PARTICULARS	KMCOP	KMCDC	KMCSTD	KMCECO	KMCICU	KMCICU2	KMCUSSP	KMCUSPV	KMCUSPL	KMCUDLX
REGISTRATION CHARGES	100									
ADMISSION CHARGES		700	590	700	700	700	700	700	800	910
INPATIENT ROOM CHARGES										
BED CHARGE				800	1100	1400	1450	1000	2000	2300
NURSING SERVICE CHARGE				900	1800	1800	1500	1300	1900	2500
TOTAL				**1700**	**2900**	**3200**	**2950**	**2300**	**3900**	**4800**
MATERNITY BED CHARGE							1500	1300	1900	2500
ICU CHARGES										
MICU/NSICU/CCU/PICU/ ITU/RICU BED CHARGES					1100	1400				
ICU NURSING SERVICE CHARGES					1800	1800				
TOTAL					**2900**	**3200**				
HIGH DEPENDENCY CMU BED CHARGE SSP										
HIGH DEPENDENCY CMU NURSING SERVICE										
CHARGE SSP										
HIGH DEPENDENCY CMU BED CHARGE SPL										
HIGH DEPENDENCY CMU NURSING SERVICE										
CHARGE SPL										
NICU BED CHARGE - High Intensive					1100	1400				
NURSING SERVICE CHARGE - High Intensive					1800	1800				
NICU BED CHARGE - Low Intensive					1100	1400				
NURSING SERVICE CHARGE - Low Intensive					1800	1800				
NICU BED CHARGE - Step Down										
NICU NURSING SERVICE CHARGE - Step Down										
CLINICAL MANAGEMENT FEE PER VISIT:										
INITIAL ASSESMENT FEE Specialty		660	570	660	820	820	940	820	1050	1220
INITIAL ASSESMENT FEE Super Specialty		1320	570	1320	1650	1650	1870	1650	2100	2430
CLINICAL MANAGEMENT FEE Specialty		690	570	690	870	870	990	870	1100	1280
CLINICAL MANAGEMENT FEE Super Specialty		690	570	690	870	870	990	870	1100	1280
CLINICAL MANAGEMENT FEE (NIGHT)Specialty		690	570	690	870	870	990	870	1100	1280
CLINICAL MANAGEMENT FEE(NIGHT) Super Specialty		690	570	690	870	870	990	870	1100	1280
ICU- CONSULTATION PER DAY										

ICU- CROSS CONSULTATION PER DAY										
DIET CONSULTATION CHARGE	350	390	390	390	500	500	560	500	610	650
OXYGEN / VENTILATION CHARGES										
OXYGEN CHARGES PER HOUR	190	260	240	260	340	340	340	340	340	340
VENTILATION CHARGE PER DAY	8450	9990	9990	9990	11240	11240	12350	11240	13600	14280
VENTILATION CHARGE PER DAY (BI-PAP)	2560	3040	3040	3040	3040	3040	3040	3040	3040	3040
AMBULANCE CHARGE (Excluding Doctors / Nursing charges)										
Advance cardio life support tempo Traveler Ambulance (Along with Doctor)										
DISTANCE										
Basic Life Support Tempo Traveller Ambulance										
DISTANCE	10 to 20 KM	10 to 20 KM	10 to 20 KM	10 to 20 KM	10 to 20 KM	10 to 20 KM	10 to 20 KM	10 to 20 KM	10 to 20 KM	10 to 20 KM
MARS Kickstart wheel chair car	380	510	510	510	570	570	620	570	680	710
OP Consultation charges										
Specialty consultation :	400									
Super specialty consultation :	500									
Dental consultation :	400									
NOTE : Rates are subject to change from time to time										