



यूजेवीएन लिमिटेड

(उत्तराखण्ड सरकार का उपक्रम)

U J V N Limited

(A Govt. of Uttarakhand Enterprise)

मानव संसाधन विभाग, "यमुना भवन", यमुना कालोनी, देहरादून-248001 (उत्तराखण्ड)

Human Resources Department, "Yamuna Bhawan", Yamuna Colony, Dehradun - 248 001 (Uttarakhand)

दूरभाष / Phone-0135-2530030/2530061/2530584/2530909/2531975 फॅक्स / Fax-0135-2531343/2531646 Website: www.ujvnl.com CIN No. U40101UR20015GC025866

ISO 9001 : 2008 Certified

संख्या: 2273/यूजेवीएनएल/05/कार्मिक/अनु0-03/एम-4/ब्रजलाल दिनांक 21.4.16

कार्यालय ज्ञापन

एतद्वारा, यूजेवीएन लिमिटेड के कार्यालय ज्ञापन सं० 981/यूजेवीएन लि/05/कार्मिक/अनु0-3/एम-4 दिनांक 20.02.2013 के अनुक्रम में ब्रजलाल हास्पिटल एण्ड रिसर्च सैन्टर प्रा० लि०, आनन्दी टावर, नैनीताल रोड़, हलद्वानी (नैनीताल) को यूजेवीएन लिमिटेड के सेवारत/सेवानिवृत्त कार्मिक एवं उन पर पूर्णतया आश्रित परिजन तथा पूर्ववर्ती उ०प्र० राज्य विद्युत परिषद/उ०प्र० पावर कारपोरेशन लि०/उ०प्र० जल विद्युत निगम लि० के, वे सेवानिवृत्त कार्मिक, जो यूजेवीएन लिमिटेड में आमेलित हैं एवं सेवारत/सेवानिवृत्त कार्मिक की मृत्यु की अवस्था में उसकी आश्रित पत्नी (पारिवारिक पेंशनर) को चिकित्सालय में भर्ती के दौरान/बाह्य रोगी की हैसियत से उपचार कराये जाने पर हुए चिकित्सा व्यय की प्रतिपूर्ति हेतु यूजेवीएन लि० द्वारा गठित कमेटी की संस्तुति दिनांक 07.04.2016 के अनुरूप निम्नानुसार मान्यता विस्तारित की जाती हैं।

1. दिनांक 01.06.2014 से दिनांक 31.03.2016 तक की अवधि हेतु चिकित्सालय कार्यालय ज्ञापन सं० 981/यूजेवीएन लि/05/कार्मिक/अनु0-3/एम-4 दिनांक 20.02.2013 के साथ संलग्न दर सूची (पृष्ठ 1 से 50) में दर्शाई गई दरों पर, जो कि सी०जी०एच०एस०, देहरादून के संशोधित चार्जज के समतुल्य हैं, एवं उन Procedure/Test जो कि सी०जी०एच०एस०, देहरादून की दर सूची में उपलब्ध नहीं हैं, उन पर चिकित्सालय अपनी संलग्न दर सूची के अनुसार चार्ज करते हुए एवं 15 (पन्द्रह) प्रतिशत की छूट प्रदान करते हुए सम्बन्धित कर्मचारी/अधिकारी से सीधे भुगतान प्राप्त करेगा। इसके अतिरिक्त अन्य कोई व्यय देय नहीं होगा।

दिनांक 01.04.2016 से दिनांक 31.03.2018 तक की अवधि हेतु चिकित्सालय द्वारा अतिरिक्त निदेशक, सी०जी०एच०एस०, देहरादून के ज्ञापन दिनांक 17.11.2014 द्वारा निर्गत दर सूची (संलग्न), जो कि राजकीय दर सूची हैं, के अनुसार एवं वे Procedure/Test जो कि सी०जी०एच०एस०, देहरादून की उक्त दर सूची में उपलब्ध नहीं हैं, उन पर चिकित्सालय अपनी संलग्न दर सूची के अनुसार चार्ज करते हुए एवं 15 (पन्द्रह) प्रतिशत की छूट प्रदान करते हुए सम्बन्धित कर्मचारी/अधिकारी से सीधे भुगतान प्राप्त करेगा। इसके अतिरिक्त अन्य कोई व्यय देय नहीं होगा।

2. दिनांक 01.04.2016 से 31.03.2018 तक की अवधि में यदि, अतिरिक्त निदेशक, सी०जी०एच०एस०, देहरादून के ज्ञापन दिनांक 17.11.2014 द्वारा निर्गत दर सूची में कोई परिवर्तन किया जाता है, तो चिकित्सालय द्वारा उक्त दर सूची को उपलब्ध कराया जायेगा एवं संशोधित दर सूची को यूजेवीएन लि० प्रबन्धन द्वारा भी स्वीकार किया जायेगा।
3. चिकित्सालय प्रबन्धन द्वारा चिकित्सालय की दर सूची में दिनांक 01.04.2016 से 31.03.2018 की अवधि में कोई परिवर्तन नहीं किया जायेगा।
4. दंत चिकित्सा के मामले में डेन्टल इम्प्लान्ट देय नहीं होगा।

क्रमशः.....2

ABER
Pl. updated on website
21/4/16
SM-27

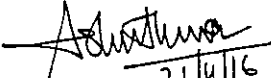
5. उ0प्र0 पावर कारपोरेशन लि0 के आदेश सं 4452-ओस-17/पाकालि/2002-1।(।।)एफ/80 दिनांक 09.12.2002 के किसी/किन्ही प्राविधान/प्राविधानों का उल्लंघन की स्थिति में चिकित्सालय की मान्यता निम्न बिन्दुओं पर कभी भी समाप्त की जा सकती हैं एवं उक्त आदेश के बिन्दु 06 की व्यवस्था के अनुसार चिकित्सालय प्रबन्धन को निगम द्वारा प्रदत्त दरों पर चिकित्सा सुविधा उपलब्ध कराये जाने एवं पारित प्रतिबन्धों/शर्तों का उल्लंघन करने पर मान्यता समाप्त किये जाने की सहमति (प्रारूप संलग्न) रू0 100.00 के नान ज्यूडीशियल स्टाम्प पर यह आदेश प्राप्त होने के 15 दिन के भीतर उपलब्ध करानी होगी।
- 1 उपरोक्त आदेशों के अनुसार प्रदान की गई मान्यता अवधि में चिकित्सालय प्रबन्धन द्वारा चिकित्सा दरों में कोई वृद्धि नहीं की जायेगी।
 - 2 किसी बिल में निर्धारित दरों से अधिक राशि लेने की शिकायत का समाधान न होने पर।
 - 3 दर सूची में जो मद देय नहीं हैं, किन्तु वह अस्पताल के बिल में सम्मिलित हैं, को मान्यता का उल्लंघन माना जायेगा।
 - 4 अगर अस्पताल पुलिस केस में, कन्ज्यूमर फोरम में अथवा न्यायालय द्वारा दण्डित किया जाता है, तो उसकी सूचना तुरन्त दी जायेगी।
 - 5 अगर किसी अस्पताल के विरुद्ध मरीजों द्वारा लापरवाही या असहयोग की शिकायत आने पर उनका समाधान न होने पर।
6. उपरोक्त संदर्भित आदेशों की शेष शर्तें एवं प्रतिबन्ध यथावत रहेंगे।

निदेशक (मा0सं0)

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. निजी सचिव, अध्यक्ष, यूजेवीएन लिमिटेड, देहरादून
2. निजी सचिव, प्रबन्ध निदेशक, यूजेवीएन लिमिटेड, देहरादून.
3. निदेशक (परिचालन)/ (परियोजनाएं)/ (वित्त)/ (मा0सं0), यूजेवीएन लिमिटेड, देहरादून
4. अधिशासी निदेशक (जानपद)/ (वि0/या0)/ (परि0 एवं अनु0)/ (वित्त)/ (मा0सं0), यूजेवीएन लिमिटेड, देहरादून
5. समस्त महाप्रबन्धक, यूजेवीएन लिमिटेड को इस अनुरोध के साथ कि कृपया अपने अधीनस्थ कार्यालयों को इस आदेश की प्रति अपने स्तर से प्रेषित करने का कष्ट करें।
6. कम्पनी सचिव, यूजेवीएन लिमिटेड, देहरादून
7. उपमुख्य लेखाधिकारी, यूजेवीएन लिमिटेड
8. वरिष्ठ विधि अधिकारी, यूजेवीएन लिमिटेड, देहरादून
9. वरिष्ठ प्रबन्धक (आई0टी0), यूजेवीएन लिमिटेड देहरादून को निगम की वैबसाइट पर "चिकित्सालयों की मान्यता शीर्षक के अन्तर्गत" अपलोड करने हेतू।
10. कारपोरेट हैड, ब्रजलाल हास्पिटल एण्ड रिसर्च सैन्टर प्रा0 लि0, आनन्दी टावर, नैनीताल रोड, हलद्वानी (नैनीताल)
11. अध्यक्ष, विद्युत पेंशनर्स परिषद-उत्तराखण्ड, 21-फील्ड होस्टल, उर्जा भवन, कांवली रोड, देहरादून
12. महामंत्री, विद्युत पेंशनर्स कल्याण समिति, फतेहपुर रोड, हरबर्टपुर (देहरादून)

संलग्नक:-उपरोक्तानुसार


21/4/16
(आशिष कुमार जैन)
उपमहाप्रबन्धक (कार्मिक)

PAL
GROUP

Super Speciality Hospital

BRIJ LAL HOSPITAL & RESEARCH CENTRE PVT. LTD*A complete superspeciality Hospital
for the treatment of all Ailments...*

Date: 04/04/2016

To
The General Manager (G.V) &
Chairman, Hospital Empanelment Committee
UJVN Limited
Haridwar

Subject : Affiliation for UJVN Limited.

Dear Sir,

This is in reference to Brij Lal Hospital Haldwani Empanelment with UJVN Limited for medical facilities extended to UJVN Limited employees and their dependents. It is to inform that the old rates as confirmed in our letter no. Nil dated 3.02.2014 are applicable upto 31.03.2016.

Our offer wef 1.04.2016 is as follows:

1. Approved package rate list issued by Additional Director, CGHS, Dehradun vide OM No.-HCOs/14-15/CGHS/D-Dun/8-3(a) dated 17th Nov' 2014 is attached.
2. The 'Schedule of Rates' of Brij Lal Hospital shall be applicable for the procedures / tests, which are not mentioned in CGHS Dehradun package rates. 15% discount on such procedures/ tests shall be allowed.
3. The rates are exclusive of medicines, consumables & implants.
4. 15 % discount shall be applicable on the following room rents (in Rs.):

General Ward	1200
Private Ward	2500
Semi-Private ward	1400
Deluxe Room	3000
Suite Room	10000
ICU	6000
NICU	3800
HDU	4000
Pulse oxy-meter per day	500
5. Nursing Charges & RMO Charges are not included in room rent.
6. At present our Hospital is Non -NABH & the rates of Non-NABH category will be charged. We are in the process of obtaining NABH certification. Accordingly, after accreditation & submission of the certificate to UJVNL, the rates of NABH category shall be charged.
These rates shall be applicable upto 31.03.18 but CGHS rates shall become effective from the date of future revision.

Thanks & Regards

General Manager



NOT FOR MEDICO LEGAL PURPOSE

BRIJ LAL HOSPITAL & RESEARCH CENTRE PVT. LTD.

Schedule of Rates

CATEGORIES OF ROOMS

S.No	CATEGORY	CHARGES
1	GENERAL WARD	1200
2	SEMI PRIVATE ROOM	1800
3	PRIVATE ROOM	2500
4	DELUXE ROOM	3000
5	H.D.U	4000
6	SUIT 2 nd floor	10000
7	N.I.C.U 2 nd floor	5500
8	I.C.U / I.C.C.U 2 nd floor	8000
9	CAUSALITY/SHORT STAY basement	1200
10	PULSEOXYMETER PER DAY	500

CHECK OUT TIME 12.00 P.M.

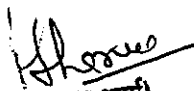
OPD CHARGES

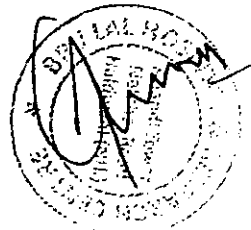
1	M.D. Specialist	300
2	M.Ch. Super Specialist	400

EMERGENCY doctors fees

3 P.M. - 10P.M.	M.D.	400
	MCh	500
10P.M. TO 06 A.M.	M.D.	500
	M.Ch.	800
LABOUR ROOM CHARGES		2000
PEDIATRICIAN CHARGES		500
O.T. CHARGES - 50% OF SURGEON FEES		
ANAESTHESIOLOGIST - 25% OF SURGEON FEES		

- NIGHT & EMERGENCY CHARGES EXTRA - 25% AT EACH
- O.T. CHARGES - 50% OF SURGEON FEES
- ANAESTHESIOLOGIST - 25% OF SURGEON FEES


(पुष्पेन्द्र कुमार शर्मा)
अनुभाग अधिकारी
मानव संसाधन विभाग
यूजेवीएन लि., देहरादून



BRIJ LAL HOSPITAL & RESEARCH CENTRE PVT. LTD.

Schedule of Rates

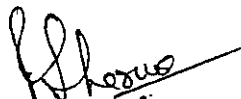
WARD	NURSING	R.M.O.	CONSULTANT CHARGE PER VISIT	
			M.D. Specialist	M.Ch. Super Specialist
GENERAL	250	250	500x2=1000	800x2=1600
ECONOMY	250	250	500x2=1000	800x2=1600
PRIVATE	250	250	500x2=1000	800x2=1600
DELUX	250	250	700x2=1400	800x2=1600
ICU	300	300	700x2=1400	1000x2=2000
SUIT	600	600	1000x2=2000	1500x2=3000
N.I.C.U	350	350	500x2=1000	1000x2=2000
C. C. U.	350	350	500x2=1000	1000x2=2000

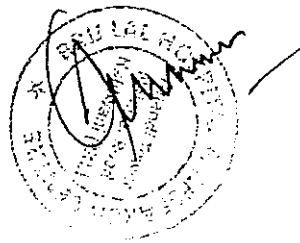
- NIGHT & EMERGENCY (10 P.M TO 06 A.M.) CHARGES EXTRA - 50% -

ADVANCE FOR INDOOR PATIENT AT THE TIME OF ADMISSION

GENERAL WARD	5000
ECONOMY WARD	10000
PRIVATE ROOM	15000
DELUX ROOM	20000
ICU	25000
SUIT	30000

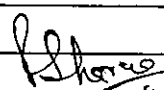
- For TPA/Corporate advance will be refund after getting approval
- For TPA/Corporate Customer 10% Service Charge will be added

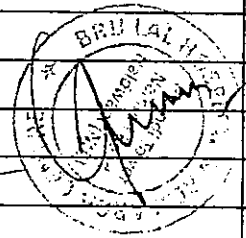

(पूजेवत कुमर शर्मा)
अनुभाग अधिकारी
मानव संसाधन विभाग
यूजेवीएन लि., देहरादून



X-RAY RATES

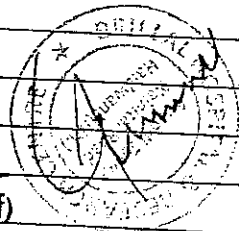
S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
1	X-Ray Chest PA View	300
2	X-Ray Chest AP View	300
3	X-Ray Chest Lateral View	300
4	X-Ray Chest Oblique View	300
5	X-Ray Chest Decubitus View	300
6	X-Ray Chest Lordotic View	300
7	X-Ray Abdomen (Plain)	300
8	X-Ray Abdomen (Erect)	300
9	X-Ray Abdomen (Kub)	300
10	X-Ray Abdomen (Prone)	300
11	X-Ray Abdomen (Decubitus)	300
12	X-Ray Pelvis AP	300
13	X-Ray Pelvis Lateral	300
14	X-Ray Hip Joint Oblique	300
15	X-Ray Hip Joint Lateral	300
16	X-Ray Hip Joint AP	300
17	X-Ray Hip Joint Acetabulum(Anterior Oblique)	300
18	X-Ray Femur AP	300
19	X-Ray Femur Lat	300
20	X-Ray Knee Joint AP/Lat Single Film	300
21	X-Ray Knee Joint Oblique	300
22	X-Ray Both Knee Joint AP (Standing) Single Film	300
23	X-Ray Patella AP	300
24	X-Ray Patella Lat	300
25	X-Ray Patella Trans Lateral	300
26	X-Ray Leg AP/Lat Single Film	300
27	X-Ray Leg AP/Oblique Single Film	300
28	X-Ray Ankle Joint AP/Lat Single Film	300
29	X-Ray Ankle Joint AP/Oblique Single Film	300
30	X-Ray Ankle Joint Inversion View(Eversion View)	300
31	X-Ray Ankle Joint Mortise View	300
32	X-Ray Foot AP/Oblique Single Film	300
33	X-Ray Foot AP/Lat	300
34	X-Ray Foot Katerakc' Weight Bearing	300
35	X-Ray Calcaneum AP/Lat Single Film	300
36	X-Ray Fingers AP	300
37	X-Ray Fingers Oblique	300
38	X-Ray Fingers Lat (Any Two)	300
39	X-Ray Toes AP	300
40	X-Ray Toes Oblique	300


 (Signature)
 सहायक अधीक्षक
 शिक्षण विभाग, पुणे
 महाराष्ट्र शासन, पुणे



S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
41	X-Ray Toes Lateral (Any Two)	300
42	X-Ray Hand AP/Lat Single Film	300
43	X-Ray Hand AP/Oblique Single Film	300
44	X-Ray Hand Pa/Lat Single Film	300
45	X-Ray Hand Pa/Oblique Single Film	300
46	X-Ray Wrist AP/Lat Single Film	300
47	X-Ray Wrist AP/Oblique Single Film	300
48	X-Ray Wrist PA/Lat Single Film	300
49	X-Ray Wrist PA/Oblique Single Film	300
50	X-Ray Wrist Radial Deviation	300
51	X-Ray Wrist Upnar Deviation	300
52	X-Ray Wrist Carpal Tunal	300
53	X-Ray Forearm AP/Lat Single Film	300
54	X-Ray Forearm AP/Oblique Single Film	300
55	X-Ray Elbow Joint AP/Lat Single Film	300
56	X-Ray Elbow joint AP/Oblique Single Film	300
57	X-Ray Humerus AP/Oblique Single Film	300
58	X-Ray Shoulder Joint AP	300
59	X-Ray Shoulder Joint Lateral	300
60	X-Ray Shoulder Joint Axial lat Single Film	300
61	X-Ray S Capula AP	300
62	X-Ray S Capula Lat	300
63	X-Ray Clavicle AP	300
64	X-Ray C Spine AP	300
65	X-Ray C-Spine Lateral	300
66	X-Ray C Spine Open Mouth	300
67	X-Ray C Spine CV Junction	300
68	X-Ray C Spline Oblique	300
69	X-Ray C Spine Swimmers lat	300
70	X-Ray Neck (for soft tissue)	300
71	X-Ray Skull AP	300
72	X-Ray Skull Lat	300
73	X-Ray Skull PA	300
74	X-Ray Skull (Basilar view)	300
75	X-Ray Skull con view Sella	300
76	X-Ray Skull Mastoides	300
77	X-Ray Skull Optic Foramen	300
78	X-Ray Skull Stenvers Views	300
79	X-Ray Face -AP	300
80	X-Ray Face-Lat	300
81	X-Ray Mandible PA	300
82	X-Ray Mandible Oblique	300
83	X-Ray Nasal Bone (Lat)	300
84	X-Ray PNS waters view	300

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S.NO.	NAME OF INVESTIGATION/ PROCEDURE	RATES
85	X-Ray PNS open mouth view	300
86	X-Ray Zygomatic Arch	300
87	X-Ray Sternum Lat	300
88	X-Ray Sternum Oblique	300
89	X-Ray Dorsal Spine AP	300
90	X-Ray Dorsal Spine Lat	300
92	X-Ray L.S. Spine AP	300
93	X-Ray L.S. Spine Lateral	300
94	X-Ray L.S. Spine Oblique	300
95	X-Ray Cocogx AP	300
96	X-Ray Sacro Iliac Joint AP	300
97	X-Ray Sacrum Lat	300
98	X-Ray T.M Joint AP	300
99	X-Ray TM Joint AP(Open Mouth)	300
100	X-Ray KUB	300

X-RAY SPACIAL INVESTIGATION

S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
1	Barium Meal Upper Git	1430
2	Barium Meal Follow Through	1430
3	Barium Meal Upper Git and Follow through	1980
4	Barium Swallow	1518
5	Barium ENEMA (Single Contrast)	1375
6	Barium ENEMA (Double Contrast)	1980
7	Barium ENEMA (Small Bowel)	1210
8	IVP with Non IONIC CONTRAST	2200
9	HSG (Hystero Salpingography)	2750
10	Bronchography one Side	3850
11	Bronchography Both Side	6050
12	RETROGRADE PYELOGRAPHY (RGP)	2200
13	MCUG	1980
14	MAMMOGRAPHY (Single Breast)	880
15	MAMMOGRAPHY (Both Breast)	1650
16	ERCP	3850
17	OCG	1650
18	T. TUBE Cholongography	1320

CT SCAN

S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
2	CT Brain IAC (Internal Auditory Can)	3025
3	CT Pelvis	3520
4	CT Brain Contrast	2970

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S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
5	CT Brain Plain Posterior Fossa	2970
6	CT Brain Sella (Pitutary)	2750
7	CT Cervical Spine	2970
8	CT Chest	3850
9	CT Chest (Contrast	4620
10	CT Cisternography / Myelography	4070
11	CT Dorsan Spine (Thoracic)	4180
12	CT Extra Contast Charges-I (Ionic)	440
13	CT Extra Contast Charges-I (Non Ionic)	1100
14	CT Extra Film Charges (Per)	330
15	CT CD	330
16	CT Extremities	3520
17	CT Joints -	3520
18	CT Lower Abdomen Plain	4950
19	CT Lumbar Spine Plain	4180
20	CT Neck/Pharynx/Larynx	3520
21	CT PNS/Face/Orbits/Inner Ear/Pituitary	4180
22	CT Scan (Limited Sudy)	1320
23	CT Spine CV Junction	3080
24	CT Three Regions	8250
25	CT Topogram	4620
26	CT Two Regions	5500
27	CT Upper Abdomen	4950
28	CT Video CD Charges (Per)	330
29	CT Whole Abdomen	7260
30	CT Whole Body (BRN CONT+CHEST+Abd)	9900
31	Extra Contrast Charges- Non Ionic 50	1100
32	HRCT	3080
33	IVP (Intravenous Pylogram) Ionic 50	2200
34	IVP (Intravenous Pylogram) - Non - Ionic	1650
35	Memography Biopsy Charges	1100
36	Memography Extra Film Charges	275
37	CT Face & Maxillary Region (3D Face)	4180
38	CT Spine Bony Pelvis - 3D	3850
39	CT Bone Mineral Densitometry	3850
40	CT Bronchoscopy (3D)	4950
41	CT Colonoscopy (3D)	4950
42	CT Calcium Scoring (Bons dinsitrometry)	3080
43	CT Coronary Angio & Calcium Scoring	9350
44	CT Coronary Angio Post CABG Follow Up	8800
45	CT Coronary Angio Post Angioplasty Follow Up	8800
46	CT Cardiac For Congenital Heart Disease	7700
47	CT Angiography	8800
48	CT Angio of Intracranial Vessels	4950

S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
49	CT Angio of Extracranial Vessels	4950
50	CT Angio of both Intra & Extra cranial Vessels	9350
51	CT Chest Angiography	7150
52	CT Pulmonary Angiography	7150
53	CT Abdominal Angiography	8250
54	CT Chest & Abdominal Angiography	12100
55	CT Renal Angiography	7150
56	CT Peripheral Angiography	8250
57	CT guided FNAC	2750
58	PNS	3960
60	Ist Follow-up Scan	10% less
61	IIrd Follow-up Scan	10% less
62	IIIrd Follow-up Scan	15% less

- Emergency charges of Rs. 600/- additional to be paid between 8pm to 8am

MRI

S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
1	MRI whole abdomen	7150
2	MRI wrist (R&L) both	13200
3	MRI wrist single	7150
4	MRI Brain	6600
5	MRI contrast	9350
6	MRI L Spine	6600
7	MRI D Spine	6600
8	MRI C Spine	6600
9	MRI Pelvis S/I Joint	7700
10	MRI Knee	7700
11	MRI Shoulder	7700
12	MRI Hip	7700

ULTRASOUND

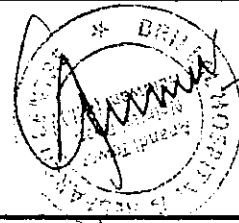
S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
1	Ultra Guided Biopsy/FNAC/ Aspiration	1760
2	Ultra Sound Brain (Neurosonogram)	770
3	Ultra Sound Chest	528
4	Ultra Sound Colour Doppler Carotids	1760
5	Ultra Sound Colour Doppler Fetal	1430
6	Ultra Sound Colour Doppler Renal	1650
7	Ultra Sound Colour Doppler Trans Org	2750
8	Ultra Sound Colour Transcranial Dopp	1980
9	Ultra Sound Colour Vascular Doppler	2200

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S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
10	Ultra Sound Emergency Charges	143
11	Ultra Sound Extra Printed Images - Colour	110
12	Ultra Sound Extra - Regular	550
13	Ultra Sound Extremity/Joint	1320
14	Ultra Sound Follicle Monitoring	550
15	Ultra Sound Growth Monitoring	550
16	Ultra Sound KUB Female	770
17	Ultra Sound KUB Male	770
18	Ultra Sound Lower Abdomen (Transrect)	770
19	Ultra Sound Lower Abdomen (Transvagi)	770
20	Ultra Sound Neck	770
21	Ultra Sound of Thyroid Gland	770
22	Ultra Sound Orbits	550
23	Ultra Sound Pelvis (Female)	770
24	Ultra Sound Pelvis (Male)	770
25	Ultra Sound Peripheral Arterial Doppler	1650
26	Ultra Sound Peripheral Venous Doppler	1650
27	Ultra Sound Portable Study	1650
28	Ultra Sound Pregnancy	660
29	Ultra Sound Pregnancy Anomaly STU	1100
30	Ultra Sound Screening	275
31	Ultra Sound Scrotal/Penile	770
32	Ultra Sound Scrotum	770
33	Ultra Sound Slides Charges (Per)	440
34	Ultra Sound Transplant Study	770
35	Ultra Sound Upper Abdomen	770
36	Ultra Sound Vaginal	770
37	Ultra Sound Video Cassette Charges CD	770
38	Ultra Sound Whole Abdomen (Female)	770
39	Ultra Sound Whole Abdomen (Male)	770
40	Unilateral SonoMammogram (Single Breast)	660
41	Unilateral SonoMammogram (Both Breast)	1100
42	Ultra sang	165
43	Extra P S	110

- Emergency charges of Rs. 300/- additional to be paid between 8PM to 8AM

DOPPLER STUDY



S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
1	DOPLER STUDY BOTH LOWER LIMBS	2200
2	DOPLER STUDY BOTH UPPER LIMBS	2200
3	DOPLER STUDY FOR LOWER ABDOMEN	1320
4	DOPLER STUDY FOR RENAL AREA	1320

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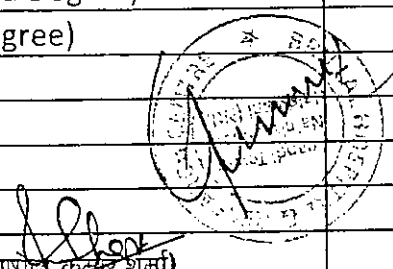
S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
5	DOPLER STUDY FOR UPPER ABDOMEN	1320
6	DOPLER STUDY FOR LOWER LIMB	1320
7	DOPLER STUDY OF CAROTID ARTERY	1320
8	DOPLER STUDY OF PRAGNANCY(OBS.)	1320
9	DOPLER STUDY FOR BREAST HIGH RESOLUTION	1320
10	DOPLER STUDY FOR CARDIAC ADVANCE	1320
11	DOPLER STUDY FOR CRANIAL	880
12	DOPLER STUDY OF TESTIS	1100
13	DOPLER STUDY FOR ORBIT HIGH RESOLUTION	770
14	DOPLER STUDY PERIPHERAL VASCULAR	1650
15	DOPLER STUDY SMALL PARTS	880
16	DOPLER STUDY FOR UPPER LIMB	1320

CARDIOLOGY

S.No.	NAME OF INVESTIGATION/ PROCEDURE	RATES
1	TMT	1100
2	ECHO	1320
3	ECG	220
4	HOLTER	1100
5	BED SIDE ECHO	1650
6	BED SIDE CHARGES FOR HOLTER	1320
7	BED SIDE ECG	220
8	TEMPORARY PACEMAKER	19800
9	PERMANENT PACEMAKER	30800
10	PACEMAKER IMPLANT	MRP
11	CARDIO-ANGIOGRAPHY	16500
12	CARDIO-ANGIOPLASTY WITH OUT IMPLANT	137500
13	CARDIAC IMPLANT	MRP
14	OPEN HEART SURGERY - BI PASS SURGERY (CABG)	357500
15	BMI	154000

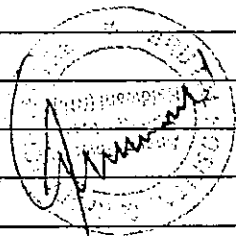
GYNAECOLOGY & OBSTETRICS

S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
2	Bilateral	19800
3	Total Vulvectomy with Dissection of Nodes	17600
4	Suturing -Perineal Tears - Sup (1st Degree)	8800
5	- Deep (1Ird Degree)	9900
6	Rectovaginal Fistula Repair (1Ird Degree)	13200
7	D&C or MTP	13200
8	Salpingo-Ophorectomy - Unilateral	12100
9	- Bilateral	16500
10	Ovarian Cystectomy - Unilateral	16500
11	- Bilateral	14300


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S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
12	Abdominal Hysterectomy	16500
13	Werthelmshysterectomy	22550
14	Colporrhaphy or Fothergil	11000
15	Vaginal Hysterectomy and Repair	16500
16	Ventrisuspension of the Uterus Alone	11000
17	Abdominal Sterilization	8800
18	Haemotocolpos- Excision Septum	7700
19	Cervical Biopsy Cautery /Endometrial Biopsy	6600
20	a) Normal Delivery	9900
21	b) Normal Delivery with Previous LSCS	13200
22	Normal Delivery with Episiotmy	13200
23	Forceps/ Vaccum Delivery	9900
24	Twin/Breech	12100
25	Caesarean	16500
26	Repeat Caesarean	19800
27	Caesarean with Tubectomy	22000
28	Hysterotomy	13200
29	Cautery Cervix	6600
30	EUA and Needling	5500
31	MTP and Sterilization	9900
32	MTP with Tubectomy	13200
33	Simple Lapro-Tubectomy	8800
34	Diagnostic Laproscopy D & C	9900
35	Operative Laproscopy	16500
36	Division of Adhesion or Fimbrioplasty	15950
37	Ectopic Laparotomy (Laparoscopic)	22000
38	Ectopic Laparotomy (open)	24200
39	Ectopic Laparotomy with Tubectomy	27500
40	Lap Hysterectomy (L A V H)	22000
41	Lap Cystectomy	15400
42	Vesicovaginal Fistula (VVF)	15400
43	Simple Ovarian Cystectomy - Unilateral	11000
44	- Bilateral	13200
45	Hysteroscopy Diagnostic & D/C only	9900
46	Operative Hysteroscopy a) Synaechae	14850
47	b) Septum	16500
48	Endometrial Ablation	14850
49	Vaginoplasty	17600
50	Tuboplasty (By Operating Microscope)	22000
51	End to end Anastomosis Bilateral	18700
52	Medical Abortion	7700
53	Colposcopy	1980
54	Shriodkar's Sticking	5500
55	McDonald Sticking	5500

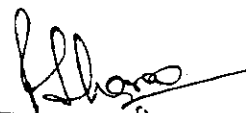
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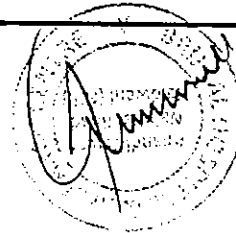


S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
56	Myomectomy	16500
57	Rectocele Repair	7700
58	Cystocele and Rectocele Repair	8800
59	Kellys Suture	6600
60	Richardson Sling Operation	8800
61	Le-fords Operation	7700
62	Abdominal Carvicopexy for UV Prolapse	8800
63	M.R.P	3025
64	Mid Trimester MTP	9900
65	N D V H	20000

ENT

S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
1	OTO-RHINO-LARYNGOLOGY PARTIAL GLOSSECTOMY	11000
2	SUPERFICIAL PAROTIDECTOMY	12100
3	TOTAL PAROTIDECTOMY	19800
4	INTRA-ORAL REMOVAL OF SUB-MANDIBULAR DUCT CALCULUS	9900
5	SUB-MANDIBULAR SILOADENECTOMY	7700
6	RADICAL NECK DISSECTION	18700
7	EXCISION THYROGLOSSAL CYST OR SINUS	7700
8	LINGUAL THYROID	7700
9	SUB-TOTAL LOBECTOMY	9900
10	SUB-TOTAL THYROIDECTOMY	12100
11	PARA THYROIDECTOMY	14300
12	CYST AND BENIGN TUMOUR OF THE PALATE	7700
13	DENTAL CYSTS AND RE-CONSTRUCTION ONLY	7700
14	DENTAL CYSTS AND RE-CONSTRUCTION ONLY OF JAW	19800
15	PULL THROUGH TOTAL GLOSSECTOMY	19800
16	EXCISION OF PHARYNGEAL POUCH AND OESOPHARYNGEAL MYOTOMY	9900
17	EXCISION BRANCHIAL CYST SINUS	9900
18	EXCISION CYSTIC HYGROMA (MAJOR)	9900
19	RANULA	7700
20	CERVICAL ABSCESS DRAINAGE	4950
21	BLOCK DISSECTION CERVICAL NODES	9900


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BREAST


S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
1	EXCISION FIBROADENAOMA (LARGE)	8800
2	EXCISION FIBROADENAOMA (SMALL)	6600
3	SIMPLE MASTECTOMY	8800
4	PATEY'S/RADICAL MASTECTOMY	13200
5	LUMPECTOMY OR SECTOR MASTECTOMY	8800
6	BREAST ABSCESS DRAINAGE (LARGE)	7700
7	MICRODECTOMY	9900
8	AXILLARY CLEARANCE	8800

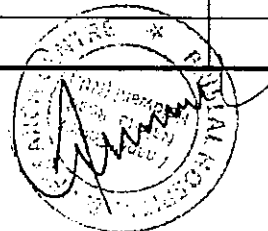
HERNIA

S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
1	INGUINAL HERNIOTOMY IN CHILDREN - UNILATERAL	11000
2	INGUINAL HERNIOTOMY IN CHILDREN - BILATERAL	16500
3	INGUINAL HERNIA REPAIR BASSINI OR ANY OTHER - UNILATERAL	11000
4	INGUINAL HERNIA REPAIR BASSINI OR ANY OTHER - BILATERAL	16500
5	ENFORCEMENT WITH MESH (INGUINAL HERNIA) - UNILATERAL	17600
6	ENFORCEMENT WITH MESH (INGUINAL HERNIA) - BILATERAL	19800
7	EPIGASTRIC HERNIA	11000
8	FEMORAL HERNIA	16500
9	UMBILICAL HERNIA	13200
10	VENTRAL HERNIA WITH MARLEX MESH	16500
11	INCISIONAL HERNIA REPAIR - WITH MARLEX MESH	13200
12	INCISIONAL HERNIA REPAIR - WITHOUT MARLEX MESH	11000
13	STRANGULATED VENTRAL OR INCISIONAL HERNIA (LARGE) WITH MESH	17600
14	RARE HERNIA - SPLGELIAN / OBTURATOR / LUMBER / PARAUMBILICAL / SCLATIC	13200
15	UMBILECTOMY WITH ENTERING PERITONEAL CAVITY	9900
16	UMBILECTOMY WITHOUT ENTERING PERITONEAL CAVITY	7700
17	HIATUL HERNIA (THORACIC)	13200
18	HIATUS HERNIA (ABDOMINAL)	13200

ABDOMEN

S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
1	LAPAROSCOPY - DIAGNOSTIC & BIOPSY	11000
2	EXPLORATORY LAPAROTOMY	11000
3	FIBRE-OPTIC OESOPHAGOGASTRO DUODENOSCOPY & BIOPSY	8800
4	ENDOSCOPIC FOREIGN BODY REMOVAL	7700
5	ENDOSCOPIC SCLEROTHERAPY	6600
6	GASTROSTOMY OR JEJUNOSTOMY	13200
7	SIMPLE CLOSURE OF PERFORATED ULCER	11000
8	SUBTOTAL GASTRECTOMY	15400
9	RAMSTEADTS OPERATION	11000
10	GASTRO-JEJUNOSTOMY	17600
11	VAGOTOMY AND DRAINAGE PROCEDURE	15400
12	HIGHLY SELECTIVE VAGOTOMY	13200
13	RECURRENT ULCERATION AFTER PREVIOUS VAGOTOMY & DRAINAGE	13200
14	TOTAL GASTRECTOMY FOR CANCER	16500
15	ZOLLINGER ELLISION SYNDORME	17600
16	TOTAL - GASTRECTOMY & MANAGEMENT OF	22000
17	PRIMARY LESION	
18	JUJUNAL INTERPOSITION FOR PROBLEM AFTER POLY GASTRECTOMY	22000
19	SURGICAL MANAGEMT OF HIATUS HERNAL & ORGANIC STRICTURE DUE T REFLUX	13200
20	ADHESIOLYSIS	13200
21	LUMBAR SYMPA THECTOMY	11000
22	REPAIR OF BURST ABDOMEN	11000
23	PERITONEAL TAILET	13200
24	FEEDING GASTROSTOMY / JEJUNOSTOMY	13200
25	JEJUNOJEUNOSTOMY	13200
26	GASTROTOMY+ OVER RUNNING OF BLEEDING GU/DU	13200
27	OMENECTOMY PARTIAL	8800
28	EMENTECTOMY TOTAL	13200
29	MISCELLANEOUS - MAJOR	13200
30	MISCELLANEOUS - MEDIUM Abdeminal	11000
31	MISCELLANCOUS - MINOR	9900


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SPLEEN & OPERATION FOR PORTAL HYPERTENSION

S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
1	SPLENECTOMY	19800
2	LIENO-RENAL DIRECT OR PORTO - CA VAL INTER - POSITION MESO - CAVAL	27500
3	SUB-CARDIAC POST OESOPHAGUS DISCONNECTION & DEVASCULARISATION OF	
4	LOWER OESOPHAGUS	27500
5	ONLY ONE PROCEDURE	14300
6	BOTH TOGETHER	27500
7	TRANSECTION OESOPHAGUS USING EEA STAPLER	30250
8	SPLENORRAPHY	13200

PANCREAS

1	WHIPPLES OPERATION (TOTAL PANCREATECTOMY)	66000
2	PARTIAL PANCREA TECTOMY OF PART OF HALF OF BODY	38500
3	95% OF PANCREATECTOMY	55000
4	OPERATIONS IN THE PANCREAS FOR INSULINOMAS	55000
5	DRAINAGE OF PSEUDO PANCREATIC CYSTS	19800
6	PANCREATIC JEJUNOSTOMY	33000
7	PANCREATIC NECROSECTOMY	27500

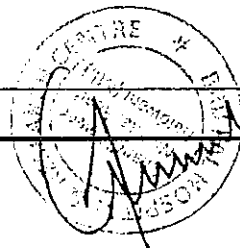
ADRENAL GLANDS

S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
1	SUBTOTAL ADRENALECTOMY- UNILATERAL	17600
2	NEOPLASM OF ADRENAL GLAND	22000
3	TOTAL ADRENALECTOMY - BILATERAL	38500

APPENDIX

S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
1	APPENDECTOMY	13200
2	APPENDICULAR ABSCESS DRAINAGE APPENDICECTOMY	11000
3	T APPENDICULAR LUMP	13200

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SMALL INTESTINES

S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
1	RESECTION & ANASTOMOSIS OF SMALL INTESTINES	16500
2	INTUSUSCEPTION	16500
3	INTESTINAL FISTULA	16500
4	MECKEL'S DIVERTICULUM	13200
5	MESENTERIC CYST	13200
6	LYMPH NODE EXCISION	6600
7	STRICTUROPLASTY	9900

LIVER

S.No.	NAME OF INVESTIGATION/ PROCEDURE	Operation Fee
1	PARTIAL RESECTION OF THE LIVER LATERAL SEGMENTECTOMY	27500
2	LOBECTOMY - LEFT	30800
3	LOBECTOMY - RIGHT	30800
4	TRISEGMENTECTOMY	38500
5	HYDATID CYSTS OF LIVER	17600
6	OPEN DRAINAGE OF LIVER ABSECESS	13200
7	EXCISION OF MESENTERIC CYST (CAT VIII)	13200

BILIARY SYSTEM

S.No	NAME OF INVESTIGATION	Operation Fee
1	CHOLECYSTOSTOMY	13200
2	CHOLECYSTECTOMY	13200
3	CHOLECYSTOSTOMY & CHOLEDOCHOTOMY	17600
4	CHOLECYSTOSTOMY & CHOLEDOCHODUODENOSTOMY	22000
5	REPAIR OF BILE DUCT STRICTURE	18700
6	RESECTION OF CA OF COMMON HEPATIC DUCT & REPAIR	33000
7	HEPATION JEJUNOSTOMY	33000

ANORECTAL

S.No	NAME OF INVESTIGATION	Operation Fee
1	FISTULA IN ANORECTAL - LOW LEVEL	7700
2	FISTULA IN ANORECTAL - HIGH LEVEL	8800
3	PERIANAL ABSCESS	6600
4	ISCHIO RECTAL ABSCESS	7700
5	PILONIDAL SINUS - EXCISION ONLY	6600

S.No	NAME OF INVESTIGATION	Operation Fee
6	PILONIDAL SINUS - PRIMARY CLOSURE	8800
7	RECTOVAGINAL & OTHER FISTULAE BETWEEN INTESTINE & GENITAL	13200
8	ANAL DILATATION	6050
9	INJ. HAEMORRHOIDS	5500
10	HAEMORRHOIDECTOMY	6600
11	FISSURE	6600
12	THIERSCH'S PROCEDURE	6600
13	EXCISION RECTAL POLYP	6600
14	GLUTEAL ABSCESS	7700
15	SETON APPLICATION	8800

COLON RETUM & ANUS

S.No	NAME OF INVESTIGATION	Operation Fee
1	SIGMOIDOSCOPY WITH OR WITHOUT BIOPSY	6600
2	PROCTOCOECTOMY	22000
3	ILLEOSTOMY & ILEORCOLICAL ANASTOMOSIS	17600
4	ILEOSTOMY OR COLOSTOMY	13200
5	ABDOMINOPERINEAL EXCISION OF RECTUM	27500
6	ANTERIOR RESECTION	16500
7	RIGHT HEMICOLECTOMY	16500
8	LEFT HEMICOLECTOMY	16500
9	TRANSVERSE COLECTOMY	16500
10	SIGMOID & DESCENDING COLECTOMY	16500
11	ABDOMINOPERINEAL PULL THROUGH RESECTION WITH COLORECTAL ANASTOMOSIS	16500
12	TUBE CAECOSTOMY	9900
13	CLOSURE OF LOOP COLOSTOMY	13200
15	SURGICAL REPAIR OF ANAL SPHINCTER FOLLOWING INJURY	13200
16	VOLVULUS OF COLON SIMPLE TWIST RESECTION ANASTOMOSIS	16500
17	HIRSCHSPRUNGS	17600
18	IMPERFORATE ANUS WITH LOW OPENING	8800
19	COLOSTOMY TRANSVERSE / SIGMOID	9900
20	OPEN DRAINAGE OF PSOAS ABSCESS	13200

PENIS & TESTIS

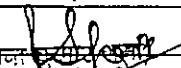
S.No	NAME OF INVESTIGATION	Operation Fee
1	CIRCUMCISION FOR ADULT.	7700
2	PARTIAL AMPUTATION PENIS	8800

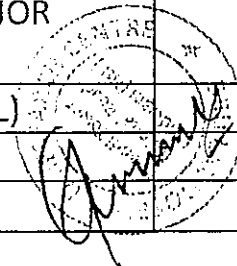
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S.No	NAME OF INVESTIGATION	Operation Fee
3	TOTAL AMPUTATION PENIS	13200
4	TOTAL AMPUTATION OF PENIS WITH BLOCK DISSECTION - UNILATERAL	16500
5	TOTAL AMPUTATION OF PENIS WITH BLOCK DISSECTION - BILATERAL	22000
6	ORCHIDOPEXY - UNILATERAL	13200
7	ORCHIDOPEXY - BILATERAL	16500
8	ORCHIDECTOMY - UNILATERAL	13200
9	ORCHIDECTOMY - BILATERAL	1980
10	HYDROCELE - UNILATERAL	7700
11	HYDROCELE - BILATERAL	9900
12	VARICOCELE - UNILATERAL	9900
13	EPIDIDECTOMY	9900
14	VASECTOMY	9900
15	MULTIPLE SEBACEOUS CYST OF SCROTAL SKIN	9900
16	MEATOTOMY	6600
17	TESTICULAR BIOPSY - UNILATERAL	6600
18	TESTICULAR BIOPSY - BILATERAL	9900
19	MEATOPLASTY	9900
20	VASOVASECTOMY OR RECANALIZATION	16500
21	TESTICULAR PROSTHESIS	16500
22	VASOEPIDIDOTOMY OPERATING (MICROSCOPE)	16500

OTHER PROCEDURES

S.No	NAME OF INVESTIGATION	Operation Fee
1	SUTURE LARGE LACERATION	3300
2	EXCISION SEBACEOUS CYST (SMALL)	5500
3	SMALL SUPERFICIAL TUMOUR	5500
4	LARGE SUPERFICIAL TUMOUR CYSTS	6600
5	REPAIR OF TORN EAR LOBULES EACH	7700
6	INCISION & DRAINAGE ABSCESS	6600
7	TONGUE THE RELEASE	7700
8	INJ. VARICOSE VEINS / GANGLION / LIPOMA / DERMOID ETC.	2200
9	LYMPH NODE BX. NECK / AXILLA / INGUINAL	5500
10	ASPIRATION PLEURAL / PERITONEAL FLUID	5500
11	SUTURING OF MULTIPL SMALL / SINGLE MAJOR WOUND	6600
12	FOREIGN BODY REMOVAL L..A. (SUPERFICIAL)	6600
13	CARBUNCLE - SMALL	3300
14	CARBUNCLE - LARGE	5500


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S.No	NAME OF INVESTIGATION	Operation Fee
15	SUPRAPUBLIC DRAINAGE	6600
16	DRAINAGE OF PERIGASTRIC ABSCESS	8800
17	DELAYED PRIMARY SUTURING (PRIMARY/SECONDARY)	6600
18	DEBRIDEMENT IN O.T.	6600
19	DRAINAGE OF PSOAS / PERINEPHRIC / SUBDIAPHRAGMETIC ABSCESS	9900
20	DIABETIC GANGRENE - MAJOR	13200
21	DIABETIC GANGRENE - MINOR	8800
22	TOTAL NAIL BED ABLATION	5500
23	NAIL BED WEDGE EXCISION	5500
24	MAJOR DRESSING IN O.T.	2750
25	MAJOR DRESSING IN WARD	1320
26	SMALL ABSCESS UNDER L/A	2750
27	ASPIRATION ABSCESS	2200
28	ASPIRATION BIOPSY	2200
29	ASPIRATION COLD ABSCESS	5500
30	BIOPSY ULCER	5500
31	INGROWING TOE NAIN	2750
32	TRUE CUT NEEDLE BIOPSY	3300
33	REDUCTION OF PARAPHIMOSIS	6600
34	SUTURING OF SMALL WOUNDS	5500
35	DEBRIDEMENT OF GUNSHOT WOUND (MINOR)	9900
36	DEBRIDEMENT AND PRIMARY CLOSURE OF GUN SHOT WOUND / REMOVE OF BULLET	16500
37	LIPOMA OR LARGE LUMP BACK EXCISION	8800
38	STRIPPING / EXCISION OF VARICOSE VEINS OF LIMBS	13200
39	MISCELLANEOUS- MAJOR	7700
40	MISCELLANEOUS-MEDIUM	6600
41	MISCELLANEOUS-MINOR	5500

LAPAROSCOPIC SURGERY PROCEDURE

S.No	NAME OF INVESTIGATION	Operation Fee
1	CHOLECYSTECTOMY	19800
2	APPENDECTIOMY	17600
3	HERNIOPLASTY - UNILATERAL	17600
4	HERNIOPLASTY - BILATERAL	27500
5	INCISIONAL - HERNIA REPAIR	16500
6	ASSISTED HEMICOLECTOMY	18700
7	ASSISTED INTESTINAL RESECTION	18700
8	VERICOCELECTOMY - UNILATERAL	9900

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S.No	NAME OF INVESTIGATION	Operation Fee
9	VERICOCELECTOMY - BILATERAL	13200
10	DIAGNOSTIC	8800
11	COLONIC SURGERY	17600
12	HAEMORRHOIDECTOMY (LAZER) LAZER CHARGES- AS PER ACTUAL	
13	MARLEX MESH - AS PER ACTUAL	MRP
14	LAPAROSCOPIC INSTRUMENT CHARGES	4400
15	HERNIA STAPLER - AS PER USED / MRP + TAX	MRP
16	LAPAROSCOPIC - ADHESIOLYSIS	17600
17	LAP. CLOSURE OF DUODENAL / LEA PERFORATIONS	13200
18	LAP. HIATUS HERNIA	16500
19	LAP. RECTOPEXY	17600
20	LAP. PSEUDOCYST	17600
21	LAP. LUMBER SYMPATHECTOMY	17600
22	LAP. URETEROLITHOTOMY	17600
23	LAP. NEPHRECTOMY	24200
24	LAP. SPLENECTOMY	19800
25	LAP. HYDATID CYST LIVER	19800

GYNAECOLOGY LAPAROSCOPIC SURGERY

S.No	NAME OF INVESTIGATION	Operation Fee
1	LAPAROSCOPIC LIGATION	11000
2	DIAGNOSTIC LAPAROSCOPY	11000
3	ADHESOLYSIS	9900
4	OVARIAN OPERATIVE PROCEDURE	19800
5	ECTOPIC PREGNANCY/TUBLE SURGERY	24200
6	L.A.V.H.(LAP.ASSISTED VAGINAL HYSTERECTOMY)	27500

UROLOGY

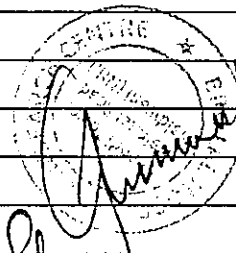
S.No	NAME OF INVESTIGATION	Operation Fee
1	GIRL VERNIE'S EXTENDED PYELOLITHOTOMY	19800
2	PARTIAL NEPHRECTOMY OR NEPHROLITHOTOMY	28600
3	NEPHRECTOMY COMPLICATED TUMOUR OF ADHESIONS	25300
4	SIMPLE NEPHRECTOMY	19800
5	ANDERSON HYNE'S PYELOPLASTY	24200
6	URETHRAL TRANSPLANTATION BILATERAL	22000
7	TOTAL CYSTECTOMY	27500

S.No	NAME OF INVESTIGATION	Operation Fee
8	VESICO - VAGINAL FISTULA	16500
9	URETHEROPLASTIC ONE STAGE PROCEDURE	16500
10	RADICAL CYSTECTOMY	27500
11	EPISPADIAS / EXYSTROPY REPAIR	13200
12	ILEO CAECO CYSTOPLASTY	22000
13	PYELOLITHOTOMY	15400
14	NEPHRECTOMY SIMPLE	15400
15	NEPHRECTOMY OPEN	15400
16	NEPHRECTOMY PERCUTANEOUS	27500
17	URETERAL TRANSPLANTATION	22000
18	URETROLITHOTOMY	17600
19	PARTIAL CYSTECTOMY	15400
20	TRANSURETHRAL RESECTION OF PROSTATE (TURP)	27500
21	TRANSURETHRAL RESECTION OF BLADDER TUMOR	27500
22	URETHROPLASTY - TWO STAGE	22000
23	OPEN PROSTATECTOMY	16500
24	URETERO SIGMOID DIVERSION	22000
25	CLOSURE OF URETHRAL FISTUAL	15400
26	ORCHIDOPEXY UNILATERAL	13200
27	ORCHIDOPECY BILATERAL	15400
28	CYSTOLITHOTOMY SUPRAPUBIC	15400
29	ENDOSCOPIC REMOVAL OF STONE IN BLADDER	22000
30	RESECTION BLADDER NECK ENOSCOPIC	22000
31	URETEROSOPIC REMOVAL OF STONE	27500
32	CYSTOSCOPIC BASKETING OF STONE IN URETER	27500
33	URETHROPLASTY 1ST STAGE	15400
34	URETHROPLASTY 2ND STAGE	17600
35	OPTICAL URETHROTOMY	19800
36	EXPLORATORY SCROTOMY	16500
37	PERINEAL URETHROSTOMY	22000
38	CYSTOSCOPY WITH RETROGRADE CATHETERISATION UNILATERAL	15400
39	CYSTOSCOPY WITH RETROGRADE CATHETERISATION BILATERAL	22000
40	CYSTOSCOPY DIAGNOSTIC	15400
41	CYSTOSCOPY WITH BLADDER BIOPSY	18700
42	DILATATION OF STRICTURE URETHRA UNDER G.A	9900
43	DILA. OF STRICTURE URETHRA WITHOUT ANAESTHESIA	8800
44	D.J. STENTING UNILATERAL	17600
45	D.J. STENTING BILATERAL	22000

S.No	NAME OF INVESTIGATION	Operation Fee
46	PCNL (PERCUTANEOUS NEPHROLITHOTOMY)	30800
47	VASO EPIDIDYMOSSSTOMY	28600
48	VASO EPIDIDYMOSSSTOMY (UNDER MICROSCOPE)	28600
49	SEMINO VESICULOGAM	13200
50	VASO- VASOSTOMY (UNDER MICROSCOPE)	22000
51	D.J. STENT REMOVAL UNILATERAL	6600
52	D.J. STENT REMOVAL BILATERAL	13200
53	ERCP (with stent)	19800
54	ERCP (without stent)	16500
55	COLONOSCOPY	4950
56	SIGMOIDOSCOPY	3850
57	POLYPECTOMY	9900
58	ENDOSCOPY	1540
59	THERAPEUTIC ENDOSCOPY (WITH BIOPSY)	7700
60	SCLEROTHERAPY	8800
61	BONDING (EVL)	7700
62	DILATION (ESOPHAGEAL)	7700
63	FOREIGN BODY REMOVAL	8800

PAEDIATRIC SURGERY

S.No.	NAME OF INVESTIGATION	Operation Fee
1	MINOR SURGICAL PROCEDURE I&D/SEB.CYST/URETHRAL DILATATION AND DILATATION/	
2	MEATOTOMY	6600
3	DEEP SEATED ABSCESS DRAINAGE/L.N.BIOPSY/EXCISION OF TUMOUR	7700
4	THYROGLOSSAL CYST/BRANCHIAL FISTUAL	9900
5	UNILATERAL HERNIOTOMY/EPIGASTRIC	11000
6	UMBILICAL HERNIA	11000
7	ORCHIDOPEXY	11000
8	TORSION TESTIS	11000
9	LAPAROTOMY/GASTROSTOMY	13200
10	COLOSTOMY/VESICOSTOMY'	13200
11	CLOSURE COLOSTOMY	13200
12	CIRCUMCISION	8800
13	URETEROSTOMY UNILATERAL	15400
14	URETEROSTOMY BILATERAL	17600
15	NEPHROSTOMY P/C	17600
16	OPEN NEPHROSTOMY	16500
17	EMERGENCY APPENDICECTOMY	13200


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S.No.	NAME OF INVESTIGATION	Operation Fee
18	EXPLORATORY LAPAROTOMY	13200
19	MECKEUL'S DIVERTICULECTOMY	17600
20	RESECTION & ANASTOMOSIS OF INTESTINE	16500
21	ANAL TRANSPOSITION FOR ECTOPIC ANUS	22000
22	PYECLOLITHOTOMY / URELITHOTOMY / NEPHROLITHOTOMY	16500
23	PYELOPLASTY	16500
24	CHORDEE CORRECTION	16500
25	URETHROPLASTY - V.DISTAL HYPOSPADIAS	22000
26	URETHROPLASTY - PROXIMAL HYPOSPADIAS	22000
27	PULMONARY HYDATID	22000
28	LIVER HYDATID	22000
29	RECTAL POLYP	13200
30	RECTAL BIOPSY	6600

PULMONARY & MEDIASTINAL

S.No.	NAME OF INVESTIGATION	Operation Fee
1	CHEST ASPIRATION DIAGNOSTIC URETHRAL DILATATION AND DILS./ MEATOTOMY	6600
2	CHEST ASPIRATION THERAPEUTIC	6600
3	INTERCOSTAL DRAINAGE FOR EMPYEMA	8800
4	SCALENE NODE BIOPSY	6600
5	INTERCOSTAL DRAINAGE FOR PNEUMOTHORAX	8800
7	RIB RESECTION & DRAINAGE	8800
8	MEDIASTINAL LYMPH NODE BIOPSY	11000
9	OPEN LUNG BIOPSY	13200
10	EXCISION OF CERVICAL RIB	16500
11	SCALENOTOMY FOR SCALENOUSE SYNDROME	16500
12	CERVICAL SYMPATHECTOMY	22000
13	THORACOTOMY FOR ANTEROLATERAL DECOMPRESSION, PERFORATION INJURY.	23870
14	HYDATID CYST REMOVAL EXPLORATORY THORACOTOMY	22000
15	DECORTICATION, PLEURECTOMY & EXCISION OF EMPYEMA WITHOUT LUNG RESECTION	16500
16	THORACOPLASTY & APICOLYSI	22000
17	LOBECTOMY, PNEUMONECTOMY, DECORTICATION WITH LOBECTOMY	24200
18	THYECTOMY OR MEDIASTINAL MASS EXCISION	22000
19	PERICARDIAL ASPIRATION	9900
20	PERICARDIAL TUBE DRAINAGE	13200

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OESOPHAGUS

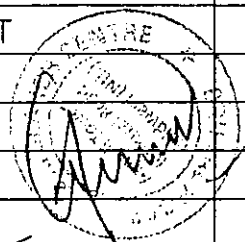
S. No	NAME OF INVESTIGATION	Operation Fee
1	ACHALASIA OESOPHAGO CARDIOMYOTOMY	19800
2	REPAIR OF HIATUS HERNIA	17600
3	LIGATION OF OESOPHAGEAL VARICES	17600
4	OPEN REMOVAL OF F.FB. OESOPHAGUS WITH THRACOTOMY	22000
5	RESECTION OF OESOPHAGUS FOR CANCER COLON / TRANSPLANT	33275
6	CONGENITAL OESOPHAGEAL ATRESIA /T.O. FISTULA.	22000

DIAPHARAGM

S. No	NAME OF INVESTIGATION	Operation Fee
1	REPAIR OF DIAPHARAGMATIC HERNIA	22000
2	REMOVAL OF F.B. OESOPHAUS BY OESOPHAGOSCOPY	11000
3	REPAIR OF TRAUMATIC DIAPHARAGMATIC RUPTURE	24200
4	LIGATION OF OESOPHAGEAL VARICES	24200
5	REPAIR OF OESOPHAGEAL TEAR	17600

NEURO - SURGERY

S.No.	NAME OF INVESTIGATION	Operation Fee
1	CRANIOTOMY	55000
2	CRANIOTOMY FOR VASCULAR MALFORMATION	66550
3	CRANIOTOMY FOR TUMOUR EXCISION	66550
4	CRANIOTOMY FOR HAEMATOMA	55000
5	DEBRIDEMENT SCALP WOUND - SMALL	8800
6	DEBRIDEMENT SCALP WOUND - LARGE	13200
7	CRANIECTOMY	33000
8	CANIOTOMY	39600
9	ANGIOGRAM	16500
10	MYELOGRAM	8250
11	VENTRICULAR PUNCTURE - IST (V.P.)	33000
12	VENTRICULAR PUNCTURE - SUBSEQUENT	9900
13	LUMBAR PUNCTURE	2750
14	LAMINECTOMY - DISC	49500
15	LAMINECTOMY TUMOUR	66550
16	V.PERITONEAL SHUNT (V.P.SHUNT)	44000
17	V.ARTERIAL SHUNT	38500



S.No.	NAME OF INVESTIGATION	Operation Fee
18	MENINGO ENCEPHALOCELE	55000
19	MENINGO MYELOCELE	55000
20	C.S.F.RHINORHOEA	66550
21	CRANIOPLASTY	49500
22	POSTERIOR FOSSA CRANIOTOMY	66550
23	ANTERIOR CERVICAL DISCECTOMY	53240
24	BRACHIAL PLEXUS EXPLORATION & MICRO SUTURING	30800
25	MEDIUN NERVE DECOMPRESSION	16500
26	PERIPHERAL NEURECTOMY (TRIGEMINAL)	27500
27	PERIPHERAL NERVE SURGERY (MICROSCOPIC REPAIR OF NERVE)	33000
28	ANT. DECOMPRESSION & STABILIZATION	66000
29	POST. DECOMPRESSION & STABILIZATION	49500
30	LOBCTOMY OF BRAIN	71500
31	BRAIN ANURISM CLIPPING	165000
32	CAROFID CERIBRAL NEURO ENGIOGRAPHY	16500

ORTHOPAEDICS SPINAL SURGERY

S.No	NAME OF INVESTIGATION	Operation fee
1	LAMINECTOMY, DISC EXCISION, ANTEROLATERAL DECOMPRESSION & SPINAL FUSION	55000
2	ASPIRATION OF COLD ABSCESS IN SPINAL TUBERCULOSIS	33275
3	DRAINAGE OF PSOAS ABSCESS, PARAVERTEBRAL ABSCESS LUMBER COLD ABSCESS AND CERVICAL COLD ABSCESS	22000
4	SCOLIOSIS- CORRECTION AND SPINAL FUSION OR HARRINGTON INSTRUMENTATION OR OTHER SPINAL INSTRUMENTATION OR SPINAL OSTEOTOMY TUMOUR SURGERY & SPINAL FRACTURE FIXATION	46200
5	LOCALIZER CAST FOR SCOLIOSIS	6600
6	POP JACKET	6600
7	PEDICAL SCREW FIXATION AT THE LEVEL OF LUMBER SPINE	55000
8	PEDICAL SCREW FIXATION AT THE LEVEL OF DORSAL SPINE	55000
9	PEDICAL SCREW FIXATION AT THE CERVICAL SPINE	66000
10	PLATING OF CERVICAL SPINE	66000

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HIP SURGERY

S.No	NAME OF INVESTIGATION	Operation Fee
1	FEMORAL NECK NAILING WITH OR WITHOUT PLATING OPEN , REDUCTION OF HIP DISLOCATION, PROSTHESIS, MOORES PINNING CANULATED SCREWS	27500
2	SYNOVIAL BONE BIOPSY FROM HIP JOINT, ARTHROTOMY HIP	19800
	A)GIRDLE STONE ARTHRO/DEBRIDEMENT HIP	18700
	B) TOTAL HIP REPLACEMENT	73150
	C)TOTAL KNEE, ELBOW, ANKLE REPLACEMENT	79750
3	D.H.S. FIXATION , CONDYLAR BLADE PLATE FIXATION, UPPER FEMORAL	19800
	OSTEOTOMY WITH BLADE -PLATE- FIXATION,	33000
	BIPOLAR HIP REPLACEMENT, ARTHRODESIS HIP	66550
4	PELVIC OSTEOTOMY	19800

FRACTURES

S.No.	NAME OF INVESTIGATION	Operation Fees
1	OPEN REDUCTION &INT. FIXATION OF FEMUR, TIBIA, B.B. FOREARM,	27500
	FRACTURE HUMERUS AND FEMUR AND OPEN REDUCTION & INT. FIXATION SYSTEM BIMALLEOLAR FRACTURE AND FRACTURE DISLOCATION OF ANKLE, MONTEGGIA FRACTURE, DISLOCATION, COMMUNUTED-INTA-ARTICULAR FRACTURES OF BIG JOINTS.	27500
2	MEDIAL CONDYLE OF HUMERUS, FRACTURE LATERAL CONDYLE OF HUMERUS, OLECRANON FRACTURE, HEAD RADIUS, LOWER END RADIOUS, LAT, MALLEOLUS MEDIAL MALLEOLUS, PATELLA FRACTURE & FRACTURE CLAVICLE, SUPRA CONDYLAR HUMERUS, FRENCHOSTEOTOMY DARACH'S OPERATION.	19800
3	VERTEVRO PLASTY (EACH VERTEVRA)	24200
4	KYPHOPLASTY	99770
5	HYFLEX KNEE REPLACEMENT	106480
6	EXTERNAL FIXATOR APPLICATION	
	- LONG BONES (PELVIS, FEMUR, HUMERUS, FOREARM & TIBIA)	19800
	- SMALL BONES	11000

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	_ RING FIXATOR (ILLZAROV OR ONGNESYON)	24200
7	EXT. FIXATOR OF HAND AND FEET BONES	
	A) TARSALS- MATATARSALS- PHALLANGES - CARPALS META CARPALS	11000
	B) ARTHROTOMY - HIP, SHOULDER	16500
8	A) DRAINAGE ABSCESS - PYOGENIC	9900
	B) DEBRIDEMENT AND CLOSURE PRIMARY - SMALL	8800
	MEDIUM	9900
	LARGE	11000
9	SURGERY FOR RECURRENT DISLOCATION SHOULDER, ELBOW, PATELLA ETC.	22000
10	A)ARTHROTOMY - HIP , SHOULDER	19800
	B)KNEE, ELBOW, ANKLE, WRIST	15400
11	BONE GRAFT- SIMPLE	6600
	- EXTENSIVE BONE GRAFTING / B.BONES TRANSFER	11000
12	INTERLOCKING NAILING- FEMUR, TIBIA, HUMERUS	24200
13	INTERNAL FIXATION UNDER C-ARM CONTROL (MAJOR/ COMPOSITE FIXATION)	24200
14	INCERCILAGE WIRE FIXATION OF PATELLA	13200
15	INCERCILAGE WIRE FIXATION OF FEMURE	13200
16	INCERCILAGE WIRE FIXATION OF TIBIA	13200
17	PER CUTANEOUS K. WIRE FIXATION UNDER C.ARM	9900

CLOSED REDUCTION

1	STRAPPING FOR # CLAVICLE/ NECK HUMERUS ACROMIO-CLAVICULAR	1980
	DISLOCATION OR FRACTURE/ RIBS/KNEE/ANKLE/WRIST/SKIN TRACTION	4950
2	A) POP SLAB APPLICATION BE/BK	1540
	AE/AK	1980
	B) POP CAST APPILICATION (NOT REQUIRING REDU)BE/BK	3300
	AE/AK(CHILDREN)	3300
	C)AE/AK ADULTS/ SHOULDER HOOD/ SHOULDER SPICA	6600
	D) HIP-SPICA IN CHILDREN	6600

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