CT UPPER ABDOMEN (TRIPLE PHASE)-CONTRAST CHARGES ADDITIONAL	13500
21	CT UROGRAPHY	10000
22	CT VOLUMETERY	2500
23	ENTEROGRAPHY -CONTRAST CHARGES EXTRA	8800
24	HEAD WITH CONTRAST( CONTRAST CHARGES ADDITIONAL)	4000
25	HEAD WITHOUT CONTRAST	3500
26	REVIEWING OUTSIDE CT FILMS	3000
27	SCANNING OUTSIDE FILMS FOR REVIEW/COMPARISON	500
28	SPECIAL REQUIREMENT (CT)	3000
29	SPINE ONE REGINE	3300
30	SPINE WHOLE	5000
31	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	C-ARM FOR PICC INSERTION	1000
13	CATHETER CHOLANGIOGRAM	3000
14	CENTRAL LINE INSERTION -TUNNELLED.	18000
15	CENTRAL LINE INSERTION.	9000
16	CRYOABLATION	40000
17	CT GUIDED ASPIRATION	7500
18	CT GUIDED BIOPSY -INTRACAVITY -COMPLEX	15000
19	CT GUIDED BIOPSY- INTRACAVITY	11000
20	CT GUIDED BIOPSY-EXTRACAVITY	9000
21	CT GUIDED DRAINAGE	12000
22	CT GUIDED FNAC	7500
23	CT GUIDED LUMBER PUNCTURE	7500
24	CT GUIDED MULTIPLE SITE PROCEDURE-ADDITIONAL	4000
25	CT GUIDED NERVE BLOCK (CHEMICAL)	15000
26	CYST ABLATION.	12500
27	DIGITAL SUBTRACTION ANGIOGRAPHY (DSA).	18250
28	FALLOPIAN TUBE RECANALIZATION	12500
29	FLOUROSCOPIC GUIDED NG / NJ TIBE INSERTION	5000
30	FLOUROSCOPY GUIDED DIAGNOSTIC LYMPHANGIOGRAPHY	25000
31	FLOUROSCOPY GUIDED FIDUCIAL PLACEMENT	20000
32	FLUOROSCOPIC GUIDED VENOUS LINE PLACEMENT (PICC/ MIDLINE/CAVAFIX)	4500
33	FLUROSCOPY GUIDED LYMPHANGIOGRAPHY	25000
34	INTERNALIZATION +/- STENT – 2 SYSTEM	18000
35	INTERNALIZATION +/- STENT – SINGLE SYSTEM	10000
36	INTERNALIZATION +/- STENT –3 SYSTEM	25000
37	INTERVENTIONAL RADIOLOGY REVIEW	1200
38	INTRADUCTAL BIOPSY / CYTOLOGY	12500
39	INTRALUMINAL ABLATION	31250
40	INTRA-OP ABLATION (MORE THAN 5 LESIONS)	50000
41	INTRA-OP ABLATION (UPTO 2 LESIONS)	35000
42	INTRA-OP ABLATION (UPTO 3-5 LESIONS)	45000
43	INTRA-OPERATIVE ULTRASOUND	5000
44	INTRAVASCULAR SNARING.	25000
45	IVC FILTER..	37500

## INTERVENTIONAL ONCOLOGY

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

### INTERVENTIONAL ONCOLOGY

S.No.	SERVICE NAME	AMOUNT
91	TUMOUR ABLATION (CHEMICAL)	10000
92	TUNNELED DRAINAGE CATHETER PLACEMENT	12000
93	URETERAL STENTING-BILATERAL	18000
94	URETERAL STENTING-UNILATERAL	10000
95	US / CT GUIDED CRYOABLATION	45000
96	US GUIDED ASPIRATION	5000
97	US GUIDED BIOPSY- INTRACAVITY	8000
98	US GUIDED BIOPSY-EXTRACAVITY	6000
99	US GUIDED CHOLECYSTOSTOMY	10000
100	US GUIDED DRAINAGE..	9000
101	US GUIDED FNAC	4500
102	US GUIDED INTERVENTIONAL	4600
103	US GUIDED MARKER CLIP PLACEMENT	7000
104	US GUIDED MULTIPLE SITE PROCEDURE-ADDITIONAL	3000
105	US GUIDED PLEURODESIS	5000
106	US GUIDED VENOUS LINE PLACEMENT (PICC/ MIDLINE/CAVAFIX) - BEDSIDE /ICU	6500
107	VACCUM ASSISTED BREAST BIOPSY-ENCORE (VAB BIOPSY)	15000
108	VACCUM ASSISTED BREAST LUMPECTOMY (VAB LUMPECTOMY)	20000
109	VARICES EMBOLIZATION.	70000
110	VARICOSE VEIN LASER ABLATION	15000
111	VASCULAR EMBOLIZATION..	48000
112	VERTEBROPLASTY/KYPHOPLASTY (CT)/VERTEBRAL BIOPSY	15000

## MAMMOGRAPHY/ULTRA SOUND

### MAMMOGRAPHY

S.No.	SERVICE NAME	AMOUNT
1	MAMMOGRAPHY (DBT) BILATERAL	6500
2	MAMMOGRAPHY (DBT)-SINGLE BREAST	3500
3	MAMMOGRAPHY (DBT+US) BILATERAL	8500
4	MAMMOGRAPHY (DBT+US) -SINGLE BREAST	4500
5	MAMMOGRAPHY (FFDM) -BILATERAL BREAST	3500
6	MAMMOGRAPHY (FFDM) -SINGLE BREAST	1900
7	MAMMOGRAPHY (FFDM+US) BILATERAL	5500
8	MAMMOGRAPHY (FFDM+USG)-SINGLE BREAST	3000
9	MAMMOGRAPHY -ADDITIONAL VIEWS	500
10	REVIEW OF MAMMOGRAPHY (MG)	400
11	SPECIMEN MAMMOGRAPHY	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	LOWER ABDOMEN + INGUINAL REGION	2000
7	NECK	1600
8	OBSTETRICS (US)	1500
9	PORTABLE DOPPLER ULTRASOUND	4500
10	PORTABLE ULTRA SOUND (US)	2500
11	RESIDUAL URINE (US)	500
12	SMALL PARTS (US)	1500
13	TRANSVAGINAL (US)	1400
14	TRUSS (US)	1400
15	UPPER ABDOMEN (US)	1500
16	WHOLE ABDOMEN (US)	3000
17	WHOLE ABDOMEN + INGUINAL REGION	3500

### X - RAY

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
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 )	60000
2	INTERSTITIAL IMPLANT FULL((WITH ANESTHESIA )	105000
3	INTRACAVITARY PER SESSION (WITH ANESTHESIA)	30000
4	INTRALUMENAL/INTRACAVITARY PER SESSION (WITHOUT ANAESTHESIA)	21000
5	RADICAL MOULD TREATMENT PER PACKAGE-	48500
6	SINGLE LEADER FLEXIBLE IMPLANT CATHATER WITH BUTTONS	5250
7	STAND BY RADIOLOGIST	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	SBRT PALLIATIVE	160000
13	SBRT RADICAL	265000
14	SHORT COURSE-IGRT (UPTO 10 FRACTIONS)	145000
15	SINGLE FRACTION	25500
16	SPECIAL CHARGES FOR RADATION	25000
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	45500
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	IMRT By TOMOTHERAPY	190000
4	MORE THAN TWO FRACTIONS (TOMO)	125000
5	PALLIATIVE IMRT By TOMOTHERAPY	110000
6	PALLIATIVE SBRT By TOMOTHERAPY	167500
7	PALLIATIVE SRS By TOMOTHERAPY	125000
8	SBRT RADICAL By TOMOTHERAPY	280000
9	SHORT COURSE IGRT By TOMOTHERAPY	150000
10	SINGLE FRACTION (TOMO)	25000
11	SRS RADICAL By TOMOTHERAPY	230000
12	TBI TWO FRACTIONS (TOMO)	125000
13	TBI By TOMOTHERAPY(MORE THAN 2 FRACTIONS )	200000
14	TBI SINGLE FRACTION.	100000

### VENTILATOR CHARGES

S.No.	SERVICE NAME	AMOUNT
1	VENTILATOR CHARGES WITH NEBULISER MORE THAN 6 HOURS	4500
2	VENTILATOR CHARGES WITH NEBULISER 0 HOUR TO 6 HOURS	2000

### SURGERY -ABDOMEN

S.No.	SERVICE NAME	AMOUNT
1	ABDOMINAL PERINEAL RESECTION (APR)	100000
2	ANTERIOR RESECTION	100000
3	APENDICECTOMY	7500
4	CHOLECYSTECTOMY + CHOLEDOCHODUOD	38000
5	CLOSURE OF INTESTINAL FISTULA	15000
6	COLOSTOMY	20000
7	COLOSTOMY/ILEOSTOMY CLOSURE	26000
8	CRS CYTOREDUCTIVE SURGERY	75000
9	DERMOLIPECTOMY	17500
10	DIGITAL DILATION FOR ANAL FISSURE	2800
11	DISTAL PANCREATECTOMY + SPLENECTOMY	55000
12	EXCISION ABDOMEN WALL TUMOR	30000
13	EXCISION EXTRA BIG STS	135000
14	EXCISION MESENTERIC S.T. SARCOMA(L)	50000
15	EXCISION OF BIGSOFT TISSUES SARCOMA	55000
16	EXCISION OF PILONIDAL SINUS	3000
17	EXCISION RETROPERIT TUMOR	100000
18	EXCISION SACRAL CHORDOMA	25000
19	EXPLORATORY LAPROTOMY	26000
20	GASTRECTOMY WITH D1	75000
21	GASTRECTOMY WITH D2	85000
22	GASTROJEJUNOSTOMY	30000
23	GASTROSTOMY	10000
24	HAEMORRHOIDECTOMY	5000
25	HARTMANN'S PROCEDURE	65000
26	HDL LYMPH NODE DISECTION	30000
27	HEMICOLECTOMY	70000
28	HEPATICO JEJUNOSTOMY	55000
29	HEPATRC ARTERY INFUSION PUMP PLACEMENT	30000
30	HERNIA REPAIR - INCISIONAL/INGUINAL	45000
31	HIPEC IN GI CANCER	95000
32	ILEOSTOMY	22000
33	ILEO-TRANSVERSE COLOSTOMY	25000
34	JEJUNOSTOMY (FEEDING)	12000
35	LAPAROSCOPY FOR Ca GE JUNCTION	16500
36	LAPAROTOMY & OPEN REDUCTION OF INTUSUSCEPTION	16500
37	LAPROSCOPY (DIAGNOSTIC)	25000
38	LIVER ABSCESS (OPEN DRAINAGE)	11000
39	MACKEOWNS / IVOR LEWIS ESOPHAGACTOMY	100000
40	MESH REPAIR	40000
41	MICROWAVE ABLATION PROCEDURE	33000
42	MULTIPLE METASTATECTOMY LIVER	50000
43	PALLIATIVE GASTRECTOMY	35000
44	PANCREATICO DUODENOSPLENECTOMY	100000
45	PERIANAL ABSCESS+FISTULAIN ANO	3500

### SURGERY -ABDOMEN

S.No.	SERVICE NAME	AMOUNT
46	PIPAC	40000
47	POST CHOLE.EXC OF LIVERBED & LYMPHADENECTOMY	60000
48	PYLOROPLASTY	11000
49	RADICAL CHOLECYSTECTOMY	75000
50	RADICAL CHOLOCYSTECTOMY WITH BYPASS	80000
51	RADICAL HEMICOLECTOMY	75000
52	RAMPS	75000
53	R-APR/ANTERIOR RESECTION	155000
54	RECTOPEXY	11000
55	RE-EXPLORATION	12000
56	RESCTION AND ANASTOMOSIS	35000
57	RESTRORATIVE TOTAL PROCTODOCYTOMY	60000
58	R-GASTRECTOMY	155000
59	R-HEMICOLECTOMY	155000
60	R-HEPATECTOMY	155000
61	R-OESOPHEGECTOMY	155000
62	R-PANCREATECTOMY	155000
63	R-RADICAL CHOLECYCTECTOMY	155000
64	R-SPLENECTOMY	155000
65	SIGMOIDCOLECTOMY	44000
66	SIMPLE CHOLECYSTECTOMY	26000
67	SIMPLE GASTRECTOMY	35000
68	SPHINCIEROTOMY/ BOTOX INJECTION	5000
69	SPLENECTOMY	40000
70	TOTAL COLECTOMY	70000
71	TRANSANAL EXCISION	44000
72	TRIPLE BYPASS	52000
73	ULTRA -LOW RESECTION	70000
74	WHIPPLE PROCEDURE	120000

## 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
44	PAROTIDEDUCT CANNULATION/I&D SUBMAN	3300
45	PEG IN MAJOR O.T	14000

### BIOPSY/MINOR PROCEDURES

S.No.	SERVICE NAME	AMOUNT
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	50000
2	ARTHRO PLASTY	80000
3	BALLON KYPHOPLASTY	50000
4	BENIGN BONE TUMOUR EXCISION WITH RECO.	60000
5	BENIGN BONE TUMOUR RESECTION WITHOUT RECONSTRUCTION	30000
6	BONE GRAFTING	25000
7	BONE SACRCOMA - WIDE/COMPARTMENTAL	30000
8	CORE DECOMPRESSION WITH BONE GRAFTING	25000
9	CRYOFREEZ TREATMENT FOR BONE SARCOMA MATERIAL	5000
10	CURETTAGE + RECONSTRUCTION + PLATING	60000
11	DEDRIDMENT OF WOUND	10000
12	DISARTICULATION OF FORE QUARTER/HIN	50000
13	DISARTICULATION OF KNEE/ELBOW	30000
14	DISARTICULATION OF WRIST/ANKLE	25000
15	EXCISION OF SMALL LESION	10000
16	EXTERNAL FIXATION	25000
17	FINGER/HAND AMPUTATION	20000
18	HEMIPELVECTOMY(EXTERNAL)	80000
19	IMPLANT REMOVAL	20000
20	IMPLANT REMOVAL + NAIL CEMENT ARTHRODESIS	50000
21	INTERNAL FIXATION - MAJOR	60000
22	INTERNAL FIXATION - MINOR	35000
23	INTERNAL FIXATION WITH IN NAILING	60000
24	INTERNAL HEMIPELVECTOMY	120000
25	LAMINECTOMY-CERVICAL/LUMBAR	50000
26	LIMB SALVAGE SURGERY WITH ARTHRODESIS/INTERNAL FIXATION	130000
27	LIMB SALVAGE SURGERY WITH MEGAPROSTHESIS	130000
28	LIMB SALVAGE SURGERY/ROTATION PLASTY	100000
29	LSS WITH CRYOFREEZE TREATMENT	50000
30	OSTEOSYNTHESIS	20000
31	PART SPINAL INSTRUMENTATION	90000
32	POP HIP SPICA/SHOULDER SPICA/ABOVE KNEE/ABOVE ELBOW	10000
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	30000
41	WIDE RESECTION LIMB SARCOMA	50000

### SURGERY - BREAST

S.No.	SERVICE NAME	AMOUNT
1	AXILLARY CLEARANCE	35000
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	BILATERAL THERAPEUTIC MAMMOPLASTY	65000
7	BREAST ABSCESS	5500
8	BREAST ONCOPLASTE - I	40000
9	BREAST ONCOPLASTE- II	55000
10	CONTRALATERAL REDUCTION MAMMOPLASTY	35000
11	DIEP FLAP	62000
12	EXCISION OF PECTORALIS MAJOR	8000
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	72000
21	MICRODOCECTOMY	22500
22	MINI LD FLAP	35000
23	PRIMARY RECONST. BREAST IMPLANT	37000
24	QUADRANTECTOMY WITH AXILLARY CLEARANCE(BCS)/BCS WITH SENTINEL NODE BIOPSY	72000
25	RECONSTRUCTION IN BREAST CONSERVATIVE SURGERY BY VOLUME DISPLACEMENT	40000
26	RECONSTRUCTION IN BREAST CONSERVATIVE SURGERY BY VOLUME REPLACEMENT	45000
27	SECONDARY SUTURING	5500
28	SENTINEL NODE BIOPSY ALONE	20000
29	SIMPLE MASTECTOMY	25000
30	SIMPLE MASTECTOMY AND SENTINAL NODE	35000
31	THERAPEUTIC MAMMOPLASTY	55000
32	TRAM FLAP	40000
33	VABB PROCEDURE	25000

## DENTAL DEPARTMENT

S.No.	SERVICE NAME	AMOUNT
1	ALL CERAMIC BRIDGE (ZICONIA)PER UNIT	15000
2	ALL CERAMIC CROWN (IPS EMPRESS)	12000
3	ALL CERAMIC CROWN (PROCERA)	15000
4	APICOCETOMY PER TOOTH	7500
5	BIEACHING TEETH (IN CLINIC)	17000
6	BIEACHING TEETH AT HOME (TRY FABRICATED)DENTAL GUARDS	7500
7	BIOHORIZON IMPLANT	45000
8	BIOPSY	6000
9	BONE+SOFT TISSUE RECONSTRUCTION (UNDER GA)	70000
10	COMPLETE DENTURE LUCITONE	15000
11	COMPLETE DENTURE WITH METAL BASE	30000
12	COMPONENT RESECTION (UNDER GA)	60000
13	CROWN CHROME COBALT (PER UNIT)	4000
14	CROWN METAL CERAMIC (PER UNIT)	6000
15	CROWN METAL WITH ACRYLIC FACING (PER UNIT)	4000
16	DENTAL PROCEDURE I	700
17	EXCISIONAL BIOPSY OF SOFT & HARD TISSUE	4000
18	EXTRACTION (PER TOOTH) GRADE I/GRADE II	700
19	EXTRACTION OF ROOT STUMPS/CARIOUS DESTROYED	1000
20	EXTRACTION OF TEETH INVOLVING 5 SITTINGHS.	5000
21	EXTRACTION OF TEETH INVOLVING ONE QUADRANT(UNDER GA).	17000
22	EXTRACTION OF TEETH INVOLVING THREE QUADRANTS (UNDER GA).	32000
23	EXTRACTION OF TEETH INVOLVING TWO QUADRANT(UNDER GA).	25000
24	EXTRAORAL DRESSING	500
25	FILING COMPOSITE (SIMPLE)	1000
26	FILING COMPOSITE(COMPLEX WITH GI BASE)	800
27	FIXED ORTHODONTIC TREATMENT WITH CERAMIC BRACKETS	45000
28	FIXED ORTHODONTIC TREATMENT WITH CERAMIC BRACKETS SINGLE ARCH	20000
29	FLAP SURGERY + BONE GRAFT (PER QUADRANT)	15000
30	FLAP SURGERY FULL MOUTH(UNDER GA).	45000
31	FLAP SURGERY PER QUADRANT(UNDER GA).	12000
32	FLAP SURGERY PER SINGLE TOOTH(UNDER GA).	9000
33	FLUORIDE APPLICATION 5 SITTING PACKAGE	8000
34	FLUORIDE APPLICATION PER SITTING	2000
35	FREE GINGIVAL GRAFT	7000
36	FULL MOUTH EXTRACTION OF TEETH UNDER GENERAL ANESTHESIA.	42000
37	GINGIVECTOMY (PER QUADRANT)	6000
38	GINGIVECTOMY FULL MOUTH	22000
39	GLASS LONOMER RESTORATION	700
40	IMPACTION (MAXILLARY MANDIBLE)	7000
41	IMPLANT FOR 1.(UNDER GA)	16000
42	IMPLANT FOR 2.(UNDER GA)	27000
43	IMPLANT FOR 3.(UNDER GA)	40000
44	IMPLANT FOR 4.(UNDER GA)	50000
45	IMPLANT FOR 5.(UNDER GA)	60000

### DENTAL DEPARTMENT

S.No.	SERVICE NAME	AMOUNT
46	IMPLANT FOR 6.(UNDER GA)	70000
47	IMPLANT FOR MORE THAN 6.(UNDER GA)	80000
48	LASER ASSISSTED ORAL SURGERIES (MINOR)	10000
49	LASER ASSISSTED BIOPSIES	10000
50	LASER ASSISSTED ORAL SURGERIES (MAJOR)	15000
51	LASER BIOPSTIMULATION (PER SITTING)	6000
52	MANDIBULAR FRACTURE (INTERARCH WIRING)	18000
53	MAXILLOFACIAL PERMANENT OBTURATOR	12000
54	MAXILLOFACIAL TEMPORARY OBTURATOR	7000
55	MINOR ORAL SURGERY	6000
56	NOBEL BIOCARE	50000
57	ORTHODONTIC MANDIBULAR GUIDING	10000
58	OTHODONTIC TREATMENT: FIXED FUNCTIONAL APPLIANCE	15000
59	OTHODONTIC TREATMENT: REMOVABLE FUNCTIONAL APPLIANCE	10000
60	PANOREX /ORTHOPANTOMOGRAPH (OPG)	750
61	PARTIAL DENTURE ACRYLIC	3000
62	PARTIAL DENTURE ACRYLIC IN LUCITONE	4000
63	PARTIAL DENTURE MANDIBULAR IN METAL BASE	20000
64	PIT & FISSURE SEALANT IN CHILDREN PER TOOTH	800
65	PORCELAIN LAMINATES PER TOOTH	10000
66	POST & CORE (CUSTOM/LAB FABRICATED)	2500
67	POST & CORE (PREFABRICATED)	1800
68	ROOT CANAL TRATMENT(POSTERIOR)	4000
69	ROOT CANAL TREATMENT (ANTERIOR)	3500
70	SCALING (SUBGINGIVAL)	4500
71	SCALING + POLISHING	3500
72	SPLINTING OF TEETH FOLLOWING TAUMA	4000
73	SUB GINGIVAL CURETTAGE PER JAW	10000
74	SUB GINGIVAL CURETTAGE PER SEGMENT	3000
75	SURGICAL EXTRACTION UNDER GENERAL ANAESTHESIA	6000
76	TEMPORARY FILING	400
77	TRISMUS SCREW APPLIANCE	3000

### DIALYSIS AND PROCEDURES

S.No.	SERVICE NAME	AMOUNT
1	A.V.FISTULA CHARGES	8000
2	CRITICAL CARE DIALYSIS	3000
3	CRRT	13000
4	FEMORAL/JUNGLAR VENOUS CANNULATION FOR DIALYSIS	3200
5	SECURE PORT PLP.(AUREATE)	20000
6	SLED (SLOW LOW EFFICIENCY DIALYSIS)	7500

## 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/ENDOBONCHIAL 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	COLONOSCOPIC 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	125000
2	BILATERAL OOPHOROPEXY COMPLETE	25000
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	30000
15	LAPAROSCOPIC OVARIAN/CYSTECTOMY	20000
16	LEEP	10000
17	MYOMECTOMY & PLICATION OF ROUND LIG	35000
18	OMENECTOMY+PAN HYSTERECTOMY & BIOPSY(OVARIAN LAPAROTOMY)	125000
19	OPEN RADICAL HYSTRECTOMY	125000
20	OVARIAN CYSTECTOMY UNILATERAL	15000
21	PANHYSTRECTOMY	50000
22	PARTIAL PERITONECTOMY	35000
23	PARTIAL VAGINECTOMY	15000
24	PELVIC LYMPHNODE DISSECTION	25000
25	PERITONECTOMY	60000
26	POST EXENTRATION (PELVIC)	100000
27	R-COMPLETION SURGERY	155000
28	REPAIR OF VVF	35000
29	ROBOTIC -SIMPLE HYSTERECTOMY	110000
30	R-OVARIAN LAPROTOMY	155000
31	R-PARAMERECTOMY	155000
32	R-RH.	155000
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	70000
4	CENTRAL COMPARTMENT CLEARANCE	40000
5	CFR	125000
6	CFR + RECONSTRUCTION	140000
7	COMMANDO	135000
8	COMMANDO WITH LOCAL RECONSTRUCTION	140000
9	EAR CANAL CARCINOMA EXCISION + MASTOIDECTOMY	80000
10	ENDOSCOPIC SINUS DEBRIDENEBT	50000
11	ENDOSCOPIC SINUS SURGERY/FESS	120000
12	ENDOSCOPIC SKULL BASE BIOPSY	30000
13	ENDOSCOPIC SURGERY OF CA OROPHARYNX	100000
14	EXAMINATION UNDER ANEASTHIA + BIOPSY/ DL BIOPSY	12000
15	EXCISION OF SCALP /SKIN/FACE TUMOR (LARGE)	30000
16	EXCISION OF SCALP/SKIN/FACE TUMOR (SMALL)	10000
17	FREE RIB GRAFT	15000
18	HEMITHYROIDECTOMY	70000
19	INSTRUMENTATION MAXILLECTOMY	60000
20	LASER CORDECTOMY (LASER)	30000
21	LASER EXCISION OF SUBMUCOUS FIBROSIS (LASER)	5500
22	LASER MLS (LASER)	30000
23	LATERAL TEMPORAL BONE RESECTION	120000
24	LIGATION OF EXTERNAL CAROTID ART	12000
25	MAXILLECTOMY	110000
26	MIDDLE MEATAL ANTROSTOMY (MMA)	13000
27	MODIFIED RND/FUNCTION NECK DISSECT.	80000
28	NECK TUMOR EXCISION	30000
29	ORAL RESECTION	70000
30	ORAL RESECTION WITH LOCAL RECONSTRUCTION	90000
31	ORAL RESECTION WITH MND	90000
32	PARATHYROIDECTOMY	38500
33	PARTIAL GLOSSECTOMY	50000
34	R- TORS	155000
35	RADICAL NECK DISSECTION (RND)/ MND	75000
36	RADICAL/TOTAL/SUPERFACIAL PAROTIDECTOMY	85000
37	RE EXPLORATION NECK	7000
38	REMOVAL OF SEQUESTRUM	8000
39	R-EXCE.OF BASE OF TONGUE TUMOUR	155000
40	RHINOTOMY + PARTIAL MAXIL	50000
41	R-NECK DISSECTION	155000
42	ROBOTIC HEAD & NECK SURGERY	155000
43	R-THYROIDECTOMY	155000
44	SCALP TUMOR+SKULL BONE EXCISION	50000
45	SUBMANDIBULAR DISSECTION/GLAND EXCISION	40000

### SURGERY - HEAD & NECK

S.No.	SERVICE NAME	AMOUNT
46	SUPRA OMOHYOID	70000
47	TEMPORAL BONE RESECTION	80000
48	THYROPLASTY	12000
49	TOTAL/NEAR TOTAL THYROIDECTOMY/COMPLETION	90000
50	TRACHEAL RESCTION LARGE +RECONSTRUCTION	120000
51	TRACHEOSTOMY	17000
52	TRACHEOSTOMY + DL SCOPY WITH BIOPSY	21000
53	TRANSORAL LASER SURGERY (LASER)	35000
54	WIDE LOCAL EXCISION- SMALL	20000

### 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	155000
7	SUPRAGLOTTIC LARYNGECTOMY	60000
8	TOTAL LARYNGECTOMY	110000
9	VOICE PROSTHESIS	12000

**SURGERY - LIVER**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
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	120000
11	BRAIN TUMOUR SURGERY	72000
12	BURR HOLE MULTIPLE	20000
13	BURR HOLE SINGLE	10000
14	C.V JUNCTION SURGERY	90000
15	CHRONIC SUBDURAL HEMATOMA DRAINAGE	45000
16	CRANIAL RAGE TUMOR SURGERY	125000
17	CRANIOPLASTY	40000
18	CRANIOTOME CHARGES	7000
19	CRANIOTOMY	22000
20	CRANIOTOMY & ANEURYSM CLIPPLING	115000
21	CRANIOTOMY & EVACUATION OF HAEMATOMA	70000
22	CRANIOTOMY AND DEBULKING OF TUMOR	45000
23	CRANIOTOMY WITH BIOPSY	27000
24	CRANIOTOMY,TUMOR DEBULKING & DURAPLASTY	115000
25	CRANIOVERTEBRAL DECOMPRESSION & FIXATION/FUSION	90000
26	CSF LEAK REPAIR SURGERY	50000
27	CYST -REMOVAL SCALP (MULTIPLE)	20000
28	CYST -REMOVAL SCALP (SINGLE)	10000
29	DECOMPRESSION OF CARPEL TUNNEL SYNDROME	30000
30	DECOMPRESSIVE CRANIOTOMY & BONE FLAP PLACEMENT IN ANTERIOR ABDOMINAL WALL	80000
31	DURAL GRAFTING AND REPAIR	20000
32	DURAPLASTY	25000
33	ENDOSCOPIC 3RD VENTRICULOSTOMY	65000
34	ENDOSCOPIC BIOPSY OF INTRA VENTRICULAR TUMOR/DECOMPRESSION	100000
35	ENDOSCOPIC PITUITORY SURGERY	55000
36	EXCISION OF NERVE SHEATH TUMOR	45000
37	EXPLORATION & DECOMPRESSION OF BRACIAL PLEXUS	60000
38	EXTERNAL VENTRICULAR DRAIN PLACEMENT	15000
39	FORAMEN MAGNUM DECOMPRESSION LAMINOPLASTY	90000
40	FRAME FIXATION AND PLANNING	45000
41	INSTILLATION OF MEDICATION BY OMAYA	4000
42	INTRAMEDULLARY SPINE TUMAR SURGERY	90000
43	KYPHOPLASTY SINGLE BALOON	50000
44	KYPHOPLASTY/DOUBLE BALLOON	90000
45	LACERATION SUTURING	6000

### SURGERY -NEURO SURGERY

S.No.	SERVICE NAME	AMOUNT
46	LAMINECTOMY	42000
47	LAMINECTOMY & TUMOR DECOMPRESSION (MICROSCOPIC)	75000
48	LAMINECTOMY AND TUMOR DECOMPRESSION	52000
49	LAMINOPLASTY	38000
50	LP WITH INTRATHECAL MEDICINE INSTILLATION	10000
51	LUMBAR DRAINAGE	7000
52	LUMBER PUNCTURE	5000
53	LUMBO-PERITONEAL SHUNT	45000
54	MANIPULATIONS/SKULL TRACTION	7000
55	MICROVASCULAR DECOMPRESSION	110000
56	MINIMALLY INVASIVE SPINE DECOMPRESSION MICROSCOPIC- SINGLE	60000
57	MINIMALLY INVASIVE SPINE DECOMPRESSION MICROSCOPIC- TWO	80000
58	MINIMALLY INVASIVE SPINE SURGERY (MICROSCOPIC)	85000
59	NERVE/MUSCLE BIOPSY	5000
60	OMAGA / SHUNT VALVE CSF ASPIRATION	3000
61	OMAYA REMOVAL	15000
62	OMAYA RESERVOIR PLACEMENT	30000
63	OMAYA TAPPING	5000
64	ORBITOTOMY WITH BIOPSY/DECOMPRESSION	40000
65	ORBITOTOMY WITH TUMOR EXCISION	50000
66	PARTIAL SACRECTOMY	80000
67	PERCUTANEOUS PEDICLE SCREW PLACEMENT	70000
68	POSTERIOR CERVICAL SPINE SURGERY WITH FUSION/FIXATION	70000
69	RE-EXPLORATION & EVACUATION OF CLOT/INFARCTION	30000
70	RE-EXPLORATION SURGERY FOR BRAIN	85000
71	RE-EXPLORATION SURGERY FOR SPINE	85000
72	REMOVAL OF BONE FLAP PUTTING IN ABDOMINAL WALL & DECOMPRESSION OF HEMATOMAS	60000
73	REMOVAL OF BONE FLAP PUTTING IN ABDOMINAL WALL & DECOMPRESSION OF TUMOR CAVITY	40000
74	REMOVAL OF SCREWS	30000
75	REVISION OF V.P SHUNT	30000
76	SACRAL TUMOR REMOVAL	90000
77	SCALP LESION EXCISIONAL BIPOSY SMALL	25000
78	SCALP LESION EXCISIONAL BIPOSY LARGE	40000
79	SCALP TUMOR EXCISION	45000
80	SCALP TUMOR EXCISION WITH RECONSTRUCTION	65000
81	SCALP TUMOR EXCISION (BIG)	30000
82	SCALP TUMOR EXCISION (SMALL)	25000
83	SHUNT LIGATION	22000
84	SHUNT SURGERY	42000
85	SHUNT VALVE ASPIRATION & FLUSHING	1000
86	SKULL BASE SURGERY	70000
87	SPINAL DECOMPRESSION (MICROSCOPIC)	68000
88	SPINAL INSTRUMENTATION	90000

### SURGERY -NEURO SURGERY

S.No.	SERVICE NAME	AMOUNT
89	SPINAL TUMOR DECOMPRESSION (MICROSCOPIC)	78000
90	SPINAL TUMOR SURGERY	50000
91	SPINE DECOMPRESSION & INSTRUMENTATION	125000
92	SPINE LESION BIOPSY	20000
93	SPINE SURGERY WITH FIXATION	65000
94	SPINE SURGERY WITHOUT FIXATION	50000
95	SPINE TUMOR MICROSCOPIC DECOMPRESSION & INSTRUMENTATION	135000
96	SPINE WOUND DEDRIDEMENT WITH SCREW REMOVAL	15000
97	STEREOTACTIC BIOPSY OF BRAINSTEM & DEEP SEATED LESION	80000
98	STEROTACTIC BIOPSY OF BRAIN LESION	62000
99	SUBDURAL ASIPRATION/TAPPING	8000
100	TOTAL SACRECTOMY WITH FIXATION	115000
101	TRANS ORAL DECOMPRESSION OF TUMOR	65000
102	TRANS SPHENOIDAL SURGERY	78000
103	V.P SHUNT PROGRAMMABLE	75000
104	V.P.SHUNT WITH Y-CONNECTION	65000
105	VENTRICULAR PUNCTURE	10000
106	VENTRICULAR TAP	7000
107	VENTRICULO-ATRIAL SHUNT	50000
108	VERTEBRAL AUGMENTATION	50000
109	VERTEBRAL BIOPSY	40000
110	VERTEBROPLASTY	15000
111	VERTERBRAL BONE BIOPSY	25000
112	VP SHUNT	68000
113	VP SHUNT REMOVAL	10000
114	WOUND DEBRIDEMENTE	8000

### SURGERY - PEDIATRIC

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
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	BREAST RECONSTRUCTION & LOCAL FLAP WITH IMPLANT (BILATERAL )	110000
7	BREAST RECONSTRUCTION & LOCAL FLAP WITH IMPLANT (UNILATERAL )	85000
8	BREAST RECONSTRUCTION WITH IMPLANT (BILATERAL)	105000
9	BREAST RECONSTRUCTION WITH IMPLANT (UNILATERAL)	65000
10	CAVITY INSET	8000
11	CHIMERIC(MUSCULOCUTANEOUS FLAP) DOUBLE PADDLE FREE SOFT TISSUE FLAP	120000
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	ELEVATION AND INSET OF MYOCUTANEOUS FLAP/MUSCLE FLAP/ LOCAL FLAP (BREAST)	70000
18	EXCISION OF BENIGN TUMOR (LARGE)	21000
19	EXCISION OF BENIGN TUMOR (MEDIUM)	16000
20	EXCISION OF BENIGN TUMOR (SMALL)	10500
21	EXCISION OF SUPERFICIAL LESION WITH FLAP/GRAFT	19000
22	EYELID RECONSTRUCTION POST TUMOR EXCISSION	42000
23	FASCIALATA DUROPLASTY	16000
24	FASCIOTOMY	10000
25	FIBULAR GRAFT	32000
26	FLAP DEBULKING	32000
27	FREE / SOFT TISSUE FLAP	110000
28	FREE FIBULA FLAP/OSTEOCUTANEOUS FLAP	130000
29	FREE FLAP FOR PHARYNGEAL RECON /BREST RECON/WITH SLING/IN ROBOTIC CASES	120000
30	FREE FUNCTIONAL MUSCLE TRANSFER	120000
31	FULL THICKNESS SKIN GRAFT (LARGE)	21000
32	FULL THICKNESS SKIN GRAFT(MEDIUM)	16000
33	FULL THICKNESS SKIN GRAFT(SMALL)	10500
34	JEJUNAL FREE FLAP	120000
35	LASER HAIR REMOVAL OF FLAP PER SITTING	5250
36	LIPOINJECTION FOR CONTOURING MAJOR	42000
37	LIPOINJECTION FOR CONTOURING MINOR	21000
38	LIPOSUCTION FOR LYMPHOEDEMA FOR ONE LIMB	50000
39	LIPOSUCTION MAJOR	50000
40	LIPOSUCTION MINOR	23000
41	LOCAL FLAP /FACIOCUTANEOUS FLAP/LOCAL MUSCLE FLAP/ PRIMARY PHARYNGEAL	55000
42	LOCAL FLAP DIVISION & INSET	21000
43	LYMPHATIC CANNULATION	10000
44	LYMPHATICOVENOUS ANASTONOSIS	63000

### SURGERY - PLASTIC SURGERY

S.No.	SERVICE NAME	AMOUNT
45	LYMPHONODOVENOUS SHUNT	42000
46	MAJOR CHEST WALL/ABDOMINAL WALL RECONSTRUCTION	50000
47	MAJOR CHEST WALL/ABDOMINAL WALL RECONSTRUCTION WITH MESH APPLICATION	75000
48	MANDIBULAR PLATING	17000
49	MICRONEURAL NERVE GRAFT	52000
50	MICROVASCULAR REPAIR/NEURAL REPAIR	42000
51	MISC SECONDARY RECONSTRUCTION/PROCEDURES	46000
52	NAC RECONSTRUCTION	26000
53	OCF/DEBRIMENT OF FAILED FLAP/DEBRIDEMENT OF ORN/OSTEOMYELITIS/WOUND	21000
54	ORBITAL FLOOR RECONSTRUCTION/ MESH REPAIR / DERMAL REPAIR / BONE GRAFT	25000
55	PALATAL REPAIR	26000
56	PAROTID DUCT REPLANNATION	12600
57	PENILE RECONSTRUCTION	105000
58	PERFORATOR FLAPS	58000
59	PRIMARY ABDOMINAL WOUND REPAIR AFTER LAPAROTOMY	35000
60	PRIMARY CLOSER OF SMALL WOUNDS	6300
61	PRIMARY CLOSURE OF INTRA ORAL DEFECT	25000
62	REANIMATION PROCEDURE IN HEAD & NECK SURGERY INCLUDING MUSCLE SLING TRANSFERS	37000
63	RECON PLATE WITH SOFT TISSUE FLAP	105000
64	RECONSTRUCTION PLATE REMOVAL (LARGE) / MULTIPLE	20000
65	RECONSTRUCTION PLATE REMOVAL (SMALL)	10500
66	REDUCTION MAMMOPLASTY BILATERAL(B/L)	100000
67	REDUCTION MAMMOPLASTY UNILATERAL(U/L)	63000
68	RE-EXPLORATION OF FLAP	7000
69	REMOVAL OF IMF/ARCHBAR PLATE	5800
70	REVISION OF FLAP MARGINS	5800
71	RIB GRAFT & PLATING	21000
72	SCAR REVISION MAJOR	32000
73	SCAR REVISION MINOR	21000
74	SECONDARY REPAIR OF ABDOMINAL DEHISCENCE WITH ADVANCEMENT FLAP	46000
75	SECONDARY SUTURING & REPAIR	21000
76	SISTRUNCK OPERATION	63000
77	SKIN GRAFT LARGE	25000
78	SKIN GRAFT MEDIUM	19000
79	SKIN GRAFT SMALL	12500
80	SKULL BASE RECONSTRUCTION	65000
81	SKULL BASE RECONSTRUCTION WITH FREE FLAP	120000
82	SMF RELEASE + LOCAL FLAP	55000
83	SMF RELEASE + SKIN GRAFT	40000
84	SUBCUTANEOUS MASTECTOMY BILATERAL	63000
85	SUBCUTANEOUS MASTECTOMY UNILATERAL	42000
86	TARSORRHAPHY IN PLASTIC SURGERY	12600
87	TATTOOING FOR NAC / SCAR	16000
88	VASCULAR LYMPH NODE TRANSFER	80000

**SURGERY - PLASTIC SURGERY**

<b>S.No.</b>	<b>SERVICE NAME</b>	<b>AMOUNT</b>
89	VASCULAR MALFORMATION LARGE	48000
90	VASCULAR MALFORMATION MEDIUM	27000
91	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	155000
20	R-LOBECTOMY	155000
21	R-THYMECTOMY/ MEDIASTINAL MASS	155000
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	100000
2	BIL.URTERO+OMENTAL WRAPPING+J-STEN	48000
3	BI-LATERAL P L N D	30000
4	BOAR'S FLAP DOUBLE	30000
5	BOARIS FLAP SINGLE/ URETER RECON/REPAIR	20000
6	CHEAVASSURS MANEOVUR	22000
7	CIRCUMCISION	5000
8	CLOT EVALUATON	27000
9	CONTINENT DIVERSION	50000
10	CUTANEOUS URETEROTOMY	3300
11	CYSTO EIU	35000
12	CYSTO FULGARATION	16500
13	CYSTOLITHOLAPAXY	15000
14	DIVERTICULECTOMY	20000
15	DOUBLE J STENT PLACEMENT-DOUBLE	30000
16	DOUBLE J STENT PLACEMENT-UNILAT.	17000
17	EUA	6000
18	EXCISION BIGH RETROPERITONEAL TUMOR	135000
19	EXCISION OF INGUINAL TUMOR	22000
20	EXCISION PELVIC TUMOR	70000
21	HIGH ORCHIDECTOMY	28000
22	ILEAL CONDUIT	32000
23	ILEO INGUINAL BLOCK UNILATERAL	65000
24	IVC THROMBUS REMOVAL	42000
25	LIPOIDAL INJECTION	2000
26	MEATOPLASTY	3300
27	NEOBLADDER	70000
28	NSS	90000
29	ORCHIDECTOMY BI-LATERAL	30000
30	PARTIAL AMPUTATION OF PENIS	30000
31	PARTIAL CYSTECTOMY	32000
32	PCN	22000
33	PERINEAL URETHROSTOMY	30000
34	R- RE EXPLORATION	155000
35	R- RN ( RADICAL NEPHRECTOMY)	155000
36	R VVF REPAIR	155000
37	RADICAL CYSTECTOMY + CONTINENT I.C.	120000
38	RADICAL CYSTECTOMY + ILEAL CONDUIT	120000
39	RADICAL NEPHRO URETERECTOMY	120000
40	RADICAL PROSTECTOMY	120000
41	R-ADRENALECTOMY	155000
42	RETROCRURAL NODE DISSECTION	60000
43	R-EXCISION OF ABDOMINAL MASS	155000
44	R-EXCISION OF RECURANANT TUMOR	155000
45	R-IVC THROMBECTOMY	155000

### SURGERY - URINARY TRACT

S.No.	SERVICE NAME	AMOUNT
46	R-MESH HERNIOPLASTY	155000
47	R-NSS	155000
48	RPLND	130000
49	R-PLND	155000
50	R-RCP + NB	160000
51	R-RCPNB/IC	155000
52	R-RPLND	155000
53	R-RRP	155000
54	RT. ORCHIDOPAXY	9000
55	R-VEIL	155000
56	SIMPLE NEPHRECTOMY	30000
57	SUPRA PUBIC DRAINAGE	6000
58	TOTAL AMPUTATION OF PENIS	45000
59	TUR B- LIMITED RESECTION (LR)	35000
60	TUR B/TUR P	72000
61	URS.	27000

## UROLOGY

S.No.	SERVICE NAME	AMOUNT
1	HIFU_ + TURP	600000

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



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