

**SCHEDULE OF INPATIENT TARIFF WITH EFFECTIVE FROM: 10-06-2020**

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

Ph. No: 2346600

	PARTICULARS	GENERAL	GENERAL-A	SEMI SPECIAL	SEMI SPECIAL-A	SPECIAL	SPECIAL-A	ULTRA SPECIAL	DELUXE
1	REGISTRATION CHARGES	50	N/A	50	N/A	50	N/A	N/A	50
2	ADMISSION CHARGES	300	N/A	300	N/A	300	N/A	N/A	300
3	INPATIENT ROOM CHARGES								
4	BED CHARGE	1000	N/A	1600	N/A	2400	N/A	N/A	3200
5	NURSING SERVICE CHARGE	800	N/A	1200	N/A	1800	N/A	N/A	2500
6	TOTAL	1800	N/A	2800	N/A	4200	N/A	N/A	5700
7	MATERNITY BED CHARGE	1800	N/A	2800	N/A	4200	N/A	N/A	5700
8	ICU CHARGES								
9	MICU/NSICU/CCU/PICU/ ITU/RICU BED CHARGES	2800	N/A	2800	N/A	2800	N/A	N/A	2800
10	ICU NURSING SERVICE CHARGES	2000	N/A	2000	N/A	2000	N/A	N/A	2000
11	TOTAL	4800	N/A	4800	N/A	4800	N/A	N/A	4800
12	HIGH DEPENDENCY CMU BED CHARGE SSP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
13	HIGH DEPENDENCY CMU NURSING SERVICE								
14	CHARGE SSP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
15	HIGH DEPENDENCY CMU BED CHARGE SPL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
16	HIGH DEPENDENCY CMU NURSING SERVICE								
17	CHARGE SPL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18	NICU BED CHARGE - High Intensive	2800	N/A	2800	N/A	2800	N/A	N/A	2800
19	NURSING SERVICE CHARGE - High Intensive	2000	N/A	2000	N/A	2000	N/A	N/A	2000
20	NICU BED CHARGE - Low Intensive	2800	N/A	2800	N/A	2800	N/A	N/A	2800
21	NURSING SERVICE CHARGE - Low Intensive	2000	N/A	2000	N/A	2000	N/A	N/A	2000
22	NICU BED CHARGE - Step Down	1600	N/A	1600	N/A	1600	N/A	N/A	1600
23	NICU NURSING SERVICE CHARGE - Step Down	1200	N/A	1200	N/A	1200	N/A	N/A	1200
24	CLINICAL MANAGEMENT FEE PER VISIT:								
25	INITIAL ASSESMENT FEE Specialty	400	N/A	500	N/A	600	N/A	N/A	700
26	INITIAL ASSESMENT FEE Super Specialty	500	N/A	600	N/A	700	N/A	N/A	800
27	CLINICAL MANAGEMENT FEE Specialty	400	N/A	500	N/A	600	N/A	N/A	700
28	CLINICAL MANAGEMENT FEE Super Specialty	500	N/A	600	N/A	700	N/A	N/A	800

29	CLINICAL MANAGEMENT FEE (NIGHT)Specialty	1000	N/A	1000	N/A	1000	N/A	N/A	1000	
30	CLINICAL MANAGEMENT FEE( NIGHT) Super Specialty	1000	N/A	1000	N/A	1000	N/A	N/A	1000	
31	ICU- CONSULTATION Anthesitist PER DAY	1485	N/A	1485	N/A	1485	N/A	N/A	1485	
32	ICU- CROSS CONSULTATION PER DAY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
33	DIET CONSULTATION CHARGE	500	N/A	500	N/A	500	N/A	N/A	800	
34	<b>OXYGEN / VENTILATION CHARGES</b>									
35	OXYGEN CHARGES PER HOUR	130	N/A	210	N/A	320	N/A	N/A	420	
36	VENTILATION CHARGE PER DAY	5215	N/A	5215	N/A	5215	N/A	N/A	5215	
37	VENTILATION CHARGE PER DAY (BI-PAP)	4915	N/A	4915	N/A	4915	N/A	N/A	4915	
38	<b>AMBULANCE CHARGE (Excluding Doctors / Nursing charges)</b>									
39	Advance cardio life support tempo Traveler Ambulance ( Along with ER Nursing staff)						Outstation = 42 / km			
40	DISTANCE									
44	<b>OP Consultation charges</b>									
45	Specialty consultation : Rs. 200/-									
46	Super specialty consultation : Rs. 280/-									
47	Dental consultation : Rs. 200/-									
	NOTE : Rates are subject to change from time to time		Restriction on cash transactions above Rs 2,00,000/- as per Government Rules							

MANGEMENT RESERVES THE RIGHT OF CHANGING THE ABOVE FROM TIME TO TIME

SEE OVERLEAF FOR RATE TARIFF