

ਪੰਜਾਬ ਰਾਜ ਬਿਜਲੀ ਬੋਰਡ

ਦਫਤਰ ਸਕੱਤਰ ਬੋਰਡ ਭਾਗ

ਵੱਲ

1. ਡੀ.ਜੀ.ਪੀ/ਵੀ ਤੇ ਐਸ, ਪੰ:ਰ:ਬਿ:ਬੋ:, ਪਟਿਆਲਾ।
2. ਐਡਵਾਈਜਰ/ਵਿੱਤ, ਪੰ:ਰ:ਬਿ:ਬੋ: ਪਟਿਆਲਾ।
3. ਸਾਰੇ ਇੰਜੀਨੀਅਰਜ਼ ਇੰਨ ਚੀਫ/ਜਨਰਲ ਮੈਨੇਜਰ/ਮੁੱਖ ਇੰਜੀਨੀਅਰਜ਼, ਪੰ:ਰ:ਬਿ:ਬੋ:।
4. ਚੀਫ /ਆਈ ਆਰ ਅਤੇ ਵੈਲਫੇਅਰ, ਪੰ:ਰ:ਬਿ:ਬੋ: ਪਟਿਆਲਾ।
5. ਸਾਰੇ ਮੁੱਖ ਲੇਖਾ ਅਫਸਰ, ਪੰ:ਰ:ਬਿ:ਬੋ:
6. ਮੁੱਖ ਕਾਸਟ ਕੰਟਰੋਲ ਅਤੇ ਰਿਡਕਸ਼ਨ, ਪੰ:ਰ:ਬਿ:ਬੋ:।
7. ਮੁੱਖ ਪੜਤਾਲਕਾਰ, ਪੰ:ਰ:ਬਿ:ਬੋ: ਪਟਿਆਲਾ।
8. ਡਾਇਰੈਕਟਰ/ਪ੍ਰਸੋਨਲ, ਪੰ:ਰ:ਬਿ:ਬੋ: ਪਟਿਆਲਾ।
9. ਡਾਇਰੈਕਟਰ/ਕੋਆਰਡੀਨੇਸ਼ਨ, ਬੀ 533 ਨਿਊ ਫਰੈਡਜ਼ ਕਲੋਨੀ ਪੰ:ਰ:ਬਿ:ਬੋ: ਗੈਸਟ ਹਾਊਸ ਨਵੀ ਦਿੱਲੀ।
10. ਡਾਇਰੈਕਟਰ/ਟੈਕਨੀਕਲ, ਪੰ:ਰ:ਬਿ:ਬੋ: ਪਟਿਆਲਾ।
11. ਡਾਇਰੈਕਟਰ/ਇੰਨਕੁਆਰੀ, ਪੰ:ਰ:ਬਿ:ਬੋ:।
12. ਡਾਇਰੈਕਟਰ/ਆਈ.ਟੀ, ਪੰ:ਰ:ਬਿ:ਬੋ: ਪਟਿਆਲਾ।
13. ਕਾਨੂੰਨੀ ਸਲਾਹਕਾਰ, ਪੰ:ਰ:ਬਿ:ਬੋ: ਪਟਿਆਲਾ।

ਮੀਮੋ ਨੰ: 60488/60537 ਬੀਡੀ/ਈਬੀ-16 ਵਾ:25

ਮਿਤੀ : 23.1.2009

ਵਿਸ਼ਾ:

ਕਰੋਨਿਕ ਬਿਮਾਰੀ ਨਾਲ ਪੀੜਤ ਅਧਿਕਾਰੀ/ਕਰਮਚਾਰੀ/ਪੈਨਸ਼ਨਰ ਵਲੋਂ ਬਤੌਰ ਆਊਟਡੋਰ ਮਰੀਜ ਕਰਵਾਏ ਗਏ ਇਲਾਜ ਤੇ ਆਏ ਖਰਚੇ ਦੀ ਪ੍ਰਤੀ ਪੂਰਤੀ ਕਰਨ ਬਾਰੇ ਸਪੱਸ਼ਟੀਕਰਨ।

ਬਿਹ ਵੇਖਣ ਵਿਚ ਆਇਆ ਹੈ ਕਿ ਕਰੋਨਿਕ ਬਿਮਾਰੀ ਨਾਲ ਪੀੜਤ ਅਧਿਕਾਰੀ/ਕਰਮਚਾਰੀ/ਪੈਨਸ਼ਨਰ ਵਲੋਂ ਬਤੌਰ ਆਊਟਡੋਰ ਮਰੀਜ ਕਰਵਾਏ ਗਏ ਇਲਾਜ ਤੇ ਆਏ ਖਰਚੇ ਦੀ ਪ੍ਰਤੀ ਪੂਰਤੀ ਕਰਨ ਵਿਚ ਪੰ:ਰ:ਬਿ:ਬੋ: ਵਲੋਂ ਸਪੱਸ਼ਟ ਹਦਾਇਤਾ ਨਾ ਹੋਣ ਕਾਰਣ ਔਕੜ ਪੇਸ਼ ਆ ਰਹੀ ਸੀ। ਹੁਣ ਡਾਇਰੈਕਟਰ/ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ ਚੰਡੀਗੜ ਵਲੋਂ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਸਪੱਸ਼ਟੀਕਰਨ ਜਾਰੀ ਕੀਤਾ ਗਿਆ ਹੈ।

1. ਕਰੋਨਿਕ ਬਿਮਾਰੀ ਦੇ ਕੇਸ ਵਿੱਚ 3 ਦਿਨਾਂ ਦੇ ਅੰਦਰ ਦਵਾਈ ਖਰੀਦਣੀ ਜ਼ਰੂਰੀ ਨਹੀਂ ਕਿਉਂਕਿ ਲੰਬੀ ਬਿਮਾਰੀ ਹੋਣ ਕਾਰਨ ਮਰੀਜ ਲੋੜ ਪੈਣ ਤੇ ਦਵਾਈ ਖਰੀਦ ਸਕਦਾ ਹੈ।
2. ਡਾਕਟਰ ਵੱਲੋਂ ਲਿਖੀ ਦਵਾਈ ਦੀ ਖਰੀਦ ਇਕ ਲੋਟ (ਇਕੱਠੀ) ਵਿਚ ਖਰੀਦਣੀ ਜ਼ਰੂਰੀ ਨਹੀਂ ਕਿਉਂਕਿ ਕਰੋਨਿਕ ਬਿਮਾਰੀ ਦੇ ਮਰੀਜ ਦੀ ਦਵਾਈ ਲਗਾਤਾਰ ਚਲਣੀ ਹੁੰਦੀ ਹੈ ਇਸ ਲਈ ਮਰੀਜ ਡਾਕਟਰ ਵੱਲੋਂ ਲਿਖੀ ਗਈ ਦਵਾਈ ਤੋਂ ਘਟ ਜਾਂ ਵਧ ਆਪਣੀ ਲੋੜ ਅਨੁਸਾਰ ਖਰੀਦ ਸਕਦਾ ਹੈ।

-ਪੰਨਾ ਖਰੜੇ ਨੀ -

- 3 ਪੰਜਾਬ ਸਰਕਾਰ ਦੀਆਂ ਹਦਾਇਤਾਂ ਅਨੁਸਾਰ ਡਾਕਟਰ ਵੱਲੋਂ ਇਹ ਤਸਦੀਕ ਕਰਵਾਉਣਾ ਜ਼ਰੂਰੀ ਹੈ ਕਿ ਉਸ ਵੱਲੋਂ ਲਿਖੀਆਂ ਦਵਾਈਆਂ ਹਸਪਤਾਲ ਵਿੱਚ ਉਪਲਬੱਧ ਨਹੀਂ ਹਨ।
- 4 ਡਾਕਟਰ ਵੱਲੋਂ ਦਵਾਈ ਜਦੋਂ ਵੀ ਲਿਖੀ ਗਈ ਹੋਵੇ ਅਤੇ ਬਿਲ ਸਬੰਧਤ ਡਾਕਟਰ ਵੱਲੋਂ ਵੈਰੀਫਾਈ ਕੀਤੇ ਗਏ ਹੋਣ ਤੱਦ ਹੀ ਪ੍ਰਤੀ ਪੂਰਤੀ ਯੋਗ ਹੈ ਅਤੇ ਉਸਦਾ ਸਮਾਂ ਕਰੋਨਿਕ ਸਰਟੀਫਿਕੇਟ ਦੇ ਵੈਲਿਡਿਟੀ ਸਮੇਂ ਵਿਚ ਹੋਣਾ ਚਾਹੀਦਾ ਹੈ।
- 5 ਡਾਕਟਰਾਂ ਵੱਲੋਂ ਜਿਸ ਕਰੋਨਿਕ ਬਿਮਾਰੀ ਦਾ ਸਰਟੀਫਿਕੇਟ ਦਿੱਤਾ ਗਿਆ ਹੋਵੇ ਕੇਵਲ ਉਹੀ ਬਿਮਾਰੀ ਦੀ ਪ੍ਰਤੀ ਪੂਰਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ। ਕਰੋਨਿਕ ਬਿਮਾਰੀ ਦੇ ਅਸਰ ਨਾਲ ਪੈਦਾ ਹੋਈਆਂ ਹੋਰ ਬਿਮਾਰੀਆਂ ਜਾਂ ਉਨ੍ਹਾਂ ਦੇ ਸਾਈਡ ਇਫੈਕਟ ਵਜੋਂ ਹੋਏ ਖਰਚੇ ਦੀ ਪ੍ਰਤੀ-ਪੂਰਤੀ ਨਹੀਂ ਕੀਤੀ ਜਾ ਸਕਦੀ ਜੇਕਰ ਉਹ ਬਿਮਾਰੀ ਕਰੋਨਿਕ ਬਿਮਾਰੀ ਤੋਂ ਬਾਹਰ ਹੋਵੇ ਅਤੇ ਇਲਾਜ ਬਤੌਰ ਆਉਟਡੋਰ ਮਰੀਜ਼ ਕਰਵਾਇਆ ਗਿਆ ਹੋਵੇ।

ਇਸ ਲਈ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਕਰੋਨਿਕ ਬਿਮਾਰੀ ਨਾਲ ਪੀੜਤ ਮਰੀਜ਼ਾਂ ਦੇ ਆਉਟਡੋਰ ਇਲਾਜ ਦਾ ਉਪਰੋਕਤ ਹਦਾਇਤਾਂ ਮੁਤਾਬਿਕ ਨਿਪਟਾਰਾ ਕੀਤਾ ਜਾਵੇ ਤਾਂ ਜੋ ਸਾਰੇ ਕੇਸਾਂ ਵਿਚ ਇਕਸਾਰ ਪੌਲਿਸੀ ਅਪਣਾਈ ਜਾ ਸਕੇ। ਇਨ੍ਹਾਂ ਹਦਾਇਤਾਂ ਨੂੰ ਆਪ ਜੀ ਦੇ ਅਧੀਨ ਕੰਮ ਕਰਦੇ ਅਧਿਕਾਰੀਆਂ/ਕਰਮਚਾਰੀਆਂ ਦੇ ਧਿਆਨ ਵਿਚ ਲਿਆਉਣ ਦੀ ਕ੍ਰਿਪਾਲਤਾ ਕੀਤੀ ਜਾਵੇ।

ਇਹ ਸਮਰੱਥ ਅਧਿਕਾਰੀ ਦੀ ਪ੍ਰਵਾਨਗੀ ਨਾਲ ਜਾਰੀ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।

ਉਪ ਸਕੱਤਰ/ਸੀਟਿੰਗਜ਼,
ਪੰ:ਰਾ:ਬਿ:ਬੋ:ਪਟਿਆਲਾ।

ਪਿੱਠ ਅੰਕਣ ਨੰ: 60538/6072 ਡੀਡੀ/ਬੀਬੀ.16 ਵਾ.25 ਮਿਤੀ: 23.1.2009

ਉਪਰੋਕਤ ਦਾ ਉਤਾਰਾ ਹੇਠ ਲਿਖਿਆਂ ਨੂੰ ਸੂਚਨਾਂ ਤੇ ਅਗਲੇਰੀ ਕਾਰਵਾਈ ਲਈ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।

1. ਸਾਰੇ ਸੰਯੁਕਤ ਸਕੱਤਰ/ਉਪ ਸਕੱਤਰ/ਅਧਿਕਾਰੀ ਸਕੱਤਰ, ਪੰ:ਰਾ:ਬਿ:ਬੋ:।
2. ਸਾਰੇ ਸੀਨੀ.ਲੇਖਾ ਅਫਸਰ/ਲੇਖਾ ਅਫਸਰ ਮੁੱਖ ਦਫਤਰ ਪੰ:ਰਾ:ਬਿ:ਬੋ:।
3. ਸਾਰੇ ਸੈਕਸ਼ਨਲ ਹੈਡ, ਮੁੱਖ ਦਫਤਰ, ਪੰ:ਰਾ:ਬਿ:ਬੋ:।

ਉਪ ਸਕੱਤਰ/ਸੀਟਿੰਗਜ਼,
ਪੰ:ਰਾ:ਬਿ:ਬੋ:, ਪਟਿਆਲਾ।

ਸੀਸੀ:

1. ਉਪ ਸਕੱਤਰ/ਸੀਨੀ.ਨਿਜੀ ਸਕੱਤਰ/ਚੇਅਰਮੈਨ/ਸੈਂਬਰਜ/ਸਕੱਤਰ, ਪੰ:ਰਾ:ਬਿ:ਬੋ:।
2. ਸ.ਅਵਤਾਰ ਸਿੰਘ ਸੋਹਲ, ਵਪੀਕ ਨਿਗ.ਇੰਜ.(ਰਿਟਾਇਰਡ),
245, ਫੁਲਕੀਆਂ ਇਨਕਲੇਵ, ਪਟਿਆਲਾ।

23.1.2009

GENERAL GUIDELINES FOR PRIVATE WARD CHARGES OF INVESTIGATIONS & PROCEDURES

Procedures and investigations not to be charged separately and to be covered under investigation charges of Rs. 150/- to be paid per day are the following.

INVESTIGATIONS

I. BLOOD CLINICAL HAEMATOLOGY

Haemoglobin
TLC
DLC
ESR
Peripheral Smear
Platelet Count

II Blood Chemistry

Blood Sugar
Serum Electrolytes
Blood Urea
Blood Gases

III Fluids and Excre

Routine Examination Urine
Microscopic Exam. Urine
Stool naked eye examination
CSF Examination
ECG

IV ECG

PROCEDURES:

Minor Procedures

Intramuscular Injections
Intravenous Injections
Intravenous drips
Wound dressings
Stitch removal.

Completed

[Signature]

RTWED

RATE OF INVESTIGATIONS (COMMON & SPECIAL)

COMMON

Blood Clinical Chemistry	Pvt. ward Ch.
Acid Phosphatase	25.00
Alkaline Phosphatase	25.00
Amylase	25.00
Augmented Histamine Test	25.00
B.E.I. (Bilirubin total and/or	50.00
Barbiturates	25.00
Blood Sugar (micro method)	25.00
Calcium	50.00
Chlorides	25.00
Cholesterol total and/or free ester cholesterol	0.00
Creatinine	25.00
Creatinine-Phosphokinase	25.00
Creatinine, clearance test	25.00
Direct/indirect bilirubin	50.00
Dxylose Absorption	25.00
Glucose tolerance test	50.00
Intravenous Glucose Tolerance Test	250.00
LDH Total	250.00
Lactose Tolerance Test	50.00
Lithium	50.00
Magnesium	25.00
Muscle enzyme test	25.00
Non-proteins Nitrogen	25.00
PCO2 and/or PH	25.00
Phosphorus	50.00
Plasmal Bicarbonates	25.00
Plasma Cortisol	50.00
Plasma Testosterone	50.00
Protein Bound Iodine (PBI)	50.00
Proteins and Albumin Globulin	50.00
Proteins total	25.00
SGOT and/or GGPT	0.0
Serum CRP	25.00
Serum Catecholamines	25.00
Serum Digoxin	250.00
Serum Electrophoresis	250.00
Serum Iron	50.00
Sodium and/or Potassium	25.00
Sugar (Glucose)	25.00
T3 and T4	0.00
TSH	25.00
Triglycerides	100.00
Urea	50.00
Uric Acid	25.00
BLOOD CLINICAL HAEMATOLOGY	25.00
ABO & RH GROUPING	50.00
ABO Antibody Titre	50.00

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Absolute Eosinophil Count	0.00
Blood Film Morphology	25.00
Blood Cell cytochemistry	50.00
COOMB'S TEST DIRECT/INDIRECT	0.00
Clot Retraction	25.00
Clotting time	10.00
Cross Matching	25.00
E.S.R.	0.00
FOETAL HAEMOGLOBIN	0.00
Factor VIII Essay/inhibitor	50.00
Genotyping	100.00
Glycolated Haemoglobin	25.00
HAEMOGLOBIN	0.00
Haemoglobin A1C	25.00
HAEMOGRAM (Hb, PCV, TLC, DLC, ESR)	0.00
HEINZ BODIES	0.00
HIV (AIDS)	100.00
Haemoglobin Electrophoresis/A2	50.00
Hans Acid Test	25.00
Incubation Fragility	25.00
L.E. Cells/Lupus anticoagulant	100.00
Platelets function test/platelets associated antibody	100.00
Presumptive Test of Haemolysis	50.00
R.B.C. Count	0.00
Rh Antibodies Titre	50.00
Schilling test RBC Lifespan; protein less estimation serum	250.00
Screening Coagulation Studies	100.00
Serum B12 Assay	100.00
Sugar Water Test	25.00
Test for fibrinolysis	250.00
Unsaturated g12 Binding Proteins	100.00

Urine Clinical Chemistry

17-Ketosteroids (24 hrs.)	50.00
S.H.I..A.A. (24 Hrs. quantitative)	25.00
Ammonium Chloride loading test	50.00
Beta 2 Microglobulinuria test	50.00
Microalbuminuria test	50.00
Osmolarity Urine	50.00
Urinary 7 Ketogenic and Hydroxy Steroids	250.00
Urinary Catecholamines	25.00
Urinary Chlorides (24 hrs. quantitative)	25.00
Urinary Creatinine (24 hrs. quantitative)	25.00
Urinary Diastase (24 hrs. " ")	25.00
Urinary dilution & concentration studies	25.00
Urinary Glucose (quantitative)	10.00
Urinary Metanephrine	250.00
Urinary Paul Bunnell Test	25.00
Urinary Phospho-Bilinogen	50.00
Urinary Phosphorus (. . 24 hrs. quantitative)	25.00
Urinary Sodium and or Potassium	25.00
Urine Albumin (24 hrs. quantitative)	25.00
Urine Barbiturate	25.00
Urine Calcium (24 hrs. quantitative)	25.00
Urine Estriol Estimation during pregnancy	250.00
Urine Oxalate	25.00

Urine pregnancy Test	250.00
Urine Routine and Microscopic Examination	0.00
Urine for Mucopoly Sacchario Qualitative	50.00
Urine for sugar Chromatography	100.00
Urobilinogen	50.00

Fluid & Excre (CSF, Stool, Sem)

CSF Chlorides	10.00
CSF Globulin(quantitative)	10.00
CSF Glucose	25.00
CSF Protein	25.00
CSF, Cell count and Microscopic Benz Jones Proteins	25.00
Faeces for Ova and Cysts and Occult Blood	0.00
Semen complete examination routine and Microscopic	25.00
Sweat Chloride Estimation	50.00

Blood Bank

Supply of: one unit Blood	250.00
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Radio Diagnosis Common

Plain X-rays

Abdomen (per film)	25.00
Chest (per film)	25.00
PNS (per film)	25.00
Skeleton (per film)	25.00
Skull (per film)	25.00
Spine (per film)	25.00
Tooth -single	25.00
Tooth -Panorex	250.00

SPECIAL INVESTIGATIONS

Radio Diagnosis Special

Aortography/Digital subtraction Angiography	2000.00
Arteriography Peripheral	450.00
Barium Enema	250.00
Barium Meal	250.00
Barium Swallow	250.00
Bronchography	500.00
Colo graphy	250.00
CT Body (Spine/Chest/Abdomen)	2250.00
CT Head (Plain)	1000.00
CT Head (with contrast)	1200.00
CT Myelography	2000.00
CT Post Myelography	1000.00

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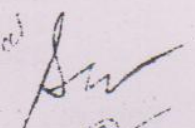

CT Guided Procedures	1500.00
Digital Substraction Angiography(DSA)/Aortography	2000.00
Doppler Ultrasonography	600.00
ERCP (Endoscopic Retrograde Cholangiopancreatography)	500.00
Fistulography	250.00
Fluoroscopy	750.00
Fluoroscopy Guided Procedures	500.00
Gastrographin Swallow	250.00
Gastrographin Meal	250.00
Genitography	250.00
Hepatography	500.00
Hysterosalphingography (HSG)	450.00
Inferior Venocavography	2000.00
Intravenous R x Pyelography (IVP)	450.00
Mammography	250.00
Micturating Cystourethrography (MCU)	250.00
Myelography	2000.00
Nepnrostogram	250.00
Oral Cholecystography (OCG)	250.00
G.&.T. Procedures (per film)	25.00
PTC (Percutaneous Transhepatic Cholangiography)	500.00
RGU(Retrograde Urethrography)	250.00
Shuntogram	500.00
Sialography	250.00
Sinogram	250.00
S.P.V.((Splenoperto venography)	500.00
T.T.C.(T-Tube Cholangiography)	250.00
Tonography	500.00
Ultrasonography	250.00
Ultrasound, Guided procedures(Biopsy, FNAC, Drainage)	500.00
Vascular Interventional Procedures	6000.00
Venography, Peripheral	450.00

CLINICAL PATHOLOGY

Fat Balance Study	100.00
Pancreozymine Secretion	100.00
Pyogen testing	25.00
Serum Iron-Binding capacity	25.00
Thymol Turbidity	10.00

BACTERIOLOGY

Antibiotic Sensitivity Test	50.00
Blood Culture	50.00
C.S.F.Culture	50.00
Culture Pus cervical, Urethral	50.00
Pus Culture for any pyogenic organism	25.00
Pus for Smear Examination	25.00
Stool Culture (enteric pathogen)	50.00
Throat Swab Culture	25.00
Throat Swab Smear (Diphtheria etc.)	25.00
Urine ATO (smear concentration method)	25.00
Urine Culture	25.00

Completed



MYCOBACTERIOLOGY

Pus AFB (Smear Culture)	50.00
Sputum concentration and culture	50.00
Urine for AFB smear and culture	50.00

Anaerobic Bacteriology

Culture for Gonococci, Bodetella, Brucella, Listeria,	50.00
Culture for anaerobic bacteria	50.00

Mycology

Any work involving animal inoculation per specimen	250.00
Culture for Mycoplasma	250.00
Culture for skin scrapping swab and pus fungus	25.00
Fus swab for Microscopic examination for Fungus	10.00
Skin scrapping and Hair etc. for microscopic examination	10.00

Parasitology

Animal Inoculation for Toxoplasmosis	250.00
Blood amoebiasis (IHA Test)	50.00
Blood for Toxoplasmosis (IHA Test)	50.00
Blood smear for parasites	50.00
Casoni's skin test	50.00
Mouse Inoculation for Toxoplasmosis	250.00
Stool Culture for Amoebae	50.00

URLA ROLOGY

MOUSE INOCULATION TEST FOR RAMES	250.00
Serological Test for virus infection	25.00
Smear examination for Negri Bodies	25.00
Test for Virus Isolation	250.00

Serology

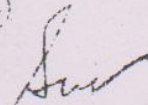
Aldehyde test for Kalazar	25.00
Anti Nuclear antibody test	50.00
Antibody Test	50.00
Antistreptolysin	50.00
Antithyroid Antibody (Microsomal)	50.00
Antithyroid Antibody (PPC)	50.00
Brucella Agglutination	25.00
ELISA for cyclosporin levels	250.00
Evaluation kit for antibody testing	600.00
Fluorescent Antibody Test	50.00
HCG assays	225.00
Serum ASLO	50.00
Serum Aldosterone	250.00
Serum CK-MB (isoenzyme)	100.00
Serum Guinidine	250.00
Serum Hormones by Radio Immuno-assay	250.00
Serum Insulin by Radio-Immuno-assay	250.00

Contd....7....

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Serum Testosterone	450.00
Serum free thyroxin	100.00
Sterility test	25.00
V.D.R.L.	50.00
WESTERN BLOT TEST	50.00
Widal Agglutination	25.00
<u>Histopathology</u>	
Histopathology	15.00
<u>Cytopathology</u>	
Cytopathological examination	25.00
<u>Nuclear Medicine</u>	
CNS: Spect HMPO	4500.00
CNS: Spect Tc 99 M	3500.00
CVS: PYP Imaging	750.00
CVS: Planner RNV	1500.00
CVS: Pulmonary Scan	750.00
CVS: Shein & other	750.00
Cardiac spect	6000.00
DTPA Renogram for renal Artery stenosis	600.00
Lung Scan	1200.00
Neuro spect (HMPAO)	6000.00
PYP	200.00
Resting RNV	750.00
Scan Brain	250.00
Scan CSP	250.00
Scan Liver	250.00
Scan Renal	250.00
Scan Thyroid	250.00
Sequential Scan	250.00
Spect Imaging of Brain	4450.00
Spect Imaging of Heart	2250.00
Stress RNV	1050.00
Technitium Study	500.00
Thallium Study	2000.00
<u>HLA</u>	
DNA DR Complete	500.00
DNA-DR Typing	300.00
HLA-ABC with DR +	1000.00
HLA- B27/HLA ABC	700.00
HLA- DR Complete	2000.00
HLA-Tissue transplant	2000.00
HLA Test for Paternity	200.00
IL- for Transplant patients	300.00
Panel Reactive Antibody	500.00
<u>NMR</u>	
Plain MRI Scan	4500.00
Scan with contrast Reagent	7500.00
Use of equipment, per experiment	500.00

Contd.....

Completed


(Request for MRI films upon prior written request duly approved by authorised personnel) 500.00
(Extra).

Psychiatry

Ability Assessment	100.00
Aptitude Assessment	100.00
Interest Assessment	100.00
Memory Function test	100.00
Organic Brain Damage Battery	100.00
Personality Assessment (Full)	100.00
Projective test (Single)	100.00
Test for Attention and concentration	100.00
Test for Intelligence	100.00
Test for thinking fuction	100.00

GENETIC

Amniotic fluid AFP assay	300.00
Amniotic fluid or urine 2 D	750.00
Blood/Bone marrow for chromosomes	750.00
Buccal Smear for Sex Chromatin	25.00
CVS for sexing for X-linked disease	1500.00
Carrier Screening for thalassemia Nestroff and Hb A ₂	100.00
Carrier detection of DMD/Hemophillia/DNA diagnosis	6000.00
Chemical test in urine	150.00
Chromosomal study of blood, bone marrow	500.00
Chromosomes from CVS by culture, or by culture for amniotic	3500.00
DNA based mutation Detection in thalassemia	3500.00
DNA based mutation detection on DMD or other diseases	3500.00
Electronic Cell Count	150.00
Electrophoresis for MPS Amniotic fluid acetyle	750.00
Galactosemia quantitative enzyme assay	750.00
Galactosemia screening	300.00
Genetic Karyotyping	500.00
Leucocyte enzyme assay Arylsulfatase A, Hemosamindase	750.00
MPS 24 Hrs. estimation with creatinine	300.00
MPS spot test on urine	150.00
Maternal serum AFP assay	300.00
Maternal serum HCG assay	300.00
Plasma/urine Quantitative Aminocids	1500.00
Prenatal diagnosis of Ataxia Telengientasia or Fragile X	6000.00
Prenatal diagnosis of thalassemia DMD Hemophillia, or Enzyme	4500.00
Urine/plasma aminoacid screening	100.00

Utorhinolaryngology

B.M. Test for Eustachian Tube function	50.00
Bekesy Audiometry	50.00
Caloric Test	50.00
Electrogenstometry	50.00
Olfactometry	50.00

Rep. Biology

AFP	450.00
Beta Heg	450.00
CEA	450.00
Estrogen receptor	900.00
Progesteron receptor	900

Immunology

Antinuclear Antibody test	50.00
Anti thyroid Antibody test	50.00
C-3 Quantification in Serum/other fluids	50.00
Hepatitis Antigen Test	50.00
Latex Rheumtoid Factor Test	50.00

Neurology

EEG, EMG

EMG	1000.00
Electromyography (EMG)/Nerve conduction velocity(NCV)/	500.00
Special EEG Test for monitoring	500.00

CARDIOLOGY

Private Ward Rates

	Rate	*Consumable Charges (liable to be changed)	Total (when the consumable are supplied by Hospital.)
<hr/>			
<u>ECHO</u>			
Doppler	100-00	500-00	600-00
VCG	50-00		50-00
Vector Cardiogram, Photo-cardiogram, SII etc.	50.00		50.00
<u>Cath</u>			
Angiography	1000-00	7000-00	8000-00
<u>MUGA</u>			
CVS: Panner Thallium	100-00	3400-00	3500-00
CVS: Spect RNV	100-00	1900-00	2000-00
CVS: Stress Thallium	100-00	4900-00	5000-00

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EPI	100-00	2900-00	3000-00
MUGA-RESTING	100-00	300-00	400-00
MUGA-EXERCISE	100-00	600-00	700-00
PYP	200-00		200-00
<u>Evoked Potential</u>			
Electrophysiology Studies	100-00	900-00	1000-00
Late Potential	100-00	350-00	450-00
<u>TMT</u>			
ECG Exercise and stress testing	100-00	300-00	400-00
TEE	100-00	600-00	700-00
Tilt Test	100-00	150-00	250-00
<u>CT Holter</u>			
Holter	100-00	300-00	400-00

THE RATES ARE INCLUSIVE OF THE CHARGES FOR CONSUMABLE ITEMS TO BE USED FOR EACH OF THE PROCEDURE AND ARE SHOWN IN THE COLUMN. THESE AMOUNTS ARE TO BE TRANSFERRED TO THE HOSPITAL STORES OF C.T. CENTRE FOR PROCUREMENT AND ISSUE THE CONSUMABLES REQUIRED FOR THE PATIENTS AGAINST THE REQUISITE INDENT.

CTNS CLINICAL CHEM.

Apo-proteins A	50-00
Apo-proteins B	50-00
Chylomicrons	10-00
Electrophoretic Pattern of Lipoproteins	100-00
Plasma LP(A)	150-00
VLDL	50-00

I R C H

Cytochemical test	200-00
Cytogenetic test	500-00
Immunocytochemistry	500-00
Molecular diagnosis of leukemias	1000-00
Myeloma investigation	500-00
Peripheral smear staining & Examination	25-00
Tumour marker test	100-00

Medicine:

Pulmonary Function Test	250-00
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Ophthalmology

Autorefraction or refraction under tropicamide	10-00
Bjerrum's Screen	50-00
Boat/Fungal culture sensitivity	50-00
Clinical Pastography	50-00
Dark Adaptometry	50-00
Diurnal variation/water drinking test.	50-00

KOH/GRAM SMEAR PUS for culture	25-00
Laser Interferometry	50-00
Listers pemitery	50-00
Photokeratoscopy	50-00
Refraction dry/HA	10-00
Tonography	50-00

LIST OF PROCEDURES

COMMON PROCEDURES

PRIVATE WARD RATES

Abscess Drainage under G.A.	25-00
Abscess incision and drainage under G.A.	25-00
Biopsy under G.A.	25-00
Bronchoscopy	25-00
Endoscopy (Bronchoscopy/Upper GI/Colonoscopy/ Laryngoscopy/Cystoscopy/Nasopharyngoscopy--)	25-00
Endoscopy under G.A.	50-00
Examination under G.A.	25-00
Stitch removal under G.A.	25-00

SPECIAL PROCEDURES:

C. T. V. S.

PVT. WARD RATES

	<u>RATE</u>	<u>* (CONSUMABLE CHARGES)</u>
A. S. D.	37000-00	* (30000-00)
Angioplasty	5000-00	
Ascending Aorta Replacement	140000-00	* (120000-00)
Atrial Septostomy	8000-00	
B. T. Shunt	21000-00	* (12000-00)
C. A. B. G.	74000-00	* (60000-00)
C. A. B. G. +Double Valve Repl.	132000-00	* (120000-00)
C. A. B. G. +IABP	105000-00	* (85000-00)
C. A. B. G. +Single Valve Repl.	118000-00	* (100000-00)
C. M. V.	7000-00	* (3000-00)
Conduit Repair	54000-00	* (40000-00)

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Coarctation of Aorta	21000-00	* (12000-00)
Coil Embolisation	2000-00	
D.S.A.	2000-00	
Double Valve Replacement	132000-00	*(120000-00)
Embolectomy	5000-00	
Fontan Procedure	58000-00	*(40000-00)
Implant	2000-00	
Mitral Balloon Valvoplasty	20000-00	*(11000-00)
P.D.A.	7000-00	*(3000-00)
Peripheral Angioplasty	5000-00	
Pulmonary Aortic Valvoplasty	20000-00	
Replant	250-00	
Single Valve Replacement	89000-00	*(80000-00)
T.O.F.	47000-00	*(35000-00)
V.S.D.	44000-00	*(35000-00)

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C A R D I O L O G Y

Private Ward Rates

	Rate	*Consumable Charges (liable to be changed)	Total (when the consumable are supplied by hosp.
Cardiac Catheterization	1000-00	7000-00	8000-00
Cardioversion	100-00	100-00	200-00
Endomyocardial Biopsy	2000-00	1000-00	3000-00
PTCA	2000-00	48000-00	50000-00
Pacemaker	2000-00	6000-00	8000-00
Stents	2000-00	68000-00	70000-00
Supported PTCA	2000-00	68000-00	70000-00
Testing of Pace maker(per test)	2000-00	1500-00	3500-00

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Dental Surgery

Abscess incision	250-00
Acrylic Full crown	100-00
Activator	250-00
All extractions in one Jaw	250-00
Alveolectomy	250-00
Apical Curettage	250-00
Biopsy	250-00
Cast Inlay per tooth(Non precious alloy)	100-00

Complete Denture Acrylic- One Jaw	500
-do- - Both jaws	1000-00
Complete Denture with metal basis-both jaws	2000-00
Condylectomy	1000-00
Cysectomy	250-00
Definitive obturator with teeth	500-00
Dental Restoration class-I with AG amalgam/composite	50-00
Dental Restoration class-II Type with AG amalgam composite	100-00
Expansion plate(excluding screw to be brought by patients)	250-00
Extraction per tooth	25-00
Fistula closure	250-00
Fistulectomy	250-00
Fixation of Fracture of Jaw	1000-00
Fixed Appliances one jaw	500-00
Fixed Appliances both jaw	1000-00
Fixed Partial Denture 3 units with porcelain veenering-Non-precious alloy	2000-00
Fixed Partial Denture 3 units with Porcelain	250-00
Fixed Partial Denture per additional tooth with porcelain veenering-semi precious alloy	500-00
Fixed partial denture-3units with acrylic veenering	1000-00
Fixed partial denture 3 units in gold alloy(excluding gold alloy)	500-00
Fixed partial denture per additional tooth in gold alloy	250-00
Fixed partial denture per additional unit with acrylic	500-00
Fracture Jaws closed reduction	500-00
Fracture Jaws open reduction	1000-00
Frenectomy	150-00
Full Metal Crown (Nickel Chrome)	200-00
Gingivectomy full mouth	1000-00
Gingivectomy per segment	250-00
Growth removal	250-00
Head Gear(excluding scrtpaps to be brought by patients)	250-00
Inclined plane/repair of plane	100-00
Mandibulectomy	2000-00
Nasal/Auricular/Orbital Presthesis	250-00
Orthodontic Appliance, Bite plates, plates, Retraction Plate,	250-00
Osteotomy	1000-00
Pericoronotomy	150-00
Peripheral Neurectomy	500-00
Porcelain Full Crown	250-00
Porcelain to metal crown	500-00
Pulpotomy	250-00
Removable Acrylic Partial Denture per additional tooth	50-00
Removable Acrylic Partial Denture with one tooth	100-00
Removable Cast Partial Denture(Chromecobalt) per additional	50-00
Removable Cast Partial Denture(Chromecobalt) with one tooth	500-00
Removal of Impaction	250-00
Repairing/relining Denture	100-00
Resection of jaw	2000-00
Rochett's (Maryland) Bridge 3 units	250-00
Root Planning	250-00

Root amputation	250-00
Root canal treatment	250-00
Segmental resection of jaw	1000-00
Sequestrectomy	250-00
Sialolithotomy	250-00
Silver cast splint per dental arch	250-00
Single Jacket Crown/Dowel crown in non precious alloy with	250-00
Single three quarter crown (Nickel-Chrome)	250-00
Surgical obturator/Intermediate obturator (without teeth)	100-00
Total extraction both jaws	1000-00
Tumour Excision	1000-00
Veneering-Non precious alloy	1000-00

GENERAL AND PLASTIC SURGERY

Abscess Drainage under G.A.	250-00
Aspiration of cold abscess/cysts	250-00
Biopsy (Punch/Excision/Cervical cone/Endometrial Bone Tumor/Testicular-)	250-00
Cervical Sympathectomy	2000-00
Circumcision	250-00
Colostomy closure	5000-00
Excision and skin graft of contracture	1000-00
Excision benign breast lumps	250-00
Excision of cheek cancer	2000-00
Excision of small tumour	250-00
Excision of rectum	2000-00
Feeding Jejunostomy/Gastrostomy	250-00
Fissurectomy	250-00
Fistulectomy	250-00
Fractional Curettage	500-00
Haimorrhoids	250-00
Hemicollectomy	5000-00
Incision & Drainage	250-00
Injection of keloids	250-00
Intestinal biopsy	250-00
Kidney transplant	8000-00
Lacetation suture abscess drainage under local anaesthesia	100-00
Laparoscopy	500-00
Laprotomy + Additional procedure	2000-00
Oopherectomy	2000-00
Operation for gall stones	2000-00
Operations for intestinal obstruction	5000-00
Operations for pancreas	5000-00
Operations for peptic ulcer/stomach cancer	5000-00
Operations for surgical jaundice	2000-00
Operations for tuberculosis cancer of the Bowel	2000-00
Partial Amputation Penis	250-00
Preparation and transfer of tube pedicles and flap	250-00
Radical Amputation Penis	2000-00
Radical mastectomy	2000-00
Repair of External Hemia	1000-00
Repair of facial fracture	1000-00
Sequestrectomy	250-00

Simple mastectomy	1000-00
Surgery for portation	0000-00
Thyroidectomy	5000-00
Tracheotomy	1000-00
Tracheostomy	500-00
Undescended testis operative procedure	1000-00

HEMROLOGY

A. V. Shunt	1000-00
CAPO (Tenkoff) Cathetre implantation	1000-00
CAVH	2000-00
CAVHD	2000-00
CVVH	2000-00
CVVHD	2000-00
Remoral Vein cathetrisation	£ 500-00
Haemodialysis on keil dialyser	2000-00
Insertion of A. V. Canula for Acute Haemodialysis	500-00
Peritoneal dialysis cathetrisation (intemittent)	1000-00
Plasmapheresis	1000-00
Subclavian vain perm cathetre implantation	1000-00

NEUROSURGERY

Cranial meningoceles	8000-00
Craniectomy	8000-00
Cranioplasty and Duraplasty	5000-00
Cranictomy for aneurysm and Arterioyenuous malfomation	8000-00
Craniotomy for tumours	8000-00
Craniotomy, or Ganiterctomy for head injuries and Misc.	5000-00
Digital Substraction angiography	3750-00
Exploratory Burrholes	2000-00
I. C. P. Monitoring	1000-00
Interventional Neuro-radiological procedures	5000-00
Laminectomy	5000-00
Nerve Blocks for pain	500-00
Orbital explorations	5000-00
Percutaneous Discectomy	5000-00
Peripheral Nerve Surgery	5000-00
Posterior fossa exploration	8000-00
Shuntogram	500-00
Spinal block for pain with anaesthesia	500-00
Spinal fusion	5000-00
Spinal meningoceles	2000-00
Stereotactic surgery	5000-00
Subcutaneous Biopsies	250-00
Surgery of all intracranial and carotid blood vessels	8000-00
Transnasal surgery for skull base	5000-00
Twist drill	250-00
V. P. Shunt	2000-00
Ventriculogram / CSF Pressure monitoring	1000-00

OBST. AND GYNAECOLOGY

Abdominal perineal Ext. Hysterectomy	2000-00
Abdominal perineal neo construction Cx+Uteria+Vagina	5000-00
Caesaerian Hysterectomy	2000-00
Cervical Biopsy	250-00
Colopotomy	500-00
Colpollaisis/Colpormhophy	2000-00
Cone Biopsy Cervix	500-00
Cryosurgery	250-00
D & C	500-00
Deliveries Nomal	2000-00
Dilatation of Cervix	250-00
Electro Cauterization	250-00
Endometrial Biopsy	250-00
Evacuation	500-00
Fractional Curettage	500-00
Gynaecography	1000-00
H/C V.V.F & R.V.F.	2000-00
Hydrotubation	250-00
Hymenectomy	250-00
Hysterectomy (Abdominal)	2000-00
Hysterectomy (Wertheims)	5000-00
Nomal R/o Placenta	1000-00
Operation for stress incontinence	2000-00
Ovarion Cystectomy	2000-00
Ovaritomy	2000-00
Pelvic Exenteration	5000-00 Pelvi
Plastic Operation on uterus	2000-00
Radical Vulvectomy	5000-00
Repair of Perineal Tear	250-00
Salpingectomy	1000-00
Salpingostomy	1000-00
Schauha's Operation	5000-00
Tubal Insufflation	250-00
Tuboplasty	5000-00
Vaginal Hysterectomy	2000-00
Vagino Plasty	2000-00
Wedge Resection of Ovary	1000-00

OPHTH. SURGERY

Abscess incision and drainage (Lid lacrimal)	250-00
Biopsy	250-00
Buckle removal	1000-00
C-DCR (Conjunctive Dacryo Cyst Rhonostomy)	5000-00
Canaliculorlasty	2000-00
Canthotomy/Cantholysis	250-00
Capsuloi rидectomy	2000-00
Cataract Extraction (ECC-ICC)	2000-00
Cataract Extraction (IOL-LENS)	2000-00
Cauterisation of Nuclear	250-00
Chalazion (incision and curettage)	250-00
Combined PK with glaucoma surgery or vitrectomy or lens	5000-00
Conectomy	2000-00
Conjunctivoplasty	2000-00
Corneal F.P. removal	250-00
Cryotheraphy (conjunctival/corneal)	1000-00
Cryotheraphy retinal	2000-00
Curette evacuation	1000-00
Cyelocryo-theraphy	1000-00
Cylodiathermy	2000-00

DCR with fistulectomy	2000-00
Dacryocystectomy (DCY)	2000-00
Dacryocystorhinostomy (DCR)	2000-00
Demoid excission with IK	2000-00
Demoid excision (limbal-Scleral)	2000-00
E.D.T.A.	250-00
Ectropion Correction	2000-00
Electrolysis	250-00
Entropion correction (each lid)	1000-00
Enucleation	2000-00
Enucleation with orbital implant	2000-00
Enicanthous	2000-00
Evisceration	1000-00
Exenteration	2000-00
Exenteration with skin grafting	5000-00
Expression of follicles	250-00
Intraocular foreign body-removal keratoplasty	5000-00
Iridectomy	2000-00
Iridencleisis	2000-00
Iridodialysis repair	2000-00
Iris Cyst removal	2000-00
Kerato-Refractive surgery	5000-00
Keratoprosthesis stage-I	2000-00
Keratoprosthesis stage-II	2000-00
Lanellar keratoplasty	2000-00
Lateral Orbiotomy	5000-00
Lid retraction	2000-00
Limbal ring X-ray	250-00
PK with lens extraction and IOL implant(Triple procedure)	5000-00
Paracentesis	250-00
Paritomy/Peritectomy	250-00
Pars Plana Lensectomy/skin grafting	2000-00
Penetrating Keratoplasty	5000-00
Photocoagulation	1000-00
Photocoagulation (Xebib/arc) per sitting	1000-00
Plastic lid repair	2000-00
Prolapse Iris repair	2000-00
Prophylactic cryopexy	2000-00
Pterygium	250-00
Ptosis correction	2000-00
Radial keratotomy (both eyes)	2000-00
Recurrent Pterygium IK/Menhane graft	5000-00
Removal of orbital implant	250-00
Repair of corneal wound	2000-00
Repair of scleral rupture	2000-00
Resuturing of corneal wound	250-00
Retinal detachment surgery(**)	2000-00
Senie's operation	2000-00
scleral graft/slingoperation	2000-00
Sclerectomy	2000-00
Secondary IOL implantation	2000-00
Serato-Refractive surgery	2000-00
Socket repair	5000-00
Squirt surgery	1000-00
Suturing of lid wound	2000-00
Syringing and probing	250-00
Tarsorrhaphy	250-00
Tattooing	250-00
Telecanthus	1000-00
	2000-00

Thermokeratoplasty	2000-
Trabeculectomy	2000-
Trabeculectomy with Trabeculectomy	2000-
Trephination	2000-
Vitreotomy (Paras Plana)	5000-
Wart excision	250-

ORTHOPAEDICSAmputations

Amputations through Arm/Forearm	2000
Amputation through Hand/Foot	1000
Amputations through Thigh/leg	2000
Disarticulation through major joints of the limb	2000
Disarticulation through small joints of Hand /Foot	500
Excision of supernumery digit.	500
Fore Quarter amputation	5000
Hind Quarter " "	5000

Arthrodesis:

Arthrodesis of large joints (Hip, Knee, Shoulder, Ankle, Wrist)	2000
Arthrodesis of small joints of hand/foot.	1000

Arthroscopy:

Arthroscopic surgery	2000
lavage	2000
menisectomy (partial/total)	2000
ligament reconstruction	2000
Removal of loose body	2000
Synovial biopsy	500
Diagnostic arthroscopy of large joints	500
" " " " " Small joints	500

Biopsy:

C.T. Guided biopsy	1000
Excisional biopsy	1000
Needle biopsy	500
Open biopsy	500

Bone Grafting

(To be added up with any operation of internal or external fixation)	
Composite grafting	2000
Fibular/tibial grafting	1000
Fibac crest grafting	1000
Pheraster grafting	2000
Rib grafting	1000

Dressings, Debridement

Debridement & Repair	250
Fasciectomy	250
Fasciectomy	250
Sloughectomy	250
Wound inspection	250

Wound Inspection	250
<u>Excision of bone:</u>	
Patellectomy (Partial/total)	1000
Tallectomy	1000
Excision of Accessory bone (Navicular)	1000
Proximal row carpectomy	1000
Fibulectomy	1000
<u>Excisional arthroplasty of</u>	
Elbow	2000
Hip	2000
Small joints of hand/foot	2000
TM Joint	2000
<u>External fixation of fractures:</u>	
External fixation with soft tissue reconstruct procedures	5000
Mini fixator	2000
Pin and Plaster application	2000
Ring fixator	5000
Tubular external fixator	2000
<u>Internal Fixation of fractures</u>	
Interlocking nailing	2000
K. Wire fixation	2000
Meyer's Procedure	5000
Nailing	2000
Neck Reconstruction	5000
Plating	2000
Screw fixation	5000
Special plating procedures	5000
S.P.Nail plate	5000
Dynamic Hip Screw	5000
Dynamic Compression Screw	5000
Condylar blade plate	5000
Tension Band wiring	1000
<u>Joint replacements:</u>	
Partial (Hemi)Hip replacement	5000
Replacement of small joints of Hand or foot	5000
Total Hip replacement	8000
Total knee replacement	8000
Total Shoulder/Elbow replacement	5000
<u>Manipulations</u>	
Closed reductions of fractures and Dislocations	1000
Correction of deformities	1000
Manipulation under G.A.	1000
<u>Limb lengthening</u>	
Femoral lengthening	5000
Humeral " "	5000
Metacarpol/Phalangeal lengthening	5000
Tibial lengthening	5000

Contd....20....

<u>Muscle/Tendon transfer</u>	
Steindler's flexoroplasty	1000
Tendon transfers(Hand & foot):	
Oponensplasty	1000
Egger's procedure	1000
Trapezius transfer	2000
Nerve repair/grafting	5000
<u>Open reduction/dislocations:</u>	
Open reduction of C.D.H.(Cong. Dis. Hip)	1000
Open reduction of C.D.H. with Osteotomy	2000
Open reduction of dislocation	1000
<u>Operations for infection:</u>	
Sequestrectomy	500
Saucarization	500
Sinus tract excision	50
<u>Orthoses/Splints:</u>	
Body jacket (PVC)	500
Cast brace	500
Floor reaction Orthosis(FRO)	1000
Hand Splints	250
<u>Osteotomy:</u>	
Corrective osteotomy of long bones	2000
Corrective Osteotomy of small bones	2000
French Osteotomy	2000
High tibial osteotomy	2000
Mc Murray's Osteotomy	2000
Osteotomy of the pelvis(Salter's Chiary, Pemberton)	2000
Valgus/Varus Osteotomy	2000
Replantation	8000
<u>Skeletal traction</u>	
Halo Traction/Distracton	2000
Skull traction	500
Traction through tibia, femur, olecranon, calcaneum	250
<u>Skin coverage</u>	
Abdomenal flap	2000
Cross finger flap	2000
Cross leg flap	2000
Free flap	5000
Full thickness skin grafting	500
Groin flap	2000
Myocutaneous flap	2000
Myoplasty with/without skin grafting	2000
Redicled flaps.	2000

Rotation flap	2000
Split thickness skin grafting	500
<u>Soft tissue reconstructive procedures:</u>	
Anterior transposition of ulnar nerve	2000
Bankart's operation	2000
Bristow's operation	2000
Joint Debridement	2000
Ligament reconstruction of the knee, elbow, ankle	2000
MCBride procedure	2000
MCurolysis	2000
Pyttl plat operation	2000
Pollicization	2000
Reconstruction surgery of the hand (for post-traumatic & Congenital anomalies/deformities)	2000
Synevectory	2000
<u>Soft tissue release Operations:</u>	
Carpal tunnel release	1000
Defatting operation	1000
Dequervan's release	1000
Dupuytren's soft tissue release	1000
Max page release	1000
Postero medial soft tissue release	1000
soutter's and younts Soft tissue release	1000
Steindler's release	1000
Subcutaneous tenotomy	1000
Syndactyly release	1000
T.A. lengthening	1000
Tenotomy- Open	1000
Torticollis release	1000
Trigger finger/thumb release	1000
Wilson's soft tissue release	1000
Z-plasty for contractures	1000
<u>Spine</u>	
Anteriolateral decompression	5000
Anterior loosening	8000
Anterior loosening with instrumentation	8000
Anterior Spinal fusion	5000
Discetomy	5000
Excision of diastatomyeli	8000
Laminectomy	5000
Posterolateral Spinal fusion	5000
Posterior Spinal fusion with instrumentation	5000
Posterolateral Spinal fusion with Instrumentation	5000
Spinal fusion (posterior)	5000
Spinal instrumentation (without fusion)	5000
Transthoracic decompression	8000
Tendon repair/grafting	2000
<u>Tumour Surgery</u>	
Curettage	500
Curettage with bone grafting	1000
Curettage with bone cement	1000
Debulking of the tumour	2000
Excision of the tumours of the hand or foot	1000
Radical resection of the large tumour	2000
Resection Arthrodesis (with internal or external flxation)	5000

OTO RHINO LARYNGOLOGY

Myringoplasty	500
Antral Biopsy	250
Antrum wash	250
Audiometry	250
Aural Polypectomy	250
Block Dissection of neck	5000
Bronchoscopy	500
CWL (Rt.) Minor	1000
Caldwell Luc's operation	500
Direct Laryngoscopy	500
Ethmoidectomy	2000
Excision of Temporal Bone	5000
Foreign Body ear & nose removal	250
Frontal Sinus operation	2000
Intranassal Antostomy	250
Laryngectomy	5000
Laryngofigures	2000
Laryngopharyngectomy	5000
Laryngoscopy	500
Lateral Pharyngotomy	2000
Lateral Rhinotomy	2000
Mastoidectomy	2000
Maxillectomy	2000
Meatoplasty	500
Micro-laryngoscopy	500
Myringoplasty	500
Myringotomy	250
Nasal Cautary	250
Nasal Polypectomy	500
Oesphagoscopy	500
Ossiolooplasty	2000
Partial Glossectomy	5000
Pinnaplasty	2000
Plastopharyngoplasty for Rhinolalia Absenta R.N.D.	5000
Rhinoplasty (M.R.M.)	2000
Septoplasty	500
Stapedectomy	5000
Submucous Resection of Septum	500
Tracheostomy	500
Transpalatal Operation	2000
Turbinectomy	250
Tympanoplasty	5000

PAEDIATRIC SURGERY

Abdominoperineal Pull through	5000
Anoplasty for imperforate anus	2000
Appendectomy	1000
Biopsy of Ulcer	250

Change of Suprapubic Cystostomy Tube	100
Circumcision	250
Cleft lip (Complete repair) & Cleft plate repair	5000 each
Colonic Transplant	5000
Corn excision	100
Corrective procedure for biliary atresia	5000
Cysto panendoscopy	500
Cystolithotomy	1000
Cystostomy	250
Drainage of an abscess suturing of minor laceration under	250
Electrocoagulation	250
Epispadias repair	1000
Examination under G.A.	250
Excision of omphalomesenteric duct	2000
Excision of posterior urethral valve	2000
Excision of rectal polyp	1000
Excision of small cysts Ganglia etc.	250
Gastrostomy	1000
Gut Back operation for imperforate anus	1000
Hemihepatectomy	5000
Hydrocortisone Injection of Peyronies disease	250
Ileal or colon conduct	5000
Intercostal drainage	250
Intussusception	2000
Laparotomy with additional procedures like resection and ana	2000
Ligation of umbilical polyp	250
Lymphnode Biopsy	250
Meatotomy under G.A.	250
Minor correction of repaired lip or palate	250
Minor urethroplasty	250
Nephrectomy	2000
Nephrostomy tube change	250
Oesophagostomy	2000
Orchiectomy and orchiopexy	1000
Parotid fistula closure	1000
Pelvic osteotomy	1000
Perineal urethrostomy	1000
Preauricular sinus excision	1000
Prepuccial advancement and chorde correction	1000
Prepuccial dilatation	250
Primary reconstruction for extrophy of Bladder	5000
Pyelolithotomy	2000
Pyeloplasty	2000
Pyeloro-plasty with or without vagotomy	2000
Pyloromyotomy	2000
Repair of Hiatus Hernia	2000
Repair of partial cleft lip	1000
Retrograde seminal vesiculography	250
Revision/dilatation of ileostomy/colostomy	250
Rib resection and drainage	1000
Scar excision under G.A.	250
Secondary procedure for extrophy of the bladder	1000
Sigmoidoscopy under G.A.	500
Skin tag excision under G.A.	250
Splenectomy	2000
Stitch removal under G.A.	250

Surgical separation of conjoined siamese twins	8000
Syndactyle	250
Tapping of hydrocele	250
Testicular biopsy	250
Thy Thyroglossal duct excision	1000
Thyroglossal sinus and fistula excision	1000
Total correction of extrophy of urinary bladder	5000
Tracheo-oesophageal fistula with oesophageal atresia	5000
Transposition of Anus for Ectopic Anus	2000
Ureterostomy or Ureters Sigmoidostomy	5000
Urethroplasty for Penile or Penoscrotal type hypospadias	5000
Urinary diversion e.g. cutaneous	2000
Ventriculoatria shunt shunt	2000

RADIOTHERAPY (I R C H)

A. P. R.	2000
Bone Marrow transplant	10000
Cancer Thyroid Treatment	2000
Cobalt Therapy for full treatment	5000
Commando type Radical resection	5000
Cystostomy	250
Deep X-ray Therapy for full treatment	750
Wink Hemiglossectomy	2000
Hepatectomy	5000
Laprotomy + Additional procedure	2000
Medical Management of Cancer (Oncology)	1500
Oesophagectomy & pull up	5000
Oophorectomy	2000
Radical neck dissection	5000
Radical Prostatectomy	5000
Radionucleotide Studies	500
Radiotherapy by linear accelerator for full treatment	5000
Radiotherapy by Selectron	3000
Radiotherapy by Interstitial Brachy therapy	3000
Radiotherapy by Cobalt therapy	3000
Ranogram, Hepatogram, Modification for uptake measurement	250
Retroperitoneal Lymphadectomy	5000
Resection of Soft tissue sarcoma/bone tumor/compartement axcan)	5000
S. S. G.	1000
Salivary Gland Excision	2000
Thyrotoxicosis and other Malignancy Treatment	500
Total cystectomy & ileal conduit.	5000

UROLOGY

Cystolithotripsy Endoscopic	2000
Davis Intubated Ureterostomy	2000
Dilatation of Urethra	250
ESWL Procedure (Lithotripsy)	9000
Endoscopic Basketing	1000
Excision of Renal Cyst	2000
Excision of Stricture	2000
Excision of Suprapubic Fistula	2000

Contd.....25.....

Excision of Adrenal Cyst	2000
Excision of Pheochromocytoma or Adrenal Tumours	5000
Excision of Suprapubic Fitula	1000
Exploration of Kidney	2000
Fulguration of Bladder Tumour	2000
Ileal Loop Diversion	5000
Internal Ureterotomy	1000
Nephrectomy	2000
Nephrolithotomy	2000
Nephrostomy	1000
Radical Prostatectomy	5000
Retrograde Pyelography	1000
Retropubic Prostatectomy	2000
Suprapubic Transvesical Bladder Neck Resection	2000
Suprapubic Transvesical Excision of Bladder Tumour	2000
Suprapubic Transvesical Prostatectomy	2000
Total Cystotomy	5000
Total Urethrectomy with Pelvic Exentiration	5000
Transurethral resection of Baldder Neck	2000
Transurethral Resection of Bladder Tumour	2000
Ureterolithotomy	2000
Uretero neosectomy	5000
Ureterolysis	2000
Vaginal Cystolithotomy	5000
Vasicoepidymal Anastomosis	5000

MISCELLANEOUS:

Treatment in Intensive Care Areas which includes:-	1000
All ICUs	(per day over and above the daily room charge)
CCU	
Neonatal Nursery	

GUIDELINES FOR CHARGES OF INVESTIGATIONS AND PROCEDURES FOR OPD PATIENTS:

All tests and procedures listed above will not be charged from OPD patients, except the following special tests and procedures. The rates are shown within the margin.

Cytopathology	25.00	
Histopathology	15.00	
Serum Radio Immuno Assay	75.00	
HLA		
	<u>ALIMS REGD. PTS.</u>	<u>OUTSIDE PTS.</u>
HLA-ABC with DR +	600	1000
HLA-B27/HLA ABC	300	700
HLA- DR Complete	-	2000
HLA-Tissue Transplant	300	2000
HLA-Test for Paternity	300	300
NMR		
Plain MRI Scan		2500
Scan with contract Reagent		5500
Request for MIR films upon prior written request duly= 2500 Extra approved by Authorised personnel)		

RADIO DIAGNOSIS

<u>Plain X-rays:</u>	
Tooth pannorox	75
<u>Special X-rays</u>	
Aortography/Digital subtraction Angiography	600
Arteriography Peripheral	135
Barium Enema	75
Barium Meal	75
Barium Swallow	75
Bronchography	75
Cologram	150
CT Body	75
CT Head	675
CT Myelography	360
CT Guided Procedures	600
Digital Substraction Angiography(DSA/Aortography)	500
Doppler Ultrasonography	600
ERCP(Endoscopic Retrograde Cholangiopancreatography)	180
Fistulogfaphy	150
Fluroscopy	75
Fluoroscopy Aided Procedures	50
Gastrographin Swallow	150
Gastrographin Mellow	75
Gastograph in Meal and Genitology	75
Hepatography	75 each
Hysterosalphingoography (HSG)	150
Inferior Venocavagrophy	135
Intravenous Pyelography(IVP)	600
Mammography	135
Micurating Cystourethrography(MOU)	75
Myelography	75
Nephrostogram	600
Oral Cholecytophography(OCG)	75
O.T.Procedures (per film)	75
RTC Percunlcious Transhepatic Cholangi graphy)	0
REU (Retregrer Urethrography)	150
Sialography	75
Sinogram	75
S.P.V.(Splenoportovenography)	75
T.T.C.(T-Tube Cholangiography)	150
Ultrasonography	75
Ultrasound Guided procedures Venography XPeripheral	75
	135

Radio Diagnosis

Plain X-rays

Abdomen (per film)	
Chest (" ")	25
PNS (" ")	25
Skeleton (" ")	25
Skull (" ")	25
Spine (" ")	25
Tooth-single	25
Tooth-Panorex	25
	250

Special X-rays:

Barium Enema	75
Barium Meal	75
Barium Swallow	75
Bronchography	150
Cologram	75
CT Body	675
Doppler Ultrasonography	180
ERCP (Endoscopic Retrograde Cholangiopancreatography)	150
Fistulography	75
Fluoroscopy	50
Fluoroscopy Guided Procedures	150
Gastrographin Swallow	75
Gastrographin Meal	75
Genitography and Hepatography	75 each
Hysterosalpingography (HSG)	135
Intravenous Pyelography (IVP)	135
Mammography	75
Micturating Cystourethrography (MCU)	75
Nephrostogram	75
Oral Cholecystography (OCG)	75
O.T. Procedures (per film)	25
RGU (Retrograde Urethrography)	75
Sialography	75
Sinogram	75
T.T.C. (T-Tube Cholangiography)	75
Ultrasonography	135
Venography Peripheral	135
C.T. Head	360
<u>RADIO THERAPY</u>	
Radiotherapy by linear accelerator for full treatment	2500

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

No. F-13-50/99-Estt. (H)

Ansari Nagar, New Delhi-29

Date 5-11-1999

MEMORANDUM

Sub:- Revision of Private ward/Hospitalisation charges.

In supersession of all previous orders on the subject noted above, the hospitalisation charges for private ward patients have been revised. These new rates will be effective from 08-11-1999. All the new private ward admissions on or after 08-11-1999 will be charged accordingly.

kx The revised charges shall be as follows:-

i) Admission charges (Non-refundable) Rs. 200/- at the time of admission.

ii) Private ward hospitalisation charges

'B' Class

Rs. 1100/- per day

'A' Class

Rs. 1700/- per day.

These charges are inclusive of routine investigations and routine procedures. Diet charges are not included and will be charged extra.

Diet charges (Optional)

Rs. 100/- per day.

Patients being admitted in private ward will now pay an advance for 10 days charges, at the time of admission, i.e.:-

For 'B' Class rooms = Rs. 12,200/- (Rs. 200/- admission charges +
Rs. 11,000/- room rent advance of 10 days &
Rs. 1,000/- diet charges advance of 10 days.)

For 'A' Class Rooms = Rs. 18,200/- (Rs. 200/- admission charges +
Rs. 17,000/- room rent advance of 10 days and
Rs. 1,000/- diet charges advance of 10 days)

The billing cycle shall remain weekly as at present.

Sd/-

(DR. R. K. PANDHI)

MEDICAL SUPERINTENDENT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

NO.F.13-22/2000-Estt.(H)

Ansari Nagar, New Delhi-29
Date: February 25, 2000

MEMORANDUM

Subject:- Revision of MRI Charge at the AIIMS.

The Director has been pleased to order partial exemption and revision of charges of M.R.I. at the AIIMS with immediate effect. The revised charges are as follows:-

S.No.	Type of Investigation & Category of patients.	Fee Rs.
1.	Plain MRI OPD/Indoor (Pvt.Wards)	3000/-Plus Rs. 500/- (for films)
2.	Plain MRI Indoor (General Wards)	2500/-plus Rs. 500/- (for films)
3.	Plain MRI Outside	3500/- with films)
(Medico-legal cases and other exceptional cases)		
4.	Additional clinical studies like MRA, MRS and/or additional parts being scanned during the same sitting. Additional payment is required, (applicable to each category of S.No. 1, 2 & 3)	1500/-
5.	Extra cost for contrast MRI -Applicable to each category of S.No. 1, 2, & 4	(A) 2600/-For patients of age 12 years and above. (B) 1000 for children less than 12 years of age.
6.	MRS for research	3000/- (no films will be issued)

The following criteria will be taken:-

- In the case of incomplete studies due to technical reasons or otherwise, where reporting is not possible by the Radiologist, the case may be allowed to be repeated/scanned further without levying MRI charges again, if it is carried out within 3 days of the original investigation.
- Patients coming for follow up study and/or investigation shall have to pay for the MRI investigation as to fresh case, as per the charges

Contd.....

9. As scheduled in S.No.3 above direct request for MRI Radiology departments without going through the clinical faculty of AIIMS. Charges for which shall be payable in full (without any consideration for exemption) as shown in S.No. 3, 4 & 5.
10. A limited exemption of 50% of plain MRI charges to poor patients in general, which may be allowed upto 100% (100%) under exceptional circumstances. The charges for contrast are NOT, be ever, exempted under any circumstances to any of the two exempted categories. Such exemptions shall not exceed 20% of the total number of cases per month.
11. Exemptions as mentioned in S.No.10 may be allowed on the joint recommendation of the Head of the Screening Department (Cardiac Radiology/Neuro Radiology/Radio-diagnosis), the Director or the Medical Superintendent AND the Head of the Department of NMR. Such exemptions should be signed on the CHALAN-FORM meant for accounting MRI charges-receipts and NOT on the requisition form.
12. Patients for whom the charges are 100% exempted shall not be entitled for the films of their scan under any circumstances.
13. Patients availing 50% exemption as mentioned in S.No.10, can request for the issue of films on payment of additional charges of Rs.500/- similarly as applicable to the categories at S.No.1 and 2.
14. EHS beneficiaries will not be charged any fee as has been the current practice but however no films will be issued to them. In addition to the regular standard appointment form, the EHS patients or their beneficiaries (for whom the MRI is requested) are required to produce his/her EHS book at the reception counter of the MRI facility.
15. Patients belonging to organisations other than AIIMS shall be required to pay in full, in advance to the Institute for their MRI scan dues. They may settle their relevant financial claims with their respective organisations. Govt. of India's directions in this regard shall be complied with.

Patients should inform the MRI reception before the scan whether they need films or NOT. Requests for issue of films after the investigation is over, is not possible as the images will be deleted immediately after reporting. This issue with the approval of the Senior F.A./Director.

Sd/-(DR. R.K. PANDHI)
MEDICAL SUPERINTENDENT.

9. As scheduled in S.No.3 above direct request for MRI Radiology departments without going through the clinical faculty of AIIMS. Charges for which shall be payable in full (without any consideration for exemption) as shown in S.No.3, 4 & 5.
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Sd/- (DR. R.K. PANDHI)
MEDICAL SUPERINTENDENT.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(BUDGET SECTION)

NO. F-1-36/1999-2000/Budget

Ansari Nagar, New Delhi
March, 20, 2000

MEMORANDUM

Subject:- Charges from patients for RIA Tests.

Director has been pleased to approve levy of following charges from patients for RIA tests w.e.f. 01-04-2000

<u>Name of the Test</u>	<u>Charges in Rs.</u>
1) I3	200/-
2) I4	200/-
3) TSH	200/-
4) LH	225/-
5) FSH	225/-
6) Prolactin	225/-
7) Estradiol	225/-
8) Progesterone	225/-
9) Alpha FP	225/-
10) Testosterone	225/-
11) HCG	225/-
12) PSA	225/-
13) DHEA	300/-
14) DHEA-5	300/-
15) Cortisol	225/-

Andrological Tests:-

1) Routine Semen Analysis	40/-
2) Seminal Fructose (Quantitative)	20/-
(Qualitative)	40/-
3) Seminal Citric Acid	25/-
4) Hypoosmotic Swelling Test(HOS)	20/-
5) Acrosome Intactness	50/-
6) Sperm nuclear chromatin decondensation	50/-
7) Sperm Mitochondrial Activity Index	50/-
8) Sperm Glycerol Phosphoryl Choline(GPC)	250/-
9) Immunobead test	615/-
10) Complete sperm morphology	50/-

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(BUDGET SECTION)

NO. F. 1-36/1999-2000/Budget

Ansari Nagar, New Delhi

April, 19. 2000

MEMORANDUM

Subject:- Charges from patients for RIA Tests-Amendment

In continuation to this office Memo .. of even number dated 28-03-2000, the following amendments are ordered charging from patients in respect of SL.No.2 of Andrologic Tests.

	Earlier	Now
2) Seminal Fructose(Quantitative)	Rs. 20/-	Rs. 40/-
(Qualitative)	Rs. 40/-	Rs. 20/-

Sd/-
(R. G. GARG)
FINANCIAL ADVISOR

DR. Anand Kumar,
Prof. & Head
Central RIA Facility
AIIMS

CC To (1) Hospital Cashier
(2) Incharge, Compilation Section
(3) Hospital Billing Section

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(BUDGET SECTION)

NO.F.II36/1999-2000/Budget

Ansari Nagar New Delhi.
May 20, 2000.

MEMORANDUM

Sub:- Charges from patients for chronic myeloid leukemia tests.

Director has been pleased to approve levy of following charges from patients for chronic myeloid leukemia tests.

<u>Name of the Test</u>	<u>Charges per Test</u>
1) Conventional Cytogenetics	Rs. 500/-
2) FISH (Molecular Cytogenetics)	Rs. 4000/-

- a) The payment of above tests will be deposited by the patients with the Cashier based in the Central Admission Office in advance.
- b) The system for charging EHS beneficiaries will be the same as followed in other similar cases in AIIMS.
- c) The above test charges may be waived for poor patients with the recommendation of the Head of Deptt. of Anatom (Genetics) An annual statement of such exemptions be sent by the Deptt. of Anatomy (Genetics) on the completion of every financial year.

Sd/-
(R.G.GARG)
FINANCIAL ADVISOR

Dr. K. Kucheria
Prof. & Head,
Deptt. of Anatomy (Genetics)
AIIMS

- CC: to:- 1) Cashier for necessary action.
2) Incharge Compilation Section.
3) Hosp. Billing Section.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(C.N.CENTRE)
BILLING SECTION

U.P./BILLING
NO.F.4/BILLING SEC./2000-01

Dated 31.5.2000.

MEMORANDUM

Subject:- Package charges for CTVS Patients.

The charges for various CTVS operations has been revised w.e.f.1.6.2000 as under:-

NAME OF PROCEDURE	CHARGES FOR PVT. WARD PATIENTS.	CHARGES FOR GENERAL WARD PATIENTS
ASD CLOSURE	47,000	35,000
VSD WITH GRAFT	60,000	48,000
TOF/TAPVC/TCPC/REV/RSOV REP.	60,000	48,000
B.D.GLENN/LA MAXOMA	52,000	40,000
SENNING/ASO WITH GRAFT	69,000	52,000
D.S.O.	79,000	62,000
A.V.CANNEL REPAIR	67,000	50,000
FONTAN	69,000	52,000
CONDUIT REPAIR	77,000	60,000
CABG	75,000	55,000
CABG + LABP	95,000	75,000
CABG+ I VALVE	1,20,000	1,00,000
ASC.AORTA REPLACEMENT	1,45,000	1,20,000
DVR	1,50,000	1,30,000
MVR/AVR	98,000	85,000
MV.REP +AV REPAIR	58,000	45,000
AORTA FEMORAL BY PASS	43,000	30,000
B.T.SHUNT/CO-ARCTATION	22,000	15,000
P.A.BANDING/SEPTOSTOMY	25,000	18,000
PERICARDICTOMY	16,000	10,000
CMV /PDA	12,000	6,000
CABG WITHOUT BY PASS	20,000	

GUNSHOT INJURY +ACTUAL EXP.OF DIS. Rs.10,000 fixed charges
HEART TRANSPLANT +ACTUAL EXP.OF DIS. Rs.1,00,000 fixed charges.

The above rates are applicable with immediate effect.

Distribution:-

- 1.All Facility members of CTVS & Cardiology.
- 2.All wards/OT/& ICU of C.T.Centre.
- 3.All Senior Residents of C.T.Centre.
- 4.All Section of C.T.Centre.
- 5.All Notice Boards of C.T.Centre.

Sd/-
(HUKUM CHAND)
ASSTT.ADMN.OFFICER
(BILLING SECTION)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BUDGET SECTION

No. F-I-36/99-2000/Budget

Ansari Nagar New Delhi.
August 22, 2000.

MEMORANDUM

Sub:- Charges from patients for Thrombosis Tests in
Haematology Deptt.

...

Director has been pleased to approve the levy the
following charges from patients for the following thrombosis
tests:-

<u>Name of Tests</u>	<u>Charges per test</u>
1) AEC resistance	Rs.300/-
2) Protein C	Rs.500/-
3) Protein'S	Rs.600/-
4) Hapanin assay	Rs.250/-

a) The payment of above tests will be deposited by the
patients with the Cashier based in the Central Admission
Office in advance.

b) The system for charging EHS beneficiaries will be the
same as followed in other similar cases in AIIMS.

c) The above tests charges may be waived ^{for} poor patients
with the recommendation of the Head of the Deptt. of Haemato-
-logy. An annual statement of such exemption be sent by the
Deptt. of Haematology on the completion of every financial
year.

Sd/-
(R. G. GARG)
FINANCIAL ADVISOR

Dr. M. Bhargava
Prof. & Head
Deptt. of Haematology
AIIMS.

CC:- to- (1) Medical Supdt.
(2) Cashier for necessary action.
(3) Compilation Section.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES.
(C.N. Centre)

F.No.5/Billing, Sec./2000-01. Angio

Dated the 12.7.2000.

MEMORANDUM

Sub:-Introduction of charges for various Cardiac Procedures.

It has been decided to introduce the following charges for General Ward and Pvt.ward for various cardiac procedures. These charges will come into force w.e.f.17.7.2000.

PACKAGE CHARGES FOR VARIOUS CARDIAC PROCEDURES.

NAME OF THE TEST/PROCEDURE	GENERAL WARD	PVT.WARD
BALLOON CORONARY ANGIOPLASTY/ PTCA	35,000 (for one balloon, Addl.balloon will be charges extra.	44,000
INTRA CORONARY STENTING	35,000 (+ cost of stent)	44,000 (+ cost of stent)
DIRECT STENTING	30,000 (Cost of Balloon will be refunded)	39,000
DIRECTIONAL ATHERCTOMY	35,000 (+ Ather cost	44,000 + Ather cost.
ROTABLATION	35,000 (PTCA + cost of Burr)	44,000
BALLOON VALVOTOMY/PTMC	15,000	20,000
CART	5,000	7,000
CATH(Angiography)	6,000	8,000
COARCT DILATATION	4,000	6,000
PERMANENT PACE MAKER	+ Cost of Balloon 2,000	+ Cost of Balloon. 7,000
AICD	+ Cost of pacemaker 3,000	+cost of pacema- ker 9,000
ELECTROPHYSIOLOGICAL STUDY	+ AICD 5,000	+ AICD 7,000
EMDO YO CARDIAL BIOPSY	4,000	6,000
A.B.P.	25,000	28,000
INTRA VASCULAR COILS	6,000	7,000
	for one coil Additional coil will be charged extra.	
R.F.ABLATION	15,000	22,000
SEPTOSTOMY	8,000	10,000
AVBD/PVRD	5,000	9,500
	+ COST OF BALLOON	+ COST OF BALLOON BALLOON.

Contd-2.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

No.F-1-36/1999-2000/Budget

Ansari Nagar, New Delhi
9th Sept.2000.

MEMORANDUM

Sub:- Charges from patients for Endo Tests.

.....
With reference to the request of Deptt. of Endo
& Metabolism dated 07.08.2000. It is stated that the Deptt. Endo.
& Metabolism is permitted to charge levy of the following tests
from endocrinology patients:-

<u>S.No.</u>	<u>Name of Tests</u>	<u>Charges in Rs.</u>
01.	T3	200.00
02.	T4	200.00
03.	TSH	200.00
04.	LH	225.00
05.	FSH	225.00
06.	PROLACTIN	225.00
07.	TESTOSTERONE	225.00
08.	DHEA-8	300.00
09.	CORTISOL	225.00
10.	INSULIN	225.00
11.	C.PEPTIDE	225.00
12.	G H	300.00
13.	IGE-I	250.00
14.	ISLET CELL ANTIBODY	1000.00
15.	MICRO ALBUMIN	1000.00
16.	ANDROSTEREDIONE	300.00
17.	DHT	300.00
18.	ACTH + CORTISOL	1000.00
19.	ALDOSTERONE	1000.00
20.	17.OHP	400.00
21.	PTH-C TERMINAL WITH CALCIUM	400.00
22.	VIT-D 25,OH	1000.00
23.	THYROID ANTIBODY (TPO)	1000.00
		300.00

- (a) The payment of the above tests will be deposited by the patients with the Cashier based in the Central Admission office, in advance.
- (b) The EHS beneficiaries will be exempted from the above charges.

Contd..

(C) The above tests charges may be waived for poor patient with the recommendation of the Head of the Deptt. of Endo.

Sd/-
(R.G.GARG)
FINANCIAL ADVISOR

Dr.N.Kochupillai
Professor & Head
Deptt. of Endo & Metabolism
AIIMS.

- Copy to:
1. Hospital Cashier through cashier (Main)
 2. Compilation Section (B&C)
 3. Hospital Billing Section.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(BUDGET SECTION)
No.F-1-36/99-2000/Budget Ansari Nagar, New Delhi
14th Sept.2000.

MEMORANDUM

Sub:- CHARGES FROM PATIENTS FOR FLUORIDE TEST IN THE
DEPARTMENT OF ANATOMY.

....

With reference to the request of Deptt.of Anatomy dated 21.7.2000, it is stated that the Department is permitted to levy charges @ Rs.25/-per sample for Fluoride Test in serum urine and drinking water etc.

- a) The payments of the above tests will be deposited by the patients with the Cashier based in the Central Admission office in advance.
- b) The EHS beneficiaries will be exempted from the above charges and
- c) The above test charges may be waived for poor patient with the recommendation of the Head of the Department of Anatomy.

(R.G.GARG)
FINANCIAL ADVISOR

Dr.K.Kucheria
Prof.& Head,
Deptt.of Anatomy
AIIMS.

- C.C.to:
- 1) Medical Supdt.
 - 2) Prof.Shashi Wadhwa
O/I E.M.Facility for information,
 - 3) Hosp.Cashier through cashier(Main)
 - 4) Compilation Section (B&C)
 - 5) Hospital Billing Section.

PRICE LIST FOR INTRA OCULAR LENS IMPLANT (IOL) W.E.F. 15-6-2002

Sr.No.	Item	Price per piece	Requirement
1)	Acrysoft Single Piece SA-60AT	5000/-	
2)	Acrysoft MA 60 BM	4400/RS	
3)	Allergan Sensor	3600/-	
4)	Allergan Silicon Foldable (SI-40)	1800/-	
5)	Pharmacia Silicon	2900/-	
6)	Pharmacia PC 12.50 PMMA	550/-	
7)	Pharmacia 13.5 P.C.Ceeon	490/-	
8)	Appa A/C & P.C.	25/-	
9)	Hyvisc Plus 55 ml	700/-	
10)	Viscot	2100/-	
11)	Healon G.V. (0.85 ml)	2060/-	
12)	Hyal 2000	1200/-	
13)	MVP, A-OK Shortcut, BD Crecent 3.5 mm Knife	350/-each	
14)	MVR, A-OK, 3.5mm & Crecent Knife (Alcon)	450/-each	
15)	Trypan Blue Dye	50/-each	
16)	Inj. Pilocarpine	10/- each	
17)	Inj. Adrenalin	2/-per AMP	
18)	Syringe Disposable 2ml/5ml.	2/-each	
19)	Surgical Gloves	8/-per pair	
20)	Minor Drac	15/-each	
21)	Suture	120/-	
22)	Venllon	15/-each	
23)	I/V Set	10/-	
24)	Vision (HPMC) REQ PFS	100/-	

Signature of Consultant/Resident

Unit

HOSPITAL CHARGES FOR VARIOUS CARDIAC-RADIOLOGY PROCEDURES/ TESTS.

TEST NAME	GENERAL WARD.	PVT.WARD
DSA	3,500	4,500
DSA (VENOGRAM)	400	500
VENOUS DSA	1,600	2,000
DSA(GASSED MATERIAL)	1,500	-
C.T.GUIDED BIOPSY)(enclu- -ding C.T.Charges.)	500	700
SINOGRAM	200	250
CINE-BARIUM	400	500
CT-GUIDED	1,000	1,300
PTA	12,000	16,000

This includes one balloon Addl.balloon will be charged extra.

DSA+PTA	13,000	17,000
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This includes one balloon Addl.balloon will be charged extra.

EMBOLIZATION	8,000	10,000
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(One coil or one PVA vial in package charges)

(Additional coil or PVA vial will be charges extra)

IVUS	27,000	36,000
VASCULAR STENT	10,000	14,000
	+ Cost of stent	+Cost of Stent
IVC FILTER	40,000	50,000

The patients may be directed to deposit the charges before the tests/procedure are carried out.

Sd/-
(O.P.KUMAR)
ASSTT.ADMN.OFFICER.

Distribution:-

1. All faculty member of C.T.Centre.
2. All faculty member of N.S.Centre.
3. All Sr.Residents.
4. Sister Incharge of all wards/OPD/Labs etc.
5. Notice Boards.
6. Accounts officer.
7. Cashier (CNC)
8. M.S.Office.
9. F.A.
10. Sr.F.A.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BUDGET SECTION

No.F.1-36/1999-2000/Budget

Ansari Nagar New Delhi-
April 30,2002

MEMORANDUM

Sub:- Permission to levy charge from the patients for IgMaCL test in clinical Immunology Lab.

With reference to the request dated 18.4.2002 of the Clinical Immunology Lab.under Deptt.of Medicine, the Director has permitted the levy of charges @ Rs.100.00 per IgMaCL test, subject to the following:-

- a) The payment for the above test will be deposited by the patients with the cashier based in the central admission office in advance.
- b) The E.H.S.beneficiaries will be exempted from the above charges.
- c) The above test charges may be waived for poor patients on the recommendation of the Head of the Clinical Immunology Lab.

Sd/-
(R.G.GARG)
FINANCIAL ADVISOR

Dr.Ashok Kumar,
Addl.Professor,
Clinical Immunology Lab.

Copy to: 1) Medical Supt.
2) Hospital Cashier through cashier(Main)
3) Billing Section.

GUIDELINES OR CHARGES FOR INVESTIGATIONS AND PROCEDURES FOR OPD PATIENTS:-

All Tests and procedures listed above will not be charged from OPD patients, except the following Special tests and procedures. The rates are shown within the margin.

Cytopathology	25-00
Histopathology	15-00
Serum Radio Immno Assay	75-00

HLA	AIIMS REGD. PTS.	OUTSIDE PTS.
HLA-ABC with DR +	600	1000
HLA-1327/HLA ABC	300	700
HLA-DR Complete	-	2000
HLA-Tissue Transplant	300	2000
HLA-Test for Paternity	300	300

NMR	AIIMS REGD. PTS.	OUTSIDE PTS.
Plain MRI Scan	4500	6000
Scan with contrast Reagent	7500	9000

(Request for MRI films upon prior written request duly approved by Authorised personnel) 500(Extra)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(CN CENTRE)

F.No.6/Billing/Section/2001-02/Angio

Dated 1st March 2002

MEMORANDUM

Subject: * Introduction of charges of various cardiac procedures.

It has been decided to introduce the following charges for General & Private Wards for various cardiac procedures. These charges would come into force with effect from & 1st March, 2002.

Package charges for various cardiac procedures.

<u>Name of Test/Procedure</u>	<u>General Ward</u>	<u>Pvt. Ward</u>
Coronary Angioplasty/Rotablation		
Directional Atherectomy/	Rs. 10000/-	Rs. 19000/-
Direct Stenting. (PLUS Cost of Balloon, Stent, Drugs, Burr, Ather Cost if required).		
Balloon Valvotomy/PTMC	Rs. 15000/-	Rs. 20000/-
CART	Rs. 4000/-	Rs. 6000/-
CATH	Rs. 6000/-	Rs. 8000/-
Coarct Dilatation	Rs. 4000/- (Plus Cost of Balloon)	Rs. 6000/-
Permanent Pacemaker	Rs. 2000/- (Plus cost of Pacemaker)	Rs. 7000/-
AICD	Rs. 3000/- (Plus Cost of AICD)	Rs. 9000/-
Electrophysiological Study	Rs. 5000/-	Rs. 7000/-
Emodomyo Cardial Biopsy	Rs. 4000/-	Rs. 6000/-
I.A.B.P.	Rs. 25000/-	Rs. 28000/-
Intravascular Coils	Rs. 6000/-	Rs. 7000/-
	(For one coil, Additional coil will be charged extra)	
RF Ablation	Rs. 15000/-	Rs. 22000/-
Septostomy	Rs. 8000/-	Rs. 10000/-
AVBD/PVBD	Rs. 5000/- (Plus Cost of Balloon)	Rs. 9500/-

Hospital Charges for Various Cardiac-Radiology Procedures/Tests.

Name of Test/Procedure	General Ward	Pvt. Ward
DSA	Rs. 3500/-	Rs. 4500/-
DSA(Venogram)	Rs. 400/-	Rs. 500/-
Vencus DSA	Rs. 1600/-	Rs. 2000/-
DSA/Gassed Material)	Rs. 1500/-	-
CT Guided Biopsy (Excluding CT Charges	Rs. 500/-	Rs. 700/-
Sinogram	Rs. 200/-	Rs. 250/-
Cine Barium	Rs. 400/-	Rs. 500/-
CT Guide	Rs. 1000/-	Rs. 1300/-
PTA	Rs. 12000/-	Rs. 16000/-
(This includes only one Balloon, any additional Balloon would be charged extra)		
DSA+PTA	Rs. 13000/-	Rs. 17000/-
(This includes only one Balloon, any additional Balloon would be charged extra)		
Embolization	Rs. 8000/-	Rs. 10000/-
(This includes one coil or One PVA Vial, any additional coil or PVA Vial would be charged extra)		
IVUS	Rs. 27000/-	Rs. 36000/-
Vascular Stent	Rs. 10000/-	Rs. 14000/-
IVC Filter	Rs. 40000/-	Rs. 50000/-

The Patients may be directed to deposit the charges before the tests/ Procedures are carried out.

Sd/-
(O.P. Kumar)
Asstt. Admin. Officer.

DEPARTMENT OF LABORATORY MEDICINE
(CHARGES FOR CONSUMABLES ONLY)

BLOOD CHEMISTRY

1.	ACID PHOSPHATASE	25.00	
2.	ALBUMIN	25.00	
3.	ALKALINE PHOSPHATASE	25.00	
4.	AMYLASE	25.00	
5.	BARBITURATE	25.00	
6.	BILIRUBIN		
	- DIRECT -	25.00	
	- TOTAL -	25.00	
7.	BLOOD GAS	50.00	→ 100
8.	CALCIUM	25.00	
9.	CHOLESTEROL	25.00	
10.	CREATININE	25.00	
11.	CREATININE CLEARANCE	25.00	
12.	GLUCOSE TOLERANCE (25 x 4)	50.00	→ 100
13.	PHOSPHATE	25.00	
14.	SGOT	25.00	
15.	SGPT	25.00	
16.	SODIUM/POTASSIUM	25.00	
17.	SUGAR (F)	25.00	
18.	SUGAR (PP)	25.00	
19.	TOTAL PROTEIN	25.00	
20.	UREA	25.00	
21.	URIC ACID	25.00	

CLINICAL MICROBIOLOGY

1.	ANIMAL STUDIES FOR FUNGUS/PARA SITOSIS	25.00
2.	BLOOD/CSF/OTHER STERILE FLUIDS FOR RAPID CULTURE BY BACT/ALERT AEROBIC	350.00
3.	BLOOD/CSF/OTHER STERILE FLUIDS FOR RAPID CULTURE BY BACT/ALERT ANAEROBIC	350.00
4.	BONE MARROW FOR OLD BODY	25.00
5.	CRYPTOSPORIDIUM IN FAECES (IFA METHOD)	100.00
6.	CSF GRAM STAIN, MICROSCOPY AND CULTURE	25.00
7.	FAECES FOR OVA/CYST.	25.00
8.	FAECES FOR PARASITE CULTURE	25.00
9.	FOR ACANTHAMAEBA/NAEGLERIA	25.00
10.	FOR SPECIFIC GRAVIT (MICRO METHOD)	25.00
11.	INDIA INK EXAMINATION	25.00
12.	BLOOD SHEAR FOR M	25.00
13.	PCR FOR TOXO, HY LEISHMANIA	350.00
14.	PNEUMOCYSTIS CARINI IN SPUTUM /BAL (IFA METHOD)	100.00
15.	SERUM HEPATITIS B VIRUS AG-CORE, E	200.00
16.	SEMEN COMPLETE ANALYSIS WITH TRICHOSE TEST	25.00

Urine / Blood Chemistry

50

17.	SERUM FOR TUBERCULOSIS (ELISA) IAG/ IGM/LGA	100.00
18.	SERUM FOR HEPATITIS C VIRUS AB PROFILE	600.00
19.	SERUM HEPATITIS B VIRUS AB-LOG, IGM	50.00
20.	SERUM FOR ANTIBODY DETECTION (ELISA)	
	- AMOEBIC SEROLOGY	100.00
	- BRUCELLA IGG/IGM	100.00
	- CHLAMYDIA IGG/IGM/IGA	150.00
	- CMV/IGG/IGM	100.00
	- CYSTICERCOSIS	100.00
21.	SERUM FOR SYPHILLIS	
	- FTA ABS	100.00
	- FTA WITH PHOTOGRAPH	150.00
22.	SERUM FOR ANTIBODY DETECTION (ELISA)	
	- HIV/HTLV	100.00
	- HSV/IGG/IGM	100.00
	- HYDATIDOSIS	100.00
	- LEISHMANIA DONOVANI	50.00
	- ROBELLA IGG/IGM	100.00
	- TOXOPLASMA IGG/IGM	100.00
23.	SERUM FOR SYPHILLIS	
	- TPHA	25.00
24.	SPECIAL STAINS FOR FECAL PARASITES	100.00
25.	SPUTUM FOR AFB (CONCENTRATION/ ZN METHOD)	25.00
26.	SUGAR PROTEIN/ELECTROLYTES	25.00
27.	URINE	
	- FOR BACTERIAL AG	100.00
	- FOR BJ PROTEIN	25.00
	- FOR BILE PIGMENT/SALT AND OTHER	25.00
	SPECIAL TEST	
	- FOR CMV CULTURE	100.00
	- FOR PORPHYRIN/MYOGLOBINS/ HAEMOSIDERINE	25.00
	HAEMATOTOLOGY	
1.	BLEEDING TIME AND CLOTTING TIME	25.00
2.	BONE MARROW EXAMINATION	100.00
3.	ESR	25.00
4.	HEMOGRAM HB, TLC, PCR, HCV, NCBC, RDW, PLATELET COUNT IN AUTOMATED COUNTER	50.00

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5.	Haemoglobin only	25.00
6.	Malaria/Parasite Microfilaria	25.00
7.	Morphology	25.00
8.	Plateletes only	25.00
9.	Prot Hrombin Time (PT)	25.00
10.	Screening Coagulation (PT, APTT, TT, 200.00 Platelet Court, FDP)	
11.	Iron Profile	200.00
12.	Bone Narrow special staining	100.00
13.	Fetal Hb	100.00

URINE/FLUID CHEMISTRY (CLINICAL PATH)

1.	24 Hour Alubmin	25.00
2.	Calcium	25.00
3.	CSF Protein	25.00
4.	CSF Sugar	25.00
5.	Phosphate	25.00
6.	Sodium/Potassium	25.00
7.	Sugar	25.00
8.	Uric Acid	25.00
9.	CSF	50.00
10.	Pleural fluid	50.00
11.	Peritoneal fluid	50.00

CHARGES FOR TEST

HAEMATOLOGY

1.	Routine Hemogram Hb, TLC, Platelet HCT, MCV, MCH, MCHC	50.00
2.	Morphology and DLC	25.00
3.	Coagulation Tests(BT, CT, PT)	25.00
4.	ESR	25.00

52

1. LDL-CHOLESTEROL)		
2. HDL-CHOLESTEROL)		
3. VLDL-CHOLESTEROL	)	125	150
4. VLDL-CHOLESTEROL)		
5. LDL/HDL RATION)		
6. TRIGLYCERIDES)		

SERUM ENZYMES

1. CPK(TK)	)	35	50
2. CK-MB	)	125	150
3. LDH-TOTAL	)	25	40

OTHERS

1. SERUM ASLO	)	40	50
2. SERUM CRP	)	25	35
3. SERUM DIGOXIN	)	150	175

CHARGES FOR HAEMATOLOGY INVESTIGATIONS

		COST OF TEST	
		OPD/GEN. WARD	PVT. WARD
1. HB		5	-
2. HAEMOGRAM (Hb+MC+WBC+DIFF.COUNT+ESR)		15	-
3. PROTHROMBIN TIME		15	20
4. APTT		35	50

CHARGES FOR NEUROBIOCHEMISTRY INVESTIGATIONS

		COST OF TEST	
		OPD/GEN. WARD	PVT. WARD
1. SERUM COPPER (Cu)		55	70
2. URINARY COPPER (Cu)		20	25
3. CERULOPLASMIN		20	25
4. ADENOSINE DEAMINASE (ADA)		20	25
5. ELISA - TB MENINGITIS		50	60
6. ELISA - NEUROCYSTICERCOSIS		50	60
7. HECTIC FEVER BANDS (CF IgG)		300	350
8. BILIRUBIN (BIL)		50	60
9. CARBAMAZEPINE (CBZ)		50	60
10. T3+T4+TSH		250	300
11. CORTISOL+REACTATION+ 51+		250	300
12. LIPOPROTEIN (a) (LP(a))		240	250

55

SPECIAL

- 1. KETONES
 - 2. BILE SALTS
- 50.00

- 3. BILE PIGMENTS
- 4. UROBILINOGEN
- 5. CHYLE
- 6. BENCE-JONES PROTEIN
- 7. PORPHYRINE

OTHERS

- 1. MICROALBUMINURIA
 - 2. URINE CULTURE/SENSITIVITY
 - 3. SPUTUM FOR EOSINOPHILS
 - 4. BONE MARROW/BLOOD FOR
 - 5. FILARIA/LD BODY
- 50.00 EACH

STOOL (NAKED EYE)

- 1. COLOUR
 - 2. CONSISTENCY
 - 3. BLOOD
 - 4. MUCUS
 - 5. PARASITE
- 25.00

MICROSCOPIC :

- 1. OVA
 - 2. ASCARIS
 - 3. HOOKWORM
 - 4. TAENIA
 - 5. TRICHURIS
 - 6. ENTEROBLUS
 - 7. FLUKES
 - 8. OTHERS
 - 9. LARVA/CYSTS/TROPHOZITES
 - 10. E. HISTOLYTICA
 - 11. G. LAMBLIA
 - 12. E. COLI
 - 13. I. BUESTCHLII
 - 14. BLASTOCYSTISHOMONIS
 - 15. TRICHOMONAS/EMTEROMONAS
 - 16. CHILONASTIX
 - 17. CYCLOSPORA/CRYTOSPORIDIUM
 - 18. ISOSPORA
- 50.00
-
- 16. RED BLOOD CELLS
 - 17. PUC
 - 18. OCCULT BLOOD