

**CANCER CENTRE WELFARE HOME & RESEARCH INSTITUTE
MAHATMA GANDHI ROAD, THAKURPUKUR, KOLKATA-700 063**

**SCHEDULE OF FEES & CHARGES EFFECTIVE FROM
1st. APRIL, 2011 and Revisions / Alterations till date**

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1.		REGISTRATION			
	A	NEW REGISTRATION	150		
	B	FOLLOW-UP FEES(VVALID FOR 6 MONTHS)	100		
2		BED RENT (PER DAY)			
		GENERAL BED	400		
		NON AC CUBICLES	600		
		AC CUBICLES	800		
		DOUBLE BED CABIN – TWIN SHARING	1200		
		SINGLE CABINS	1400		
		DELUXE CABINS [COP A & B (BOTH FLOORS) & NEW D&R CABIN]	2000		
		Super Deluxe Suite (COPA-7)	3000		
		Children's Ward (AC)	400		
3		NIGHT STAY OF PATIENT PARTY AT CABIN (Per person / Per night)	150		
4		OTHER CHARGES	GEN	CUB	CABIN/ITU
	A	NEBULIZER (PER HOUR)	30	40	60
	B	OXYGEN (PER HOUR)	15	25	40
	C	GLUCOMETER (each use)	35	40	50
	D	DRESSING	40	50	80

5		DOCTORS' FEES (PER VISIT)	AC CUB	CAB	ITU	
		FEES (PER DAY) FOR REGULAR SPECIALIST & VISITING/CONSULTANT:				
	a)	ON DUTY	10%	10%	10%	OF BED RENT
	b)	OFF DUTY	20%	20%	20%	
	c)	PRIVATE PATIENT OF CONCERNED DOCTOR	20% OF CUBICLES,CABINS & ITU RENT			

6		Misc. Charges :-	GEN	CUB	CAB/ITU	
		INCIDENTAL CHARGES FOR EACH INDOOR PATIENT(ONCE ON ADMISSION TIME)	150	200	300	
		CHARGES FOR GIVING H.P.SLIDE (SINGLE SLIDE)	70	80	100	
		CHARGES FOR GIVING H.P.SLIDE (2 OR MORE SLIDE)	130	150	200	
		PCN (SINGLE KIDNEY)	5000	5500	6000	
		MEDICAL SUMMARY	100	100	100	
		TREATMENT ESTIMATE	100	100	100	

Diagnostic

7		PATHOLOGY				
	A	HAEMATOLOGY:	GEN	CUB	CAB/ITU	
		ROUTINE BLOOD (Hb%,TC,DC,PLATELET)	140	150	170	
		ESR	60	70	80	
		BT,CT	60	70	80	
		PROTHOMBIN TIME	150	175	200	

	PARASITES(MALARIAL, FILARIAL,ETC)	60	70	80	
	MALARIA ANTIGEN	300	310	320	

		GEN	CUB	CAB/ITU	
7	COMPLETE HAEMOGRAM(TC,DC,Hb%,Platelet,ESR,PCV,MCV,MCH,MCHC)	250	270	290	
	Hb%	70	80	90	
	RBC/WBC/EOSINOPHIL COUNT	70	80	90	
	PLATELET	80	90	100	
	PCV/MCV/MCH/MCHC	90	100	110	
	BONE MARROW ASPIRATION TEST	500	550	600	
	TREPHINE BIOPSY	1000	1300	1750	
	BONE MARROW CYTOCHEMISTRY	300	310	350	
	MICRO GLOBULIN	550	600	650	
	LAP SCORE	550	600	650	

B	CLINICAL PATHOLOGY:				
	ROUTINE URINE	70	80	90	
	ROUTINE STOOL	70	80	90	
	STOOL FOR OCCULT BLOOD	70	80	90	
	SPUTUM/ ASPIRATE FOR AFB	100	110	120	
	SPUTUM/ASPIRATES FOR AFB FOR 3 DAYS	300	330	360	
	BENCE JONES PROTEIN(URINE)	90	100	110	
	BETA – 2- MICROGLOBULIN	520	570	640	
C	CYTOLOGY:				
	FNAC(ONE SITE)	500	600	700	
	FNAC(TWO SITES)	550	600	700	
	FNAC(THREE SITES)	800	900	1000	
	C.S.F. CYTOLOGY	120	130	140	
	ANY FLUID (PERITONEAL/PLEURAL ETC) FOR CYTOLOGY	120	130	140	
	PAP TEST	130	140	160	

D	MICRO BIOLOGY SERVICES:	GEN	CUB	CAB/ITU	
	AEROBIC/ANAEROBIC CULTURE (ANY FLUID)	220	240	260	
	FUNGAL CULTURE	250	300	350	
	SENSITIVITY (IF NEEDED)	100	120	140	
	GRAM STAIN	90	100	110	
	ZIEHL-NEELSEN STAIN	100	110	120	
	ALBERT'S STAIN	120	130	140	
	FUNGAL SMEAR	120	130	140	
	WET FILM PREPARATION	100	110	120	
	INDIA INK PREPARATION	110	120	130	
	STERILITY TESTING OF OT, ITU	NO CHARGE			
	BLOOD CULTURE AUTOMATED Aerobic / Anarobic / Fungal (EACH)	550	650	750	

		GEN	CUB	CAB/ITU	
E	HISTOPATHOLOGY:				

		HISTOPATHOLOGY OF TISSUE, SMALL	400	450	500	
		HISTOPATHOLOGY OF TISSUE (MEDIUM) (Semi Major Operation)	950	1000	1100	
		HISTOPATHOLOGY OF TISSUE, FULL SPECIMEN (Major / Spl. Operation)	2000	2250	2250	
		SLIDE REVIEW (SINGLE)	120	130	140	
		- DO - (MORE THAN ONE)	150	160	170	
		BLOCK REVIEW (SINGLE)	150	160	170	
		- DO - (MORE THAN ONE)	225	275	325	
		TREPHINE BONE BIOPSY + HP	1400	1750	2250	
		TRUCUT/CORE BIOPSY + HP	1350	1450	1550	

		IMMUNO HISTO CHEMISTRY/INCL. E.R/P.R/HER-2-NEW (EACH)	1100	1200	1300	
		- DO - (MORE THAN 6)	7500	8000	9000	
		FROZEN SECTION (ONE BLOCK)	1200	1300	1400	
		FROZEN SECTION (TWO OR MORE BLOCKS)	2000	2400	2600	

	F	BIO-CHEMISTRY:				
		BLOOD SUGAR	70	80	90	
		UREA	120	130	140	
		CHOLESTEROL	150	160	170	
		URIC ACID	130	140	150	
		CREATININE	130	140	150	
		L.F.T (COMPLETE)	600	650	700	
		BILIRUBIN(CONJUGATED)	120	130	140	
		TOTAL BILIRUBIN	120	130	140	
		TOTAL PROTEIN	130	140	150	
		ALBUMIN	120	135	150	
		GLOBULIN	200	250	300	
		ALK. PHOSPHATASE	150	165	180	
		SGOT	140	160	180	
		SGPT	140	160	180	
		ACID PHOSPHATASE	200	225	240	
		CALCIUM	120	130	140	

			GEN	CUB	CAB/IT U	
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		ELECTROLYTES(SODIUM, POTASIUM CHOLORIDE) EACH	150	160	170	
		AUSTRALIA ANTIGEN (HBsAG)	350	370	390	
		SERUM AMYLASE	300	320	350	

		SERUM PROTIEN ELECTROPHORESIS	500	550	600	
		LIPID PROFILE	650	675	700	
		TRIGLYCERIDES	220	240	270	
		HDL	250	270	290	
		LDH	140	150	160	
		SERUM LIPASE	280	300	330	
		SERUM MAGNESIUM	450	475	500	
		SERUM PROCALCITONIN	2200	2400	2600	
		SPECIAL STAINS (PAS, RETICULIN etc.)	120	130	140	
			GEN	CUB	CAB/ITU	
7	G	TUMOUR MARKERS (CEA/ALFA FETO PROTIEN etc)	900	1000	1100	
		CA 125	900	1000	1100	
		CA 15.3 / CA 19.9 (each)	900	1000	1100	
		NMP-22	1450	1550	1650	
		P.S.A	900	1000	1100	
		BIOCHEMICAL TEST FOR CSF(SUGAR, PROTIEN, CHLORIDE - EACH)	250	270	290	
		BIO CHEMICAL TEST FOR ANY FLUID (PERITONEAL ETC)	250	270	290	
		PO 4	130	140	150	
		HCO 4	130	140	150	
		BETA HCG	900	1000	1100	

8		E.C.G (DIGITAL)	160	220	250	
		ECHO-CARDIOGRAPHY	800	850	1000	
		ECHO-CARDIOGRAPHY SCREENING	400	450	500	
		PORTABLE ECHOCARDIOGRAPY	1300	1400	1500	

9		RADIOLOGY:				
		CONTRAST, IF NEEDED WILL BE CHARGED EXTRA				
		PORTABLE SINGLE GENERAL X-RAY	550	600	650	
		MAMMOGRAPHY	650	750	800	
		DIGITAL X-RAY :				
		CHEST (EACH VIEW)	160	180	210	
		BONE & JOINTS (SINGLE EXPOSURE)	160	180	210	
		SPINE (TWO EXPOSURES)	300	330	360	
		DENTAL X-RAY (SINGLE PLATE)	90	100	120	
		P.N.S	160	180	210	
		S.T.N	160	180	210	
		MASTOIDS	160	180	210	
		BARIUM SWALLOW	800	850	900	
		BARIUM MEAL STOMACH & DUODENUM	1000	1050	1100	

	BARIUM MEAL SMALL GUT	1000	1050	1100	
	BARIUM ENEMA	1000	1050	1100	
	BARIUM ENEMA DOUBLE CONTRAST	1000	1050	1100	
	BARIUM STUDY OF STOMACH & DUODENUM & FOLLOW THROUGH	1200	1300	1400	
	CHOLECYSTOGRAPHY	1200	1300	1400	
	I.V.PYELOGRAPHY (IVP)	1200	1300	1400	
	TOMOGRAPHY	950	1000	1050	
	MYELOGRAM	1050	1100	1150	
	CYSTOGRAM,SINOGRAM ,URETHROGRAM, SILOGRAM,ETC.	900	950	1000	
	BOTH MASTOIDS LAT / OBLIQUE (EACH VIEW)	160	180	210	
	ELBOW AP/LAT(EACH VIEW)	160	180	210	
	ELBOW AP&LAT(BOTH VIEW)	320	360	420	
	FEMUR AP/LAT(EACH VIEW)	160	180	210	
	FEMUR AP&LAT(BOTH VIEW)	320	360	420	
	FORE ARM AP/LAT(EACH VIEW)	160	180	210	
	FORE ARM AP& LAT(BOTH VIEW)	320	360	420	
	HUMAROUS AP/LAT(EACH VIEW)	160	180	210	
	HUMAROUS AP&LAT(BOTH VIEW)	320	360	420	
	KNEE AP/LAT STANDING	160	180	210	
	KNEE AP&LAT STANDING	320	360	420	
	MANDIBLE AP/LAT OBLIQUE	160	180	210	
	MANDIBLE AP & LAT OBLIQUE	320	360	420	
	NASOPHRAYNX LAT VIEW	160	180	210	
	SACRO ILIAC JOINT AP/OBLIQUE	160	180	210	
	SKULL AP/LAT	300	330	360	
	SPINE BOTH OBLIQUE VIEW	300	330	360	
	WHOLE SPINE	900	990	1080	
	WRIST JOINT AP/LAT(EACH VIEW)	160	180	210	
	WRIST JOINT AP& LAT(BOTH VIEW)	320	360	420	
	FOOT AP/LAT OBLIQUE(EACH VIEW)	160	180	210	
	FOOT AP & LAT OBLIQUE(BOTH VIEW)	320	360	420	
	HAND AP/LAT (EACH VIEW)	160	180	210	
	HAND AP& LAT (BOTH VIEW)	320	360	420	

		HIP AP/LAT (EACH VIEW)	160	180	210	
		HIP AP& LAT (BOTH VIEW)	320	360	420	
		PELVIS AP/LAT (EACH VIEW)	160	180	210	
		PELVIS AP & LAT (BOTH VIEW)	320	360	420	
		RIGHT KNEE AP/LAT(EACH VIEW)	160	180	210	
		RIGHT KNEE AP& LAT(BOTH VIEW)	320	360	420	
		SHOULDER JOINT AP/LAT (EACH VIEW)	160	180	210	
		SHOULDER JOINT AP&LAT (BOTH VIEW)	320	360	420	
		ANY SINGLE X-RAY	160	170	200	
		USG GUIDED PLEURAL / PERITONEAL TAPPING (WITHOUT SEPARATE USG)	850	950	1000	
		USG GUIDED PERICARDIAL TAPPING (WITHOUT SEPARATE USG)	1000	1100	1200	
		USG OF CHEST	800	900	1000	
		USG OF ANY JOINT	800	900	1000	
		CT SCAN OF FACE	3200	3300	3500	
		ECHOCARDIOGRAPHY (COLOUR DOPPLER)	1400	1500	1600	
		* CHEMOPORT INSERTION	5000	6000	7000	
		** CHEMOPORT REMOVAL	1500	2000	2500	
		USG GUIDED PLEURAL / PERITONEAL TAPPING WITH USG	600 + USG	650 + USG	700 + USG	
		PIGTAIL CATHETER INSERTION	4000	4500	5000	
		PTBD	6500 + COST OF STENT	7000 + COST OF STENT	7500 + COST OF STENT	

			GEN	CUB	CAB/ITU	
10		ULTRASONOGRAPHY/IMAGING:				
		LOWER ABDOMEN	650	700	750	
		UPPER ABDOMEN	650	700	750	
		WHOLE ABDOMEN	900	1000	1200	
		USG GUIDED BIOPSY/FNAC	600 + USG	650 + USG	750 + USG	
		-DO- (WITHOUT SEPARATE USG)	850	950	1000	
		LIVER	450	500	550	
		KIDNEY	450	500	550	
		PELVIS	550	600	650	
		SCREENING : UPPER	400	450	500	
		DO LOWER	400	450	500	

		DO WHOLE	500	550	600
		SCREENING PORTABLE	750	800	850
		USG WHOLE ABDOMEN (PORTABLE) / USG IN O.T.	2200	2400	2600
		LOWER ABDOMEN(PORTABLE)	1300	1400	1500
		UPPER ABDOMEN (PORTABLE)	1300	1400	1500
		TRANS VAGINAL SONOGRAPHY	650	700	750

11		SMALL PARTS (USG)			
		SCROTUM	600	700	800
		BREASTS	800	900	1000
		THYROID	600	700	800
		SUPERFICIAL/SUBCUTAN -EOUS AREA	500	600	700
		NECK	800	900	1000
		COLOUR DOPPLER :			
		ARTERY (SINGLE LIMB)	1400	1500	1600
		VENOUS (SINGLE LIMB)	1200	1300	1400

			GEN	CUB	CAB/ITU
12		C.T. SCAN:			
		BRAIN	1600	1700	1800
		ORBIT	1800	1900	2000
		NECK	3200	3400	3500
		THORAX(CHEST)	3500	3600	3700
		UPPER ABDOMEN	3200	3500	3600
		LOWER ABDOMEN	3200	3500	3600
		WHOLE ABDOMEN(ABDOMEN & PELVIS)	6200	6400	6600
		NASOPHARYNX	3200	3300	3500
		PARANASAL AIR SINUSES(PNS)	3200	3300	3500
		CERVICAL SPINE(PLAIN)	3200	3500	3600
		THORACIC SPINE(PLAIN)	3200	3500	3600
		LUMBER SPINE (PLAIN)	3200	3500	3600
		C.T. GUIDED FNAC	2100	2200	2300

		CT GUIDED TRUCUT BIOPSY	2300	2400	2500
		NOTE: EXTRA SLICE, IF REQUIRED, WILL BE CHARGED EXTRA @ Rs.120/ PER SLICE.			

13		ENDOSCOPY:	GEN	CUB	CAB/ITU
	A	UPPER GI ENDOSCOPY	900	1000	1100
	B	UPPER GI ENDOSCOPY WITH N.G.TUBE INSERTION	1900	2200	2500
	C	UPPER GI ENDOSCOPY WITH DIALATATION	2800	3000	3400

	D	REPEAT UPPER GI ENDOSCOPY WITH DIALATATION	WITHIN 1 MONTH 50% DISCOUNT			
	E	UPPER GI ENDOSCOPY WITH DIALATATION AND RYLE'S TUBE INSERTION	3000	3300	3600	
	F	UPPER GI ENDOSCOPY WITH STENTING (EXCLUSIVE OF COST OF STENT)	3500	3800	4000	
	G	UPPER GI ENDOSCOPY WITH FOREIGN BODY REMOVAL	2000	2100	2500	
	H	UPPER GI ENDOSCOPY WITH SCLEROTHERAPY OF BLEEDING ULCERS	2500	2800	3000	
	I	COLONOSCOPY- LONG	1600	1800	2000	
	J	COLONOSCOPY – SHORT	1300	1400	1500	
	K	COLONOSCOPY WITH SNARING OF POLYPS (POLYPECTOMY)	3300	3500	3800	
	L	RAPID UREASE TEST (RUT)	70	80	90	
	M	BRONCHOSCOPY UNDER LA BRONCHOSCOPY UNDER GA	1400 2000	1600 2300	2000 3000	

			GEN	CUB	CAB/ITU	
13	N	OESOPHAGOSCOPY UNDER LA OESOPHAGOSCOPY UNDER GA	1400 2000	1600 2300	2000 3000	
	O	CYSTOSCOPY UNDER LA CYSTOSCOPY UNDER GA	1400 2000	1600 2300	2000 3000	
	P	DL BIOPSY UNDER LA DL BIOPSY UNDER GA	1400 2000	1600 2300	2000 3000	
	Q	LARYNGOSCOPY UNDER LA LARYNGOSCOPY UNDER GA	1400 2000	1600 2300	2000 3000	
	R	FLEXIBLE FIBRE-OPTIC LARYNGOSCPY-LA	950	1050	1200	
	S	NASAL ENDOSCOPY UNDER LA	950	1050	1200	
	T	ADDITIONAL CHARGES FOR BIOPSY	275	330	400	
	U	DIAGNOSTIC COLPOSCOPIC EXAMINATION	800	950	1100	
	V	FIBRE-OPTIC LARYNGOSCOPY	950	1100	1300	
	W	LEEP UNDER COLPOSCOPY GUIDANCE	2800	3000	3200	

14	A	ERCP UNDER SEDATION:				
		DIAGNOSTIC	3200	3500	3800	
		THERAPUTIC (STENTING/ STONE EXTRACTION)	6500	7000	7500	
	B	ERCP UNDER GA:				
		DIAGNOSTIC	4500	5000	5500	
		THERAPUTIC (STENTING/ STONE EXTRACTION)	7800	8500	9200	
	C	BRUSH CYTOLOGY (Addl)	1500	1700	2000	
	D	VIDEO RECORDING, CD CHARGES FOR ANY ENDOSCOPY	60	70	100	

			GEN	CUB	CAB/ITU	
15		NUCLEAR MEDICINE:				
		THYROID UPTAKE	300	350	400	
		THYROID SCAN	500	550	600	
		LIVER SCAN	500	550	600	
		BRAIN SCAN	500	550	600	
		KIDNEY SCAN	500	550	600	
		SPLEEN SCAN	500	550	600	
		BONE SCAN(WHOLE BODY)	1350	1550	1700	
		HEART SCAN(BLOOD POOL)	500	600	700	
		RENOGRAM(SCAN WITH RENOGRAM)	500	550	600	
		OTHER SCANS	500	550	600	
		T-3	130	140	150	
		T-4	130	140	150	
		TSH	130	140	150	
		OTHER R/A STUDIES	200	220	250	
		RBC SURVIVAL	500	550	600	
		THERAPY(TOXIC GOITRE)	500	550	600	
		OTHER THERAPIES	500	550	600	
		LARGE DOSE IODINE SCAN	500	600	700	
		FREE T4	130	140	150	

16		RADIOTHERAPY:				
	A	COBALT: (INCLUSIVE OF WEEKLY ROUTINE BLOOD EXAMINATION)				
		○ SIMPLE RADICAL FULL COURSE		20000		
		○ SIMPLE PALLIATIVE(UPTO 10 EXPOSURES)		10000		
		○ PER EXPOSURE RATE		1000		
		○ Planning with CT Scan & TPS (Extra)		5000		

		MOULD CHARGES FOR COBALT PATIENT:		
		○ HEAD & NECK	FREE	
		○ CHEST	3000	
		○ PELVIS & ABDOMEN	6500	
		○ PLANNING THROUGH CT SCANNER	2500	
		SIMULATION FOR COBALT	2000	

16	B	LINEAR ACCELERATOR:	
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	(i)	CONVENTIONAL DUAL ENERGY: (INCLUSIVE OF PLANNING THROUGH CT SCAN & TPS AND WEEKLY ROUTINE BLOOD EXAMINATION)		
		o RADICAL FULL COURSE	45000	
		o PALLIATIVE COURSE (UPTO 10 EXPOSURE)	22500	
		o PER EXPOSURE RATE		
		MOULD CHARGES:		
		o HEAD & NECK		
		o CHEST	2250	
		o PELVIS & ABDOMEN	FREE	
	(ii)	3DCRT(All Inclusive)		
		o FULL COURSE	3000	
		o PALLIATIVE (UPTO 10 EXPOSURES)	6500	
		o PER EXPOSURE RATE	60000	
			30000	
			3000	

16	C	RATIOACTIVE IODINE THERAPY	12000	
	D	BRACHYTHERAPY CHARGES		
		Intracavity (2 Sessions)	8000	
		Intraluminal (1 Session)	5000	

		Operation Charge						
		GEN	CUB	CAB				
17		SURGERY:						
	i)	PUNCH BIOPSY	600	700	800			
	ii)	MINOR BIOPSY Under LA	700	800	900			
	iii)	CRYOCAUTERY	550	600	650			
	iv)	INTRAVESICAL BCG THERAPY	600	800	1200			
	v)	Minor Operation Under LA (Lumpectomy Breast/ Trucut Biopsy / Tracheostomy/ Urethrostomy/ Wide Excision of Skin lesions with primary closure)	1800	2500	3500			

17		Operation Charge						
		GEN	CUB	CAB				
	vi)	Minor Operation Under GA	5000	6000	7000			

		Central Line / Cystoscopy with Biopsy / DC/DL/ Finger amputation / <u>Implant removal</u> (No HP Charge) / Lumpectomy breast /Micro Laryngoscopy / <u>PC N</u> (No HP Charge)/ <u>Skin-Grafting</u> only (No HP Charge)/ <u>Stenting of ureter</u> (No HP Charge)/ Wide Excision of Small tongue lesions with primary closure/ Wide Excision Cheek lesion with Primary closure/ Wide excision of skin lesions with primary closure etc						
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	vii)	Semi Major Operation Under GA	8200	10500	12000			
.		Angle of Mouth excision with primary closure, Bone Biopsy, <u>Colostomy</u> (No HP Charge), <u>Diagnostic Laparoscopy</u> , <u>Gastrostomy</u> (No HP Charge), <u>Feeding jejunostomy</u> (No HP Charge), <u>Ileostomy</u> (No HP Charge) Laparotomy + <u>single by pass</u> (No HP Charge), Laparotomy for Ovarian Tumour, Lap Chole, Laparotomy + Biopsy, Multiple Finger toe amputation or Ray amputation, Orchidectomy with high ligation, Partial Amputation of Penis, TURBT, Unilateral Groin dissection, Wide local excision of Tongue ulcer (large), Wide Excision of small Tumour with skin graft or flap repair						
		Laparoscopy + Biopsy						
17	viii)	Major Operation Under GA	12000	14000	17000			

		Amputation of Limb, BCT, BSO, Bilateral block dissection, Bony operation with implant, Bone Grafting, Curettage, Excision of intra abdominal Mass, Enucleation of Eye, Fixation of bony fractures, Hemicolectomy, Laparoscopic / open Cholecystectomy, Laparotomy with <u>multiple</u> By pass (No HP Charge), Lobectomy(Thoracic), MRM, Partial Gastrectomy Hemimandibulectomy, RND, Radical Vulvectomy, Syme's amputation, Toilet Mastectomy, TAH, Total amputation of Penis, Thyroid, Parotid, Wide Excision of Big Tumour,			
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			Operation Charge						
			GEN	CUB	CAB				

17	ix)	SPECIAL OPERATION	15000	17000	20000			
		APR, Anterior Resection, Cheek Commando + flap, Forequarter amputation, Hind Quarter amputation, Joint Replacement, Liver Resection, Laryngectomy, Oesophagectomy, Pneumonectomy, Pelvic exentration, Radical Prostatectomy, Radical Cholecystectomy, RND+ Hemi-glossectomy, Total Gastrectomy, Total Cystectomy with Ileal conduit/ Neo Bladder, Total/Sub-total Colectomy, Whipples, Wertheim's Radical Vulvectomy with Block Dissection						
		(PRIVATE CASES-GREEN CARD)	CUB	CAB				
	x)	MINOR O.T. UNDER LA (PRIVATE)	3500	5000				
	xi)	MINOR O.T. UNDER GA (PRIVATE)	6500	8000				
	xii)	SEMI MAJOR O.T. (PRIVATE)	11500	13000				
	xiii)	MAJOR O.T. (PRIVATE)	15000	18000				
	xiv)	SPECIAL O.T. (PRIVATE)	19000	22000				

			Operation Charge					
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			GEN	CUB	CAB/ITU	
19	A	HARMONIC SCALPEL USAGE RATE	2200	2800	3800	
	B	CHARGES FOR CUSA	12000	14000	17000	
	C	RADIO FREQUENCY ABLATION:				
		USG / C.T GUIDED	17000	19000	22000	
		OPEN SURGICAL (Addl. Chg for Major Surgery)	17000+ 12000	19000+ 14000	22000+ 17000	
	D	Usage of Laparoscopic Instruments	1700	2200	3000	
	E	Temporary Pacemaker Insertion	1800	2500	3000	

	NOTE: 1) COMBINED MINOR/SEMI MAJOR/MAJOR SHALL BE CHARGED IN THE NEXT HIGHER CATEGORY OF THE SCHEDULE.					
	NOTE: 2) OPERATION CHARGES INCLUDES DOCTOR'S FEES, ALL OT CONSUMABLES (GAS, O₂, DIATHERMY, MONITORS) BUT EXCLUDING STAPLERS, LAPAROSCOPIC INSTRUMENTS, HARMONIC SCALPEL, RFA, CUSA, SUTURES.					

			GEN	CUB	CAB/ITU	
20	A	BLOOD TRANSFUSION	75 + BED	100 + BED	125 + BED	
		PERITONEAL & PLEURAL TAPPING (WITHOUT CT)	400	500	800	
		PERITONEAL & PLEURAL TAPPING (WITH CT)	600	950	1200	
		LUMBAR PUNCTURE (Without CT)	500	800	1100	
		LUMBAR PUNCTURE (With CT)	600	1100	1400	

	B	CHEMOTHERAPY PUSHING CHARGE:				
	1	ULTRA SHORT (TIME TAKEN LESS THAN 5 MIN.) e.g. GCSF, ERYTHROPOEITIN etc. (PER DAY)	70	80	100	
	2	SHORT (TIME TAKEN MORE THAN 5 MIN. BUT LESS THAN 30 MIN.)				
		Package Rate For Same Admission				
		1(one) day	350	500	600	
		2(Two) day	550	700	850	
		3(Three) day	650	800	1000	
		4(Four) day	800	1000	1200	
		5(Five) day & Above	950	1200	1500	

3	LONG (TIME TAKEN MORE THAN 30 MIN.)				
	Package Rate For Same Admission				
	1(one) day	450	600	800	
	2(Two) day	650	800	1000	
	3(Three) day	800	1000	1250	
	4(Four) day	900	1150	1500	
	5(Five) day & Above	1000	1350	1700	

21	PALLIATIVE CARE	FREE	FREE	FREE	
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22		CHARGES FOR PAIN CLINIC:	GEN	CUB	CAB/ITU
	A	MAJOR COELIAC PLEXUS BLOCK SUP. HYPOGASTRIC BLOCK INF. HYPOGASTRIC BLOCK THORACIC SYMPATHETIC BLOCK LUMBAR SYMPATHETIC BLOCK CERVICAL/ EPIDURALS	2500 EACH + DRUGS & CONSUMABLES TO BE REIMBURSED BY THE PATIENT.	3000 EACH + DRUGS & CONSUMABLES TO BE REIMBURSED BY THE PATIENT.	3500 EACH + DRUGS & CONSUMABLES TO BE REIMBURSED BY THE PATIENT.
	B	INTERMEDIATE: *STELLATE ANTERIOR *BRACHIAL PLEXUS BLOCKS *INTERCOSTAL NERVE BLOCKS *THORACIC/LUMBAR EPIDURAL BLOCK/ CATHETER	2000 EACH + DRUGS & CONSUMABLES TO BE REIMBURSED BY THE PATIENT.	2500 EACH + DRUGS & CONSUMABLES TO BE REIMBURSED BY THE PATIENT.	3000 EACH + DRUGS & CONSUMABLES TO BE REIMBURSED BY THE PATIENT.
	C	MINOR: <ul style="list-style-type: none"> • STELLATE POSTERIOR • PERIPHERAL NERVE BLOCKS • CAUDAL 	1200 EACH + DRUGS & CONSUMABLES TO BE REIMBURSED BY THE PATIENT.	1500 EACH + DRUGS & CONSUMABLES TO BE REIMBURSED BY THE PATIENT.	2000 EACH + DRUGS & CONSUMABLES TO BE REIMBURSED BY THE PATIENT.

23	INTENSIVE THERAPY UNIT (ITU) Inclusive of monitors, infusion pumps etc.			
	BED RENT FOR ITU (PER DAY)	2200		
	VENTILATOR CHARGES (PER DAY)	1000		
	OXYGEN CHARGES (PER HOUR)	40		
	BLOOD GAS ANALYSER: PH, PCO-2, PO-2, SO-2, Beecf, Beb, SBC, Hco-2, Tco-2, A, AA-aDo2, a/A, Hb, RI Hct(PACKAGE)	850		
	FOR ELECTROLYTES Na+, K+, Ca++, Glu, Nca++(EACH TEST)	200		

24	DENTAL SERVICES:	GEN	CUB	CAB/ITU
	DENTAL EXTRACTION UNDER LA	150	170	200
	DENTAL EXTRACTION UNDER GA	1200	1500	2000
	DENTAL SCALING (PER SITTING)	300	350	400
	DENTAL CHECK-UP	60	75	100

25	BLOOD BANK SERVICES:			
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A	BLOOD AND PRODUCTS MADE AVAILABLE FROM STOCK :		
I)	WHOLE HUMAN BLOOD		750
II)	PACKED RBC/PACKED CELLS		700
III)	PLATELET CONC./PLATELET RICH PLASMA (P.R.P.)		500
IV)	FRESH FROZEN PLASMA (F.F.P.)		500
V)	CRYOPRECIPITATE		--
B	BLOOD AND BLOOD PRODUCTS MADE AVAILABLE BY EXCHANGE DONATION :		
I)	WHOLE HUMAN BLOOD		200
II)	PACKED RBC/PACKED CELLS		200
III)	PLATELET CONC/PLATELET RICH PLASMA (P.R.P.)		150
IV)	FRESH FROZEN PLASMA(FFP)		150
V)	CRYOPRECIPITATE		--
C	SERVICE CHARGES ON CREDIT CARDS :		
1.	FOR DONOR AND HIS/HER 1 ST DEGREE RELATIVES		NIL
2.	FOR THALASSAEMIA/HAEMOPHILLA PATIENTS		NIL
3.	FOR NON-RELATED PATIENTS TREATED IN GOVT.HOSPITALS / BPL CARD HOLDER		NIL
4.	FOR NON-RELATED PATIENTS TREATED IN PAID BED OF GOVT. HOSPITALS, PRIVATE HOSPITAL / NURSING HOMES.		
	4.1	WHOLE HUMAN BLOOD	200
	4.2	PACKED RBC / PACKED CELL	200
	4.3	PLATELET CORE / PLATELET RICH PLASMA (P.R.P)	150
	4.4	FRESH FROZEN PLASMA (F.F.P.)	150
D	HIV		375
E	HBsAg		350
F	HCV		400
G	P-TIME ESTIMATION		150
H	BLOOD GROUPING		75
I	VDRL		60
J	DIRECT COOMB'S TEST FOR BLOOD		150

ADDITION

9	RADIOLOGY:			
		GEN.	CUB	CABIN
	USG GUIDED PLEURAL / PERITONEAL TAPPING (WITHOUT SEPARATE USG)	850	950	1000

		USG GUIDED PERICARDIAL TAPPING (WITHOUT SEPARATE USG)	1000	1100	1200	
		USG OF CHEST	800	900	1000	
		USG OF ANY JOINT	800	900	1000	
		CT SCAN OF FACE	3200	3300	3500	
		ECHOCARDIOGRAPHY (COLOUR DOPPLER)	1400	1500	1600	
		CHEMOPORT INSERTION	5000	6000	7000	
		CHEMOPORT REMOVAL	1500	2000	2500	
		USG GUIDED PLEURAL / PERITONEAL TAPPING WITH USG	600 + USG	650 + USG	700 + USG	
		PIGTAIL CATHETER INSERTION	4000	4500	5000	
		PTBD	6500 + COST OF STENT	7000 + COST OF STENT	7500 + COST OF STENT	
		MISC. CHARGES :				
		PCN (SINGLE KIDNEY)	5000	5500	6000	
		MEDICAL SUMMARY	100	100	100	
		TREATMENT ESTIMATE	100	100	100	
		NUCLEAR MEDICINE:				
		FREE T4	130	140	150	
		PATHOLOGY (CORRECTION) :				
		BT,CT	60	70	80	