Shri Maheshwari Diagnostic Center

P 10-A, Krishnadham VDN Sector 2
JAIPUR
Phone:- 0141-2230511, 7976420180

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
SMDC					
	. MRI CARDIOLOGY OBG				
	ECHO				
1.	2D ECHO CARDIOGRAPHY (ADULT)			1200.00	A
2.	CTMT			1100.00	A
3.	EEG			1200.00	A
4.	USG FOETAL COLOUR DOPPLER (TWINS)			2000.00	A
5.	USG SMALL PARTS			450.00	A
	MRI 3.0 M.D. ROAD				
1.	MRCP			3500.00	A
2.	MRI PNS			3500.00	A
3.	MRI ABDOMEN LOWER			4000.00	A
4.	MRI ANGIO BRAIN			3500.00	A
5.	Mri Both Knee			6500.00	A
6.	MRI BRACHIAL PLEXUS			4000.00	A
7.	MRI BRAIN			3500.00	A
8.	MRI BREAST			3500.00	A
9.	MRI CHEST			3500.00	A
10.	MRI DORSAL SPINE (3.0)			3500.00	A
11.	MRI FISTULOGRAM			4000.00	A
12.	MRI HAND			3500.00	A
13.	Mri Hip Joint			3500.00	A
14.	Mri Neck			3500.00	A
15.	MRI OF ANY ONE SPINE			3500.00	A
16.	MRI OF ANY SINGLE JOINT			3500.00	A
17.	MRI OF SPECTROSCOPY			3500.00	A
18.	MRI ORBIT			3500.00	A
19.	MRI PELVIS			3500.00	A
20.	MRI PERINEUM			3500.00	A
21.	MRI PITUTARY			5600.00	A
22.	MRI SCREENING OF ONE PART			2200.00	A
23.	MRI SHOULDER			3500.00	A
24.	Mri Si Joint Both			3500.00	A
25.	MRI VENOGRAPHY			3500.00	A
26.	MRI WRIST			3500.00	A
	COMPULSORY CHARGE				

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
	REGISTRATION CHARGE				
1.	BATTERY BUY BACK			400.00	A
2.	REGISTRATION			0.00	A
	CT SCAN				
	CT_SCAN				
1.	CECT ABDOMEN TRIPLE PHASE			4500.00	A
2.	CECT WHOLE ABDOMEN TRIPLE PHASE			4500.00	A
3.	CECT WRIST			2500.00	A
4.	CT BRAIN 3D			3500.00	A
5.	PELVIS 3D			2800.00	A
6.	D X -RAY BOTH SHOULDER AP			250.00	A
7.	DYNAMIC CT SCAN SPINE			3200.00	A
8.	HRCT CHEST			1700.00	A
9.	HRCT TEMPORAL BONE			2500.00	A
10.	NCCT KUB			1800.00	A
11.	NCCT PNS			3000.00	A
12.	NCCT UPPER ABDOMEN			1800.00	A
13.	NCCT WHOLE ABDOMEN			3500.00	A
	LAB AND GENERAL RADIOLOGY				
	BIOCHEMISTRY				
1.	BUN CREATININE RATIO			110.00	A
2.	C-Reactive Protein CRP (QUANTITATIVE)			150.00	A
3.	PHOSPHOURS			50.00	A
4.	PROCALCITONIN (PCT)	0003164		1600.00	A
	CLINICAL PATHOLOGY				
1.	Bence Jone Protein			1000.00	A
2.	Bile salt / Bile Pigment			80.00	A
3.	CSF CELL BIOCHEMSTRY			80.00	A
4.	FLUID CELL COUNT AND BIO.			400.00	A
5.	INHALANT WITH CONTACT			1800.00	A
6.	PL. FLU. ADA			400.00	A
7.	PLEURAL FL. CELL COUNT BIOCHEMISTRY			200.00	A
8.	STOOL FAT GLOBULES			100.00	A
9.	STOOL OCCULT. BLOOD			110.00	A
10.	URINARY CREATININE			80.00	A
11.	URINE FOR HAEMOGLOBIN			50.00	A
12.	URINE FOR MYOGLOBIN			800.00	A
13.	URINE FOR URIC ACID 24 HRS.			500.00	A
14.	URINE PROTEIN CREATININE RATIO			200.00	A
15.	Urine Routine			50.00	A
16.	STOOL ROUTINE	0001187		50.00	A
17.	urine FOR CREATINIE 24 HRS	0004032		200.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
18.	FILLING COMPOSITE CLASS-I	0004041		800.00	A
19.	STOOL PH	0004046		25.00	A
20.	STOOL REDUSING SUB.	0004047		30.00	A
21.	URINE FOR ALBUMIN 24	0004061		120.00	A
22.	URINE FOR CALCIUM 24 HRS.	0004063		500.00	A
23.	URINE FOR SP.GRAVITY	0004072		50.00	A
24.	URINE SUGAR FASTING	0004084		30.00	A
25.	URINE FOR UROBILINOGEN	0004085		100.00	A
26.	Urine Porphobilinogen	0004088		150.00	A
27.	URINE KETONE.	0004092		50.00	A
28.	URINE PROTEIN (SPOT)	0004094		200.00	A
29.	Urine Ketone Bodies	0004095		150.00	A
30.	VEG FOOD INHALENT CONTACT	DG002		2200.00	A
	DOPPLER				
1.	BERA			2000.00	A
2.	CAROTID DOPPLER STUDY			1200.00	A
3.	COLOR DOPPLER			900.00	A
4.	COLOR DOPPLER SCROTUM			900.00	A
5.	COLOUR DOPPLER PENILE			1500.00	A
6.	COLOUR DOPPLER ARTERIAL SYSTEM ONE SIDE			1500.00	A
7.	COLOUR DOPPLER VENOUS SYSTEM ONE SIDE			2500.00	A
8.	COLOUR DOPPLER BOTH LOWER LIMBS			2500.00	A
9.	COLOUR DOPPLER BOTH UPPER LIMBS			2500.00	A
10.	.COLOUR DOPPLER LEFT UPPER LIMB ARTERIAL AND VENOUS			2500.00	A
11.	.OLOUR DOPPLER LEFT VENOUS SYSTEM			1500.00	A
12.	.COLOUR DOPPLER RIGHT LOWER LIMB			1500.00	A
13.	NCV BOTH LOWER LIMB			2000.00	A
14.	NCV BOTH UPPER LIMB			2000.00	A
15.	NCV/NCS(ALL 4 LIMBS)			3500.00	A
16.	VEP			2000.00	A
	HAEMATOLOGY				
1.	ABSOLUTE NEUTROPHIL			50.00	A
2.	ANTI Ach ANTIBODY			3500.00	A
3.	ANTI MITOCHONDRIAL ANTIBODY			1500.00	A
4.	BCR-ABL QUANTATIVE			6000.00	A
5.	Coomb s Test Indirect			230.00	A
6.	CROWN BRIDGES PFM			2000.00	A
7.	DIGITAL X-RAY			100.00	A
8.	G6PD			400.00	A
9.	HBV DNA -PCR			3500.00	A
10.	HCV RNA -PCR			4500.00	A
11.	SAMPLE COLLECTION CHARGES 100			100.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
12.	HOME SAMPLE COLLECTION CHARGES			50.00	A
13.	MALARIA ANTIGEN			100.00	A
14.	MRI WHOLE ABDOMEN			6100.00	A
15.	NON VEG. ALLERGY			1200.00	A
16.	OSMOTIC FRAGILITY			300.00	A
17.	PBF			150.00	A
18.	PCV			35.00	A
19.	PLATELET COUNTS			50.00	A
20.	RETICULOCYTE COUNT(CORRECTED)			200.00	A
21.	Rh Antibody Titre			250.00	A
22.	SCALING			600.00	A
23.	SCL 70 ANITBODY			1800.00	A
24.	SPUTUM FOR EOSINOPHIL			150.00	A
25.	TEC			25.00	A
26.	VEC			25.00	A
27.	HEMOGLOBIN	HB		40.00	A
	IMMUNOLOGY				
1.	17 OH PROGESTERONE			1200.00	A
2.	ACE LEVEL			700.00	A
3.	ACTH			1200.00	A
4.	ADH -Anti Diuretic Hormone			3700.00	A
5.	ANTI HBS			600.00	A
6.	Anti PHOSPHOLIPID Antibodies (APLA) IgM			800.00	A
7.	Aspergillus - IgG/IgM (Both			1200.00	A
8.	BHCG- TOTAL			350.00	A
9.	COMPOSITE			1500.00	A
10.	CORPORATE FT4			90.00	A
11.	CYCLOSPORIN			2100.00	A
12.	DI HYDROTESTOSTERONE TEST (DHT)			3000.00	A
13.	Erythropoietin			1500.00	A
14.	FILLING COMPOSITE CLASS-II			1000.00	A
15.	GAD-65 ANTIBODY			4000.00	A
16.	Hepatitis B core Antibody Total			700.00	A
17.	Hepatitis B ENVELOPE AG(HBeAg)			900.00	A
18.	Hepatitis B SURFACE AB			500.00	A
19.	HERPES SIMPLES VIRUS I IgG			300.00	A
20.	HERPES SIMPLES VIRUS I IgM			300.00	A
21.	HERPES SIMPLES VIRUS II IgG			500.00	A
22.	HERPES SIMPLES VIRUS II IgM			500.00	A
23.	HS CRP			300.00	A
24.	Growth Hormone			500.00	A
25.	Immunoglobin IgA			400.00	A

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S.N.	Service Name	Code	Tarif Name	Charge	Status
26.	Immunoglobin IgM			600.00	A
27.	LEPTOSPIRA IgG			1150.00	A
28.	LEPTOSPIRA IgM			1150.00	A
29.	Measles -IgG			600.00	A
30.	Measles -IgM			600.00	A
31.	Mumps -IgG			800.00	A
32.	Mumps -IgM			800.00	A
33.	Metanephrine			4000.00	A
34.	SARS COVID ANTIBODY IgG			800.00	A
35.	Scrub Typhus (IgG/IgM)			800.00	A
36.	SERUM BILE ACID			1600.00	A
37.	ANTI RO SSA			1600.00	A
38.	SSB ANTIBODY LO			1600.00	A
39.	Thyroglobulin			700.00	A
40.	Toxoplasm IgM			250.00	A
41.	Urine Metanephrine - Total			2500.00	A
42.	URINE SUGAR			30.00	A
43.	Vitamin D3			800.00	A
44.	Anti Microsomal Antibody	0001114		900.00	A
45.	BRUCELLA IGM	0001125		800.00	A
46.	Total IgE	0001146		450.00	A
47.	Rubella IgG	0001177		300.00	A
48.	Rubella IgM	0001178		300.00	A
49.	TOOTH EXTRACTION (ANTERIOR)	0003099		500.00	A
50.	CA - 15.3	0003111		1000.00	A
51.	CA 19.9	0003113		750.00	A
52.	FREE PSA	0003131		1100.00	A
53.	CORPORATE FT3	0003136		90.00	A
54.	HEPATITIS B CORE ANTIBODY (Total)	0003137		700.00	A
55.	IGF-1	0003157		1800.00	A
56.	T4 TSH (CORP)	0003175		100.00	A
57.	Thyroid Thyroglobulin	0003177		600.00	A
58.	TPHA	0003180		400.00	A
59.	TESTOSTERONE TOTAL	0003181		500.00	A
60.	Free Testosterone	0003182		700.00	A
61.	TTG- Tranglutaminase	0003186		600.00	A
62.	HEV-IgM	0003190		500.00	A
63.	ANA IMMUNOBLOT	0003196		2500.00	A
64.	Ferretin	0003199		350.00	A
65.	Homocysteine	0003200		900.00	A
66.	Vitamin B12	0003202		500.00	A
67.	LEAD LEVEL	0003236		2200.00	A

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S.N.	Service Name	Code	Tarif Name	Charge	Status
68.	CMV IGG	400		500.00	A
69.	CMV IGM	400		500.00	A
70.	GROWTH HORMONE	GH		300.00	A
	MICROBIOLOGY				
1.	FLUID C/S			300.00	A
2.	PROCELANI VENEER			10000.00	A
3.	Throat Swab for KLB stain			150.00	A
4.	TISSUE AFB CULTURE			1100.00	A
5.	URINE FOR AFB STAIN			200.00	A
6.	ZN STAIN			100.00	A
7.	URINE AFB CULTURE	0001099		1000.00	A
8.	THROAT SWAB CULTURE	0001194		120.00	A
9.	VAGINAL SWAB CULT/SENSITIVITY	0001202		150.00	A
10.	URINE ROUTINE OUTSOURCE	0001213		90.00	A
	PATHOLOGY				
1.	() CONSULTANCY CHARGE (DR. KHYATI MAHESHWARI))			200.00	A
2.	ANTI HCV ANTIBODY IGM			700.00	A
3.	ASCA IGA			2500.00	A
4.	ASCA IGG			2500.00	A
5.	BIOPSY			500.00	A
6.	CMV DNA PCR			4000.00	A
7.	CONSULTANCY CHARGE (DR. DEEPAK SHARMA))			200.00	A
8.	CONSULTANCY CHARGE (DR. SHUBHAM AGARWAL))			200.00	A
9.	DEXA SCAN			3000.00	A
10.	EBV IGG			800.00	A
11.	EBV IGM			800.00	A
12.	INTER LUKIN - 6 (IL-6)			1400.00	A
13.	MICROFLARIA			400.00	A
14.	URINE CALCIUM CREATININE RATIO			200.00	A
15.	URINE OCCULT BLOOD			110.00	A
16.	Urine Osmolality			800.00	A
17.	VLDLHDL			5.00	A
18.	Stone Analysis	0004115		700.00	A
	SEROLOGY				
1.	Anti Streptolysin "O" (ASLO) TITRE			300.00	A
2.	AUSTRALIA ANTIGEN HBsAb			900.00	A
3.	H. PYLORI IgA			1500.00	A
4.	SCRUB TYPHUS			500.00	A
5.	SMEARS BY GRAM S STAIN			70.00	A
6.	Widal (Tube Method)			100.00	A
	SPECIAL				
1.	24 HRS URINE CATECHOLAMINE			3800.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
2.	ACHR ANTIBODY			3100.00	A
3.	ALLERGY (COMP. PROFILE)			3500.00	A
4.	ALLERGY (DRUGS PROFILE)			1500.00	A
5.	ALLERGY (FOOD PANEL)			2500.00	A
6.	ALLERGY NON VEG FOOD PROFILE			1200.00	A
7.	AMOEBIC SEROLOGY			600.00	A
8.	Anti cardiolipin Antibody IgA			500.00	A
9.	Anti cardiolipin Antibody IgG			500.00	A
10.	Anti cardiolipin AntiBody IgM			500.00	A
11.	Anti Chlamydia IgG Ab			400.00	A
12.	Anti Chlamydia IgM Ab			400.00	A
13.	ANTI HCV ANTIBODY IGG			600.00	A
14.	ANTI NMO MOG AB			7000.00	A
15.	ANTI SLA			2700.00	A
16.	Anti Sperm Antibody			500.00	A
17.	ANTI THROMBIN III			3000.00	A
18.	Anti Thyroglobulin (ATG)			700.00	A
19.	Apolipoprotein - A1			500.00	A
20.	APOLIPOPROTEIN A/B RATIO			1100.00	A
21.	Apolipoprotein B			500.00	A
22.	BALANCE AMOUNT			100.00	A
23.	Blood Culture			1100.00	A
24.	C3 LEVEL			300.00	A
25.	C4 LEVEL			300.00	A
26.	CALCITONIN			2000.00	A
27.	CARBAMEZEPIN ASSAY			900.00	A
28.	CD 19			2500.00	A
29.	CD4 AND CD8 COUNT			1500.00	A
30.	CERULOPLASMIN			700.00	A
31.	CHIKUNGUNIYA DNA PCR			2800.00	A
32.	Consultancy Charge (Dr. Hema Agarwal)			200.00	A
33.	Consultancy Charge (Dr. R.C.GUPTA))			200.00	A
34.	Consultancy Charge (Dr. Shubham Agarwal)			200.00	A
35.	Consultancy Charge (Dr. Vikalp Vashishtha)			200.00	A
36.	Consultancy Charge (DR KHYATI MAHESHWARI)			200.00	A
37.	Consultancy Charges (Dr. Deepak Agargwal)			300.00	A
38.	CONSULTANCY CHARGES DR MANISH JAIN			200.00	A
39.	CONSULTANCY DR KHYATI			200.00	A
40.	COVID RT PCR WITH COLLECTION			500.00	A
41.	CT AORTOGRAM			5800.00	A
42.	CYSTATIN C			1300.00	A
43.	DCP - DECARBOXY PROTHROMBIN PIVKA-II			3200.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
44.	D-DIMER			700.00	A
45.	D-DIMER (NN)			500.00	A
46.	Double marker			1700.00	A
47.	E2- Estradiol			300.00	A
48.	E3-Estrogen Unconjugated			700.00	A
49.	EBV PCR			6200.00	A
50.	ELECTROLYTES			100.00	A
51.	ELECTROPHORESIS(PROTEIN)			700.00	A
52.	EMG TEST			4000.00	A
53.	ET CULTURE			150.00	A
54.	FACTOR IX			2400.00	A
55.	FACTOR V LEIDEN MUTANT DETECTION G1691A MUTATION			4000.00	A
56.	FACTOR VIII			2400.00	A
57.	FECAL CALPROTECTIN			3000.00	A
58.	FIBRINOGEN			1000.00	A
59.	FILLING GIC FOR KIDS			500.00	A
60.	Folic Acid			450.00	A
61.	FOOD INHALENT CONTACT NON VEG DRUGS			3200.00	A
62.	FREE LIGHT CHAIN ASSAY (FLC)			4500.00	A
63.	GENE EXPERT TB			2000.00	A
64.	GONORRHEA PCR			3000.00	A
65.	HB ELECTROPHORESIS			750.00	A
66.	HBSAG CHEMI			350.00	A
67.	HCV AB CHEMI			500.00	A
68.	HIV RNA PCR QUANTITATIVE			3400.00	A
69.	HLA B 27			1100.00	A
70.	HLA B 27 PCR			2800.00	A
71.	HLAB51			8000.00	A
72.	HLADQ2-DQ8			5500.00	A
73.	HSV PCR QUANTITATIVE			3800.00	A
74.	Human Growth Harmone (120 Mint.)			500.00	A
75.	Human Growth Hormone (BASAL)			500.00	A
76.	IgG4 Level			3800.00	A
77.	IGRA TB			2000.00	A
78.	IMMUNOFIXATION PANNEL			5300.00	A
79.	INHALANT WITH CONTACT			1800.00	A
80.	INHIBIN B			2000.00	A
81.	INSULIN ANTIBODY			3200.00	A
82.	INSULIN FASTING			350.00	A
83.	INSULIN PP			350.00	A
84.	JAK-2 MUTATION (V617F)			7250.00	A
85.	KARYOTYPING OF PRODUCT OF CONCEPTION			8000.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
86.	KARYOTYPING(SODIUM HEPARIN)			2800.00	A
87.	KETONE SERUM			500.00	A
88.	LC1 ANTIBODY			2500.00	A
89.	LPA-Lipoprotein A			800.00	A
90.	METAL CROWN			1000.00	A
91.	METANEPHRINES FRACTIONATED			6000.00	A
92.	MSA 16 ANTIBODY PANEL			9500.00	A
93.	NOR METANEPHRINE			4100.00	A
94.	NOR METANEPHRINE URINE 24 HRS			2500.00	A
95.	NT PRO BNP			2000.00	A
96.	P-ANCA			1000.00	A
97.	PHYSIOTHERAPY 1 DAY			250.00	A
98.	PHYSIOTHERAPY 15 DAYS			3500.00	A
99.	PHYSIOTHERAPY 30 DAYS			6750.00	A
100.	PRA PLASMA RENIN ACTIVITY			2500.00	A
101.	PROTEIN S			3200.00	A
102.	QUADRUPLE MARKER			2200.00	A
103.	R.C.T ANTERIOR			2000.00	A
104.	R.C.T POSTERIOR			3000.00	A
105.	REMOVABLE PARTIAL DENURE DENTURE BASE PER TEETH			2500.00	A
106.	SEMEN FRUCTOSE			150.00	A
107.	SERUM CHROMOGRANIN A			3000.00	A
108.	SERUM COPPER			600.00	A
109.	SERUM OSMOLITY			800.00	A
110.	SLEEP STUDY			6500.00	A
111.	Smooth muscle Antibody			1250.00	A
112.	SPUTUM CULTURE			150.00	A
113.	SSEP FOUR LIMB			5000.00	A
114.	SSEP TEST TWO LIMB			3500.00	A
115.	Supplementary lab Charges			100.00	A
116.	SWAB CULT/SENSITIVITY			150.00	A
117.	SWINE FLU (H1N1)			3500.00	A
118.	Triple marker			1600.00	A
119.	TSH RECEPTOR ANTIBODY			4500.00	A
120.	URINE ALB. CREATINE RATIO			400.00	A
121.	URINE COPPER 24 HRS.			700.00	A
122.	URINE FOR CHYLOMICRONS			250.00	A
123.	URINE FOR PARASITES			350.00	A
124.	VARICELLA ZOSTER IGM			900.00	A
125.	VEG FOOD ALLERGY			1600.00	A
126.	VEG FOOD DRUGS			3000.00	A
127.	VEG FOOD INHALENT CONTACT			2200.00	A

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S.N.	Service Name	Code	Tarif Name	Charge	Status
128.	VEG FOOD INHALENT CONTACT DRUGS			3000.00	A
129.	VEG FOOD INHANLENT CONTACT NON VEG.			3000.00	A
130.	VITAMIN B7			4000.00	A
131.	Vitamin C			3500.00	A
132.	VITAMIN D3 (125 OH)			3100.00	A
133.	VITAMIN E			4500.00	A
134.	SPUTUM FOR AFB/ LPA	0001014		2000.00	A
135.	MENSTURAL BLOOD FOR PCR TB	0001085		1500.00	A
136.	3 D USG LOWER ABDOMEN	0001110		1500.00	A
137.	ANTI DS DNA	0001113		700.00	A
138.	TIP CULT/SENSITIVITY	0001127		120.00	A
139.	CSF FOR C/S	0001131		120.00	A
140.	NON VEG ALLERGY	0001135		1200.00	A
141.	ECHINOCOCCUS (IGG)	0001137		600.00	A
142.	FLUID FOR C/S	0001138		300.00	A
143.	FUNGAL CULTURE	0001139		800.00	A
144.	HIV WESTERN BLOT	0001144		1500.00	A
145.	KOH MOUNT	0001152		120.00	A
146.	LA-Lupus Anticoagulant	0001158		600.00	A
147.	PCR FOR TB	0001164		1500.00	A
148.	Endomycial Antibody IgA	0001179		1500.00	A
149.	SPUTUM AFB CULTURE(BECTEC)	0001184		1000.00	A
150.	TB PCR	0001193		1500.00	A
151.	Anti Nuclear Antibody - ANA-IFA	0001211		800.00	A
152.	PROTEIN C	0001215		3200.00	A
153.	VEG FOOD NON VEG.	0002017		2600.00	A
154.	PL.FLUID AFB STAIN	0002033		200.00	A
155.	ANTI HAV IGM	0003103		500.00	A
156.	ANTI THYROID ANTI BODY	0003104		1500.00	A
157.	ANTI TPO	0003105		500.00	A
158.	Anti PHOSPHOLIPID Antibodies (APLA)IGG	0003107		900.00	A
159.	C-ANCA	0003114		1000.00	A
160.	CORTISOL	0003118		350.00	A
161.	DHEA Sulphate	0003126		400.00	A
162.	HBeAb	0003140		500.00	A
163.	HBV DNA QUANTITATIVE VIRAL LOAD	0003143		4000.00	A
164.	INSULIN	0003159		350.00	A
165.	PROGESTERONE	0003165		300.00	A
166.	PTH - Intact parathyroid Hormone	0003169		700.00	A
167.	VALPORIC ACID	0003187		500.00	A
168.	C- PEPTIDE	0003203		500.00	A
169.	URINE PREGNANCY TEST	0004062		60.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
170.	URINE MICROALBUMINUREA	0004067		300.00	A
171.	24 HRS Urine VMA	0004086		1800.00	A
172.	HUMAN GROWTH HARMONE (60 MINT.)	1000		500.00	A
173.	HUMAN GROWTH HARMONE (90 MINT.)	1000		500.00	A
174.	ALLERGY(INHALANT FOOD VEG CONTACT)	4000		2200.00	A
175.	AFB STAIN	DG013		200.00	A
176.	TOOTH EXTRACTION (GRADE)	DG014		500.00	A
177.	AMMONIA	DG018		700.00	A
178.	ANA ELISA	DG021		600.00	A
	USG				
1.	FETAL WELL BEING WITH ANOMLY SCREENING			2000.00	A
2.	FETAL WELL BEING WITH ANOMALY SCREENING (TWINS)			3000.00	A
3.	RENAL COLOUR DOPPLER STUDY			1500.00	A
4.	USG B/L AXILLA			800.00	A
5.	USG BOTH BREAST			800.00	A
6.	USG BOTH KNEE			800.00	A
7.	USG BRAIN			450.00	A
8.	USG CHEST			450.00	A
9.	USG FOETAL WELL BEING			650.00	A
10.	USG FOLLICULAR STUDY (PACKAGE)			1200.00	A
11.	USG KUB REGION FEMALE			450.00	A
12.	USG KUB REGION WITH PVR MALE			450.00	A
13.	USG LOWER ABDOMEN FEMALE			450.00	A
14.	USG LOWER ABDOMEN MALE			450.00	A
15.	USG LUMP			450.00	A
16.	USG MSK			1100.00	A
17.	USG NECK			450.00	A
18.	USG NT SCAN (TWINS)			1500.00	A
19.	USG ONE BREAST			450.00	A
20.	USG PELVIS			450.00	A
21.	USG SCROTUM WITH TESTES			450.00	A
22.	USG TESTIS			450.00	A
23.	USG THYROID			450.00	A
24.	USG UPPER ABDOMEN			450.00	A
25.	USG WHOLE ABDOMEN FEMALE			500.00	A
26.	USG WHOLE ABDOMEN MALE			500.00	A
27.	WHOLE ABDOMEN DOPPLER STUDY			1000.00	A
	X-RAY				
1.	D. X-RAY FOOT AP/LAT			350.00	A
2.	D. X-RAY CHEST AP VIEW			200.00	A
3.	D. X-RAY CHEST PA VIEW			200.00	A
4.	D. X-RAY DORSAL SPINE AP AND LAT			350.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
5.	D. X-RAY HIP AP/LAT VIEW			300.00	A
6.	D. X-RAY L. S. SPINE FLEX & EXT			350.00	A
7.	D. X-RAY LEG AP/LAT VIEW			350.00	A
8.	D. X-RAY LT ANKLE AP/LAT			250.00	A
9.	D. X-RAY LT FOOT AP/LAT VIEW			250.00	A
10.	D. X-RAY LT HAND AP/LAT VIEW			250.00	A
11.	D. X-RAY LT HEEL LAT VIEW			250.00	A
12.	D. X-RAY LT SHOULDER AP/LAT VIEW			350.00	A
13.	D. X-RAY PELVIS FROG LAT VIEW			300.00	A
14.	D. X-RAY RT ANKLE AP/LAT			250.00	A
15.	D. X-RAY RT FOOT AP/LAT VIEW			250.00	A
16.	D.X RAY KNEE AP/LAT			250.00	A
17.	D.X.RAY SHOULDER AP			250.00	A
18.	D.X.RAY MASTOIDS			350.00	A
19.	D.X.RAY SKULL AP			350.00	A
20.	D.X.RAY SKULL AP/LAT			350.00	A
21.	D.X.RAY.DORSAL SPINE AP			250.00	A
22.	D.X.RAY.L.S.SPINE AP			150.00	A
23.	D.X-RAY CLAVICAL BONE			250.00	A
24.	D.X-RAY KUB REGION			350.00	A
25.	D.XRAY LS. SPINE LAT			350.00	A
26.	D.X-RAY NASAL BONE			250.00	A
27.	D.X-RAY ORBITS			250.00	A
28.	D.X-RAY RT HAND AP/LAT			250.00	A
29.	D.X-RAY RT HEEL LAT VIEW			250.00	A
30.	D.X-RAY RT KNEE AP/LAT (OBLIQ)			250.00	A
31.	D.X-RAY RT SHOULDER AP/LAT			350.00	A
32.	D.X-RAY RT SCAPULA Y VIEW			250.00	A
33.	D.XRAY WRIST AP & LAT			250.00	A
34.	D-XRAY B/L HIP AP & LAT			500.00	A
35.	Mri Ls Spine			3500.00	A
36.	X RAY SACRUM AND COCCUS AP / LAT VIEW			350.00	A
37.	X RAY SOFT TISSUE NECK			350.00	A
38.	X.RAY NASOPHARYNX			350.00	A
39.	X-RAY CERVICAL SPINE AP/LAT VIEW			350.00	A
40.	X-RAY CERVICAL SPINE LAT VIEW			350.00	A
41.	X-RAY COCCUS LAT VIEW			350.00	A
42.	X-RAY REPORTING			30.00	A
43.	X-RY RIGHT BOTH HEEL AP LAT			350.00	A
44.	X-RAY ANKLE BILATERAL	0003098		350.00	A
	Lab Investigation				

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
	BIOCHEMISTRY				
1.	24 HRS URINARY PROTEIN			200.00	A
2.	ACID PHOSPHATASE			300.00	A
3.	ALBUMIN			50.00	A
4.	ANCA by IFA			1800.00	A
5.	ANTI CCP			700.00	A
6.	ANTI HAV IGG			500.00	A
7.	ANTI HEV IGG			600.00	A
8.	B. Sugar (RANDOM)			35.00	A
9.	B.GLUCOSE PG 1 HRS			35.00	A
10.	B.GLUCOSE PG 2 HRS(PGBS)			35.00	A
11.	BICARBONATES			300.00	A
12.	Billirubin Total/Direct Indirect			60.00	A
13.	B. SUGAR PP 1 HRS.			35.00	A
14.	blood urea			45.00	A
15.	Blood Urea Nitrogen / UREA			45.00	A
16.	CALCIUM			60.00	A
17.	CHLORIDE			60.00	A
18.	CHOLESTEROL			40.00	A
19.	Cholesterol -HDL (Direct)			200.00	A
20.	Coomb s Test Direct			250.00	A
21.	CPK - MB			200.00	A
22.	CPK NAC			200.00	A
23.	CREATININE			45.00	A
24.	Creatinine Clearance Test			200.00	A
25.	DIABETES CHECKUP			450.00	A
26.	GLUCOSE CHALLENGE TEST			120.00	A
27.	Glucose Tolerance Test			150.00	A
28.	HBA1C			250.00	A
29.	IONIZED CALCIUM			250.00	A
30.	IRON			100.00	A
31.	IRON & TIBC			200.00	A
32.	LDH Lactate Dehydrogenenase			170.00	A
33.	LE CELL			350.00	A
34.	LFT (Liver Function Tests)			250.00	A
35.	LIPASE			200.00	A
36.	LIPID PROFILE			300.00	A
37.	Lipoprotein A (LPA)			800.00	A
38.	LITHIUM			700.00	A
39.	Magnesium			200.00	A
40.	PROTEIN A/G RATIO			100.00	A
41.	RA FACTOR (Quantitative)			350.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
42.	RENAL PROFILE			250.00	A
43.	RFT (Renal Function Test)			450.00	A
44.	RFT WITH EGFR			600.00	A
45.	SGOT / ALT			50.00	A
46.	SGPT / AST			50.00	A
47.	SODIUM			60.00	A
48.	SPIROMETERY			100.00	A
49.	SUGAR RANDOM BY STRIP			18.00	A
50.	T3 CORP			60.00	A
51.	T4 CORP			60.00	A
52.	TOOTH EXTRACTION (PROSTERIOR)			800.00	A
53.	Transferrin Saturation			300.00	A
54.	Triglyserides (TG)			100.00	A
55.	Troponine - I			600.00	A
56.	Troponine - T			1000.00	A
57.	URIC ACID			60.00	A
58.	Urine Calcium			150.00	A
59.	URINE ELECTROLYTES			200.00	A
60.	Urine Sodium			100.00	A
61.	VEG FOOD ALLERGY			1600.00	A
62.	MICROALBUMIN CREATININE RATIO(ACR)	ACR		400.00	A
63.	ADA level	DG010		250.00	A
64.	ALKALINE phosphatase	DG017		60.00	A
65.	AMYLASE	DG020		200.00	A
66.	BLOOD SUGAR FASTING(FBS)	FBS		35.00	A
67.	GAMMA GLUTAMYLE TRANSPEPTIDASE (GGT)	GAMMA GT		100.00	A
	CLINICAL PATHOLOGY				
1.	Semen Analysis			80.00	A
2.	SEMEN CULTURE			150.00	A
	CYTOLOGY				
1.	ASCITIC FLUID			80.00	A
2.	BETA 2 GLYCOPROTEIN IgG			700.00	A
3.	FNAC			240.00	A
4.	PAP SMEAR			240.00	A
5.	CYTOLOGY	0002036		250.00	A
	HAEMATOLOGY				
1.	APTT			130.00	A
2.	BT,CT			60.00	A
3.	CBC (Complete Blood Count)			120.00	A
4.	DLC			50.00	A
5.	ESR			50.00	A
6.	FDP			1000.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
7.	MP SLIDE			50.00	A
8.	PT - PROTHROMBIN TIME			150.00	A
9.	ROOT CANAL (RCT) ANTERIOR			2000.00	A
10.	ROOT CANAL (RCT) PSTERIOR			3000.00	A
11.	TB Gold			1600.00	A
12.	TLC			40.00	A
13.	BLOOD GROUP(ABO-RH)	ABO-RH		30.00	A
14.	ABSOLUTE EOSINOPHIL COUNTS	AEC		35.00	A
	HARMONS				
1.	ASMA			1500.00	A
2.	IMMUNOGLOBIN IgG			600.00	A
3.	Toxoplasm IgG			250.00	A
4.	TYPHIDOT IgG			250.00	A
5.	TYPHIDOT IgM			250.00	A
6.	VARICELLA ZOSTER IgG			900.00	A
	IMMUNOLOGY				
1.	ANA REFLEX			1600.00	A
2.	ANTI LA			1500.00	A
3.	ANTI HEPATITIS E VIRUS (HEV)			600.00	A
4.	ANTI LKM ANTIBODY			1100.00	A
5.	Anti Mulerian Hormone (AMH)			1200.00	A
6.	ANTI RO			1600.00	A
7.	CA 125			600.00	A
8.	DENGUE NS1 ELISA			500.00	A
9.	ENDOCRINE PROFILE			1350.00	A
10.	FSH			500.00	A
11.	FT3- FREE T3			150.00	A
12.	FT4			150.00	A
13.	HEPATITIS B ANTIBODY			800.00	A
14.	IMMUNOGLOBIN IgM			600.00	A
15.	INHIBIN A			800.00	A
16.	LACTATE			800.00	A
17.	LH (Leutinising Hormone)			500.00	A
18.	PHENYTOIN			500.00	A
19.	PSA TOTAL			300.00	A
20.	SEX HORMONE BINDING GLOBULIN			1000.00	A
21.	Torch Profile - IgG			700.00	A
22.	TSH (THYROID STIMULATING HORMONE)			100.00	A
23.	VITAMIN A			2000.00	A
24.	VITAMIN B6			3300.00	A
25.	VITAMIN PROFILE			3500.00	A
26.	ZINC			1800.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
27.	Torch Profile - IgM	0001198		700.00	A
28.	CEA	0003117		350.00	A
29.	T3	0003172		120.00	A
30.	T4	0003174		120.00	A
31.	PROLACTIN	PRL		250.00	A
32.	THYROID PROFILE(TFT)	TFT		300.00	A
	MICROBIOLOGY				
1.	COMPLETE U/L DENTURE(WITH ACRYROCK TEETH)			35000.00	A
2.	GRAM STAIN			150.00	A
3.	MTB CULTURE			1500.00	A
4.	PUS C/S			150.00	A
5.	STOOL CULTURE			150.00	A
6.	URINE CULTURE			150.00	A
	OTHERS				
1.	ALDOSTERONE			1800.00	A
2.	CT ENTROGRAPHY			3500.00	A
3.	ECG			100.00	A
4.	ENA PROFILE			2200.00	A
5.	H PYLORI IgG,IgM,IgA			750.00	A
6.	HCV RNA PCR AND GENOTYPING			9000.00	A
7.	HOMA INDEX			800.00	A
8.	SUPPLEMENTARY LAB CHARGE			100.00	A
	PATHOLOGY				
1.	24 HRS CALCIUM CREATININE RATIO			250.00	A
2.	ANTI CYCLIC CITRULLINATED PEPTIDE			600.00	A
3.	MAHENDRA			2000.00	A
4.	URINE FOR GLYCOSAMINOGLYCAN (GAG)			2500.00	A
	SEROLOGY				
1.	Anti Dengue IgM			300.00	A
2.	ANTI HCV (RAPID)			500.00	A
3.	ANTI HCV ANTIBODY			700.00	A
4.	CHIKUNGUNAYA IGM			600.00	A
5.	DENGUE IGG ELISA			500.00	A
6.	DENGUE IGM ELISA			500.00	A
7.	DENGUE NS1 (IGG/IGM)			500.00	A
8.	HbsAg			100.00	A
9.	HIV 1 & II			180.00	A
10.	HIV 1 & II CLIA			500.00	A
11.	Malaria parasite			100.00	A
12.	VDRL			50.00	A
	SPECIAL				
1.	ADAMTS 13 ACTIVITY			8300.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
2.	ALLERGY PHADIATOP			1300.00	A
3.	ANDROGEN PROFILE COMPLETE			6400.00	A
4.	BETA D GLUCAN TEST			4200.00	A
5.	BK VIRUS PCR QUANTITATIVE			5200.00	A
6.	CA 72.4			1800.00	A
7.	Consultancy charges (Dr,Neha Agarwal Taparia)			200.00	A
8.	DESMOGLEIN 1			3000.00	A
9.	DESMOGLEIN 3			3000.00	A
10.	HCV RNA QUANTITATIVE			4500.00	A
11.	HPV DNA DETECTION AND TYPING LBC			1800.00	A
12.	HSV 1 AND 2 DNA DETECTION BY PCR			2800.00	A
13.	MRI ANGIO NECK			4000.00	A
14.	MTHFR GENE MUTATION			5200.00	A
15.	SPERM DNA FRAGMENTATION TEST			3200.00	A
16.	TACROLIMUS			3500.00	A
17.	TORCH 10 PARAMETER			1500.00	A
18.	VITAMIN K			4500.00	A
	MRI99				
	MRI 3.0 TESLA				
1.	MP MRI PROSTATE			8500.00	A
2.	MR VENOGRAM BRAIN			3500.00	A
3.	MRI ANGIO NECK			6000.00	A
4.	MRI ANKLE (3.0)			3500.00	A
5.	MRI CERVICAL SPINE(3.0)			3500.00	A
6.	MRI FOOT			3500.00	A
7.	MRI KNEE(3.0)			3500.00	A
	PACKAGES				
	OTHERS				
1.	CROWN BRIDGES PFM (CAD-CAM) 5 YEAR WARRANTY			3000.00	A
2.	CONSULT.CHARGES			0.00	A
3.	DUPLICATE REPORT CHARGES			100.00	A
4.	FILLING GIC			500.00	A
5.	R.C.T ANTERIOR			2000.00	A
6.	R.C.T POSTERIOR			3000.00	A
7.	ZIRCONIA FULL CONTOURED (10 YEAR)			7000.00	A
	PACKAGE				
1.	BLOOD SUGAR PP2 HR(PPBS)			35.00	A
2.	COLLECTION CHARGE WITH PPE KIT			300.00	A
3.	PREVENTIVE HEALTH PACKAGE (FEMALE)			640.00	A
4.	PREVENTIVE HEALTH PACKAGE (MALE)			640.00	A
5.	ROUTINE HEALTH PACKAGE			699.00	A
6.	SENIOR CITIZEN PACKAGE A			200.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
7.	SENIOR CITIZEN PACKAGE B			100.00	A
8.	WELLNESS PACKAGE			1450.00	A
	RADIOLOGY				
	CT_SCAN				
1.	3D CT SCAN SHOULDER			3500.00	A
2.	3D RECONSTRUCTION			3500.00	A
3.	CE CT KUB			3500.00	A
4.	CECT CHEST			3000.00	A
5.	CECT HEAD			1800.00	A
6.	CECT KUB			3500.00	A
7.	CECT LOWER ABDOMEN			3500.00	A
8.	CECT NECK			3500.00	A
9.	CECT TEMPORAL			3000.00	A
10.	CECT WHOLE ABDOMEN			3500.00	A
11.	CT ANGIO BRAIN			3500.00	A
12.	CT ANGIO BRAIN VESSELS			4500.00	A
13.	CT ANGIOGRAPHY			4000.00	A
14.	CT BRAIN PLAIN			1500.00	A
15.	CT ELBOW			2500.00	A
16.	CT FACE WITH 3D			3500.00	A
17.	CT FACE/TM JOINT			3500.00	A
18.	CT FOOT			3000.00	A
19.	CT HIP JOINTS			1800.00	A
20.	CT LOWER LIMB ANGIO			4000.00	A
21.	CT NECK			3000.00	A
22.	CT OF ANY ONE SPINE			1800.00	A
23.	CT ORBIT			1800.00	A
24.	CT SCAN ORBIT 3D			3200.00	A
25.	CT PNS			2500.00	A
26.	CT SCAN ANKLE 3D			3200.00	A
27.	CT SCAN 3D			3500.00	A
28.	CT SCAN PELVIS			1800.00	A
29.	CT SHOULDER			1800.00	A
30.	CT TEMPORAL BONE			3000.00	A
31.	CT UROGRAPHY			5000.00	A
32.	CT VENOGRAM			5000.00	A
33.	CT VENOGRAPHY			3500.00	A
34.	CT WRIST JOINT			1800.00	A
35.	MRI BRAIN DYNAMIC			7000.00	A
36.	MRI PNS			3500.00	A
37.	NCCT BRAIN			1800.00	A

Patient Category RateList Report

S.N.	Service Name	Code	Tarif Name	Charge	Status
	USG				
1.	ALPHA FETO PROTEIN			400.00	A
2.	ANDROSTENEDIONE			2000.00	A
3.	BETA 2 GLYCOPROTEIN IgM			700.00	A
4.	BETA 2 MICROGLOBULIN			1300.00	A
5.	PTH parathyroid Hormone			550.00	A
6.	U/L IVOCLAR DENTURE			40000.00	A
7.	USG KNEE JOINT			450.00	A
8.	USG KUB TRANSRECTAL			1000.00	A
9.	USG NT SCAN			1000.00	A
10.	USG OF FOETAL DOPPLER WITH NT SCAN			1300.00	A
11.	USG SMALL PART			450.00	A
12.	USG TVS WITH LOWER ABDOMEN			450.00	A
	X-RAY				
1.	COLOUR DOPPLER ARTERIAL AND VENOUS BOTH SIDE			3500.00	A
2.	COLOUR DOPPLER VENOUS BOTH SIDE			2500.00	A
3.	D. X-RAY FINGER AP AND LAT			350.00	A
4.	D.X.RAY ABDOMEN ERECT			350.00	A
5.	D.X.RAY.L.S.SPINE AP AND LAT(L)			350.00	A
6.	D.X-RAY B/L KNEE .AP/LAT			350.00	A
7.	D.X-RAY CHEST LAT			200.00	A
8.	D.X-RAY CLAVICAL BONE			250.00	A
9.	D.X-RAY PELVIS AP			250.00	A
10.	X RAY ARM AP AND LAT			350.00	A
11.	X RAY BOTH KNEE PATELLA (SKYLINE)			350.00	A
12.	X RAY BOTH KNEES AP (STANDING)			350.00	A
13.	X- RAY DEVELOPMENT CHARGE-2			200.00	A
14.	X RAY ELBOW AP AND LAT			250.00	A
15.	X RAY FOREARM AP / LAT			250.00	A
16.	X RAY HIP AP/ BOTH VIEW			250.00	A
17.	X RAY KNEE (SKYLINE) PATELLA (SINGLE)			250.00	A
18.	X RAY LS SPINE FLEXION/EXTENSION			350.00	A
19.	X RAY PNS OM VIEW			350.00	A
20.	X RAY SACRUM AP / LAT			350.00	A
21.	X RAY STERNUM AP / LAT			350.00	A
22.	X RAY THIGH AP / LAT			250.00	A
23.	X- RAY DEVELOPMENT CHARGE			100.00	A
24.	X-RAY MASTOID LATERAL VIEW			250.00	A