

## SCHEDULE OF INPATIENT TARIFF WITH EFFECTIVE FROM: 02-03-2018

(Note: The Approximate cost as estimated by the Doctor, has to be deposited at the time of admission itself.)

Ph. No: 25024341/42

PARTICULARS	GENERAL	GENERAL-A	SEMI SPECIAL	SEMI SPECIAL-A	SPECIAL	SPECIAL-A	ULTRA SPECIAL	ULTRA DELUXE
REGISTRATION CHARGES	150	150	150	150	150	150	150	150
ADMISSION CHARGES	1100	1100	1300	1300	1400	1400	1600	1600
INPATIENT ROOM CHARGES								
BED CHARGE	1400	2300	3300	3900	5500	6200	7900	11300
NURSING SERVICE CHARGE	1200	1200	2200	2300	3600	3600	3700	4000
<b>T O T A L</b>	<b>2600</b>	<b>3500</b>	<b>5500</b>	<b>6200</b>	<b>9100</b>	<b>9800</b>	<b>11600</b>	<b>15300</b>
MATERNITY BED CHARGE	3500		6000		8800		10300	10300
ICU CHARGES								
MICU/NSICU/CCU/PICU/ ITU/RICU BED CHARGES	7200	7200	7200	7200	7200	7200	7200	7200
ICU NURSING SERVICE CHARGES	2800	2800	2800	2800	2800	2800	2800	2800
<b>T O T A L</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>	<b>10000</b>
HIGH DEPENDENCY CMU BED CHARGE SSP	3700	3700	3700	3700	3700	3700	3700	3700
HIGH DEPENDENCY CMU NURSING SERVICE CHARGE SSP	2700	2700	2700	2700	2700	2700	2700	2700
HIGH DEPENDENCY CMU BED CHARGE SPL	6500	6500	6500	6500	6500	6500	6500	6500
HIGH DEPENDENCY CMU NURSING SERVICE CHARGE SPL	3500	3500	3500	3500	3500	3500	3500	3500
NICU BED CHARGE - High Intensive	5600	5600	5600	5600	5600	5600	5600	5600
NURSING SERVICE CHARGE - High Intensive	1800	1800	1800	1800	1800	1800	1800	1800
NICU BED CHARGE - Low Intensive	3700	3700	3700	3700	3700	3700	3700	3700
NURSING SERVICE CHARGE - Low Intensive	1400	1400	1400	1400	1400	1400	1400	1400
NICU BED CHARGE - Step Down	1800	1800	1800	1800	1800	1800	1800	1800
NICU NURSING SERVICE CHARGE - Step Down	1100	1100	1100	1100	1100	1100	1100	1100
CLINICAL MANAGEMENT FEE PER VISIT:								
INITIAL ASSESMENT FEE Specialty	1200	1200	1900	1900	2600	2600	2800	2800
INITIAL ASSESMENT FEE Super Specialty	1400	1400	2100	2100	2900	2900	3400	3400
CLINICAL MANAGEMENT FEE Specialty	1000	1000	1500	1500	1900	1900	2200	2200
CLINICAL MANAGEMENT FEE Super Specialty	1100	1100	1700	1700	2200	2200	2400	2400
CLINICAL MANAGEMENT FEE (NIGHT)Specialty	1300	1300	1900	1900	2500	2500	2700	2700
CLINICAL MANAGEMENT FEE( NIGHT) Super Specialty	1500	1500	2100	2100	2900	2900	3400	3400
ICU- CONSULTATION PER DAY	2500	2500	2500	2500	2500	2500	2500	2500
ICU- CROSS CONSULTATION PER DAY	1250	1250	1250	1250	1250	1250	1250	1250
DIET CONSULTATION CHARGE	600	600	800	800	900	900	1000	1000
OXYGEN / VENTILATION CHARGES								
OXYGEN CHARGES PER HOUR	370	370	370	370	370	370	370	370
VENTILATION CHARGE PER DAY	5500	5500	5500	5500	5500	5500	5500	5500
VENTILATION CHARGE PER DAY (BI-PAP)	5000	5000	5000	5000	5000	5000	5000	5000
AMBULANCE CHARGE (Excluding Doctors / Nursing charges)								
Advance cardio life support tempo Traveler Ambulance ( Along with Doctor)	City Limits = 4500					Outstation = 40 / km		
DISTANCE	0-5 km				Above 5 km			
Basic Life Support Tempo Traveller Ambulance	300				20/km			

<b>DISTANCE</b>	<b>0-5 km</b>	<b>5-12km</b>	<b>12-20km</b>	<b>Above 20 km</b>
MARS Kickstart wheel chair car	500	800	1200	1200 +15/km
<b>OP Consultation charges</b>				
<b>Specialty consultation : Rs. 650/-</b>				
<b>Super specialty consultation : Rs. 750/-</b>				
<b>Dental consultation : Rs. 480/-</b>				
<b>NOTE : Rates are subject to change from time to time   Restriction on cash transactions above Rs 2,00,000/- as per Government Rules</b>				