

## Revised Hospital charges w.e.f. 1st April 2014

S.No	PARTICULARS	Revised Rate
<b>1</b>	<b>Out Patients</b>	
1.1	OPD Registration	20
1.2	Non OPD Hours	50
1.3	Foreigner with Insur.	200
1.4	Vacination Regis.(a)	20
1.5	Doctors Home Visit	100
1.6	Nurse Home Visit	50
<b>2</b>	<b>Inpatient Charges</b>	
2.1	Bed	30
2.2	Extra	20
2.3	Food	60
2.4	Special Room	50
2.5	Recovery -Special Ward	100
2.6	Inpatient Service Charges(total)	20/- pd
<b>3</b>	<b>Surgery etc.</b>	
3.1	Minor Surgery	150
3.2	Major Surgery	1500
3.3	L.P	100
3.4	Epidural	
3.5	Suturing Minor	30 + suture
3.6	Suturing Medium	50 + suture
3.7	Suturing Major	100 + suture
3.8	Suturing removal	30
3.9	IUD Insertion	50
3.11	IUD Removal	30
3.12	Chest Drainage D.Tap	100
3.13	Fluid Aspiration	100
3.14	Chest Tube	MRP
3.15	Nasogastric Tube Inser.	75
3.16	Haemorrhoid Injection	100
3.17	Sigmoidoscope	150
3.18	Infra Red Light/Session	30
<b>4</b>	<b>Delivery &amp; Other Service</b>	
4.1	Normal Delivery	1000
4.2	Complicated Delivery	1500
4.3	Home delivery Assist	1000
4.4	Incubator	30/- pd
4.5	Endoscopy-Gastroscopy	300
4.6	Endoscopy-Biopsy	300
4.7	Ultrasound with film	400
4.8	Ultrasound screening	300
4.9	Oxygen cylinder big	500
4.10	Oxygen cylinder small	300
4.11	Oxygen per hour	50/- per hr
4.12	Urine bag insertion charge	50 + Urine bag
4.13	Endotracheal Tube	MRP

4.15	Cardiac Monitoring	75
4.16	Spirometry(Lung Function Test)	150
4.17	Nebulizer Usage	20
<b>5</b>	<b>Dressing Material</b>	
5.1	Small dressing	20
5.2	Medium 1-5 gauze+band	30
5.3	Big dressing	50
5.4	Gloves-1 pair latex	MRP
5.5	Gloves- pair plastic	MRP
5.6	P.O.P big 6 inch	MRP
5.7	P.O.P small 4 inch	MRP
5.8	Rolled Bandage big	MRP
5.9	Rolled Bandage small	MRP
5.10	Crope Bandage	MRP
5.11	Delivery Dressing	50
<b>6</b>	<b>Syringes/IV Lines</b>	
6.1	1 ml	MRP
6.2	2 ml	MRP
6.3	5 ml	MRP
6.4	10 ml	MRP
6.5	50 ml	MRP
6.6	IV Service	10
6.7	Venflon	MRP
6.8	Canula	MRP
6.9	Butterfly	MRP
6.10	I.V.Set	MRP
6.11	I.V Blood transfusion	50
6.12	I.V Blood donor set	MRP
6.13	I.V Burette Set	MRP
6.14	Injection Service	5
<b>7</b>	<b>Laboratory &amp; X-ray</b>	
7.1	AFB Smear Ordinary	10
7.2	Concentration	30
7.3	Blood Grouping	30
7.4	Abs Eos Count	20
7.5	Clotting time	20
7.6	Bleeding time	20
7.7	Peripheral Smear	30
7.8	Cross Matching	20
7.9	CSF/Examination PF/PT	50
7.10	Differential leucocyte count	20
7.11	TLC-HB-RBC-PCV,MCV	50
7.12	ESR	20
7.13	Gram stain	20
7.14	Hemoglobin	20
7.15	Malaria Parasite Smear	30
7.16	MCH	

	4.14	Pulse Oximeter	10
	7.18	MCHC	
	7.19	Platelet/Peripheral smear	20
	7.20	Pregnancy test	50 / MRP
	7.21	RBC Count	20
	7.22	Retic Count	20
	7.23	Occult blood(stool)	20
	7.24	Stool Examination	50
	7.25	Urine Microscopy	30
	7.26	Urine Sugar	20
	7.27	Ketone	20
	7.28	Occult Blood (Urine)	20
	7.29	Specific Gravity	20
	7.30	Urobilinogen	20
	7.31	Protien/bile salt/pigment	30
	7.32	Blood Sugar fasting	50
	7.33	Blood Sugar Post Prandial	50
	7.34	B-S Random	50
	7.35	Blood Urea	40
	7.36	Blood Creatinine	40
	7.37	Ser.Potassium/Sodium	100
	7.38	S.Bilirubin-total/direct	50
	7.39	S.Protien/Albumin	50
	7.40	CGTP/SGPT/SGOT	150
	7.41	Serum-Alkaline Phosphate	40
	7.42	Ser.Cholesterol	50
	7.43	HBA 1C	200
	7.44	Hep-C	250
	7.45	Hep-B(Australian Antigen)	80 / MRP
	7.46	VDRL	50
	7.47	RA Test	50
	7.48	Widal	50
	7.49	ASLO	MRP
	7.50	HIV	100 / MRP
	7.51	Urine Multi -Strip	30
	7.52	CBC (Complete blood count)	150
<b>8</b>	<b>X-Ray &amp; ECG</b>		
	8.1	ECG	100
	8.2	X-ray Chest/Skull/Abdo	100
	8.3	Abdomen	150
	8.4	Chest 14X17	150
	8.5	Chest 12 X 15	120
	8.6	X-ray 10x12	100
	8.7	BA Swallow (per film)	120
	8.8	OCG (per film)	
	8.9	Dental film	50
<b>9</b>	<b>Dental &amp; Denture</b>		
	9.1	1 Tooth	100
	9.2	Every additional teeth	100
	9.3	Upper & Lower	10000

	7.17	MCV	
	9.5	Major repair	100
	9.6	Minor repair	50
	9.7	Mouth Guard	
	9.8	Pivot Splint	250
	9.9	Tooth Extraction	50
	9.10	Tooth Filling	
	9.11	Scaling	100
	9.12	Dental Charges	50
	9.13	Temporary filling	50
	9.14	Permanent filling	100
	9.15	Scaling	
	9.16	Scaling & Polishing	150
	9.17	S.E Vertical	150
	9.18	S.E Third Molar Mesionangular	300
	9.19	S.E Third Molar Horizontal	400
	9.20	Silver R-GIC-Small	120
	9.21	Silver R-GIC-Medium	150
	9.22	Silver R-GIC-Big	200
	9.23	Silver Amalgam Small	120
	9.24	Silver Amalgam Medium	150
	9.25	Silver Amalgam Big	200
	9.26	Composit Interior Small	150
	9.27	Composit Interior Medium	170
	9.28	Composit Big	220
	9.29	Composit Small	150
	9.30	Composit Posterior Medium	170
	9.31	Composit Posterior Big	220
	9.32	Artificial Crown Capping(AAC)	As per ceramic Lab charges+ 200
	9.33	Artificial Crown Capping (ACC)	
	9.34	Artificial Crown Capping(PMC)	
	9.35	Artificial Crown Capping(PCC)	
	9.36	Extraction Surgical	150
	9.37	Filling (GIC Small)	75
	9.38	Filling (GIC Medium)	100
	9.39	Filling (GIC Big)	150
	9.40	Dental X-ray	75
	9.41	Root Canal Treatment per setting	150
	9.42	Anterior(front)P-Teeth(3/v)RCT	400
	9.43	Posterior(Back)Primolar(4/v)RCT	500
	9.44	Posterior(Back)Molar(5/v)RCT	600
	9.45	Child Teeth RCT	400
	9.46	Artificial Crown/capping (PMC/CF)	800
	9.47	Crown Fixation for each tooth	100
	9.48	Crown Reduction for each Tooth	100
	9.49	Post & Lore build up (A Team)	300
	9.50	Crown Removal (Big)	100
	9.51	Crown Removal (Small)	50
	9.52	Scaling & Polishing (Grade 1)	40
	9.53	scaling & polishing (Grade 2)	100

	9.54	Scaling & Polishing (Grade 3)	200
	9.4	Relining	200
	9.55	scaling & polishing (Grade 4)	300
	9.56	Scaling & Polishing (Grade 5)	500
	9.57	Impaction (extraction)	650
	9.58	Suturing	100
	9.59	Operculectomy	200
	9.6	Impression casting	80
	9.61	Upper and Lower impression	100
	9.62	Dental consultation	20
	9.63	Outer courier service	200
<b>10</b>	<b>Eye Section</b>		
	10.1	Consultation	20
	10.2	Refraction	40
	10.3	IOL EC Surgery & Care	750
	10.4	Service charges and glasses	100