

Revised Rate of TVHA unit Health Facilities Service Charges w.e.f. 1st April 2024

A	Out Patients	Rate	B	Inpatient Services	
A.0	OPD Registration/Doctor Consultation Fee	50	B.0	Bed charge for General Ward	80
A.1	Non OPD Hours-Doctor Consultation (After OPD hours 5 pm to 9 AM)	100	B.1	Extra Bed for caretaker	50
A.2	Non OPD Hours- Only Nurse visit (After OPD hours 5 pm to 9 AM)	50	B.2	Food (3 meals + 1 tea)	150
A.3	OPD Registration/Nurse Fee- for Clinics NEW	10	B.3	Special/ Private Room	500
A.4	Doctor Consultation - Foreigner with Insur	500	B.4	Inpatient Nursing Service Charges per day	50
A.5	Vaccination Regis (a)	50	B.5	Doctor visit for Emergency Services	150
A.6	Doctor Home Visit	200	B.6	Doctor IP round	75
A.7	Nurse Home Visit	100	B.7	Defibrillator	200
A.8	Patient escort service per day	400	B.8	Patient Monitor usage	150
A.9	Immunization Certificate	50	B.9	TB Ward - food charges per day	400
A.10	Personal health record Booklet	50	B.10	TB Ward - bed Charge per day	100
A.11	Medical/ fitness Certificate	50			
A.12	Dead body refrigerator rental charge	1000			
A.13	Sick leave certificate	30			
A.14	Nebulizer or Suction machine rental charge per day	60			
A.15	BiPAP rental Charges per day	350			
A.16	Any Supporting Letter/Medical recommendation letter	100			
C	Surgery Etc.	Rate	D	Delivery & Other Service	Rate
C.1	L.P.	120	D.0	Normal Delivery	2000
C.2	Suturing Minor	100	D.1	Complicated Delivery	2500
C.3	Suturing Medium	150	D.2	Home Delivery Assist	1500
C.4	Suturing Major	200	D.3	Incubator	300
C.5	Suturing Removal	50	D.4	Baby Warmer per day	250
C.6	Suture correction NEW	100	D.5	Endoscopy-Gastroscopy	450
C.7	IUD Insertion	150	D.6	Ultrasound with film/Ultrasound Screening	600
C.8	IUD Removal	50	D.7	Oxygen Cylinder Large	800
C.9	Chest Drainage D.Tap	400	D.8	Oxygen Cylinder Small	400
C.10	Fluid Aspiration	150	D.9	Oxygen Per Hour	70
C.11	Chest Tube	MRP	D.10	Endotracheal Tube	MRP
C.12	Nasogastric Tube Inset	125	D.11	Pulse Oximeter	15
C.13	Haemorrhoid Injection administration	100	D.12	Cardiac Monitoring	150/day
C.14	Sigmoidoscope	200	D.13	Spirometer- Lung Function Test	180
C.15	Infra-Red Light/Session	100	D.14	Nebulizer usage single use	50
C.16	Thoracentesis	150	D.15	Doppler charge	50
C.17	Paracentesis	100			
E	Dressing Material/Nursing Care	Rate			
E.0	Small Dressing	30	E.22	P.V charges Pervaginal examination	30

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E.1	Medium Dressing / C& D with gauze	85	E.23	Splint support	MRP
E.2	Big Dressing/ C&D with roller gauze	120	E.24	Ascetic tapping	200
E.3	Gloves- 1 Pairs Lattes	MRP	E.25	Suppository charge	30
E.4	Gloves Pair Plastic	MRP	E.26	Procedure for Enema	50
E.5	P.O.P.Big 6 Inch	MRP	E.27	Corn removal	100
E.6	P.O.P Small 4 Inch	MRP	E.28	CYST/removal	250
E.7	Rolled Bandage Big	MRP	E.29	Lipoma/Excision	250
E.8	Rolled Bandage Small	MRP	E.30	Gastric lavage	200
E.9	Crepe Bandage	MRP	E.31	Half nail remove	50
E.10	Delivery Dressing	100	E.32	Nail removal	100
E.11	Catheterization fitting Charges	120	E.33	Perianal care	80
E.12	Rhyles tube insertion	150	E.34	Pleural tape	150
E.13	Condom catheter change	50	E.35	Cauterization	100
E.14	Catheter: Foley's/Ryles tube removable	50	E.36	Sponge bath	100
E.15	Burn Case Dressing	Minor-100 Major-350 Moderate 200	E.37	Sponge/Tipid sponge	50
E.16	P.O.P Procedure	200	E.38	Autoclaving Cotton ball for Outsiders	150
E.17	P.O.P Removal	100	E.39	IV Cannulation Services	40
E.18	O2 concentrator per hour	70	E.40	IV Blood Transfusion	100
E.19	O2 concentrator per day	350	E.41	Injection Service	20
E.20	Protoscopy NEW	75	E.42	Incision and drainage minor	100
E.21	Intra-Articular charges/Tricot injection service	100	E.43	Incision and drainage major	150

F	Laboratory & X-Ray	Rate			
F.0	Sputum AFB Smear Ordinary	50	F.38	CGTP/SGPT/SGOT	180
F.1	Concentration	50	F.39	Serum Alkaline Phosphatase ALP	70
F.2	Blood Grouping	50	F.40	Ser. Cholesterol/Total Cholesterol	70
F.3	Abs Eos Count	50	F.41	HBA 1C	350
F.4	Clotting Time	50	F.42	Hep-C	250
F.5	Bleeding Time	50	F.43	Hep-B (Australian Antigen)	200
F.6	Peripheral Smear	50	F.44	VDRL (Venereal disease research laboratory), Serum	100
F.7	Cross Matching	60	F.45	RA FACTOR Test	150
F.8	Differential Leucocyte Count	50	F.46	Widal/ Salmonella Typhoid test	100
F.9	TLC- Total Leucocyte Count	70	F.47	ASLO	MRP

F.10	Packed Cell Volume, PCV; Hemocrit	70	F.48	HIV testing	200
F.11	MCV - Mean Corpuscular Volume	70	F.49	Urine Multi Strip	
F.12	ESR	50	F.50	CBC (Complete Blood Count)	250
F.13	Gram Stain	50	F.51	Liver Function Test (LFT)	300
F.14	Haemoglobin	50	F.52	T3	200
F.15	Malaria Parasite Smear	60	F.53	T4	200

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F.16	Platelet/Peripheral Smear	50	F.54	TSH	200
F.17	Pregnancy Test	120	F.55	Electrolytes	200
F.18	RBC Count	50	F.56	Troponin test	Kit MRP + Rs. 50 service charge
F.19	Recti Count	50	F.57	Platelet Count	100
F.20	Occult Blood(Stool)	50	F.58	H. Pylori Antigen (Stool)	Kit MRP + Rs. 50 service charge
F.21	Stool Examination	80	F.59	Serum Amylase	200
F.22	Urine Microscopy	100	F.60	Prostate specific Antigen	250
F.23	Urine Sugar	50	F.61	Kidney Function Test (KFT)	200
F.24	Ketone	50	F.62	Serum LDH	100
F.25	Occult Blood (Urine)	50	F.63	Urine analysis/Urine Examination Routine	100
F.26	Specific Gravity	50	F.64	Glucose tolerance test	150
F.27	Urobilinogen	50	F.65	Lipid profile	350
F.28	Protein/Bile Salt/Pigment	50	F.66	Erythrocyte sedimentation rate (ESR) New	Duplicate
F.29	Blood Sugar Strip test (Glucometer)	50	F.67	Dengue test	350
F.30	Blood Sugar Fasting	80	F.68	FOBT (Fecal Ocular Blood) Rapid Test	Kit MRP + Rs. 50 service charge
F.31	Blood Sugar Post Prandial	80	F.69	Hep A	350
F.32	B. S. Random	80	F.70	Gene-Xpert	1500
F.33	Blood Urea	80	F.71	Uric Acid	100
F.34	Blood Creatinine	80	F.72	Chikungunya	350
F.35	Ser. Potassium/Sodium	150			
F.36	S. Bilirubin-Total/Direct	80			
F.37	S. Protein/Albumin	80			
G	X-Ray & ECG				
G.0	ECG	150	G.5	X-Ray without Film	150
G.1	X-Ray Chest/Skull	200	G.6	X-ray APL/lateral	180
G.2	Abdomen	200	G.7	X-ray lumbar spin AP/lateral X-ray	250
G.3	BA Swallow (Per Film)	200			
G.4	Dental X-Ray	150			

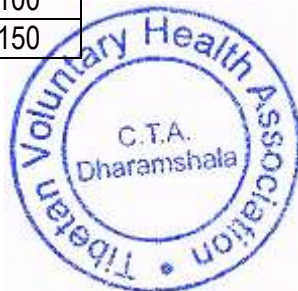
H	Dental & Denture				
H.0	Dental Consultation	50	H.30	Post & Core Build Up (A Team)	1000
H.1	Single unit Removable Partial Denture (RPD)	500 lab charges+ 150 service charges every tooth	H.31	Crown Fixation	200

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H.2	RPD -Every Additional Teeth	150	H.32	Crown Removal	300
H.3	Complete Denture (Upper and Lower tooth)	15000	H.33	Scaling & Polishing (Grade-1& 2)-Minor	350
H.4	Complete Denture (Upper)	7500	H.34	Scaling & Polishing (Grade-3)	550
H.5	Complete Denture (Lower)	7500	H.35	Scaling & Polishing (Grade -4& 5)-Major	700
H.6	Relining Denture	500	H.36	Suturing	200
H.7	Dycal calcium hydroxide liner	100	H.37	Operculectomy	350
H.8	Pivot Splint/Splinting for trauma	500	H.38	Root Stump Extraction	500
H.9	Extraction per tooth (mobile tooth)	150	H.39	Suture Removal NEW	100
H.10	Tooth Extraction firm/grossly decayed per tooth	400	H.40	Indirect Pulp Capping	300
H.11	Temporary Filling	250	H.41	Local Anaesthesia	50
H.12			H.42	Dental Abscess Drainage	100
H.13	Silver R-GIC-Small	250	H.43	Night guard Single	1000
H.14	Silver R-GIC-Medium	350	H.44	Night guard Double	1500
H.15	Silver R-GIC-Big	450	H.45	Temporary Crown (Cold cure or Heat Cure)	Lab charge+500
H.16	Silver Amalgam Small	200	H.46		
H.17	Silver Amalgam Medium	300	H.47	Fluoride full mouth	1000
H.18	Silver Amalgam Big	400	H.48		
H.19	Composite Small	300	H.49	Pit and fissure sealant	300
H.20	Composite Medium	400	H.50	Bleach for non-vital teeth	1000
H.21	Composite Big	600	H.51	Dental Miscellaneous service	100
H.22	Artificial Crown Capping (ACC/PCC/PFM/PMC)	As per ceramic Lab Charges + 1000 (includes impression casting, upper and lower impression, outer courier service)	H.52	Curretage	100/teeth
H.23	Extraction Surgical/ Impaction	1000	H.53	Crown Reduction	200
H.24	Filling (GIC Small)	300	H.54	Crown Impression and model	300
H.25	Filling (GIC Big)	500	H.55	Flexible RPD 1 UNIT	2500
H.26	RCT-Anterior Incisors/ Canine (Front)P-Teeth (3/v)	1000	H.56	Flexible RPD 1 UNIT Every additional teeth	400
H.27	RCT-Posterior (Back)Primolar -Teeth (4/v)	1300	H.57	Apicoectomy	400
H.28	RCT-Posterior (Back) Molar (5/v)	1500			
H.29	Child Teeth RCT (3 sittings)	1200			

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I	Eye Section				
I.0	Consultation	50	I.6	Auto Refractometer new	50
I.1	Refraction	80	I.7	Slit lamp examination charge	50
I.2	OT and Nursing charges for IOL EC Surgery per day	1500	I.8	Lacrymal syringing NEW	50
I.3	Service Charges and glasses	Glass MRP	I.9	Indirect ophthalmoscope	50
I.4	IOP (Inter Ocular Pressure)/ Schiottz tonometry new	50			
I.5	Eye irrigation/Foreign body removal	50			
J.	Physiotherapy				
J.0	Physio Consultation/ Physical assessment	50	J.9	Neurological rehabilitation (30- 60 minutes including consultation)	200
J.1	Traction (Cervical and Lumbar) per session	80	J.10	Post-Surgery Rehabilitation (30- 60 minutes including consultation)	200
J.2	Moist heat/ Cryotherapy	50	J.11	Kinesiotaping small	100
J.3	Manual therapy (first visit)	100	J.12	Kinesiotaping large	250
J.4	Manual therapy follow up	80	J.13	Body Composition measurement and physio consultation	150
J.5	Electrotherapy charges per session		J.14	Postural Drainage / Chest Physio	100
	Ultrasound Therapy	100	J.15	Home visit physiotherapy without equipment	300
	Ultrasound Therapy FV [Follow up Visit]	80	J.16	Home visit with equipment	450
	IFT	100	J.17	Dry needling	80
	IFT FV [Follow up Visit]	80	J.18	Deep Tissue Friction massage	100
	Muscle Stimulation	100	J.19	Facial Muscle Stimulation	150
	Muscle Stimulation FV [Follow up Visit]	80	J.20	Facial Muscle Stimulation FV	130
	TENS	100	J.21	Follow up visits	100
	TENS Follow up visit	80			
J.6	Laser Therapy	150			
J.7	Exercise Therapy	100			
J.8	Massage Therapy	150			




Executive Secretary