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**THE GUJARAT CANCER & RESEARCH INSTITUTE**  
**AHMEDABAD**



*Cancer is Curable If Detected Early*

**HOSPITAL CHARGES**

Updated on 24/01/2022

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## THE GUJARAT CANCER & RESEARCH INSTITUTE AHMEDABAD

### **STANDARD CHARGES / HOSPITAL RATE**

1. **General Category:** General category patients are charged minimum possible. Gen. category patients will be given 50% subsidy of standard charges.
2. **Bed Charges :**

<b>GENERAL WARD</b>	<b>Standard Charge per day</b>
1. Bed charge in General Ward Patient except BPL category.	50/-

<b>SPECIAL ROOM</b>	<b>Standard Charge per day</b>
1. Special Room A/C Ground Floor (Single Occupancy)	2200/-
2. Special Room A/C First Floor (Single Occupancy)	2200/-
3. Special Room A/C First Floor (Double Occupancy)	1100/-
4. Special Room Non-A/c (Second Floor)(Single Occupancy)	1100/-
5. Neuro Special Room (Third Floor)	2200/-
6. BMT Patient Room	3000/-
7. New BMT Recovery Cot No-1 & 2	1000/-
8. Day Care Chemotherapy Room (8.00am to 8.00pm)	600/-
Note : 50% Charges to be charged from patients who require special room for chemotherapy administration upto 8 hours.	

Patient who wants to go for special room will be entitled for treatment at special room premises. Special room patient will be provided special attention in the OPD as well as priority in all investigations including CT Scan, Ultrasound, Radio Isotope Care. Special room A/C patients will have to deposit an advance amount of Rs. 5000/- before admission while special room Non-A/C patients will have to deposit Rs. 3000/-.

3. **State Government patient** will be given services as per rules and regulations of the State Government. They will be provided treatment of the special or general category as per the desire of the patient. The cashless services for State Govt. Patients is under process with the Gujarat Govt.
4. **B.P.L** : B.P.L. will be given free treatment planned by the Head of respective Units.
5. **GCRI staff** will be given all free treatment of the cancer. GCRI staff members who are treated by GCRI doctors for minor ailment will be treated free at GCRI. Treatment which is not available at GCRI, and requires indoor treatment they will be referred to concern hospital for treatment. They will be eligible for reimbursement of the treatment charges as per hospital rules. However, GCRI staff and their dependent who require special investigation available at GCRI will be provided free.
6. **Advance Payment** : Patient is required to pay advance as follows for hospital services including Investigation, drugs, room charges etc:

Sr.		Gen. Ward	Special Room
1	Indoor Patients	2000/-	10000/-

**Post Op. & Medical  
ICU CHARGES**

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

❖ **VENTILATOR CHARGES**

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

❖ **ECG CHARGES (no change in proposal)**

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

❖ **ECHOCARDIOGRAPHY CHARGES**

General Ward	300	0
Special Rooms	0	550

❖ **CHEMOTHERAPY Administration Charges Per Day**

General Ward	Rs .110
Special Rooms	Rs .220

- NO charge for Intra muscular chemotherapy.

❖ **Physiotherapy charges**

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

- NO charge for Intra muscular chemotherapy.

❖ **VISITOR CHARGES (Free visiting hours 4pm to 6pm in waiting hall of ward only, No visitor is allowed in Ward except one attendant.)**

**General Ward** : One attendant free. For other visitor pass charge Rs.10/- per person (Except Free Visiting Hours)

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

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

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

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

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

### **DRUGS CHARGES**

All patients of the hospital are provided drugs at very subsidized charges from the drug store of The Gujarat Cancer & Research Institute OR Dr.T.B. Patel Drug Bank. run by The Gujarat Cancer Society.

### **SURGICAL CHARGES**

**N.B. :** This will include Anaesthesia charges, operation theatre charges, routine suture material. This will not include special instruments like stant, Jt.Stapler specialized suture material and Histopathology report. For histopathology charge Doctor In-charge has to fill the form and advise to pay amount and then form with specimen should be sent to Pathology Dept.

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

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

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

81	Gynec Endoscopy Procedure	830	1,650
82	D. & C.	660	1,320
	<b>Others Charges</b>		
83	File Missing Charges	50	50
84	Frozen Section Procedure Charge	1000	1000
85	Outside Frozen Section Charge (Thr. Pathology Dept)	2000	2000
86	Additional Outside Frozen Section Charge per Section Extra	500	500

**ONCOLOGY OPERATIONS**

		<b>MINOR OPERATION</b>		
12	O_MINOR1	Lumpectomy, STG, Resecturing, Minor excision with primary closure, minor Intra Oral excision, SOHD, Ophrectomy, Orchiectomy, Gastrostomy, Jejunostomy, Colostomy C.J, G.J. or Colonic bypass, D&C laser <b>Uro Oncology</b> :Dilatation-Internal Urethorotomy , Cystoscopy, Cystoscopic biopsy, Bilateral Orchiectomy, Partial amputation of penis	2200	4400
13	O_MAJOR_A	<b>MAJOR OPERATION_A :</b> Major excision with node dissection, simple composite resection, RND, MND, MRM, RM or CBS, Thoracotomy, THE, Gastric, Thyroid surgery, Ovarian, Vulvectomy, RPLND, Nephrectomy amputation, disarticulation.	4400	8800
14	O_MAJOR_B	<b>MAJOR OPERATION_B :</b> Lung resection, Colonic or Rectum resection.	6600	13200
15	O_S_MAJOR	<b>SUPRA MAJOR OPERATION</b> Commando with flap reconstruction, Breast reconstruction, oesophagectomy, Pneumanectomy, Chest wall resection with reconstruction, Gastric resection with reconstruction, Hepatic resection, Pancreatic resection, Orthopaedic reconstruction, Cystectomy with diversion +	11000	22000
16	O_S_MAJOR +	Free Flap	4400	8800
17	Harmonic Sca	Harmonic Scalpel	4000	4000
18	Vessel Seal	Vessel Sealing	4000	4000
19	Water Jet	Water Jet	4000	4000
20	Argon Plasma	Argon Plasma Coagulation	4000	4000
21	C.U.S.A.	C.U.S.A.	4000	4000



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

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

**URO ONCOLOGY OPERATION**

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

**GYNAEC ONCOLOGY OPERATION**

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

**PLASTIC SURGERY OPERATION**

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

**NEURO ONCOLOGY DEPARTMENT**

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

**ORTHOPADIC DEPARTMENT**

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

**LAPAROSCOPY**

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

**OTHER CHARGES**

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

**DEPARTMENT OF ONCO PATHOLOGY & CANCER CELL BIOLOGY**  
**DEPARTMENT OF ONCO PATHOLOGY**

* No	Biochemistry Test name	Code	General charge	Special charge
1	24 hours urinary Protein	P-1	80	120
2	Serum Acetone	P-2	40	70
3	Adenosine deaminase (ADA) Level	P-3	225	350
4	Albumin	P-4	40	70
5	Alkline Phosphatase (ALP)	P-5	40	70
6	Alpha Fetoprotein (AFP )	P-6	300	600
7	Amylase	P-7	70	140
8	Ascitic Fluid –Biochemistry	P-8	60	100
9	Bilirubin	P-9	60	110
10	Blood Sugar - fasting (FBS)	P-10	30	50
11	Blood Sugar - Random ( RBS)	P-11	30	50
12	Blood Sugar- Post Prandial (PPBS)	P-12	30	50
13	Blood Urea Nitrogen (BUN)	P-13	50	80
14	CA 125	P-14	400	800
15	CA 15- 3	P-15	500	990
16	CA 19- 9	P-16	500	1000
17	Total Calcium	P-17	110	220
18	Carcinoembryonic Antigen (CEA)	P-18	300	600
19	Cholesterol ( Total)	P-19	50	90
20	Cholesterol, HDL direct HDLD	P-20	70	140
21	Cortisol- Six Estimation	P-21	900	1200
22	Cortisol- Three Estimation	P-22	500	700
23	Cortisol- Two Estimation	P-23	400	600
24	Cortisol-Single Estimation	P-24	300	500
25	Creatinine	P-25	50	80
26	CSF – Biochemistry(Sugar , Protein, Chloride)	P-26	100	150
27	Cyclosporin (Cyclo) Estimation	P-27	1000	2000
28	Drain Fluid for Amylase	P-28	70	140
29	Electrolytes	P-29	110	220
30	Estradiol (E2)	P-30	300	600
31	Ferritin	P-31	220	350
32	Folate ( Folic)	P-32	320	400
33	Follicle Stimulating Hormone ( FSH )	P-33	300	600
34	Free T3 ( FT3 )	P-34	225	450
35	Free T4 ( FT4 )	P-35	225	450

*(updated 24 –January – 2022)*

36	Growth Hormone (GH)	P-36	500	900
37	Growth Hormone-Five Estimation	P-37	1200	2000
38	Growth Hormone-Four Estimation	P-38	1050	1750
39	Growth Hormone-Three Estimation	P-39	900	1500
40	Growth Hormone-Two Estimation	P-40	750	1250
41	HbA1c	P-41	150	300
42	HE-4	P-42	800	1200
43	Human Chorionic Gonadotropin – ( $\beta$ -HCG )	P-43	300	600
44	IgA	P-44	180	250
45	IgG	P-45	180	250
46	IgM	P-46	180	250
47	Immunofixation ( IFX )	P-47	3000	3500
48	Iron	P-48	110	220
49	LDH	P-49	110	220
50	Leutinizing Hormone (LH)	P-50	300	600
51	Light Chain Kappa	P-51	450	900
52	Light Chain Lambda	P-52	450	900
53	Lipase	P-53	150	250
54	Lipid Profile	P-54	150	200
55	Magnesium	P-55	110	220
56	Methotrexate (MTX ) Estimation	P-56	550	1100
57	Other Fluid -Biochemistry	P-57	60	100
58	Parathyroid hormone (PTH )	P-58	500	1000
59	Phosphorous	P-59	110	220
60	Pleural Fluid -Biochemisty	P-60	60	100
61	Prolactin (PRL)	P-61	300	600
62	Total Protein	P-62	40	70
63	Prostate Specific Antigen, Total (PSA )	P-63	300	600
64	Protein Electrophoresis (PEP)	P-64	350	450
65	SGOT / AST	P-65	60	110
66	SGPT /ALT	P-66	60	110
67	T3,T4,TSH ( TFT)	P-67	250	550
68	Testosterone (Testo)	P-68	300	600
69	Thyroglobulin ( TG )	P-69	350	800
70	TIBC / UIBC	P-70	110	220
71	Total Protein & A/G Ratio	P-71	80	120
72	Total T3	P-72	100	250
73	Total T4	P-73	100	250
74	Triglyceride	P-74	40	80
75	TSH	P-75	100	250
76	Uric Acid	P-76	90	170
77	Urinary B. J. Protein	P-77	50	80

78	Vitamin B12	P-78	350	500
79	Vitamin D Total	P-79	725	900
*	<b>Cytopathology</b>			
1	Brush Cytology	P-80	400	700
2	Cytology - Fluid (Pleural fluid, Peritoneal, Pericardial, Urine, CSF, other aspirated fluid, <b>BAL</b> )	P-81	120	200
3	Fluid Cytology - Fluid + CELL BLOCK	P-82	500	800
4	Sputum Cytology	P-83	150	300
5	Cytology slide review FNAC/FLUID/PAP - outside	P-84	800	1000
6	Cytology slide review PAP (Conventional / LBC) – outside ( <b>Pap Smear Slide for review</b> )	P-85	400	600
7	FNAC - CT guided	P-86	400	700
8	FNAC - USG guided	P-87	400	700
9	FNAC	P-88	400	700
10	FNAC- EUS guided	P-89	400	700
11	Pap smear (Conventional)	P-90	100	200
12	Pap smear (LBC)	P-91	450	600
13	Scrape- Cytology	P-92	400	700
14	Nipple discharge -Cytology	P-93	400	700
*	<b>Hematology</b>			
1	Acticated Partial Thromboplastin Time (APTT)	P-94	100	160
2	Ascitic Fluid –R/M	P-95	50	80
3	Bone marrow + Triphine Biopsy	P-96	1250	2500
4	Bone marrow- aspiration	P-97	600	1200
5	Bone Marrow –Slide Review	P-98	200	350
6	CSF R/M	P-99	50	80
7	D- Dimer	P-100	900	900
8	ESR - Manual method	P-101	30	60
9	Foetal HB - Haemoglobin (HBF)	P-102	110	220
10	Fibrinogen Degradation Test (FDP)- Qualitative	P-103	170	330
11	G6PD - Qualitative	P-104	110	220
12	HB-TC-PC-DC (Hemogram) / CBC	P-105	80	150
13	Iron (Perl) Stain	P-106	140	280
14	Lupus Erythematosus (L.E. Cell)	P-107	70	140
15	Manual DC	P-108	0	0
16	Osmotic fragility test , RBC fragility test	P-109	140	280
17	Other Fluid – R/M	P-110	50	80
18	Plasma Fibrinogen (Clauss Method)	P-111	250	500
20	Pleural Fluid –R/M	P-112	50	80
21	Prothrombin Time (PT)	P-113	70	140
22	PS for MP and Morphology – Peripheral Smear/MP	P-114	100	120

23	Reticulocytes Count (RC)	P-115	70	140
24	Sickling Test	P-116	60	110
25	Stool – R/M - Stool Examination	P-117	60	110
26	Sucrose Lysis Test (PNH screening test)	P-118	70	140
*	<b>Hematology</b>			
27	Triphine Bone Biopsy	P-119	700	1400
28	Urine Examination- R/M	P-120	50	100
*	<b>Histopathology</b>			
1	Biopsy - Small / Cell block ( 1 -2 Block )	P-121	500	800
2	Biopsy - USG / CT guided	P-122	500	800
3	Biopsy outside of Medicity	P-123	1200	1200
4	Frozen - additional per bits charge - Out side Medicity	P-124	500	500
5	Frozen Section & Histopathology in neurology surgery	P-125	1200	2000
6	Frozen section - In house of Medicity	P-126	1500	3000
7	Frozen section - Outside	P-127	2000	2000
8	Histopathology Slide / Block review outside	P-128	1000	1200
9	Operated Specimen- Major ( more than 10 Block 8)	P-129	1800	3000
10	Operated Specimen- Minor ( up to 10 blocks)	P-130	600	900
11	Specimen Reporting ( outside of Medicity )	P-131	2000	2000
<b><u>DEPARTMENT OF CANCER BIOLOGY</u></b>				
*	<b>Molecular Oncology Laboratory</b>			
<b>No.</b>	<b>Test Name</b>	<b>Code</b>	<b>General Price</b>	<b>Special Price</b>
1	M-BCR-ABL Fusion gene by Quantitative Real Time PCR	CB-1	3300	6600
2	m-BCR-ABL Fusion gene by Quantitative Real Time PCR	CB-2	3000	4000
3	PML-RARA Fusion gene by Quantitative Real Time PCR	CB-3	3000	4000
4	FLT-3 Mutation by PCR-RFLP	CB-4	3000	4000
5	JAK-2 (V617F) Mutation by RT-PCR	CB-5	5000	6000
6	C-Kit Mutation by Real Time PCR	CB-6	5000	6000
7	HPV 16 and HPV 18 genotyping by PCR	CB-7	1500	2000
*	<b>Clinical Carcinogenesis</b>			
1	IDH1/2 Mutations	CB-8	7000	9000
2	IDH1 R132H Mutation	CB-9	2500	3500
3	MGMT Methylation (O6 Methylguanine - DNA Methyltransferase)	CB-10	2500	3500
*	<b>Tumor Biology Laboratory</b>			
1	HLA A,B,DR (includes Procedures & Reporting)	CB-11	6000	8000
*	<b>Cytogenetics Laboratory</b>			
1	FISH Test 9-22	CB-12	3500	4000
2	FISH Test 8-21	CB-13	3500	4000

3	FISH Test 15-17	CB-14	3500	4000
4	FISH Test 12-21	CB-15	3500	4000
5	FISH Test 16-16/inv(16)	CB-16	3500	4000
6	FISH Test 11q/MLL Rearrangement	CB-17	3500	4000
7	FISH Test del7q	CB-18	3500	4000
8	FISH Test del5q	CB-19	3500	4000
9	FISH Test X-Y	CB-20	3500	4000
10	FISH Test HER-2 NEU	CB-21	6000	8000
11	Karyotyping Leuk Test	CB-22	2000	2500
*	<b>Stem Cell Biology Laboratory</b>			
1	EGFR Mutation analysis Test from FFPE/ cell free DNA sample [30 Mutations (Exon 18-21)]	CB-23	8000	9000
*	<b>Flow Cytometry</b>			
1	Acute Leukemia Panel	CB-24	5500	7500
2	Chronic Lymphoproliferative Disorder	CB-25	5500	7500
3	PNH by FLAER	CB-26	2000	3000
4	Stem cell Enumeration	CB-27	1100	1500
*	<b>Immunohistochemistry</b>			
1	ER-PR	CB-28	1250	1500
2	Her-2 neu	CB-29	625	800
3	ER, PR, Her-2 neu	CB-30	2000	2250
4	Lung Cancer Panel	CB-31	3125	3750
5	Metastasis of unknown origin (10 markers)	CB-32	5000	6000
6	Malignant round cell tumor (10 markers)	CB-33	5000	6000
7	Hodgkin's Disease	CB-34	3750	4500
8	Non-Hodgkin's Panel (10 markers)	CB-35	5000	6000
9	Five marker panel	CB-36	3125	3750
10	Single marker	CB-37	625	800



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

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

**BLOOD BANK – ROOM NO. 48**

SR	CODE	DETAIL	General Charge	Standard Charge
1	GR	BLOOD GROUPING	45	90
2		IRRADIATION CHARGES FOR BLOOD /COMPONENT FOR RED CROSS SOCIETY	415	415
3	B_TRANSFUS	BLOOD TRANSFUSION CROSS MATCH/BOTTL	90	170
4	COO	COOMB'S TEST	75	120
5	BLD_IRR	BLOOD IRRADIATION CHARGES (OUTDOOR PTS)	830	830
6	IRR_PCV	IRRADIATED PCV	700	1200
7	IRR_PLAT	IRRADIATED PLATELE	300	600
8	B_PCV	PCV (PACKED CELL VOLUME /WHOLE BLOOD	600	800
9	B_PLT_CON	PLATELET CONCENTRATE	200	300
10	B_FRZ_PLSM	FRESH FROZEN PLASMA	300	400
11	B_CRYO	CRYOPRECIPITATE	300	400
12	Apheresis	Apheresis Charges (Special Test)	8000	8000
12	SDP	Irradiated SDP	8200	8200
13	OSDP	Outside patients Irradiated SDP	10000	10000
14	Apheresis	Apheresis Charges with PAS	8400	8400
15	Irradiated SDP	Irradiated SDP with PAS	8600	8600

**PHYSIOTHERAPY**

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

**PROSTHESIS**

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

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

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

(updated 24 –January – 2022)

**C T SCAN – ROOM NO. 101**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	CT_PLAINWOC	CT SCAN PLAIN SINGLE REGION (W/O CONTRAST)	900	1800
2.	CT_PLAIN_IO	CT SCAN PLAIN+IONIC CONTRAST SINGLE REGION	2200	4400
3.	CT_PLAIN_NIO	CT SCAN PLAIN+NON IONIC CONTRAST (SINGLE REGION)	2200	4400
4.	CT_PLAIN2WOC	CT SCAN PLAIN ANY TWO REGION (W/O CONTRAST)	1700	3300
5.	CT_PLAIN_2REG	CT SCAN PLAIN+IONIC CONTRAST ANY TWO REGION	1700	3300
6.	CT_PLAIN_N2REG	CT SCAN PLAIN+NON IONIC CONTRAST ANY TWO REGION	2800	5500
7.	CT_PLAIN_N3REG	CT SCAN PLAIN+NON IONIC CONTRAST ANY THREE REGION	3900	7700
8.	CT_PLAIN_M3REG	CT SCAN PLAIN+IONIC CONTRAST MORE THAN THREE REG.	2800	5500
9.	CT_PLAIN_NM3REG	CT SCAN PLAIN+NON IONIC CONTRAST MORE THAN 3 REG.	5000	9900
10.	CT_ANG_NIO	CT ANGIOGRAPHY WITH NON IONIC CONTRAST	3300	6600
11.	CT Guided True cut Biopsy	CT GUIDED TRUE CUT BIOPSY	1600	3200
12.	CT_BX_NIO	CT GUIDED BIOPSY WITH NON IONIC CONTRAST	2200	4400
13.	CT_COEL	CT GUIDED COELIAC BLOCK	1400	2700
14.	CT_REVIEW	CT SCAN REVIEW REPORT	170	330
15.	CT_EMERG	EMERGENCY CT SCAN	2800	3300
16.	CT_EMERG_CON	EMERGENCY CT SCAN +NON IONIC CONTRAST	2800	5500
17.	CT_OUTSIDE_EM	OUT SIDE- EMERGENCY CT SCAN	3900	7700
18.	CT_RFA	CT GUIDED RFA (Lesion More than 4cm)	11000	22000
19.	CT_BONE_BX	CT GUIDED BONE BIOPSY	1400	2800
20.	PLAIN CT	PLAIN CT SCAN FOR RT PLANNING	700	1400
21.	PLAIN & CONTR	PLAIN & CONTRAST CT SCAN FOR RT PLANNING	1400	2800
22.	CT Guided FNAB & FNAC	CT Guided FNAC & FNAB	900	1800

**M.R.I. Centre**

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

**RADIOTHERAPY – Room No. 53 & 55**

SR	CODE	DETAIL	General Charge	Outside Patient Standard Charge & Special Category Charge
1	RT_BR_WGA	BRACHYTHERAPY WITH GA	1400	2800
2	RT_BR_WOGA	BRACHYTHERAPY WITHOUT GA	850	1700
3	RT_CTP	CT SCAN PLANNING	5500	11000
4	RT_CAST	RT + CAST+SIMULATOR (if required)	4400	8800
5	RT_SIMU	RT + SIMULATOR	4400	8800
6	RT_TPS	RT + TPS PLANNING	4400	8800
7	RT_CURATIV	RT CURATIVE	4400	8800
8	RT_PALLIAT	RT PALLIATIVE	2800	5500
9	RT_SIN_FRA	RT SINGLE FRACTION	1100	2200
10	RT_SRS	SRS *	75000	75000
11	RT_SRT	SRT *	85000	85000
12	RT_CTPSP	CT SCAN PLANNING + SPECIAL ORFIT CAST	6100	12100
13	RT_CASTSP	RT + SPECIAL ORFIT CAST	5500	11000
14	RT_SIMUSP	RT + SIMULATOR SPECIAL ORFIT CAST	5500	11000
15	RT_TPSSP	RT + TPS PLANNING + SPECIAL ORFIT CAST	5500	11000
16	RT_3DCRT	3-D CONFORMAL RADIOTHERAPY PACKAGE(Special Test)	28000	28000
17	RT_IMRT	INTENSITY MODULATED RADIOTHERAPY-PACKAGE*	39000	39000
18	RT_REIRR	REIRRADIATION CHARGE	2800	5500
19	RT_RETREAT	RETREATMENT CHARGE	2800	5500
20	IGRT	IGRT	55000	55000
21	Electron Cura	Electron Curative therapy	4400	8800
22	Electron Cura	Electron Curative therapy with ORFIT/CAST	5500	11000
23	Post op/Adjuv	Post op/Adjuvant therapy with Electrons	4400	8800
24	Post op/Adjuv	Post op/Adjuvant therapy with Electrons with ORFIT/CAST	5500	11000
25	Electron Pallia	Electron Palliative therapy	2800	5500
26	Boost with Elec	Boost with Electron/5-10 fraction	1100	2200
27	Boost with Elec	Boost with Electron/5-10 fraction >10 fractions	4400	8800
28	Photon Electron	Photon Electron combination/Adjuvant therapy	4400	8800
29	Acrylic cast	Acrylic cast (used in head & neck region)	500	1000
30	Thermo (orfit)	Thermoplastic material (orfit) for brain and Head and Neck	1100	2200
31	Thermo (orfit)	Thermoplastic material (orfit) for abdomen, chest & breast	1500	3000
32	IGRT with res	IGRT with Respiratory Gating	65000	65000
33	TOMO	TOMOTHERAPY	55000	55000
34	ART/ADAPT	ART/Adaptive Radiotherapy (Linac/Tomo)	65000	65000
35	EXTRACOR	EXTRACORPOREAL RADIOTHERAPY	28000	28000

**MICROBIOLOGY – Room No. 402**

Sr. No.	Test Code	Test Name	General Charges	Special Charges
1	BC_1	Blood Culture Peripheral Vein	1300	2000
2	BC_2	Blood Culture Central Catheter	1300	2000
3	BC_3R	Blood Culture Central Catheter (Red Lumen)	1300	2000
4	BC_3W	Blood Culture Central Catheter (White Lumen)	1300	2000
5	BC_3B	Blood Culture Central Catheter (Blue Lumen)	1300	2000
6	BC_3Y	Blood Culture Central Catheter (Yellow Lumen)	1300	2000
7	BC_4	Blood Culture Peripheral Vein & Central Catheter (Both)	2600	4000
8	FC_5	Fungal Culture (any Specimen)	700	900
9	NS_6	Nasopharyngeal swab C/S	1000	1500
10	SW_7	Sinus washings C/S	1000	1500
11	SBS_8	Surgical Biopsy Specimen C/S	1000	1500
12	SPP_9	Swab of posterior pharynx C/S	1000	1500
13	ST_10	Swab of Tonsils C/S	1000	1500
14	S_11	Sputum C/S	1000	1500
15	BS_12	(BAL) C/S	1000	1500
16	TS_13	Transtracheal Secretions C/S	1000	1500
17	LA/B_14	Lung aspirate/ Biopsy C/S	1000	1500
18	T_15	Tooth C/S	1000	1500
19	GDB_16	Gastric / Duodenal Biopsy (H. pylori)	100	150
20	StS_17	Stool Specimen C/S	1000	1500
21	RS_18	Rectal Swab C/S	1000	1500
22	U_19	Urine C/S	1000	1500
23	UC_20	Urine –Catheterized C/S	1000	1500
24	SAU_21	Suprapubic Aspiration of urine C/S	1000	1500
25	EPD_22	Eye- Purulent Discharge C/S	1000	1500
26	AD_23	Aspirate of Drainage C/S	1000	1500
27	DSPD_24	Deep swab of Purulent discharge C/S	1000	1500
28	POD_25	Post operative discharge C/S	1000	1500
29	FP_26	Frank Pus C/S	1000	1500
30	JA_27	Joint aspirate C/S	1000	1500
31	SB_28	Synovial Biopsy/Fluid C/S	1000	1500



32	BS_29	Bone specules C/S	1000	1500
33	US_30	Urethral swab C/S	1000	1500
34	PF_31	Pleural fluid C/S	1300	1800
35	AF_32	Ascitic fluid C/S	1300	1800
36	UCS_33	Uterine Cervix Swab material C/S	1000	1500
37	VS_34	Vaginal swab C/S	1000	1500
38	ET_35	Endotracheal Tube C/S	1000	1500
39	CT_36	Catheter tip C/S	1000	1500
40	TSTS_37	Tracheostomy Tube / Swab C/S	1000	1500
41	TM_38	Any Tissue Material C/S	1000	1500
42	CSF_39	Cerebrospinal fluid C/S	1300	1800
43	SOL_40	Aspirate from SOL C/S	1000	1500
44	BTM_41	Brain Tissue material C/S	1000	1500
45	Flurosent	Flurosent Stain Auromin (TB)	100	200
46	Calcoflour	Calcoflour (Fungus)	100	200
47	SARS_COVID	RTPCR TEST FOR SARS COVID – (FREE OF COST)	800	800
48	BC_1+MyF	Blood Culture Peripheral Vein (Bac_Fun)_BC fungus	2600	3000
49	BC_2a+MyF	Blood Culture Central Catheter (Bac_Fun)_BC Fungus	2600	3000
50	BC_2a+P_C_MyF	Blood Culture Peripheral + Central + Fungus	3900	4200

**Microscopy**

Sr. No.	Test Code	Test Name	General Charges	Special Charges
51	WP_42	Wet Preparation	100	150
52	WP_42a	KOH Preparation	100	150
53	GS_43	Gram's stain	100	150
54	ZN_44	ZN stain	100	150
55	TO_45	Toludine Blue 'O' stain (Pneumocystis Carinii)	100	150
56	S-OC_46	Stool for Ova/Cyst	150	200

**Serology**

Sr. No.	Test Code	Test Name	General Charges	Special Charges
57	HBs_47	HBsAg	60	120
58	HBsP_48	HBsAg Positive	60	120
59	HIV_49	HIV only	80	150
60	HIV-P_50	HIV Positive	350	350
61	HCV_52	HCV	70	130
62	HCV-P_53	HCV Positive	70	130
63	antiHBs_54	anti – HBs	220	300

64	<b>HBe_55</b>	HBeAg	250	300
65	<b>antiHBe_55a</b>	anti – HbeAg	250	300
66	<b>antiHBc_56</b>	anti – HBc	250	300
67	<b>CMV-IgG_57</b>	CMV – IgG	250	300
68	<b>CMV-IgM_57a</b>	CMV – IgM	250	300
69	<b>CRP_59</b>	C- Reactive Protein ( CRP )	50	150
70	<b>WT_62</b>	WIDAL Test	100	120
71	<b>BM_63</b>	β2 Microglobulin	400	500
72	<b>D-IgG/M_64</b>	DENGUE IGG/IGM	250	300
73	<b>MT_65</b>	MALARIA	100	150
74	<b>PCT_66</b>	Procalcitonin	1300	3000
75	<b>Chikungunya</b>	Chikungunya	250	300
76	<b>CMV_RT</b>	CMV Real Time PCR - Quantitative	2000	2250
77	<b>HBV_RT</b>	HBV DNA RT PCR - Quantitative	2000	2250
78	<b>HCV_RT</b>	HCV RNA RT PCT - Quantitative	2250	2500
79	<b>EBV_RT</b>	EBV DNA RT PCR - Quantitative	2000	2250
80	<b>HSV_RT</b>	HSV DNA RT PCR - Quantitative	2250	2500
81	<b>MICRO_BK</b>	BK POLYMYXO VIRUS	2500	2500
82	<b>CMV_RT</b>	CMV RT PCT – Qualitative	1000	1000
83	<b>CLOSTRIDIUM DI</b>	CLOSTRIDIUM DIFFICILE	1200	2400

**RATE CHARGE OF STOMA CLINIC DEPARTMENT**

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

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

**RADIOTHERAPY DEPT. - CHARGES OF DENTAL**

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

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

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

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

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

**LIST OF SPECIAL TEST**

<b>NAME OF TEST</b>	<b>Charges without Subsidy</b>
<b>Nuclear Medicine (Radio Isotope) Room no.52</b>	
I-131 Whole body scan (RISO_131)	2800
I-131 Therapy (10 mCi)	5000
I-131 Therapy (60 mCi)	6600
I-131 Therapy (80 mCi)	11000
I-131 Therapy (100 mCi)	13500
I-131 Therapy (150 mCi)	17000
SR-89 Therapy	66000
MIBG SCAN	9000
32P THERAPY	9000
MP1 (STRESS TEST)	5000
SAMERIUM-153 Therapy	10000
PET CT SCAN TEST - Rs.9900 <b>Gen. Category</b>	9900
PET CT SCAN TEST - Rs.9900 <b>Special Category</b>	9900
PET CT SCAN <b>REVIEW</b> Charge-	1000
PET CT <b>Guided biopsy</b> charge-	2500
PET CT Bone Scan	2000
Octreotide Scan charges	14000
Trodat Scan Gen. Category	13000
Trodat Scan Special Category	15000
<b>Blood Bank Room no.48</b>	
Apheresis charges (SDP)	8000
Irradiated SDP	8200
Outside patients Irradiated SDP	10000
<b>Radiotherapy Room no.53 &amp; 55</b>	
SRS	75000
SRT	85000
3D Conformal Radiotherapy Package	28000
Intensity Modulated Radiotherapy Package	39000
<b>Cell Biology Department Room no.302</b>	
Fish Test Multiplex	11000
<i>Karyo Leuk Test -Outside Patient</i>	2500
<b>MicroBiology Department Room no.402</b>	
<i>Blood Culture</i>	1100
<i>Blood Routine Culture</i>	900



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

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

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