

MANIPAL HOSPITAL YELAHANKA SCHEDULE OF TARIFF WITH EFFECT FROM: 01-04-2026						
OUT PATIENT CHARGES			OUT PATIENT CHARGES			
REGISTRATION CHARGES	270	CONSULTATION SUPER SPECIALITY OPD			1200	
CONSULTATION SPECIALITY OPD	1000	DENTAL CONSULTATION OPD			900	
IN PATIENT CHARGES		SHARED WARD	TWIN SHARING	SINGLE ROOM	DELUXE	SUITE
ADMISSION CHARGES		830	920	1020	1130	1250
IN PATIENT ROOM CHARGES						
BED CHARGES	3000	4900	7500	15000	19000	
NURSING SERVICE CHARGES	2000	3600	4500	6000	8000	
TOTAL						
MATERNITY BED CHARGES			DELUXE BED CHARGES			
			DELUXE SERVICE NURSING CHARGES			
ICU BED CHARGES						
CCM ICU/ CTICU/ ICCU / PICU BED CHARGES	8500	8500	8500	8500	8500	
CCM ICU/ CTICU/ ICCU / PICU NURSING SERVICE CHARGES	4900	4900	4900	4900	4900	
TOTAL	13400	13400	13400	13400	13400	
NEONATAL ICU BED CHARGES	8500	8500	8500	8500	8500	
NEONATAL ICU NURSING SERVICE CHARGES	4900	4900	4900	4900	4900	
CLINICAL MANAGEMENT FEE PER VISIT						
CLINICAL MANAGEMENT FEE - MEDICAL - 1st day – Specialty	1060	1170	1290	1420	1570	
CLINICAL MANAGEMENT FEE - MEDICAL - 1st day – Super Specialty	1290	1420	1570	1730	1910	
CLINICAL MANAGEMENT FEEMEDICAL / SURGICAL – Specialty	1060	1170	1290	1420	1570	
CLINICAL MANAGEMENT FEE MEDICAL / SURGICAL – Super Specialty	1290	1420	1570	1730	1910	
ICU CONSULTATION PER DAY	1570					
ICU CROSS CONSULTATION CHARGES	1570					
DIET CONSULTATION CHARGES	710	790	870	960	1060	
RESIDENT MEDICAL DOCTOR FEE	1290	1420	1570	1730	1910	
INSURANCE DOCUMENTATION PROCESSING FEE	750	830	920	1020	1130	
OXYGEN / VENTILATION CHARGES						
OXYGEN CHARGES PER DAY	5890	6480	7130	7850	8640	
VENTILATION CHARGES PER DAY	14830	16320	17960	19760	21740	
VENTILATION CHARGES PER DAY (BI-PAP)	12380	13620	14990	16490	18140	
AMBULANCE CHARGES (EXCLUDING DOCTOR/NURSE)						
ADVANCE CARDIO LIFE SUPPORT TEMPO TRAVELLER AMBULANCE	CITY LIMITS	350	OUTSTATION	350		
DISTANCE	O-5 KMS	40/km	ABOVE 5 KMS	40/KM		
BASIC LIFE SUPPORT TEMPO TRAVELLER AMBULANCE		250		0/KM		
MORTUARY ROOM CHARGES						
MORTUARY CHARGES - 12 HRS TO 24 HRS	2500					
OUTSIDE CADAVER PER DAY	5000					
NOTE:-						
1. Operation theatre will be charged 125% of surgeons fee (Including co-opted surgeons fee)						
2. Surgical support Fee 25% of surgeon fee						
3. Anesthetist fee of 30% will be collected on each surgery surgeon fee (Including Co-opted Surgeons fee)						
4. CSSD charges 3% of surgeon fee.						
5. Rates for Lab & Blood bank services, Radio-Diagnosis & Imaging, Professional Fees, Surgeries / Procedures, Medical Equipment, Theatre Charges etc. will vary as per the category of bed chosen.						
6. Restriction on cash transaction above 1,99,999/- lakhs as per government rule.						
7. Documentation fee applicable for all insurance cases						
PLEASE CONTACT ADMISSION AND BILLING FOR COMPLETE LIST OF TARIFF AND TERMS & CONDITIONS						
MANAGEMENT RESERVES THE RIGHT OF CHANGING THE ABOVE FROM TIME TO TIME						

