



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

पत्रांक संख्या: ३६८/८८८-८८८/१८

दिनांक: २८ / ०२ / २०१८

सेवा में,

इंचार्ज,
आई०टी० सेल,
के०जी०एम०यू०, लखनऊ।



महोदय,

कृपया इस पत्र के साथ संलग्न हॉस्पिटल चार्जेज रिव्यू कमेटी एवं मा० कुलपति जी द्वारा अनुमोदित चिकित्सालय के विभिन्न विभागों में होने वाली जॉर्चों/प्रक्रियाओं की "One Hospital One Rate" के आधार पर तैयार सूची ई०-हॉस्पिटल, सॉफ्टवेयर में अपलोड करने हेतु प्रेषित की जा रही है।

कृपया अग्रिम आवश्यक कार्यवाही करना सुनिश्चित करें।

संलग्नक: यथोक्त।

भव दी य,

(प्रो० एस०एन० संखवार)
मुख्य चिकित्सा अधीक्षक

or

S.No	Test Name	Department	General Patient	Private Ward	SGPGIMS Rate
49	D.L.C	Pathology	20.00	25.00	N/A
50	D-dimer	Pathology	500.00	600.00	330.00
51	Digoxin	Pathology	600.00	800.00	N/A
52	E.S.R	Pathology	15.00	30.00	N/A
53	E.S.R (Automatic)	Pathology	40.00	45.00	35.00
54	Electron Microscopy SEM with imaging	Pathology	1200.00	1800.00	N/A
55	Electron Microscopy TEM with imaging	Pathology	1800.00	2700.00	N/A
56	ELISA Neurocysticercosis	Pathology	200.00	300.00	N/A
57	ENA	Pathology	1900.00	1900.00	N/A
58	Estradiol	Pathology	350.00	350.00	385.00
59	F.N.A.C.	Pathology	150.00	200.00	N/A
60	Factor Assays	Pathology	1200.00	1200.00	1650.00
61	FDP	Pathology	500.00	600.00	N/A
62	Fetal Hemoglobin	Pathology	75.00	120.00	N/A
63	Fibrinogen	Pathology	100.00	150.00	140.00
64	Flow Cytometry (Specific Single Marker Test)	Pathology	500.00	800.00	N/A
65	Flow Cytometry (Acute Leukemia Panel)	Pathology	4500.00	5000.00	7200.00
66	Flow Cytometry (CLPD Panel)	Pathology	5000.00	6000.00	6000.00
67	Flow Cytometry (PNH Panel)	Pathology	2500.00	3000.00	N/A
68	Folic Acid	Pathology	400.00	500.00	N/A
69	Frozen Section	Pathology	400.00	500.00	N/A
70	FT3	Pathology	130.00	200.00	N/A
71	FT4	Pathology	130.00	200.00	N/A
72	G6PD (Screening)	Pathology	100.00	200.00	N/A
73	Gastrin I	Pathology	600.00	800.00	N/A
74	Glucose Tolerance Test	Pathology	80.00	100.00	N/A
75	Glycosylated Hemoglobin (HbA1c)	Pathology	400.00	500.00	250.00
76	Hb Electrophoresis (Capillary)	Pathology	1000.00	1200.00	N/A
77	Hb Separation & Quantification By HPLC (HbA2, HbF)	Pathology	600.00	700.00	440.00
78	HDL Cholesterol	Pathology	55.00	75.00	55.00
79	Hemoglobin	Pathology	20.00	25.00	20.00
80	Histological examination (Biopsy)	Pathology	100.00	200.00	N/A
81	Homocysteine	Pathology	800.00	1000.00	N/A
82	IgA	Pathology	300.00	400.00	N/A
83	IgG	Pathology	300.00	400.00	N/A
84	IgM	Pathology	300.00	400.00	N/A
85	ImmunoFluorescence full panel	Pathology	1000.00	1500.00	1100.00
86	ImmunoHistoChemistry (CD Marker) (Each Marker)	Pathology	1000.00	1500.00	1100.00
87	ImmunoTyping for IgG, IgM, Light & Heavy Chain	Pathology	2000.00	2500.00	N/A
88	Insulin	Pathology	300.00	400.00	300.00
89	Issue of Cytology (Per Slide)	Pathology	100.00	150.00	N/A
90	Issue of Histology (Per Slide)	Pathology	100.00	150.00	N/A
91	L.L. Count (Hb. TLC, DLC, Platelets)	Pathology	80.00	150.00	N/A

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V.A.

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S.No	Test Name	Department	General Patient	Private Ward	SGPGIMS Rate
	LBC (Liquid Based Cytology) BD Surepath System				
92	Gynae / Non Gynae Cytology	Pathology	350.00	500.00	N/A
93	Lithium	Pathology	100.00	150.00	N/A
94	LKM-1	Pathology	970.00	1200.00	N/A
95	Metanephrine, Urinary/Serum	Pathology	1000.00	1200.00	N/A
96	Microglobulin Beta 2	Pathology	500.00	800.00	N/A
97	Mixing study for coagulation disorder	Pathology	200.00	300.00	N/A
98	MPO	Pathology	970.00	1200.00	N/A
99	Nor Metanephrine, Urinary/Serum	Pathology	1000.00	1200.00	N/A
100	Osmotic Fragility test	Pathology	250.00	300.00	N/A
101	Osteocalcin	Pathology	700.00	900.00	N/A
102	Packed cell volume (PCV)	Pathology	20.00	30.00	N/A
103	Peripheral Blood Smear	Pathology	20.00	40.00	N/A
104	Perl's Stain for Bone Marrow Iron	Pathology	50.00	100.00	N/A
105	Plasma Fibrinogen	Pathology	100.00	200.00	140.00
106	Plasma Renin	Pathology	900.00	1200.00	N/A
107	Platelet Count	Pathology	25.00	30.00	N/A
108	Platelet Function Test (Full range including aggregation studies)	Pathology	1500.00	1500.00	N/A
109	Potassium (K)	Pathology	35.00	50.00	
110	PR3	Pathology	970.00	1200.00	N/A
111	Progesterone	Pathology	320.00	500.00	440.00
112	Protein C	Pathology	1200.00	1200.00	N/A
113	Protein S	Pathology	1200.00	1200.00	N/A
114	Prothombin Time / I.N.R (Automatic)	Pathology	100.00	200.00	N/A
115	PTH	Pathology	700.00	900.00	N/A
116	Renal Biopsy with special stains	Pathology	400.00	600.00	N/A
117	Reticulin Stain	Pathology	100.00	200.00	N/A
118	Reticulocyte Count with CBC (5 part cell counter)	Pathology	150.00	225.00	N/A
119	Reticulocyte Count Manual	Pathology	20.00	30.00	20.00
120	Review of Cytology (per case)	Pathology	200.00	200.00	N/A
121	Review of Histology (per case)	Pathology	400.00	400.00	N/A
122	Review of Renal Biopsy with Special Stains	Pathology	400.00	600.00	N/A
123	RF (Rheumatoid Factor)	Pathology	210.00	300.00	N/A
124	Rh Anti body titre	Pathology	75.00	115.00	110.00
125	Semen Examination	Pathology	55.00	75.00	55.00
126	Serum Alfa Feto Protein	Pathology	300.00	500.00	605.00
127	Serum Alkaline Phosphatase	Pathology	30.00	45.00	35.00
128	Serum AMH	Pathology	500.00	700.00	N/A
129	Serum Amylase	Pathology	250.00	325.00	35.00
130	Serum Bilirubin T/D	Pathology	35.00	45.00	35.00
131	Serum Calcium	Pathology	35.00	45.00	
132	Serum Carbamazepine	Pathology	500.00	700.00	N/A
133	Serum Cholesterol	Pathology	35.00	55.00	55.00
134	Serum Cortisol	Pathology	300.00	350.00	N/A
135	Serum CPK	Pathology	200.00	300.00	55.00
136	Serum Creatinine	Pathology	40.00	45.00	

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S.No	Test Name	Department	General Patient	Private Ward	SGPGIMS Rate
137	Serum Electrolyte (Na, K, Ca)	Pathology	105.00	130.00	
138	Serum Ferritin (By Chemi)	Pathology	350.00	450.00	385.00
139	Serum Free PSA	Pathology	450.00	500.00	500.00
140	Serum Free Testosterone	Pathology	350.00	400.00	N/A
141	Serum FSH	Pathology	200.00	300.00	N/A
142	Serum He4	Pathology	2000.00	2500.00	N/A
143	Serum Immunofixation % Quantification of M Band	Pathology	1000.00	1200.00	N/A
144	Serum Iron & TIBC	Pathology	150.00	190.00	N/A
145	Serum LDH	Pathology	150.00	190.00	35.00
146	Serum LH	Pathology	200.00	300.00	275.00
147	Serum Lipase	Pathology	250.00	300.00	85.00
148	Serum Lipid profile	Pathology	280.00	300.00	145.00
149	Serum Magnesium	Pathology	55.00	120.00	55.00
150	Serum MPO-ELISA	Pathology	600.00	700.00	N/A
151	Serum Phenobarbitol (Phenytoin)	Pathology	500.00	700.00	N/A
152	Serum Phenytoin	Pathology	600.00	800.00	N/A
153	Serum Phosphorus	Pathology	35.00	75.00	35.00
154	Serum Prolactin (PRL)	Pathology	250.00	350.00	385.00
155	Serum Sodium	Pathology	35.00	45.00	35.00
156	Serum Testosterone	Pathology	250.00	300.00	N/A
157	Serum TPO	Pathology	500.00	700.00	N/A
158	Serum Triglycerides	Pathology	55.00	80.00	55.00
159	Serum TSH	Pathology	130.00	190.00	275.00
160	Serum Uric Acid	Pathology	30.00	45.00	35.00
161	Serum Valproic acid	Pathology	500.00	700.00	N/A
162	Urine , Creatnine	Pathology	40.00	45.00	55.00
163	SGOT	Pathology	35.00	55.00	35.00
164	SGPT	Pathology	35.00	55.00	35.00
165	Sickling Test	Pathology	50.00	60.00	55.00
166	Sucrose Lysis Test	Pathology	250.00	500.00	N/A
167	T.L.C	Pathology	15.00	25.00	35.00
168	T.P.S.A.	Pathology	300.00	400.00	N/A
169	T3	Pathology	130.00	190.00	165.00
170	T3, T4, TSH	Pathology	320.00	340.00	360.00
171	T4	Pathology	130.00	190.00	165.00
172	Total Protein with A.G. Ratio	Pathology	45.00	70.00	N/A
173	Total R.B.C Count	Pathology	20.00	25.00	35.00
174	tTG IgA	Pathology	775.00	900.00	N/A
175	Urinary Osmolality test	Pathology	140.00	200.00	140.00
176	Urine Calcium	Pathology	35.00	45.00	
177	Urine Chyle	Pathology	20.00	50.00	N/A
178	Urine Examination (Microscopy)	Pathology	15.00	25.00	35.00
179	Urine for Albumin & Sugar	Pathology	40.00	45.00	N/A
180	Urine Micro Albumin	Pathology	220.00	250.00	220.00
181	Urine Quantitative (Automated)	Pathology	50.00	75.00	N/A
182	Vaginal Cytology (PAP Smear)	Pathology	100.00	150.00	220.00
183	Vitamin B12	Pathology	550.00	750.00	330.00
184	Vitamin D (1,25 DOH)	Pathology	1400.00	1500.00	N/A

S.No	Test Name	Department	General Patient	Private Ward	SGPGIMS Rate
185	Vitamin D (25 OH)	Pathology	880.00	900.00	N/A
186	Serum Albumin	Pathology	15.00	30.00	
187	Viral Marker (Rapid Test for screening HCV, HbsAg, HIV)	Pathology	200.00	200.00	
Department of Rheumatology					
1	HLA B 27 (FACS)	Rheumatology	1500.00	2000	1100.00
2	ANA(Hep2)	Rheumatology	400.00	750	N/A
Department of Biochemistry					
1	hs Troponin i	Biochemistry	400.00		N/A
2	BNP	Biochemistry	850.00		N/A
3	CK-MB	Biochemistry	200.00		80.00
4	IgE	Biochemistry	250.00		330.00
Department of Trauma (ROCHE Machine) Not done by POCT					
1	Trop-T	Trauma	360.00		N/A
2	Pro-BNP	Trauma	850.00		N/A

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S.No	Test Name	Department	General Patient	Private Ward	SGPGIMS Rate
1	Anti Brucella IgG antibodies	Microbiology	1000	1000	
2	Anti Brucella IgM antibodies	Microbiology	1000	1000	
3	Anti Chikungunya Virus IgM Antibodies (Anti ChikV IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
4	Anti Cytomegalovirus IgG Antibodies (Anti CMV IgG)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
5	Anti Cytomegalovirus IgM Antibodies (Anti CMV IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
6	Anti Dengue Virus IgM	Microbiology	0 (DHR)	0 (DHR)	
7	Anti Epstein Barr Virus IgM Antibodies (Anti EBV IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
8	Anti HCV Total antibodies (Chemiluminescent)	Microbiology	400	400	N/A
9	Anti HCV Total antibodies by ELISA	Microbiology	200	200	
10	Anti Hepatitis A Virus IgM Antibodies (Anti HAV IgM) (ELISA)	Microbiology	0 (DHR)	0 (DHR)	
11	Anti Hepatitis B Core Antigen IgM (Anti HBc IgM)	Microbiology	300	300	
12	Anti Hepatitis B Surface Antigen (Anti HbsAg)	Microbiology	300	300	
13	Anti Hepatitis D Virus IgM Antibodies (Anti HDV IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
14	Anti Hepatitis E Virus IgM Antibodies (Anti HEV IgM) (ELISA)	Microbiology	0 (DHR)	0 (DHR)	
15	Anti Herpes Simplex IgM Antibodies (Anti HSV IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
16	Anti HIV antibodies	Microbiology	0 (NACO)	0 (NACO)	N/A
17	Anti Human Parvovirus B19 IgG Antibodies (Anti B19V IgG)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
18	Anti Human Parvovirus B19 IgM Antibodies (Anti B19V IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
19	Anti Japanese Encephalitis Virus IgM	Microbiology	0 (DHR)	0 (DHR)	
20	Anti Leptospira IgM by ELISA	Microbiology	500	500	
21	Anti Measles Virus IgG Antibodies (Anti Measles IgG)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
22	Anti Measles Virus IgM Antibodies (Anti Measles IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
23	Anti Mumps Virus IgG Antibodies (Anti Mumps IgG)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
24	Anti Mumps Virus IgM Antibodies (Anti Mumps IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
25	Anti Rubella Virus IgM Antibodies (Anti Rubella IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
26	Anti Scrub typhus IgM by ELISA	Microbiology	500	500	
27	Anti Varicella Zoster Virus IgG Antibodies (Anti VZV IgG)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
28	Anti Varicella Zoster Virus IgM Antibodies (Anti VZV IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
29	Anti West Nile Virus IgM Antibodies (Anti WNV IgM)(ELISA)	Microbiology	0 (DHR)	0 (DHR)	
30	ASO Titre	Microbiology	100	100	N/A

S.No	Test Name	Department	General Patient	Private Ward	SGPGIMS Rate
31	BAL C/S Bacterial (Automated ID/MIC)	Microbiology	1000	1000	
32	BAL C/S Fungal Yeast (Automated ID/MIC)	Microbiology	1000	1000	
33	Blood C/S (Aerobic & Anaerobic)(Automated ID/MIC)	Microbiology	1200	1200	
34	Blood C/S (Aerobic) Manual ID/AST	Microbiology	400	400	
35	Blood Culture (Automated with ID/MIC-Yeast (Fungal)	Microbiology	1200	1200	
36	Blood Culture for Filamentous Fungi (Manual)	Microbiology	400	400	
37	Body fluids C/S Bacterial (Sterile sites)(Automated ID/AST with MIC)	Microbiology	1200	1200	
38	Body Fluids C/S Fungal	Microbiology	400	400	
39	Body fluids C/S Fungal (Automated ID/AST)	Microbiology	1200	1200	
40	CBNAAT for MTB (Gene Xpert)	Microbiology	0 (RNTCP)	0 (RNTCP)	
41	CD4 absolute count	Microbiology	0 (NACO)	0 (NACO)	
42	Cervical Swab - DFA for Chlamydia trachomatis	Microbiology	0 (UPSACS)	0 (UPSACS)	
43	Cervical Swab - Gram Staining & Gonococcus Bacterial C/S	Microbiology	0 (UPSACS)	0 (UPSACS)	
44	Conjunctival Smear Examination	Microbiology	50	50	
45	Conventional PCR For Astrovirus	Microbiology	0 (DHR)	0 (DHR)	
46	Conventional PCR For Cytomegalovirus	Microbiology	0 (DHR)	0 (DHR)	
47	Conventional PCR For Norovirus	Microbiology	0 (DHR)	0 (DHR)	
48	Conventional PCR For Rotavirus	Microbiology	0 (DHR)	0 (DHR)	
49	CRP (Qualitative)	Microbiology	100	100	
50	CRP (Quantitative)	Microbiology	300	300	165
51	Cryptococcal antigen lateral flow (Rapid)	Microbiology	500	500	
52	Cryptosporidium stool antigen ELISA	Microbiology	550	550	
53	CSF C/S (Aerobic Bacterial)- Manual ID/AST	Microbiology	400	400	
54	CSF C/S Bacterial (Automated ID/AST/MIC)	Microbiology	1200	1200	
55	CSF C/S Fungal (Automated ID/AST/MIC)-Yeast	Microbiology	1000	1000	
56	CVP Line C/S Bacterial (Automated ID/AST/MIC)	Microbiology	1000	1000	
57	Cysticercosis IgM ELISA	Microbiology	550	550	
58	Dengue Virus NS1Ag	Microbiology	0 (DHR)	0 (DHR)	
59	Echinococcus IgG ELISA	Microbiology	550	550	550
60	Entamoeba histolytica antigen ELISA	Microbiology	550	550	
61	Entamoeba histolytica IgG ELISA	Microbiology	550	550	
62	Entamoeba histolytica IgM ELISA	Microbiology	550	550	
63	Filaria antigen (Rapid)	Microbiology	650	650	
64	Galactomannan ELISA	Microbiology	1300	1300	
65	Genotype For Hepatitis B Virus	Microbiology	3000	3000	
66	Genotype For Hepatitis C Virus	Microbiology	3000	3000	
67	HBeAb ELISA	Microbiology	300	300	
68	HBeAg ELISA	Microbiology	300	300	N/A
69	HBsAg (Chemiluminescent)	Microbiology	200	200	
70	HBsAg ELISA	Microbiology	150	150	N/A
71	Immunofluorescence for Pneumocystis	Microbiology	2200	2200	
72	Leishmania antigen (Rapid)	Microbiology	400	400	
73	Line Probe Assay for MTB (First line drugs)	Microbiology	0 (RNTCP)	0 (RNTCP)	

S.No	Test Name	Department	General Patient	Private Ward	SGPGIMS Rate
74	Microscopy for Malarial Parasite	Microbiology	50	50	
75	Microscopy For Microfilaria	Microbiology	50	50	
76	Microscopy for Parasite	Microbiology	50	50	
77	Microscopy Stool (Routine)	Microbiology	45	50	45
78	Microscopy Stool for opportunistic parasites	Microbiology	150	150	
79	Pertussis IgG ELISA	Microbiology	0 (WHO)	0 (WHO)	
80	Procalcitonin (Quantitative)	Microbiology	1100	1200	1100
81	Procalcitonin (Rapid)	Microbiology	800	800	
82	Pus / Swab C/S (Aerobic) Manual ID/AST	Microbiology	300	300	
83	Pus C/S Bacterial (Automated ID/AST/MIC)	Microbiology	1000	1000	
84	Pus C/S Fungal	Microbiology	200	200	
85	Pus Culture (Anaerobic)	Microbiology	1000	1000	
86	RAPID Immunochromatographic Assay for Dengue Virus	Microbiology	600	600	
87	Rapid Malaria Test (HRP-2 based)	Microbiology	300	300	
88	Rapid Malaria Test (p-LDH based)	Microbiology	350	350	
89	Real Time PCR with viral load estimation For Hepatitis	Microbiology	2000	2000	
90	Real Time PCR For Bocavirus	Microbiology	0 (DHR)	0 (DHR)	
91	Real Time PCR For Dengue Virus	Microbiology	0 (DHR)	0 (DHR)	
92	Real Time PCR For Enterovirus	Microbiology	0 (DHR)	0 (DHR)	
93	Real Time PCR For Hepatitis B Virus (Qualitative)	Microbiology	1500	1500	
94	Real Time PCR For Hepatitis B Virus + Hepatitis C Virus (Quantitative)	Microbiology	3000	3000	
95	Real Time PCR For Hepatitis C Virus (Qualitative)	Microbiology	1500	1500	
96	Real Time PCR For Herpes Simplex 1 Virus	Microbiology	0 (DHR)	0 (DHR)	
97	Real Time PCR For Herpes Simplex 2 Virus	Microbiology	0 (DHR)	0 (DHR)	
98	Real Time PCR For Human Adenovirus	Microbiology	0 (DHR)	0 (DHR)	
99	Real Time PCR For Human Metapneumovirus	Microbiology	0 (DHR)	0 (DHR)	
100	Real Time PCR For Human Parvovirus B19	Microbiology	0 (DHR)	0 (DHR)	
101	Real Time PCR For Influenza A Virus	Microbiology	0 (DHR)	0 (DHR)	
102	Real Time PCR For Influenza A Virus (subtype H1N1)	Microbiology	0 (DHR)	0 (DHR)	
103	Real Time PCR For Influenza A Virus (subtype H3N2)	Microbiology	0 (DHR)	0 (DHR)	
104	Real Time PCR For Influenza B Virus	Microbiology	0 (DHR)	0 (DHR)	
105	Real Time PCR For Japanese Encephalitis Virus	Microbiology	0 (DHR)	0 (DHR)	
106	Real Time PCR For Measles Virus	Microbiology	0 (DHR)	0 (DHR)	
107	Real Time PCR For Parainfluenza Virus 1,2,3,4	Microbiology	0 (DHR)	0 (DHR)	
108	Real Time PCR For Respiratory Syncytial Virus	Microbiology	0 (DHR)	0 (DHR)	
109	Real Time PCR for Scrub typhus	Microbiology	1500	1500	
110	Real Time PCR For Varicella Zoster Virus	Microbiology	0 (DHR)	0 (DHR)	
111	Real Time PCR with Viral Load estimation For Hepatitis	Microbiology	2000	2000	
112	Rheumatoid Factor (Latex Agglutination)	Microbiology	100	100	N/A
113	Rotavirus Antigen in Stool by ELISA	Microbiology	0 (DHR)	0 (DHR)	
114	RPR (Rapid Plasma Reagin) Test	Microbiology	50	50	
115	Salmonella Typhi IgM by Typhidot	Microbiology	300	300	
116	Skin/Nail C/S Fungal	Microbiology	250	250	

S.No	Test Name	Department	General Patient	Private Ward	SGPGIMS Rate
117	Smear for AFB	Microbiology	0 (RNTCP)	0 (RNTCP)	
118	Smear for Fungus (KOH Mount)	Microbiology	50	50	
119	Smear for Gram stain	Microbiology	50	50	
120	Smear For Lepra Bacilli	Microbiology	150	150	
121	Sputum C/S Bacterial (Automated ID/AST/MIC)	Microbiology	1000	1000	
122	Sputum for AFB	Microbiology	0 (RNTCP)	0 (RNTCP)	
123	Sputum for Fungal C/S	Microbiology	200	200	
124	Sputum for opportunistic parasite	Microbiology	200	200	
125	Stool Antigen for Giardia (ELISA)	Microbiology	650	650	
126	Stool C/S (Aerobic- Bacterial)- Manual ID/AST	Microbiology	200	200	
127	Stool C/S Bacterial (Automated ID/AST with MIC)	Microbiology	1000	1000	
128	Stool C/S Fungal	Microbiology	200	200	
129	Stool for Occult Blood- Rapid Test	Microbiology	150	150	135
130	TB Liquid Culture and Drug Susceptibility Test (First	Microbiology	0 (RNTCP)	0 (RNTCP)	
131	TB Liquid Culture and Drug Susceptibility Test (Second line drugs)	Microbiology	0 (RNTCP)	0 (RNTCP)	
132	TB Solid Culture and Drug Susceptibility Test (First line	Microbiology	0 (RNTCP)	0 (RNTCP)	
133	Throat swab (Automated with ID/AST/MIC) -Yeast (Fungal)	Microbiology	1000	1000	
134	Throat Swab C/S Aerobic Bacterial- (Manual ID/ AST)	Microbiology	200	200	
135	Throat swab C/S Bacterial (Automated ID/AST/MIC)	Microbiology	1000	1000	
136	Throat swab Culture Diphtheria	Microbiology	0 (WHO)	0 (WHO)	
137	Throat Swab Smear/Nasal Smear Examination for Diphtheria	Microbiology	50	50	
138	Tissue C/S Bacterial (Automated ID/AST/MIC)	Microbiology	1000	1000	
139	Tissue C/S Fungal (Manual)	Microbiology	200	200	
140	Toxoplasma IgG by ELISA	Microbiology	300	300	275
141	TPHA	Microbiology	200	200	
142	Tzank Smear for Inclusion Bodies	Microbiology	50	50	110
143	Urethral Discharge- Gram Staining & Gonococcus	Microbiology	0 (UPSACS)	0 (UPSACS)	
144	Urine C/S Bacterial (Automated ID/AST/MIC)	Microbiology	1000	1000	
145	Urine C/S Bacterial Aerobic (Manual ID/AST)	Microbiology	200	200	N/A
146	Urine C/S Fungal	Microbiology	200	200	
147	Urine C/S Fungal (Automated ID/AST)	Microbiology	1000	1000	
148	Vaginal Smear Microscopy (Candida)	Microbiology	0 (UPSACS)	0 (UPSACS)	
149	Vaginal Swab C/S (Automated ID/AST with MIC) (Bacterial)	Microbiology	1000	1000	
150	Vaginal Swab C/S (Trichomonas vaginalis)	Microbiology	0 (UPSACS)	0 (UPSACS)	
151	Vaginal swab C/S Fungal	Microbiology	200	200	
152	Vaginal swab Culture for Trichomonas vaginalis	Microbiology	0 (UPSACS)	0 (UPSACS)	
153	Vaginal Swab Microscopy (Bacterial Vaginosis)	Microbiology	0 (UPSACS)	0 (UPSACS)	
154	Vaginal Swab Wet Mount (Trichomonas vaginalis)	Microbiology	0 (UPSACS)	0 (UPSACS)	
155	VDRL Test	Microbiology	50	50	80
156	Weil Felix Test	Microbiology	100	100	
157	Widal Test	Microbiology	100	100	110

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1	For Spinal Tap	Anaesthesia	100	NA	N/A
2	Intra Articular Joint Block/Epidural	Anaesthesia	200	NA	N/A
3	Major Surgical Procedure	Anaesthesia	200	400	N/A
4	Minor Surgical Procedure	Anaesthesia	100	200	N/A
5	Nucleotomy R.F/Disectomy(Lumbae & Cervical)/Major Joint Block Etc	Anaesthesia	500	NA	N/A
6	Pain Relief Procedure	Anaesthesia	500	NA	N/A
7	Ryle's Tube Insertion	Anaesthesia	200	200	N/A
8	Tens/TPI/Diathermy Etc	Anaesthesia	100	NA	N/A
9	Angiography	Cardiology	1600	N/A	1680.00
10	Angioplasty	Cardiology	3300	NA	3300.00
11	BMV	Cardiology	3300	NA	3300.00
12	Device Closures ASD	Cardiology	3600		N/A
13	Device Closures PDA	Cardiology	3300		N/A
14	ECG	Cardiology	80	120	N/A
15	Echocardiography	Cardiology	500	NA	N/A
16	Holter Monitoring	Cardiology	600	NA	600.00
17	ICCU Bed	Cardiology	1000	NA	N/A
18	New Block ICCU Bed	Cardiology	1000	NA	N/A
19	New Private Room	Cardiology	NA	1800	N/A
20	Oxygen charges	Cardiology	200	NA	N/A
21	Pacemaker (Temporary)	Cardiology	1540	NA	N/A
22	Pacemaker Checking	Cardiology	200	NA	N/A
23	Pacemaker Implantation (Permanent)	Cardiology	3300	NA	3300.00
24	Private Room (cabin)	Cardiology	NA	1500	N/A
25	RFA	Cardiology	3300	NA	3300.00
26	Treadmill Stress Test (TMT)	Cardiology	500	1500	N/A
27	Ventilator	Cardiology	1000	NA	N/A
28	Central Line Access	Clinical Hematology	300	500	N/A
29	Fluid Aspiration Pleural / Ascitic	Clinical Hematology	100		N/A
30	Lumbar Puncture	Clinical Hematology	100		N/A
31	Alginate Impression	Conservative Dentistry	50	NA	N/A
32	Bleaching	Conservative Dentistry	500	NA	N/A
33	Cast Post / Aesthetic Post	Conservative Dentistry	500	NA	N/A
34	Crown J C Acrylic	Conservative Dentistry	300	300	N/A
35	Direct Composite Veneer	Conservative Dentistry	500	NA	N/A
36	Filling (Glass Ionomer Cement)	Conservative Dentistry	100	NA	N/A
37	Filling (Silver Amalgam Alloy)	Conservative Dentistry	100	NA	N/A
38	Full Cast Crown (Inclusive of NP Metal)	Conservative Dentistry	600	NA	N/A
39	Inlay/Onlay (Excluding Metal Charges)	Conservative Dentistry	400	NA	N/A
40	Laser Treatment Per Sitting	Conservative Dentistry	300	NA	N/A
41	Light Cure Filling Per Teeth	Conservative Dentistry	250	NA	N/A
42	Materials Like Hydroxyapatite Bone Graft	Conservative Dentistry	500	NA	N/A
43	Night Guard / Surgical plate	Conservative Dentistry	300	NA	N/A

Prof. Dr. ...

KGMU Hospital Rate List

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S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
44	Periapical Surgery	Conservative Dentistry	500	NA	N/A
45	Periapical Surgery with MTA	Conservative Dentistry	1500	NA	N/A
46	Radisectomy / Hemisection	Conservative Dentistry	400	NA	N/A
47	Reimplatation Endodontic Surgery	Conservative Dentistry	300	NA	N/A
48	Root Canal Treatment with Restoration	Conservative Dentistry	300	NA	N/A
49	Rubber Base Impression	Conservative Dentistry	150	NA	N/A
50	Temporary Restoration (Poly Carb+Dycal)	Conservative Dentistry	50	NA	N/A
51	Vitapex RC Dressing	Conservative Dentistry	150	NA	N/A
52	Xray IOPA Dental	Conservative Dentistry	50	NA	N/A
53	Bronchoscopy	Critical Care Medicine	500	1000	750.00
54	CCU bed charge / Ventilator	Critical Care Medicine	1000	ICU	N/A
55	Central Line Access	Critical Care Medicine	300	500	N/A
56	Doppler Screening Arterial/ Venous	Critical Care Medicine	250	ICU	N/A
57	ECG	Critical Care Medicine	80	120	N/A
58	Echocardiography	Critical Care Medicine	500	ICU	N/A
59	Fluid Aspiration Pleural / Ascitic	Critical Care Medicine	100	ICU	N/A
60	ICD Insertion / Pigtail Insertion	Critical Care Medicine	200	500	N/A
61	Lumbar Puncture	Critical Care Medicine	100	ICU	N/A
62	Oral/Nasotracheal Tube Insertion	Critical Care Medicine	50	ICU	N/A
63	Plasmapheresis (per session)	Critical Care Medicine	1000	ICU	N/A
64	Sledd Per Session	Critical Care Medicine	1000	ICU	N/A
65	Tracheostomy	Critical Care Medicine	750	1000	750
66	USG Abdomen Screening	Critical Care Medicine	150	ICU	N/A
67	USG Lung	Critical Care Medicine	250	ICU	N/A
68	Bental Procedure / Aortic Aneurysm (incl Rs.1000 ICU)	CTVS	3500	NA	7500
69	Blood Group	CTVS	40	30	55.00
70	Cervical Rib/Carotid body tumor/Carotid Endarterectomy (incl Rs.1000 ICU)	CTVS	6000	NA	6000
71	CMV (incl Rs.1000 ICU)	CTVS	4500	NA	3750.00
72	Coronary Artery Bypass Grafting (CABG) (incl Rs.1000 ICU)	CTVS	8000	NA	7500.00
73	Double Valve Replacement	CTVS	8500	N/A	7500.00
74	ECG	CTVS	80	120	N/A
75	Open Heart Surgery ASD/VSD/RSOV/LA Myxoma/Post MI VSR/Tof/Other (incl Rs.1000 ICU)	CTVS	8000	9000	7500
76	PDA Ligation (incl Rs.1000 ICU)	CTVS	4000	NA	N/A
77	Pericardiectomy/Pericardial Window (incl Rs.1000 ICU)	CTVS	4000	3000	N/A
78	PT/PC/INR	CTVS	100	200	N/A
79	Single VALVE Replacement (MVR) (incl Rs.1000 ICU)	CTVS	8000	NA	7500
80	Surgery For VaricoseVein / AV Fistula /Embolectomy /PseudoAneurysm (incl Rs.1000 ICU)	CTVS	3000	NA	3750.00
81	Thoracotomy (For all lung procedure) (incl Rs.1000 ICU)	CTVS	4000	5000	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
82	Vascular Procedure/Fem Pop Bypass/Fem-Fem Bypass/Aorto By Femoral (incl Rs.1000 ICU)	CTVS	6000	NA	6000
83	Balance Evaluation	DPMR	100	OPD	N/A
84	Balance Training	DPMR	100	OPD	N/A
85	Cold therapy	DPMR	50	150	N/A
86	CPM For Lower Limb	DPMR	100	OPD	N/A
87	CPM For Upper Limb	DPMR	100	OPD	N/A
88	EMG Biofeedback (NEW)	DPMR	100	OPD	N/A
89	Gait Analysis For Orthotic & Prosthetic Checkout	DPMR	200	OPD	N/A
90	Gait Analysis With EMG	DPMR	1000	OPD	N/A
91	Gait Analysis Without EMG	DPMR	500	OPD	N/A
92	Gait Training With Unweighing System	DPMR	100	OPD	N/A
93	Hot Pack	DPMR	50	OPD	N/A
94	I.F.T (Interferencial)(New)	DPMR	50	OPD	N/A
95	Infrared Therapy	DPMR	50	OPD	N/A
96	Laser Therapy (New)	DPMR	50	OPD	N/A
97	Minor OT	DPMR	68	OPD	N/A
98	Minor OT B/L	DPMR	136	OPD	N/A
99	MS/TENS	DPMR	50	OPD	N/A
100	MWD	DPMR	100	OPD	N/A
101	POP Medium	DPMR	267	OPD	N/A
102	POP Small	DPMR	68	OPD	N/A
103	POP Small B/L	DPMR	136	OPD	N/A
104	Pulmonary Function Test (PFT)	DPMR	150	OPD	N/A
105	Short Wave Diathermy	DPMR	50	OPD	N/A
106	SSG	DPMR	1000	2000	N/A
107	Traction	DPMR	20	OPD	N/A
108	Treadmill Exercise	DPMR	100	150	N/A
109	Ultrasonic Therapy	DPMR	50	OPD	N/A
110	Urodynamic Study	DPMR	700	OPD	N/A
111	USG Guide Intervention	DPMR	500	OPD	N/A
112	Wax Bath	DPMR	50	OPD	N/A
113	Xray Abdomen Decubitus	DPMR	150	N/A	150.00
114	Xray Abdomen KUB	DPMR	150	N/A	150.00
115	Xray Abdomen Lateral	DPMR	150	OPD	N/A
116	Xray Abdomen Supine	DPMR	150	OPD	N/A
117	Xray Arm Lateral	DPMR	150	OPD	N/A
118	Xray Cervical Spine (Open Mouth)	DPMR	150	OPD	N/A
119	Xray Cervical Spine AP	DPMR	150	N/A	170.00
120	Xray Cervical Spine Lateral	DPMR	150	OPD	N/A
121	Xray Chest AP	DPMR	150	N/A	150.00
122	Xray Chest Bed Side	DPMR	150	N/A	150.00
123	Xray Chest Lateral	DPMR	150	OPD	N/A
124	Xray Chest PA & Lateral	DPMR	270	OPD	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
125	Xray Dorsal Spine AP	DPMR	150	N/A	150.00
126	Xray Dorsal Spine AP & Lateral	DPMR	270	N/A	270.00
127	Xray Dorsal Spine Lateral	DPMR	150	N/A	150.00
128	Xray Elbow AP	DPMR	150	OPD	N/A
129	Xray Elbow Lateral	DPMR	150	OPD	N/A
130	Xray Foot AP	DPMR	150	OPD	N/A
131	Xray Foot AP & Lateral	DPMR	270	OPD	N/A
132	Xray Foot AP & Oblique	DPMR	270	OPD	N/A
133	Xray Foot Lateral	DPMR	150	OPD	N/A
134	Xray Foot Lateral oblique	DPMR	270	OPD	N/A
135	Xray Forearm AP & Lateral	DPMR	270	OPD	N/A
136	Xray Forearm Lateral	DPMR	150	OPD	N/A
137	Xray Hand AP & Lateral	DPMR	270	OPD	N/A
138	Xray Hand AP & Oblique	DPMR	270	OPD	N/A
139	Xray Hand AP (Bilateral)	DPMR	150	OPD	N/A
140	Xray Hand Lateral	DPMR	150	OPD	N/A
141	Xray Hands AP Both With Wrist	DPMR	270	OPD	73/23
142	Xray Hip Joint AP & Lateral	DPMR	270	OPD	N/A
143	Xray Hip Joint Lateral	DPMR	150	OPD	N/A
144	Xray Knee AP & Lateral	DPMR	270	OPD	N/A
145	Xray Knee AP Single	DPMR	150	OPD	N/A
146	Xray Leg AP	DPMR	150	OPD	N/A
147	Xray Leg AP & Lateral	DPMR	270	OPD	N/A
148	Xray Lumbar Spine AP	DPMR	150	OPD	N/A
149	Xray Lumbar Spine AP & Lateral	DPMR	270	OPD	N/A
150	Xray Lumbar Spine Lateral	DPMR	150	OPD	N/A
151	Xray Pelvis AP	DPMR	150	N/A	150.00
152	Xray Pelvis PA	DPMR	150	OPD	N/A
153	Xray Plain AP & Oblique	DPMR	270	OPD	N/A
154	Xray Shoulder AP	DPMR	150	OPD	N/A
155	Xray Shoulder AP & Lateral	DPMR	270	OPD	N/A
156	Xray Shoulder Lateral	DPMR	150	OPD	N/A
157	Xray SI Joint AP/Lat	DPMR	270	OPD	N/A
158	Xray Skull AP	DPMR	150	N/A	150.00
159	Xray Skull AP & Lateral	DPMR	270	N/A	270.00
160	Xray Skull Both Mastoids	DPMR	270	OPD	N/A
161	Xray Spine AP & Lateral	DPMR	270	OPD	N/A
162	Xray Standing Abdomen	DPMR	150	OPD	N/A
163	Xray Thigh AP	DPMR	150	OPD	N/A
164	Xray Thigh AP & Lateral	DPMR	270	OPD	N/A
165	Xray Thigh Lateral	DPMR	150	OPD	N/A
166	Xray Wrist AP	DPMR	150	OPD	N/A
167	Xray Wrist AP & Lateral	DPMR	270	OPD	N/A
168	Xray Wrist Lateral	DPMR	150	OPD	N/A
169	Abcess Aspiration	E. N. T.	500	750	N/A
170	Adenoidectomy	E. N. T.	500	750	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
171	Audiometry AC & BC (PTA)	E. N. T.	50	80	N/A
172	Audiometry Special Test (Speech, SISI)	E. N. T.	100	150	N/A
173	Behind Ear Analogue Hearing Aid - NCH	E. N. T.	100	150	N/A
174	Biopsy	E. N. T.	80	500	N/A
175	Bronchoscopy	E. N. T.	500	1000	750.00
176	Caloric Test, Positional Test	E. N. T.	100	150	N/A
177	Cochlear Implant	E. N. T.	500	750	N/A
178	Commando procedure	E. N. T.	500	750	N/A
179	Cut Open For Drip	E. N. T.	100	150	N/A
180	Cut Throat Repair	E. N. T.	500	750	N/A
181	Ear & Nose Prick	E. N. T.	300	450	N/A
182	Endonasal DCR	E. N. T.	500	750	N/A
183	Endoscopy Diagnostic	E. N. T.	500	1000	N/A
184	Facial Nerve Decompression	E. N. T.	500	750	N/A
185	Fracture Nasal Bone	E. N. T.	500	750	N/A
186	Laryngectomy	E. N. T.	2500	3500	N/A
187	Mastoidectomy	E. N. T.	500	750	N/A
188	Maxillectomy	E. N. T.	1500	2500	N/A
189	Micro Laryngeal Surgery	E. N. T.	500	750	N/A
190	Minor Surgical Procedure	E. N. T.	100	750	N/A
191	Myringoplasty With Ossiculoplasty-NCH Scheme	E. N. T.	1000	1500	N/A
192	Myringoplasty-NCH Scheme	E. N. T.	1000	1500	N/A
193	Myringotomy With Grommet For Both Ears	E. N. T.	800	1000	N/A
194	Myringotomy With Grommet For One Ear	E. N. T.	500	800	N/A
195	Nasopharyngeal Angiofibroma Excision	E. N. T.	500	1500	N/A
196	Neck Dissection	E. N. T.	1200	2000	N/A
197	Orbital Decompression, Repair of CSF Leaks	E. N. T.	500	2000	N/A
198	Pure Tone Audiometry	E. N. T.	25	50	N/A
199	Radical / Modified Radical Mastoidectomy	E. N. T.	500	1000	N/A
200	Ranula	E. N. T.	500	750	N/A
201	Removal of Nasal Polyp/ FESS	E. N. T.	500	1500	N/A
202	Salivary Gland Surgery (Parotid/ Submandib)	E. N. T.	500	750	N/A
203	Sebaceous Cyst	E. N. T.	200	300	N/A
204	Septoplasty SMR	E. N. T.	500	750	N/A
205	Split Ear Repair	E. N. T.	200	300	N/A
206	Stapedotomy	E. N. T.	500	1500	N/A
207	Thyroid Surgery	E. N. T.	500	1500	N/A
208	Thyroplasty	E. N. T.	500	1500	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
209	Tonsillectomy	E. N. T.	500	750	N/A
210	Tracheostomy	E. N. T.	750	1000	750
211	Tympanometry, Reflexometry	E. N. T.	100	150	N/A
212	Tympanoplasty	E. N. T.	1000	1500	N/A
213	Tympanoplasty / Cortical Mastoidectomy	E. N. T.	1000	1500	N/A
214	Endoscopy Therapeutic	E.N.T.	750	1000	750.00
215	Abscess / Incision And Drainage	Endocrine Surgery	500	750	N/A
216	Adrenalectomy	Endocrine Surgery	4000	5000	6000
217	Amputation (Any Type)	Endocrine Surgery	1000	2000	N/A
218	Amputation of toe/finger or trans	Endocrine Surgery	1000	2000	N/A
219	Axillary Dissection	Endocrine Surgery	1500	2500	3750.00
220	Biopsy Lymph Node	Endocrine Surgery	300	500	750
221	Biopsy under GA	Endocrine Surgery	500	1500	N/A
222	Breast Conserving Surgery (BCS)	Endocrine Surgery	1500	2500	3750
223	Breast Lump Excision	Endocrine Surgery	500	1000	3750.00
224	Correction of B/L Or U/L Nipple	Endocrine Surgery	1500	2500	N/A
225	Debridement	Endocrine Surgery	500	1500	N/A
226	Enucleation of Pancreatic Tumor	Endocrine Surgery	4000	5000	N/A
227	Excision of Breast Lump	Endocrine Surgery	1000	2000	N/A
228	Excision of Necrotic Part & SSG	Endocrine Surgery	1500	2500	N/A
229	Excision of Neuroblastoma	Endocrine Surgery	4000	5000	N/A
230	Excision of Paraganglion	Endocrine Surgery	4000	5000	N/A
231	Excision of Supraclavicular	Endocrine Surgery	1500	2500	N/A
232	Mandibulectomy	Endocrine Surgery	1000	2000	3750
233	Micrododectomy	Endocrine Surgery	1000	2000	N/A
234	Modified Radical Mastectomy MRM	Endocrine Surgery	1500	2500	N/A
235	Modified Radical Mastectomy With Reconstruction	Endocrine Surgery	2000	3000	N/A
236	Oophorectomy	Endocrine Surgery	1500	2500	N/A
237	Pancreatotomy	Endocrine Surgery	4000	5000	6000
238	Parathyroidectomy	Endocrine Surgery	1500	2500	N/A
239	Parathyroidectomy Total with aut	Endocrine Surgery	2500	3500	N/A
240	Parotidectomy	Endocrine Surgery	1000	2000	7500
241	Quadrantectomy & Axillary dissection	Endocrine Surgery	1500	2500	N/A
242	Radical Neck Dissection	Endocrine Surgery	1500	2500	N/A
243	RT Axillary Dissection	Endocrine Surgery	1500	2500	N/A
244	Sistrunk Operation	Endocrine Surgery	1000	2000	N/A
245	Skin Grafting	Endocrine Surgery	1000	2000	3750.00
246	Sub Mandibular Gland Excision	Endocrine Surgery	1500	4500	N/A
247	Thymectomy	Endocrine Surgery	1500	2500	N/A
248	Thyroidectomy Complete	Endocrine Surgery	1500	2000	N/A
249	Thyroidectomy Hemi	Endocrine Surgery	1000	2000	N/A
250	Tracheostomy	Endocrine Surgery	750	1000	750
251	Varicocele ligation Laproscopic	Endocrine Surgery	2500	3500	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
252	VATS (Video Assisted Thymic Surgery)	Endocrine Surgery	4000	5000	N/A
253	Abdomino Perineal Resection	General Surgery	2500	5000	6000.00
254	Abscess / Incision And Drainage	General Surgery	500	750	N/A
255	Adrenalectomy	General Surgery	4000	5000	6000
256	Amputation (Any Type)	General Surgery	1000	2000	2500
257	Anal Polyp Excision	General Surgery	1000	2000	N/A
258	Anterior Resection	General Surgery	2000	3000	6000
259	Appendicectomy	General Surgery	750	1500	750.00
260	Axillary Dissection	General Surgery	1500	2500	3750.00
261	Biopsy (Incision/Tru Cut)	General Surgery	80	500	80.00
262	Biopsy Lymph Node	General Surgery	300	500	750
263	Bowel Anastomoses	General Surgery	1000	2000	N/A
264	Breast Conserving Surgery (BCS)	General Surgery	1500	2500	3750
265	Breast Lump Excision	General Surgery	500	1000	3750.00
266	Bronchoscopy	General Surgery	500	750	750.00
267	CBD Exploration	General Surgery	1000	2000	N/A
268	CBD Exploration Lap	General Surgery	1000	2000	N/A
269	Cervical Esophagectomy	General Surgery	1000	2000	7500
270	CholeCystectomy Lap	General Surgery	1000	2000	N/A
271	CholeCystectomy Open	General Surgery	1000	2000	3750.00
272	Choledochal Cyst	General Surgery	2500	3500	6000.00
273	Choledochojejunostomy	General Surgery	1000	2000	N/A
274	Circumcision	General Surgery	200	1000	N/A
275	Colon Resection	General Surgery	1000	2000	6000
276	Colonoscopy Diagnostic	General Surgery	500	1000	N/A
277	Colostomy / Ileostomy	General Surgery	1000	2000	2500
278	Colostomy / Ileostomy Closure	General Surgery	1000	2000	2500
279	CystoGastrostomy	General Surgery	1000	2000	3750.00
280	CystoJejunostomy	General Surgery	1000	2000	3750
281	Cystoscopy	General Surgery	500	1000	N/A
282	Debridement	General Surgery	500	1500	N/A
283	Decortication	General Surgery	1000	2000	N/A
284	Endoscopic Inguinal Hernia Repair (TEP/TAPP)	General Surgery	1000	2000	N/A
285	Endoscopy Diagnostic	General Surgery	500	1000	750.00
286	Endoscopy Therapeutic	General Surgery	750	1000	750.00
287	Enucleation of Pancreatic Tumor	General Surgery	4000	5000	N/A
288	Esophagectomy	General Surgery	2000	3000	7500
289	Excision of Necrotic Part & SSG	General Surgery	1500	2500	N/A
290	Fissure in Ano	General Surgery	500	1000	N/A
291	Fistulectomy	General Surgery	1000	2000	N/A
292	Fistulectomy Sinus Exploration	General Surgery	500	1500	500.00
293	Fistulotomy	General Surgery	1000	2000	N/A
294	Foreign Body Anal Region	General Surgery	500	1000	N/A
295	Gastrectomy Total / Partial	General Surgery	3000	3000	3750

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
296	Gastrostomy/ Jejunostomy Feeding	General Surgery	750	1000	750.00
297	Hemorrhoids	General Surgery	1000	2000	N/A
298	Hepaticojejunostomy	General Surgery	2000	3000	3750.00
299	Hernia (Any Type)	General Surgery	1000	2000	3750
300	Hydatid Cyst liver Excision	General Surgery	1000	2000	N/A
301	Hydrocele Surgery (Lords Plication/Jabaoulays)	General Surgery	500	1000	N/A
302	Hysterectomy	General Surgery	1000	2000	2500
303	Lap Bariatric Surgery (Sleeve Gastrectomy/Roux-en-Y Bypass)	General Surgery	1000	2000	N/A
304	Laparoscopy Diagnostic	General Surgery	1000	2000	N/A
305	Laparoscopy Surgery (Other)	General Surgery	2000	3000	N/A
306	Laparotomy Explorative	General Surgery	1000	2000	2500
307	Lift (Ligation of Intersphincteric Fistula tract)	General Surgery	1000	2000	N/A
308	Lipoma Removal	General Surgery	1000	2000	N/A
309	Liver Resection	General Surgery	2500	3500	7500.00
310	Lobectomy (Pulmonary)	General Surgery	2200	3000	N/A
311	Major Surgery Any other	General Surgery	1000	2000	N/A
312	Mandibulectomy	General Surgery	1000	2000	3750
313	Micrododectomy	General Surgery	1000	2000	N/A
314	Minor Surgery Any other	General Surgery	500	1000	N/A
315	Minor Surgical Procedure	General Surgery	100	1000	N/A
316	Modified Radical Mastectomy MRM	General Surgery	1500	2500	3750
317	Modified Radical Neck Dissection	General Surgery	1000	2000	6000
318	Oophorectomy	General Surgery	1500	2500	N/A
319	Orchidectomy (U/I or B/I)	General Surgery	1000	5000	1000
320	Orchidopexy	General Surgery	1000	2000	N/A
321	Pancreatectomy	General Surgery	4000	5000	6000
322	Pancreatic Necrosectomy	General Surgery	1000	2000	3750
323	Parathyroidectomy (Focused/Multi Gland)	General Surgery	1000	2000	N/A
324	Paronychia Ingrowing toe nail	General Surgery	200	1000	N/A
325	Parotidectomy	General Surgery	1000	2000	7500
326	Pilonidal Sinus Excision + flap Repair	General Surgery	1000	2000	N/A
327	Pneumonectomy	General Surgery	3000	4000	
328	Radical CholeCystectomy	General Surgery	2000	3000	3750.00
329	Radical Neck Dissection	General Surgery	1500	2500	6000
330	Reduction Mammoplasty	General Surgery	1000	2000	N/A
331	Repair of Burst Abdomen	General Surgery	1000	2000	N/A
332	Resection and Anastomoses	General Surgery	2000	3000	3750.00
333	Sebaceous Cyst removal	General Surgery	200	1000	N/A
334	Selective Neck Dissection	General Surgery	1000	2000	6000
335	Sistrunk Operation	General Surgery	1000	2000	N/A
336	Skin Grafting	General Surgery	1000	2000	3750.00
337	Splenectomy	General Surgery	1000	2000	3750.00

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
338	Splenectomy LAP	General Surgery	1000	2000	3750
339	Submandibular Gland Surgery	General Surgery	1000	5000	N/A
340	Superficial Inguinal Lymph Node Dissection	General Surgery	1000	5000	N/A
341	Surgery for Peptic ulcer disease	General Surgery	1000	2000	N/A
342	Testicular Biopsy	General Surgery	500	1000	N/A
343	Thoracoscopy Diagnostic	General Surgery	500	1000	N/A
344	Thymectomy	General Surgery	1500	2500	6000
345	Thyroidectomy Complete	General Surgery	1500	2500	3750
346	Thyroidectomy Hemi	General Surgery	1000	2000	3750
347	Tracheostomy	General Surgery	750	1000	750
348	Urethreroplasty	General Surgery	2000	3000	N/A
349	USG Guided Breast Abscess Aspiration	General Surgery	800	1000	960
350	Varicocele Excision	General Surgery	500	1000	N/A
351	Varicose Veins Surgery (Foam Sclerotherapy)	General Surgery	500	1000	N/A
352	Varicose Veins Surgery (LASER Ablation with Foam Sclerotherapy)	General Surgery	1000	2000	N/A
353	Varicose Veins Surgery (Modified Trendelenbergs' Operation)	General Surgery	1000	2000	N/A
354	Varicose Veins Surgery (SEPS)	General Surgery	1000	2000	N/A
355	Vas Reunion	General Surgery	500	1000	N/A
356	Vastectomy	General Surgery	1000	2000	N/A
357	VATS (Video Assisted Thoracic Surgery)	General Surgery	1000	2000	N/A
358	Venous Cut Open	General Surgery	200	1000	N/A
359	Whipple Procedure	General Surgery	3000	4000	5000
360	Creatinine	Geriatric Mental Health	40	45	N/A
361	ECG	Geriatric Mental Health	80	120	N/A
362	BEG	Geriatric Mental Health	440	600	N/A
363	Hemoglobin	Geriatric Mental Health	15	30	N/A
364	IQ TEST	Geriatric Mental Health	100	200	N/A
365	Na / K / Ca	Geriatric Mental Health	105	135	N/A
366	NeuroPsychological Battery	Geriatric Mental Health	500	1000	N/A
367	Psychodiagnostic	Geriatric Mental Health	125	250	N/A
368	Serum Urea/Blood Urea	Geriatric Mental Health	25	50	N/A
369	Sugar	Geriatric Mental Health	20	25	N/A
370	Annual Diabetic Care Plan	Med Endocrine	1600	OPD only	N/A
371	BIA	Med Endocrine	150	OPD only	N/A
372	Blood Test Pack	Med Endocrine	850	OPD only	N/A
373	Comprehensive Diabetic Care Plan	Med Endocrine	1700	OPD only	N/A
374	ECG	Med Endocrine	80	120	N/A
375	Foot Pressure Mapping	Med Endocrine	250	OPD only	N/A
376	HbA1C	Med Endocrine	200	OPD only	N/A
377	Lipid Profile	Med Endocrine	300	OPD only	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
378	Retinopathy	Med Endocrine	250	OPD only	N/A
379	Serum Creatinine	Med Endocrine	120	OPD only	N/A
380	UACR	Med Endocrine	400	OPD only	N/A
381	Vasculopathy / Vascular Doppler VPT	Med Endocrine	250	OPD only	N/A
382	Achalasia Balloon dilatation	Medical Gastroenterology	1200	2500	N/A
383	Antral CRE dilatation	Medical Gastroenterology	750	N/A	750.00
384	Antro duodenal stenting	Medical Gastroenterology	800	NA	825.00
385	APC (Argon Plasma Coagulation)	Medical Gastroenterology	1000	NA	2500.00
386	Colonoscopy	Medical Gastroenterology	800	1000	1200
387	Diagnostic ERCP with papilotomy	Medical Gastroenterology	1500	NA	1650.00
388	Endoscopic Foreign Body Removal	Medical Gastroenterology	600	NA	605.00
389	Endoscopy Diagnostic	Medical Gastroenterology	500	1000	N/A
390	Endoscopy Therapeutic	Medical Gastroenterology	750	1000	750.00
391	Glue Injection	Medical Gastroenterology	1500	NA	N/A
392	Therapeutic ERCP with bilarystricture dilatation	Medical Gastroenterology	2000	NA	2750.00
393	Therapeutic ERCP with CBD stone extraction	Medical Gastroenterology	2000	NA	2750.00
394	Therapeutic ERCP with ENBD	Medical Gastroenterology	2000	NA	2750.00
395	Therapeutic ERCP with pancreatic stenting	Medical Gastroenterology	2000	NA	2750.00
396	Therapeutic ERCP with Pseudocyst drainage	Medical Gastroenterology	2000	NA	2750.00
397	UGI	Medical Gastroenterology	500	NA	N/A
398	UGI with Inj therapy	Medical Gastroenterology	800	NA	825.00
399	Bone Marrow Aspiration / Biopsy	Medicine	100	200	N/A
400	Central Line Access	Medicine	300	500	N/A
401	Colonoscopy	Medicine	500	1000	1200
402	Endoscopy Diagnostic	Medicine	500	1000	750.00
403	Endoscopy Therapeutic	Medicine	750	1000	750.00
404	Endotracheal Intubation	Medicine	300		N/A
405	Fluid Aspiration Pleural / Ascitic	Medicine	100		N/A
406	Fluid Tapping Pleural / Ascitic	Medicine	100		N/A
407	Hemo Dialysis	Medicine	1000	1000	N/A
408	ICD Insertion	Medicine	200	500	N/A
409	Lumbar Puncture	Medicine	100		N/A
410	Plasmapheresis	Medicine	1000		N/A
411	Ryle's Tube Insertion	Medicine	200	200	N/A
412	Tracheostomy	Medicine	750	1000	750
413	Blood Sugar (By Glucometer)	Neonatology	20	ICU	N/A
414	Blood Transfusion	Neonatology	500	1000	N/A
415	CPAP / NIPPV	Neonatology	100	ICU	N/A
416	Echocardiography	Neonatology	500	ICU	N/A
417	Exchange Transfusion	Neonatology	300	ICU	N/A
418	Lumbar Puncture	Neonatology	100	ICU	N/A
419	Phototherapy (per day)	Neonatology	100	ICU	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
420	Serum Bilirubin (Bilirubin Analyzer)	Neonatology	45	ICU	N/A
421	USG Cranial	Neonatology	300	NA	360
422	Ventilator	Neonatology	1000	ICU	N/A
423	Warmer Care	Neonatology	150	ICU	N/A
424	CRRT Charge	Nephrology	1000	NA	N/A
425	Hemo Dialysis (First) (PPP)	Nephrology	2000	NA	N/A
426	Hemo Dialysis (Next) (PPP)	Nephrology	1250	NA	N/A
427	Hemo Dialysis (Positive Patient) (PPP)	Nephrology	1800	NA	N/A
428	Hemo Dialysis (TVU)	Nephrology	1000	NA	N/A
429	IJ Catheter Surgical Surgical Procedure	Nephrology	300	NA	N/A
430	Kidney Biopsy (gun) USG guided Procedure	Nephrology	250	NA	N/A
431	Perma Catheter Surgical Surgical Procedure	Nephrology	500	NA	N/A
432	Abscess / Empyema Aspiration	Neuro - Surgery	500	750	N/A
433	Admitted For Observation (Upto 24 Years)	Neuro - Surgery	500	1000	N/A
434	Anterio Lateral Decompression	Neuro - Surgery	2000	3000	2500
435	Anterior Cervical Discectomy	Neuro - Surgery	2500	3000	3750.00
436	Anterior Odontoid Screw Fixation	Neuro - Surgery	2500	3500	
437	Balloon Kyphoplasty	Neuro - Surgery	4000	5000	
438	Biopsy Brain	Neuro - Surgery	2000	3000	3750.00
439	Bone Flap Removal	Neuro - Surgery	2500	3000	3750.00
440	Brachial Plexus Surgery	Neuro - Surgery	3000	4000	6000.00
441	Burr Hole/ Aspiration	Neuro - Surgery	500	750	750.00
442	C1 C2 Fusion	Neuro - Surgery	2500	3000	3750.00
443	C-Arm	Neuro - Surgery	100	200	N/A
444	Carotid Clamping/Ligation	Neuro - Surgery	2500	3500	N/A
445	Carotid Endarterectomy	Neuro - Surgery	4000	5000	N/A
446	Carpal Tunnel Release	Neuro - Surgery	500	1500	N/A
447	Combined Anterior/Posterior Approach For AAD	Neuro - Surgery	5000	6000	
448	Combined Supra/Intra-Tentorial APP	Neuro - Surgery	5000	6000	
449	Cranioplasty	Neuro - Surgery	2500	3500	3750.00
450	Craniotomy For Supratentorial Lesions	Neuro - Surgery	4000	4000	6000.00
451	CT Head Contrast (Portable)	Neuro - Surgery	500	1000	N/A
452	CT Head Plain (Portable)	Neuro - Surgery	300	600	N/A
453	Cusa	Neuro - Surgery	500	1000	N/A
454	Cysto-Peritoneal Shunt	Neuro - Surgery	2500	3500	
455	Decompressive Craniectomy for Trauma/MCA Infarct	Neuro - Surgery	2500	3500	
456	Drill	Neuro - Surgery	1500	1500	N/A
457	Duraplasty	Neuro - Surgery	2500	3000	3750.00
458	EC/IC By Pass	Neuro - Surgery	5000	6000	7500.00
459	Electrophysiological Monitoring (Intra-Op)	Neuro - Surgery	500	1000	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
460	Endoscopic Carpal Tunnel Release	Neuro - Surgery	2500	3500	
461	Endoscopic Repair of CSF Rhinorrhoea	Neuro - Surgery	5000	6000	
462	Endoscopic Surgery for Anterior Third Ventricle Tumor	Neuro - Surgery	4000	5000	
463	Endoscopic Third Ventriculocystostomy	Neuro - Surgery	2500	3500	
464	Endoscopic Ventriculocystostomy	Neuro - Surgery	2500	3500	
465	ICP Monitoring	Neuro - Surgery	500	1500	
466	Laminectomy	Neuro - Surgery	2000	3000	N/A
467	Laminectomy For ED Tumour	Neuro - Surgery	2500	3000	3750.00
468	Laminectomy Re-exploration	Neuro - Surgery	500	750	750.00
469	Laminoplasty For Cervical Canal Stenosis	Neuro - Surgery	4000	5000	
470	Lateral Mass Fixation	Neuro - Surgery	4000	5000	
471	Lumbar Puncture/ Diagnostic Or Pressure Measurement	Neuro - Surgery	500	500	
472	Lumbo Peritoneal Shunt	Neuro - Surgery	500	750	750.00
473	Median Cervical Corpectomy	Neuro - Surgery	4000	5000	6000.00
474	Microscope	Neuro - Surgery	100	200	N/A
475	Microscopic Lumbar Discectomy	Neuro - Surgery	2500	3500	
476	Micro-Vascular Decompression	Neuro - Surgery	4000	5000	
477	Miscellaneous (A) (As Per HOD Decision)	Neuro - Surgery	500	1000	N/A
478	Miscellaneous (B) (As Per HOD Decision)	Neuro - Surgery	1000	2000	N/A
479	Miscellaneous (C) (As Per HOD Decision)	Neuro - Surgery	1500	2500	N/A
480	Nerve Grafting	Neuro - Surgery	4000	4500	6000.00
481	Neuro ICU (per day)	Neuro - Surgery	250	500	N/A
482	Neuroendoscopy	Neuro - Surgery	2000	3000	N/A
483	Neurolysis	Neuro - Surgery	2000	3000	N/A
484	Percutaneous Endoscopic Discectomy	Neuro - Surgery	2500	2500	3750.00
485	Percutaneous Ventricular Puncture/ Drainage	Neuro - Surgery	500	1500	
486	Post Decompression For Syring And ACM	Neuro - Surgery	4000	5000	6000.00
487	Post Occipito Cervical Fusion	Neuro - Surgery	4000	5000	6000.00
488	Reexploration Craniotomy	Neuro - Surgery	2000	3000	3750.00
489	Reexploration for AVM's	Neuro - Surgery	3000	4000	N/A
490	Reexploration For Skull Base Tumour	Neuro - Surgery	3000	4000	6000.00
491	Retro Mastoid Craniotomy	Neuro - Surgery	3000	4000	6000.00
492	Scalp Surgery	Neuro - Surgery	500	750	750.00
493	Shunt Revision	Neuro - Surgery	500	500	750.00
494	Shunt VP/VA	Neuro - Surgery	2500	3500	3750.00

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
495	Skull Base Surgery	Neuro - Surgery	5000	6000	7500.00
496	Spinal Meningocele	Neuro - Surgery	2500	3000	3750.00
497	Spinal Menongomyelocele	Neuro - Surgery	4000	5000	6000.00
498	Split Cord Malformation	Neuro - Surgery	4000	5000	
499	Stereotactic Biopsy	Neuro - Surgery	3000	4000	N/A
500	Sub Occipital Craniotomy	Neuro - Surgery	4000	6000	6000.00
501	Subdural Haematoma Evacuation	Neuro - Surgery	750	2000	750.00
502	Surgery Abandoned	Neuro - Surgery	500	750	750.00
503	Surgery For Acoustic Schwannoma	Neuro - Surgery	5000	6000	7500.00
504	Surgery For Aneurysm	Neuro - Surgery	4000	5000	6000.00
505	Surgery for AVM's	Neuro - Surgery	5000	6000	7500.00
506	Surgery For Craniosynostosis	Neuro - Surgery	4000	5000	6000.00
507	Surgery For Encephalocele	Neuro - Surgery	4000	5000	6000.00
508	Surgery For Hemorrhagic Stroke	Neuro - Surgery	2500	3500	
509	Surgery For IDEM Tumors	Neuro - Surgery	4000	5000	
510	Surgery For Intramedullary Tumour	Neuro - Surgery	4000	5000	6000.00
511	Surgery for Lumbar Canal	Neuro - Surgery	3000	4000	
512	Surgery For Posterior 3rd ventricle	Neuro - Surgery	5000	6000	7500.00
513	Surgery for Seizure Disorder	Neuro - Surgery	5000	6000	
514	Surgery for Spasticity	Neuro - Surgery	5000	6000	
515	Surgery for Spinal AVM	Neuro - Surgery	5000	6000	
516	Surgery for Spondylo- Listhesis	Neuro - Surgery	5000	6000	
517	Surgery for Traumatic Intracranial Hematoma	Neuro - Surgery	4000	5000	
518	Syringo Peritoneal Shunt	Neuro - Surgery	2500	3500	3750.00
519	Tethered Cord Syndrome	Neuro - Surgery	4000	5000	6000.00
520	Tracheostomy	Neuro - Surgery	750	1000	750
521	Trans-Oral Surgery	Neuro - Surgery	4000	5000	6000.00
522	Transphenoidal Surgery	Neuro - Surgery	2500	3500	3750.00
523	USG Intra Operative	Neuro - Surgery	100	100	
524	Wound Suturing (Major)	Neuro - Surgery	500	500	
525	Wound Suturing (Minor)	Neuro - Surgery	150	150	
526	BAER(EP)	NEUROLOGY	330	1000	N/A
527	EEG	NEUROLOGY	440	600	440.00
528	EMG	NEUROLOGY	330	1800	N/A
529	NCV	NEUROLOGY	330	1000	330.00
530	TCD	NEUROLOGY	400	800	N/A
531	VEP(EP)	NEUROLOGY	330	1000	N/A
532	Video EEG	NEUROLOGY	800	1600	N/A
533	Abdominal Hysterectomy	OBG	1000	2000	N/A
534	Aminiocentesis	OBG	500	1500	N/A
535	Amnio infusion	OBG	500	1500	N/A
536	Anti Sperm antibody	OBG	100	200	N/A
537	Bartholin Gland Removal	OBG	500	800	N/A
538	Biopsy	OBG	80	500	N/A
539	Biopsy Cervical	OBG	100	200	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
540	Blood Transfusion	OBG	500	1000	N/A
541	Cervical Amputation	OBG	500	800	N/A
542	Cervical Dilatation	OBG	200	400	N/A
543	Cesarean Hysterectomy	OBG	1000	2000	N/A
544	Chemotherapy (Per cycle)	OBG	100	350	330.00
545	Colposcopy	OBG	100	200	N/A
546	Cordo centesis	OBG	1000	1500	N/A
547	Cryocautery	OBG	100	200	N/A
548	CVS	OBG	1000	1500	N/A
549	Cystoscopy	OBG	500	1000	N/A
550	D&C	OBG	500	1000	N/A
551	Delivery	OBG	500	800	N/A
552	Donor semen sample Rh Negative	OBG	3500	4500	N/A
553	Donor semen sample Rh Positive	OBG	3000	4000	N/A
554	ECG	OBG	80	120	N/A
555	Embryo Freezing/ Vitrification (Per Embryo For 12 months)	OBG	5000	6000	N/A
556	Embryo thawing (Per Embryo)	OBG	5000	6000	N/A
557	Endometrial Biopsy	OBG	100	200	N/A
558	Forceps Delivery	OBG	1000	1500	N/A
559	Foothergill Repair	OBG	1000	2000	N/A
560	Hydrotubation	OBG	100	200	N/A
561	Hysterectomy Lap	OBG	1500	2500	N/A
562	Hysteroscopy Diagnostic	OBG	500	1000	N/A
563	ICSI	OBG	40000	60000	N/A
564	Induction of Labor	OBG	500	800	N/A
565	Intrapartum Fetal monitoring	OBG	2000	3000	N/A
566	IUI	OBG	500	1000	N/A
567	IVF & ET	OBG	30000	45000	N/A
568	Lap Surgery with harmonic scalpel – Major	OBG	7000	8000	N/A
569	Lap Surgery with harmonic scalpel – Minor	OBG	3000	4000	N/A
570	Laparoscopy Diagnostic	OBG	1000	2000	N/A
571	Laparotomy Ectopic / Pyoperitoneum	OBG	1000	2000	N/A
572	Laser	OBG	1000	2000	N/A
573	LBC	OBG	350	500	N/A
574	LEEP	OBG	100	200	N/A
575	Ligation	OBG	500	750	N/A
576	LSCS	OBG	750	1500	N/A
577	Mc Donald stitch	OBG	500	800	N/A
578	MRP	OBG	1000	2000	N/A
579	Myomectomy	OBG	1000	2000	N/A
580	NST	OBG	100	200	N/A
581	Operative Hysteroscopy	OBG	1500	2500	N/A
582	Operative Laparoscopy	OBG	1500	2500	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
583	Ovarian Cystectomy	OBG	500	800	N/A
584	Percutaneous direct vessel embolization	OBG	1500	2500	N/A
585	Perineal Tear Repair	OBG	500	800	N/A
586	Radical Vulvectomy	OBG	1000	2000	N/A
587	Repair of Burst Abdomen	OBG	500	1000	N/A
588	Repair rupture Uterus	OBG	750	1500	N/A
589	Resuturing Abdominal wound	OBG	250	400	N/A
590	Resuturing of Episiotomy	OBG	250	400	N/A
591	Scalp Vein PH	OBG	1000	1500	N/A
592	Semen Freezing (For 12 months)	OBG	5000	6000	N/A
593	Simple Vulvectomy	OBG	500	1500	N/A
594	Sono Salpingography	OBG	300	600	N/A
595	Trachelorrhaphy	OBG	500	800	N/A
596	Tuboplasty	OBG	1500	2500	N/A
597	USG Color Doppler	OBG	500	800	N/A
598	USG Follicular Monitoring	OBG	500	800	720
599	USG Guided Cyst aspiration	OBG	500	800	N/A
600	USG Guided Fetal Reduction	OBG	1500	2500	N/A
601	USG Guided Fetal therapy	OBG	1000	1500	N/A
602	USG Guided FNAC / Biopsy	OBG	500	1000	550
603	USG Guided Intra uterine fetal blood transfusion	OBG	1500	2500	N/A
604	USG NT/NB Scan	OBG	250	400	N/A
605	USG Obstetric	OBG	250	400	N/A
606	USG TIFFA	OBG	1000	800	N/A
607	USG TVS	OBG	250	400	N/A
608	Vaginal Hysterectomy	OBG	1000	2000	N/A
609	Vaginal Cyst Removal	OBG	500	800	N/A
610	Vaginoplasty	OBG	500	800	N/A
611	Ventouse Delivery	OBG	1000	1500	N/A
612	Vulval biopsy	OBG	100	200	N/A
613	Vulvoscopy	OBG	100	200	N/A
614	VVF Repair	OBG	500	800	N/A
615	Wertheim's Hysterectomy	OBG	1500	2500	2500.00
616	Administration of GA per hour	OMFS	100	NA	N/A
617	Apicocetomy Per Tooth	OMFS	500	NA	N/A
618	Arthrocentesis of TM Joint	OMFS	500	NA	N/A
619	Biopsy (Incision/Tru Cut)	OMFS	80	500	N/A
620	Cyst Enucleation	OMFS	300	NA	N/A
621	Cyst Marsupialization	OMFS	300	NA	N/A
622	Dental Implant Surgery	OMFS	1000	NA	N/A
623	Fracture Mandible Close Reduction	OMFS	1500	NA	N/A
624	Impacted Canine Exposure Removal	OMFS	1000	NA	N/A
625	Impacted Mandibular III Molar	OMFS	1500	NA	N/A
626	Impacted Maxillary III Molar	OMFS	1000	NA	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
627	Major Oral Surgical Procedure Under GA(Tumour, TMJ Orthognathic)Etc.	OMFS	2000	NA	N/A
628	Minor Oral Surgical Surgical Surgical Procedure Under GA/LA	OMFS	1000	NA	N/A
629	Open Reduction of Maxilla/Mandibular Fracture (International)	OMFS	4000	NA	N/A
630	Open Reduction of Maxillary/Mandible Fracture (Indian)	OMFS	1500	NA	N/A
631	Per Additional Contiguous Tooth Dental Implant	OMFS	150	NA	N/A
632	Simple Extraction	OMFS	100	NA	N/A
633	TM Joint Arthroscopy Under GA	OMFS	100	NA	N/A
634	Abscess Drainage (Optiha)	Ophthalmology	50	NA	N/A
635	Advanced Vitrectomy Procedure	Ophthalmology	2000	3000	N/A
636	Auto Keratoplasty	Ophthalmology	500	1000	N/A
637	B Scan Ultrasound	Ophthalmology	100	200	N/A
638	BCL Application	Ophthalmology	500	800	N/A
639	Chalazion	Ophthalmology	100	NA	N/A
640	Conj Cyst Excision	Ophthalmology	100	NA	N/A
641	Contact Lens Testing	Ophthalmology	50	NA	N/A
642	Core Vitrectomy	Ophthalmology	1500	2500	N/A
643	Corneal FB removal	Ophthalmology	40	NA	N/A
644	Corneoscleral Repair	Ophthalmology	200	400	N/A
645	Corneal Scraping	Ophthalmology	10	NA	N/A
646	DCR	Ophthalmology	400	800	N/A
647	DCR With Implant	Ophthalmology	450	900	N/A
648	DCR With Intubation	Ophthalmology	450	900	N/A
649	DCT	Ophthalmology	300	600	N/A
650	Dressing	Ophthalmology	10	NA	N/A
651	ECCE /IOL Plus IOL	Ophthalmology	500	1000	N/A
652	Ectropion Correction	Ophthalmology	100	300	N/A
653	Electrolysis	Ophthalmology	100	NA	N/A
654	Entropion Correction	Ophthalmology	100	300	N/A
655	Enucleation /Evisceration	Ophthalmology	200	400	N/A
656	Epilation	Ophthalmology	15	NA	N/A
657	Exenteration	Ophthalmology	300	600	N/A
658	Exenteration with implants	Ophthalmology	200	200	N/A
659	Eye Injection	Ophthalmology	10	NA	N/A
660	F.I Angiography	Ophthalmology	500	1000	N/A
661	F.I.Angioscopy	Ophthalmology	50	100	N/A
662	Foreign body removal	Ophthalmology	20	NA	N/A
663	Fundus Photo	Ophthalmology	100	200	N/A
664	ICCE / ECCE -NoIOL	Ophthalmology	200	400	N/A
665	Keratotomy	Ophthalmology	200	400	N/A
666	Laser Macular	Ophthalmology	300	600	N/A
667	Lid Resection	Ophthalmology	600	1200	N/A

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668	Lid Resection with Reconstruction	Ophthalmology	600	1200	N/A
669	OCT	Ophthalmology	500	1000	N/A
670	Orbitotomy	Ophthalmology	500	1000	N/A
671	Orthoptic Checkup	Ophthalmology	50	100	N/A
672	Orthoptic Exercise	Ophthalmology	10	20	N/A
673	Phacoemulsification	Ophthalmology	1000	2000	N/A
674	Pneumatic Rpexy	Ophthalmology	500	1000	N/A
675	Pterygium Excision	Ophthalmology	200	NA	N/A
676	Ptosis Correction	Ophthalmology	400	800	N/A
677	Refraction	Ophthalmology	20	NA	N/A
678	Registration to Speciality Clinics	Ophthalmology	50	NA	N/A
679	Retinal Cryo	Ophthalmology	100	200	N/A
680	Retinal Laser	Ophthalmology	200	400	N/A
681	Scleral Buckling	Ophthalmology	1000	2000	N/A
682	SICS /Lens Aspiration	Ophthalmology	500	1000	N/A
683	Socket Reconstruction	Ophthalmology	500	1000	N/A
684	Squint Surgery	Ophthalmology	600	1200	N/A
685	Stye Drainage	Ophthalmology	100	NA	N/A
686	Surgical Iridectomy	Ophthalmology	500	1000	N/A
687	Tarasorrhaphy	Ophthalmology	40	NA	N/A
688	Therapeutic Syringing	Ophthalmology	20	NA	N/A
689	Trab+Trabeculotomy	Ophthalmology	700	1000	N/A
690	Trabeculectomy	Ophthalmology	500	1000	N/A
691	USG Pachymetry	Ophthalmology	200	400	360
692	Visual Field Comput	Ophthalmology	200	400	N/A
693	Yag PI	Ophthalmology	500	1000	N/A
694	3D CBCT with Film	Oral Med & Radio	750	NA	N/A
695	3D CBCT with Software Planning	Oral Med & Radio	1000	NA	N/A
696	Biopsy	Oral Med & Radio	80	500	N/A
697	Cephalogram(Conventional)	Oral Med & Radio	150	NA	N/A
698	Lateral Oblique Mandible (Conventional)	Oral Med & Radio	150	NA	N/A
699	Occlusal View	Oral Med & Radio	100	NA	N/A
700	RVG	Oral Med & Radio	50	NA	N/A
701	TMJ Tomogram Digital with Film	Oral Med & Radio	350	NA	N/A
702	Xray Digital Cephalogram With Film	Oral Med & Radio	350	NA	N/A
703	Xray Digital OPG with Film	Oral Med & Radio	350	NA	N/A
704	Xray IOPA (Conventional)	Oral Med & Radio	80	NA	N/A
705	Xray OPG / Cephalogram (Conventional)	Oral Med & Radio	200	NA	N/A
706	Xray With Film (General)	Oral Med & Radio	150	NA	N/A
707	Bleeding Time (B.T.)	Oral Pathology	10	NA	N/A
708	Blood group (ABO+Anti-D RH Factor)	Oral Pathology	50	NA	N/A
709	Blood Sugar (each Sample)	Oral Pathology	15	NA	N/A
710	Coagulation Time (C.T.)	Oral Pathology	10	NA	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
711	Complete Blood Count (CBC)	Oral Pathology	150	NA	N/A
712	DLC	Oral Pathology	10	NA	N/A
713	ESR	Oral Pathology	10	NA	N/A
714	Haemoglobin (Hb)	Oral Pathology	10	NA	N/A
715	HBsAg	Oral Pathology	80	NA	N/A
716	HCV	Oral Pathology	100	NA	N/A
717	Histopathological examination (Cytology)	Oral Pathology	150	NA	N/A
718	HIV	Oral Pathology	100	NA	N/A
719	PCV	Oral Pathology	10	NA	N/A
720	Platelet Count	Oral Pathology	15	NA	N/A
721	TLC	Oral Pathology	10	NA	N/A
722	Bonding / Fixed Appliance (per tooth)	Orthodontics	200	NA	N/A
723	Crimpable Hook	Orthodontics	100	100	N/A
724	Diagnostics U/L Models	Orthodontics	100	NA	N/A
725	Elgiloy Wire	Orthodontics	300	NA	N/A
726	Face Bow	Orthodontics	600	NA	N/A
727	Fixed Functional	Orthodontics	2500	NA	N/A
728	Hyrax Exp. Screw	Orthodontics	1000	NA	N/A
729	Ligature Wire	Orthodontics	100	NA	N/A
730	Lingual Button	Orthodontics	100	NA	N/A
731	Luting Cement GIC	Orthodontics	100	NA	N/A
732	Niti Arch Wire	Orthodontics	100	NA	N/A
733	Niti Coil Spring	Orthodontics	100	NA	N/A
734	Niti Palatal Expander	Orthodontics	2500	NA	N/A
735	Ortho Removable Appliance	Orthodontics	300	NA	N/A
736	Orthodontics Functional Appliance	Orthodontics	500	NA	N/A
737	Rapid Molar Distalization Kit	Orthodontics	3000	NA	N/A
738	Reverse Pull Face Mask	Orthodontics	1500	NA	N/A
739	Thermal Niti Arch Wire	Orthodontics	100	NA	N/A
740	Three D Exp. Screw	Orthodontics	600	NA	N/A
741	Three Pin Exp Screw	Orthodontics	200	NA	N/A
742	TMA Wire	Orthodontics	300	NA	N/A
743	Amputation Fore / Hind quarter	Orthopaedic	1000	2000	N/A
744	Amputation Through Arm /Forearm	Orthopaedic	1000	2000	2500.00
745	Amputation Through Hand /Foot	Orthopaedic	1000	2000	3750.00
746	Amputation Through Thigh / Leg	Orthopaedic	1000	2000	3750.00
747	Anterio Lateral Decompression	Orthopaedic	2000	3000	N/A
748	Anterior Fusion of the spine with Instrumentation	Orthopaedic	4000	5000	N/A
749	Anterior Spinal Fusion	Orthopaedic	2500	3500	N/A
750	Anterior Transportion of Ulnar Nerve	Orthopaedic	550	1500	3750.00
751	Arthrodesis of Large Joint (Hip,Knee,Shoulder,Ankle,Wrist)	Orthopaedic	1000	2000	N/A
752	Arthrodesis of Small Joint Hand/Foot	Orthopaedic	300	1000	N/A
753	Bankarts Operation	Orthopaedic	1000	2000	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
754	Biopsy (Incision/Tru Cut)	Orthopaedic	80	500	80.00
755	Biopsy Needle	Orthopaedic	150	500	N/A
756	Biopsy Open	Orthopaedic	500	750	N/A
757	Biopsy Synovial	Orthopaedic	500	1500	N/A
758	Braces / Splint Application	Orthopaedic	50	500	N/A
759	Bristrow operation	Orthopaedic	1000	2000	N/A
760	Carpal Tunnel Release	Orthopaedic	500	1500	N/A
761	Closed Reduction of Fracture / Dislocation Under GA	Orthopaedic	300	1000	N/A
762	Closed Reduction of Fracture / Dislocation Under LA	Orthopaedic	100	250	N/A
763	Composite Grafting	Orthopaedic	500	1500	N/A
764	Condylar Blade Plates	Orthopaedic	2500	3500	N/A
765	Correction of Deformities (Soft Tissue)	Orthopaedic	300	1000	N/A
766	Corrective Osteotomy of Long Bones	Orthopaedic	750	1500	N/A
767	Corrective Osteotomy of Small Bones	Orthopaedic	750	1500	N/A
768	CPM	Orthopaedic	100	OPD	N/A
769	Cross Finger Flap	Orthopaedic	1000	2000	N/A
770	Cross Leg Flap	Orthopaedic	1000	2000	N/A
771	Curettage with bone cement	Orthopaedic	300	2000	N/A
772	Curettage with bone grafting	Orthopaedic	300	1000	N/A
773	Debridement	Orthopaedic	500	1500	N/A
774	Debridement with External Fixator	Orthopaedic	750	1500	N/A
775	Debulking of the tumor	Orthopaedic	1000	2000	N/A
776	Diagnostic arthroscopy of small / large Joint Under G.A.	Orthopaedic	300	1000	N/A
777	Diagnostic arthroscopy of small / Large Joint Under L.A.	Orthopaedic	150	500	N/A
778	Disarticulation Through Major Joints of Limb	Orthopaedic	750	1500	N/A
779	Disarticulation thru small Joints of Hand/Feet	Orthopaedic	150	500	N/A
780	Disectomy	Orthopaedic	1500	2500	N/A
781	Dupuytron's Soft Tissue Release	Orthopaedic	300	1000	N/A
782	Dynamic Condylar Screw	Orthopaedic	1500	2500	N/A
783	Dynamic Hip Screw	Orthopaedic	1500	2500	N/A
784	Excision Arthroplasty Elbow	Orthopaedic	1000	2000	N/A
785	Excision Arthroplasty Hip	Orthopaedic	1000	2000	N/A
786	Excision Arthroplasty of Small Joints of Hand /Foot	Orthopaedic	500	1500	N/A
787	Excision of the Tumours of Hand or Foot	Orthopaedic	300	1000	N/A
788	External Fixation with Soft Tissue Reconstruction Procedure	Orthopaedic	1500	2500	N/A
789	Femoral Lengthening	Orthopaedic	2500	5000	N/A
790	Fibular / Tibial Grafting	Orthopaedic	300	1000	N/A

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791	Fibulectomy	Orthopaedic	300	1000	N/A
792	French Osteotomy	Orthopaedic	750	2000	N/A
793	Full Thickness Skin Grafting	Orthopaedic	1500	2500	N/A
794	Ganglion Injection	Orthopaedic	100	500	N/A
795	General Exercises	Orthopaedic	10		N/A
796	Groin Flap	Orthopaedic	750	1500	N/A
797	High Tibial Osteotomy	Orthopaedic	1000	2000	N/A
798	Humeral Lengthening	Orthopaedic	1500	2500	N/A
799	Iliac Crest Grafting	Orthopaedic	300	1000	N/A
800	Intra Articular Injection	Orthopaedic	100	500	N/A
801	Joint Debridement	Orthopaedic	1000	2000	N/A
802	K WIRE Fixation	Orthopaedic	150	500	N/A
803	Laminectomy	Orthopaedic	2000	3000	N/A
804	Lavage	Orthopaedic	300	1000	N/A
805	LE / PL Splint	Orthopaedic	15	15	N/A
806	Ligament Reconstruction	Orthopaedic	750	1500	N/A
807	Ligament Reconstruction of Knee Ankle	Orthopaedic	750	1500	N/A
808	LL Splint	Orthopaedic	20		N/A
809	Local Exercises Including Stretching & Mobilization	Orthopaedic	20		N/A
810	Local Testing	Orthopaedic	0	100	N/A
811	Manipulation under GA	Orthopaedic	300	1000	N/A
812	Max Page Release	Orthopaedic	300	1000	N/A
813	Mc Murray's Osteotomy	Orthopaedic	1000	2000	N/A
814	Mini Fixator	Orthopaedic	1000	2000	N/A
815	Minisectionomy Partial / Total	Orthopaedic	1000	2000	N/A
816	Myocutaneous Flap	Orthopaedic	1000	2000	N/A
817	Myoplasty with/without skin	Orthopaedic	1000	2000	N/A
818	Nailing	Orthopaedic	750	1500	N/A
819	Neck Reconstruction	Orthopaedic	1250	2000	N/A
820	Nerve Repair/ Grafting /Transposition	Orthopaedic	1250	2000	N/A
821	Neurolysis	Orthopaedic	2000	3000	N/A
822	Open Reduction of CDH (Congenital Dislocation Hip)	Orthopaedic	300	1000	N/A
823	Open Reduction of CDH with Osteotomy	Orthopaedic	1000	2000	N/A
824	Open Reduction of Dislocation	Orthopaedic	300	1000	N/A
825	Osteotomy of Pelvis (Salter's Pemberton)	Orthopaedic	750	3000	N/A
826	Partial(Hemi) Hip Replacement	Orthopaedic	1500	2500	N/A
827	Patellectomy (Partial /Total)	Orthopaedic	300	1000	N/A
828	Phemister Grafting	Orthopaedic	1000	2000	N/A
829	Pin & Plaster Application	Orthopaedic	500	2000	N/A
830	Plaster ABOVE Elbow Knee Plaster	Orthopaedic	250	750	N/A
831	Plaster BELOW Elbow/ Knee	Orthopaedic	150	500	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
832	Plaster Removal	Orthopaedic	0	100	N/A
833	Plating	Orthopaedic	750	1500	N/A
834	POP Slab	Orthopaedic	100	250	N/A
835	Posterior Spinal Fusion WITH Instrumentation	Orthopaedic	2500	3500	N/A
836	Posterolateral Spinal Fusion	Orthopaedic	2500	3500	N/A
837	Posterolateral Spinal Fusion WITH Instrumentation	Orthopaedic	2500	3500	N/A
838	PosteroMedical Soft Tissue Release	Orthopaedic	300	1000	N/A
839	Proximal Row Carpectomy	Orthopaedic	300	1000	N/A
840	Putti Plat Operation	Orthopaedic	1000	2000	N/A
841	Radical Resection of Large Tumour	Orthopaedic	1000	2000	N/A
842	Recons Surgery of Hand (For Post Traumatic and Congenital Anomalies/Deformities)	Orthopaedic	1000	2000	N/A
843	Removal of Fixator	Orthopaedic	200	1000	N/A
844	Removal of K Wire	Orthopaedic	100	500	N/A
845	Removal of Loose Body	Orthopaedic	500	1500	N/A
846	Removal of Nail	Orthopaedic	500	1500	N/A
847	Removal of Plate	Orthopaedic	500	1500	N/A
848	Replacement of Small Joint of Hand /Foot	Orthopaedic	1500	2500	N/A
849	Replation	Orthopaedic	4000	5000	N/A
850	Resection Arthodesis(With Internal or External)	Orthopaedic	2500	3500	N/A
851	Rib Grafting	Orthopaedic	300	1000	N/A
852	Ring Fixator	Orthopaedic	1000	2000	N/A
853	Rotation Flap	Orthopaedic	1000	2000	N/A
854	Saucerization	Orthopaedic	150	500	N/A
855	Screw Fixation	Orthopaedic	150	500	N/A
856	SDP Nail Plate	Orthopaedic	2500	3500	N/A
857	Sequestrectomy	Orthopaedic	150	500	N/A
858	Short Wave Diathermy	Orthopaedic	50		N/A
859	Sinus Tract Excision	Orthopaedic	50	250	N/A
860	Skin Traction	Orthopaedic	100	500	N/A
861	Skull Traction	Orthopaedic	750	1500	N/A
862	Soutter's & Yount's Soft Tissue	Orthopaedic	300	1000	N/A
863	Spinal Fusion (Posterior)	Orthopaedic	2500	3500	N/A
864	Spinal Instrumentation (without fusion)	Orthopaedic	2500	3500	N/A
865	Splits and stents	Orthopaedic	100	NA	N/A
866	Steindler's Flexoroplasty	Orthopaedic	300	1000	N/A
867	Steindler's Release	Orthopaedic	300	1000	N/A
868	Stitchless Removal	Orthopaedic	0	100	N/A
869	SubCutaneous Tenectomy	Orthopaedic	300	1000	N/A
870	Syndactyly Release	Orthopaedic	300	1000	N/A
871	Synovectomy	Orthopaedic	500	1500	N/A

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872	TA Lengthening	Orthopaedic	300	1000	N/A
873	Talectomy	Orthopaedic	300	1000	N/A
874	Tendon Repair / Grafting	Orthopaedic	750	1500	N/A
875	Tenotomy Open	Orthopaedic	300	1000	N/A
876	Tension and Band Wiring	Orthopaedic	300	1000	N/A
877	Tibial Lengthening	Orthopaedic	2500	3500	N/A
878	Torticollis Release	Orthopaedic	300	1000	N/A
879	Total Hip Replacement	Orthopaedic	4000	5000	N/A
880	Total Knee Replacement	Orthopaedic	4000	5000	N/A
881	Total Shoulder /Elbow Replacement	Orthopaedic	2500	3500	N/A
882	Traction Through Tibia, Femur, Olecranon, Calcaneum	Orthopaedic	100	250	N/A
883	Transthoracic Decompression	Orthopaedic	4000	5000	N/A
884	Treadmill Exercise	Orthopaedic	100	150	N/A
885	Trigger Finger Thumb Release	Orthopaedic	300	1000	N/A
886	Tubular External Fixator	Orthopaedic	500	1500	N/A
887	Ultrasonic Therapy	Orthopaedic	50	150	N/A
888	Valgus / Varus	Orthopaedic	1000	2000	N/A
889	Wax Bath	Orthopaedic	50		N/A
890	Z-Plasty for Contractures	Orthopaedic	300	1000	N/A
891	Acrylic Temporary Crown (in Clinical Sitting)	Paediatric & Pre. Denti	50	NA	N/A
892	Apexification (Full Procedure)	Paediatric & Pre. Denti	300	NA	N/A
893	Bleaching of teeth (per segment)	Paediatric & Pre. Denti	500	NA	N/A
894	Cast Post/Fibre Post	Paediatric & Pre. Denti	500	NA	N/A
895	Cavity/IRM Temporary Restoration	Paediatric & Pre. Denti	50	NA	N/A
896	Composite Resin (Light Cure) Restoration	Paediatric & Pre. Denti	250	NA	N/A
897	Composite Resin Restoration with Celluloid Strip Crown	Paediatric & Pre. Denti	300	NA	N/A
898	Extraction of deciduous Tooth	Paediatric & Pre. Denti	30	NA	N/A
899	Extraction of Permanent Tooth	Paediatric & Pre. Denti	100	NA	N/A
900	Fiber Splint per segment	Paediatric & Pre. Denti	500	NA	N/A
901	Fixed Space maintainer Bilateral	Paediatric & Pre. Denti	400	NA	N/A
902	Fixed Space maintainer Unilateral	Paediatric & Pre. Denti	250	NA	N/A
903	Fluoride Varnish/Gel/Foam Application full mouth	Paediatric & Pre. Denti	200	NA	N/A
904	Full Cast Crown	Paediatric & Pre. Denti	600	NA	N/A
905	Glass Ionomer Cement (GIC) Restoration	Paediatric & Pre. Denti	100	NA	N/A
906	Hyrax Expansion Screw	Paediatric & Pre. Denti	1000	NA	N/A
907	Inlay/Onlay	Paediatric & Pre. Denti	400	NA	N/A
908	Jacket Crown	Paediatric & Pre. Denti	200	NA	N/A
909	Minor Paediatric Surgical Procedures (Dental/Oral)	Paediatric & Pre. Denti	300	NA	N/A
910	MTA Application per tooth	Paediatric & Pre. Denti	500	NA	N/A

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911	Myofunctional Appliance	Paediatric & Pre. Denti	500	NA	N/A
912	Periapical Surgery/Apicoectomy	Paediatric & Pre. Denti	500	1500	N/A
913	Pit & Fissure sealant (Light Cure) per tooth	Paediatric & Pre. Denti	200	NA	N/A
914	Polycarbonate Crown	Paediatric & Pre. Denti	100	NA	N/A
915	Porcelain fused to metal (PFM) Crown	Paediatric & Pre. Denti	1000	NA	N/A
916	Pulp Capping Procedure	Paediatric & Pre. Denti	100	NA	N/A
917	Pulpotomy (Multiple Rooted Tooth) Full Procedure	Paediatric & Pre. Denti	200	NA	N/A
918	Pulpotomy (Single Rooted Tooth) Full Procedure	Paediatric & Pre. Denti	150	NA	N/A
919	Removable Appliance (with expansion screw)	Paediatric & Pre. Denti	500	NA	N/A
920	Removable Appliance (without expansion screw)	Paediatric & Pre. Denti	200	NA	N/A
921	Removable Space maintainer	Paediatric & Pre. Denti	200	NA	N/A
922	Replantation	Paediatric & Pre. Denti	500	NA	N/A
923	Root Canal Treatment (Deciduous Tooth) with Permanent Filling	Paediatric & Pre. Denti	200	NA	N/A
924	Root Canal Treatment (Permanent tooth) with Permanent Filling	Paediatric & Pre. Denti	300	NA	N/A
925	Scaling - Manual (Paediatric Patients)	Paediatric & Pre. Denti	100	NA	N/A
926	Scaling - Ultrasonic (Paediatric Patients)	Paediatric & Pre. Denti	200	NA	N/A
927	Silver Amalgam Restoration	Paediatric & Pre. Denti	100	NA	N/A
928	Stainless Steel Crown	Paediatric & Pre. Denti	300	NA	N/A
929	Wire Splinting per segment	Paediatric & Pre. Denti	300	NA	N/A
930	Xray IOPA (Paediatric)	Paediatric & Pre. Denti	50	NA	N/A
931	Bed Charges (PICU)	Pediatric	1000		N/A
932	Blood Counts	Pediatric	150	250	N/A
933	Blood Transfusion	Pediatric	500	1000	N/A
934	CSF	Pediatric	100	150	N/A
935	EEG	Pediatric	440	600	N/A
936	Fluid Tapping Pleural / Ascitic	Pediatric	100		N/A
937	ICD Insertion	Pediatric	200	500	N/A
938	Lumbar Puncture	Pediatric	100		N/A
939	Peritoneal Dialysis	Pediatric	500	NA	N/A
940	Urine Examination Routine Microscopy	Pediatric	15	30	N/A
941	Ventilator	Pediatric	1000		N/A
942	Abscess Aspiration	Pediatric Oncology	500	750	N/A
943	Blood Transfusion	Pediatric Oncology	500	1000	N/A
944	Bone Marrow Aspiration	Pediatric Oncology	100	200	N/A
945	Central Line Access	Pediatric Oncology	300	500	N/A
946	Fluid Tapping Pleural / Ascitic	Pediatric Oncology	100		N/A
947	ICD Insertion	Pediatric Oncology	200	500	N/A
948	Intrathecal Chemotherapy	Pediatric Oncology	75	200	N/A

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949	Lumbar Puncture	Pediatric Oncology	100		N/A
950	Ryle's Tube Insertion	Pediatric Oncology	200	200	N/A
951	Venesection	Pediatric Oncology	200	1000	N/A
952	Abdominal Pull Through & Anorectal Reconstruction	Pediatric Surgery	2000	NA	N/A
953	Achlasia	Pediatric Surgery	1500	2500	N/A
954	Appendicectomy	Pediatric Surgery	750	1500	750.00
955	Bladder Exstrophy	Pediatric Surgery	2500	3500	N/A
956	Buccal Mucosal Graft	Pediatric Surgery	1500	NA	N/A
957	Buried Penis	Pediatric Surgery	2000	NA	N/A
958	CholeCystectomy Lap	Pediatric Surgery	1000	2000	N/A
959	Choledochal Cyst	Pediatric Surgery	2500	NA	6000.00
960	Circumcision	Pediatric Surgery	200	1000	N/A
961	Cloaca Repair	Pediatric Surgery	2000	3000	N/A
962	Colostomy / Ileostomy	Pediatric Surgery	1000	2000	N/A
963	CystoUrethroscopy	Pediatric Surgery	1500	NA	N/A
964	Deflux Injection	Pediatric Surgery	1000	NA	N/A
965	Duodenal Atresia	Pediatric Surgery	1500	NA	N/A
966	Fundoplication	Pediatric Surgery	1500	2500	N/A
967	Gastroschisis	Pediatric Surgery	1500	NA	N/A
968	Gastrostomy/ Jejunostomy Feeding	Pediatric Surgery	750	NA	750.00
969	Genitoplasty	Pediatric Surgery	2000	NA	N/A
970	Genitoscopy	Pediatric Surgery	1500	NA	N/A
971	Herniotomy	Pediatric Surgery	1000	NA	N/A
972	Hypospadias	Pediatric Surgery	1000	1500	N/A
973	Kasia Surgical Surgical Procedure	Pediatric Surgery	2500	NA	N/A
974	Lap Procedure	Pediatric Surgery	1500	NA	N/A
975	Laparoscopy	Pediatric Surgery	1000	2000	N/A
976	Laparotomy Explorative	Pediatric Surgery	1000	2000	2500.00
977	Liver Resection	Pediatric Surgery	2500	3500	7500.00
978	Malone Surgical Surgical Procedure	Pediatric Surgery	1500	2500	N/A
979	Malrotation	Pediatric Surgery	1500	2500	N/A
980	Mass Excision	Pediatric Surgery	1500	2500	N/A
981	Mitrofanoff Procedure	Pediatric Surgery	1500	2500	N/A
982	MMC Excision	Pediatric Surgery	2000	3000	N/A
983	Neuroblastoma	Pediatric Surgery	1500	2500	N/A
984	Omphalocele Repair	Pediatric Surgery	1000	NA	N/A
985	Orchidopexy	Pediatric Surgery	1000	2000	N/A
986	Orchidopexy (Jone's)	Pediatric Surgery	1500	NA	N/A
987	Partial Nephrectomy	Pediatric Surgery	2000	3000	N/A
988	PSARP	Pediatric Surgery	1500	NA	N/A
989	Pyeloplasty	Pediatric Surgery	1500	NA	N/A
990	Pyloromyotomy	Pediatric Surgery	1000	NA	N/A
991	Radical Nephrectomy	Pediatric Surgery	2000	3000	6000
992	Rectal Biopsy	Pediatric Surgery	500	NA	N/A
993	Rectal Polyp	Pediatric Surgery	1000	NA	N/A

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994	Rectal Prolapse	Pediatric Surgery	1000	NA	N/A
995	Resection Anastomosis	Pediatric Surgery	1500	NA	N/A
996	Sacrococcygeal Teratoma	Pediatric Surgery	1500	2500	N/A
997	Splenectomy	Pediatric Surgery	1000	2000	3750.00
998	Testicular Torsion	Pediatric Surgery	1500	NA	N/A
999	Transverse Fascia Repair	Pediatric Surgery	500	1500	N/A
1000	Urethoplasty	Pediatric Surgery	2000	3000	N/A
1001	Valve Fulgration	Pediatric Surgery	1000	NA	N/A
1002	VP Shunt	Pediatric Surgery	2000	3000	N/A
1003	VUR Surgery	Pediatric Surgery	1500	2500	N/A
1004	Wilms Tumor	Pediatric Surgery	1500	2500	N/A
1005	Abscess / Incision And Drainage	Pediatric Surgery	500	750	N/A
1006	Aesthetic Skin Closure	Pediatric Surgery	500	1500	N/A
1007	Bronchoscopy	Pediatric Surgery	500	750	750.00
1008	Colonoscopy	Pediatric Surgery	500	1000	1200
1009	Decortication	Pediatric Surgery	1000	2000	N/A
1010	Diaphragmatic Hernia	Pediatric Surgery	1500	2500	3750.00
1011	Endoscopy Diagnostic	Pediatric Surgery	500	1000	N/A
1012	Endoscopy Therapeutic	Pediatric Surgery	750	1000	750.00
1013	Endotracheal Intubation	Pediatric Surgery	300	NA	N/A
1014	Esophageal Dilatation	Pediatric Surgery	1000	2000	N/A
1015	Esophageal Replacement	Pediatric Surgery	2000	3000	N/A
1016	Esophagostomy	Pediatric Surgery	1000	NA	N/A
1017	Excision of Branchial Cyst	Pediatric Surgery	1000	2000	N/A
1018	Excision of External Angular Dermoid	Pediatric Surgery	1000	2000	N/A
1019	Excision of Head And Mass	Pediatric Surgery	1500	2500	N/A
1020	Excision of Ranula	Pediatric Surgery	1000	2000	N/A
1021	Excision of Thyroglossal Cyst	Pediatric Surgery	1000	2000	N/A
1022	ICD Insertion	Pediatric Surgery	200	500	N/A
1023	Intravenous Access	Pediatric Surgery	500	NA	N/A
1024	Irrigation And Dressing	Pediatric Surgery	500	NA	N/A
1025	Lobectomy (Pulmonary)	Pediatric Surgery	2200	3000	N/A
1026	Mediastinal Mass Excision	Pediatric Surgery	1500	2500	N/A
1027	Phototherapy (per day)	Pediatric Surgery	100	NA	N/A
1028	Preauricular Sinus	Pediatric Surgery	1000	2000	N/A
1029	Thoracoscopic Procedure	Pediatric Surgery	1500	NA	N/A
1030	Thoracoscopy Diagnostic	Pediatric Surgery	500	1000	N/A
1031	Thoracotomy	Pediatric Surgery	1000	2000	N/A
1032	Tongue Tie Release	Pediatric Surgery	500	1500	N/A
1033	Tracheoesophageal Fistula Repair	Pediatric Surgery	1000	2000	N/A
1034	Vascular Anastomosis / Vascular Repair	Pediatric Surgery	2000	3000	N/A
1035	Abscess Drainage (Dental)	Periodontics	50	OPD only	N/A
1036	Apically Displaced Flap ((Per Quadrant)	Periodontics	300	OPD only	N/A
1037	Apicoectomy (per tooth)	Periodontics	500	OPD only	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1038	Coronally Positioned Flap (Per Quadrant)	Periodontics	300	OPD only	N/A
1039	Crown Lengthening (Per Tooth)	Periodontics	100	OPD only	N/A
1040	Frenectomy	Periodontics	200	OPD only	N/A
1041	Gingival Curettage (Per Quadrant)	Periodontics	100	OPD only	N/A
1042	Gingival Depigmentation (Per Quadrant)	Periodontics	200	OPD only	N/A
1043	Gingivectomy (Per Quadrant)	Periodontics	300	OPD only	N/A
1044	Guided Tissue Regeneration (per Surgery)	Periodontics	800	OPD only	N/A
1045	Implant Placement (per implant Surgery)	Periodontics	1000	OPD only	N/A
1046	Laser Surgery	Periodontics	850	OPD only	N/A
1047	Lateral Sliding Flap (Per Tooth)	Periodontics	300	OPD only	N/A
1048	Micro Surgery	Periodontics	1500	OPD only	N/A
1049	Modified Widmap Flap (Per Quadrant)	Periodontics	500	OPD only	N/A
1050	Osseous Graft (per tooth)	Periodontics	200	OPD only	N/A
1051	Papilla Preservation Flap (per tooth)	Periodontics	500	OPD only	N/A
1052	Perio Prosthesis	Periodontics	200	OPD only	N/A
1053	Perio/Endo (Multi Rooted)	Periodontics	500	OPD only	N/A
1054	Perio/Endo (Singly Rooted)	Periodontics	500	OPD only	N/A
1055	Phase I Therapy	Periodontics	300	OPD only	N/A
1056	Ridge Augmentation	Periodontics	300	OPD only	N/A
1057	Root Planning Full Mouth	Periodontics	300	OPD only	N/A
1058	Scaling (Manual) Full Mouth	Periodontics	100	OPD only	N/A
1059	Scaling (Ultrasonic) Full Mouth	Periodontics	300	OPD only	N/A
1060	Soft Tissue Graft (per tooth)	Periodontics	500	OPD only	N/A
1061	Splinting (Ligature Wire)(Per Quadrant)	Periodontics	200	OPD only	N/A
1062	Splinting Fiber	Periodontics	500	OPD only	N/A
1063	Undisplaced Flap (Per Quadrant)	Periodontics	500	OPD only	N/A
1064	Anaesthesia Charges LA	Plastic Surgery	200	400	N/A
1065	Anaesthesia Charges SA	Plastic Surgery	200	400	N/A
1066	Anaesthesia Charges GA	Plastic Surgery	200	400	N/A
1067	Blood Transfusion	Plastic Surgery	500	1000	N/A
1068	Breast Reduction Augmentation & Mastopexy	Plastic Surgery	2500	NA	N/A
1069	Ear Reconstruction (excluding stage - 1)	Plastic Surgery	1500	2500	N/A
1070	Ear Reconstructive Surgery Stage - 1	Plastic Surgery	2500	2500	N/A
1071	ECG	Plastic Surgery	80	120	N/A
1072	Ectropion (lip & lid)	Plastic Surgery	750	NA	N/A
1073	Expansion plate removable ortho appliances	Plastic Surgery	250	1000	N/A
1074	Face lift full face dermabrasion resurfacing	Plastic Surgery	2500	NA	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1075	Fixed ortho/ Full Denture Maxillofacial Prosthesis	Plastic Surgery	1000	NA	N/A
1076	Flaps replantation of digits & hand	Plastic Surgery	2500	NA	N/A
1077	Gynecomastia	Plastic Surgery	750	NA	N/A
1078	Hair Transplantation	Plastic Surgery	20000	NA	N/A
1079	Hand Deformity nail deformity and small Joint Surgery	Plastic Surgery	750	NA	N/A
1080	I.V.Infusion (per day)	Plastic Surgery	75	200	N/A
1081	Jaw exerciser feeding plate NAM	Plastic Surgery	500	NA	N/A
1082	Laser <1% BSA	Plastic Surgery	2000	3000	N/A
1083	Laser <1-5% BSA	Plastic Surgery	2000	3000	N/A
1084	Laser <5-10% BSA	Plastic Surgery	2000	3000	N/A
1085	Laser >10% BSA	Plastic Surgery	2000	3000	N/A
1086	Liposuction and body contouring	Plastic Surgery	2500	NA	N/A
1087	Local Flaps	Plastic Surgery	750	NA	N/A
1088	Major Orthognathic Correction (Lefort I,II & III)	Plastic Surgery	2500	3500	N/A
1089	Major Post burn contracture of neck and hand	Plastic Surgery	1500	2500	N/A
1090	Major Reconstructive Surgeries Brachial Plexus Surgery free microvascular	Plastic Surgery	2500	3500	N/A
1091	Maxillofacial & Craniofacial Reconstruction for trauma tumor etc.	Plastic Surgery	1500	2500	N/A
1092	Nasoendoscopy	Plastic Surgery	250	NA	N/A
1093	Nerve Reconstruction (Repair and graft)	Plastic Surgery	1500	NA	N/A
1094	Pedicled regional flap Reconstruction for trauma tumor and burns	Plastic Surgery	1500	2500	N/A
1095	Penile Reconstruction hypospadias and epispadias	Plastic Surgery	1500	2500	N/A
1096	Post Burn Contracture of Axilla Elbow Knee Foot Fingers	Plastic Surgery	750	NA	N/A
1097	Removable Partial denture (per tooth)	Plastic Surgery	50	NA	N/A
1098	Skin Grafting	Plastic Surgery	1000	2000	3750.00
1099	Split Thickness Skin Grafting	Plastic Surgery	1500	2500	N/A
1100	Surgery Major	Plastic Surgery	400	1550	N/A
1101	Surgery Minor	Plastic Surgery	267	666	N/A
1102	Tendon Transfer and Reconstruction	Plastic Surgery	1500	NA	N/A
1103	Tissue Expansion	Plastic Surgery	2500	3500	N/A
1104	Vascular Reconstruction (artery vein Repair AVM & AVF)	Plastic Surgery	1500	2500	N/A
1105	All Ceramic Crown/Laminates	Prosthodontics	1500	OPD only	N/A
1106	Application of Soft liner (Tissue Continuer)	Prosthodontics	300	OPD only	N/A

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S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1107	Cast Partial Denture(Metal Frame Work) per arch	Prosthodontics	1300	OPD only	N/A
1108	Complete Denture (P.G. Clinic)	Prosthodontics	1500	OPD only	N/A
1109	Complete Denture Upper & Lower (U.G. Clinic)	Prosthodontics	1000	OPD only	N/A
1110	Dental X ray IOPA	Prosthodontics	500	OPD only	N/A
1111	Denture Adjustment(made from outside)	Prosthodontics	300	OPD only	N/A
1112	Each Additional Tooth	Prosthodontics	100	OPD only	N/A
1113	Each Additional tooth (but not more than 1000U/L RPD)	Prosthodontics	50	OPD only	N/A
1114	Each Additional Tooth(but more than 1000/- U/L RPD)	Prosthodontics	50	OPD only	N/A
1115	Each Additional tooth(but more than Rs. 600/- U/L	Prosthodontics	50	OPD only	N/A
1116	Fibre Post	Prosthodontics	500	OPD only	N/A
1117	Fibre reinforced composite Fixed Partial denture(FRC) Per unit	Prosthodontics	300	OPD only	N/A
1118	Flexible Denture -1 Tooth	Prosthodontics	1500	OPD only	N/A
1119	G.I. Restoration(Per Filling)	Prosthodontics	100	OPD only	N/A
1120	Hard Occlusal Splint/TMJ Devices	Prosthodontics	600	OPD only	N/A
1121	Heat Cure Resin Repair(Per Arch)	Prosthodontics	300	OPD only	N/A
1122	Implant Supported -1 tooth	Prosthodontics	300	OPD only	N/A
1123	Implant supported Overdenture(without metal denture base)	Prosthodontics	1500	OPD only	N/A
1124	Implant Supported Prosthesis(Metal Ceramic Crown and Bridge-Each Unit)	Prosthodontics	1200	OPD only	N/A
1125	Implant Surgery(Surgery placement for Implant per Unit)	Prosthodontics	1000	OPD only	N/A
1126	Interim/Definitive Obturator Prostheis(Acrylic)	Prosthodontics	1000	OPD only	N/A
1127	Jacket Crown(Acrylic)	Prosthodontics	200	OPD only	N/A
1128	Light Cure Restoration(Per Filling)/Core fabrication	Prosthodontics	250	OPD only	N/A
1129	Mandibular Prosthesis/Guiding Prosthesis	Prosthodontics	1000	OPD only	N/A
1130	Metal Acrylic facing(Each Unit)	Prosthodontics	700	OPD only	N/A
1131	Metal Ceramic Crown / Metal Ceramic Bridge(Each Unit)	Prosthodontics	1000	OPD only	N/A
1132	Metal coping for Overdenture(Each Unit)	Prosthodontics	200	OPD only	N/A
1133	Metal Crown & Bridge(Each Unit)	Prosthodontics	600	OPD only	N/A
1134	Metal Post/Custom made Post	Prosthodontics	300	OPD only	N/A
1135	Naso alveolar moulding	Prosthodontics	800	OPD only	N/A
1136	Night Guard	Prosthodontics	500	OPD only	N/A

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S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1137	Occluar Prosthesis	Prosthodontics	1000	OPD only	N/A
1138	Over Denture (Upper/Lower) - Tooth supported (without attachment)	Prosthodontics	1500	OPD only	N/A
1139	Permanent soft liner(excluding denture)	Prosthodontics	700	OPD only	N/A
1140	R.P.D. -1 Tooth (P.G. clinic)	Prosthodontics	300	OPD only	N/A
1141	R.P.D. -1 Tooth (U.G. clinic)	Prosthodontics	200	OPD only	N/A
1142	Radiation Stent	Prosthodontics	500	OPD only	N/A
1143	Recementation(Each Restoration)/Each crown	Prosthodontics	100	OPD only	N/A
1144	Relining or Rebasing(Per Arch)	Prosthodontics	400	OPD only	N/A
1145	Removal Faulty Restoration- Acrylic Removable	Prosthodontics	20	OPD only	N/A
1146	Removal Faulty Restoration- Fixed Prosthesis	Prosthodontics	300	OPD only	N/A
1147	Self Cure Resin Repair(Per Arch)	Prosthodontics	100	OPD only	N/A
1148	Single Complete Denture (P.G. Clinic)	Prosthodontics	800	OPD only	N/A
1149	Single Complete Denture (U.G. Clinic)	Prosthodontics	600	OPD only	N/A
1150	Sleep Apnea Prosthesis	Prosthodontics	1000	OPD only	N/A
1151	Slicion ExtraOral/Facial Prosthesis	Prosthodontics	2000	OPD only	N/A
1152	Soft Occlusal Splint	Prosthodontics	500	OPD only	N/A
1153	Surgical Obturator Prosthesis	Prosthodontics	500	OPD only	N/A
1154	16 PF	Psychiatry	100	200	N/A
1155	BGT	Psychiatry	100	200	N/A
1156	Biofeedback Therapy (Per Session)	Psychiatry	100	200	N/A
1157	Draw A Person Test	Psychiatry	100	200	N/A
1158	EEG	Psychiatry	440	600	N/A
1159	IQ Test	Psychiatry	100	200	N/A
1160	Modified ECT (Per Session)	Psychiatry	100	200	N/A
1161	Multi Behaviour Therapy (Per Session)	Psychiatry	100	200	N/A
1162	NeuroPsychological Attention Assessment	Psychiatry	100	200	N/A
1163	NeuroPsychological Memory Assessment	Psychiatry	100	200	N/A
1164	NeuroPsychological Visuospatial Assessment	Psychiatry	100	200	N/A
1165	Personality Test	Psychiatry	100	200	N/A
1166	RorschachTest	Psychiatry	100	200	N/A
1167	rTMS (per session)	Psychiatry	100	200	N/A
1168	Sentence Completion Test	Psychiatry	100	200	N/A
1169	SLD-Scholastic Assessment	Psychiatry	100	200	N/A
1170	Thematic Apperception Test	Psychiatry	100	200	N/A
1171	Atraumatic Restorative Treatment (per tooth)	Public Health Dentistry	50	NA	N/A
1172	Fluoride Application (per quadrant)	Public Health Dentistry	50	NA	N/A
1173	Light Cure Restoration (Per Tooth)	Public Health Dentistry	250	NA	N/A
1174	Pit & Fissure Sealant (per tooth)	Public Health Dentistry	100	NA	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1175	Scaling (Manual) Full Mouth	Public Health Dentistry	100	NA	N/A
1176	Scaling (Ultrasonic) Full Mouth	Public Health Dentistry	300	NA	N/A
1177	Biopsy Pleural	Pulmonary & Critical care	500	1000	N/A
1178	Bronchoscopy	Pulmonary & Critical care	500	1000	750.00
1179	Bronchoscopy + Biopsy	Pulmonary & Critical care	1000	1000	N/A
1180	Central Line Access	Pulmonary & Critical care	300	500	N/A
1181	CT Guided Biopsy	Pulmonary & Critical care	500	500	N/A
1182	EBUS	Pulmonary & Critical care	2000	2000	N/A
1183	ECG	Pulmonary & Critical care	80	120	N/A
1184	Echocardiography	Pulmonary & Critical care	500		N/A
1185	Fluid Aspiration Pleural / Ascitic	Pulmonary & Critical care	100		N/A
1186	FNAC	Pulmonary & Critical care	150	200	N/A
1187	Hemo Dialysis	Pulmonary & Critical care	1000	1000	N/A
1188	ICD Insertion / Pigtail Insertion	Pulmonary & Critical care	200	500	N/A
1189	Sleep Study Diagnostic	Pulmonary & Critical care	600	1000	N/A
1190	Sleep Study Titration	Pulmonary & Critical care	600	1000	N/A
1191	Thoracoscopic Procedure	Pulmonary & Critical care	1500	1500	N/A
1192	Thoracoscopy Diagnostic	Pulmonary & Critical care	500	1000	N/A
1193	Tracheostomy	Pulmonary & Critical care	750	1000	750
1194	USG Guided Abscess Drainage	Pulmonary & Critical care	800	1000	960
1195	USG Guided FNAC / Biopsy	Pulmonary & Critical care	500	1500	N/A
1196	USG Guided Pigtail Insertion	Pulmonary & Critical care	600	900	N/A
1197	USG Guided Pleural Fluid Aspiration	Pulmonary & Critical care	500	900	N/A
1198	BMD Single Site Study	Radio Diagnosis	600	NA	720.00
1199	BMD Three Sites Study	Radio Diagnosis	1000	NA	N/A
1200	BMD Two Sites Study	Radio Diagnosis	800	NA	N/A
1201	BMD Whole Body Study	Radio Diagnosis	1200	NA	N/A
1202	Colour Doppler each Part	Radio Diagnosis	500	NA	N/A
1203	CT KUB	Radio Diagnosis	2400	NA	N/A
1204	CT 3D Reconstruction Each Part	Radio Diagnosis	3000	NA	N/A
1205	CT Abdomen Upper	Radio Diagnosis	1000	NA	N/A
1206	CT Abdomen Whole	Radio Diagnosis	2400	NA	2500.00
1207	CT Angio (Calcium Scoring)	Radio Diagnosis	3000	NA	N/A
1208	CT Angio (Coronary)	Radio Diagnosis	5500	NA	6000
1209	CT Angio (Neuro) / One Part	Radio Diagnosis	3000	NA	N/A
1210	CT Angio (Non-Coronary Cardiac)	Radio Diagnosis	5500	NA	6000.00
1211	CT Angio Abdominal	Radio Diagnosis	3000	NA	N/A
1212	CT Angio Aorta	Radio Diagnosis	3000	NA	N/A
1213	CT Angio Brain	Radio Diagnosis	3000	NA	N/A
1214	CT Angio Face	Radio Diagnosis	3000	NA	N/A
1215	CT Angio Head	Radio Diagnosis	3000	NA	N/A
1216	CT Angio Limb Lower (Single Limb)	Radio Diagnosis	3000	NA	N/A
1217	CT Angio Limb Upper (Single Limb)	Radio Diagnosis	3000	NA	N/A
1218	CT Angio Neck	Radio Diagnosis	3000	NA	N/A
1219	CT Angio Nose	Radio Diagnosis	3000	NA	N/A
1220	CT Angio Pulmonary	Radio Diagnosis	5500		

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1221	CT Angio Vertebral	Radio Diagnosis	3000	NA	N/A
1222	CT Ankle	Radio Diagnosis	2000	NA	2500
1223	CT Cervical Spine	Radio Diagnosis	1500	NA	N/A
1224	CT Colonoscopy	Radio Diagnosis	3000	NA	N/A
1225	CT CV Junction	Radio Diagnosis	1500	NA	N/A
1226	CT Dental Scan Mandible Or Maxilla	Radio Diagnosis	1500	NA	N/A
1227	CT Elbow	Radio Diagnosis	2000	NA	2500
1228	CT Face	Radio Diagnosis	1500	NA	N/A
1229	CT Foot	Radio Diagnosis	2000	NA	2500
1230	CT Forearm	Radio Diagnosis	2000	NA	2500
1231	CT Guided (Vertebroplasty)	Radio Diagnosis	4000	NA	4200
1232	CT Guided Biopsy /FNAC	Radio Diagnosis	1000	NA	1400.00
1233	CT Guided Drainage (Single)	Radio Diagnosis	1000		
1234	CT Head	Radio Diagnosis	500	NA	1000.00
1235	CT Joint	Radio Diagnosis	2000	NA	2500.00
1236	CT Knee	Radio Diagnosis	2000	NA	2500
1237	CT Lower Abdomen	Radio Diagnosis	1000	NA	N/A
1238	CT Lumbar Spine	Radio Diagnosis	1000	NA	N/A
1239	CT Lumbo-Sacral Spine	Radio Diagnosis	2000	NA	N/A
1240	CT Maxilla	Radio Diagnosis	1500	NA	N/A
1241	CT Myelography	Radio Diagnosis	1500	NA	N/A
1242	CT Neck	Radio Diagnosis	1200	N/A	1500.00
1243	CT Orbits	Radio Diagnosis	1500	NA	N/A
1244	CT Pelvis	Radio Diagnosis	1200	NA	N/A
1245	CT Radiotherapy Planning	Radio Diagnosis	1000	NA	N/A
1246	CT Sacroilliac Joints	Radio Diagnosis	2000	NA	N/A
1247	CT Sella	Radio Diagnosis	1500	NA	N/A
1248	CT Spine C/S	Radio Diagnosis	1500	NA	N/A
1249	CT Spine D/L	Radio Diagnosis	1500	NA	N/A
1250	CT Spine L/S	Radio Diagnosis	1500	NA	N/A
1251	CT Spine Dorsal	Radio Diagnosis	1500	NA	N/A
1252	CT Temporal Bone	Radio Diagnosis	1500	NA	N/A
1253	CT Thorax	Radio Diagnosis	2000	NA	2000
1254	CT Thorax High Resolution (HRCT)	Radio Diagnosis	1500	NA	N/A
1255	CT Venogram	Radio Diagnosis	3000	NA	N/A
1256	CT Virtual Endoscopy	Radio Diagnosis	3000	NA	N/A
1257	CT Wrist	Radio Diagnosis	2000	NA	2500
1258	DSA Abd / Peripheral	Radio Diagnosis	3500	NA	4200.00
1259	DSA Angio Venous Sampling	Radio Diagnosis	3500	NA	N/A
1260	DSA Angioplasty	Radio Diagnosis	3500	NA	N/A
1261	DSA CNS Venography	Radio Diagnosis	3500	NA	4200
1262	DSA Cranial /Spinal	Radio Diagnosis	3500	NA	4200.00
1263	DSA Donor Renal	Radio Diagnosis	3500	NA	4200.00
1264	DSA Each Procedure	Radio Diagnosis	3500	NA	N/A
1265	DSA Embolization	Radio Diagnosis	3500	NA	N/A
1266	DSA Guided Pain Injection	Radio Diagnosis	1500	NA	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1267	DSA Transjugular Intervention	Radio Diagnosis	3500	NA	N/A
1268	DSA Transjugular Liver Biopsy	Radio Diagnosis	3500	NA	N/A
1269	DSA Vascular Stent	Radio Diagnosis	3500	NA	N/A
1270	DSA Vertebroplasty	Radio Diagnosis	3500	NA	4200
1271	Mammography - Procedure (Ductography)	Radio Diagnosis	500	NA	N/A
1272	Mammography - Procedure (With Biopsy) Stereo Biopsy	Radio Diagnosis	800	NA	N/A
1273	Mammography (Both Side)	Radio Diagnosis	600	NA	N/A
1274	Mammography (One Side)	Radio Diagnosis	300	NA	600.00
1275	MRI Contrast	Radio Diagnosis	1300	N/A	1300.00
1276	MRI Abdomen (Upper Or Lower)	Radio Diagnosis	4000	N/A	4000.00
1277	MRI Angio (Additional Sequence)	Radio Diagnosis	500	NA	N/A
1278	MRI Bones & Joints	Radio Diagnosis	3500	NA	4000
1279	MRI Cardiac	Radio Diagnosis	4000	NA	N/A
1280	MRI Chest	Radio Diagnosis	4000	NA	N/A
1281	MRI Cholangio Pancreatography	Radio Diagnosis	4000	NA	N/A
1282	MRI Defecography	Radio Diagnosis	4000	NA	N/A
1283	MRI Head	Radio Diagnosis	3500	NA	4000.00
1284	MRI Lymphanography	Radio Diagnosis	4000	NA	N/A
1285	MRI Neck	Radio Diagnosis	4000	NA	N/A
1286	MRI Orbit	Radio Diagnosis	3500	NA	N/A
1287	MRI Pelvis	Radio Diagnosis	3500	NA	4000.00
1288	MRI Spectroscopy	Radio Diagnosis	500	NA	N/A
1289	MRI Spine Per Region (C/S, D/L, L/S)	Radio Diagnosis	3500	NA	4000
1290	MRI TemporoMandibular	Radio Diagnosis	4000	NA	N/A
1291	MRI Thorax	Radio Diagnosis	4000	NA	4000.00
1292	MRI Venography	Radio Diagnosis	500	NA	N/A
1293	PCM	Radio Diagnosis	800		800
1294	PTBD	Radio Diagnosis	800		840
1295	PTC	Radio Diagnosis	600		600
1296	USG	Radio Diagnosis	300	NA	300.00
1297	USG Biopsy	Radio Diagnosis	500	NA	550.00
1298	USG Drainage	Radio Diagnosis	500	NA	960.00
1299	USG Guided FNAC / Biopsy	Radio Diagnosis	500	NA	N/A
1300	USG Sclerotherapy	Radio Diagnosis	250	NA	N/A
1301	USG TIFFA	Radio Diagnosis	1000	NA	N/A
1302	Xray Abdomen Decubitus	Radio Diagnosis	150	N/A	150.00
1303	Xray Abdomen KUB	Radio Diagnosis	150	N/A	150.00
1304	Xray Abdomen Lateral	Radio Diagnosis	150	NA	150
1305	Xray Abdomen Standing (Erect)	Radio Diagnosis	150	NA	150
1306	Xray Ante Grade Pyelography / Nephrostogram	Radio Diagnosis	450	NA	N/A
1307	Xray Barium Enema Double Contrast	Radio Diagnosis	800	NA	N/A
1308	Xray Barium Enema Single Contrast	Radio Diagnosis	800	NA	N/A
1309	Xray Barium Meal FT	Radio Diagnosis	800	NA	N/A

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S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1310	Xray Barium Meal Swallow	Radio Diagnosis	450	NA	N/A
1311	Xray Barium Meal UGI	Radio Diagnosis	700	NA	N/A
1312	Xray Cervical Spine AP	Radio Diagnosis	150	N/A	170.00
1313	Xray Cervical Spine Both Oblique	Radio Diagnosis	270	NA	N/A
1314	Xray Cervical Spine Lateral Ext.	Radio Diagnosis	150	NA	270
1315	Xray Cervical Spine Lateral Flexion	Radio Diagnosis	150	NA	270
1316	Xray Cervical Spine Lateral Neutral	Radio Diagnosis	150	NA	270
1317	Xray Cervical Spine Translateral	Radio Diagnosis	150	NA	N/A
1318	Xray Chest AP	Radio Diagnosis	150	N/A	150.00
1319	Xray Chest AP & Lateral	Radio Diagnosis	270	N/A	150.00
1320	Xray Chest AP Penetrated	Radio Diagnosis	150	NA	N/A
1321	Xray Chest Bed Side	Radio Diagnosis	150	N/A	150.00
1322	Xray Chest Lateral	Radio Diagnosis	150	NA	N/A
1323	Xray Chest PA & Lateral	Radio Diagnosis	270	NA	N/A
1324	Xray Dorsal Spine AP	Radio Diagnosis	150	N/A	150.00
1325	Xray Dorsal Spine AP & Lateral	Radio Diagnosis	270	N/A	270.00
1326	Xray Dorsal Spine Lateral	Radio Diagnosis	150	N/A	150.00
1327	Xray Fistulography/Sinography	Radio Diagnosis	350	NA	360
1328	Xray Foot AP & Lateral	Radio Diagnosis	270	NA	N/A
1329	Xray Hand AP & Lateral	Radio Diagnosis	270	NA	N/A
1330	Xray Hands AP Both With Wrist	Radio Diagnosis	270	NA	73/23
1331	Xray HSG / Genitogram	Radio Diagnosis	350	NA	360
1332	Xray IVP/ Urography	Radio Diagnosis	700	NA	720
1333	Xray Leg AP & Lateral	Radio Diagnosis	270	NA	N/A
1334	Xray Loopogram	Radio Diagnosis	240	NA	240
1335	Xray Lumbar Myelography	Radio Diagnosis	720	NA	720
1336	Xray Lumbar Spine AP	Radio Diagnosis	150	N/A	150.00
1337	Xray Lumbar Spine AP & Lateral	Radio Diagnosis	270	N/A	270.00
1338	Xray Lumbar Spine Both Oblique	Radio Diagnosis	270	N/A	270.00
1339	Xray Lumbar Spine Lateral	Radio Diagnosis	150	N/A	150.00
1340	Xray MCU	Radio Diagnosis	480	NA	480
1341	Xray Myelography Cervical	Radio Diagnosis	720	NA	720
1342	Xray Pelvis AP	Radio Diagnosis	150	N/A	150.00
1343	Xray Pelvis Lateral	Radio Diagnosis	150	NA	150
1344	Xray Pelvis Oblique	Radio Diagnosis	150	NA	150
1345	Xray RGU	Radio Diagnosis	480	NA	480
1346	Xray SI Joint (Both Oblique)	Radio Diagnosis	270	NA	N/A
1347	Xray SI Joint Both AP	Radio Diagnosis	150	NA	150
1348	Xray Sialography	Radio Diagnosis	600	NA	600
1349	Xray Skeletal Survey With Long bones	Radio Diagnosis	1000	NA	1200
1350	Xray Skeletal Survey Without Long bones	Radio Diagnosis	650	NA	720
1351	Xray Skull AP	Radio Diagnosis	150	N/A	150.00
1352	Xray Skull AP & Lateral	Radio Diagnosis	270	N/A	270.00
1353	Xray Skull Both Mastoids Lateral Oblique	Radio Diagnosis	270	N/A	270.00

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1354	Xray Skull Both Optic Foramina	Radio Diagnosis	270	N/A	270.00
1355	Xray Skull Lateral	Radio Diagnosis	150	N/A	150.00
1356	Xray Small Bowel Enema	Radio Diagnosis	700	NA	N/A
1357	Xray Thigh AP & Lateral	Radio Diagnosis	270	NA	N/A
1358	Xray T-Tube Cholangiography	Radio Diagnosis	400	NA	N/A
1359	Brachytherapy	Radiotherapy	5000	NA	5500.00
1360	Chemotherapy (Per cycle)	Radiotherapy	100	350	330.00
1361	Cobalt Teletherapy (per fraction)	Radiotherapy	200	NA	N/A
1362	CT Simulation	Radiotherapy	1000	1000	N/A
1363	CT Simulation RTP scan	Radiotherapy	1000	1000	N/A
1364	Electron Treatment (16# and More)	Radiotherapy	10000	NA	11000.00
1365	Electron Treatment (6 to 15#)	Radiotherapy	5000	NA	5500.00
1366	Electron Treatment (up to 5#)	Radiotherapy	2500	NA	N/A
1367	IMRT	Radiotherapy	20000	NA	22000.00
1368	IMRT(BOOST)	Radiotherapy	5000	NA	5500.00
1369	Palliative RT	Radiotherapy	2200	N/A	2200.00
1370	Photodynamic Therapy	Radiotherapy	5000		5000
1371	Stereotactic RadioSurgery (SRS)	Radiotherapy	50000	NA	55000.00
1372	Stereotactic RadioSurgery (SRT)	Radiotherapy	20000	NA	22000.00
1373	Teletherapy (3D-CRT)	Radiotherapy	15000	NA	N/A
1374	Teletherapy (3D-CRT, Boost)	Radiotherapy	5000	N/A	2750.00
1375	Teletherapy (Conventional)	Radiotherapy	10000	NA	N/A
1376	Cold therapy	Rheumatology	50	150	N/A
1377	Hot Pack	Rheumatology	50	150	N/A
1378	I/A Injection/Unguided Aspiration without Medicine	Rheumatology	500	750	N/A
1379	Infrared Therapy	Rheumatology	50	150	N/A
1380	Quadriceps Table Static Cycle	Rheumatology	100	150	N/A
1381	Short Wave Diathermy	Rheumatology	100	150	N/A
1382	Shoulder Wheel Pulley	Rheumatology	100	150	N/A
1383	Synovial Aspiration And Fluid Analysis	Rheumatology	600	950	N/A
1384	Synovial Fluid Aspiration	Rheumatology	500	750	N/A
1385	Synovial Fluid Crystal	Rheumatology	100	200	N/A
1386	Treadmill Exercise	Rheumatology	100	150	N/A
1387	Ultrasonic Therapy	Rheumatology	50	150	N/A
1388	USG Abdomen (Single Part)	Rheumatology	300	750	300.00
1389	USG Color Doppler	Rheumatology	600	900	N/A
1390	USG Guided Procedure	Rheumatology	500	900	N/A
1391	Wax Bath	Rheumatology	50	150	N/A
1392	Chemical Cautery	Skin & V.D	50	OPD	N/A
1393	Chemical Peel	Skin & V.D	200	OPD	N/A
1394	Dermabrasion Full	Skin & V.D	400	OPD	N/A
1395	Dermabrasion Partial	Skin & V.D	200	OPD	N/A
1396	Intralesional Steroid	Skin & V.D	100	OPD	N/A
1397	Iontopheresis	Skin & V.D	100	OPD	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1398	Radio Frequency for 5 Lesions and adjusted accordingly	Skin & V.D	100	OPD	N/A
1399	Skin Biopsy	Skin & V.D	100	OPD	N/A
1400	Abdomino Perineal Resection (L/O)	Surg Gastro.	2500	5000	6000.00
1401	Achalasia Cardiomyotomy	Surg Gastro.	2000	3000	
1402	Adrenalectomy (L/O)	Surg Gastro.	4000	5000	6000
1403	Anterior Resection	Surg Gastro.	2000	3000	6000
1404	Appendicectomy (L/O)	Surg Gastro.	750	1500	750.00
1405	Biopsy (Incision/Tru Cut)	Surg Gastro.	80	500	80.00
1406	CBD Exploration (L/O)	Surg Gastro.	1000	2000	N/A
1407	Central Line Access	Surg Gastro.	300	500	N/A
1408	Cervical Esophagectomy (L/O)	Surg Gastro.	1000	2000	7500
1409	Chemotherapy (Per cycle)	Surg Gastro.	100	350	330.00
1410	CholeCystectomy Lap	Surg Gastro.	1000	2000	N/A
1411	CholeCystectomy Open	Surg Gastro.	1000	2000	3750.00
1412	Choledochal Cyst (L/O)	Surg Gastro.	2500	3500	6000.00
1413	Choledochojejunostomy	Surg Gastro.	1000	2000	N/A
1414	Colon Resection (L/O)	Surg Gastro.	1000	2000	6000
1415	Colonoscopy Diagnostic	Surg Gastro.	500	1000	1200
1416	Colonoscopy Therapeutic	Surg Gastro.	1000	2000	N/A
1417	Colostomy / Ileostomy	Surg Gastro.	1000	2000	2500
1418	Colostomy / Ileostomy Closure	Surg Gastro.	1000	2000	N/A
1419	CystoGastrostomy (L/O)	Surg Gastro.	1000	2000	3750.00
1420	CystoJejunostomy (L/O)	Surg Gastro.	1000	2000	3750
1421	Debridement	Surg Gastro.	500	1500	N/A
1422	Diagnostic Laparoscopic (upto two trocar entries)	Surg Gastro.	1000	2000	N/A
1423	Diagnostic Laparoscopic / therapeutic Surgical Procedure (more than two trocar entries)	Surg Gastro.	2000	3000	N/A
1424	Endoscopy Diagnostic	Surg Gastro.	500	1000	750.00
1425	Endoscopy Therapeutic	Surg Gastro.	750	1000	750.00
1426	Endotracheal Intubation	Surg Gastro.	300	NA	N/A
1427	Enucleation/ Resection of Pancreatic Tumor	Surg Gastro.	4000	5000	N/A
1428	ERCP Diagnostic	Surg Gastro.	1000	1500	N/A
1429	ERCP Therapeutic	Surg Gastro.	1500	2000	N/A
1430	Esophagectomy	Surg Gastro.	2000	3000	7500
1431	Fissure in Ano	Surg Gastro.	500	1000	N/A
1432	Fistulectomy	Surg Gastro.	1000	2000	N/A
1433	Fistulectomy Sinus Exploration	Surg Gastro.	500	1500	500.00
1434	Fistulotomy	Surg Gastro.	1000	2000	N/A
1435	Flap Loco Regional	Surg Gastro.	1000	2000	N/A
1436	Fluid Tapping Pleural / Ascitic	Surg Gastro.	100		N/A
1437	Foreign Body Anal Region	Surg Gastro.	500	1000	N/A
1438	Fundoplication	Surg Gastro.	1500	2500	N/A


S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1439	Gastrectomy Total / Partial	Surg Gastro.	3000	3000	3750
1440	Gastrostomy/ Jejunostomy Feeding	Surg Gastro.	750	1000	750.00
1441	Hemorrhoids	Surg Gastro.	1000	2000	N/A
1442	Hepaticojejunostomy	Surg Gastro.	2000	3000	3750.00
1443	Hernia (Any Type)	Surg Gastro.	1000	2000	3750
1444	Hydatid Cyst liver Excision	Surg Gastro.	1000	2000	N/A
1445	Ileotransverse bypass	Surg Gastro.	1500		
1446	Lap Bariatric Surgery (Sleeve Gastrectomy/Roux-en-Y Bypass)	Surg Gastro.	1000	2000	N/A
1447	Laparoscopy Surgery (Other)	Surg Gastro.	2000	3000	N/A
1448	Laparotomy Explorative	Surg Gastro.	1000	2000	2500.00
1449	Lift (Ligation of Intersphincteric Fistula tract)	Surg Gastro.	1000	2000	N/A
1450	Liver Resection	Surg Gastro.	2500	3500	7500.00
1451	Lymphnode Dissection	Surg Gastro.	1500	2500	
1452	Major Surgery Any other	Surg Gastro.	1000	2000	N/A
1453	Manometry	Surg Gastro.	700		
1454	Minor Surgery Any other	Surg Gastro.	500	1000	N/A
1455	Pancreatic Necrosectomy	Surg Gastro.	1500	2500	N/A
1456	Pancreatico Jejunostomy Lateral	Surg Gastro.	2500		6000
1457	Peripheral Venous Cut Down	Surg Gastro.	200	600	N/A
1458	Pilonidal Sinus Excision + flap Repair	Surg Gastro.	1000	2000	N/A
1459	Radical Cholecystectomy	Surg Gastro.	2000	3000	3750.00
1460	Radical Cholecystectomy + CBD excision/anastomosis	Surg Gastro.	3000		
1461	Rectopexy	Surg Gastro.	2000		3750
1462	Repair of Burst Abdomen	Surg Gastro.	1000	2000	N/A
1463	Resection and Anastomoses	Surg Gastro.	2000	3000	3750.00
1464	RNY Gastric Bypass	Surg Gastro.	2000	3000	N/A
1465	Shunt for Portal Hypertension	Surg Gastro.	2500		7500
1466	Splenectomy	Surg Gastro.	1000	2000	3750.00
1467	Splenectomy LAP	Surg Gastro.	1000	2000	3750
1468	TPC + IPAA	Surg Gastro.	3000		N/A
1469	Triple bypass	Surg Gastro.	2500	3500	
1470	USG 3D Pelvic Floor	Surg Gastro.	1000		
1471	USG Endoscopic	Surg Gastro.	1000		
1472	USG Guided FNAC / Biopsy	Surg Gastro.	500	1000	550
1473	USG Intra Operative	Surg Gastro.	100	100	
1474	VATS (Video Assisted Thoracic Surgery)	Surg Gastro.	1000	2000	N/A
1475	Whipple Procedure	Surg Gastro.	3000	4000	5000
1476	Amputation Fore / Hind quarter	Surgical Oncology	1000	2000	
1477	Anterior Resection	Surgical Oncology	2000	3000	6000
1478	Biopsy Lymph Node	Surgical Oncology	300	500	750
1479	Chemotherapy (Per cycle)	Surgical Oncology	100	350	330.00
1480	Colon Resection	Surgical Oncology	1000	2000	

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1481	Colposcopy	Surgical Oncology	100	200	N/A
1482	Commando procedure (including Neck Dissection & Reconstruction)	Surgical Oncology	4000	5000	
1483	Esophagectomy	Surgical Oncology	2000	3000	7500
1484	Fluid Tapping Pleural / Ascitic	Surgical Oncology	100		N/A
1485	Gastrectomy Total / Partial	Surgical Oncology	3000	3000	3750
1486	Glossectomy	Surgical Oncology	1000		
1487	Hepaticojejunostomy	Surgical Oncology	2000	3000	3750.00
1488	Ileotransverse bypass	Surgical Oncology	1500		
1489	Ilio Inguinal Lymphnode Dissection (one side)	Surgical Oncology	1500		
1490	Inguinal Lymphnode Dissection (one side)	Surgical Oncology	1000		
1491	Laryngectomy	Surgical Oncology	2500	3500	
1492	Laser Excision of Oral Cavity	Surgical Oncology	1500	2500	
1493	Leukoplakia excision	Surgical Oncology	500		
1494	Liver Resection	Surgical Oncology	2500	3500	7500.00
1495	Lobectomy (Pulmonary)	Surgical Oncology	2200	3000	N/A
1496	Mandibulectomy	Surgical Oncology	1000	2000	3750
1497	Maxillectomy	Surgical Oncology	1500	2500	N/A
1498	Micro vascular flap	Surgical Oncology	2500		
1499	Modified Radical Mastectomy MRM	Surgical Oncology	1500	2500	N/A
1500	Neck Dissection	Surgical Oncology	1200		
1501	Orchidectomy (U/I or B/I)	Surgical Oncology	1000		
1502	Pancreatotomy	Surgical Oncology	4000	5000	6000
1503	Radical Cholecystectomy + CBD excision/anastomosis	Surgical Oncology	3000		
1504	Radical Cystectomy	Surgical Oncology	2500	3500	N/A
1505	Radical Nephrectomy	Surgical Oncology	2000	3000	6000
1506	Radical Vulvectomy	Surgical Oncology	1000	2000	N/A
1507	Retro Peritoneal tumor excision	Surgical Oncology	2500		
1508	Thyroidectomy Hemi	Surgical Oncology	1000		3750
1509	Tracheostomy	Surgical Oncology	750	1000	750
1510	Triple bypass	Surgical Oncology	2500	3500	
1511	Abdomino Perineal Resection	Surgical Oncology	2500	5000	6000.00
1512	Adrenalectomy	Surgical Oncology	4000	5000	6000
1513	Amputation (Any Type)	Surgical Oncology	1000	2000	2500.00
1514	Aspiration Pleural	Surgical Oncology	200	500	N/A
1515	Axillary Dissection	Surgical Oncology	1500	2500	3750.00
1516	Biopsy (Incision/Tru Cut)	Surgical Oncology	80	500	80.00
1517	Breast Conserving Surgery (BCS)	Surgical Oncology	1500	2500	3750
1518	Breast Lump Excision	Surgical Oncology	500	1000	3750.00
1519	Central Line Access	Surgical Oncology	300	500	N/A
1520	Chemo Port Insertion	Surgical Oncology	1000	2000	N/A
1521	Chest Wall Tumour Excision	Surgical Oncology	1500	2500	N/A
1522	Colostomy / Ileostomy	Surgical Oncology	1000	2000	

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1523	Colostomy / Ileostomy Closure	Surgical Oncology	1000	2000	2500.00
1524	Cyst / Nodule Excision	Surgical Oncology	300	1000	N/A
1525	Cystectomy Total	Surgical Oncology	1500	2500	6000.00
1526	Excision of Oral Cancer (Cheek)	Surgical Oncology	1000	2000	N/A
1527	Excision of Sarcoma	Surgical Oncology	1500	2500	N/A
1528	Excision of Skin Tumour	Surgical Oncology	800	1500	N/A
1529	Flap Loco Regional	Surgical Oncology	1000	2000	N/A
1530	Gastrostomy/ Jejunostomy Feeding	Surgical Oncology	750	1000	750.00
1531	Laparoscopy Diagnostic	Surgical Oncology	1000	2000	N/A
1532	Laparotomy Explorative	Surgical Oncology	1000	2000	2500.00
1533	Laparotomy For CA Ovary / Endometrium	Surgical Oncology	2500	3500	N/A
1534	Mastectomy Simple	Surgical Oncology	1000	2000	N/A
1535	Parotidectomy	Surgical Oncology	1000	2000	7500
1536	Pelvic Lymphnode Dissection	Surgical Oncology	1500	2500	N/A
1537	Penectomy (Partial/Total)	Surgical Oncology	1000	2000	N/A
1538	Peripheral Venous Cut Down	Surgical Oncology	200	600	N/A
1539	Pneumonectomy	Surgical Oncology	3000	4000	N/A
1540	Pulmonary Metastasectomy	Surgical Oncology	1800	2500	N/A
1541	Radical CholeCystectomy	Surgical Oncology	2000	3000	3750.00
1542	Resection and Anastomoses	Surgical Oncology	2000	3000	3750.00
1543	Retro Peritoneal Lymphnode Dissection	Surgical Oncology	5000	6000	N/A
1544	Sacral Excision	Surgical Oncology	1500	2500	N/A
1545	Scapulectomy	Surgical Oncology	2000	3000	N/A
1546	Skin Grafting	Surgical Oncology	1000	2000	3750.00
1547	Thyroidectomy Complete	Surgical Oncology	1500	2500	N/A
1548	Tracheal Resection	Surgical Oncology	2500	3000	N/A
1549	Wertheim's Hysterectomy	Surgical Oncology	1500	2500	2500.00
1550	Whipple Procedure	Surgical Oncology	3000	4000	5000
1551	Amputation (Any Type)	Trauma Surgery	1000	2000	2500.00
1552	Central Line Access	Trauma Surgery	300	500	N/A
1553	CholeCystectomy Open	Trauma Surgery	1000	2000	N/A
1554	Colon Resection	Trauma Surgery	1000	2000	N/A
1555	Colostomy / Ileostomy	Trauma Surgery	1000	2000	6000.00
1556	Colostomy / Ileostomy Closure	Trauma Surgery	1000	2000	N/A
1557	ECG	Trauma Surgery	80	120	N/A
1558	Esophageal conduit Surgery	Trauma Surgery	2000	3000	N/A
1559	Esophageal Repairs	Trauma Surgery	1000	2000	N/A
1560	Fasciotomy	Trauma Surgery	500	1000	N/A
1561	ICD Insertion	Trauma Surgery	200	500	N/A
1562	Laparotomy Explorative	Trauma Surgery	1000	2000	N/A
1563	Liver Resection	Trauma Surgery	2500	3500	N/A
1564	Nephrectomy	Trauma Surgery	2000	3000	N/A
1565	Other Elective Surgery	Trauma Surgery	1000	3000	N/A
1566	Pancreatotomy	Trauma Surgery	4000	5000	6000

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1567	Pre - Peritoneal Pelvic Packing	Trauma Surgery	500	1000	N/A
1568	Repair of hollow organs	Trauma Surgery	1000	2000	N/A
1569	Resection and Anastomoses	Trauma Surgery	2000	3000	3750.00
1570	Splenectomy	Trauma Surgery	1000	2000	3750.00
1571	Suprapubic Cystostomy	Trauma Surgery	500	1000	N/A
1572	Thoracotomy	Trauma Surgery	1000	2000	N/A
1573	Trauma WPD	Trauma Surgery	1000	2000	N/A
1574	Vascular Repair	Trauma Surgery	1500	2500	N/A
1575	Venous Cut Open	Trauma Surgery	200	1000	N/A
1576	Ventral Hernia Repair	Trauma Surgery	1000	2000	N/A
1577	Augmentation Cystoplasty	Urology	3000	4000	7500.00
1578	Co-axial Urethral Dilatation	Urology	500	750	N/A
1579	Cystolithotomy Open	Urology	1000	2000	3750.00
1580	Cystoscopy	Urology	500	1000	600.00
1581	Cystoscopy + Biopsy	Urology	500	1000	600.00
1582	DJ Stenting	Urology	700	1000	N/A
1583	DJ Stenting Removal	Urology	500	750	N/A
1584	Doppler USG	Urology	500	750	N/A
1585	DVIU	Urology	1000	1750	N/A
1586	Endopyelotomy	Urology	1000	1500	N/A
1587	Hypospadias	Urology	1000	1500	N/A
1588	Laser (Holmium) Enucleation of Prostate	Urology	7000	8000	N/A
1589	Laser (Holmium) Evaporation of Prostate	Urology	3000	4000	N/A
1590	Laser (KPT) Evaporation of Prostate	Urology	7000	8000	N/A
1591	Nephrectomy Lap (Radical/Simple)	Urology	2000	2500	N/A
1592	Nephrectomy Open	Urology	2000	3000	N/A
1593	Open Biopsy	Urology	500	750	N/A
1594	Orchidectomy	Urology	500	750	N/A
1595	Orchidopexy Lap	Urology	1000	1500	N/A
1596	Orchidopexy Open	Urology	1000	2000	N/A
1597	PCCL	Urology	1000	2000	3750.00
1598	PCN (Per Cutaneous Nephrotomy)	Urology	1000	2000	N/A
1599	PCNL	Urology	1000	2000	3750.00
1600	Penectomy (Partial/Total)	Urology	1000	2000	N/A
1601	Posterior Urethral Valve Fulguration/ Ureterocele Incision	Urology	1000	1500	N/A
1602	Pyelolymphatic Disconnection LAP	Urology	1500	2500	N/A
1603	Pyeloplasty LAP	Urology	1500	2500	N/A
1604	Pyeloplasty Open	Urology	1500	2500	6000.00
1605	Radical Cystectomy	Urology	2500	3500	N/A
1606	Radical Nephrectomy	Urology	2000	3000	6000.00
1607	Radical Orchidectomy	Urology	1000	1500	N/A
1608	Renal Cyst Excision LAP	Urology	1500	2500	N/A

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1609	RGP (Retro Grade Pyelography) UniLateral	Urology	500	750	990.00
1610	Simple Prostatectomy Open	Urology	1500	2500	N/A
1611	SPC (Suprapubic Catheter) Change	Urology	350	500	40.00
1612	TRUS Biopsy	Urology	500	750	80.00
1613	TURBT	Urology	1000	1500	3750.00
1614	TURP TUIP	Urology	1000	1500	3750.00
1615	Ureteric Implantation LAP	Urology	1500	2500	6000.00
1616	Ureteric Reconstruction	Urology	2000	3000	N/A
1617	Ureteric Reimplanation Boaris Flap	Urology	1500	2200	N/A
1618	Uretherolithotomy LAP	Urology	1500	2500	N/A
1619	Uretherolithotomy Open	Urology	2000	2500	N/A
1620	Uretheroplasty	Urology	2000	3000	N/A
1621	URS	Urology	2000	2500	3750.00
1622	USG	Urology	300	OPD	300.00
1623	Varicocelectomy LAP	Urology	1500	2500	N/A
1624	VVF Lap	Urology	2000	3000	6000.00
1625	VVF Open	Urology	1500	2500	6000.00


 Vice Chancellor
 King George's Medical University, Uttar Pradesh
 Lucknow

Approved by
 20/02/18


 Vice Chancellor
 King George's Medical University, Uttar Pradesh
 Lucknow



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

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पत्रांक संख्या..7.8.7./CMS: CAMP/18

दिनांक.०९/०३/१८....

सेवा में,

विभागाध्यक्षा,

ट्रान्सफ्यूजन मेडिसिन विभाग,

के०जी०एम०यू०, लखनऊ।

महोदय,

कृपया अवगत हो कि आपके विभाग के पत्रांक 379/20/2018 दिनांक 27/02/2018 का संदर्भ ग्रहण करें, जिसके द्वारा उपलब्ध करायी गयी जॉचों हेतु प्रोसेसिंग शुल्क पर मा० कुलपति जी, के०जी०एम०यू० द्वारा अनुमोदन प्रदान किया गया है।

उक्त के क्रम में जॉचों हेतु प्रोसेसिंग शुल्क की अनुमोदित प्रति इस पत्र के साथ संलग्न कर आवश्यक अग्रिम कार्यवाही हेतु प्रेषित।

धन्यवाद।

संलग्नक:- उपरोक्तानुसार

भ व दी य

(प्रो० एस०एन० संखवार)
मुख्य चिकित्सा अधीक्षक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. इंचार्ज, आई०टी० सेल, किंग जार्ज चिकित्सा विश्वविद्यालय को एक प्रति ई-हास्पिटल साफ्टवेयर में अपलोड किये जाने हेतु प्रेषित।
2. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।

KG MU Hospital Rate List

S.No.	Procedure Name	Department	Updated General Patient	Private Ward	SGPGIMS Rate
1626	Packed Red Blood Cells for General Ward Patients admitted in KG MU	Transfusion Medicine	600	N/A	935
1627	Crossmatching	Transfusion Medicine	300	N/A	385
1628	Antibody screening	Transfusion Medicine	150	N/A	165
1629	Antibody Identification	Transfusion Medicine	1000	N/A	N/A
1630	Therapeutic Phlebotomy	Transfusion Medicine	350	N/A	385
1631	Crossmatching for incompatible	Transfusion Medicine	500	N/A	N/A

Chief Medical Superintendent
Gandhi Memorial & Associated Hospital
King George Medical University, U.P.
Lucknow

अनुमोदित



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गोंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

-52-

पत्रांक संख्या... 881/CMS
CAMP/18

दिनांक... 12/1/18

सेवा में,

विभागाध्यक्ष,

पैथालॉजी/रेडियोडायग्नोसिस/प्रसूति एवं स्त्री रोग/
बाल रोग/रिस्पाइरेटरी मेडिसिन/रिह्यूमेटोलॉजी विभाग
किंग जार्ज चिकित्सा विश्वविद्यालय,
लखनऊ।

महोदय/महोदया,

कृपया अवगत हो कि हास्पिटल रेट लिस्ट में आपके विभाग की त्रुटिवश छूटी जॉचों/प्रक्रियाओं की दरों को चिकित्सालय में लागू किये जाने हेतु प्रेषित सूची को एस0जी0पी0जी0आई की दरों से तुलनात्मकता के आधार पर तैयार संकलित सूची पर मा0 कुलपति महोदय द्वारा अनुमोदन प्रदान किया गया है।

तदक्रम में जॉचों/प्रक्रियाओं की अनुमोदित सूची आपको आवश्यक अग्रिम कार्यवाही हेतु प्रेषित की जा रही है।

संलग्नक: यथोक्त।

भ व दी य

(प्रो0 एस0एन0 संखवार)
मुख्य चिकित्सा अधीक्षक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. इंचारज, आई0टी0 सेल, को इस आशय से प्रेषित कि अनुमोदित सूची के क्रम सं0 09-38 को ई-हास्पिटल साफ्टवेयर पर अपलोड करना सुनिश्चित करें।
2. वित्त अधिकारी, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।

Proposed rates after assessment according to SGPGIMS

S.No	Test/ Procedure Name	Department	General Patient	Private Ward	SGPGIMS Rate
1	Ceruloplasmin	Pathology	330.00	330.00	330.00
2	Glycosylated Hemoglobin (HbA1c)	Pathology	250.00	250.00	250.00
3	Hb Separation & Quantification By HPLC (HbA2, HbF)	Pathology	440.00	440.00	440.00
4	Serum Amylase	Pathology	35.00	35.00	35.00
5	Serum CPK	Pathology	55.00	55.00	55.00
6	Serum LDH	Pathology	35.00	35.00	35.00
7	Serum Lipase	Pathology	85.00	85.00	85.00
8	Serum Lipid profile	Pathology	145.00	145.00	145.00

New Test/Procedure rate for Approval

S.No	Test/ Procedure Name	Department	General Patient	Private Ward	SGPGIMS Rate
9	Absolute Eosinophil Count (AEC)	Pathology	30.00	50.00	N/A
10	CT PNS	Radio Diagnosis	1500.00	N/A	1500.00
11	CT Triple Phase Abdomen	Radio Diagnosis	3000.00	N/A	3500.00
12	CT Enterography	Radio Diagnosis	2400.00	N/A	2500.00
13	CT Angio Renal	Radio Diagnosis	3000.00	N/A	3500.00
14	CT Urography	Radio Diagnosis	2400.00	N/A	2500.00
15	CT Cisternography	Radio Diagnosis	2400.00	N/A	2500.00
16	ECHO (Fetal)	OBG	250.00	350.00	360.00
17	USG Biophysical Profile	OBG	500.00	550.00	600.00
18	Bed Charges (PICU)	Pediatric	200.00	N/A	N/A
19	Ventilator incl. Bed (PICU)	Pediatric	1000.00	N/A	N/A
20	Allergy Testing	Respiratory medicine	500.00	1000.00	N/A
21	Bi-Pap	Respiratory medicine	400.00	800.00	N/A
22	Diffusion Study	Respiratory medicine	400.00	420.00	420
23	ICD	Respiratory medicine	200.00	500.00	N/A
24	PFT (Spirometry)	Respiratory medicine	150.00	300.00	N/A
25	Pleural Biopsy	Respiratory medicine	500.00	1000.00	N/A
26	Pleural Fluid Aspiration	Respiratory medicine	100.00	150.00	N/A
27	Sleep Lab Study	Respiratory medicine	600.00	1000.00	N/A
28	Thoracoscopy Diagnostic	Respiratory medicine	500.00	1000.00	1000.00
29	Trans Thoracic FNAC	Respiratory medicine	150.00	200.00	220.00
30	Bronchoscopy	Respiratory medicine	500.00	750.00	750.00
31	X-ray Conventional	Respiratory medicine	41.00	82.00	N/A
32	Montoux (PPD)	Respiratory medicine	20.00	40.00	N/A
33	USG Guided Plural Fluid Aspiration	Respiratory medicine	500.00	900.00	N/A
34	Allergy Test for Aspergillus	Respiratory medicine	100.00	200.00	N/A
35	BMD (DEXA) Spine, Hip, Fore Arm	Rheumatology	1000.00	1500.00	N/A
36	BMD (DEXA) Whole Body / Body Composition	Rheumatology	1200.00	1700.00	N/A
37	USG Per Joints	Rheumatology	500.00	750.00	N/A
38	Blood Sugar (Each Glucostrip)	Rheumatology	30.00	35.00	35.00

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Chief Medical Superintendent
Gandhi Memorial & Associated Hospital
King George Medical University, U.P.
Lucknow

Vice Chancellor
King George's Medical University, Uttar Pradesh
Lucknow

अधीक्षक
श्री श्री स्मारक एवं सम्बद्ध चिकित्सालय
किंग जॉर्ज चिकित्सा विश्वविद्यालय, उज्जैन
बखनर।



किंग जार्ज चिकित्सा विश्वविद्यालय,

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मुख्य चिकित्सा अधीक्षक कार्यालय

गौंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-226,003

पत्रांक संख्या. 949/Cms:Camp/18

दिनांक. 28/4/18.....

सेवा में,

विभागाध्यक्ष,
फिजियोलॉजी/प्लास्टिक सर्जरी/
डी०पी०एम०आर० विभाग,
के०जी०एम०यू०, लखनऊ

महोदय,

कृपया अवगत हो कि हास्पिटल रेट लिस्ट में आपके विभाग की त्रुटिवश छूटी जॉर्चों/प्रक्रियाओं की दरों को चिकित्सालय में लागू किये जाने हेतु मा० कुलपति जी द्वारा अनुमोदन प्रदान किया गया है।

तदक्रम में उक्त जॉर्चों/प्रक्रियाओं की अनुमोदित सूची आपको आवश्यक अग्रिम कार्यवाही हेतु प्रेषित की जा रही है।

संलग्नक: यथोक्त।

भ व दी य

(प्रो० एस०एन० संखवार)
मुख्य चिकित्सा अधीक्षक

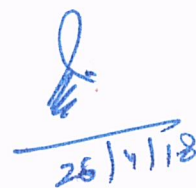
प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. इंचार्ज, आई०टी० सेल, के०जी०एम०यू०, लखनऊ को अनुमोदित सूची ई-हास्पिटल साफ्टवेयर पर अपलोड किये जाने हेतु प्रेषित।
2. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।

New Test/Procedure rate for Approval					
S.No	Test/ Procedure Name	Department	General Patient	Private Ward	SGPGIMS Rate
1	ANS	Physiology	250.00	500.00	N/A
2	BERA	Physiology	330.00	1000.00	N/A
3	PFT	Physiology	150.00	300.00	N/A
4	NCV	Physiology	330.00	1000.00	330.00
5	Sleep Lab Study (PSG)	Physiology	600.00	1000.00	N/A
6	Xray Elbow AP & LAT Single	DPMR	270.00	N/A	N/A
7	Xray Forearm-AP Single	DPMR	150.00	N/A	N/A
8	Xray Hip Joint AP Single	DPMR	150.00	N/A	N/A
9	Xray Knee LAT Single	DPMR	150.00	N/A	N/A
10	Xray Wrist with Forearm- AP Single	DPMR	150.00	N/A	N/A
11	Xray Wrist with Forearm- LAT Single	DPMR	150.00	N/A	N/A
12	Xray Wrist with Hand- AP Single	DPMR	150.00	N/A	150.00
13	Xray Wrist with Hand- LAT Single	DPMR	150.00	N/A	150.00
14	Xray Elbow with Forearm- AP Single	DPMR	150.00	N/A	N/A
15	Xray Elbow with Forearm- LAT Single	DPMR	150.00	N/A	N/A
16	Xray Elbow with Forearm- AP & LAT Single	DPMR	270.00	N/A	N/A
17	Xray Elbow with Arm- AP Single	DPMR	150.00	N/A	N/A
18	Xray Elbow with Arm- LAT Single	DPMR	150.00	N/A	N/A
19	Xray Shoulder with Arm - AP Single	DPMR	150.00	N/A	N/A
20	Xray Shoulder with Arm - LAT Single	DPMR	150.00	N/A	N/A
21	Xray Knee with Thigh- AP Single	DPMR	150.00	N/A	N/A
22	Xray Knee with Thigh- LAT Single	DPMR	150.00	N/A	N/A
23	Xray Knee with Legt- AP Single	DPMR	150.00	N/A	N/A
24	Xray Knee with Legt- LAT Single	DPMR	150.00	N/A	N/A
25	Xray Ankle with Leg AP Single	DPMR	150.00	N/A	N/A
26	Xray Ankle with Leg LAT Single	DPMR	150.00	N/A	N/A
27	Xray Ankle with Foot AP Single	DPMR	150.00	N/A	N/A
28	Xray Ankle with Foot LAT Single	DPMR	150.00	N/A	N/A
29	Xray Ankle with Foot Obliquel	DPMR	150.00	N/A	N/A
30	Xray HIP with Thigh AP Single	DPMR	150.00	N/A	N/A
31	Xray HIP with Thigh LAT Single	DPMR	150.00	N/A	N/A
32	Xray Cervical Spine AP & LAT Single	DPMR	270.00	N/A	270.00
33	Local Cases	Plastic Surgery	500.00	N/A	N/A

Chief Medical Superintendent
Gandhi Memorial & Associated Hospital
Lucknow
King George's Medical University, U.P.
Lucknow




25/4/18

Vice Chancellor
King George's Medical University, Uttar Pradesh
Lucknow



पत्रांक संख्या.११६/L.M.S.-Camp/18

दिनांक.17/05/18.....

सेवा में,

विभागाध्यक्ष,
पैथालॉजी विभाग,
के०जी०एम०यू०,
लखनऊ।

महोदय,


कृपया अवगत कराना है कि पैथालॉजी विभाग में होने वाली कुछ जॉचों (पैथालॉजी लिस्ट के क्रम संख्या 38, 75, 77, 129, 135, 145, 147 व 148) की दरों को एस०जी०पी०जी०आई० की दरों के समानान्तर किये जाने हेतु समिति द्वारा निम्न संस्तुति की गयी-

“द्वितीय प्रस्ताव- विभागाध्यक्ष, पैथालॉजी विभाग द्वारा पूर्व में प्रेषित पत्र संख्या 176 दिनांक 12.02.2018 में दिये गये सुझाव - “To equalise the rates of these selected (Higher priced) investigations, as an alternative we can adopt reagent rental cost model of SGPGI.” जिसे दिनांक 20 मई 2017 को मा० कुलपति जी की अध्यक्षता में हुयी बैठक के कार्यवत्त में बिन्दु संख्या 2 पर रक्षित सुझाव पर निर्णय लिये जाने के क्रम में समिति के समक्ष प्रस्ताव स्वरूप रखा गया। उक्त के कार्यान्वित करने से जॉचों को SGPGIMS की दरों के समानान्तर किया जा सकता है।”

जिस पर मा० कुलपति जी द्वारा अनुमोदन प्रदान किया गया है।

अतः मा० कुलपति जी के अनुमोदन के क्रम में उक्त संदर्भित जॉचो हेतु इसे चिकित्सालय में कार्यान्वित किये जाने की आवश्यक अग्रिम कार्यवाही करने का कष्ट करें।

भ व दी य


(प्रो० एस०एन० संखवार)
मुख्य चिकित्सा अधीक्षक

012

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

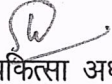
1. वित्त अधिकारी, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
2. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।



संसोधन

चिकित्सालय में होने वाली समस्त जॉचों एवं प्रक्रियाओं की एकीकृत दरें मा० कुलपति जी के अनुमोदनोपरान्त चिकित्सालय में लागू की गयी है। अधीक्षक, दंत संकाय, के०जी०एम०यू० के पत्र संख्या 340/एसडी/18 दिनांक द्वारा अनुमोदित दरों में आई०ओ०पी०ए० एक्स-रे की दरों में विषमता से अवगत कराते हुए संसोधन किये जाने का अनुरोध किया गया है, जिसके सम्बन्ध में इंचार्ज, आई०टी० सेल से हुयी वार्तानुसार ओरल मेडिसिन एवं रेडियोलॉजी विभाग पत्र द्वारा आई०ओ०पी०ए० एक्स-रे की दरें 80/- एवं प्रास्थोडॉन्टिक्स, क्राउन्स ब्रिजेज विभाग द्वारा 500/- टंकित करते हुए अनुमोदन हेतु प्रेषित की गयी थी। उक्त एक्स-रे के नाम में विषमता होने से दरें एकीकृत नहीं की जा सकीं।

अतः उक्त संदर्भित विभागों में होने वाली आई०ओ०पी०ए० एक्स-रे की दरों को "One Rate One Hospital" के आधार पर संसोधित कर रू० 50/- किया जाता है।


मुख्य चिकित्सा अधीक्षक
गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय
उ०प्र०, लखनऊ। *al*

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु-

01. कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
02. वित्त अधिकारी, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
03. अधीक्षक, गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय, लखनऊ।
04. उप-चिकित्सा अधीक्षक, गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय, लखनऊ।
05. अधीक्षक, दंत संकाय, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
06. विभागाध्यक्ष, ओरल मेडिसिन एवं रेडियोलॉजी विभाग, दंत संकाय, के०जी०एम०यू०, लखनऊ।
07. विभागाध्यक्ष, प्रास्थोडॉन्टिक्स, क्राउन्स ब्रिजेज विभाग, दंत संकाय, के०जी०एम०यू०, लखनऊ।
08. इंचार्ज, आई०टी० सेल, के०जी०एम०यू०, लखनऊ को ई-हास्पिटल साफ्टवेयर में संसोधन किये जाने हेतु।
09. माननीय कुलपति महोदय के निजी सचिव को माननीय के अवलोकनार्थ।



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गौधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

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पत्रांक संख्या. 1324 /CMS CAMP/18

दिनांक:- ०९/०८/१८

सेवा में,

विभागाध्यक्ष,

ट्रान्सप्लूजन मेडिसिन विभाग/ई०एन०टी० विभाग/
डी०पी०एम०आर० विभाग/माइक्रोबायोलॉजी विभाग
के०जी०एम०यू०, लखनऊ।

महोदय,

कृपया अवगत हो कि हास्पिटल रेट लिस्ट में आपके विभाग की त्रुटिवश छूटी रक्त अवयव की प्रोसेसिंग/ब्लड एवं प्लेटलेट्स/जॉचों/प्रक्रियाओं की दरों को चिकित्सालय में लागू किये जाने हेतु मा० कुलपति जी द्वारा अनुमोदन प्रदान किया गया है।

तदक्रम में उक्त रक्त अवयव की प्रोसेसिंग/ब्लड एवं प्लेटलेट्स/जॉचों/प्रक्रियाओं की अनुमोदित सूची आपको आवश्यक अग्रिम कार्यवाही हेतु प्रेषित की जा रही है।

संलग्नक: यथोक्त।

भ व दी य

(प्रो० एस०एन० संखवार)
मुख्य चिकित्सा अधीक्षक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. इंजार्ज, आई०टी० सेल, के०जी०एम०यू०, लखनऊ को अनुमोदित सूची ई-हास्पिटल साफ्टवेयर पर अपलोड किये जाने हेतु प्रेषित।
2. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।

Test/Procedure/Blood/Platelets rate for Approval					
S.No	Test/ Procedure Name	Department	General Patient	Private Ward	SGPGIMS Rate
1	Cryo Poor Plasma & Cryoprecipitate (KGMU)	Transfusion Medicine	200	1000	220
2	Cryo Poor Plasma & Cryoprecipitate (Other Hospital Govt)	Transfusion Medicine	400	N/A	N/A
3	Cryo Poor Plasma & Cryoprecipitate (Private Hospital / Nursing Home)	Transfusion Medicine	1000	N/A	N/A
4	Extra Bags (KGMU)	Transfusion Medicine	50	300	N/A
5	Extra Bags(Other Hospital Govt)	Transfusion Medicine	50	N/A	N/A
6	Extra Bags(Private Hospital / Nursing Home)	Transfusion Medicine	300	N/A	N/A
7	Fresh Frozen Plasma (KGMU)	Transfusion Medicine	200	1000	440
8	Fresh Frozen Plasma (Other Hospital Govt)	Transfusion Medicine	400	N/A	N/A
9	Fresh Frozen Plasma (Private Hospital / Nursing Home)	Transfusion Medicine	1000	N/A	N/A
10	Plasmapheresis Kit (KGMU)	Transfusion Medicine	8000	11000	N/A
11	Plasmapheresis Kit (Other Hospital Govt)	Transfusion Medicine	11000	N/A	N/A
12	Plasmapheresis Kit (Private Hospital / Nursing Home)	Transfusion Medicine	14000	N/A	N/A
13	Platelet Concentrate (KGMU)	Transfusion Medicine	200	1000	440
14	Platelet Concentrate (Other Hospital Govt)	Transfusion Medicine	400	N/A	N/A
15	Platelet Concentrate (Private Hospital / Nursing Home)	Transfusion Medicine	1000	N/A	N/A
16	PRBC/ Whole Blood (KGMU)	Transfusion Medicine	600	1000	935
17	PRBC/ Whole Blood (Other Hospital Govt)	Transfusion Medicine	600	N/A	N/A
18	PRBC/ Whole Blood (Private Hospital / Nursing Home)	Transfusion Medicine	2000	N/A	N/A
19	Single Exposure (Any Part)	DPMR	150	150	N/A
20	Double Exposure (Any Part)	DPMR	270	270	N/A
21	D/L Biopsy	ENT	250	500	N/A
22	Nasal Packing	ENT	300	500	N/A
23	NTM Speciation	Microbiology	2500	3000	N/A

अधीक्षक
 श्री जी. जयप्रकाश सिंह
 विदेशी विभाग, लखनऊ।

Chief Medical Superintendent
 Gandhi Memorial & Associated Hospital
 King George Medical University, U.P.
 Lucknow



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

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पत्रांक संख्या: 1779 /CMS CAMP/19

दिनांक:- 20/02/19

सेवा में,
फैकल्टी इचार्ज,
सेन्टर फार एडवान्स रिसर्च,
के०जी०एम०यू०,
लखनऊ।

महोदया,

कृपया अपने पत्रांक संख्या- सी०एफ०ए०आर०/2018/129 दिनांक 27.06.2018 का संदर्भ ग्रहण करें, जिसके द्वारा विभाग हेतु अनुमोदित जॉचों/प्रक्रियाओं को Reagent Rental Cost Model के आधार पर Reagent Contract Basis पर रीजेन्ट एवं अन्य सर्पोट सर्विसेज चिकित्सालय कार्यरत फर्म मे० पी०ओ०सी०टी० सर्विसेज से उपलब्ध कराये जाने का प्रस्ताव प्रेषित किया गया है।

उक्त प्रेषित प्रस्ताव पर मरीजों के हितार्थ पूर्व में पैथालॉजी विभाग की कुछ जॉचों हेतु प्रदान किये गये अनुमोदन की नियम एवं शर्तानुसार सेन्टर फार एडवांस रिसर्च, के०जी०एम०यू०, लखनऊ हेतु मे० पी०ओ०सी०टी० सर्विसेज के माध्यम से Reagent Rental Cost Model के आधार पर Reagent Contract Basis पर रीजेन्ट एवं अन्य सर्पोट सर्विसेज उपलब्ध कराये जाने के प्रस्ताव पर मा० कुलपति जी द्वारा अनुमोदन प्रदान किया गया है। अतः सेन्टर फार एडवांस रिसर्च, के०जी०एम०यू०, लखनऊ की अनुमोदित सूची के क्रम संख्या 9, 10 एवं 12 के अतिरिक्त अन्य जॉचों/प्रक्रियाओं हेतु उक्त अनुमोदनानुसार कार्यान्वित किये जाने की आवश्यक अग्रिम कार्यवाही करने का कष्ट करें। साथ ही क्रम संख्या 9, 10 एवं 12 पर संदर्भित जॉचों की दरें इनके सापेक्ष अंकित सरकारी/एन०पी०ओ० की दरों से अधिक है के सम्बन्ध में पुनः परीक्षण कर स्पष्ट प्रस्ताव अग्रिम कार्यवाही हेतु प्रेषित करें।

भ व दी य

(प्रो० एस०एन० संखवार)
मुख्य चिकित्सा अधीक्षक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. वित्त अधिकारी, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
2. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।

Test/Procedure/Blood/Platelets rate for Approval					
S.No	Test/ Procedure Name	Department	General Patient	Private Ward	Cost at Govt./Non profit
1	β -Thalassemia (Carrier detection) by PCR	Center for Advance Reserch	4500.00	4500	SGPGIMS-5000 AIIMS-6000
2	Prenatal Diagnosis β -Thalassemia/Sickle Cell Aemia by PCR	Center for Advance Reserch	4000.00	4000	SGPGIMS-4000 AIIMS-4500
3	Karyotyping for Down syndrome by G Banding	Center for Advance Reserch	2000.00	2000	SGPGIMS-2500 AIIMS-2500
4	Karyotyping for Leukaemia by G-Banding	Center for Advance Reserch	2000.00	2000	SGPGIMS-2500 AIIMS-2500
5	Amino acid disorder (Semiquantitative) By TLC	Center for Advance Reserch	400.00	400	SGPGIMS-400 CDFD-400
6	Phenylketonuria (Quantitative) by Gas Chromatography	Center for Advance Reserch	1000.00	1000	N/A
7	Pesticide analysis by Gas Chromatography	Center for Advance Reserch	500.00	500	N/A
8	Duchenne muscular dystrophy/becker muscular dystrophy by PCR	Center for Advance Reserch	3000.00	3000	SGPGIMS-3500 CDFD-2900
9	EFGR mutation analysis by RT-PCR	Center for Advance Reserch	7000.00	7000	TMC-1840
10	BCR-ABL by RT-PCR	Center for Advance Reserch	5000.00	5000	AIIMS-2200 TMC-2600
11	HPV ELISA	Center for Advance Reserch	800.00	800	SGPGIMS-800
12	KRAS mutation detection by PCR	Center for Advance Reserch	6500.00	6500	TMC-2200
13	Human TNF-alpha by Immunoassay	Center for Advance Reserch	3600.00	3600	N/A
14	Human IL-10 by Immunoassay	Center for Advance Reserch	900.00	900	N/A
15	Primary Immunodeficiency analysis by Count Flow Cytometry	Center for Advance Reserch	4000.00	4000	N/A
16	Sepsis Analysis By Flow cytometry	Center for Advance Reserch	5000.00	5000	N/A



Chief Medical Superintendent
Gandhi Memorial & Associated Hospital
King George Medical University, U.P.
Lucknow


superintendent
G. M & Associated Hospitals
LUCKNOW



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

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पत्रांक संख्या.1790 /CMS CAMP/19

दिनांक:- 26/02/19

सेवा में,

विभागाध्यक्ष,

ट्रान्सफ्यूजन मेडिसिन विभाग/

यूरोलॉजी विभाग

के०जी०एम०यू०, लखनऊ।

महोदय,

कृपया अवगत हो कि हास्पिटल रेट लिस्ट में आपके विभाग की प्रस्तावित रक्त अवयव की प्रोसेसिंग/ब्लड एवं प्लेटलेट्स/जॉचों/प्रक्रियाओं की दरों को चिकित्सालय परामर्शदात्री समिति के अनुमोदनोपरान्त चिकित्सालय में लागू एवं हास्पिटल रेट लिस्ट में संकलित किये जाने हेतु मा० कुलपति जी द्वारा अनुमोदन प्रदान किया गया है।

तदक्रम में उक्त रक्त अवयव की प्रोसेसिंग/जॉचों/प्रक्रियाओं की अनुमोदित सूची आपको आवश्यक अग्रिम कार्यवाही हेतु प्रेषित की जा रही है।

संलग्नक: यथोक्त।

भ व दी य

(प्रो० एस०एन० संखवार)

मुख्य चिकित्सा अधीक्षक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. इंचार्ज, आई०टी० सेल, के०जी०एम०यू०, लखनऊ को अनुमोदित सूची ई-हास्पिटल साफ्टवेयर पर अपलोड किये जाने हेतु प्रेषित।
2. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।

Test/Procedure/Blood/Platelets rate for Approval					
S.No	Test/ Procedure Name	Department	General Patient	Private Ward	SGPGIMS Rate
1	Lithotripsy (ESWL) 1st Sitting (3000-3500 Shock waves)	Litho Uro Center, Urology	10000.00	N/A	11000.00
2	Repeat Session (ESWL) IInd, IIIrd Session	Litho Uro Center, Urology	5000.00	N/A	5500.00
3	Urodynamic (CMG)/(EMG)	Litho Uro Center, Urology	500.00	N/A	600.00
4	Uroflometry	Litho Uro Center, Urology	150.00	N/A	180.00
5	Bone Mineral Density (Single Site)	Litho Uro Center, Urology	600.00	N/A	720.00
6	Stone Analysis	Litho Uro Center, Urology	800.00	N/A	900.00
7	Xray RGU	Litho Uro Center, Urology	480.00	N/A	600.00
8	Xray MCU	Litho Uro Center, Urology	480.00	N/A	480.00
9	Antigrade pylogram (digital)	Litho Uro Center, Urology	350.00	N/A	400.00
10	USG KUB	Litho Uro Center, Urology	300.00	N/A	330.00
11	Xray KUB	Litho Uro Center, Urology	150.00	N/A	150.00
12	DJ Stenting charges	Litho Uro Center, Urology	700.00	N/A	750.00
13	Direct Coombs Test (DCT) [monoclonal Antisera For IgG, C3d, Control] : <u>Patient Sample</u>	Transfusion Medicine	170.00	N/A	N/A
14	Direct Coombs Test (DCT) [Monoclonal Antisera For IgG, C3d, Control] : <u>Patient's Mother Sample</u>	Transfusion Medicine	170.00	N/A	N/A
15	Indirect Coombs test (ICT) : <u>Patient Sample</u>	Transfusion Medicine	150.00	N/A	N/A
16	Indirect Coombs test (ICT) : <u>Patient Mother Sample</u>	Transfusion Medicine	150.00	N/A	N/A
17	Weak D (for Rh group confirmation)	Transfusion Medicine	35.00	N/A	N/A
18	Rh and kell antigen typing (along with forward & reverse Blood grouping) With Duolys 96 test/kit with accessory reagent Diagast-France	Transfusion Medicine	195.00	N/A	N/A
19	Extended phenotyping (for antigen typing using Anti-Fya, Anti-Jka, Anti-Jkb, Anti-S, Anti-s antiseras and manual antisera for Anti-M & Anti-N	Transfusion Medicine	590.00	N/A	N/A
20	Reconstituted blood for Exchange Trasfusion	Transfusion Medicine	800.00	N/A	2860
21	Reconstituted blood for Exchange Trasfusion (other Hospital Private)	Transfusion Medicine	2500.00	N/A	2860


 Chief Medical Superintendent
 Gandhi Memorial & Associated Hospital
 King George Medical University, U.P.
 Lucknow


 Superintendent
 & Associated Hospitals
 LUCKNOW



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

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पत्रांक संख्या. ०१ /CMS CAMP/19

दिनांक:- ०५/०५/१९

सेवा में,

विभागाध्यक्ष,

पैथालॉजी विभाग,

के०जी०एम०यू०, लखनऊ।

महोदय,

कृपया अपने कार्यालय पत्रांक संख्या पत्रांक संख्या-426 दिनांक 30.03.2019 द्वारा अग्रसारित प्रो० मधु मती गोयल, पैथालॉजी विभाग के पत्र का संदर्भ ग्रहण करें, जिसके द्वारा विभाग में प्रारम्भ होने वाली नयी जॉच FISH (Flourescence In Site Hybridization) की दर रू० 8500/- को विभिन्न सरकारी/प्राइवेट संस्थानों की दरों के तुलनात्मक चार्ट पर अंकित कर चिकित्सालय में लागू किये जाने का अनुरोध किया गया है।

तदक्रम में मा० कुलपति जी द्वारा FISH (Flourescence In Site Hybridization) की दर रू० 8500/- को चिकित्सालय में लागू किये जाने एवं उक्त दर को हॉस्पिटल रेट लिस्ट में संकलित किये जाने पर अनुमोदन प्रदान किया है। अतः उक्त जॉच की अनुमोदित सूची आपको आवश्यक अग्रिम कार्यवाही हेतु प्रेषित की जा रही है।

संलग्नक: यथोक्त।

भ व दी य

(प्रो० एस०एन० संखवार)

मुख्य चिकित्सा अधीक्षक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. प्रो० मधु मती गोयल, पैथालॉजी विभाग, के०जी०एम०यू०, लखनऊ।
2. इंचार्ज, आई०टी० सेल, के०जी०एम०यू०, लखनऊ को अनुमोदित सूची ई-हास्पिटल साफ्टवेयर पर अपलोड किये जाने हेतु प्रेषित।
3. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।

Test/Procedure/Blood/Platelets rate for Approval						
S.No	Test/ Procedure Name	Department	General Patient	Private Ward	Cost at Govt./Non	Government Subsidised
1	FISH (Flourescence In Situ Hybridization)	Pathology	8500.00	8500	SGPGIMS-8500, Multiple Pvt. Labs-14000	AIIMS New Delhi-4000, PGIMER Chandigarh-6000, TMH Mumbai-6900

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Superintendent
G. M & Associated Hospitals
LUCKNOW

Shau
Chief Medical Superintendent
Gandhi Memorial & Associated Hospital
King George Medical University, U.P.
Lucknow



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-226003

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पत्रांक संख्या. 374 /CMS CAMP/19

दिनांक:-18/10/19

सेवा में,

विभागाध्यक्ष,

पैथालॉजी विभाग,

के0जी0एम0यू0, लखनऊ।

महोदय,

कृपया कुलसचिव कार्यालय पत्रांक संख्या-6888/74/जी0ए0 एवं सम्पत्ति अनुभाग/19 दिनांक 26.09.2019 का संदर्भ ग्रहण करें, जिसके साथ संलग्न आपके विभाग के पत्रांक संख्या-964 दिनांक 11.09.2019 में उल्लिखित केमिकल पैथालॉजी विभाग में प्रारम्भ होने वाली जॉचों की दरों को एस0जी0पी0जी0आई के समानान्तर रखते हुए चिकित्सालय में लागू किये जाने हेतु अनुरोध किया गया है।

तदक्रम में मा0 कुलपति जी द्वारा उक्त जॉचों को चिकित्सालय में लागू किये जाने एवं जॉचों की सूची को हॉस्पिटल रेट लिस्ट में संकलित किये जाने पर अनुमोदन प्रदान किया है। अतः उक्त जॉचों की अनुमोदित सूची आपको आवश्यक अग्रिम कार्यवाही हेतु प्रेषित की जा रही है।

संलग्नक: यथोक्त।

भ व दी य

(प्रो0 एस0एन0 संखवार)

मुख्य चिकित्सा अधीक्षक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

4. कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
5. इंचार्ज, आई0टी0 सेल, के0जी0एम0यू0, लखनऊ को अनुमोदित सूची ई-हॉस्पिटल साफ्टवेयर पर अपलोड किये जाने हेतु प्रेषित।
6. सहायक निजी सचिव को मा0 कुलपति जी के अवलोकनार्थ।

Test/Procedure/Blood/Platelets rate for Approval					
S.No	Test/ Procedure Name	Department	General Patient	Private Ward	SGPGIMS Rate
1	Growth Hormone	Pathlogy	800.00	N/A	800.00
2	Insulin Like growth Factor	Pathlogy	800.00	N/A	800.00
3	ACTH	Pathlogy	800.00	N/A	800.00
4	Tacrolimus	Pathlogy	1100.00	N/A	1100.00
5	CK-MB	Pathlogy	250.00	N/A	250.00
6	CK-Total	Pathlogy	250.00	N/A	250.00


Superintendent
L. M. Associated Hospital
LUCKNOW


Chief Medical Superintendent
Gandhi Memorial & Associated Hospital
King George Medical University, U.P.
Lucknow



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६,००३

-68-

पत्रांक संख्या. 373 /CMS CAMP/19

दिनांक:- 18/10/19

सेवा में,

विभागाध्यक्ष,

रेडियोडायग्नोसिस विभाग,

के०जी०एम०यू०, लखनऊ।

महोदय,

कृपया अपने कार्यालय पत्रांक संख्या-402/आर०डी०/19 दिनांक 16.08.2019 का संदर्भ ग्रहण करें, जिसके द्वारा सी०टी० स्कैन मशीन पर होने वाले परीक्षणों हेतु पूर्व निर्धारित शुल्क एवं प्लेटों के अतिरिक्त यदि मरीजों को अतिरिक्त फिल्मों की आवश्यकता पड़ती है तो एस०जी०पी०जी०आई० एवं राम मनोहर लोहिया लखनऊ के समान्तर अतिरिक्त सी०टी० स्कैन फिल्म हेतु लागू शुल्क (रु० 200/-) को विभाग में पुनः लागू किये जाने हेतु अनुरोध किया गया है।

तदक्रम में मा० कुलपति जी द्वारा अतिरिक्त सी०टी० स्कैन फिल्म हेतु प्रस्तावित शुल्क (रु० 200/-) को विभाग में पुनः लागू किये जाने पर अनुमोदन प्रदान किया है। सूचनार्थ एवं आवश्यक अग्रिम कार्यवाही हेतु प्रेषित।
संलग्नक: यथोक्त।

भ व दी य

(प्रो० एस०एन० संखवार)
मुख्य चिकित्सा अधीक्षक
O/C

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
2. इंचार्ज, आई०टी० सेल, के०जी०एम०यू०, लखनऊ को इस आशय से प्रेषित कि अतिरिक्त सी०टी० स्कैन फिल्म हेतु अनुमोदित शुल्क ऑनलाइन जमा किये जाने की व्यवस्था करना सुनिश्चित करें।
3. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

-69-

पत्रांक संख्या. 877/CMS CAMP/2020

दिनांक:- 24/06/2020

सेवा में,

विभागाध्यक्ष,

प्लास्टिक सर्जरी विभाग,

के०जी०एम०यू०, लखनऊ।

महोदय,

कृपया प्रभारी, सूचना प्रौद्योगिकी, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ को सम्बोधित अपने कार्यालय पत्रांक संख्या- 483 दिनांक 27.05.2020 का संदर्भ ग्रहण करें, जिसके द्वारा विभाग में सम्पादित की जाने वाली पूर्व अनुमोदित प्रक्रियाओं की सूची में क्रम संख्या 19 से 22 पर उल्लिखित प्रक्रियाओं के नाम व दरों में परिवर्तन किये जाने के उद्देश्य से प्रक्रियाओं के नये नाम व दरें उपलब्ध कराते हुए परिवर्तित किये जाने का अनुरोध किया गया है।

तदक्रम में मा० कुलपति जी द्वारा परिवर्तन हेतु प्रस्तावित प्रक्रियाओं के नाम व दरों को चिकित्सालय में लागू किये जाने एवं परिवर्तित प्रक्रिया के नाम व दरों को हॉस्पिटल रेट लिस्ट में संकलित किये जाने पर अनुमोदन प्रदान किया है। अतः उक्त प्रक्रियाओं की अनुमोदित सूची आपको आवश्यक अग्रिम कार्यवाही हेतु प्रेषित की जा रही है।

संलग्नक: यथोक्त।

भ व दी य

(प्रो० एस०एन० संखवार)

मुख्य चिकित्सा अधीक्षक

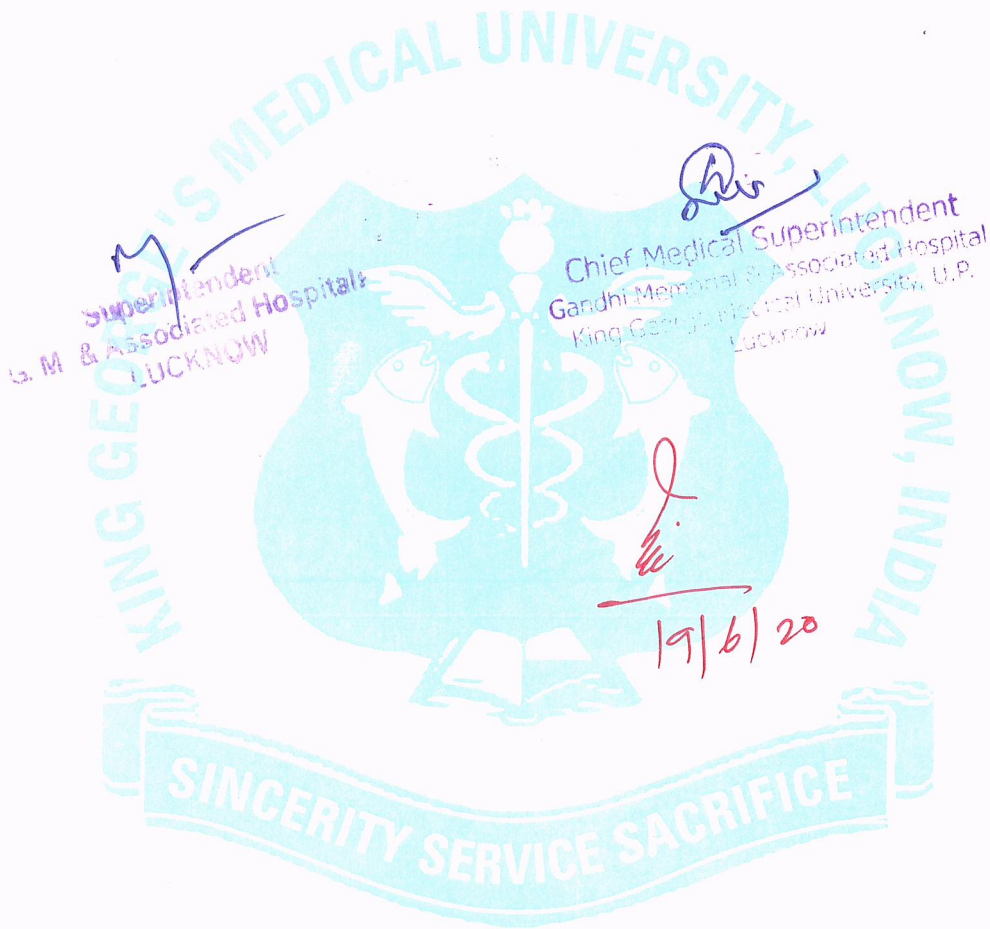
o/c

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. इंचार्ज, आई०टी० सेल, के०जी०एम०यू०, लखनऊ को अनुमोदित सूची ई-हॉस्पिटल साफ्टवेयर पर परिवर्तित किये जाने हेतु प्रेषित।
2. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।

Test/Procedure Rates for Approval

S.No.	Procedure Name	Department	General Patient	Private Ward	SGPGIMS Rate
1	Laser (Co ₂ , Q-Switch, Nd-Yag) single small area	Plastic Surgery	500	750	N/A
2	Laser (Co ₂ , Q-Switch, Nd-Yag) multiple small areas	Plastic Surgery	1000	1500	N/A
3	Laser (Co ₂ , Q-Switch, Nd-Yag) large areas	Plastic Surgery	2000	3000	N/A
4	Laser (PDL-NdYAG) small area	Plastic Surgery	1000	1500	N/A
5	Laser (NdYAG-PDL) small area	Plastic Surgery	2000	3000	N/A





किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

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पत्रांक संख्या. 889/CMS CAMP/2020

दिनांक:- 30/06/2020

सेवा में,

विभागाध्यक्ष,

माइक्रोबायोलॉजी विभाग,

के०जी०एम०यू०, लखनऊ।

महोदया,

कृपया अपने कार्यालय पत्रांक संख्या 460/20 दिनांक 20/06/2020 द्वारा अग्रसारित डा० शीतल वर्मा, एसोसिएट प्रोफेसर, माइक्रोबायोलॉजी विभाग, के०जी०एम०यू०, लखनऊ के पत्र का संदर्भ ग्रहण करें, जिसके द्वारा कोविड-19 वाइरस की जाँच COVID-19 RTPCR हेतु SGPGIMS, Lucknow में निर्धारित दर रू० 1500/- को चिकित्सालय में लागू किये जाने का अनुरोध किया गया है।

तदक्रम में मा० कुलपति जी द्वारा प्रस्तावित COVID-19 RTPCR जाँच की दरों को चिकित्सालय में लागू किये जाने हेतु अनुमोदन प्रदान किया है। अतः उक्त जाँच की अनुमोदित दर आपको आवश्यक अग्रिम कार्यवाही हेतु प्रेषित की जा रही है।

S.No.	Test Name	Department	General Patient	Private Ward	SGPGIMS Rate
1	COVID-19 RTPCR	Microbiology	1500.00	1500.00	1500.00

संलग्नक: यथोक्त।

भ व दी य

(प्रो० एस०एन० संखवार)
मुख्य चिकित्सा अधीक्षक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. चिकित्सा अधीक्षक, गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय, के०जी०एम०यू०, लखनऊ।
2. मुख्य चिकित्सा अधीक्षक/चिकित्सा अधीक्षक, ट्रामा सेन्टर, के०जी०एम०यू०, लखनऊ।
3. समस्त विभागाध्यक्ष, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
4. इंचार्ज, ओ०पी०डी०, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
5. इंचार्ज, आई०टी० सेल, के०जी०एम०यू०, लखनऊ
6. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

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पत्रांक संख्या: 1033 /CMS CAMP/2020

दिनांक:- 29/10/2020

सेवा में,

विभागाध्यक्ष,

पैथालॉजी विभाग,

के०जी०एम०यू०, लखनऊ।


महोदय,

कृपया अपने कार्यालय पत्रांक 1172 दिनांक 22.10.2020 का संदर्भ ग्रहण करें, जिसके द्वारा कोविड पैथालॉजी लैब, आर०ए०एल०सी० में प्रारम्भ होने वाली जॉच Interleukin 6 (IL-6) की दर रू० 1400.00/- को चिकित्सालय में कोविड मरीजों हेतु लागू किये जाने के उद्देश्य से एस०जी०पी०जी०आई० एवं प्राइवेट पैथालॉजी की दरों से तुलनात्मक चार्ज सहित अनुमोदन हेतु प्रेषित की गयी है।

तदक्रम में उक्त जॉच को चिकित्सालय के कोविड मरीजों हेतु लागू किये जाने एवं जॉच को हॉस्पिटल रेट लिस्ट में संकलित किये जाने पर माननीय कुलपति जी द्वारा अनुमोदन प्रदान किया है। सूचनार्थ एवं आवश्यक अग्रिम कार्यवाही हेतु प्रेषित।

संलग्नक: यथोक्त।

भ व दी य

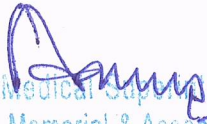

(प्रो० एस०एन० संखवार)
मुख्य चिकित्सा अधीक्षक


प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
2. इंचार्ज, आई०टी० सेल, के०जी०एम०यू०, लखनऊ को अनुमोदित जॉच की सूची ई-हास्पिटल साफ्टवेयर पर अपलोड किये जाने हेतु प्रेषित।
3. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।

Test/Procedure Rates for Approval

S.No.	Procedure Name	Department	General Patient	Private Ward	SGPGIMS Rate	RML Malhotra Patology	Dr. Lal Pathology
1	InterLeukin 6 (I.L.-6)	Pathology	1400.00	1400.00	N/A	3500.00	3000.00


Medical Superintendent,
Gandhi Memorial & Associated Hosp.,
King George's Medical University,
U.P., Lucknow


Chief Medical Superintendent,
Gandhi Memorial & Associated Hospital,
King George's Medical University,
U.P., Lucknow



किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

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पत्रांक : 374/CMS CAMP/2021

दिनांक:- 27/08/2021
अतिआवश्यक/तत्काल/ई-मेल

सेवा में,

1. समस्त विभागाध्यक्ष, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
2. समस्त अधिष्ठाता, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
3. चिकित्सा अधीक्षक, गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
4. उप चिकित्सा अधीक्षक, गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
5. मुख्य चिकित्सा अधीक्षक, ट्रामा सेन्टर, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
6. समस्त चिकित्सा अधीक्षक, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
7. चीफ प्राक्टर, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
8. चीफ प्रोवोष्ट, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
9. अध्यक्ष, स्पेस एलाटमेंट कमेटी, के0जी0एम0यू0, लखनऊ।
10. फैकल्टी इंचार्ज, के0जी0एम0यू0 एच0आर0एफ0, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
11. फैकल्टी इंचार्ज, आई0टी0 सेल, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
12. फैकल्टी इंचार्ज, ओ0पी0डी0, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
13. नोडल अधिकारी, आयुष्यमान भारत योजना, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।

विषय :- मा0 कार्य-परिषद की दिनांक 05.08.2021 को आहूत बैठक के Any Other Agenda (21) – Item No.- 08 पर संशोधन के सम्बन्ध में।

महोदय,

उपरोक्त विषयक कृपया अवगत हो कि कुलसचिव, के0जी0एम0यू0 लखनऊ के पत्रांक- 5601/मीटिंग सेल दिनांक 26.08.2021 (छायाप्रति संलग्न) द्वारा पूर्व में पत्रांक 4757/मीटिंग सेल दिनांक 09.08.2021 से प्रेषित विश्वविद्यालय कार्य-परिषद की दिनांक 05.08.2021 को आहूत नियमित बैठक के कार्यवृत्त के अन्य कोई एजेन्डा संख्या- 21(08) पर मा0 कार्य-परिषद द्वारा लिये गये निर्णय में संशोधन करते हुए, उक्त का अनुपालन सुनिश्चित किये जाने हेतु निर्देशित किया गया है।

तदक्रम में अवगत कराना है कि अन्य कोई एजेन्डा संख्या- 21(08) चिकित्सालय परामर्शदात्री समिति कि दिनांक 29.07.2021 को आहूत बैठक में लिये गये निर्णय के कार्यवृत्त पर मा0 कार्य-परिषद द्वारा दिये गये अनुमोदन से सम्बंधित है। जिसमें निम्नलिखित संशोधन के साथ अनुमोदन प्रदान किया गया है-

- एजेन्डा संख्या-1.1 पर हास्पिटल परामर्शदात्री समिति के निर्णय के क्रम में कार्य-परिषद् द्वारा चिकित्सा विश्वविद्यालय में कार्यरत व सेवानिवृत्त नियमित फैकल्टी मेंबर्स/कर्मचारियों व उनके आश्रितों को निःशुल्क चिकित्सीय सुविधाएं उपलब्ध कराने हेतु प्रस्तावित नई प्रतिपूर्ति नीति को लागू किये जाने का अनुमोदन प्रदान किया गया। उक्त पर आने वाले वित्तीय भार का वहन विश्वविद्यालय आगुमेंटेशन फण्ड से किया जायेगा।

इसके अतिरिक्त वित्त अधिकारी के परामर्श पर यह भी निर्णय लिया कि चिकित्सा शिक्षा विभाग, उ0प्र0 शासन में लागू प्रतिपूर्ति सम्बन्धी नीति/आदेश ही भविष्य में विश्वविद्यालय में लागू किये जाने के सम्बन्ध में शासन को प्रस्ताव प्रेषित किया जाय। जिससे उक्त पर आने वाले वित्तीय भार का वहन शासन द्वारा उपलब्ध कराये जा रहे फण्ड्स से किया जा सके।

- एजेन्डा संख्या-6.2 पर हास्पिटल परामर्शदात्री समिति के निर्णय को अस्वीकार किया गया।

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किंग जार्ज चिकित्सा विश्वविद्यालय,

मुख्य चिकित्सा अधीक्षक कार्यालय

गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
उत्तर प्रदेश, लखनऊ-२२६००३

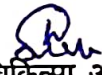
पत्रांक : 364/CMS CAMP/2021

दिनांक:- 18/8

उक्त संशोधन के साथ मा० कार्य-परिषद द्वारा प्रदान किये गये अनुमोदन के अनुपालन में चिकित्सालय परामर्शदात्री समिति के समक्ष प्रेषित एवं अनुमोदित नई प्रतिपूर्ति नीति चिकित्सालय में कार्यरत व सेवानिवृत्त नियमित फैकल्टी मेंबर्स/कर्मचारियों व उनके आश्रितों को निःशुल्क चिकित्सीय सुविधायें उपलब्ध कराये जाने हेतु लागू की जा रही है (नई प्रतिपूर्ति नीति की छायाप्रति संलग्न)। पूर्व में अधोहस्ताक्षरी कार्यालय के पत्रांक 364/सी०एम०एस० कैम्प/2021 दिनांक 18.08.2021 द्वारा प्रेषित कार्यवृत्त की अन्य व्यवस्थायें यथावत रहेगी।

संलग्नक-यथोक्त।

भ व दी य


मुख्य चिकित्सा अधीक्षक
गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय
के.जी.एम.यू. लखनऊ।

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
2. वित्त अधिकारी, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।
3. समस्त नियमित फैकल्टी/कर्मचारियों को विभाग/अनुभाग के माध्यम से।
4. सहायक निजी सचिव को मा० कुलपति जी के अवलोकनार्थ।

एजेन्डा-1.2

केजीएमयू में पीओसीटी द्वारा जांचों के सापेक्ष वर्तमान में लिये जा रहे शुल्क की पुनरावृत्ति दरों/नयी दरों की सूची। (एसजीपीआई की दरों की तुलना करते हुए)

List of Revised Rates / New Rates of test fee currently being charged by POCT in KGMU.
(Comparing rates of S.G.P.G.I.)

निर्णय-

समिति के समक्ष प्रेषित की गयी पुनरावृत्ति/नयी दरों की सूची को चिकित्सालय में लागू किये जाने के प्रस्ताव पर समिति द्वारा सर्वसम्मति से अनुमोदन प्रदान किया गया।

Approved by the committee on the proposal to implement the list of revised / new rates.

S.NO.	TEST NAME		EXISTING RATE KGMU (Charges In Rs.)		EXISTING RATE SGPGI	NEW PROOSEL RATE KGMU UPTO 5 - 15% DEDUCTION	
			GENERAL WARD	PRIVATE WARD		GENERAL WARD	PRIVATE WARD
1	APTT (Automatic)		125.00	175.00	NA	120.00	175.00
2	dsDNA IgG		775.00	900.00	-	750.00	900.00
3	ABG with Lac, Co-oximetry		100.00	150.00	NA	90.00	150.00
4	ABG WITH Lac, Glu Co-oximetry		120.00	150.00	NA	110.00	150.00
5	Aldosterone		400.00	500.00	550.00	380.00	500.00
6	AMA-M2		970.00	1,200.00	NA	950.00	1,200.00
7	ANA-17 Pro		1,900.00	2,500.00	NA	1,850.00	2,500.00
8	ANCA- IF		500.00	750.00	450.00	450.00	750.00
9	Anti CCP		1,160.00	1,300.00	495.00	1,100.00	1,300.00
10	Anti GBM		1,160.00	1,300.00	NA	1,100.00	1,300.00
11	Anti TG (Anti Thyroglobulin Ab)		500.00	700.00	450.00	450.00	700.00
12	APTT (Manual)		60.00	100.00	NA	60.00	100.00
13	ASCA-A		775.00	900.00	NA	775.00	900.00
14	Automated Count (3 Part)		100.00	150.00	NA	100.00	150.00
15	Automated Count (5 Part)		150.00	250.00	NA	150.00	250.00
16	ACTH		800.00	800.00	NA	750.00	800.00
17	Barr Body Test	Not in POCT	100.00	150.00	NA	100.00	150.00
18	Beta 2 GP (IgM)		970.00	1,200.00	NA	950.00	1,200.00
19	Beta HCG		300.00	350.00	220.00	220.00	350.00
20	Bleeding Time (BT)		15.00	25.00	20.00	15.00	25.00
21	Blood Ammonia		500.00	700.00	350.00	350.00	700.00
22	Blood Group (ABO + Rh anti D)		25.00	25.00	NA	250.00	25.00
23	Blood Group (anti-D)		20.00	30.00	NA	20.00	30.00
24	Blood Sugar (each sample)		30.00	35.00	35.00	30.00	35.00
25	Blood Urea		20.00	40.00	35.00	20.00	40.00
26	Bone marrow Aspirate and Smear exam	Not in POCT	100.00	150.00	220.00	100.00	150.00
27	Bone Marrow Trepine Biopsy	Not in POCT	150.00	300.00	440.00	150.00	300.00
28	C.S.F / Fluid Cytology (Malignant)		100.00	150.00	NA	100.00	150.00
29	C.S.F / Fluid Complete Exam		100.00	150.00	NA	100.00	150.00
30	C3		320.00	400.00	165.00	320.00	400.00
31	C4		320.00	400.00	165.00	320.00	400.00
32	CA 125		500.00	600.00	605.00	500.00	600.00
33	CA 15-3		500.00	700.00	660.00	500.00	700.00
34	CA 19-9		400.00	450.00	600.00	400.00	450.00
35	Calcitonin		900.00	1,200.00	1,100.00	900.00	1,200.00
36	Cardiolipin (IgG)		775.00	900.00	330.00	775.00	900.00
37	Cardiolipin (IgM)		775.00	900.00	330.00	775.00	900.00
38	CEA		385.00	450.00	385.00	385.00	450.00

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						By Elisa -330 / Chem -750	
39	Ceruloplasmin		800.00	1,000.00	330.00		1,000.00
40	Chromogranin A		1,500.00	1,800.00	1,200.00	1,200.00	1,800.00
41	Clot Retraction	Not in POCT	20.00	30.00	NA	20.00	30.00
42	Coagulation Profile	Not in POCT	1,500.00	1,800.00	NA	1,500.00	1,800.00
43	Coagulation Time (CT)		15.00	25.00	NA	15.00	25.00
44	Complete Serum Iron Profile (Iron+TIBC+ Ferritin)		450.00	500.00	NA	400.00	500.00
45	Coombs test Direct		50.00	75.00	NA	50.00	75.00
46	Coombs test Indirect		50.00	75.00	NA	50.00	75.00
47	C-Peptide		500.00	700.00	600.00	500.00	700.00
48	CRP		300.00	500.00	300.00	285.00	500.00
49	CK Total		250.00	250.00	55.00	230.00	250.00
50	CK-MB		250.00	250.00	80.00	230.00	250.00
51	Cytochemistry Per Marker		100.00	150.00	NA	100.00	150.00
52	D.L.C		20.00	25.00	NA	20.00	25.00
53	D-Dimer		500.00	600.00	330.00	450.00	600.00
54	Digoxin		600.00	800.00	300.00	300.00	800.00
55	E.S.R		15.00	30.00	NA	15.00	30.00
56	E.S.R (Automatic)		40.00	45.00	NA	40.00	45.00
57	Electron Microscopy SEM with imaging	Not in POCT	1,200.00	1,800.00	NA	1,200.00	1,800.00
58	Electron Microscopy TEM with imaging	Not in POCT	1,800.00	2,700.00	NA	1,800.00	2,700.00
59	ELISA Neurocysticercosis	Not in POCT	200.00	300.00	NA	200.00	300.00
60	ENA	Not in POCT	1,900.00	1,900.00	3,500.00	1,900.00	1,900.00
61	Estradiol		350.00	350.00	NA	320.00	350.00
62	F.N.A.C	Not in POCT	150.00	200.00	NA	150.00	200.00
63	Factor Assays	Not in POCT	1,200.00	1,200.00	1,100.00	1,200.00	1,200.00
64	FDP		500.00	600.00	330.00	330.00	600.00
65	Fetal Hemoglobin	Not in POCT	75.00	120.00	NA	75.00	120.00
66	Fibrinogen		100.00	150.00	NA	90.00	150.00
67	Flow Cytometry (Specific Single Marker Test)	Not in POCT	500.00	800.00	NA	500.00	800.00
68	Flow Cytometry (Acute Leukemia Panel)	Not in POCT	4,500.00	5,000.00	7,200.00	4,500.00	5,000.00
69	Flow Cytometry (CLPD Panel)	Not in POCT	5,000.00	6,000.00	6,000.00	5,000.00	6,000.00
70	Flow Cytometry (PNH Panel)	Not in POCT	2,500.00	3,000.00	3,000.00	2,500.00	3,000.00
71	Folic Acid		400.00	500.00	NA	380.00	500.00
72	Frozen Section	Not in POCT	400.00	500.00	660.00	400.00	500.00
73	FT3		150.00	200.00	NA	140.00	200.00
74	FT4		150.00	200.00	200.00	140.00	200.00
75	G6PD (Screening)		100.00	200.00	110.00	100.00	200.00
76	Gastrin I		600.00	800.00	NA	550.00	800.00
77	Glucose Tolerance Test		80.00	100.00	165.00	75.00	100.00
78	Glycosylated Hemoglobin (Hba1c)		400.00	500.00	165.00	360.00	500.00
79	Growth Hormone		800.00	800.00	325.00	760.00	800.00

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80	Hb Electrophoresis (Capillary)		1,000.00	1,200.00	By manual 300	980.00	1,200.00
81	Hb Separation & Quantification By HPLC (HbA2, HbF)		600.00	700.00	1,020.00	550.00	700.00
82	HDL Cholesterol		55.00	75.00	55.00	50.00	75.00
83	Hemoglobin		20.00	25.00	55.00	20.00	25.00
84	Histological examination (Biopsy)	Not in POCT	100.00	200.00	NA	100.00	200.00
85	Homocysteine		800.00	1,000.00	1,320.00	750.00	1,000.00
86	IgA		300.00	400.00	165.00	280.00	400.00
87	IgG		300.00	400.00	165.00	280.00	400.00
88	IgM		300.00	400.00	330.00	280.00	400.00
89	Immuno Fluorescence Full Panel	Not in POCT	1,000.00	1,500.00	1,320.00	1,000.00	1,500.00
90	Immuno HistoChemistry (CD Marker) (Each Marker)	Not in POCT	1,000.00	1,500.00	NA	100.00	1,500.00
91	ImmunoTyping for IgG, IgM, Light & Heavy Chain		2,000.00	2,500.00	NA	1,800.00	2,500.00
92	Insulin		300.00	400.00	1,100.00	280.00	400.00
93	Issue of Cytology (Per Slide)	Not in POCT	100.00	150.00	NA	100.00	150.00
94	Issue of Histology (Per Slide)	Not in POCT	100.00	150.00	NA	780.00	150.00
95	Insuline like Growth factor		800.00	800.00	NA	750.00	800.00
96	L.L. Count (Hb. TLC, DLC, Platelets)		80.00	150.00	NA	80.00	150.00
97	LBC (Liquid Cytology) BD Surepath System Gynae / Non Gynae Cytology	Not in POCT	350.00	500.00	NA	350.00	500.00
98	Lithium		100.00	150.00	NA	90.00	150.00
99	LKM-1		970.00	1,200.00	NA	950.00	1,200.00
100	Metanephrine, Urinary/Serum		1,000.00	1,200.00	2,200.00	950.00	1,200.00
101	Microglobulin Beta 2		500.00	800.00	935.00	480.00	800.00
102	Mixing study for coagulation disorder	Not in POCT	200.00	300.00	NA	200.00	300.00
103	MPO		970.00	1,200.00	NA	950.00	1,200.00
104	Nor Metanephrine, Urinary/Serum		1,000.00	1,200.00	2,200.00	950.00	1,200.00
105	Osmotic Fragility test	Not in POCT	250.00	300.00	NA	250.00	300.00
106	Osteocalcin		700.00	900.00	660.00	660.00	900.00
107	Packed cell volume (PCV)		20.00	30.00	NA	20.00	30.00
108	Peripheral Blood Smear		20.00	40.00	35.00	20.00	40.00
109	Perl's Stain for bone Marrow Iron	Not in POCT	50.00	100.00	35.00	50.00	100.00
110	Plasma Fibrinogen		100.00	200.00	140.00	90.00	200.00
111	Plasma Renin		900.00	1,200.00	500.00	850.00	1,200.00
112	Platelet Count		25.00	30.00	35.00	25.00	30.00
113	Platelet Function Test (Full range including aggregation studies)	Not in POCT	1,500.00	1,500.00	3,120.00	1,500.00	1,500.00

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114	Potassium (K)		35.00	50.00	50.00	35.00	50.00
115	PR3		970.00	1,200.00	NA	950.00	1,200.00
116	Progesterone		320.00	500.00	770.00	300.00	500.00
117	Protein C	Not in POCT	1,200.00	1,200.00	2,520.00	1,200.00	1,200.00
118	Protein S	Not in POCT	1,200.00	1,200.00	2,760.00	1,200.00	1,200.00
119	Prothombin Time / I.N.R. (Automatic)		100.00	200.00	65.00	Manual 65/ Automated 100	200.00
120	PTH		700.00	900.00	700.00	680.00	900.00
121	Phenobarbitol		600.00		NA	550.00	
122	Renal Biopsy with special Stains	Not in POCT	400.00	600.00	NA	400.00	600.00
123	Reticulin Stain	Not in POCT	100.00	200.00	NA	100.00	200.00
124	Reticulocyte Count with CBC (5 part cell counter)		150.00	225.00	220.00	140.00	225.00
125	Reticulocyte Count Manual		20.00	30.00	NA	20.00	30.00
126	Review of Cytology (per case)	Not in POCT	200.00	200.00	NA	200.00	200.00
127	Review of Histology (per case)	Not in POCT	400.00	400.00	NA	400.00	400.00
128	Review of Renal Biopsy with Special Stains	Not in POCT	400.00	600.00	NA	400.00	600.00
129	RF (Rheumatoid Factor)		210.00	300.00	75.00	Manual 75/ Automated 200	300.00
130	Rh Anti body titre	Not in POCT	75.00	115.00	110.00	110.00	115.00
131	Semen Examination	Not in POCT	55.00	75.00	55.00	55.00	75.00
132	Serum Alfa Feto Protein		300.00	500.00	NA	280.00	500.00
133	Serum Alkaline Phosphatase		30.00	45.00	35.00	30.00	45.00
134	Serum AMH		500.00	700.00	1,500.00	480.00	700.00
135	Serum Amylase		250.00	325.00	50.00	200.00	325.00
136	Serum Bilirubin T/D		35.00	45.00	35.00	35.00	45.00
137	Serum Calcium		35.00	45.00	35.00	35.00	45.00
138	Serum Carbamazapine		500.00	700.00	NA	450.00	700.00
139	Serum Cholesterol		35.00	55.00	55.00	35.00	55.00
140	Serum Cortisol		300.00	350.00	600.00	280.00	350.00
141	Serum CPK		200.00	300.00	NA	180.00	300.00
142	Serum Creatinine		40.00	45.00	55.00	40.00	45.00
143	Serum Electrolyte (Na, K, Ca)		105.00	130.00	NA	105.00	130.00
144	Serum Ferritin (By Chemi)		350.00	450.00	385.00	300.00	450.00
145	Serum Free PSA		450.00	500.00	600.00	400.00	500.00
146	Serum Free Testosterone		350.00	400.00	NA	300.00	400.00
147	Serum FSH		200.00	300.00	275.00	180.00	300.00
148	Serum He4		2,000.00	2,500.00	NA	1,800.00	2,500.00
149	Serum Immunofixation % Quantification of M Band		1,000.00	1,200.00	990.00	950.00	1,200.00
150	Serum Iron & TIBC		150.00	190.00	90.00	100.00	190.00
151	Serum LDH		150.00	190.00	35.00	130.00	190.00

152	serum LH		200.00	300.00	2,200.00	180.00	300.00
153	Serum Lipase		300.00	300.00	85.00	260.00	300.00
154	Serum Lipid Profile		280.00	300.00	145.00	250.00	300.00
155	Serum Magnesium		55.00	120.00	55.00	55.00	120.00
156	Serum MPO-ELISA		600.00	700.00	NA	550.00	700.00
157	Serum Phenobarbitol (Phenytoin)		500.00	700.00	330.00	450.00	700.00
158	Serum Phenytoin		600.00	800.00	NA	550.00	800.00
159	Serum Phosphorus		35.00	75.00	35.00	35.00	75.00
160	Serum Prolactin (PRL)		250.00	350.00	300.00	240.00	350.00
161	Serum Sodium		35.00	45.00	50.00	35.00	45.00
162	Serum Testosterone		250.00	300.00	300.00	250.00	300.00
163	Serum TPO		500.00	700.00	400.00	450.00	700.00
164	Serum Triglycerides		55.00	80.00	55.00	55.00	80.00
165	Serum TSH		180.00	190.00	NA	170.00	190.00
166	Serum Uric Acid		30.00	45.00	35.00	30.00	45.00
167	Serum Valproic acid		500.00	700.00	NA	450.00	700.00
168	Urine, Creatnine		40.00	45.00	NA	40.00	45.00
169	SGOT		35.00	55.00	35.00	35.00	55.00
170	SGPT		35.00	55.00	35.00	35.00	55.00
171	Sickling Test	Not in POCT	50.00	60.00	55.00	45.00	60.00
172	Sucrose Lysis Test	Not in POCT	250.00	500.00	NA	250.00	500.00
173	Serum / Urine Albumin		30.00	30.00	35.00	30.00	30.00
174	Serum Protein Electrophoresis by Capillary Method		1,000.00	1,000.00	220.00	950.00	1,000.00
175	T.L.C		15.00	25.00	35.00	50.00	25.00
176	T.P.S.A.		300.00	400.00	NA	280.00	400.00
177	T3		130.00	190.00	165.00	125.00	190.00
178	T3, T4, TSH		320.00	340.00	NA	300.00	340.00
179	T4		130.00	190.00	165.00	125.00	190.00
180	Total Protein with A.G. Ratio		45.00	70.00	35.00	35.00	70.00
181	Total R.B.C Count		20.00	25.00	35.00	20.00	25.00
182	tTG IgA		775.00	900.00	NA	750.00	900.00
183	Tacrolimus		1,100.00	1,100.00	880.00	1,050.00	1,100.00
184	Urinary Osmolality test		140.00	200.00	140.00	140.00	200.00
185	Urine Calcium		35.00	45.00	35.00	35.00	45.00
186	Urine Chyle		20.00	50.00	35.00	20.00	50.00
187	Urine Examination (Microscopy)		15.00	25.00	55.00	15.00	25.00
188	Urine for Albumin & Sugar		50.00	45.00	NA	50.00	45.00
189	Urine Micro Albumin		220.00	250.00	220.00	200.00	250.00
190	Urine Quantitative (Automated)		50.00	75.00	NA	50.00	75.00
191	Vaginal Cytology (PAP Smear)	Not in POCT	100.00	150.00	220.00	100.00	150.00
192	Vitamin B12		550.00	750.00	550.00	530.00	750.00
193	Vitamin D (1,25 DOH)		1,400.00	1,500.00	880.00	850.00	1,500.00
194	Valproic Acid		600.00		NA	550.00	
195	Interlukin-6		1,400.00	-	NA	1,300.00	1,500.00