

THE GUJARAT CANCER & RESEARCH INSTITUTE

AHMEDABAD

W.E.F.11-10-2010

STANDARD CHARGES / HOSPITAL RATE

- General Category:** General category patients are charged minimum possible. Gen. category patients will be given 50% subsidy of standard charges.
- Bed Charges :**

GENERAL WARD	Standard Charge per day
1. Bed charge in General Ward Patient except BPL category.	50/-

SPECIAL ROOM	Standard Charge per day
1. Special Room A/C Ground Floor	2000/-
2. Special Room A/C First Floor	2000/-
3. Semi Special Room A/C First Floor (Two Beds Sharing)	1000/-
4. Special Room Non-A/c (Second Floor)	1000/-
5. Neuro Special Room (Third Floor)	2000/-
6. BMT Patient Room	2000/-
7. 50% Charges to be charged from patients who require special room for chemotherapy administration upto 8 hours. (Day care)	

Patient who wants to go for special room or semi special room, will be entitled for treatment at special room premises. Special room patient will be provided special attention in the OPD as well as priority in all investigations including CT Scan, Ultrasound, Radio Isotope Care. Special room A/C patients will have to deposit an advance amount of ` 5000/- before admission while special room Non-A/C patients will have to deposit ` .3000/-.

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3. **State Government patient** will be given services as per rules and regulations of the State Government. They will be provided treatment of the special or general category as per the desire of the patient. The cashless services for State Govt. Patients is under process with the Gujarat Govt.
4. **B.P.L** : B.P.L. will be given free treatment planned by the Head of respective Units.
5. **GCRI staff** will be given all free treatment of the cancer. GCRI staff members who are treated by GCRI doctors for minor ailment will be treated free at GCRI. Treatment which is not available at GCRI, and requires indoor treatment they will be referred to concern hospital for treatment. They will be eligible for reimbursement of the treatment charges as per hospital rules. However, GCRI staff and their dependent who require special investigation available at GCRI will be provided free.
6. **Advance Payment** : Patient is required to pay advance as follows for hospital services including Investigation, drugs, room charges etc:

Sr.		Gen. Ward	Special Room
1	Indoor Patients	2000/-	10000/-

Post Op. ICU CHARGES

	Standard Charge
General Ward	500/-
Special Room Non AC	1000/-
Special Room AC	2000/-

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❖ VENTILATOR CHARGES

Ventilator Charge	Standard Charge per day
General Ward	500
Special Room	2000

❖ ECG CHARGES (no change in proposal)

ECG Charge	`.
General Ward	50/-
Special Rooms	100/-

❖ ECHO CHARGES

General Ward	`150
Special Rooms	`300

❖ CHEMOTHERAPY Administration Charges

General Ward	`100
Special Rooms	`200

- NO charge for Intra muscular chemotherapy.

❖ VISITOR CHARGES (Free visiting hours 4pm to 6pm in waiting hall of ward only, No visitor is allowed in Ward except one attendant.)

General Ward : One attendant free. For other visitor pass charge `10/- per person (Except Free Visiting Hours)

Post Operative Ward, ICU, OT patients & DSU (Endoscope) Room : One attendant free, for additional pass `10/- per person

Chemotherapy ward : One attendant free, for additional pass `10/- per person.

Special Room : Two attendant free. For other visitor charge `100/- per person. (Except Free Visiting Hours ie. 4pm to 6pm)

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Follow up charge for Special Room Patient is ` .100/-

DRUGS CHARGES

All patients of the hospital are provided drugs at very subsidized charges from the drug store of The Gujarat Cancer & Research Institute OR Dr.T.B. Patel Drug Bank. run by The Gujarat Cancer Society.

SURGICAL CHARGES

N.B. : This will include Anaesthesia charges, operation theatre charges, routine suture material. This will not include special instruments like stant, Jt.Stapler specialized suture material and Histopathology report. For histopathology charge Doctor In-charge has to fill the form and advise to pay amount and then form with specimen should be sent to Pathology Dept.

SR	CODE	DETAIL	Standard Charge
1	E_FNAC	FNAC with Report	600
2		Minor Endoscope Procedure without General Anaesthesia with HPE	1500
	E_BIO_BONE	BONE MERROW BIOPSY MEDICAL	
	E_SIGMODI	SIGMOIDOSCOPY	
	E_BIO_LIVE	LIVER BIOPSY MEDICAL	
	E_TRECHIO	TRACHIOSTOMY	
	E_GY_BX	GYNAEC ENDOSCOPY PRO.WITH BIOPSY	
	E_GY	GYNAEC ENDOSCOPY PROCEDURE	
	E_TAPPING	TAPPING (Plural or Ascietis)	
	E_CVC	C V C	
3		Minor Endoscope Procedure without General Anaesthesia	750
	E_VENESEC	VENESECTION	
4		Minor Endoscope Procedure with General Anaesthesia with Biopsy Report	1200
	E_DLB	D.L.B., TRACHEOTOMY	
	E_D&C	D.& C.	
	E_DRAINAGE	INCISION & DRAINAGE	
	E_TEETH_EX	TEETH EXERACTION (MULTIPLE)	
	E_NODE	NODE BIOPSY	

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SR	CODE	DETAIL	Standard Charge
	E_RESTUR	RESUTURING	
5		Major Endoscope under GA With HPE	2000
	E_SCOPYESO	SCOPY-OSCOPY	
	E_SCOPYBRO	SCOPY-BRONCHOSCOPY	
	E_SCOPYMED	SCOPY-MEDIASTINOSCOPY	
	E_SCOPYTRI	SCOPY-TRIPPLE ENDOSCOPY	
	E_CYTOSCOPI	CYTOSCOPY	
	E_NESOPHA	NESOPHARYNGOSCOPY	
6	E_URETHRA	DILATATION OF URETHRA	2000
7		Endoscope at IVTC Centre With HPE	
	G	GASTROSCOPY	2500
	BR	BRONCHOSCOPY	2500
	COL	COLONOSCOPY	2500
	IVT_LUMINA	INTRA LUMINAL R.T.	2500
	IVT_CVC	CVC	2500
	ERC	E.R.C.P.	5000
	E_FI_GASPY	FIBROPTIC GASTROSCOPY	2500
8	IVT_GS_END	GASTROSCOPY-ENDOPROTHESIS PROCEDURE * Prosthesis Charge Extra	*2500
9	IVT_PEG	PEG-IVTC PROCEDURE	3000
10	IVT_RT_INS	RT-INSERTION CHARGE	1000
11	E_THORACO	THORACOCENTESIS	250
		MINOR OPERATION	
12	O_MINOR1	Lumpectomy, STG, Resuturing, Minor excision with primary closure, minor Intra Oral excision, SOHD, Ophrectomy, Orchidectomy, Gastrostomy, Jejunostomy, Colostomy C.J, G.J. or Colonic bypass, D&C laser Uro Oncology :Dilatation-Internal Urethrotomy , Cystoscopy, Cystoscopic biopsy, Bilateral Orchiectomy, Partial amputation of penis	4000
13	O_MAJOR_A	MAJOR OPERATION_A : Major excision with node dissection, simple composite resection, RND, MND, MRM, RM or CBS, Thoracotomy, , THE, Gastric, Thyroid surgery, Ovarian, Vulvectomy, RPLND, Nephrectomy amputation, disarticulation.	8000
14	O_MAJOR_B	MAJOR OPERATION_B : Lung resection, Colonic or Rectum resection.	12000
15	O_S_MAJOR	SUPRA MAJOR OPERATION Commando with flap reconstruction, Breast reconstruction, oesophagectomy, Pneumanectomy, Chest wall resection with reconstruction, Gastric resection with reconstruction, Hepatic	20000

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SR	CODE	DETAIL	Standard Charge
		resection, Pancreatic resection, Orthopaedic reconstruction, Cystectomy with diversion +	
16	O_S_MAJOR+	Free Flap	8000

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URO ONCOLOGY OPERATION

SR	CODE	DETAIL	Standard Charge
1	OUMAJOR	MAJOR OPERATION TUR-Bladder tumor, Total amputation of penis	6000
2	OUS_MAJOR	SUPRA MAJOR Radical Nephrectomy, Radical Cystectomy with diversion, Radical Prostatectomy, Laparoscopic Radical Nephrectomy, Amputation of penis with groin dissection, RPLND, Pelvic exenteration, Supra-Renal tumor Surgery	20000
GYNAEC DEPARTMENT			
3	GY_SCOPY	Cervical vaginal & Vulval biopsies, -Colposcopy with HPE Report	1000
MINOR OPERATIONS with General Anaesthesia and HPE Report			
4	GY_LEEP	-LEEP / Biopsy / EUA / D&C	1200
7	GY_CON	-Cone biopsy	1200
Hysterectomy (Abdominal/Vaginal) with or without BSO			
8	GY_HYS_LAP	-Staging Laparotomy	12000
9	GY_HYS_BX	-Diagnostic laparoscopy with or without biopsy	12000
10	GY_HYS_VULV	-Simple Vulvectomy	12000
11	GY_HYS_INOP	-Inoperable	12000
12	GY_HYS_HERN	-Hernia repair	12000
SUPRA MAJOR OPERATIONS			
13	GY_SM_RED	-Redical hysterectomy (Werthims, Meigs with RPLAND	18000
14	GY_SM_RED_VUL	-Redical Vulvectomy with bilateral groin dissection	18000
15	GY_SM_OVERY	-Primary/Interval/Secondary cytoreductive surgery for ovarian cancer	18000
16	GY_SM_ENDO	-Carcinoma endometrium surgeries	18000
Ultra radical Surgeries			
17	GY_EXT	Extententions (Anterior/Posterior)	30000

PLASTIC SURGERY OPERATION

SR	CODE	DETAIL	Standard Charge
SIMPLE MINOR			
1	M_FLAPS	FLAP SIMPLE MINOR	6000
2	M_MICROS	MICRO SIMPLE MINOR	12000
3	M_SKULLE	EXTRACRANIAL SKULL BASE (SIMPLE)	25000
Complicated extra Major			
4	M_FLAPC	FLAP COMPLICATED EXTRA MAJOR	15000
5	M_MICROC	MICRO COMPLICATED EXTRA MAJOR	35000
6	M_SKULLC	SKULL BASE COMPLICATED EXTRA MAJOR	40000

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NEURO ONCOLOGY DEPARTMENT

SR	CODE	DETAIL	Standard Charge
1	N_MINOR	MINOR OPERATION	4000
2	N_MAJOR	MAJOR OPERATION	14000
3	N_SUPRAM	SUPRAMAJOR	20000
4	N_SELE	SELECTIVE	25000
5	N_DSA	DSA	8000
6	N_SRS	SRS	80000
7	N_SRT	SRT	55000

ORTHOPADIC DEPARTMENT

SR	CODE	DETAIL	Standard Charge
1	O_WIDEEX	WIDE EXCISION	3000
2	O_AMPUP	AMPUTATION	3000
3	O_DIS	DISARTICULATION	4000
4	O_NAIL	NAILING	6000
5	O_NAILBO	NAILING BONE GRAFTING	8000
6	O_JOINT	JOINT REPLACEMENT	20000

LAPAROSCOPY

SR	CODE	DETAIL	Standard Charge
1.	O_LAP_D	Diagnostic Laparoscopy / Thoresoscopy	12000
2.	O_LAP_S	Laparoscopic / Thorecoscopy Surgery	25000

OTHER CHARGES

SR	CODE	DETAIL	Standard Charge
1	DR	DRESSING CHARGE	100
2	FM	FILE MISSING CHARGE	500
3	FOLEY'S*	FOLEY'S CATHETER* (C'PROCEDURE)	100
4	HEALTH	HEALTH CHECKUP CHARGES	1500
5	PFT	P.F.T. CHARGE	500
6	PR	PROSTHETIC LAB.	100
7	REN_BAS_WITHCOT	REN BASERA CHARGES (WITH COT)	20
8	REN_BAS_WO_COT	REN BASERA CHARGES (WITHOUT COT)	10

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NUCLEAR MEDICINE (RADIO ISOTOPE) – ROOM NO. 52

SR	CODE	DETAIL	Standard Charge
1.	RISO_BOSC	BONE SCAN	1750
2.	RISO_BRSCP	BRAIN SCAN PLANAR	2000
3.	RISO_BRSP	BRAIN SPECT	2000
4.	RISO_DRCG	DRCG	1000
5.	RISO_HIDA	HIDA SCAN (HEPATOBILLIARY SCAN)	2000
6.	RISO_I131W	I-131 WHOLE BODY SCAN *	2500
7.	RISO_I13110	I-131 THERAPY (10 mCi) *	4000
8.	RISO_I13160	I-131 THERAPY (60 mCi) *	6000
9.	RISO_I13180	I-131 THERAPY (80 mCi) *	10000
10.	RISO_I131100	I-131 THERAPY (100 mCi)*	12000
11.	RISO_I131150	I-131 THERAPY (150 mCi) *	15000
12.	RISO_LIV	LIVER SCAN	2000
13.	RISO_MECK	MECKLE'S GI BLEED SCAN	2000
14.	RISO_MECE	MECKLE'S GI BLEED SCAN (EMERGENCY)	2000
15.	RISO_MIBI	MIBI PARATHYROID SCAN	3500
16.	RISO_MUGA	MUGA SCAN	2000
17.	RISO_RENEC	RENAL SCAN (EC)	2000
18.	RISO_RENDM	RENAL SCAN (DMSA III)	2000
19.	RISO_RENDT	RENAL SCAN (DTPA RENAL SCAN)	2000
20.	RISO_RENTR	RENAL TRANSPLANT STUDY	2000
21.	RISO_SR89	SR-89 THERAPY	60000
22.	RISO_THY	THYROID SCAN	1000
23.	RISO_THYDM	TYHROID SCAN (DMSA V)	2000
24.	RISO_MAG3	MAG-3	2500
25.	RISO_LUNG	LUNG PERFUSION SCAN (MAA)	1500
26.	RISO_MTBG	MIBG SCAN	8000
27.	RISO_32P	32P THERAPY	8000
28.	RISO_MPI	MP1 (STRESS TEST)	4000
29.	RISO_MYOCA	MYOCALDIAL VIABILITY STUDY	2000

BLOOD BANK – ROOM NO. 48

SR	CODE	DETAIL	Standard Charge
1	B_COMPONENTEN	BLOOD COMPONENT CHRNG (PCV,PRP,FFP..)	450
2	GR	BLOOD GROUPING	50
3	BS	BLOOD COMPONANT CHARGE *	7000
4	B_TRANSFUS	BLOOD TRANSFUSION CROSS MATCH/BOTTL	150
5	COO	COOMB'S TEST	100
6	BLD_IRR	BLOOD IRRADIATION CHARGES (OUTDOOR PTS)	750

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CENTRAL CLINICAL PATHOLOGY LAB– Room No. 404

SR	CODE	DETAIL	Standard Charge
1.	B_24_URINA	24 hr URINARY PROTEIN	400
2.	B_24_VMA	24 hr URINARY VMA	200
3.	AC	ACID PHOSPHATASE	150
4.	AL	ALBUMIN (RFT/LFT)	60
5.	A	ALKALINE PHOSPATASE [LFT]	60
6.	BL	BLOOD UREA	50
7.	CHL	CHLORIDE (CL)	100
8.	F	FB-PPBS-RB (SUGAR TEST)	40
9.	GL	GLOBULIN (RFT/LFT) PROTEIN	50
10.	B_GTT	GLUCOSE TOLERANCE TEST	100
11.	L	LFT & RFT (BOTH COMBAINED)	600
12.	B_LIPID	LIPID PROFILE	400
13.	LFT	LIVER FUNCTION TESTS	300
14.	B_SPECIMEN_MI N	OPERATED SPECIMENS- Minor (Wide Excision and Lymphnodes)	1000
15.	B_SPECIMEN_MA J	OPERATED SPECIMENS- Major	2500
16.	B_PH_PCO2	PH - PCO2 - PO2	300
17.	B_PLASMA_F	PLASMA FIRBRINOGEN	200
18.	PO	POTASSIUM – K	200
19.	RFT	RENAL FUNCTION TESTS [RFT]	400
20.	AM	S. AMYLASE	200
21.	BI	S.BILIRUBIN [LFT]	100
22.	SGO	S.G.O.T. [LFT]	100
23.	SGP	S.G.P.T. [LFT]	100
24.	B_FIBRINO	SERUM FIBRINOGEN	100
25.	SO	SODIUM (NA)	100
26.	B_AC	SR. ACETONE	60
27.	CHO	SR. CHOLESTEROL	70
28.	CR	SR. CREATINE [RFT]	50
29.	B_ELECTR_S	SR. ELECTROLYTES [RFT]	200
30.	ME	SR. MEGNESIUM	200
31.	PH	SR. PHOSPHORUS	200
32.	CA	SR.CALCIUM	200
33.	TP	TOTAL PROTEIN A/G RATIO [LFT]	80
34.	B_U	URIC ACID	150
35.	S_LDH	S.L.D.H	400
36.	AP	APTT	120
37.	B_ASCITICF	ASCITIC FLUID	150
38.	HB	BLOOD HB	50
39.	B_SPUT_R&M	BLOOD SPUTM R & M	50
40.	B_CBC/PCV	CBC WITH PCV INDICES PLATELETS	200
41.	C	COMPLETER BLOOD COUNT (includes Hb, TC, DC, Platelets)	100
42.	B_CRP	CRP (C-REACTIVE PROTEIN)	100
43.	B_CSF_CHOL	CSF FLUID CHEMISTRY - CHLORIDE	100
44.	B_CSF_PRO	CSF FLUID CHEMISTRY – PROTIEIN	100
45.	B_CSF_SUGA	CSF FLUID CHEMISTRY – SUGAR	100
46.	B_CSF_R&M	CSF R&M	250
47.	B_EPORTBL	E.C.G. PORTABLE	200
48.	ES	ESR	50
49.	B_FDP	F D P	300
50.	B_FLUI_R&M	FLUID R & M	250

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SR	CODE	DETAIL	Standard Charge
51.	B_FLUI_CSF	FLUID R&M (CSF, PLEURAL, ASCITIC ETC)	250
52.	B_FLUI_CYT	FLUID R&M WITH CYTOLOGY	400
53.	B_FOETA_HB	FOETAL H.B.	200
54.	B_G6PD	G6PD TEST	200
55.	GAS ANA	GAS ANALYSIS	800
56.	B_HAEM	HAEM'S TEST	200
57.	B_HBTCPDC	HB-TC-PC-DC	120
58.	B_LE_CELL	L.E. CELL	120
59.	B_OSMOTIC	OSMOTIC FRAGILITY	250
60.	B_PC	PC	60
61.	PCV	PCV BLOOD TEST	60
62.	PREGNANC	PREGNANCY TEST	200
63.	PT	PROTHROMBIN TIME [PT]	120
64.	PS	PS FOR MP AND MORPHOLOGY	70
65.	PTTK	PTTK TEST	120
66.	RAFACT	R A FACTOR	150
67.	RC	RC- BLOOD TEST	120
68.	SICKLING	SICKLING TEST	100
69.	STOOL	STOOL FOR OVA /CYST	70
70.	B_SUCROSE	SUCROSE LYSIS TEST	120
71.	B_UR_UROB	URINE UROBILINOGEN	70
72.	B_UR_ACET	URINE ACETONE	50
73.	B_UR_CRAV	URINE SP.GRAVITY	70
74.	UR	URINE TEST R & M (ALB + SUG)	30
75.	MTX_TEST	METHOTROXIN (MTX) TEST	1000
76.	CYCL_TEST	CYCLOSPORIN (CYCL) TEST	1500
77.	IN	INORGANIC PHOSPHOROUS (RFT/LFT)	50
78.	B_DC	DC	80
79.	TC	TC BLOOD	70

HISTOPATHOLOGY-CYTOLOGY – ROOM NO.412 & 401

SR	CODE	DETAIL	Standard Charge
1.	BB	BIOPSIES	400
2.	CY	CYTOLOGY - FLUID	250
3.	B_BIO_FROZ	FROZEN SECTION (BIOPSY-BIG SPECIMEN)	1500
4.	B_SLIDE_RO	SLIDE FOR REVIEW [H/P OUT SIDE]*	500
5.	SL	SLIDE FOR REVIEW [H/P WITH BIOPSY]	1500
6.	SL_SP	SLIDE FOR REVIEW [H/P WITH SPECIMEN]	3500
7.	B_CYTOL_SP	SPUTUM R.M. & CYTOLOGY	250
8.	BMBX	BONE MARROW BIOPSY/ASPIRATE (TRIPHINE)	1000

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PHYSIOTHERAPY

SR	CODE	DETAIL	Standard Charge
1	P_CPR	INTERFERENTIAL CURRENT THERAPY	200
2	P_VISIT	VISIT CHARGE NEURILIZER & SPIROMETRY	200
3	P_N_SPIRO	PHYSIOTHERAPY EXERCISES CHARGE	100

LIST OF COMMON BLOOD TEST

SR	CODE	DETAIL	Standard Charge
1.	HB_C	HB, TC, DC, PT, ESR	100
2.	UR	URINE R&M	30
3.	FL_C	FLUID R&M (CSF, PLURAL, ASITIC WITH CYTOLOGY REPORT)	400
4.	HB_C	HBSAG, HIV	200
5.	ECG_C	ECG	200
6.	BL_C	SR.BILIRUBIN, SGPT, SR.ALBUMIN	200
7.	CR_C	SR.CREATININ, S.NA, S.K	200
8.	F_C	RBS, PPBS, FBS	40
9.	BT_C	BT, CT, PT	120
10.	AP	APTT	120
11.	SLDH	SR. LDH	400
12.	B_U	SR. URIC ACID	150
13.	CA	SR. CALCIUM	200
14.	TP_C	SR. TOTAL PROTIEIN, A/G RATIO	80

PROSTHESIS

SR	CODE	DETAIL	Standard Charge
1.	M_AM_CHEEK	CHEEK [ACRYLIC MATERIAL]	350
2.	M_AM_EAR	EAR [ACRYLIC MATERIAL]	500
3.	M_AM_EYE	EYE [ACRYLIC MATERAIAL]	300
4.	M_AM_FINGE	FINGER [ACRYLIC MATERIAL]	300
5.	M_AM_LIP	LIP [ACRYLIC MATERIAL]	300
6.	M_AM_NOSE	NOSE [ACRYLIC MATERIAL]	500
7.	M_AM_CHIN	CHIN [ACRYLIC MATERIAL]	300
8.	M_AM_NECK	NECK SIDE [ACRYLIC MATERIAL]	300
9.	M_AM_FOREHEAD	FORE HEAD [ACRYLIC MATERIAL]	300
10.	M_AM_V MOULD	V MOULD [ACRYLIC MATERIAL]	300
11.	M_S_CHEEK	CHEEK [SILICONE MATERIAL]	2500
12.	M_S_EAR	EAR [SILICONE MATERIAL]	2500
13.	M_S_EYE	EYE [SILICONE MATERAIAL]	2000
14.	M_S_FINGE	FINGER [SILICONE MATERIAL]	2000
15.	M_S_LIP	LIP [SILICONE MATERIAL]	1500
16.	M_S_NOSE	NOSE [SILICONE MATERIAL]	2000
17.	M_S_CHIN	CHIN [SILICONE MATERIAL]	2000
18.	M_S_NECK	NECK SIDE [SILICONE MATERIAL]	2500
19.	M_S_FOREHEAD	FORE HEAD [SILICONE MATERIAL]	2500
20.	M_S_V MOULD	THUMB [SILICONE MATERIAL]	2500
21.	M_S_BREAST	BREAST (U FORM) [SILICONE MATERIAL]	100

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RADIOLOGY – Room No. 106,107,114,117,129

SR	CODE	DETAIL	Standard Charge
1.	R_ANG_PERI	ANGIOGRAPHY (PERIPHERAL)	4000
2.	R_ANG_EMBS	ANGIOGRAPHY+EMBOLIS.SUPERSELECTIVE	12000
3.	R_ANG_EMB	ANGIOGRAPHY+EMBOLISATION	6000
4.	R_ANG_ENBO	ANGIOGRAPHY+EMBOLISATION OUTSIDE PT	7000
5.	R_BAR_ENE	BARIUM ENEMA	450
6.	BA	BARIUM SWALLOW	250
7.	R_BIL_STE	BILIARY/OTHER STENTING(EXC STENT CH	2500
8.	R_BAR_MEA	BRARIUM MEAL FOLLOW THROUGH	450
9.	R_BAR_STO	BRARIUM MEAL(STOMACH+DUODENUM)	350
10.	R_COL_DOP	DOPPLER WITH FILM	500
11.	R_COL_DOPW	DOPPLER WITHOUT FILM	500
12.	EC	ECHOCARDIOGRAPHY	300
13.	R_FISTU	FISTULOGRAM/LOOPOGRAM/GASTROGRAFFIN	400
14.	R_IVP_IO	IVP(WITH IONIC)	600
15.	R_IVP_NIO	IVP(WITH NONIONIC)	1000
16.	M	MAMMOGRAPHY	500
17.	R_MAMO_DUC	MAMMOGRAPHY+DUCTOGRAPHY	600
18.	R_MAM_NEDL	MAMMOGRAPHY+NEEDLE LOCAL.INCL.NEEDL	2500
19.	R_MAM_STBX	MAMMOGRAPHY+STBx	2500
20.	R_MYE_NEDL	MYEOGRAPHY NEEDLE COST EXTRA	1000
21.	R_MYLE	MYEOGRAPHY CT	1000
22.	O	OPG	350
23.	R_PCN	PCN	2000
24.	XRAY-PLAIN	PLAIN X-RAY(INC.PORTABLE)PER PLATE	180
25.	XRAY-PLAIN-E	PLAIN X-RAY(INC.PORTABLE)PER PLATE (IN EMERGENCY)	300
26.	R_PTBD	PTBD	2500
27.	R_PTC	PTC	1000
28.	R_RGU	RGU/CYSTOGRAM/URETHROGRAPHY	500
29.	R_SKEL	SKELETAL SURVERY	600
30.	R_SVC	SVC GRAPHY	2000
31.	UG	USG GUIDED PROCEDURES(BIOP/DRAINAGE	500
32.	U	USG WITH FILM	400
33.	UW	USG WITHOUT FILM	300
34.	R_USG_PORT	USG(PORTABLE)	400

* Gen. category patients will be given 50% subsidy of standard charges.

CT SCAN – ROOM NO. 101

SR	CODE	DETAIL	Standard Charge
1.	CT_PLAINWOC	CT SCAN PLAIN SINGLE REGION (W/O CONTRAST)	1600
2.	CT_PLAIN_IO	CT SCAN PLAIN+IONIC CONTRAST SINGLE REGION	4000
3.	CT_PLAIN_NIO	CT SCAN PLAIN+NON IONIC CONTRAST (SINGLE REGION)	4000
4.	CT_PLAIN2WOC	CT SCAN PLAIN ANY TWO REGION (W/O CONTRAST)	3000
5.	CT_PLAIN_2REG	CT SCAN PLAIN+IONIC CONTRAST ANY TWO REGION	3000
6.	CT_PLAIN_N2REG	CT SCAN PLAIN+NON IONIC CONTRAST ANY TWO REGION	5000
7.	CT_PLAIN_N3REG	CT SCAN PLAIN+NON IONIC CONTRAST ANY THREE REGION	7000
8.	CT_PLAIN_M3REG	CT SCAN PLAIN+IONIC CONTRAST MORE THAN THREE REG.	5000
9.	CT_PLAIN_NM3REG	CT SCAN PLAIN+NON IONIC CONTRAST MORE THAN 3 REG.	9000
10.	CT_ANG_NIO	CT ANGIOGRAPHY WITH NON IONIC CONTRAST	6000
11.	CT_BX	CT GUIDED BIOPSY	1600
12.	CT_BX_NIO	CT GUIDED BIOPSY WITH NON IONIC CONTRAST	4000
13.	CT_COEL	CT GUIDED COELIAC BLOCK	2400
14.	CT_ST_BX	CT GUIDED STEREOACTIC BIOPSY (ST.BX)	5000
15.	CT_3DCRT	3D CRT CT PLANNING	5000
16.	CT_IMRT	IMRT CT PLANNING	5000
17.	CT_REVIEW	CT SCAN REVIEW REPORT	300
18.	CT_EMERG	EMERGENCY CT SCAN	3000
19.	CT_EMERG_CON	EMERGENCY CT SCAN +NON IONIC CONTRAST	5000
20.	CT_OUTSIDE_EME	OUT SIDE- EMERGENCY CT SCAN	7000
21.	CT_RFA	CT GUIDED RFA (Lesion More than 4cm)	20000
22.	CT_BONE_BX	CT GUIDED BONE BIOPSY	2500

M.R.I. Centre

SR	CODE	DETAIL	Standard Charge
1.	MRI_PL	MRI PLAIN SINGLE REGION	3000
2.	MRI_PL_CON	MRI PLAIN CONTRAST SINGLE REGION	4000
3.	MRI_PL_2REG	MRI PLAIN ANY TWO REGION	4400
4.	MRI_PL_C2REG	MRI PLAIN + CONTRAST ANY TWO REGION	5600
5.	MRI_PL_3REG	MRI PLAIN ANY THREE REGION	6000
6.	MRI_PL_C3REG	MRI PLAIN + CONTRAST ANY THREE REGION	7000
7.	MRI_PL_M3REG	MRI PLAIN MORE THAN THREE REGION	7000
8.	MRI_PL_M3C	MRI PLAIN + CONTRAST MORE THAN THREE REGION	8000
9.	MRI_CT_PACK	MRI CT SCAN PACKAGE (SINGLE REGION)	6000
10.	MRI_CT_PACK2	MRI CT SCAN PACKAGE (TWO REGION)	7000
11.	MRI_EMER	EMERGENCY MRI	4000
12.	MRI_EMER_CON	EMERGENCY MRI WITH CONTRAST	6000
13.	MRI_OUT_CON	OUT SIDE -EMERGENCY MRI – CONTRAST	5000
14.	MRI_SCRE	MRI SCREENING PER REGION	1000
15.	MRI_SCRE_OUT	OUT SIDE - MRI SCREENING PER REGION	2000
16.	MRI_REVIEW	MRI SCAN REVIEW REPORT	300
17.	MRI_ANGIO	MR ANGIO	2000
18.	MRI_ANGIO_BR	MR BRAIN + ANGIO	4000

* Gen. category patients will be given 50% subsidy of standard charges.

RADIOTHERAPY – Room No. 53 & 55

SR	CODE	DETAIL	Standard Charge
1	RT_BR_WGA	BRACHYTHERAPY WITH GA	2500
2	RT_BR_WOGA	BRACHYTHERAPY WITHOUT GA	1500
3	RT_CTP	CT SCAN PLANNING	10000
4	RT_CAST	RT + CAST+SIMULATOR (if required)	8000
5	RT_SIMU	RT + SIMULATOR	8000
6	RT_TPS	RT + TPS PLANNING	8000
7	RT_CURATIV	RT CURATIVE	8000
8	RT_PALLIAT	RT PALLIATIVE	5000
9	RT_SIN_FRA	RT SINGLE FRACTION	2000
10	RT_SRS	SRS *	50000
11	RT_SRT	SRT *	60000
12	RT_CTPSP	CT SCAN PLANNING + SPECIAL ORFIT CAST	11000
13	RT_CASTSP	RT + SPECIAL ORFIT CAST	10000
14	RT_SIMUSP	RT + SIMULATOR _SPECIAL ORFIT CAST	10000
15	RT_TPSSP	RT + TPS PLANNING + SPECIAL ORFIT CAST	10000
16	RT_3DCRT	3-D CONFORMAL RADIOTHERAPY PACKAGE *	25000
17	RT_IMRT	INTENSITY MODULATED RADIOTHERAPY-PACKAGE*	35000
18	RT_REIRR	REIRRADIATION CHARGE	5000
19	RT_RETREAT	RETREATMENT CHARGE	5000

CELL BIOLOGY DEPARTMENT – Room No. 302

SR	CODE	DETAIL	Standard Charge
1.	FISH9_22	FISH TEST 9-22	5000
2.	FISH15_17	FISH TEST 15-17	5000
3.	FISH8_21	FISH TEST 8-21	5000
4.	FISH12_21	FISH TEST 12-21	5000
5.	FISH16_16	FISH TEST 16-16	5000
6.	FISH11Q_MLL	FISH TEST 11Q – MLL	5000
7.	FISH7Q	FISH TEST 7Q	5000
8.	FISH5Q	FISH TEST 5Q	5000
9.	FISHX_Y	FISH TEST X - Y	5000
10.	FISHMULTI	FISH TEST MULTIPLEX *	10000
11.	CYTOLEUK	KARYOTYPING LEUK TEST	1500
12.	KARYOLEUKOS	KARYO LEUK TEST- OUT SIDE PATIENT *	2000

* Gen. category patients will be given 50% subsidy of standard charges.

SPECIAL R.I.A. Test – Room No. 301

SR	CODE	DETAIL	Standard Charge
1.	S_AFP	ALPHA FETO PROTEIN [AFP]	450
2.	S_CA125	CA 125	600
3.	S_CEA	CARCINOEMBRYONIC ANTIGEN [CEA]	450
4.	S_CORTI-S	CORTISOL-SINGLE ESTIMATION	300
5.	S_CORTI-SX	CORTISOL-SIX ESTIMATION	1300
6.	S_CORTI-TH	CORTISOL-THREE ESTIMATION	750
7.	S_CORTI-TO	CORTISOL-TWO ESTIMATION	500
8.	S_ESTRADOL	ESTRADIOL (RIA) -EACH	350
9.	S_FREET4	FREE T4	130
10.	S_FREE_T4T	FREE T4,TSH,TPO-AB	550
11.	S_FSH	FSH (RIA TEST)	250
12.	S_G.HORMON	GROWTH HORMONE	350
13.	S_G.HORMFI	GROWTH HORMONE (FIVE EST)	1200
14.	S_G.HORMTH	GROWTH HORMONE (THREE EST)	700
15.	S_G.HORMT	GROWTH HORMONE (TWO EST)	500
16.	S_HCG	HUMAN CHRIONIC GONADOTROPIN [HCG]	250
17.	S_LH	LH	250
18.	S_HORMON-P	PARATHYROID HORMONE (SINGLE EST.)	850
19.	S_PROLACT3	PROLACTIN (RIA)	300
20.	S_PSA	PROSTATE SPECIFIC ANTIGEN [PSA]	450
21.	S_T3T4TSH,TPO	T3,T4,TSH,TPO-AB	700
22.	S_FT4,TSH,TPO	FREE,T4,TSH,TPO-AB	550
23.	S_TESTOST3	TESTOSTERONE (RIA)	350
24.	S_T3T4TSH,TG	T3,T4,TSH,THYROGLOBULIN	650
25.	S_TG	THYROGLOBULIN	430
26.	S_T3	TOTAL T3	130
27.	S_T3-4-TSH	TOTAL T3-T4-TSH	360
28.	S_T4	TOTAL T4	130
29.	S_TPOAB	TPO-AB	350
30.	S_TSH	TSH	130
31.	S_TSH_T4	TSH-FREE T4	250
32.	S_FT3	FREE T3	130
33.	S_CA199	CA 19.9	900
34.	S_CA15.3	CA 15.3	900
35.	S_VITD3	VIT D3	1000

MICROBIOLOGY – Room No. 402

SR	CODE	DETAIL	Standard Charge
1.	B_AFB_MICR	A F B MICROSCOPY	50
2.	S_RESIN_AD	ADULT BLOOD CULTURE BOTTLE –RESIN	300
3.	B_AE	AEROBIC (BLOOD CULTURE)	200
4.	B_AN	ANEROBIC (BLOOD CULTURE)	300
5.	S_HBC	ANTI-HBc	400
6.	S_HBS	ANTI-HBs	400
7.	B_BLOD_C&S	BLOOD *[CULTURE & SENSITIVITY]*	350
8.	S_CMV_IGM	CMV igm	300
9.	B_CUSN_AER	CULTURE SENSITIVITY (ANY AEROBIC)	300
10.	B_CUSN_ANE	CULTURE SENSITIVITY (ANY ANEROBIC)	300
11.	B_GRAM_MIC	GRAM STAIN - MICROSCOPY	50
12.	S_H_PYLORI	H-PYLORI (HELI COBACLOR PYLORI)	150
13.	S_HSV	HSV (IGM/IGM)	300

* Gen. category patients will be given 50% subsidy of standard charges.

SR	CODE	DETAIL	Standard Charge
14.	B_MYCOLOG	Fungal Culture	300
15.	B_PAEDIATR	PAEDIATRICS (BLOOD CULTURE)	350
16.	S_VIROLO-M	VIROLOGY MYCOLOGY	350
17.	B_WIDAL	WIDAL (ROUTINE)	150
18.	HS	HBSAG	100
19.	HBEAG	HBe-Ag & Anti – Hbe-Ag	250
20.	B_HCV	HCV - HEPATITIS C-VIRUS	100
21.	H	HIV [BLOOD]	100
22.	HIV_WEST	HIV-WESTERN BLOT	1500
23.	HPV_PCR	HPV –PCR	1500
24.	B_MGLOBULI	B2 MICRO GLOBULIN	300
25.	RATEST	R A TEST	50
26.	RPR	RPR (SYPHILS)	50
27.	B_TPHA	VDRL / (ROUTINE)/ RPR	100
28.	PNEU	PNEUMOCYSTIS CARINNI	50
29.	B_AFB_SMEA	A F B SPEAR	80
30.	S_ASPEGIL	APERGILLOSIS	350
31.	S_CANDIDOS	CANDIDOSIS	350
32.	S_CRYPTOLA	CRYPTOLA TEST	350
33.	S_CRYPTOSP	CRYPTOSORIDIUM	350
34.	S_EB_VIRUS	EB VIRUS IGM -BURKITS LYMPHOMA	350
35.	S_VZ VIRUS	VZ VIRUS IGM - HERPES ZOSTER INFECT	350
36.	S_TUBERCUL	TUBERCULOSIS COMPLEX	850
37.	S_TUBRO	TUBERCULOSIS COMPLEX-SERODIAGNOSIS	700

IMMUNO-HISTOCHEMISTRY – Room No. 405

SR	CODE	DETAIL	Standard Charge
1.	ER	ER-PR	1500
2.	S_HER-OS	HER-2NEU ONCOPROTEIN	1000
3.	IMMU_PH_AL	IMMUNOPHENOTYPING OF ACUTE LEUKEMIA	8500
4.	IHC	IMMUNOHISTOCHEMISTRY- IHC (Outside)	2500
5.	CD34	CD 34 PERCENTAGE IN BMT PATIENTS	800
6.	PNH	PNH TEST	6000
7.	ALK-1	ANAPLASTIC LARGE CELL LYMPHOMA(ALK-1)	1500

BIO-RESEARCH LAB – Room No. 305

SR	CODE	DETAIL	Standard Charge
1	B_ELEC_FPR	SR. ELECTROPHO.-PROEIN FRACTION	400
2	IRON	SR.IRON	200

RECEPTOR GROWTH FACTOR Lab – Room No. 303

SR	CODE	DETAIL	Standard Charge
1	IGF-I	IGF-I	800
2	IGF-II	IGF-II	800
3	IGFBP-3	IGFBP-3	800
4	BCR-ABL	BCR/ABL Fusion Gene	6000

* Gen. category patients will be given 50% subsidy of standard charges.

**RATE CHARGE OF STOMA CLINIC DEPARTMENT
FOR COLOSTOMY / ILEOSTOMY /UROSTOMY MATERIALS**

SR	NAME OF ITEMS	SPECIFICATIONS	Standard Charge
1	Stoma bag close end with belt hook.	38 mm system one piece. reusable	30
2	Stoma bag close end with belt hook.	45 mm system one piece. reusable	30
3	Stoma bag close end with belt hook. (Blue Stoma bag)	50/51 mm system one piece. reusable	30
4	Stoma bag close end with belt hook.	60 mm system one piece. Reusable	30
5	Stoma bag close end with belt hook.	75 mm system one piece. reusable	30
6	Colostomy Belt	One Piece System	50
7	Stoma drainable bags with belt hook.	38 mm system one piece. reusable	30
8	Stoma drainable bags with belt hook.	45 mm system one piece. reusable	30
9	Stoma drainable bags with belt hook.	60 mm system one piece. reusable	30
10	Stoma drainable bags with belt hook.	75 mm system one piece. reusable	30
11	Irrigation set	-	850

ILEOSTOMY MATERIALS:

SR	NAME OF ITEMS	SPECIFICATIONS	Standard Charge
1	Pouch drainable with Adhesive with skin berrier	60 mm cutting	70
2	Pouch drainable with Adhesive (disposable)		20
3	Pouch drainable with Adhesive (for peadiatric)		80
4	Belt for two piece System Ileostomy		50
5	Pouch two piece System	38 mm	--
6	Wafer OR Flange	38 mm	--
7	Pouch two piece System	45 mm	60
8	Pouch two piece System	44 mm	110
9	Wafer OR Flange	45 mm	120
10	Pouch two piece System	57 mm	110
11	Wafer OR Flange	57 mm	120
12	Pouch two piece System	70 mm	--
13	Wafer OR Flange	70 mm	--
14	Pouch two piece System	100 mm	50
15	Wafer OR Flange	100 mm	200
16	Pouch two piece System	32 mm	60
17	Wafer OR Flange	32 mm	150
18	Permatype Ileostomy bag for Adult		70

* Gen. category patients will be given 50% subsidy of standard charges.

STOMA CLINIC ITEMS

UROSTOMY BAG USED WITH PACE PLATE

SR	NAME OF ITEMS	SPECIFICATIONS	Standard Charge
1	Urostomy Bag-used with Face plate		70
2	Face Plate	32 mm	50
3	Face Plate	38 mm	50
4	Urostomy Bell-used with Face plate		50
5	D.S.D.		30

STOMA ASSESSORIES:

SR	NAME OF ITEMS	SPECIFICATIONS	Standard charge
1	Karaya Powder	20 gm	40
2	Stoma adhesive paste	60 gm	370
3	Pouch cover		100
4	Appliance deoderent		450
5	Uro-SAC Night drainage bug with Connection		150
6	Hydro colloid Dressing for Bed sore 4" x 4"		200
7	Wound Manager for Fecal Fistulla	110mm cutting	1700
8	Skin berrier 4" x 4"		--
9	Closure Clips		10

* Gen. category patients will be given 50% subsidy of standard charges.

Hospital charges will be applicable as per below mentioned table to diff. category:

Category Name	Applicable for Standard charge	Applicable for Subsidized Charge
State Government (If admitted in Special Room)	Yes	No
State Government (If admitted in General ward)	No	Yes
Referred from Railway, Bank, CGHS etc.	No	Yes
ESIS, School Health, SC/ST, ESIC & BPL, Pensioners, Prisoners.	No	Yes

- Subsidy will not be applicable on special test.
- Standard charges will be applicable for patient taking treatment under special category.

* Gen. category patients will be given 50% subsidy of standard charges.

LIST OF SPECIAL TEST

NAME OF TEST	Charges without Subsidy
Nuclear Medicine (Radio Isotope) Room no.52	
I-131 Whole body scan	2500.00
I-131 Therapy (10 mCi)	4000.00
I-131 Therapy (60 mCi)	6000.00
I-131 Therapy (80 mCi)	10000.00
I-131 Therapy (100 mCi)	12000.00
I-131 Therapy (150 mCi)	15000.00
SR-89 Therapy	60000.00
MIBG SCAN	8000.00
32P THERAPY	8000.00
MP1 (STRESS TEST)	4000.00
Blood Bank Room no.48	
Blood Component charges	7000.00
Radiotherapy Room no.53 & 55	
SRS	50000.00
SRT	60000.00
3D Conformal Radiotherapy Package	25000.00
Intensity Modulated Radiotherapy Package	35000.00
Cell Biology Department Room no.302	
Fish Test Multiplex	10000.00
<i>Karyo Leuk Test -Outside Patient</i>	2000.00

* Gen. category patients will be given 50% subsidy of standard charges.