Template for clinical establishment Rate/Charges

Name and Address of establishment

With email address:

Regn no. in that permanent/provision only:

Type of establishment:

Charges / consultation ١. Facility available for year: Fees a. OPD General Specialty single Multiple Super specialty b. IP general ward Special ward Delux Fully private Semi private c. Emergency Per Days Trauma care NICU PICU ICU CCU SURGECAL ICU TOXICOLOGY DIALYSIS Investigation / diagnostic 11. 1. Pathology clinical pathology – Blood, urine, sptum, stool Body fluids HPE 2. Hematology Per each 3. Biochemistry Test 4. Microbiology 5. Imaging/radiology X ray, CT, Doppler, MRI 6. other investigation -ECG, EEG, ECHO, ANGIO, TMT III. therapeutic charges Per Day Medical: doctor visit + nursing care + other consumable expenditure Actual- drugs, disposals Surgery: Surgeon charge Per Hour Anesthetist charge Nursing charges O T charges

Consumable charges including drugs during surgery

Specialty: including OBG, ENT, EYE, ORTHO, URO, CARDIC, CARDIO THORASIC, PLASTIC SURGERY, NEURO SURGERY

Dental procedure & charges:

Organ transplantation procedural charges

Occupational therapy & physio therapy

Other establishments.. Radio therapy,

Behavioral health (counseling, marriage and family therapy)

Nuclear medicine technology

Optometry

Orthotics

Orthotics And prosthetics

Respiratory therapy

Sonography

Speech pathology

Welbeing certre service charges

Ambulance:

Organ transplantation Procedures

Physio therapy & occupational therapy

Other Establishments

Radio therapy