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# THE GUJARAT CANCER & RESEARCH INSTITUTE

## AHMEDABAD



*Cancer is Curable If Detected Early*

# HOSPITAL CHARGES

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## THE GUJARAT CANCER & RESEARCH INSTITUTE AHMEDABAD

### STANDARD CHARGES / HOSPITAL RATE

1. **General Category:** General category patients are charged minimum possible. Gen. category patients will be given 50% subsidy of standard charges.
2. **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	2200/-
2. Special Room A/C First Floor	2200/-
3. Semi Special Room A/C First Floor (Two Beds Sharing)	1100/-
4. Special Room Non-A/c (Second Floor)	1100/-
5. Neuro Special Room (Third Floor)	2200/-
6. BMT Patient Room	3000/-
7. New BMT Recovery Cot No-1 & 2	1000/-
8. Day Care Chemotherapy Room (8.00am to 8.00pm)	600/-
Note : 50% Charges to be charged from patients who require special room for chemotherapy administration upto 8 hours.	

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 Rs. 5000/- before admission while special room Non-A/C patients will have to deposit Rs. 3000/-.

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. & Medical  
ICU CHARGES**

Sr.		General Ward	Special Room
1	ICU Charges ( Post Op.)	300/-	600/-
2	Medical ICU Charges	300/-	600/-

## ❖ VENTILATOR CHARGES

Ventilator Charge	General Charges Per Day	Standard Charge per day
General Ward	600	0
Special Room	0	2200

## ❖ ECG CHARGES (no change in proposal)

ECG Charge	General Charges Per Day	Standard Charge per day
General Ward	60	0
Special Rooms	0	110/-

## ❖ ECHOCARDIOGRAPHY CHARGES

General Ward	300	0
Special Rooms	0	550

## ❖ CHEMOTHERAPY Administration Charges Per Day

General Ward	Rs .110
Special Rooms	Rs .220

- NO charge for Intra muscular chemotherapy.

## ❖ Physiotherapy charges

	Standard Charge per day
Pre-Operative Physiotherapy	Rs.100/per week
Post-Operative Physiotherapy	Rs.220/per week
Out door Patient (Non GCRI)	Rs.100/per day

- 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 Rs.10/- per person (Except Free Visiting Hours)

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

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

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

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

**SPECIAL OPD FOLLOW UP FEES –(Medical/ Gynec/ Surg/ R.T) Rs.300/-**

### **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.No	Minor, OPD , Daycare Procedures Charges	General Rates	Special Rates
1	ECG	60	110
2	ECHOCARDIOGRAPHY	300	550
3	CHEMOTHERAPY (Administration Charges)	110	220
	<b>PHYSIOTHERAPY / PROSTHETIC</b>		
4	Pre-Operative Physiotherapy (Per Week)	100	100
5	Post-Operative Physiotherapy (Per Week)	110	220
6	Out Door Patient (Non GCRI) (Per Day)	50	100
7	Prosthetic Lab	60	110
			eus
	<b>General Procedures</b>		
8	Bone Marrow Biopsy	830	1,650
9	Debridement	660	1,320
10	Dressing	60	110

11	Excision Bx	1,100	2,200
12	FNAC	330	660
13	Hickman Catheter Removal (	830	1,650
13A	Hickman Catheter Removal ( Under Local Anesthesia)	200	400
14	Hopkins's Examination	220	220
15	Insicion & Drainage	660	1,320
16	Insicional Bx	830	1,650
17	Knife Bx	830	1,650
18	L.N. Bx (Lymphnode Biopsy)	1,100	2,200
19	Punch Bx	100	200
20	Resuturing	660	1,320
21	Ryle's Tube Insertion	550	1,100
21A	Ryle's Tube Insertion ( Under Local Anesthesia)	50	100
22	Scoop Bx	100	200
23	T' Stomy Insertion	100	200
24	T' Stomy tube Change	100	200
25	Tooth Extractor under Ga	660	1,320
26	Trucut Bx	<b>100</b>	<b>200</b>
27	Wide Local Excision (WLE)	2200	4400
28	Foley's Catheterisation	60	110
29	BONE BIOPSY	700	1400
30	Bone Marrow Aspirate	550	1,100
31	Nerve Block with use of 'C' arm	400	800
	<b>Surgical Procedures (Minor)</b>		
32	Carotid Ligation	1,100	2,200
33	Colostomy	2,200	4,400
34	Colostomy Closure	2,200	4,400
35	Fistula Closure	1,100	2,200
36	Flap Cutting	1,100	2,200
37	ICD Insertion	660	1,320
38	ICD tube Change	<b>220</b>	<b>220</b>
39	Ileostomy Closure	2,200	4,400
40	Jejunostomy	2,200	4,400
41	Port Removal	830	1,650
42	Tapping (Pleural or Ascites)	830	1,650
43	Tracheostomy	830	1,650
44	Venesection	420	830
45	Node Biopsy	660	1,320
46	Resuturing	660	1,320
47	Dilatation of Urethra	1,100	2,200
48	THORACOCENTESIS	140	280
	<b>Endoscopy Procedures</b>		

48A	DLB + Bx under Ga	660	1,320
49	EUA under Ga	1,100	2,200
50	Proctoscopy Bx	830	1,650
51	Sigmoido Scopy Bx	1,100	2,200
52	Suspension Laryngoscopy Bx	1,100	2,200
53	D.L.B. & Tracheostomy	1,100	2,200
54	Cystoscopy	1,100	2,200
55	Nesophrayngoscopy	1,100	2,200
56	Bronchoscopy (Rigid) (B'Scopy)	1,100	2,200
57	Mediastinoscopy	1,100	2,200
58	Esophagoscopy (O'Scopy)	1,100	2,200
59	Triple Endoscopy	1,100	2,200
59A	Pleuroscopy	1,800	3,600
59B	Polypectomy/Stenting/Endoprosthesis/Banding**(Esophagoscopy/Gastroscopy/Colonoscopy/ERCP etc.)	500	1000
<b>Minor Procedures by Anesthetists</b>			
60	Cavafix	830	1,650
61	Certofix	830	1,650
62	Epidural Catheter Insertion	830	1,650
63	L.P. Procedure	830	1,650
64	PICC	830	1,650
65	S.P. Block	630	1,650
65A	S.P. Block (in D.S.U under Local Anesthesia)	50	100
66	Viggo Insertion	<b>60</b>	<b>110</b>
67	P.F.T Charge	280	550
68	Central Venous Catheterisation (CVC)	830	1,650
<b>Endoscopy at IVTC Center with HPE</b>			
69	Bronchoscopy	1,400	2,750
70	Colonoscopy	1,400	2,750
71	E.R.C.P	2,750	5,500
72	Fibroptic Gastroscopy	1,400	2,750
73	Gastroscopy - Endoprosthesis Procedure (* Prosthesis Charge Extra)	1,400	2,750
74	Intra Luminal R.T	1,400	2,750
75	PEG-IVTC Procedure	1,650	3,300
76	RT-Insertion Charge (Wire guided)	550	1,100
76A	Anesthesia for Minor Procedure at GCS	500	500
<b>Gynaec Procedure</b>			
77	Leep/Biopsy/EUA/D&C	660	1,320
78	Cone Biopsy	660	1,320
79	Pyometra Drainage	660	1,320
80	Resuturing	660	1,320
81	Gynec Endoscopy Procedure	830	1,650

82	D. & C.	660	1,320
	<b>Others Charges</b>		
83	File Missing Charges	50	50
84	Frozen Section Procedure Charge	1000	1000
85	Outside Frozen Section Charge (Thr. Pathology Dept)	2000	2000
86	Additional Outside Frozen Section Charge per Section Extra	500	500

**ONCOLOGY OPERATIONS**

		MINOR OPERATION		
12	O_MINOR1	Lumpectomy, STG, Resecturing, 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 <b>Uro Oncology</b> :Dilatation-Internal Urethorotomy , Cystoscopy, Cystoscopic biopsy, Bilateral Orchiectomy, Partial amputation of penis	2200	4400
13	O_MAJOR_A	<b>MAJOR OPERATION A :</b> 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.	4400	8800
14	O_MAJOR_B	<b>MAJOR OPERATION B :</b> Lung resection, Colonic or Rectum resection.	6600	13200
15	O_S_MAJOR	<b>SUPRA MAJOR OPERATION</b> Commando with flap reconstruction, Breast reconstruction, oesophagectomy, Pneumanectomy, Chest wall resection with reconstruction, Gastric resection with reconstruction, Hepatic resection, Pancreatic resection, Orthopaedic reconstruction, Cystectomy with diversion +	11000	22000
16	O_S_MAJOR +	Free Flap	4400	8800
17	Harmonic Sca	Harmonic Scalpel	4000	4000
18	Vessel Seal	Vessel Sealing	4000	4000
19	Water Jet	Water Jet	4000	4000
20	Argon Plasma	Argon Plasma Coagulation	4000	4000
21	C.U.S.A.	C.U.S.A.	4000	4000



**I.V.T.C. DEPT.**

SR.	CODE	DETAILS	GENERAL CHARGES	STANDARD CHARGES
01	Hemoclip	Hemoclip ( per piece )	8820	8820
02	EUS Procedure	EUS Procedure	3000	6000
03	FNA Needle	FNA Needle	3000	3000

**URO ONCOLOGY OPERATION**

SR	CODE	DETAIL	General Charges	Standard Charge
1	OUMAJOR	<b>MAJOR OPERATION</b> TUR-Bladder tumor, Total amputation of penis	3300	6600
2	OUS_MAJOR	<b>SUPRA MAJOR</b> Radical Nephrectomy, Radical Cystectomy with diversion, Radical Prostatectomy, Laparoscopic Radical Nephrectomy, Amputation of penis with groin dissection, RPLND, Pelvic exenteration, Supra-Renal tumor Surgery	11000	22000

**GYNAEC ONCOLOGY OPERATION**

3	GY_SCOPY	Cervical vaginal & Vulval biopsies, -Colposcopy with HPE Report	550	1100
		<b>MINOR OPERATIONS with General Anaesthesia and HPE Report</b>		
4	GY_LEEP	-LEEP / Biopsy / EUA / D&C	660	1320
5	GY_CON	-Cone biopsy	660	1320
6	Hysteroscopy	Hysteroscopy	2500	5000
		<b>Hysterectomy (Abdominal/Vaginal) with or without BSO</b>		
8	GY_HYS_LAP	-Staging Laparotomy	6600	13200
9	GY_HYS_BX	-Diagnostic laparoscopy with or without biopsy	6600	13200
10	GY_HYS_VULV	-Simple Vulvectomy	6600	13200
11	GY_HYS_INOP	-Inoperable	6600	13200
12	GY_HYS_HERN	-Hernia repair	6600	13200
		<b>SUPRA MAJOR OPERATIONS</b>		
13	GY_SM_RED	-Redical hysterectomy (Werthims, Meigs with RPLAND	9900	19800
14	GY_SM_RED_VUL	-Redical Vulvectomy with bilateral groin dissection	9900	19800
15	GY_SM_OVERY	-Primary/Interval/Secondary cytoreductive surgery for ovarian cancer	9900	19800
16	GY_SM_ENDO	-Carcinoma endometrium surgeries	9900	19800
		<b>Ultra radical Surgeries</b>		
17	GY_EXT	Extententions (Anterior/Posterior)	16500	33000

**PLASTIC SURGERY OPERATION**

SR	CODE	DETAIL	General Charges	Standard Charge
		<b>SIMPLE MINOR</b>		
1	M_FLAPS	FLAP SIMPLE MINOR	3300	6600
2	M_MICROS	MICRO SIMPLE MINOR	6600	13200
3	M_SKULLE	EXTRACRANIAL SKULL BASE (SIMPLE)	13750	27500
		<b>Complicated extra Major</b>		
4	M_FLAPC	FLAP COMPLICATED EXTRA MAJOR	8250	16500
5	M_MICROC	MICRO COMPLICATED EXTRA MAJOR	19250	38500
6	M_SKULLC	SKULL BASE COMPLICATED EXTRA MAJOR	22000	44000

**NEURO ONCOLOGY DEPARTMENT**

SR	CODE	DETAIL	General Charges	Standard Charge
1	N_MINOR	MINOR OPERATION	2200	4400
2	N_MAJOR	MAJOR OPERATION	7700	15400
3	N_SUPRAM	SUPRAMAJOR	11000	22000
4	N_SELE	SELECTIVE	13800	27500
5	N_DSA	DSA	4400	8800
6	N_SRS	SRS	44000	88000
7	N_SRT	SRT	30300	60500

**ORTHOPADIC DEPARTMENT**

SR	CODE	DETAIL	General Charges	Standard Charge
1	O_WIDEEX	WIDE EXCISION	1650	3300
2	O_AMPU	AMPUTATION	1650	3300
3	O_DIS	DISARTICULATION	2200	4400
4	O_NAIL	NAILING	3300	6600
5	O_NAILBO	NAILING BONE GRAFTING	4400	8800
6	O_JOINT	JOINT REPLACEMENT	11000	22000

**LAPAROSCOPY**

SR	CODE	DETAIL	General Charges	Standard Charge
1.	O_LAP_D	Diagnostic Laparoscopy / Thoresoscopy	6600	13200
2.	O_LAP_S	Laparoscopic / Thorecoscopy Surgery	13800	27500

**OTHEUR CHARGES**

SR	CODE	DETAIL	General Charges	Standard Charge
1	HEALTH	HEALTH CHECK UP CHARGES	2000	2000
2	HEALTH	HEALTH CHECK UP CHARGES – FEMALE	2200	2200
3	LIC_1	MEDICLAIM FORM PROCESSING FEES	100	100
4	LIC_2	DEATH CLAIM FORM PROCESSING FEES	200	200
5	LIC_3	INSURANCE CO/CONSULTANT PROCESSING FEES	500	500

**NUCLEAR MEDICINE ( RADIO ISOTOPE ) – ROOM NO. 52**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	RISO_BOSC	BONE SCAN	970	1930
2.	RISO_BRSCP	BRAIN SCAN PLANAR	1100	2200
3.	RISO_BRSP	BRAIN SPECT	1100	2200
4.	RISO_DRCG	DRCG	550	1100
5.	RISO_HIDA	HIDA SCAN (HEPATOBILLIARY SCAN)	1100	2200
6.	RISO_I131W	I-131 WHOLE BODY SCAN (Special Test)	2800	2800
7.	RISO_I13110	I-131 THERAPY ( 10 mCi ) (Special Test)	5000	5000
8.	RISO_I13160	I-131 THERAPY ( 60 mCi ) (Special Test)	6600	6600
9.	RISO_I13180	I-131 THERAPY ( 80 mCi ) (Special Test)	11000	11000
10.	RISO_I131100	I-131 THERAPY ( 100 mCi ) (Special Test)	13500	13500
11.	RISO_I131150	I-131 THERAPY ( 150 mCi ) (Special Test)	17000	17000
12.	RISO_LIV	LIVER SCAN	1100	2200
13.	RISO_MECK	MECKLE'S GI BLEED SCAN	1100	2200
14.	RISO_MECE	MECKLE'S GI BLEED SCAN (EMERGENCY)	1100	2200
15.	RISO_MIBI	MIBI PARATHYROID SCAN	1950	3850
16.	RISO_MUGA	MUGA SCAN	1100	2200
17.	RISO_RENEC	RENAL SCAN ( EC )	1100	2200
18.	RISO_RENDM	RENAL SCAN (DMSA III)	1100	2200
19.	RISO_RENDT	RENAL SCAN (DTPA RENAL SCAN)	1100	2200
20.	RISO_RENTR	RENAL TRANSPLANT STUDY	1100	2200
21.	RISO_SR89	SR-89 THERAPY(Special Test)	66000	66000
22.	RISO_THY	THYROID SCAN	550	1100
23.	RISO_THYDM	TYHROID SCAN (DMSA V)	1100	2200
24.	RISO_MAG3	MAG-3	1400	2750
25.	RISO_LUNG	LUNG PERFUSION SCAN (MAA)	850	1650
26.	RISO_MTBG	MIBG SCAN (Special Test)	9000	9000
27.	RISO_32P	32P THERAPY(Special Test)	9000	9000
28.	RISO_MPI	MP1 (STRESS TEST) (Special Test)	5000	5000
29.	RISO_MYOCA	MYOCALDIAL VIABILITY STUDY	1100	2200
30.	Sentinel Node	Sentinel Node Maping	1500	3000
31.	Lymphoscinti	Lymphoscintigraphy	1500	3000

**BLOOD BANK – ROOM NO. 48**

SR	CODE	DETAIL	General Charge	Standard Charge
1	GR	BLOOD GROUPING	45	90
2		IRRADIATION CHARGES FOR BLOOD /COMPONENT FOR RED CROSS SOCIETY	415	415
3	B_TRANSFUS	BLOOD TRANSFUSION CROSS MATCH/BOTTL	90	170
4	COO	COOMB'S TEST	75	120
5	BLD_IRR	BLOOD IRRADIATION CHARGES (OUTDOOR PTS)	830	830
6	IRR_PCV	IRRADIATED PCV	700	1200
7	IRR_PLAT	IRRADIATED PLATELE	300	600
8	B_PCV	PCV (PACKED CELL VOLUME /WHOLE BLOOD	600	800
9	B_PLT_CON	PLATELET CONCENTRATE	200	300
10	B_FRZ_PLSM	FRESH FROZEN PLASMA	300	400
11	B_CRYO	CRYOPRECIPITATE	300	400
12	SDP	Irradiated SDP	8200	8200
13	OSDP	Outside patients Irradiated SDP	10000	10000

**CENTRAL CLINICAL PATHOLOGY LAB– Room No. 404**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	B_24_URINA	24 hr URINARY PROTEIN	220	440
2.	CHO	SR. CHOLESTEROL	50	90
3.	AL	ALBUMIN ( RFT/LFT )	40	70
4.	A	ALKALINE PHOSPATASE [ LFT ]	40	70
5.	BL	BLOOD UREA (BUN)	50	80
6.	CHL	CHLORIDE ( CL )	60	110
7.	F	FB-PPBS-RB ( SUGAR TEST )	30	50
8.	GL	GLOBULIN ( RFT/LFT ) PROTEIN	30	60
9.	B_GTT	GLUCOSE TOLERANCE TEST	60	110
10.	B_LIPID	LIPID PROFILE	220	440
11.	B_SPECIMEN_MIN	OPERATED SPECIMENS- Minor (Wide Excision and Lymphnodes)	550	1100
12.	B_SPECIMEN_MAJ	OPERATED SPECIMENS- Major	1400	2750
13.	B_PH_PCO2	PH - PCO2 - PO2	170	330
14.	B_PLASMA_F	PLASMA FIRBRINOGEN (Clauses Method)	250	500
15.	B_PL	PLASMA FIRBRINOGEN	110	220
16.	PO	POTASSIUM – K	60	110
17.	AM	S. AMYLASE	70	140
18.	BI	S.BILIRUBIN [ LFT ]	60	110
19.	SGO	S.G.O.T. [ LFT ]	60	110
20.	SGP	S.G.P.T. [ LFT ]	60	110
21.	B_FIBRINOG	SERUM FIBRINOGEN	60	110
22.	SO	SODIUM ( NA )	60	110
23.	B_AC	SR. ACETONE	40	70
24.	CR	SR. CREATININE [ RFT ]	50	80
25.	B_ELECTR_S	SR. ELECTROLYTES [ RFT ]	110	220
26.	ME	SR. MEGNESIUM	110	220
27.	PH	SR. PHOSPHORUS	110	220
28.	CA	SR.CALCIUM	110	220
29.	TP	TOTAL PROTEIN A/G RATIO [ LFT ]	50	90

SR	CODE	DETAIL	General Charge	Standard Charge
30.	B_U	URIC ACID	90	170
31.	S_LDH	S.L.D.H	220	440
32.	AP	APTT	70	140
33.	HB	BLOOD HB	30	60
34.	B_SPUT_R&M	BLOOD SPUTM R & M	30	60
35.	B_CBC/PCV	CBC WITH PCV INDICES PLATELETS	110	220
36.	B_CRP	CRP (C-REACTIVE PROTEIN)	60	110
37.	B_CSF_CHOL	CSF FLUID CHEMISTRY - CHLORIDE	60	110
38.	B_CSF_PRO	CSF FLUID CHEMISTRY – PROTIEIN	60	110
39.	B_CSF_SUGA	CSF FLUID CHEMISTRY – SUGAR	60	110
40.	B_CSF_R&M	CSF R&M	50	80
41.	B_FLU_CSFP	PLEURAL FLUID R & M	50	80
42.	ASC_FL_R&M	ASCITIC FLUID R & M	50	80
43.	OTH_R&M	OTHER FLUID R & M	50	80
44.	ES	ESR	30	60
45.	B_FDP	F D P	170	330
46.	B_FOETA_HB	FOETAL H.B.	110	220
47.	B_G6PD	G6PD TEST	110	220
48.	GAS ANA	GAS ANALYSIS	440	880
49.	B_HAEM	HAEM'S TEST	110	220
50.	B_HBTCPCDC	HB-TC-PC-DC	70	140
51.	B_LE_CELL	L.E. CELL	70	140
52.	B_OSMOTIC	OSMOTIC FRAGILITY	140	280
53.	B_PC	PC	40	70
54.	PCV	PCV BLOOD TEST	40	70
55.	PREGNANC	PREGNANCY TEST	110	220
56.	PT	PROTHROMBIN TIME [ PT ]	70	140
57.	PS	PS FOR MP AND MORPHOLOGY	40	80
58.	PTTK	PTTK TEST	70	140
59.	RC	RC- BLOOD TEST	70	140
60.	SICKLING	SICKLING TEST	60	110
61.	STOOL	STOOL FOR OVA /CYST	60	110
62.	B_SUCROSE	SUCROSE LYSIS TEST	70	140
63.	B_UR_UROB	URIENE UROBILINOGEN	40	80
64.	B_UR_ACET	URINE ACETONE	30	60
65.	B_UR_CRAV	URINE SP.GRAVITY	40	80
66.	UR	URINE EXAMINATION	50	80
67.	MTX_TEST	METHOTROXIN ( MTX ) TEST	550	1100
68.	CYCL_TEST	CYCLOSPORIN (CYCL) TEST	1000	2000
69.	IN	INORGANIC PHOSPHOROUS (RFT/LFT)	30	60
70.	B_DC	DC	50	90
71.	TC	TC BLOOD	40	80
72.	B_LAPA	LAPA Score	1000	1000
73.	B_IRON	IRON STAIN	140	280
74.	SER_LIP_R	Serum Lipase(Routine Test)	220	440
75.	SR.IR	Serum Iron	110	220
76.	TIBC	TIBC	110	220
77.	PELECTRO	S.Protein Electrophoresis	350	450
78.	HBELECTRO	S.Hb Electrophoresis	350	450
79.	SHE4	HE-4	800	1200
80.	IgA	IgA	180	250
81.	IgG	IgG	180	250
82.	IgM	IgM	180	250
83.	Kappa	Kappa	450	900
84.	Lambda	Lambda	450	900
85.	Ascit_Bio	Ascitic Fluid –Biochemistry	60	100

SR	CODE	DETAIL	General Charge	Standard Charge
86.	Pleural_Flu	Pleural Fluid -Biochemistry	60	100
87.	Other_Fluid	Other Fluid –Biochemistry	60	100
88.	BUN	BUN – Blood Urea Nitrogen	50	80
89.	Trig	Triglyceride	40	80
90.	H.D.L.D	H.D.L.D	70	140
91.	Drain_Amly	Drain Fluid for Amylase	70	140
92.	Slide_Bonemr	Bone Marrow-Slide Review	180	350
93.	Speciman	Specimen Review	500	1000
94.	Anti-TG	Anti-TG Elecys	360	700
95.	IFX	Immuno fixation (IFX)	3000	3000
96.	Serum Ferritin	Serum Ferritin	220	350
97.	Serum Folate	Serum Folate (Folic)	320	400
98.	Vitamin B12	Vitamin B12	350	500
99.	Vitamin D	Vitamin D	725	900
100.	HbA1c	HbA1c	150	300
101.	ADA Level	ADA LEVEL	225	350

### HISTOPATHOLOGY-CYTOLOGY – ROOM NO.412 & 401

SR	CODE	DETAIL	General Charge	Standard Charge
1.	BB	BIOPSIES	220	440
2.	CY	CYTOLOGY – FLUID	100	180
3.	B_BIO_FROZ	FROZEN SECTION (BIOPSY-BIG SPECIMEN)	830	1700
4.	B_SLIDE_RO	SLIDE FOR REVIEW [H/P OUT SIDE]*	280	550
5.	SL	SLIDE FOR REVIEW [H/P WITH BIOPSY]	280	550
6.	SL_SP	SLIDE FOR REVIEW [H/P WITH SPECIMEN]	1950	3900
7.	B_CYTOL_SP	SPUTUM R.M. & CYTOLOGY	140	280
8.	BMBX	BONE MARROW BIOPSY/ASPIRATE(TRIPHINE)	550	1100
9.	LBC	Liquid Based Cytology Fluid (Non Gynaec Preparation)	250	300
10.	Outside Slide	Outside Slide Review FNAC/FLUID/PAP	280	550
11.	CELL BLOCK	CELL BLOCK	220	400
12.	B_LBCFLUID	LIQUID BASED CYTOLOGY FOR FLUID	250	300
13.	PAP	CONVENTIONAL PAP SMEAR	100	200

### PHYSIOTHERAPY

SR	CODE	DETAIL	General Charge	Standard Charge
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SR	CODE	DETAIL	General Charge	Standard Charge
1	Phy_Gen.Exe	Phy_Gen. Exercise Outdoor Patient per day	50	100
2	Phy_Gen.Exe	Phy_Gen.Exercise 7 days Outdoor Patient	100	200
3	Phy_Gen.Exe	Phy_Gen.Exercise (Outside Reference) per day	100	200
4	Phy_ICU	Phy_ICU per day	25	50
5	Phy_Sp.Room	Phy_Sp. Rooms A/c & Non A/c per day	0	100
6	Phy_Gen.ward	Phy_Gen.wards per day	20	50
7	Phy_Gen.Exe	Phy_Gen.Exercise Outdoor (Non GCRI) Patient	0	50
8	Phy_Semi	Phy_Semi Special Room Patient	0	100
9	Phy_Special	Phy_Special Room Patient	0	100
10	Phy_Breast	Phy_Breast Surgery	100	200
11	Phy_Thorax	Phy_Thorax Surgery	200	400
12	Phy_Head	Phy_Head & Neck Surgery	200	400
13	Phy_Abdom	Phy_Abdominal Surgery	100	200
14	Phy_Ortho	Phy_Orthopaedic Surgery	100	200
15	Phy_Neuro	Phy_Neuro Surgery	100	200
16	Phy_Others	Phy_Others	0	50

**LIST OF COMMON BLOOD TEST**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	HB_C	HB, TC, PC,DC	70	140
2.	HB_C	HBSAG, HIV	110	220
3.	BL_C	SR.BILIRUBIN, SGPT, SR.ALBUMIN	110	220
4.	CR_C	SR.CREATININ, SNA, S.K	110	220
5.	AP	APTT	70	<b>140</b>
6.	SLDH	SR. LDH	220	440
7.	B_U	SR. URIC ACID	90	170
8.	CA	SR. CALCIUM	110	220
9.	TP	SR. TOTAL PROTIEN, A/G RATIO	50	90



**PROSTHESIS**

<b>Sr. no</b>	<b>Prosthesis (Silicon Material )</b>	<b>Rates General</b>	<b>Rates Special</b>
1	Ear (M_S_Ear)	2100	4100
2	Eye	2000	3300
3	Eye with Cheek	3800	7400
4	Nose	2000	3300
5	Lip	1300	2500
6	Chin	1600	3300
7	Cheek	2100	4100
8	Neck	2100	4100
9	For Head	2100	4100
10	Thumb	1800	3300
11	Finger	1600	3300
12	Palm	5500	5500
13	Hand	8000 to 11000	8000 to 11000
14	Toes	3300	3300
15	Insole	5500	5500
16	Heel Support	5300	5300
17	Foot	11000 to 15000	11000 to 15000
18	Medial Adhesive	750	750
<b>Sr. no</b>	<b>Prosthesis (Acrylic Material )</b>	<b>New Rates General</b>	<b>New Rates Special</b>
1	Ear (M_AM_Ear)	450	800
2	Eye	250	500
3	Eye with Cheek	550	1120
4	Orbital	250	500
5	Ocular	250	500
6	Nose	500	800
7	Lip	250	500
8	Chin	250	500
9	Cheek	250	500
10	Neck	250	500
11	For Head	250	500
12	Dental Palate	300	500
13	V Mould	250	500
14	Breast (UForm) (M_S_B)	80	150

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

SR	CODE	DETAIL	General Charge	Standard Charge
1.	R_ANG_PERI	ANGIOGRAPHY (PERIPHERAL)	2200	4400
2.	R_ANG_EMBS	ANGIOGRAPHY+EMBOLIS.SUPERSELECTIVE	6600	13200
3.	R_ANG_EMB	ANGIOGRAPHY+EMBOLISATION	3300	6600
4.	R_ANG_ENBO	ANGIOGRAPHY+EMBOLISATION OUTSIDE PT	3850	7700
5.	R_BAR_ENE	BARIUM ENEMA	250	500
6.	BA	BARIUM SWALLOW	140	300
7.	R_BIL_STE	BILIARY/OTHER STENTING(EXC STENT CH	1380	2750
8.	R_BAR_MEA	BRARIUM MEAL FOLLOW THROUGH	250	500
9.	R_BAR_STO	BRARIUM MEAL(STOMACH+DUODENUM)	200	390
10.	R_COL_DOP	DOPPLER WITH FILM	280	550
11.	R_COL_DOPW	DOPPLER WITHOUT FILM	280	550
12.	EC	ECHOCARDIOGRAPHY	300	550
13.	R_FISTU	FISTULOGRAM/LOOPOGRAM/GASTROGRAFFIN	220	440
14.	R_IVP_IO	IVP(WITH IONIC)	330	660
15.	R_IVP_NIO	IVP(WITH NONIONIC)	550	1100
16.	M	MAMMOGRAPHY	280	550
17.	R_MAMO_DUC	MAMMOGRAPHY+DUCTOGRAPHY	330	660
18.	R_MAM_NEDL	MAMMOGRAPHY+NEEDLE LOCAL.INCL.NEEDL	1400	2750
19.	R_MAM_STBX	MAMMOGRAPHY+STBx	1400	2750
20.	MEMMO_REVI	REVIEW OF MEMMOGRAPHY	25	50
21.	R_MYE_NEDL	MYELOGRAPHY NEEDLE COST EXTRA	550	1100
22.	R_MYLE	MYLEOGRAPHY CT	550	1100
23.	O	OPG	200	390
24.	R_PCN	PCN	1100	2200
25.	XRAY-PLAIN	PLAIN X-RAY(INC.PORTABLE)PER PLATE	100	200
26.	XRAY-PLAIN-E	PLAIN X-RAY(INC.PORTABLE)PER PLATE (IN EMERGENCY)	170	330
27.	XRAY_REVIE	REVIEW OF X-RAY	25	50
28.	R_PTBD	PTBD	1380	2750
29.	R_PTC	PTC	550	1100
30.	R_RGU	RGU/CYSTOGRAM/URETHROGRAPHY	280	550
31.	R_SKEL	SKELETAL SURVERY	330	660
32.	R_SVC	SVC GRAPHY	1100	2200
33.	UG	USG GUIDED PROCEDURES(BIOP/DRAINAGE	280	550
34.	U	USG WITH FILM	220	440
35.	UW	USG WITHOUT FILM	170	330
36.	R_USG_PORT	USG (PORTABLE)	220	440
37.	PROC_REVIE	REVIEW OF SPECIAL PROCEDURE @BARIUM SWALLOW,BARIUM MEAL, IVP	25	50
38.	RADIO_STENT	Self expanding metallic Stent (procedure of percutaneous billiary stenting )	36,750	40,000
39.	USG GUIDED	USG GUIDED TRUE CUT BIOPSY	700	1400

**C T SCAN – ROOM NO. 101**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	CT_PLAINWOC	CT SCAN PLAIN SINGLE REGION (W/O CONTRAST)	900	1800
2.	CT_PLAIN_IO	CT SCAN PLAIN+IONIC CONTRAST SINGLE REGION	2200	4400
3.	CT_PLAIN_NIO	CT SCAN PLAIN+NON IONIC CONTRAST (SINGLE REGION)	2200	4400
4.	CT_PLAIN2WOC	CT SCAN PLAIN ANY TWO REGION (W/O CONTRAST)	1700	3300
5.	CT_PLAIN_2RE G	CT SCAN PLAIN+IONIC CONTRAST ANY TWO REGION	1700	3300
6.	CT_PLAIN_N2R EG	CT SCAN PLAIN+NON IONIC CONTRAST ANY TWO REGION	2800	5500
7.	CT_PLAIN_N3R EG	CT SCAN PLAIN+NON IONIC CONTRAST ANY THREE REGION	3900	7700
8.	CT_PLAIN_M3R EG	CT SCAN PLAIN+IONIC CONTRAST MORE THAN THREE REG.	2800	5500
9.	CT_PLAIN_NM3 REG	CT SCAN PLAIN+NON IONIC CONTRAST MORE THAN 3 REG.	5000	9900
10.	CT_ANG_NIO	CT ANGIOGRAPHY WITH NON IONIC CONTRAST	3300	6600
11.	CT_BX	CT GUIDED BIOPSY	900	1800
12.	CT_BX_NIO	CT GUIDED BIOPSY WITH NON IONIC CONTRAST	2200	4400
13.	CT_COEL	CT GUIDED COELIAC BLOCK	1400	2700
14.	CT_REVIEW	CT SCAN REVIEW REPORT	170	330
15.	CT_EMERG	EMERGENCY CT SCAN	2800	3300
16.	CT_EMERG_CO N	EMERGENCY CT SCAN +NON IONIC CONTRAST	2800	5500
17.	CT_OUTSIDE_E ME	OUT SIDE- EMERGENCY CT SCAN	3900	7700
18.	CT_RFA	CT GUIDED RFA (Lesion More than 4cm)	11000	22000
19.	CT_BONE_BX	CT GUIDED BONE BIOPSY	1400	2800
20.	PLAIN CT	PLAIN CT SCAN FOR RT PLANNING	700	1400
21.	PLAIN & CONTR	PLAIN & CONTRAST CT SCAN FOR RT PLANNING	1400	2800

**M.R.I. Centre**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	MRI_PL	MRI PLAIN SINGLE REGION	1700	3300
2.	MRI_PL_CON	MRI PLAIN CONTRAST SINGLE REGION	2400	4600
3.	MRI_PL_2REG	MRI PLAIN ANY TWO REGION	2500	4900
4.	MRI_PL_C2REG	MRI PLAIN + CONTRAST ANY TWO REGION	3300	6400
5.	MRI_PL_3REG	MRI PLAIN ANY THREE REGION	3300	6600
6.	MRI_PL_C3REG	MRI PLAIN + CONTRAST ANY THREE REGION	4100	7900
7.	MRI_PL_M3REG	MRI PLAIN MORE THAN THREE REGION	4100	7900
8.	MRI_PL_M3C	MRI PLAIN + CONTRAST MORE THAN THREE REGION	4600	9000
9.	MRI_CT_PACK	MRI CT SCAN PACKAGE ( SINGLE REGION)	3300	6600
10.	MRI_CT_PACK2	MRI CT SCAN PACKAGE ( TWO REGION)	3900	7700
11.	MRI_EMER	EMERGENCY MRI	2200	4400
12.	MRI_EMER_CON	EMERGENCY MRI WITH CONTRAST	3500	6800
13.	MRI_OUT_CON	OUT SIDE -EMERGENCY MRI – CONTRAST	3000	5700
14.	MRI_SCRE	MRI SCREENING PER REGION	600	1100
15.	MRI_SCRE_OUT	OUT SIDE - MRI SCREENING PER REGION	1100	2200
16.	MRI_REVIEW	MRI SCAN REVIEW REPORT	170	330
17.	MRI_ANGIO	MR ANGIO	1100	2200
18.	MRI_ANGIO_BR	MR BRAIN + ANGIO	2200	4400
19.	MRI_STUDY	MRI CONTRAST STUDY PLAIN STUDY	700	1100

**RADIOTHERAPY – Room No. 53 & 55**

SR	CODE	DETAIL	General Charge	Outside Patient Standard Charge & Special Category Charge
1	RT_BR_WGA	BRACHYTHERAPY WITH GA	1400	2800
2	RT_BR_WOGA	BRACHYTHERAPY WITHOUT GA	850	1700
3	RT_CTP	CT SCAN PLANNING	5500	11000
4	RT_CAST	RT + CAST+SIMULATOR (if required)	4400	8800
5	RT_SIMU	RT + SIMULATOR	4400	8800
6	RT_TPS	RT + TPS PLANNING	4400	8800
7	RT_CURATIV	RT CURATIVE	4400	8800
8	RT_PALLIAT	RT PALLIATIVE	2800	5500
9	RT_SIN_FRA	RT SINGLE FRACTION	1100	2200
10	RT_SRS	SRS *	55000	55000
11	RT_SRT	SRT *	66000	66000
12	RT_CTPSP	CT SCAN PLANNING + SPECIAL ORFIT CAST	6100	12100
13	RT_CASTSP	RT + SPECIAL ORFIT CAST	5500	11000
14	RT_SIMUSP	RT + SIMULATOR _ SPECIAL ORFIT CAST	5500	11000
15	RT_TPSSP	RT + TPS PLANNING + SPECIAL ORFIT CAST	5500	11000
16	RT_3DCRT	3-D CONFORMAL RADIOTHERAPY PACKAGE(Special Test)	28000	28000
17	RT_IMRT	INTENSITY MODULATED RADIOTHERAPY-PACKAGE*	39000	39000
18	RT_REIRR	REIRRADIATION CHARGE	2800	5500
19	RT_RETREAT	RETREATMENT CHARGE	2800	5500
20	IGRT	IGRT	55000	55000
21	Electron Cura	Electron Curative therapy	4400	8800
22	Electron Cura	Electron Curative therapy with ORFIT/CAST	5500	11000
23	Post op/Adjuv	Post op/Adjuvant therapy with Electrons	4400	8800
24	Post op/Adjuv	Post op/Adjuvant therapy with Electrons with ORFIT/CAST	5500	11000
25	Electron Pallia	Electron Palliative therapy	2800	5500
26	Boost with Elec	Boost with Electron/5-10 fraction	1100	2200
27	Boost with Elec	Boost with Electron/5-10 fraction >10 fractions	4400	8800
28	Photon Electron	Photon Electron combination/Adjuvant therapy	4400	8800
29	Acrylic cast	Acrylic cast (used in head & neck region)	500	1000
30	Thermo (orfit)	Thermoplastic material (orfit) for brain and Head and Neck	1100	2200
31	Thermo (orfit)	Thermoplastic material (orfit) for abdomen, chest & breast	1500	3000

**CELL BIOLOGY DEPARTMENT – Room No. 302**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	FISH9_22	FISH TEST 9-22	2800	5500
2.	FISH15_17	FISH TEST 15-17	2800	5500
3.	FISH8_21	FISH TEST 8-21	2800	5500
4.	FISH12_21	FISH TEST 12-21	2800	5500
5.	FISH16_16	FISH TEST 16-16	2800	5500
6.	FISH11Q_MLL	FISH TEST 11Q – MLL	2800	5500
7.	FISH7Q	FISH TEST 7Q	2800	5500
8.	FISH5Q	FISH TEST 5Q	2800	5500
9.	FISHX_Y	FISH TEST X – Y	2800	5500
10.	FISHMULTI	FISH TEST MULTIPLEX (Special Test)	11000	11000
11.	CYTOLEUK	KARYOTYPING LEUK TEST	850	1700
12.	KARYOLEUKOS	KARYO LEUK TEST- OUT SIDE PATIENT (Special Test)	2500	2500
13.	H2N FISH	Her-2 Neu Fish	5000	7000
14.	EGFR	EGFR EXON 18,19,20,21 by Quantative Real Time ARMS-PCR	7000	9000
15.	HLA typing	HLA typing	6000	8000
16.	HPV 16 & HPV 18	HPV 16 & HPV 18 testing	1500	1500

**SPECIAL R.I.A. Test – Room No. 301**

SR	CODE	DETAIL	General Charge	Standard Charge
1	S_AFP	ALPHA FETO PROTEIN [ AFP ]	300	600
2	S_CA125	CA 125	400	800
3	S_CEA	CARCINOEMBRYONIC ANTIGEN [ CEA ]	300	600
4	S_CORTI-S	CORTISOL-SINGLE ESTIMATION	300	700
5	S ESTRADOL	ESTRADIOL ( RIA ) –EACH	300	600
6	S_FREET4	FREE T4	225	450
7	S_FSH	FSH (RIA TEST )	300	600
8	S_HCG	HUMAN CHRIONIC GONADOTROPIN [ HCG ]	300	600
9	S_LH	LH	300	600
10	S_HORMON-P	PARATHYROID HORMONE ( SINGLE EST.)	500	1000
11	S_PROLACT3	PROLACTIN (RIA)	300	600
12	S_PSA	PROSTATE SPECIFIC ANTIGEN [ PSA ]	300	600
13	S_TESTOST3	TESTOSTERONE (RIA)	300	600
14	S_TG	THYROGLOBULIN	350	800

15	S_T3	TOTAL T3	100	250
16	S_T4	TOTAL T4	100	250
17	S_TSH	TSH	100	250
18	S_FT3	FREE T3	225	450
19	S_CA199	CA 19.9	500	1000
20	S_CORTI-SX	CORTISOL-SIX ESTIMATION	720	1440
21	S_CORTI-TH	CORTISOL-THREE ESTIMATION	420	850
22	S_CORTI-TO	CORTISOL-TWO ESTIMATION	300	550

23	S_G.HORMON	GROWTH HORMONE	500	900
24	S_G.HORMFI	GROWTH HORMONE (FIVE EST)	1200	2000
25	S_G.HORMTH	GROWTH HORMONE (THREE EST)	900	1500
26	S_G.HORMT	GROWTH HORMONE (TWO EST)	750	1250
27	GH 5 EST	GROWTH HORMONE (FOUR EST)	1050	1750
28	S_T3T4TSH,TG	T3,T4,TSH,THYROGLOBULIN	360	730
29	S_CA15.3	CA 15.3	500	990
30	S_VITD3	VIT D3	550	1100

### **MICROBIOLOGY – Room No. 402**

Sr. No.	Test Code	Test Name	General Charges	Special Charges
1	BC_1	Blood Culture Peripheral Vein	1300	2000
2	BC_2	Blood Culture Central Catheter	1300	2000
3	BC_3R	Blood Culture Central Catheter (Red Lumen)	1300	2000
4	BC_3W	Blood Culture Central Catheter (White Lumen)	1300	2000
5	BC_3B	Blood Culture Central Catheter (Blue Lumen)	1300	2000
6	BC_3Y	Blood Culture Central Catheter (Yellow Lumen)	1300	2000
7	BC_4	Blood Culture Peripheral Vein & Central Catheter (Both)	2600	4000
8	FC_5	Fungal Culture (any Specimen)	700	900
9	NS_6	Nasopharyngeal swab C/S	1000	1500
10	SW_7	Sinus washings C/S	1000	1500
11	SBS_8	Surgical Biopsy Specimen C/S	1000	1500
12	SPP_9	Swab of posterior pharynx C/S	1000	1500
13	ST_10	Swab of Tonsils C/S	1000	1500
14	S_11	Sputum C/S	1000	1500
15	BS_12	(BAL) C/S	1000	1500
16	TS_13	Transtracheal Secretions C/S	1000	1500
17	LA/B_14	Lung aspirate/ Biopsy C/S	1000	1500
18	T_15	Tooth C/S	1000	1500
19	GDB_16	Gastric / Duodenal Biopsy (H. pylori)	100	150

20	StS_17	Stool Specimen C/S	1000	1500
21	RS_18	Rectal Swab C/S	1000	1500
22	U_19	Urine C/S	1000	1500
23	UC_20	Urine –Catheterized C/S	1000	1500
24	SAU_21	Suprapubic Aspiration of urine C/S	1000	1500
25	EPD_22	Eye- Purulent Discharge C/S	1000	1500
26	AD_23	Aspirate of Drainage C/S	1000	1500
27	DSPD_24	Deep swab of Purulent discharge C/S	1000	1500
28	POD_25	Post operative discharge C/S	1000	1500
29	FP_26	Frank Pus C/S	1000	1500
30	JA_27	Joint aspirate C/S	1000	1500
31	SB_28	Synovial Biopsy/Fluid C/S	1000	1500
32	BS_29	Bone specules C/S	1000	1500
33	US_30	Urethral swab C/S	1000	1500
34	PF_31	Pleural fluid C/S	1000	1500
35	AF_32	Ascitic fluid C/S	1000	1500
36	UCS_33	Uterine Cervix Swab material C/S	1000	1500
37	VS_34	Vaginal swab C/S	1000	1500
38	ET_35	Endotracheal Tube C/S	1000	1500
39	CT_36	Catheter tip C/S	1000	1500
40	TSTS_37	Tracheostomy Tube / Swab C/S	1000	1500
41	TM_38	Any Tissue Material C/S	1000	1500
42	CSF_39	Cerebrospinal fluid C/S	1000	1500
43	SOL_40	Aspirate from SOL C/S	1000	1500
44	BTM_41	Brain Tissue material C/S	1000	1500

**Microscopy**

Sr. No.	Test Code	Test Name	General Charges	Special Charges
45	WP_42	Wet Preparation	100	150
46	WP_42a	KOH Preparation	100	150
47	GS_43	Gram's stain	100	150
48	ZN_44	ZN stain	100	150
49	TO_45	Toludine Blue 'O' stain (Pneumocystis Carinii)	100	150
50	S-OC_46	Stool for Ova/Cyst	150	200

**Serology**

Sr. No.	Test Code	Test Name	General Charges	Special Charges
51	HBs_47	HBsAg	60	120
52	HBsP_48	HBsAg Positive	60	120
53	HIV_49	HIV only	80	150
54	HIV-P_50	HIV Positive	350	350



56	HCV_52	HCV	70	130
57	HCV-P_53	HCV Positive	70	130
58	antiHBs_54	anti – HBs	220	300
59	HBe_55	HBeAg	250	300
60	antiHBe_55a	anti – HbeAg	250	300
61	antiHBc_56	anti – HBc	250	300
62	CMV-IgG_57	CMV – IgG	250	300
63	CMV-IgM_57a	CMV – IgM	250	300
64	CRP_59	C- Reactive Protein ( CRP )	50	150
65	WT_62	WIDAL Test	100	120
66	BM_63	β2 Microglobulin	400	500
67	D-IgG/M_64	DENGUE IGG/IGM	250	300
68	MT_65	MALARIA	100	150
69	PCT_66	Procalcitonin	1300	3000
70	Chikungunya	Chikungunya	250	300
71	CMV_RT	CMV Real Time PCR - Quantitative	2000	2250
72	HBV_RT	HBV DNA RT PCR - Quantitative	2000	2250
73	HCV_RT	HCV RNA RT PCT - Quantitative	2250	2500
74	EBV_RT	EBV DNA RT PCR - Quantitative	2000	2250
75	HSV_RT	HSV DNA RT PCR - Quantitative	2250	2500
76	MICRO_BK	BK POLYMYXO VIRUS	2500	2500
77	MICRO_C.DIFF	C.DIFFICILE	2500	2500
78	CMV_RT	CMV RT PCT – Qualitative	1000	1000
79	CLOSTRIDIUM DI	CLOSTRIDIUM DIFFICILE	1200	2400

### IMMUNO-HISTOCHEMISTRY – Room No. 405

IMMUNO-HISTOCHEMISTRY				
SR	CODE	DETAIL	GENERAL	STANDARD
1	ER	ER-PR	1250	1500
2	S_HER-OS	HER-2NEU ONCOPROTEIN	625	800
3	ERPHER	ER-PR and Her-2/neu	2000	2250
4	SINMAR	Single Marker	625	800
5	IMP	Immunohistochemistry Panel	2750	3500
6	IMMU_PH_AL	IMMUNOPHENOTYPING IPT/Acute Leukemia/CLPD Panel	5500	7500
7	CD34	CD 34 PERCENTAGE	1100	1500
8	PNH	PNH STUDY	2000	3000
9	FIVMAR	FIVE MARKER PANEL	3125	3750
10	LCP	LUNG CANCER PANEL	3125	3750
11	MUO	METASTAIS OF UNKNOWN ORIGIN	5000	6000

(updated 07 - December – 2019)

12	MRCTP	MALIGNANT ROUND CELL TUMOR PANEL	5000	6000
13	HDP	HODGKIN'S DISEASE PANEL	3750	4500
14	NHDP	NON- HODGKIN'S LYMPHOMA PANEL	5000	6000

### **BIO-RESEARCH LAB – Room No. 305**

SR	CODE	DETAIL	General Charge	Standard Charge
2	IRON	SR.IRON	110.00	220.00
3	FLT-3	FLT-3 Mutations	3000.00	4000.00
4	JAK-2	JAK-2 Mutations	5000.00	6000.00
5	C-kit	C-kit Mutations	5000.00	6000.00
6	ISO12P	ISO12p FISH	7000.00	10000.00

### **CLINICAL CARCINOGENESIS LAB.CANCER BIOLOGY DEPT.**

SR	CODE	DETAIL	General Charge	Standard Charge
1	MGMT	<b>MGMT Methylation (O<sup>6</sup> Methylguanine-DNA Methyltransferase</b>	2500	3500
2	IDH 1/2 Muta	IDH 1/2 MUTATIONS	7000	9000
3	IDH1 R132H	IDH1 R132H BY qPCR	2500	3500

### **RECEPTOR GROWTH FACTOR Lab – Room No. 303**

SR	CODE	DETAIL	General Charge	Standard Charge
1	IGF-I	IGF-I	440	880
2	IGF-II	IGF-II	440	880
3	IGFBP-3	IGFBP-3	440	880
4	BCR-ABL	BCR/ABL Fusion Gene	3300	6600

**RATE CHARGE OF STOMA CLINIC DEPARTMENT**

CHARGES OF STOMA ITEMS			NEW RATES	
Sr. No.	Name of Items	Specifications	Category	
			General	Special/Outside Patient
1	Stoma bag close end with belt hook.	38 mm system one piece. Reusable	40	50
2	Stoma bag close end with belt hook.	45 mm system one piece. Reusable	40	50
3	Stoma bag close end with belt hook. (Blue Stoma beg)	50mm system one piece. Reusable	40	50
4	Stoma bag close end with belt hook.	60 mm system one piece. Reusable	40	50
5	Stoma bag close end with belt hook.	75 mm system one piece. Reusable	40	50
6	Colostomy belt	One piece system	80	100
7	Stoma drainable bags with belt hook	38mm system one piece. Reusable	40	50
8	Stoma drainable bags with belt hook	45mm system one piece. Reusable	40	50
9	Stoma drainable bags with belt hook	50mm system one piece. Reusable	40	50
10	Stoma drainable bags with belt hook	60mm system one piece. Reusable	40	50
11	Stoma drainable bags with belt hook	75 mm system one piece. Reusable	40	50
12	Pouch two piece system 45mm with Wafer or flange	45mm	200	250
13	Pouch two piece system 57mm with Wafer or flange	57 mm	200	250
14	Pouch two piece system 100mm with Wafer or flange	100mm	400	450

(updated 07 - December – 2019)

15	Permatype ileostomy bag for Adult	Used with face plates	50	60
16	Urostomy bag used with Face plate	Reusable	90	100
17	Face plate	32mm	<b>60</b>	<b>70</b>
18	Face plate	38mm	<b>60</b>	<b>70</b>
19	Face plate	45mm	<b>70</b>	<b>80</b>
20	Urostomy belt used with face plate	Reusable	90	100
21	Double sided Disk -DSD	4 X 4 INCH	<b>40</b>	<b>50</b>
22	Urostomy pouch two piece system	38mm	<b>300</b>	<b>350</b>
23	Urostomy pouch two piece system	44mm	300	350
24	Urostomy pouch two piece system	57mm	300	350
25	Clips – Closure Clips		30	30
26	Karaya Powder	20gm	140	160
27	Colostomy irrigator with disposable Cone		650	700
28	Colostomy Disposable Cone for use with irrigator		330	380
29	Pouch Drainable with barrier upto 90mm One piece	90mm one piece systems	140	160
30	Pouch two piece system 70mm Wafer or flange	70mm	<b>200</b>	<b>220</b>
31	Wound Manager (Medium Size)	156mm to 228mm	<b>1400</b>	<b>1500</b>
32	Pouch drainable with Adhesive with skin barrier 60mm	60mm cutting	<b>90</b>	<b>100</b>
33	Pouch drainable with Adhesive for Paediatric	Disposable	<b>220</b>	<b>250</b>
34	Stoma adhesive paste	60gm	<b>380</b>	<b>420</b>
35	Appliance Deodorant		<b>70</b>	<b>90</b>
36	Wound Manager for Fecal Fistula	110mm cutting	<b>600</b>	<b>650</b>
37	Wound Manager Large Size	208mm to 297mm	<b>6500</b>	<b>7000</b>
38	Wafer or Flange	45mm	<b>130</b>	<b>140</b>
39	Wafer or Flange	70mm	<b>130</b>	<b>140</b>
40	Pouch two piece system	45mm	<b>80</b>	<b>90</b>
41	Pouch two piece system	70mm	<b>80</b>	<b>90</b>
42	Pouch Cover		<b>100</b>	<b>100</b>
43	Ostomy Bath Apron		<b>70</b>	<b>80</b>
44	Pouch two piece system	100mm	<b>400</b>	<b>450</b>
45	Stoma Barrier Wafer or Skin Barrier 4 x 4		<b>140</b>	<b>160</b>
46	Wafer or Flange	100mm	<b>550</b>	<b>600</b>

**RADIOTHERAPY DEPT. - CHARGES OF DENTAL**

<b>SR</b>	<b>DENTAL PROCEDURES</b>	<b>GENERAL RATES</b>	<b>STANDARD RATES</b>
1	I.O.P.A.R (Intra Oral Periapical Radiography)	50.00	100.00
2	Amalgam Filling	50.00	100.00
3	G.I.C (Glass Ionomer Cement Filling ) Restoration	100.00	150.00
4	L.C.F (Light Cure Filling)	200.00	350.00
5	Temporary Filling	50.00	70.0
6	Emergency endodontic (R.C.T) (including 3 sitting)	350.00	450.00
7	Extraction of Teeth	50.00	100.00
8	Surgical Extraction	150.00	250.00
9	Scaling	150.00	250.00
10	Guide Flange	450.00	550.00
11	Obturator (Surgical)	450.00	550.00
12	Obturator (Interim)	550.00	650.00
13	Obturator (Permanent)	2300.00	2500.00
14	Soft Reliningof Dentures & Obturators (per arch)	200.00	300.00
15	Complete Denture (upper & lower dentures)	2300.00	2500.00
16	Special tray fabrication (for Denture/Obturator)	350.00	450.00
17	Record base & Occlusal rim	450.00	500.00
18	Teeth arrangement Premadent	350.00	450.00
19	Teeth arrangement Acryrock	550.00	650.00
20	Processing of Denture & Obturators	1250.00	1400.00

21	R.P.D. with one teeth + Rs.20/ per tooth	450.00	500.00
22	F.P.D. (Crown & bridge, single unit) - Metal	250.00	300.00
23	F.P.D (Crown & bridge, single unit) – PFM	650.00	700.00
24	Implant abutment	2200.00	2400.00
25	Post & Core custom made	550.00	650.00
26	Metallic Coping for Over Denture	250.00	350.00
27	Alveoplasty (per quadrant)	150.00	250.00
28	Incision & Drainage ( I & D)	150.00	250.00
29	Tooth Supported extra Oral Prosthesis	350.00	450.00
30	Gingivoplasty & Gingivectomy	150.00	250.00
31	Topical Fluoride application (per arch)	400.00	500.00
32	Bleaching of teeth Vital (Single)	500.00	600.00
33	Bleaching of teeth Non Vital (Single)	150.00	250.00
34	Implant placement (Single) (Including Implant Cost)	6500.00	7000.00
35	Direct & Indirect Pulp Capping	200.00	300.00
36	Selective teeth grinding	Free	Free

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

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

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

**LIST OF SPECIAL TEST**

NAME OF TEST	Charges without Subsidy
<b>Nuclear Medicine (Radio Isotope) Room no.52</b>	
I-131 Whole body scan (RISO_131)	2800
I-131 Therapy (10 mCi)	5000
I-131 Therapy (60 mCi)	6600
I-131 Therapy (80 mCi)	11000
I-131 Therapy (100 mCi)	13500
I-131 Therapy (150 mCi)	17000
SR-89 Therapy	66000
MIBG SCAN	9000
32P THERAPY	9000
MP1 (STRESS TEST)	5000
SAMERIUM-153 Therapy	10000
PET CT SCAN TEST - Rs.9900 <b>Gen. Category</b>	9900
PET CT SCAN TEST - Rs.9900 <b>Special Category</b>	9900
PET CT SCAN <b>REVIEW</b> Charge-	1000
PET CT <b>Guided biopsy</b> charge-	2500
PET CT Bone Scan	2000
Octreotide Scan charges	14000
Trodat Scan Gen. Category	13000
Trodat Scan Special Category	15000
<b>Blood Bank Room no.48</b>	
Aphaeresis charges (SDP)	8000
Irradiated SDP	8200
Outside patients Irradiated SDP	10000
<b>Radiotherapy Room no.53 &amp; 55</b>	
SRS	55000
SRT	66000
3D Conformal Radiotherapy Package	28000
Intensity Modulated Radiotherapy Package	39000
<b>Cell Biology Department Room no.302</b>	
Fish Test Multiplex	11000
<i>Karyo Leuk Test -Outside Patient</i>	2500
<b>MicroBiology Department Room no.402</b>	
<i>Blood Culture</i>	1100
<i>Blood Routine Culture</i>	900



<b>Central Clinical Pathology Lab– Room No. 404</b>	
<i>D-Dimer</i>	900
<b>Radiology Self expanding metallic Stent (procedure of percutaneous biliary stenting )</b>	<b>36,750(Gen.Rate)</b>
	<b>40,000(Sp.Rate)</b>

**Following tests are performed at SNGEN Lab,Surat**

Sr. No	Test Name	General Rate	Special Rate
1	X & Y Chimerism	2500	2500
2	VNTR Chimerism Study	2000	2000
3	BCR/ABLQUANTITATIVE [MbcR-CML]/[mbcr-ALL]	3000	3000
4	PML/RARA QUANTITATIVE	3000	3000
5	Parvo Virus QUALITATIVE	2000	2000
6	FISH Her-2 Neu (H2N)	5000	5000
7	FISH PDGFR $\alpha$	3000	3000
8	FISH BCR/ABL	3000	3000
9	FISH PML/RARA	3000	3000
10	Imatinib Resistance Mutation Analysis[IRMA]	5500	5500
11	FLT3	3000	4000
12	JAK2	5000	6000