Soni Hospital

(Unit of Soni Medicare Limited)

Schedule of Charges – 2025

38, Kanota Bagh, JLN Marg, Jaipur- 302004 – Mob. No- 9001669977

Regarding Charges at Soni Hospital

We follow a customer centric system of billing as per services for:-

1 Essential Billing Guidelines

2 OPD Charges - As per specialist category mentioned in Annexure

3 Surgery Charges as per grading system

4 Accommodation and visit of specialists –As per room tariff mentioned in Annexure

5 Diagnostics and non-surgical procedures -As per Annexure

After each service is rendered the same is billed into the computer system billing is electronic and accessible.

COMMON CHARGES

1 Charges for OPD Consultations

2 Categories of Accommodation with charges

3 Charges for Diagnostics

Applicable from 1st January 2025	
Charges for OPD Consultations	
SERVICE	**CHARGES (Rs.)**
CONSULTATION HOSPITAL DOCTOR	400
CONSULTATION (DIETICIAN)	300
CONSULTATION (PHYSIOTHERAPIST)	500
CONSULTATION SPECIALIST	600
CONSULTATION IN TRIAGE	800
PRE ANESTHETIC CONSULTATION	600
CONSULTATION- CRITICAL CARE SPECIALIST	600
CONSULTATION-SR. PHYSIOTHERAPIST	700
CONSULTATION SUPER SPECIALIST	700
CONSULTATION SR. SPECIALIST	1000
EMERITIUS VISITING CONSULTANT	2,000
CONSULTATION BY SPECIALIST (AT EXTERNAL LOCATION)	2,000

Note:
• OPD Timing: 8:00AM to 5:00PM (Monday to Saturday)
• Consultation Valid for 4 Days
• Consultation Charges on Emergency, Sunday and Holidays will be Double
• This SoC is valid for a period of one year. It is subject to revision on 1st day of every calander year.
• Please contat marketing Cell- (+91 9116018790) for requesting the latest SoC as the updates ratelist shall be charged to the patient.

CONSULTATION-OUT-PATIENT (OPD)
OPD Consultations will take place between 8AM and 5PM on any given day
Revisit free of charge follow up is limited to 1 consultation with the Attending Doctor within 4 days of previous consult.

Applicable from 1st January 2025					
Surgery Charges as per grading system EXCLUDES: MEDICINES, IMPLANTS, CONSUMABLES, OT DRUGS, OT CONSUMABLES ETC.					
INCLUDES: SURGEON, ASSISTANT, ANESTHETIST, ASST. ANESTHETIST					
SURGERY GRADE	**GENERAL WARD/ TRIPLE SHARING**	**SEMI DELUXE/ TWIN SHARING**	**STANDARD/ DELUX CHARGES**	**SUPER DELUXE**	**ROYAL DELUXE / SUITE ROOM**
GRADE- 1	3300	3960	4400	4840	5500
GRADE- 2	3850	4620	5170	5720	6490
GRADE- 3	4400	5280	5830	6380	7260
GRADE- 4	4950	5940	6600	7260	8250
GRADE- 5	5500	6600	7370	8140	9240
GRADE- 6	6050	7260	8030	8800	10010
GRADE- 7	6600	7920	8800	9680	11000
GRADE- 8	7700	9240	10230	11220	12760
GRADE- 9	8800	10560	11770	12980	14740
GRADE- 10	9900	11880	13200	14520	16500
GRADE- 11	11000	13200	14630	16060	18260
GRADE- 12	12100	14520	16170	17820	20240
GRADE- 13	13200	15840	17600	19360	22000
GRADE- 14	15400	18480	20570	22660	25740
GRADE- 15	17600	21120	23430	25740	29260
GRADE- 16	19800	23760	26400	29040	33000
GRADE- 17	22000	26400	29370	32340	36740
GRADE- 18	24200	29040	32230	35420	40260
GRADE- 19	26400	31680	35200	38720	44000
GRADE- 20	29700	35640	39600	43560	49500
GRADE- 21	33000	39600	44000	48400	55000
GRADE- 22	38500	46200	51370	56540	64240
GRADE- 23	44000	52800	58630	64460	73260
GRADE- 24	49500	59400	66000	72600	82500
GRADE- 25	55000	66000	73370	80740	91740
GRADE- 26	60500	72600	80630	88660	100760
GRADE- 27	71500	85800	95370	104940	119240
GRADE- 28	82500	99000	110000	121000	137500
GRADE- 29	93500	112200	124630	137060	155760

BILLING OF OT SERVICES

PROCEDURE/SURGERY CHARGES

The charges for any Procedure/Surgery shall be according to the Schedule of Charges.
OPD/IPD Procedures includes only the procedure cost. Other charges shall be charged as per actual.

The charges for High risk procedures shall be charged as follows:

- For High Risk Cases, 25% on the Procedure charge shall be charged extra.
- If more than 2 procedures are being done in 1 sitting, then the High Risk charges of 25% shall be calculated on the total of the procedure charges for the different procedures.

For Multiple procedures

For multiple procedures performed in the same region, then Full charges of Main/Higher cost procedure.

50% charges of subsequent procedure shall be charged.

Multiple surgeries performed in different regions shall attract the full procedure charges of each surgery/procedure.

UPGRADE POLICY

In case of an upgrade to a higher bed category, all charges will be levied as per the opted category from date of transfer.

REFUND POLICY

Any refund through cheque will be processed within 15 working days.

ADVANCE & BOOKING POLICY

For planned admissions, amount should be deposited at the time of admission.

CONSULTATION-IN-PATIENT (IPD)

Consultation charges for admitting Doctor, Unit and/or Team will be limited to 2 visits per day.

Cross Consultations and/or Referrals will be charged on actual basis.

Consultation charges levied will be as per the admitting room category.

INTENSIVE CARE/HIGH DEPENDNCY UNIT (ICU/HDU) CHARGES

ICU, HDU and/or Step-Down Unit charges will be charged as per standard Category.

When the patient is in the ICU, the attendant is allowed to retain the bed if available and bed charges will be levied as per Room Holding charges in Schedule of Charges.

Inclusions	Exclusions
*Bed charges	*Critical care team visits
*Non invasive monitoring	*Referral visits
*Resident doctor charges	*Ventillator
*General nursing care charges	*Support beside equipment charges
*Medical gases	*Invasive monitoring
*Infusion/Syringe pump	*Investigations (Radilogy & Laboratory)
	*Procedures
	*Drugs & Consumables

EMERGENCY & TRAUMA SERVICES

* Emergency Services will be charged as per Emergency Care Category

* Emergency Charges will be levied between 8PM-8AM except planned admissions/procedures

Additional 25% shall be charged to the existing charges for all procedures/operations done between 8 pm to 8 am on working days, Sundays and holidays.

OT & ANESTHESIA CHARGES

Any surgery deemed as High Risk or Emergency by Treating Surgeon and Anesthesia Team will be subject to High Risk Charges or Emergency charges as applicable

BED CHARGES

Charges will be levied based on the bed type under which patient is admitted
In the event of a transfer from one bed category to another, the charges will be levied based on the bed category opted for higher category
Bed charges in all Critical Care Beds shall be as per standard charges
Procedures, Investigations, Doctor Visit, Pathology, Imaging, etc. Shall be charged according to the respective room category opted.

ADMISSION DIRECTLY INTO CRITICAL CARE

In case patient is admitted Into Critical Care bed directly, the charges for procedures/surgeries shall be as per the charges applicable to the category of standard charges.

NURSING CARE

The Bed/Room Charges are inclusive of Nursing Care charges. However in case special Nursing Care is requested or required, shall be charged extra.

ANAESTHESIA CHARGES

The charges for anaesthesia (as a percentage of the procedure charges) are as follow:

Sr. No.	Type of Anaesthesia	Anaesthesia charges	Anaesthesia fees
1	General Anaesthesia	20%	15%
2	Epidural/Spinal /Nerve Block	10%	10%
3	Local Anaesthesia	10%	10%
4	Stand by Anaesthesiologist	NA	10%

If a surgeon requires a Stand-by Anaesthesiologist, then the charge for the stand-by shall be 10% of the procedure charges.
In case of Supra Major/major procedure, if the anaesthesia administered is prolonged, the anaesthesiacharges shall be levied as 5% per extra hour.

FOR MULTIPLE PROCEDURE

In case the same type of anaesthesia as in the Main/Higher cost surgery is continued, then 50% of the charges of anaesthesia otherwise applicable for the other surgeries shall be levied.
In case the same type of anaesthesia differ from the 1 surgery, then full charges for that anaesthesia shall be levied as per General Anaesthesia.

OT UTILIZATION IN TEARMS OF HOURS

The Number of hours allotted to each type of surgery are as follow:

Major	3 hours
Intermediate	2 hours
Minor/OPD/Daycare	1 hours

Ward	BED CHARGES	DOCTOR VISIT	Physiotherapy Visit	Double Visits (If	Emergency Visits	BED CHARGES TYPE
CASUALTY (6 HRS)	2200	600	400	1200	1200	GENERAL WARD
SURGICAL UNIT	2800	600	400	1200	1200	GENERAL WARD
GENERAL/SHARING WARD	2800	600	400	1200	1200	GENERAL WARD
TWIN SHARING	4000	600	400	1200	1200	SEMI PRIVATE
PRE OP AND RECOVERY	3500	800	400	1200	1200	STANDARD
NICU	4000	1000	400	2000	2000	STANDARD
TRIPLE SHARE	3500	800	500	1600	1600	SEMI PRIVATE
HDU	5000	800	400	1600	1600	STANDARD
CASUALTY (ABOVE 6 HRS)	4400	800	400	1600	1600	GENERAL WARD
CCU	6000	1000	400	2000	2000	STANDARD
DELUXE ROOM	5000	800	500	1600	1600	DELUXE/PRIVATE
SUPER DELUXE	8500	1000	500	2000	2000	DELUXE/PRIVATE
SINGLE ROOM AC	5000	800	500	1600	1600	DELUXE/PRIVATE
ICU1	8000	1000	400	2000	2000	STANDARD
ICU2	8000	1000	500	2000	2000	STANDARD
ROYAL DELUXE	12000	1500	500	3000	3000	DELUXE/PRIVATE

1.Visit charges between 8:00 PM to 8:00 AM will be double.

Hospital Procedues refers to all Hospital Standard Schedule such as Consultations (Visits), Diagnostics (Pathlab, Radiology, ECG etc.), IPD, & OPD Procedures, Surgery, Radiotherapy and other patient services. It does not include consumables (drugs, medicines, stents, implants, Blood & Blood products), packages, miscellaneous items such as oxygen etc.

Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows

Charges are same as Standard Charges for Delux Category.

Charges are 25% Less on Standard Charges for General Ward/Triple Sharing/OPD Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU, ICU, HDU)

Charges are 25% extra at night from 8 Pm to 8 Am.

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Rates are subject to revision without any notice.

PAEDIATRICIAN'S CHARGES FOR NEONATES BORN IN Soni Hospital

New Born Care package charges for all Soni Hospital Born

Sr. no	Particulars	Charges (In Rs.)
1	General Ward / Twin Sharing Rooms	Rs. 1000/-
2	Private Rooms/Semi Deluxe Rooms	Rs. 1500/-
3	Deluxe Rooms/Executive Rooms	Rs. 1500/-
4	LDR ND	Rs. 2000/-
5	LDR LSCS	Rs. 2500/-
6	Executive Rooms	Rs. 1500/-
7	Super Deluxe Room	Rs. 2500/-

(till the mother is discharged after delivery or separate UHID is generated for the baby).
(Above Charges are per Baby)
With formal admission - In case baby required admission, medical fee will be Charged.
Free OPD file will be generated for baby born in Soni Hospital.

GENERAL BILLING RULES & GUIDELINES

1. Procedures, Investigations, Doctor Visit, Pathology, Imaging, etc. shall be charged according to the room category opted for as mentioned.
2. Taxes levied (if applicable) would be as per those prevailing on the day of final billing like Service Tax/TCS etc.
3. The Schedule of Charges mentioned against surgeries/ procedures are Surgeon fees only. OT, Anaesthesia & procedures and in case of over stay beyond package days.
4. Billing cycle will start from time of admission and is from 12 midnight to 12 midnight.
5. The packages mentioned are for specified number of days only. Package details are mentioned with Schedule of Charges.

Conveyance Charges	
Transport (For Consultant) (8PM-8 AM)	500/- per visit
Transport (For Staff) (8 PM-8 AM)	350/- per visit

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows

Charges are same as Standard Charges for Delux Category.

Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
4.001	1	2-D ECHO (SCREENING)	CARDIOLOGY	2500	2000	2250	2500	2750	3125
4.002	2	2D ECHO WITH COLOR DOPPLER	CARDIOLOGY	3000	2400	2700	3000	3300	3750
4.003	3	2-D MADE ECHO DOPPLER	CARDIOLOGY	3375	2700	3038	3375	3713	4219
4.004	4	CARDIAC PULMONARY RESUCITATION (CPR)	CARDIOLOGY	3375	2700	3038	3375	3713	4219
4.005	5	COMPUTERISED ECG	CARDIOLOGY	188	150	169	188	206	234
4.006	6	COMPUTERISED TREAD MILL TEST (CTMT)	CARDIOLOGY	2250	1800	2025	2250	2475	2813
4.007	7	DOBUTAMINE STREES ECHO	CARDIOLOGY	9125	7300	8213	9125	10038	11406
4.009	8	HOLTER REPORT (WITH PRD. SPECIFICATION)	CARDIOLOGY	3375	2700	3038	3375	3713	4219
4.01	9	PERIPHERAL VASULAR DOPPLER (ONE LIMB)	CARDIOLOGY	3375	2700	3038	3375	3713	4219
4.011	10	PLAIN ECG (ICU/ BED SIDE)	CARDIOLOGY	500	400	450	500	550	625
4.012	11	STRESS ECHO	CARDIOLOGY	9125	7300	8213	9125	10038	11406
4.013	12	THREE CHANNEL PLAIN ECG	CARDIOLOGY	375	300	338	375	413	469
4.014	13	TRANS ESOPHAGEAL ECHO (TEE)	CARDIOLOGY	3375	2700	3038	3375	3713	4219
13.063	14	DIAGNOSTIC UGIE	GASTROENTEROLOGY	4500	3600	4050	4500	4950	5625
13.064	15	PEG	GASTROENTEROLOGY	7500	6000	6750	7500	8250	9375
13.065	16	ENDOSCOPIC RT PLACEMENT	GASTROENTEROLOGY	7500	6000	6750	7500	8250	9375
13.066	17	UGI+RUT	GASTROENTEROLOGY	5250	4200	4725	5250	5775	6563
13.067	18	UGIE BIOPSY	GASTROENTEROLOGY	5250	4200	4725	5250	5775	6563
13.068	19	ENDOSCOPY + FOREIGN BODY REMOVAL	GASTROENTEROLOGY	10500	8400	9450	10500	11550	13125
13.069	20	SIDE VIEW ENDOSCOPY	GASTROENTEROLOGY	8250	6600	7425	8250	9075	10313
13.07	21	EVL BANDING- 1ST SESSION	GASTROENTEROLOGY	7500	6000	6750	7500	8250	9375
13.071	22	EVL BANDING- SUBSEQUENT SESSION	GASTROENTEROLOGY	7500	6000	6750	7500	8250	9375
13.072	23	VARICAL SCLEROTHERAPY (Ist SESSION)	GASTROENTEROLOGY	7500	6000	6750	7500	8250	9375
13.073	24	OESOPHAGEAL DILATION	GASTROENTEROLOGY	8250	6600	7425	8250	9075	10313
13.074	25	OESOPHAGEAL DILATION UNDER FLUROSCOPY	GASTROENTEROLOGY	9125	7300	8213	9125	10038	11406
13.075	26	OESOPHAGEAL SEMS PLACEMENT	GASTROENTEROLOGY	9875	7900	8888	9875	10863	12344
13.076	27	GASTRIC POLYPECTOMY	GASTROENTEROLOGY	11375	9100	10238	11375	12513	14219
13.077	28	ENDOSCOPIC CLIP APPLICATION	GASTROENTEROLOGY	9875	7900	8888	9875	10863	12344
13.078	29	CRE BALLON DIALATION (UGI)	GASTROENTEROLOGY	8250	6600	7425	8250	9075	10313
13.079	30	ENDOSCOPIC BILIARY STENT REMOVAL	GASTROENTEROLOGY	8250	6600	7425	8250	9075	10313
13.08	31	ENDOSCOPIC PANCREATIC PSEUDOCYST DRAINAGE (PERCUTANEOUS ENDOSCOPIC GASTROCYSTOMY)	GASTROENTEROLOGY	14375	11500	12938	14375	15813	17969
13.081	32	COLONOSCOPY	GASTROENTEROLOGY	8250	6600	7425	8250	9075	10313

Applicable from 1st January 2025									
List of Investigations & Diagnostic/ Procedures at Soni Hospital									
Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows									
Charges are same as Standard Charges for Delux Category.									
Charges are 25% Less on Standard Charges for General/ Sharing Ward Category									
Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
13.082	33	SIGMOIDOSCOPY	GASTROENTEROLOGY	4500	3600	4050	4500	4950	5625
13.083	34	HEMORRHOIDAL SCLEROTHERAPY	GASTROENTEROLOGY	7500	6000	6750	7500	8250	9375
13.084	35	CRE BALLON DIALATION (LOWER GI)	GASTROENTEROLOGY	8250	6600	7425	8250	9075	10313
13.085	36	COLONOSCOPIC CLIP APPLICATION	GASTROENTEROLOGY	10625	8500	9563	10625	11688	13281
13.086	37	COLONOSCOPY+POLYPECTOMY	GASTROENTEROLOGY	10625	8500	9563	10625	11688	13281
13.087	38	SIGMOIDOSCOPY+ POLYPECTOMY	GASTROENTEROLOGY	9125	7300	8213	9125	10038	11406
13.088	39	ERCP	GASTROENTEROLOGY	23500	18800	21150	23500	25850	29375
13.089	40	COLONOSCOPIC SEMS PLACEMENT	GASTROENTEROLOGY	10625	8500	9563	10625	11688	13281
13.09	41	USG GUIDED LIVER ABSCESS ASPIRATION UNDER LOCAL ANESTHESIA	GASTROENTEROLOGY	8000	6000	7200	8000	8800	10000
13.091	42	USG GUIDED LIVER ABSCESS CATHETER PLACEMENT UNDER LOCAL ANESTHESIA	GASTROENTEROLOGY	11000	8250	9900	11000	12100	13750
13.092	43	USG GUIDED PERCUTENEOUS ABDOMINAL CATHETER UNDER LOCAL ANESTHESIA	GASTROENTEROLOGY	11000	8250	9900	11000	12100	13750
13.093	44	USG GUIDED LIVER BIOPSY UNDER LOCAL ANESTHESIA	GASTROENTEROLOGY	8000	6000	7200	8000	8800	10000
13.094	45	PARACENTASIS (DIAGNOSTIC) UNDER LOCAL ANESTHESIA	GASTROENTEROLOGY	3000	2400	2700	3000	3300	3750
13.095	46	PARACENTASIS (THERAPEUTIC) UNDER LOCAL ANESTHESIA	GASTROENTEROLOGY	5250	4200	4725	5250	5775	6563
13.096	47	THORACOENTASIS (DIAGNOSTIC) UNDER LOCAL ANESTHESIA	GASTROENTEROLOGY	3000	2400	2700	3000	3300	3750
13.097	48	THORACOENTASIS (THERAPEUTIC) UNDER LOCAL ANESTHESIA	GASTROENTEROLOGY	5250	4200	4725	5250	5775	6563
13.098	49	ENDOSCOPIC GLUE INJECTION	GASTROENTEROLOGY	12125	9700	10913	12125	13338	15156
13.099	50	ENDOSCOPIC INJECTION THERAPY FOR DUODENAL/GASTRIC ULCER BLEED	GASTROENTEROLOGY	8750	7000	7875	8750	9625	10938
13.1	51	ACHLASIA CARDIA PNEUMATIC DILATATION	GASTROENTEROLOGY	11375	9100	10238	11375	12513	14219
18.001	52	CHEMO THERAPY (NORMAL)	MEDICAL ONCOLOGY	4500	3600	4050	4500	4950	5625
18.002	53	CHEMOTHERAPY DAYCARE CHARGES	MEDICAL ONCOLOGY	4500	3600	4050	4500	4950	5625
18.003	54	CHEMOTHERAPY INDOOR CHARGES	MEDICAL ONCOLOGY	2250	1800	2025	2250	2475	2813
18.006	55	IT MTX (1)	MEDICAL ONCOLOGY	2250	1800	2025	2250	2475	2813
18.007	56	MICROSCOPE CHARGES	MEDICAL ONCOLOGY	2200	1650	1980	2200	2420	2750
19.001	57	ACUTE PERITONEAL DIALYSIS	NEPHROLOGY	4500	3600	4050	4500	4950	5625
19.002	58	C.R.R.T	NEPHROLOGY	37875	30300	34088	37875	41663	47344
19.003	59	CAPD	NEPHROLOGY	11375	9100	10238	11375	12513	14219
19.004	60	DOUBLE LUMEN CATHETER (MEDCOMP)	NEPHROLOGY	7563	6050	6806	7563	8319	9453
19.005	61	DOUBLE LUMEN CATHETER (TYCO)	NEPHROLOGY	9063	7250	8156	9063	9969	11328

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows

Charges are same as Standard Charges for Delux Category.

Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
19.006	62	DOUBLE LUMEN CATHETERIZATION PROCEDURE CHARGES	NEPHROLOGY	7563	6050	6806	7563	8319	9453
19.007	63	EPO CHARGE (PACKAGE)	NEPHROLOGY	1063	850	956	1063	1169	1328
19.008	64	FEMORAL CATHETER IMPLANT	NEPHROLOGY	4125	3300	3713	4125	4538	5156
19.009	65	HAEMODIALYSIS WITH KIT	NEPHROLOGY	5250	4200	4725	5250	5775	6563
19.01	66	HAEMODIALYSIS	NEPHROLOGY	3750	3000	3375	3750	4125	4688
19.011	67	HAEMODIALYSIS (ICU)	NEPHROLOGY	9125	7300	8213	9125	10038	11406
19.012	68	HAEMODIALYSIS SERO POSITIVE (SINGLE USE)	NEPHROLOGY	4500	3600	4050	4500	4950	5625
19.013	69	INTERNAL JUGULAR/SUBCLAVIAN CATHETER	NEPHROLOGY	7625	6100	6863	7625	8388	9531
19.014	70	PERMACATH INSERTION	NEPHROLOGY	11375	9100	10238	11375	12513	14219
19.015	71	PLASMA PHARESIS	NEPHROLOGY	10625	8500	9563	10625	11688	13281
19.016	72	RENAL BIOPSY	NEPHROLOGY	7625	6100	6863	7625	8388	9531
19.017	73	HAEMODIALYSIS (EMG)	NEPHROLOGY	9500	7600	8550	9500	10450	11875
19.018	74	HAEMODIALYSIS ICU (EMG)	NEPHROLOGY	12125	9700	10913	12125	13338	15156
19.019	75	INTERNAL JUGULAR/SUBCLAVIAN CATHETER (EMG)	NEPHROLOGY	12875	10300	11588	12875	14163	16094
21.001	76	E.M.G WITH CONDUCTIONS	NEUROLOGY	6875	5500	6188	6875	7563	8594
21.002	77	ELECTRO ENCEPHALOGRAM (E.E.G.)	NEUROLOGY	3000	2400	2700	3000	3300	3750
21.003	78	EMG LONG STUDY	NEUROLOGY	9125	7300	8213	9125	10038	11406
21.004	79	NERVE CONDUCTION ONLY (2 LIMB)	NEUROLOGY	4500	3600	4050	4500	4950	5625
21.005	80	NERVE CONDUCTION ONLY (4 LIMB)	NEUROLOGY	7625	6100	6863	7625	8388	9531
21.006	81	REPEATETIVE NERVE STIMULATION (RNS)	NEUROLOGY	4500	3600	4050	4500	4950	5625
21.007	82	VIDEO EEG -UPTO 3 HRS.	NEUROLOGY	6875	5500	6188	6875	7563	8594
21.008	83	VIDEO EEG-UPTO 6 HRS	NEUROLOGY	9125	7300	8213	9125	10038	11406
21.009	84	C ARM CHARGES UPTO 5 MINUTES	ORTHOPAEDICS	1100	850	990	1100	1210	1375
22.001	85	ACTIVITIES DESGNING FOR REHAB	OCCUPATION THERAPIST	500	400	450	500	550	625
22.002	86	ADL/IADL ASSESMENT	OCCUPATION THERAPIST	500	400	450	500	550	625
22.003	87	ERGOHOMIC PLANNING & IMPLEMENTATION	OCCUPATION THERAPIST	500	400	450	500	550	625
22.004	88	EXCERCISE REGIMES	OCCUPATION THERAPIST	500	400	450	500	550	625
22.005	89	PNF PATTERN TRAINING	OCCUPATION THERAPIST	500	400	450	500	550	625
22.006	90	WHEEL CHAIR TRAINING PROGRAM	OCCUPATION THERAPIST	500	400	450	500	550	625
25.0001	91	24 HRS URINARY POTASSIUM	PATHOLOGY-BCH	500	400	450	500	550	625
25.0002	92	ADENOSINE DEAMINASE ACTIVITY (ADA)	PATHOLOGY-BCH	1125	900	1013	1125	1238	1406
25.0003	93	AMMONIA LEVEL	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0004	94	ANTI PHOSPHOLIPID ANTIBODY IGA	PATHOLOGY-BCH	3750	3000	3375	3750	4125	4688
25.0005	95	ANTI TISSUE TRANS GLUTAMINASE (TTG) IgA	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0006	96	ARTERIAL BLOOD GASES (ABG)	PATHOLOGY-BCH	1875	1500	1688	1875	2063	2344
25.0007	97	BICARBONATE	PATHOLOGY-BCH	1875	1500	1688	1875	2063	2344
25.0008	98	BLOOD GLUCOSE 1 1/2 P.G/P.P	PATHOLOGY-BCH	250	200	225	250	275	313

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows

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Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.0009	99	BLOOD GLUCOSE FASTING	PATHOLOGY-BCH	125	100	113	125	138	156
25.001	100	BLOOD GLUCOSE P.P./P.G 2 HRS.	PATHOLOGY-BCH	125	100	113	125	138	156
25.0011	101	BLOOD SUGAR RANDOM	PATHOLOGY-BCH	125	100	113	125	138	156
25.0012	102	BLOOD SUGER BY GLUCOMETER	PATHOLOGY-BCH	250	200	225	250	275	313
25.0013	103	BLOOD UREA	PATHOLOGY-BCH	188	150	169	188	206	234
25.0014	104	CA - 15.3	PATHOLOGY-BCH	3750	3000	3375	3750	4125	4688
25.0015	105	CK-NAC (CPK TOTAL)	PATHOLOGY-BCH	1125	900	1013	1125	1238	1406
25.0016	106	CPK- MB	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0017	107	CREATININE CLEARANCE TEST	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0018	108	DRAIN FOR UREA	PATHOLOGY-BCH	250	200	225	250	275	313
25.0019	109	EXTRA SLIDES AND BLOCKS	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.002	110	FLUID FOR AMYLASE	PATHOLOGY-BCH	875	700	788	875	963	1094
25.0021	111	FLUID FOR SUGAR	PATHOLOGY-BCH	250	200	225	250	275	313
25.0022	112	GAMMA G.T.	PATHOLOGY-BCH	875	700	788	875	963	1094
25.0023	113	GLUCOSE TOLERANCE TEST (GTT)	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0024	114	HBA1C	PATHOLOGY-BCH	750	600	675	750	825	938
25.0025	115	HDL - CHOLESTROL	PATHOLOGY-BCH	250	200	225	250	275	313
25.0026	116	IONIC CALCIUM	PATHOLOGY-BCH	1500	1200	1350	1500	1650	1875
25.0027	117	LDL - CHOLESTROL	PATHOLOGY-BCH	250	200	225	250	275	313
25.0028	118	LIPID PROFILE	PATHOLOGY-BCH	875	700	788	875	963	1094
25.0029	119	LIVER FUNCTION TEST (LFT)	PATHOLOGY-BCH	938	750	844	938	1031	1172
25.003	120	LIVER PROFILE	PATHOLOGY-BCH	1875	1500	1688	1875	2063	2344
25.0031	121	PANCREATIC AMYLASE	PATHOLOGY-BCH	875	700	788	875	963	1094
25.0032	122	S.G.O.T	PATHOLOGY-BCH	250	200	225	250	275	313
25.0033	123	S.G.P.T	PATHOLOGY-BCH	250	200	225	250	275	313
25.0034	124	SERUM ACID PHOSPHATASE	PATHOLOGY-BCH	750	600	675	750	825	938
25.0035	125	SERUM ACID PHOSPHATASE (PROSTATIC)	PATHOLOGY-BCH	1500	1200	1350	1500	1650	1875
25.0036	126	SERUM ADA	PATHOLOGY-BCH	1125	900	1013	1125	1238	1406
25.0037	127	SERUM ALKALINE PHOSPHATASE	PATHOLOGY-BCH	250	200	225	250	275	313

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Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
25.0038	128	SERUM ALPHA FETO PROTEIN (AFP)	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0039	129	SERUM AMYLASE	PATHOLOGY-BCH	875	700	788	875	963	1094
25.004	130	SERUM BETA HCG	PATHOLOGY-BCH	1500	1200	1350	1500	1650	1875
25.0041	131	SERUM BILIRUBIN	PATHOLOGY-BCH	500	400	450	500	550	625
25.0042	132	SERUM C-3	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0043	133	SERUM C-4	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0044	134	SERUM CA -19.9	PATHOLOGY-BCH	3000	2400	2700	3000	3300	3750
25.0045	135	SERUM CA-125	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0046	136	SERUM CALCIUM	PATHOLOGY-BCH	500	400	450	500	550	625
25.0047	137	SERUM CARBAMAZAPINE (CBZ) LEVEL	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0048	138	SERUM CARCINOMA EMBRYONIC ANTIGEN (CEA)	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0049	139	SERUM CERULOPLASMIN LEVEL	PATHOLOGY-BCH	3750	3000	3375	3750	4125	4688
25.005	140	SERUM CHLORIDE	PATHOLOGY-BCH	250	200	225	250	275	313
25.0051	141	SERUM CHOLESTROL	PATHOLOGY-BCH	250	200	225	250	275	313
25.0052	142	SERUM COPPER LEVEL	PATHOLOGY-BCH	5250	4200	4725	5250	5775	6563
25.0053	143	SERUM CORTISOL DOUBLE SAMPLE	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0054	144	SERUM CREATININE	PATHOLOGY-BCH	188	150	169	188	206	234
25.0055	145	SERUM ELECTROLYTE	PATHOLOGY-BCH	875	700	788	875	963	1094
25.0056	146	SERUM EPTOIN (DILANTIN)	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0057	147	SERUM ESTROGEN	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0058	148	SERUM FERRITIN	PATHOLOGY-BCH	1875	1500	1688	1875	2063	2344
25.0059	149	SERUM FOLIC ACID	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.006	150	SERUM FREE PSA	PATHOLOGY-BCH	3750	3000	3375	3750	4125	4688
25.0061	151	SERUM FREE TESTOSTERONE	PATHOLOGY-BCH	3750	3000	3375	3750	4125	4688
25.0062	152	SERUM FSH	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0063	153	SERUM FT3	PATHOLOGY-BCH	750	600	675	750	825	938
25.0064	154	SERUM FT4	PATHOLOGY-BCH	750	600	675	750	825	938
25.0065	155	SERUM IgE	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0066	156	SERUM INSULIN	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

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Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.0067	157	SERUM IRON	PATHOLOGY-BCH	1125	900	1013	1125	1238	1406
25.0068	158	SERUM IRON & TIBC	PATHOLOGY-BCH	1500	1200	1350	1500	1650	1875
25.0069	159	SERUM LACTATE	PATHOLOGY-BCH	1500	1200	1350	1500	1650	1875
25.007	160	SERUM LDH (TOTAL)	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0071	161	SERUM LH	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0072	162	SERUM LIPASE	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0073	163	SERUM LITHIUM	PATHOLOGY-BCH	1500	1200	1350	1500	1650	1875
25.0074	164	SERUM MAGNISIUM	PATHOLOGY-BCH	1500	1200	1350	1500	1650	1875
25.0075	165	SERUM PHENYTOIN LEVEL	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0076	166	SERUM PHOSPHORUS	PATHOLOGY-BCH	500	400	450	500	550	625
25.0077	167	SERUM POTASSIUM	PATHOLOGY-BCH	250	200	225	250	275	313
25.0078	168	SERUM PROCALCITONIN (PCT)	PATHOLOGY-BCH	7625	6100	6863	7625	8388	9531
25.0079	169	SERUM PROGESTRON	PATHOLOGY-BCH	1375	1100	1238	1375	1513	1719
25.008	170	SERUM PROLACTIN	PATHOLOGY-BCH	1375	1100	1238	1375	1513	1719
25.0081	171	SERUM PSA	PATHOLOGY-BCH	1500	1200	1350	1500	1650	1875
25.0082	172	SERUM SODIUM	PATHOLOGY-BCH	250	200	225	250	275	313
25.0083	173	SERUM T.T.G	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0084	174	SERUM T3	PATHOLOGY-BCH	625	500	563	625	688	781
25.0085	175	SERUM T4	PATHOLOGY-BCH	750	600	675	750	825	938
25.0086	176	SERUM TESTOSTERONE	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0087	177	SERUM TRIGLYCERIDE	PATHOLOGY-BCH	625	500	563	625	688	781
25.0088	178	SERUM TSH	PATHOLOGY-BCH	375	300	338	375	413	469
25.0089	179	SERUM URIC ACID	PATHOLOGY-BCH	250	200	225	250	275	313
25.009	180	SERUM VALPORATE LEVEL	PATHOLOGY-BCH	2625	2100	2363	2625	2888	3281
25.0091	181	SERUM VITAMIN B-12 LEVEL	PATHOLOGY-BCH	1125	900	1013	1125	1238	1406
25.0092	182	THYROID PROFILE (T3,T4,TSH)	PATHOLOGY-BCH	938	750	844	938	1031	1172
25.0093	183	TOTAL LIPIDS	PATHOLOGY-BCH	250	200	225	250	275	313
25.0094	184	TOTAL PROTEIN A/G RATIO	PATHOLOGY-BCH	500	400	450	500	550	625
25.0095	185	URINARY ALBUMIN/CREATININE RATIO	PATHOLOGY-BCH	1875	1500	1688	1875	2063	2344

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Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.0096	186	URINARY CREATININE	PATHOLOGY-BCH	250	200	225	250	275	313
25.0097	187	URINARY POTASSIUM	PATHOLOGY-BCH	750	600	675	750	825	938
25.0098	188	URINARY PROTEIN	PATHOLOGY-BCH	500	400	450	500	550	625
25.0099	189	URINE FOR MYOGLOBIN	PATHOLOGY-BCH	1125	900	1013	1125	1238	1406
25.01	190	RENAL FUNCTION TEST (RFT)	PATHOLOGY-BCH	1250	1000	1125	1250	1375	1563
25.0101	191	24 HRS URINARY METANEPHRINE / NORMETANEPHRINE	PATHOLOGY-BCH	9125	7300	8213	9125	10038	11406
25.0102	192	ANTI BETA II IgG	PATHOLOGY-BCH	5250	4200	4725	5250	5775	6563
25.0103	193	ANTI BETA II IgM	PATHOLOGY-BCH	5250	4200	4725	5250	5775	6563
25.0104	194	BLOOD GLUCOSE P.G. 1HRS	PATHOLOGY-BCH	250	200	225	250	275	313
25.0105	195	BLOOD GLUCOSE P.G. 2HRS	PATHOLOGY-BCH	250	200	225	250	275	313
25.0106	196	BLOOD GLUCOSE P.P. 1HRS	PATHOLOGY-BCH	250	200	225	250	275	313
25.0107	197	SERUM ALBUMIN	PATHOLOGY-BCH	250	200	225	250	275	313
25.0108	198	TSI ANTIBODY	PATHOLOGY-BCH	10125	8100	9113	10125	11138	12656
25.0109	199	ANTI LKM - I	PATHOLOGY-BCH	4500	3600	4050	4500	4950	5625
25.011	200	BLOOD UREA NITROGEN (BUN)	PATHOLOGY-BCH	250	200	225	250	275	313
25.0111	201	PROGESTERONE RECEPTOR HER2 NEURON	PATHOLOGY-BCH	9250	7400	8325	9250	10175	11563
25.0112	202	TOTAL IRON BINDING CAPACITY	PATHOLOGY-BCH	875	700	788	875	963	1094
25.0113	203	c-ANCA & p-ANCA	PATHOLOGY-BCH	4500	3600	4050	4500	4950	5625
25.0114	204	Glucose Challenge Test (GCT)	PATHOLOGY-BCH	250	200	225	250	275	313
25.0115	205	HE4	PATHOLOGY-BCH	7250	5800	6525	7250	7975	9063
25.0116	206	PROBNP	PATHOLOGY-BCH	5250	4200	4725	5250	5775	6563
25.0116	207	URINE PROTEIN/ CREATININE RATIO	PATHOLOGY-BCH	2250	1800	2025	2250	2475	2813
25.0117	208	SERUM CHROMOGRANIN LEVEL	PATHOLOGY-BCH	16625	13300	14963	16625	18288	20781
25.1001	209	24 HRS. URINARY CREATININE	PATHOLOGY-HCP	750	600	675	750	825	938
25.1002	210	24 HRS. URINARY PHOSPHORUS	PATHOLOGY-HCP	750	600	675	750	825	938
25.1003	211	24 HRS. URINARY PROTEIN	PATHOLOGY-HCP	500	400	450	500	550	625
25.1004	212	ASCITIC FLUID FOR CELL COUNT & BIOCHEMISTRY	PATHOLOGY-HCP	1375	1100	1238	1375	1513	1719
25.1005	213	ASPIRATED FLUID FOR OCCULT BLOOD	PATHOLOGY-HCP	125	100	113	125	138	156
25.1006	214	Bence Jones Protein	PATHOLOGY-HCP	500	400	450	500	550	625

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Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
25.1007	215	BLEEDING TIME	PATHOLOGY-HCP	125	100	113	125	138	156
25.1008	216	BLOOD GROUP & RH TYPING (ABO-RH)	PATHOLOGY-HCP	250	200	225	250	275	313
25.1009	217	C.S.F.FOR CELL COUNT & BIOCHEMISTRY	PATHOLOGY-HCP	1500	1200	1350	1500	1650	1875
25.101	218	CAPD FLUID FOR CELL COUNT, BIOCHEMISTRY	PATHOLOGY-HCP	1500	1200	1350	1500	1650	1875
25.1011	219	CAPD FLUID FOR TLC	PATHOLOGY-HCP	125	100	113	125	138	156
25.1012	220	CAPD FLUID FOR TLC,DLC	PATHOLOGY-HCP	250	200	225	250	275	313
25.1014	221	CLOT RETRACTION TIME (CRT)	PATHOLOGY-HCP	250	200	225	250	275	313
25.1015	222	CLOTTING TIME	PATHOLOGY-HCP	125	100	113	125	138	156
25.1016	223	COMPLETE BLOOD COUNT (CBC)	PATHOLOGY-HCP	500	400	450	500	550	625
25.1018	224	COOMBS DIRECT	PATHOLOGY-HCP	500	400	450	500	550	625
25.1019	225	COOMBS INDIRECT	PATHOLOGY-HCP	500	400	450	500	550	625
25.102	226	D - DIMER LEVEL	PATHOLOGY-HCP	2250	1800	2025	2250	2475	2813
25.1021	227	DIFFERENTIAL LEUCOCYTE COUNT (DLC)	PATHOLOGY-HCP	125	100	113	125	138	156
25.1022	228	E.S.R	PATHOLOGY-HCP	138	110	124	138	151	172
25.1023	229	F.D.P	PATHOLOGY-HCP	2250	1800	2025	2250	2475	2813
25.1024	230	FETAL HAEMOGLOBIN	PATHOLOGY-HCP	2625	2100	2363	2625	2888	3281
25.1025	231	FLUID FOR CELL COUNT & BIOCHEMISTRY	PATHOLOGY-HCP	1500	1200	1350	1500	1650	1875
25.1026	232	FLUID FOR COBWEB	PATHOLOGY-HCP	125	100	113	125	138	156
25.1027	233	FLUID LIPASE	PATHOLOGY-HCP	1125	900	1013	1125	1238	1406
25.1028	234	G-6-PD	PATHOLOGY-HCP	1375	1100	1238	1375	1513	1719
25.1029	235	GLYCOSYLATED HAEMOGLOBIN	PATHOLOGY-HCP	1375	1100	1238	1375	1513	1719
25.103	236	HAEMATOCRIT (HCT)	PATHOLOGY-HCP	125	100	113	125	138	156
25.1032	237	HAEMOGLOBIN (HB)	PATHOLOGY-HCP	125	100	113	125	138	156
25.1034	238	L.E.CELL	PATHOLOGY-HCP	750	600	675	750	825	938
25.1036	239	MALARIA AGGLUTINATION TEST (MAH)	PATHOLOGY-HCP	1375	1100	1238	1375	1513	1719
25.1038	240	MALARIA PARASITE (M.P.) (CARD)	PATHOLOGY-HCP	750	600	675	750	825	938
25.1039	241	MCH	PATHOLOGY-HCP	125	100	113	125	138	156
25.104	242	MCHC	PATHOLOGY-HCP	125	100	113	125	138	156
25.1041	243	MCV	PATHOLOGY-HCP	125	100	113	125	138	156

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Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
25.1042	244	MONTOUX TEST (M.T.)	PATHOLOGY-HCP	250	200	225	250	275	313
25.1043	245	PANCREATIC FLUID FOR CELL COUNT & BIOCHEMISTRY	PATHOLOGY-HCP	1500	1200	1350	1500	1650	1875
25.1044	246	Pereferal Blood Film PBF	PATHOLOGY-HCP	750	600	675	750	825	938
25.1047	247	PERITONEAL FLUID FOR CELL COUNT & BIOCHEMISTRY	PATHOLOGY-HCP	1500	1200	1350	1500	1650	1875
25.1048	248	PLATELET COUNT (APC)	PATHOLOGY-HCP	250	200	225	250	275	313
25.1049	249	PLEURAL FLUID FOR CELL COUNT	PATHOLOGY-HCP	500	400	450	500	550	625
25.105	250	PLEURAL FLUID FOR CELL COUNT & BIOCHEMISTRY	PATHOLOGY-HCP	1500	1200	1350	1500	1650	1875
25.1051	251	PREGNANCY TEST (CARD)	PATHOLOGY-HCP	500	400	450	500	550	625
25.1052	252	PROTHROMBIN TIME (P.T)	PATHOLOGY-HCP	375	300	338	375	413	469
25.1053	253	APTT	PATHOLOGY-HCP	625	500	563	625	688	781
25.1054	254	RETICULOCYTE COUNT	PATHOLOGY-HCP	250	200	225	250	275	313
25.1055	255	Rh ANTIBODY TITRE	PATHOLOGY-HCP	750	600	675	750	825	938
25.1057	256	SEMEN ANALYSIS	PATHOLOGY-HCP	750	600	675	750	825	938
25.1058	257	SEMEN FRUCTOSE	PATHOLOGY-HCP	750	600	675	750	825	938
25.1059	258	SICKLING TEST	PATHOLOGY-HCP	250	200	225	250	275	313
25.106	259	SPUTUM OCCULT BLOOD	PATHOLOGY-HCP	125	100	113	125	138	156
25.1061	260	STOOL COMPLETE	PATHOLOGY-HCP	250	200	225	250	275	313
25.1062	261	STOOL CONCENTRATION METHOD	PATHOLOGY-HCP	250	200	225	250	275	313
25.1063	262	STOOL FAT STAIN	PATHOLOGY-HCP	500	400	450	500	550	625
25.1064	263	STOOL OCCULT BLOOD	PATHOLOGY-HCP	125	100	113	125	138	156
25.1065	264	STOOL PH	PATHOLOGY-HCP	125	100	113	125	138	156
25.1066	265	STOOL PH-ALKALINE	PATHOLOGY-HCP	125	100	113	125	138	156
25.1067	266	STOOL REDUCING SUBSTANCE	PATHOLOGY-HCP	125	100	113	125	138	156
25.1068	267	SYNOVIAL FLUID FOR CELL COUNT & BIOCHEMISTRY	PATHOLOGY-HCP	1500	1200	1350	1500	1650	1875
25.1069	268	TOTAL EOSINOPHIL COUNT (TEC)	PATHOLOGY-HCP	125	100	113	125	138	156
25.107	269	TOTAL LEUCOCYTIC COUNT (TLC)	PATHOLOGY-HCP	125	100	113	125	138	156
25.1071	270	TOTAL RBC	PATHOLOGY-HCP	125	100	113	125	138	156
25.1072	271	URINE ACETONE	PATHOLOGY-HCP	250	200	225	250	275	313
25.1073	272	URINE ALBUMIN	PATHOLOGY-HCP	125	100	113	125	138	156

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Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
25.1074	273	URINE BILE PIGMENT	PATHOLOGY-HCP	125	100	113	125	138	156
25.1075	274	URINE BILE SALT	PATHOLOGY-HCP	125	100	113	125	138	156
25.1076	275	URINE EXAMINATION	PATHOLOGY-HCP	125	100	113	125	138	156
25.1077	276	URINE FOR BENCE JONES PROTEIN	PATHOLOGY-HCP	500	400	450	500	550	625
25.1078	277	URINE FOR ELECTROLYTE	PATHOLOGY-HCP	1125	900	1013	1125	1238	1406
25.108	278	URINE FOR FAT GLOBULES	PATHOLOGY-HCP	250	200	225	250	275	313
25.1081	279	URINE FOR FERICHLORIDE	PATHOLOGY-HCP	250	200	225	250	275	313
25.1082	280	URINE FOR MICROALBUMINUREA	PATHOLOGY-HCP	1375	1100	1238	1375	1513	1719
25.1083	281	URINE FOR MICROALBUMINUREA	PATHOLOGY-HCP	1375	1100	1238	1375	1513	1719
25.1084	282	URINE FOR PH	PATHOLOGY-HCP	125	100	113	125	138	156
25.1085	283	URINE FOR PORPHYRIN	PATHOLOGY-HCP	750	600	675	750	825	938
25.1086	284	URINE FOR REDUCING SUBSTANCE	PATHOLOGY-HCP	250	200	225	250	275	313
25.1087	285	URINE FOR SPECIFIC GRAVITY	PATHOLOGY-HCP	125	100	113	125	138	156
25.1088	286	URINE HAEMOGLOBINUREA	PATHOLOGY-HCP	2250	1800	2025	2250	2475	2813
25.1089	287	URINE OCCULT BLOOD	PATHOLOGY-HCP	125	100	113	125	138	156
25.109	288	URINE PORPHOBILINOGEN	PATHOLOGY-HCP	500	400	450	500	550	625
25.1091	289	URINE SUGAR	PATHOLOGY-HCP	125	100	113	125	138	156
25.1092	290	URINE SUGAR FASTING	PATHOLOGY-HCP	125	100	113	125	138	156
25.1094	291	URINE UROBILINOGEN	PATHOLOGY-HCP	500	400	450	500	550	625
25.1095	292	VACUOLATED EOSINOPHIL COUNT (VEC)	PATHOLOGY-HCP	125	100	113	125	138	156
25.1096	293	24 HOURS URINARY VMA	PATHOLOGY-HCP	9125	7300	8213	9125	10038	11406
25.1097	294	GENE XPERT FOR MYCO.T.B	PATHOLOGY-HCP	7250	5800	6525	7250	7975	9063
25.1098	295	URINE SUGAR P.G	PATHOLOGY-HCP	125	100	113	125	138	156
25.1099	296	URINE SUGAR P.P	PATHOLOGY-HCP	125	100	113	125	138	156
25.2001	297	ADRENAL GLAND BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2002	298	APPENDIX	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2003	299	ASCITIC FLUID FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2004	300	BAL CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2006	301	BONE MARROW BIOPSY (TREPHINE/ASPIRATE)	PATHOLOGY-HIS	2250	1800	2025	2250	2475	2813
25.2007	302	BREAST LUMP BIOPSY	PATHOLOGY-HIS	2250	1800	2025	2250	2475	2813
25.2008	303	BREAST MRM SPECIMEN	PATHOLOGY-HIS	2625	2100	2363	2625	2888	3281
25.2009	304	BRONCHIAL BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.201	305	BRONCHIAL LAVAGE CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406

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Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
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25.2011	306	BRONCHIAL WASH & BRUSH CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2012	307	BUCCAL SMEAR FOR BARR BODY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2013	308	CAPD FLUID FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2014	309	CERVIX BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2015	310	COLONSCOPIC COLON BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2016	311	COLONSCOPIC RECTAL BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2017	312	CSF FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2018	313	CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2019	314	ENDOMETRIAL CURRETTINGS BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.202	315	ENDOSCOPIC STOMACH BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2021	316	F.N.A.C	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2022	317	FALLOPIAN TUBE BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2023	318	FLUID FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2024	319	GALL BLADDER BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2025	320	GASTRIC FLUID FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2026	321	KIDNEY (NEPHRECTOMY) FOR HPE	PATHOLOGY-HIS	2250	1800	2025	2250	2475	2813
25.2027	322	KIDNEY BIOPSY (NEEDLE BIOPSY)	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2028	323	LARGE BIOPSY	PATHOLOGY-HIS	2625	2100	2363	2625	2888	3281
25.2029	324	LARGE BOWL SPECIMEN FOR HPE	PATHOLOGY-HIS	2625	2100	2363	2625	2888	3281
25.203	325	LIVER BIOPSY (TRUCUT /NEEDLE)	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2031	326	LYMPHNODE SINGLE BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2032	327	MISCELLANEOUS/UNSPECIFIED (A) SMALL BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2033	328	NASAL SMEAR FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2034	329	NEEDLE BIOPSY LUNG MASS	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2035	330	OMENTUM BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2036	331	PANCREATIC TISSUE	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2037	332	PAP SMEAR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2038	333	PERICARDIAL FLUID FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2039	334	PERITONEAL FLUID FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.204	335	PLEURAL FLUID FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2041	336	POLYP-NASAL	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2042	337	PRODUCT OF CONCEPTION (POC) BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2043	338	PROSTATE BIOPSY (TRUCUT /TURP)	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2044	339	PROSTATE BIOPSY (TRUCUT /TURP)	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2045	340	RADICAL NECK DISSECTION SPECIMEN FOR HPE	PATHOLOGY-HIS	2625	2100	2363	2625	2888	3281
25.2046	341	SALIVARY GLAND BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2047	342	SMALL BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2048	343	SMALL SOFT TISSUE BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2049	344	SYNOVIAL FLUID FOR CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.205	345	THYROID SPECIMEN FOR HPE	PATHOLOGY-HIS	2625	2100	2363	2625	2888	3281
25.2051	346	TONSIL BIOPSY	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2052	347	TUMOUR BIOPSY (SMALL SOFT TISSUE /BONE)	PATHOLOGY-HIS	1375	1100	1238	1375	1513	1719
25.2053	348	URINARY BLADDER BIOPSY	PATHOLOGY-HIS	2625	2100	2363	2625	2888	3281
25.2054	349	URINE CYTOLOGY	PATHOLOGY-HIS	1125	900	1013	1125	1238	1406
25.2055	350	UTERUS BIOPSY	PATHOLOGY-HIS	2250	1800	2025	2250	2475	2813
25.2056	351	COMPLETE MARKER STUDY	PATHOLOGY-HIS	15125	12100	13613	15125	16638	18906
25.2057	352	RECTAL BIOPSY	PATHOLOGY-HIS	2625	2100	2363	2625	2888	3281
25.2058	353	MEDIUM BIOPSY	PATHOLOGY-HIS	2250	1800	2025	2250	2475	2813
25.2059	354	BONE MARROW ASPIRATION	PATHOLOGY-HIS	9500	7600	8550	9500	10450	11875
25.206	355	CELL BLOCK	PATHOLOGY-HIS	3000	2400	2700	3000	3300	3750
25.2061	356	ER PR RECEPTORS	PATHOLOGY-HIS	8250	6600	7425	8250	9075	10313

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Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.3001	357	ABDOMINAL FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3002	358	ABSCESS FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3003	359	AFB CULTURE	PATHOLOGY-MIC	3375	2700	3038	3375	3713	4219
25.3004	360	ANAEROBIC CULTURE WITH SENSTIVITY	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3005	361	ARTERIAL TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3006	362	ASCITIC FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3007	363	AXILLA SWAB FOR CULTURE AND SENSITIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3008	364	AXILLA SWAB FOR CULTURE AND SENSITIVITY-P	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3009	365	BACTEC- CSF FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.301	366	BACTEC-BLOOD FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3011	367	BACTEC-BODY FLUID FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3012	368	BACTEC-CAPD FLUID FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3013	369	BACTEC-FLUID FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3014	370	BACTEC-ICD FLUID FOR C/S	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3015	371	BACTEC-JOINT ASPIRATE FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3016	372	BACTEC-PERICARDIAL FLUID FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3017	373	BACTEC-PERITONEAL FLUID/ASCITIC FLUID FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3018	374	BACTEC-PLEURAL FLUID FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3019	375	BACTEC-SYNOVIAL FLUID FOR CULTURE	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.302	376	BILE FOR FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3022	377	BLOOD CULTURE & SENSTIVITY BY BACTEC METHOD	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3023	378	BODY FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3024	379	BRAIN ABSCESS FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3025	380	BRONCHIAL SECRETION FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3026	381	CASUALTY (SURVEILLANCE CULTURES)	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3027	382	CATH LAB(POST FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3028	383	CATH LAB(PRE FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3029	384	CATHETER TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.303	385	CCU (POST FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406

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Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.3031	386	CCU (PRE FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3032	387	CENTRAL LINE TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3033	388	CONJ. SWAB FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3034	389	CONJ.SMEAR FOR GRAMS STAIN	PATHOLOGY-MIC	500	400	450	500	550	625
25.3035	390	CSF FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3036	391	CULTURE SAMPLES FROM ICU (POST FUMIGATION)	PATHOLOGY-MIC	250	200	225	250	275	313
25.3037	392	CULTURE SAMPLES FROM ICU (PRE FUMIGATION)	PATHOLOGY-MIC	500	400	450	500	550	625
25.3038	393	CULTURE SAMPLES FROM LABORATORY	PATHOLOGY-MIC	500	400	450	500	550	625
25.3039	394	DIALYSIS FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	500	400	450	500	550	625
25.304	395	DRAIN FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	500	400	450	500	550	625
25.3041	396	DRAIN TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	500	400	450	500	550	625
25.3042	397	E.T.FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3043	398	ENDOMETRIUM FOR MTB CULTURE & SENSTIVITY	PATHOLOGY-MIC	22750	18200	20475	22750	25025	28438
25.3044	399	ENDOTRACHEAL SECRETION FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3045	400	ENDOTRACHEAL TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3046	401	FEMORAL LINE TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3047	402	FEMORAL SHEATH TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3048	403	FERN TEST	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3049	404	FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.305	405	FUNGAL CULTURE & SENSTIVITY	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3051	406	ICU (POST FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3052	407	ICU (PRE FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3053	408	ICU(SURVEILLANCE CULTURES)	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3054	409	INDIAN INK PREPARATION (FOR DETECTION OF CRYPTOCOCCUS)	PATHOLOGY-MIC	625	500	563	625	688	781
25.3055	410	KITCHEN (SURVEILLANCE CULTURES)	PATHOLOGY-MIC	500	400	450	500	550	625
25.3056	411	KOH MOUNT	PATHOLOGY-MIC	500	400	450	500	550	625
25.3057	412	LABORATORY(SURVEILLANCE CULTURES)	PATHOLOGY-MIC	500	400	450	500	550	625
25.3058	413	LABOUR ROOM (POST FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	875	700	788	875	963	1094
25.3059	414	LABOUR ROOM (PRE FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	500	400	450	500	550	625

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Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.3062	415	MODIFIED Z-N STAIN	PATHOLOGY-MIC	500	400	450	500	550	625
25.3063	416	MOT(NEURO)-(POST FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	500	400	450	500	550	625
25.3064	417	MOT(NEURO)-(PRE FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	500	400	450	500	550	625
25.3065	418	NAIL FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	500	400	450	500	550	625
25.3066	419	NASAL SWAB FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3067	420	NASAL SWAB FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3068	421	NECK LINE TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3069	422	NICU (POST FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	500	400	450	500	550	625
25.307	423	NICU(PRE FUMIGATION SAMPLES FOR CULTURE)	PATHOLOGY-MIC	500	400	450	500	550	625
25.3071	424	PANCREATIC FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3072	425	PERICARDIAL FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3073	426	PERIPHERAL LINE TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3074	427	PERITONEAL FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3075	428	PLEURAL FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3096	429	PUS FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3097	430	PUS SWAB FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3098	431	PYOGENIC CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3099	432	RECTAL SWAB FOR CULTURE AND SENSITIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.31	433	RECTAL SWAB FOR CULTURE AND SENSITIVITY-P	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3101	434	RO WATER FOR CULTURE	PATHOLOGY-MIC	500	400	450	500	550	625
25.3102	435	SECRETION FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3103	436	SEMEN FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3104	437	SMEAR FOR A.F.B.	PATHOLOGY-MIC	500	400	450	500	550	625
25.3105	438	SMEAR FOR CANDIDA & CLUE CELLS	PATHOLOGY-MIC	500	400	450	500	550	625
25.3106	439	SMEAR FOR E.H.	PATHOLOGY-MIC	250	200	225	250	275	313
25.3107	440	SMEAR FOR GRAMS STAIN	PATHOLOGY-MIC	500	400	450	500	550	625
25.3108	441	SMEAR FOR TRICHOMONAS	PATHOLOGY-MIC	250	200	225	250	275	313
25.3109	442	SPUTUM COMPLETE	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.311	443	SPUTUM FOR A.F.B.	PATHOLOGY-MIC	500	400	450	500	550	625

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows

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Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.3111	444	SPUTUM FOR AFB CULTURE	PATHOLOGY-MIC	3375	2700	3038	3375	3713	4219
25.3112	445	SPUTUM FOR AFB CULTURE & SENSTIVITY	PATHOLOGY-MIC	20375	16300	18338	20375	22413	25469
25.3113	446	SPUTUM FOR AFB CULTURE BY BACTEC	PATHOLOGY-MIC	2250	1800	2025	2250	2475	2813
25.3114	447	SPUTUM FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3115	448	SPUTUM FOR GRAMS STAIN	PATHOLOGY-MIC	500	400	450	500	550	625
25.3116	449	STOOL FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3117	450	SUCTION TIP FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3118	451	SURVEILLANCE CULTURES	PATHOLOGY-MIC	500	400	450	500	550	625
25.3119	452	SWAB FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.312	453	SYNOVIAL FLUID FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3121	454	THROAT SECRETION FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3122	455	URINE FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	813	650	731	813	894	1016
25.3123	456	VAGINAL SWAB FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3125	457	WOUND SWAB FOR CULTURE & SENSTIVITY	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3126	458	LIVER ABSCESS CULTURE	PATHOLOGY-MIC	1125	900	1013	1125	1238	1406
25.3127	459	MICRO ARRAY	PATHOLOGY-MIC	181500	145200	163350	181500	199650	226875
25.5001	460	LEUKEMIA TRANSLOCATION PANEL-II	PATHOLOGY-MOD	18125	14500	16313	18125	19938	22656
25.6001	461	17-OH HYDROXY PROGESTRON	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6002	462	24 HRS. URINARY OXALATE	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6003	463	5 - H.I.A.A	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6004	464	A.C.E. LEVEL	PATHOLOGY-SIM	2625	2100	2363	2625	2888	3281
25.6005	465	A.N.A BY IFA	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6006	466	A.N.A ELISA	PATHOLOGY-SIM	1250	1000	1125	1250	1375	1563
25.6007	467	ACETYL CHOLINE RECEPTOR ANTIBODY	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6008	468	ACUTE LEUKEMIA PANEL	PATHOLOGY-SIM	25750	20600	23175	25750	28325	32188
25.6009	469	ADRENO CORTICOTROPHIC HORMON (A.C.T.H.)	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.601	470	AFB CULTURE BY BACTEC	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6011	471	AFB LI SUSCEPTIBILITY(10 DRUG PANEL)	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6012	472	AFB RADIOMETRIC SUSCEPTIBILITY 10 DRUG	PATHOLOGY-SIM	18125	14500	16313	18125	19938	22656

Applicable from 1st January 2025									
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Charges are 25% Less on Standard Charges for General/ Sharing Ward Category									
Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
25.6013	473	AFB RADIOMETRIC SUSCEPTIBILITY 5 DRUG	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6014	474	ALDOLASE LPC	PATHOLOGY-SIM	2625	2100	2363	2625	2888	3281
25.6015	475	ALDOSTERON	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.6016	476	ANAGELMAN/PRADER-WILLI SYNDROME	PATHOLOGY-SIM	20375	16300	18338	20375	22413	25469
25.6017	477	ANTI CARDIOLIPIN ANTIBODY IgG	PATHOLOGY-SIM	1875	1500	1688	1875	2063	2344
25.6018	478	ANTI CARDIOLIPIN ANTIBODY IgG & IgM	PATHOLOGY-SIM	3750	3000	3375	3750	4125	4688
25.6019	479	ANTI CARDIOLIPIN ANTIBODY IgM	PATHOLOGY-SIM	1875	1500	1688	1875	2063	2344
25.602	480	ANTI CCP	PATHOLOGY-SIM	2625	2100	2363	2625	2888	3281
25.6021	481	ANTI DS DNA	PATHOLOGY-SIM	3750	3000	3375	3750	4125	4688
25.6022	482	ANTI ECHINOCOCCAL IgG ANTIBODY	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6023	483	ANTI HAV IGM	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6024	484	ANTI HBC IGM	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6025	485	ANTI HBc TOTAL	PATHOLOGY-SIM	3000	2400	2700	3000	3300	3750
25.6026	486	ANTI HCV (SPOT)	PATHOLOGY-SIM	1500	1200	1350	1500	1650	1875
25.6027	487	ANTI HCV IgG	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6028	488	ANTI HEV IGM	PATHOLOGY-SIM	2625	2100	2363	2625	2888	3281
25.6029	489	ANTI INSULIN ANTIBODY	PATHOLOGY-SIM	1250	1000	1125	1250	1375	1563
25.603	490	ANTI LEISHMANIAL ANTIBODY	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6031	491	ANTI MITOCHONDRIAL ANTIBODY (AMA)	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.6032	492	ANTI MULLERIAN HORMONE (AMH)	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6033	493	ANTI PHOSPHOLIPID ANTIBODY IGA	PATHOLOGY-SIM	3750	3000	3375	3750	4125	4688
25.6034	494	ANTI PHOSPHOLIPID ANTIBODY IgG	PATHOLOGY-SIM	1875	1500	1688	1875	2063	2344
25.6035	495	ANTI PHOSPHOLIPID ANTIBODY IgM	PATHOLOGY-SIM	1875	1500	1688	1875	2063	2344
25.6036	496	ANTI SMOOTH MUSCLES ANTIBODIES (ASMA)	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6037	497	ANTI SPERM ANTIBODY (ASA)	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6038	498	ANTI THYROGLOBULIN ANTIBODY (ATG)	PATHOLOGY-SIM	3750	3000	3375	3750	4125	4688
25.6039	499	ANTI TPO	PATHOLOGY-SIM	2625	2100	2363	2625	2888	3281
25.604	500	ANTI-THROMBIN - III Ag	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6041	501	ASLO QUANTITATIVE	PATHOLOGY-SIM	1250	1000	1125	1250	1375	1563

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

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Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.6042	502	ASLO TITRE (QUALITATIVE)	PATHOLOGY-SIM	750	600	675	750	825	938
25.6043	503	ASPERGILLOSIS IgE	PATHOLOGY-SIM	2625	2100	2363	2625	2888	3281
25.6044	504	ASPERGILLOSIS IgG	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6045	505	ASPERGILLOSIS IgM	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6046	506	ATAXIA,MYOCLONUS AND DEAFNESS (AMDF)	PATHOLOGY-SIM	18125	14500	16313	18125	19938	22656
25.6047	507	B2 MICROGLOBULIN URINE	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.6048	508	BETA-2 MICROGIOBULIN	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6049	509	BNP(B.TYPE NATURETIC PEPTIDE)	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.605	510	BRUCELLA IgG	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6051	511	BRUCELLA IGM	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6052	512	C - ANCA	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6053	513	C - PEPTIDE	PATHOLOGY-SIM	3000	2400	2700	3000	3300	3750
25.6054	514	C- REACTIVE PROTEIN (CRP)	PATHOLOGY-SIM	750	600	675	750	825	938
25.6055	515	C.R.P (QUANTITATIVE)	PATHOLOGY-SIM	625	500	563	625	688	781
25.6056	516	CA - 5.3	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6057	517	CALCITONIN	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6058	518	CATECHOLAMINES(BLOOD)	PATHOLOGY-SIM	13625	10900	12263	13625	14988	17031
25.6059	519	CD4	PATHOLOGY-SIM	3375	2700	3038	3375	3713	4219
25.606	520	CD4 & CD8 COUNT (OTHER METHODS)	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.6061	521	CD55 & CD59	PATHOLOGY-SIM	22750	18200	20475	22750	25025	28438
25.6062	522	CHIKUNGUNIYA IgM	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6063	523	CHIKUNGUNIYA IgM & IgG	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6064	524	CHLAMYDIA IGG	PATHOLOGY-SIM	3375	2700	3038	3375	3713	4219
25.6065	525	CHLAMYDIA IgA	PATHOLOGY-SIM	3000	2400	2700	3000	3300	3750
25.6066	526	CHLAMYDIA IgA & IgG	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6067	527	CHLAMYDIA PNEUMONIAE-IgA	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6068	528	CHLAMYDIA PNEUMONIAE-IgG	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.6069	529	CHLAMYDIA PNEUMONIAE-IgM	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.607	530	CHLAMYDIA PSITTACI-IgA	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281

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Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
25.6071	531	CHLAMYDIA PSITTACI-IgM & IgG	PATHOLOGY-SIM	22750	18200	20475	22750	25025	28438
25.6072	532	CHLAMYDIA TRACHOMATIS-IgA	PATHOLOGY-SIM	3375	2700	3038	3375	3713	4219
25.6073	533	CHLAMYDIA TRACHOMATIS-IgG	PATHOLOGY-SIM	3375	2700	3038	3375	3713	4219
25.6074	534	CHLAMYDIA TRACHOMATIS-IgM	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.6075	535	CHROMOSOMAL ANALYSIS (HUSBAND & WIFE)	PATHOLOGY-SIM	22750	18200	20475	22750	25025	28438
25.6076	536	CHROMOSOME ANALYSIS IN HEMATOLOGICAL DISORDERS	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6077	537	CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA (CPEO)	PATHOLOGY-SIM	22750	18200	20475	22750	25025	28438
25.6078	538	CLL PANEL	PATHOLOGY-SIM	31750	25400	28575	31750	34925	39688
25.6079	539	CLOSTRIDIUM DIFFICILE TOXIN ANTIBODY	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.608	540	CMV IgG	PATHOLOGY-SIM	625	500	563	625	688	781
25.6081	541	CMV IgM	PATHOLOGY-SIM	625	500	563	625	688	781
25.6082	542	CORTISOL (SINGLE SAMPLE)	PATHOLOGY-SIM	1250	1000	1125	1250	1375	1563
25.6083	543	CRYOWASH TECHNIQUE	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6084	544	CRYPTOCOCCUS ANTIGEN	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.6085	545	CSF FOR HSV PCR	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6086	546	CSF V.D.R.L.	PATHOLOGY-SIM	250	200	225	250	275	313
25.6087	547	CYSTICERCOSIS (IgG)	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6088	548	CYTOMEGALOVIRUS (CMV) IgG ANTIBODY	PATHOLOGY-SIM	625	500	563	625	688	781
25.6089	549	CYTOMEGALOVIRUS (CMV) IgM ANTIBODY	PATHOLOGY-SIM	625	500	563	625	688	781
25.609	550	DENGUE NS1 Ag & IgG/IgM	PATHOLOGY-SIM	3375	2700	3038	3375	3713	4219
25.6091	551	DENGUE PCR	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6092	552	DENTATORUBRAL AND PALLIDOLUYSIAN ATROPHY (DRPLA)	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6093	553	DHEA - S	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6094	554	DIABETES MELLITUS/DIABETES MELLITUS+DEAFNESS?(DM/DMDF)	PATHOLOGY-SIM	22750	18200	20475	22750	25025	28438
25.6095	555	DI-HYDRO TESTOSTERONE (DHT)	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.6096	556	DRUGS OF ABUSE PANEL-5 DRUG	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6097	557	DRUGS OF ABUSE PANEL-6 DRUG	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6098	558	DRUGS OF ABUSE PANEL-9 DRUG	PATHOLOGY-SIM	13625	10900	12263	13625	14988	17031
25.6099	559	DUCHENNE MUSCULAR DYSTROPHY (DMD) PCR	PATHOLOGY-SIM	13625	10900	12263	13625	14988	17031

Applicable from 1st January 2025

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Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.61	560	DUPLICATION SNRPN IN AUTISUM	PATHOLOGY-SIM	20375	16300	18338	20375	22413	25469
25.6101	561	E2	PATHOLOGY-SIM	1250	1000	1125	1250	1375	1563
25.6102	562	EBV-IGG CAPSID ANTIGEN	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6103	563	EBV-IgM Capsid	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6104	564	ECHINOCOCCUS ANTIBODIES (IgG)	PATHOLOGY-SIM	6000	4800	5400	6000	6600	7500
25.6105	565	ENDOMETRIUM FOR MTB PCR	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6106	566	ENDOMYSIAL ANTIBODY	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6107	567	ENTEROVIRUS RNA PCR	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6108	568	ESTROGEN	PATHOLOGY-SIM	1250	1000	1125	1250	1375	1563
25.6109	569	EXCERCISE INTOLERANCE(EI)	PATHOLOGY-SIM	18125	14500	16313	18125	19938	22656
25.611	570	Extractable Nuclear Anti-gen (ENA Screening)	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6111	571	EXTRACTABLE NUCLEAR ANTIGEN COMPREHENSIVE PANEL	PATHOLOGY-SIM	22750	18200	20475	22750	25025	28438
25.6112	572	FACTOR VII ACTIVITY	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6113	573	FACTOR-V FUNCTIONAL	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6114	574	FACTOR-V LEIDEN MUTENT	PATHOLOGY-SIM	18125	14500	16313	18125	19938	22656
25.6115	575	FERRITIN	PATHOLOGY-SIM	1875	1500	1688	1875	2063	2344
25.6117	576	FTA-AbS IgG ANTIBODY TO TREPONEMA	PATHOLOGY-SIM	3375	2700	3038	3375	3713	4219
25.6118	577	FTA-AbS IgM ANTIBODY TO TREPONEMA	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6119	578	G6PD QUANTITATIVE	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.612	579	GENETIC TESTING FOR SCA	PATHOLOGY-SIM	30250	24200	27225	30250	33275	37813
25.6121	580	H1N1 RT PCR	PATHOLOGY-SIM	16625	13300	14963	16625	18288	20781
25.6122	581	HB ELECTROPHORASIS	PATHOLOGY-SIM	2625	2100	2363	2625	2888	3281
25.6123	582	HBeAg	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6124	583	HBsAg	PATHOLOGY-SIM	750	600	675	750	825	938
25.6125	584	HBsAg ANTIBODY TITRE	PATHOLOGY-SIM	3750	3000	3375	3750	4125	4688
25.6126	585	HbSAg(ELICA)	PATHOLOGY-SIM	1250	1000	1125	1250	1375	1563
25.6127	586	HBV CORE ANTIGEN	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6128	587	HBV QUANTITATIVE PCR	PATHOLOGY-SIM	10875	8700	9788	10875	11963	13594
25.6129	588	HCV	PATHOLOGY-SIM	1500	1200	1350	1500	1650	1875

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

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Charges are same as Standard Charges for Delux Category.

Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.613	589	HCV RNA PCR QUANTITATIVE	PATHOLOGY-SIM	30250	24200	27225	30250	33275	37813
25.6131	590	HCV RNA QUANTATIVE RT PCR	PATHOLOGY-SIM	22750	18200	20475	22750	25025	28438
25.6132	591	HEPATITIS - B SURFACE ANTIGEN (HBsAg) RAPID	PATHOLOGY-SIM	875	700	788	875	963	1094
25.6133	592	HEPATITIS DELTA VIRUS (HDV)	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6134	593	HERPES SIMPLEX VIRUS (HSV) IgG ANTIBODY	PATHOLOGY-SIM	750	600	675	750	825	938
25.6135	594	HERPES SIMPLEX VIRUS (HSV) IgM ANTIBODY	PATHOLOGY-SIM	750	600	675	750	825	938
25.6138	595	HERPES SIMPLEX VIRUS (TYPE 1 & 2)	PATHOLOGY-SIM	750	600	675	750	825	938
25.6139	596	HETEROPHILE ANTIBODIES	PATHOLOGY-SIM	3000	2400	2700	3000	3300	3750
25.614	597	HIV (ECLIA)	PATHOLOGY-SIM	1250	1000	1125	1250	1375	1563
25.6141	598	HIV (SPOT)	PATHOLOGY-SIM	875	700	788	875	963	1094
25.6142	599	HIV (WESTRAN BLOT)	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6143	600	HIV DNA PCR	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6144	601	HIV DNA VIRAL LOAD	PATHOLOGY-SIM	18125	14500	16313	18125	19938	22656
25.6145	602	HIV EARLY DETECTION PROFILE	PATHOLOGY-SIM	11375	9100	10238	11375	12513	14219
25.6146	603	HIV RNA PCR	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.6147	604	HIV-P24 ANTIGEN	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6148	605	HIV-P24 ANTIGEN RAPID	PATHOLOGY-SIM	1500	1200	1350	1500	1650	1875
25.6149	606	HLA B-27	PATHOLOGY-SIM	5000	4000	4500	5000	5500	6250
25.615	607	HOMOCYSTINE	PATHOLOGY-SIM	3000	2400	2700	3000	3300	3750
25.6151	608	HPV - DNA PCR	PATHOLOGY-SIM	19625	15700	17663	19625	21588	24531
25.6152	609	HUMAN GROWTH HORMONS (HGH)	PATHOLOGY-SIM	1875	1500	1688	1875	2063	2344
25.6153	610	HUNTINGTONS DISEASE TEST	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6154	611	IgA ENDOMYCEAL ANTIBODY	PATHOLOGY-SIM	6000	4800	5400	6000	6600	7500
25.6155	612	IMMUNOGLOBULIN - IGA	PATHOLOGY-SIM	1500	1200	1350	1500	1650	1875
25.6156	613	IMMUNOGLOBULIN - IGG	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6157	614	IMMUNOGLOBULIN - IGM	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6158	615	INFLUENZA A & B IgG	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6159	616	INFLUENZA A & B IgM	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.616	617	INSULIN GROWTH FACTOR BP-3 (IGF BP3)	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594

Applicable from 1st January 2025									
List of Investigations & Diagnostic/ Procedures at Soni Hospital									
Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows									
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Charges are 25% Less on Standard Charges for General/ Sharing Ward Category									
Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
25.6161	618	INSULIN GROWTH FACTOR-1 (IGF-1)	PATHOLOGY-SIM	6000	4800	5400	6000	6600	7500
25.6162	619	JAPANESE ENCEPHALITIAS VIRUS (JEV)	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6163	620	KARYOTYPE OF CHROMOSOME STUDY	PATHOLOGY-SIM	10000	8000	9000	10000	11000	12500
25.6164	621	KARYOTYPING	PATHOLOGY-SIM	18125	14500	16313	18125	19938	22656
25.6165	622	KARYOTYPING CORD BLOOD	PATHOLOGY-SIM	11375	9100	10238	11375	12513	14219
25.6166	623	KARYOTYPING FOR AMNIOTIC FLUID	PATHOLOGY-SIM	30250	24200	27225	30250	33275	37813
25.6167	624	KARYOTYPING FOR POC	PATHOLOGY-SIM	13625	10900	12263	13625	14988	17031
25.6168	625	KARYOTYPING OF BONE MARROW	PATHOLOGY-SIM	18125	14500	16313	18125	19938	22656
25.6169	626	KARYOTYPING OF PBF	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.617	627	LA SSA ANTIBODY	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6171	628	LEBERS HEREDITARY OPTIC NEUROPATHY (LHON)	PATHOLOGY-SIM	40875	32700	36788	40875	44963	51094
25.6172	629	LEIGHS DISEASE (LD)	PATHOLOGY-SIM	40875	32700	36788	40875	44963	51094
25.6173	630	LEISHMANIA ANTIBODY-IGG	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6174	631	LEPTOSPIRA IgG	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6175	632	LEPTOSPIRA IgM	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6176	633	LIPOPROTEIN (A)	PATHOLOGY-SIM	3375	2700	3038	3375	3713	4219
25.6177	634	LUPUS ANTICOAGULANT PROFILE	PATHOLOGY-SIM	875	700	788	875	963	1094
25.6178	635	MATERNAL MYOPATHY WITH CARDIOMYPATHY (MMC)	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.6179	636	MATERNALLY INHERITED CARDIOMYOPATHY (MICM)	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.618	637	MATERNALLY INHERITED DEAFNESS OR AMINOGLYCOSIDE INDUCED DEAFN	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.6181	638	MEASALES ANTIBODY IGM	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6182	639	MEASLES ANTIBODY IGG	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6183	640	META NEPHRINE TEST	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6184	641	MITOCHONDRIAL ENCEPHALOMYOPATHY AND LACTIC ACIDOSIS WITH STRO	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.6185	642	MITOCHONDRIAL ENCEPHALOPATHY (ME)	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.6186	643	MITOCHONDRIAL MUTATION PANEL-1 (MELAS,MERRF,MM,MMC,ME,PEM, EI)	PATHOLOGY-SIM	53000	42400	47700	53000	58300	66250

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

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Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.6187	644	MITOCHONDRIAL MUTATION PANEL-2 (LHON,NARP,CPEO,SNHL,DEAF,AMDF)	PATHOLOGY-SIM	53000	42400	47700	53000	58300	66250
25.6188	645	MITOCHONDRIAL MUTATION TEST COMPREHENSIVE PANEL (ALL 16 MITOCH	PATHOLOGY-SIM	90750	72600	81675	90750	99825	113438
25.6189	646	MITOCHONDRIAL MYOPATHY (MM)	PATHOLOGY-SIM	19625	15700	17663	19625	21588	24531
25.619	647	MUCOPOLY SACCHARIDOSIS (MPS) TYPE-1(HURLER)QUANTITATIVE	PATHOLOGY-SIM	13625	10900	12263	13625	14988	17031
25.6191	648	MUMPS IGG	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6192	649	MUMPS IGM	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6193	650	MYOCLONIC EPILEPEY ASSOCIATED WITH RAGGED RED FIBRES (MERRF)	PATHOLOGY-SIM	22750	18200	20475	22750	25025	28438
25.6194	651	N1 H1 RT PCR	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.6195	652	NEUROGENIC ATAXIA RETINITIS PIGMENTOSA(NARP)	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.6196	653	NEUROMYELITIS OPTICA ANTIBODIES (NMO)	PATHOLOGY-SIM	11375	9100	10238	11375	12513	14219
25.6197	654	OSMOTIC FRAGILITY (O.F.)	PATHOLOGY-SIM	3000	2400	2700	3000	3300	3750
25.6198	655	P - ANCA	PATHOLOGY-SIM	3375	2700	3038	3375	3713	4219
25.6199	656	P.C.R HSV	PATHOLOGY-SIM	11375	9100	10238	11375	12513	14219
25.62	657	PARA THYROID HORMONS (P.T.H.)	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6201	658	PAUL BUNNEL TEST	PATHOLOGY-SIM	750	600	675	750	825	938
25.6202	659	PHOSPHOLIPED SYNDROME PROFILE	PATHOLOGY-SIM	11375	9100	10238	11375	12513	14219
25.6203	660	PND FOR B THALASSEMIA CHRONIC VILLI	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6204	661	PROGESTRON	PATHOLOGY-SIM	1500	1200	1350	1500	1650	1875
25.6205	662	PROGRESSIVE ENCEPHALOPATHY(PEM)	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.6206	663	PROTEIN - C	PATHOLOGY-SIM	13625	10900	12263	13625	14988	17031
25.6207	664	PROTEIN - S	PATHOLOGY-SIM	13625	10900	12263	13625	14988	17031
25.6208	665	PROTEIN ELECTROPHORASIS	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6209	666	PYRUVATE	PATHOLOGY-SIM	6375	5100	5738	6375	7013	7969
25.621	667	QUADRIPLE MARKER TEST	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6211	668	RAF QUANTITATIVE	PATHOLOGY-SIM	1375	1100	1238	1375	1513	1719
25.6212	669	RENAL BIOPSY IMMUNOFLUORESCENT	PATHOLOGY-SIM	11375	9100	10238	11375	12513	14219
25.6213	670	RHEUMATOID ARTHRITIS (R.A.FACTOR)	PATHOLOGY-SIM	750	600	675	750	825	938

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List of Investigations & Diagnostic/ Procedures at Soni Hospital

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Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.6214	671	RO SSA ANTIBODY	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6215	672	RUBELLA IgG	PATHOLOGY-SIM	750	600	675	750	825	938
25.6216	673	RUBELLA IgM	PATHOLOGY-SIM	750	600	675	750	825	938
25.6217	674	RUBELLA IGM ANTIBODY	PATHOLOGY-SIM	1875	1500	1688	1875	2063	2344
25.6218	675	RUBELLA PCR	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6219	676	SCA COMPREHENSIVE PANEL (1,2,3,6,7,10 & 12 TYPES)	PATHOLOGY-SIM	30250	24200	27225	30250	33275	37813
25.622	677	SCA-1	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6221	678	SCA-10	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6222	679	SCA-12	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6223	680	SCA-2	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6224	681	SCA-3	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6225	682	SCA-6	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6226	683	SCA-7	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6227	684	SCLERODERMA PANEL (ANA & antibody to SCL-70,U1 sn NP and centrometre	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6228	685	SCRUB TYPHUS	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6229	686	SCRUB TYPHUS SEROLOGY	PATHOLOGY-SIM	3000	2400	2700	3000	3300	3750
25.623	687	SENSORINEURAL HEARING LOSS (SNHL)	PATHOLOGY-SIM	27250	21800	24525	27250	29975	34063
25.6231	688	SERUM OSMOLALITY	PATHOLOGY-SIM	1500	1200	1350	1500	1650	1875
25.6232	689	SPUTUM FOR MTB PCR	PATHOLOGY-SIM	6000	4800	5400	6000	6600	7500
25.6233	690	STRIATED BY IFA	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625
25.6234	691	T.B.FERON	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6235	692	TB PCR QUALITATIVE	PATHOLOGY-SIM	6000	4800	5400	6000	6600	7500
25.6236	693	THALASSEMIA PROFILE	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6237	694	THROMBOTIC PROFILE	PATHOLOGY-SIM	30250	24200	27225	30250	33275	37813
25.6238	695	THYPHI DOT	PATHOLOGY-SIM	875	700	788	875	963	1094
25.6239	696	THYPHIDOT IgG	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.624	697	THYPHIDOT IgM	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6241	698	THYROGLOBULIN	PATHOLOGY-SIM	4500	3600	4050	4500	4950	5625

Applicable from 1st January 2025

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Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.6242	699	TORCH IgG	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6243	700	TORCH IgG & IgM	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6244	701	TORCH IgM	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6245	702	TOXOPLASAMA (TO)	PATHOLOGY-SIM	6000	4800	5400	6000	6600	7500
25.6246	703	TOXOPLASMA IgG	PATHOLOGY-SIM	750	600	675	750	825	938
25.6247	704	TOXOPLASMA IgM	PATHOLOGY-SIM	750	600	675	750	825	938
25.6248	705	TOXOPLASMA,RUBELLA,CMV,HSV 1 & 2 (TORCH)	PATHOLOGY-SIM	3000	2400	2700	3000	3300	3750
25.6249	706	TPHA	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.625	707	TPHA (RAPID)	PATHOLOGY-SIM	250	200	225	250	275	313
25.6251	708	TRIPLE TEST	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6252	709	TROPONIN-T QUANTITATIVE	PATHOLOGY-SIM	3375	2700	3038	3375	3713	4219
25.6253	710	TYPHOID RAPID DETECTION (STOOL)	PATHOLOGY-SIM	1500	1200	1350	1500	1650	1875
25.6254	711	U1 RNP ANTIBODIES	PATHOLOGY-SIM	6000	4800	5400	6000	6600	7500
25.6255	712	URINARY VINYL MENDALIC ACID (V.M.A.)	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6256	713	URINE FOR IMORGAINE PHOSPHORUS	PATHOLOGY-SIM	750	600	675	750	825	938
25.6257	714	URINE OSMOLALITY	PATHOLOGY-SIM	1500	1200	1350	1500	1650	1875
25.6258	715	URINERY COPPER	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6259	716	V.D.R.L TEST	PATHOLOGY-SIM	250	200	225	250	275	313
25.626	717	V.D.R.L TEST (QUALITATIVE)	PATHOLOGY-SIM	250	200	225	250	275	313
25.6261	718	VARICELLA ZOSTER IGG	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6262	719	VARICELLA ZOSTER IGM	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6263	720	VERY LONG CHAIN FATTY ACID (VLCFA)	PATHOLOGY-SIM	54500	43600	49050	54500	59950	68125
25.6264	721	VIRAL LOAD	PATHOLOGY-SIM	18125	14500	16313	18125	19938	22656
25.6265	722	VITAMIN - D (25 HYDROXY)	PATHOLOGY-SIM	4125	3300	3713	4125	4538	5156
25.6266	723	VITAMIN-A	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6267	724	VITAMIN-C	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6268	725	VITAMIN-D3	PATHOLOGY-SIM	2250	1800	2025	2250	2475	2813
25.6269	726	WIDAL	PATHOLOGY-SIM	500	400	450	500	550	625
25.627	727	WIDAL SLIDE METHOD	PATHOLOGY-SIM	500	400	450	500	550	625

Applicable from 1st January 2025

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Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
25.6271	728	WIDAL TEST	PATHOLOGY-SIM	500	400	450	500	550	625
25.6272	729	AMH PLUS	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6273	730	DOUBLE MARKER	PATHOLOGY-SIM	6875	5500	6188	6875	7563	8594
25.6274	731	FACTOR VIII	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6275	732	H1N1	PATHOLOGY-SIM	15125	12100	13613	15125	16638	18906
25.6276	733	HIV COMBO	PATHOLOGY-SIM	18125	14500	16313	18125	19938	22656
25.6278	734	MENUSTRUAL BLOOD FOR TB PCR	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6279	735	QUATRIPPLE MARKER	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.628	736	T B FERRON	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6281	737	TB GOLD	PATHOLOGY-SIM	9125	7300	8213	9125	10038	11406
25.6282	738	TRIPPLE MARKER	PATHOLOGY-SIM	7625	6100	6863	7625	8388	9531
25.6283	739	ANTI HBeAB	PATHOLOGY-SIM	1500	1200	1350	1500	1650	1875
25.6284	740	CSF FOR TB PCR	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6285	741	PUS FOR TB PCR	PATHOLOGY-SIM	5250	4200	4725	5250	5775	6563
25.6286	742	SERUM IgG - 4	PATHOLOGY-SIM	10625	8500	9563	10625	11688	13281
25.6287	743	MONITOR CHARGES	INTERNAL MEDICINE	700	550	630	700	770	875
25.6288	744	PULSE OXYMETER CHARGES	INTERNAL MEDICINE	550	400	495	550	605	688
25.6289	745	SYRINGE PUMP CHARGES	INTERNAL MEDICINE	400	300	360	400	440	500
25.629	746	INFUSION PUMP CHARGES	INTERNAL MEDICINE	400	300	360	400	440	500
25.6291	747	NEBULISER CHARGES	INTERNAL MEDICINE	150	120	135	150	165	188
25.6292	748	SURFACTANT	INTERNAL MEDICINE	1800	1350	1620	1800	1980	2250
25.6293	749	CPAP CHARGES	INTERNAL MEDICINE	2500	1900	2250	2500	2750	3125
26.001	750	BCG	PEADIATRICS	1125	900	1013	1125	1238	1406
26.002	751	BLOOD TRANSFUSION	PEADIATRICS	3000	2400	2700	3000	3300	3750
26.003	752	CAAP	PEADIATRICS	1250	1000	1125	1250	1375	1563
26.004	753	E.T. TUBE (PAED.)	PEADIATRICS	1500	1200	1350	1500	1650	1875
26.005	754	EXCHANGE TRANSFUSION	PEADIATRICS	625	500	563	625	688	781
26.006	755	EXCHANGE TRANSFUSION (UMBILIC)	PEADIATRICS	11375	9100	10238	11375	12513	14219
26.007	756	EXCHANGE TRANSFUSION (VENO-AF)	PEADIATRICS	13625	10900	12263	13625	14988	17031
26.008	757	GLUCOMETER	PEADIATRICS	125	100	113	125	138	156
26.009	758	HAVRIX	PEADIATRICS	2625	2100	2363	2625	2888	3281
26.01	759	HIBERIX	PEADIATRICS	1375	1100	1238	1375	1513	1719
26.012	760	LUMBER PUNCTURE	PEADIATRICS	1375	1100	1238	1375	1513	1719
26.013	761	NICU LEVEL - II CARE PACKAGE	PEADIATRICS	1375	1100	1238	1375	1513	1719

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows

Charges are same as Standard Charges for Delux Category.

Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
26.014	762	PHOTOTHERAPY (DOUBLE SURFACE)	PEADIATRICS	1125	900	1013	1125	1238	1406
26.015	763	PHOTOTHERAPY (SINGLE SURFACE)	PEADIATRICS	875	700	788	875	963	1094
26.016	764	PULSE OXIMETER	PEADIATRICS	500	400	450	500	550	625
26.017	765	RESUSCITATION	PEADIATRICS	3000	2400	2700	3000	3300	3750
26.019	766	TYPHERIX	PEADIATRICS	750	600	675	750	825	938
26.02	767	UMBILICAL LINE INSERTION	PEADIATRICS	2250	1800	2025	2250	2475	2813
26.021	768	URINARY CATHETERIZTION	PEADIATRICS	1375	1100	1238	1375	1513	1719
26.024	769	WARMER (PER DAY)	PEADIATRICS	875	700	788	875	963	1094
26.025	770	VENTILATION	PEADIATRICS	3000	2300	2700	3000	3300	3750
26.026	771	HFNC	PEADIATRICS	3000	2300	2700	3000	3300	3750
26.027	772	OXYGEN (24 hrs)	PEADIATRICS	1500	1100	1350	1500	1650	1875
26.028	773	BI-PAP/C PAP	PEADIATRICS	3000	2300	2700	3000	3300	3750
27.001	774	CEREBRAL PALSY - MASSAGE	PHYSIOTHERAPY	875	700	788	875	963	1094
27.002	775	DEVLOPMENTAL THERAPHY (30 MINS)	PHYSIOTHERAPY	625	500	563	625	688	781
27.003	776	DIATHERMY (10 SITTINGS)	PHYSIOTHERAPY	4125	3300	3713	4125	4538	5156
27.004	777	DIATHERMY (5 SITTINGS)	PHYSIOTHERAPY	2250	1800	2025	2250	2475	2813
27.005	778	DIATHMERY	PHYSIOTHERAPY	500	400	450	500	550	625
27.006	779	ELECTROTHERAPY (10 SITTINGS)	PHYSIOTHERAPY	4500	3600	4050	4500	4950	5625
27.007	780	ELECTROTHERAPY (5 SITTINGS)	PHYSIOTHERAPY	2250	1800	2025	2250	2475	2813
27.008	781	ELECTROTHERAPY (IFT/TENS/MS)	PHYSIOTHERAPY	500	400	450	500	550	625
27.009	782	HEAT PACK	PHYSIOTHERAPY	250	200	225	250	275	313
27.01	783	HEAT PACK (10 SITTINGS)	PHYSIOTHERAPY	2250	1800	2025	2250	2475	2813
27.011	784	HEAT PACK (5 SITTINGS)	PHYSIOTHERAPY	1375	1100	1238	1375	1513	1719
27.012	785	ICE PACK	PHYSIOTHERAPY	250	200	225	250	275	313
27.013	786	ICE PACK (10 SITTINGS)	PHYSIOTHERAPY	2250	1800	2025	2250	2475	2813
27.014	787	ICE PACK (5 SITTINGS)	PHYSIOTHERAPY	1125	900	1013	1125	1238	1406
27.015	788	INFRA RED THERAPHY	PHYSIOTHERAPY	250	200	225	250	275	313
27.016	789	INFRA RED THERAPHY (10 SITTINGS)	PHYSIOTHERAPY	2250	1800	2025	2250	2475	2813
27.017	790	INFRA RED THERAPHY (5 SITTINGS)	PHYSIOTHERAPY	1375	1100	1238	1375	1513	1719
27.018	791	INITIAL EVALUATION WITH EXERCISE	PHYSIOTHERAPY	500	400	450	500	550	625
27.019	792	LASER THERAPHY	PHYSIOTHERAPY	250	200	225	250	275	313
27.02	793	LASER THERAPHY (10 SITTINGS)	PHYSIOTHERAPY	3000	2400	2700	3000	3300	3750
27.021	794	LASER THERAPHY (5 SITTINGS)	PHYSIOTHERAPY	1500	1200	1350	1500	1650	1875
27.022	795	MANUAL MOBILISATION	PHYSIOTHERAPY	250	200	225	250	275	313

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows

Charges are same as Standard Charges for Delux Category.

Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
27.023	796	MANUAL MOBILISATION (10 SITTINGS)	PHYSIOTHERAPY	2250	1800	2025	2250	2475	2813
27.024	797	MANUAL MOBILISATION (5 SITTINGS)	PHYSIOTHERAPY	1125	900	1013	1125	1238	1406
27.025	798	NEURO REHABILITATION (UPTO 1 HOUR)	PHYSIOTHERAPY	625	500	563	625	688	781
27.026	799	PARAFFIN WAX BATH	PHYSIOTHERAPY	250	200	225	250	275	313
27.027	800	PARAFFIN WAX BATH (10 SITTINGS)	PHYSIOTHERAPY	2625	2100	2363	2625	2888	3281
27.028	801	PARAFFIN WAX BATH (5 SITTINGS)	PHYSIOTHERAPY	1375	1100	1238	1375	1513	1719
27.029	802	PHYSIOTHERAPY - 1ST SESSION (1HOUR)	PHYSIOTHERAPY	500	400	450	500	550	625
27.03	803	SPEACH THERAPHY EXCERCISE	PHYSIOTHERAPY	625	500	563	625	688	781
27.031	804	SUPERVISED EXCERCISES (1 HOUR) 10 SITTINGS	PHYSIOTHERAPY	3000	2400	2700	3000	3300	3750
27.032	805	SUPERVISED EXERCISES (20 MINUTES)	PHYSIOTHERAPY	500	400	450	500	550	625
27.033	806	SUPERVISED EXERCISES (20 MINUTES) (10 SITTINGS)	PHYSIOTHERAPY	4125	3300	3713	4125	4538	5156
27.034	807	SUPERVISED EXERCISES (20 MINUTES) (5 SITTINGS)	PHYSIOTHERAPY	1500	1200	1350	1500	1650	1875
27.035	808	SUPERVISED EXERCISES (UPTO 1 HOUR)	PHYSIOTHERAPY	625	500	563	625	688	781
27.036	809	SUPERVISED EXERCISES (UPTO 1 HOUR) (5 SITTINGS)	PHYSIOTHERAPY	2625	2100	2363	2625	2888	3281
27.037	810	THR PHYSIOTHERAPY PACKAGE	PHYSIOTHERAPY	1375	1100	1238	1375	1513	1719
27.038	811	TKR PHYSIOTHERAPHY PACKAGE	PHYSIOTHERAPY	2625	2100	2363	2625	2888	3281
27.039	812	TRACTION-CERVICAL	PHYSIOTHERAPY	500	400	450	500	550	625
27.04	813	TRACTION-CERVICAL (10 SITTINGS)	PHYSIOTHERAPY	4125	3300	3713	4125	4538	5156
27.041	814	TRACTION-CERVICAL (5 SITTINGS)	PHYSIOTHERAPY	2250	1800	2025	2250	2475	2813
27.042	815	TRACTION-LUMBER	PHYSIOTHERAPY	500	400	450	500	550	625
27.043	816	TRACTION-LUMBER (10 SITTINGS)	PHYSIOTHERAPY	4125	3300	3713	4125	4538	5156
27.044	817	TRACTION-LUMBER (5 SITTINGS)	PHYSIOTHERAPY	2250	1800	2025	2250	2475	2813
27.045	818	ULTRA SOUND THERAPHY	PHYSIOTHERAPY	625	500	563	625	688	781
27.046	819	ULTRA SOUND THERAPHY (10 SITTINGS)	PHYSIOTHERAPY	5250	4200	4725	5250	5775	6563
27.047	820	ULTRA SOUND THERAPHYC (5 SITTINGS)	PHYSIOTHERAPY	2250	1800	2025	2250	2475	2813
27.048	821	ULTRAVIOLET LAMP	PHYSIOTHERAPY	250	200	225	250	275	313
27.049	822	ULTRAVIOLET LAMP (10 SITTINGS	PHYSIOTHERAPY	1875	1500	1688	1875	2063	2344
27.05	823	ULTRAVIOLET LAMP (5 SITTINGS)	PHYSIOTHERAPY	875	700	788	875	963	1094
27.051	824	IFT + ULTRASOUND	PHYSIOTHERAPY	750	600	675	750	825	938

Applicable from 1st January 2025									
List of Investigations & Diagnostic/ Procedures at Soni Hospital									
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Charges are same as Standard Charges for Delux Category.									
Charges are 25% Less on Standard Charges for General/ Sharing Ward Category									
Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
27.052	825	IFT + ULTRASOUND (10 SITTINGS)	PHYSIOTHERAPY	6875	5500	6188	6875	7563	8594
27.053	826	IFT + ULTRASOUND + TENS	PHYSIOTHERAPY	1125	900	1013	1125	1238	1406
27.054	827	IFT + ULTRASOUND + TENS (10 SITTINGS)	PHYSIOTHERAPY	9125	7300	8213	9125	10038	11406
27.055	828	ULTRASOUND + TENS	PHYSIOTHERAPY	750	600	675	750	825	938
27.056	829	ULTRASOUND + TENS (10 SITTINGS)	PHYSIOTHERAPY	6875	5500	6188	6875	7563	8594
27.057	830	EXERCISE THERAPY (KNEE/BACK/SHOULDER)	PHYSIOTHERAPY	625	500	563	625	688	781
27.058	831	EXERCISE THERAPY (KNEE/BACK/SHOULDER) (10 SITTINGS)	PHYSIOTHERAPY	4500	3600	4050	4500	4950	5625
27.059	832	ULTRA SOUND + DIATHERMY	PHYSIOTHERAPY	750	600	675	750	825	938
27.06	833	ULTRA SOUND + DIATHERMY (10 SITTINGS)	PHYSIOTHERAPY	6875	5500	6188	6875	7563	8594
27.061	834	CHEST PHYSIOTHERAPY	PHYSIOTHERAPY	625	500	563	625	688	781
27.062	835	CHEST PHYSIOTHERAPY (10 SITTINGS)	PHYSIOTHERAPY	4500	3600	4050	4500	4950	5625
27.063	836	ANTI NATAL EXERCISE	PHYSIOTHERAPY	625	500	563	625	688	781
27.064	837	ANTI NATAL EXERCISE (10 SITTINGS)	PHYSIOTHERAPY	4500	3600	4050	4500	4950	5625
27.065	838	LAPROSCOPE CHARGES	SURGERY	2750	2000	2475	2750	3025	3438
30.0001	839	BONE DENSITOMETRY BILATERAL	RADIO DIAGNOSIS-BDM	6000	4800	5400	6000	6600	7500
30.0002	840	BONE DENSITOMETRY SINGLE PART	RADIO DIAGNOSIS-BDM	3000	2400	2700	3000	3300	3750
30.0003	841	BONE DENSITOMETRY TOTAL	RADIO DIAGNOSIS-BDM	7625	6100	6863	7625	8388	9531
30.1001	842	3D CT SCAN ANKLE	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1002	843	3D CT SCAN BOTH ARMS	RADIO DIAGNOSIS-CTS	15125	12100	13613	15125	16638	18906
30.1003	844	3D CT SCAN BOTH FEET	RADIO DIAGNOSIS-CTS	15125	12100	13613	15125	16638	18906
30.1004	845	3D CT SCAN BOTH KNEE	RADIO DIAGNOSIS-CTS	15125	12100	13613	15125	16638	18906
30.1005	846	3D CT SCAN BOTH SHOULDER	RADIO DIAGNOSIS-CTS	15125	12100	13613	15125	16638	18906
30.1006	847	3D CT SCAN ELBOW JOINT	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1007	848	3D CT SCAN FACE	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1008	849	3D CT SCAN HIP JOINT	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1009	850	3D CT SCAN OF CHEST / BONY PELVIS	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.101	851	3D CT SCAN PELVIS	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531

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Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
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If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.1011	852	3D CT SCAN RIGHT / LEFT KNEE	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1012	853	3D CT SCAN RIGHT / LEFT SHOULDER	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1013	854	3D CT SCAN S.I. JOINT	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1014	855	3D CT SCAN SKULL	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1015	856	3D CT SCAN T.M. JOINT	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1016	857	3D CT SCAN WRIST JOINT	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1017	858	3D-STUDY CT SCAN - SINGLE REGION (HEAD, NECK, FACE, LOWER LIMB, UP	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1018	859	CT SCAN GUIDED BIOPSY	RADIO DIAGNOSIS-CTS	3750	3000	3375	3750	4125	4688
30.1019	860	C.T. GUIDED PERCUTANEOUS CATH DRAINAGE	RADIO DIAGNOSIS-CTS	3000	2400	2700	3000	3300	3750
30.102	861	CT SCAN LOWER ABDOMEN (PLAIN)	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1021	862	CERVICO-VERTEBRAL JUNCTION(AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1022	863	CT DYNAMIC SCAN OF SPINE IN FLX., EXT. & NUTRAL POSITION	RADIO DIAGNOSIS-CTS	9125	7300	8213	9125	10038	11406
30.1023	864	CT PERIPHERAL ANGIOGRAPHY OF BOTH UPPER LIMBS (INCLUDED CONT	RADIO DIAGNOSIS-CTS	10625	8500	9563	10625	11688	13281
30.1024	865	CT PERIPHERAL VENOGRAPHY OF BOTH UPPER LIMBS (INCLUDED CONTR	RADIO DIAGNOSIS-CTS	11375	9100	10238	11375	12513	14219
30.1025	866	CT SCAN AXIAL & CORONAL WITHOUT CONTRAST	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1026	867	CT SCAN CERVICAL SPINE(AXIAL/CORONAL/SAGITAL VIEWS)	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1027	868	CT SCAN CHEST PLUS UPPER ABDOMEN WITH CONTRAST	RADIO DIAGNOSIS-CTS	13625	10900	12263	13625	14988	17031
30.1028	869	CT SCAN CHEST WITH UPPER ABDOMEN PLAIN (AXIAL, CORONAL & SEGITAL	RADIO DIAGNOSIS-CTS	13625	10900	12263	13625	14988	17031
30.1029	870	CT SCAN CHEST WITHOUT CONTRAST (PLAIN)	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.103	871	CT SCAN DORSAL SPINE(AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1031	872	CT SCAN ENTIRE SPINE	RADIO DIAGNOSIS-CTS	18125	14500	16313	18125	19938	22656
30.1032	873	CT SCAN FACE PLAIN	RADIO DIAGNOSIS-CTS	3750	3000	3375	3750	4125	4688
30.1033	874	CT SCAN FEMUR /HUMERUS (WITHOUT CONTRAST)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1034	875	CT SCAN GUIDED BIOPSY	RADIO DIAGNOSIS-CTS	3750	3000	3375	3750	4125	4688
30.1035	876	CT SCAN GUIDED FNAC	RADIO DIAGNOSIS-CTS	4125	3300	3713	4125	4538	5156
30.1036	877	CT SCAN HEAD CONTRAST	RADIO DIAGNOSIS-CTS	3000	2400	2700	3000	3300	3750

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Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.1037	878	CT SCAN HEAD PLAIN	RADIO DIAGNOSIS-CTS	2250	1800	2025	2250	2475	2813
30.1038	879	CT SCAN HEAD PLAIN FOLLOW UP IN-BED CASE W/FILM	RADIO DIAGNOSIS-CTS	3000	2400	2700	3000	3300	3750
30.1039	880	CT SCAN HIP JOINTS	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.104	881	CT SCAN INNER EAR PLAIN & CONTRAST	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1041	882	CT SCAN JOINT / SEMI JOINT	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1042	883	CT SCAN L.S.SPINE(AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1043	884	CT SCAN LOWER ABDOMEN (PLAIN)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1044	885	CT SCAN LOWER LIMB / THIGH/LEG/FOOT WITH CONTRAST	RADIO DIAGNOSIS-CTS	11375	9100	10238	11375	12513	14219
30.1045	886	CT SCAN NECK & CHEST PLAIN	RADIO DIAGNOSIS-CTS	12125	9700	10913	12125	13338	15156
30.1046	887	CT SCAN NECK CONTRAST(AXIAL/CORONAL/SAGITAL VIEWS)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1047	888	CT SCAN NECK PLUS UPPER CHEST WITH CONTRAST	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1048	889	CT SCAN ORBIT (AXIAL/CORONAL/SAGITAL) PLAIN	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1049	890	CT SCAN ORBIT CONTRAST (AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.105	891	CT SCAN PETROUS TEMPORAL BONE AXIAL / CORONAL/SAGITAL PLAIN	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1051	892	CT SCAN PITUATARY GLAND CONTRAST- AXIAL PLUS CORONAL	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1052	893	CT SCAN PNS (AXIAL/CORONAL/SAGITAL) PLAIN	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1053	894	CT SCAN PNS CONTRAST (AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1054	895	CT SCAN THORAX WITH LIVER CUTS (CONTRAST)	RADIO DIAGNOSIS-CTS	12125	9700	10913	12125	13338	15156
30.1055	896	CT SCAN UPPER ABDOMEN (PLAIN)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1056	897	CT SCAN UPPER ABDOMEN PLAIN & CONTRAST	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1057	898	CT SCAN UPPER ABDOMEN PLUS LOWER CHEST (PLAIN)	RADIO DIAGNOSIS-CTS	12125	9700	10913	12125	13338	15156
30.1058	899	CT SCAN UPPER ABDOMEN PLUS LOWER CHEST CONTRAST	RADIO DIAGNOSIS-CTS	12125	9700	10913	12125	13338	15156
30.1059	900	CT SCAN UPPER LIMB /FOREARM/ARM WITH CONTRAST	RADIO DIAGNOSIS-CTS	10625	8500	9563	10625	11688	13281
30.106	901	CT SCAN WHOLE ABDOMEN (PLAIN)	RADIO DIAGNOSIS-CTS	9125	7300	8213	9125	10038	11406
30.1061	902	CT SCAN WHOLE ABDOMEN CONTRAST	RADIO DIAGNOSIS-CTS	9875	7900	8888	9875	10863	12344
30.1062	903	CT SCAN ARMS CONTRAST	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1063	904	CT SCAN ARMS PLAIN	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500

Applicable from 1st January 2025									
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Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.1064	905	CT SCAN CHEST WITH UPPER ABDOMEN PLAIN (AXIAL, CORONAL & SEGITAL	RADIO DIAGNOSIS-CTS	12125	9700	10913	12125	13338	15156
30.1065	906	CT SCAN CISTERNOGRAPHY (INCLUDED CONTRAST)INTRATHECAL	RADIO DIAGNOSIS-CTS	9125	7300	8213	9125	10038	11406
30.1066	907	CT SCAN PER FILM CHARGES	RADIO DIAGNOSIS-CTS	250	200	225	250	275	313
30.1067	908	CT SCAN FACE CONTRAST	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1068	909	CT SCAN HEAD WITH ORBIT CONTRAST(AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	8250	6600	7425	8250	9075	10313
30.1069	910	CT SCAN HEAD WITH ORBIT PLAIN (AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.107	911	CT SCAN HEAD WITH PNS CONTRAST(AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1071	912	CT SCAN HEAD WITH PNS PLAIN (AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1072	913	CT SCAN HEAD WITH SELLA(AXIAL/CORONAL/SAGITAL)CONTRAST	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1073	914	CT SCAN HEAD WITH SELLA(AXIAL/CORONAL/SAGITAL)PLAIN	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1074	915	CT SCAN HRCT CHEST CONTRAST (AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1075	916	CT SCAN HRCT CHEST PLAIN(AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1076	917	CT SCAN INNER EAR PLAIN	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1077	918	CT SCAN INNER EAR PLAIN (AXIAL, CORONAL & SEGITAL)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1078	919	CT SCAN KUB REGION CONTRAST	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1079	920	CT SCAN KUB REGION PLAIN	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.108	921	CT SCAN LEG/SHOULDER/OTHER PHERIPHERAL PARTS CONTRAST	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1081	922	CT SCAN LEG/SHOULDER/OTHER PHERIPHERAL PARTS PLAIN	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1082	923	CT SCAN LOWER ABDOMEN WITH THIGH CONTRAST	RADIO DIAGNOSIS-CTS	12125	9700	10913	12125	13338	15156
30.1083	924	CT SCAN LOWER ABDOMEN WITHOUT CONTRAST	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1084	925	CT SCAN LOWER ADBOMEN WITH CONTRAST	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1085	926	CT SCAN MANDIBLE PLAIN (AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1086	927	CT SCAN MYELOGRAPHY(SINGLE PART OF CERVICAL /THORACIC / L.S. REGI	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1087	928	CT SCAN NECK PLAIN(AXIAL/CORONAL/SAGITAL VIEWS)	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563

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Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.1088	929	CT SCAN NECK WITH CHEST CONTRAST (AXIAL, CORONAL & SEGITAL)	RADIO DIAGNOSIS-CTS	13625	10900	12263	13625	14988	17031
30.109	930	CT SCAN OF ANY SINGLE REGION (PRBOT/PNS/FACE/SELLA/PETROUS TEMPO	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1091	931	CT SCAN OF ARM/ FOREARM/HAND/LEG/ANKLE (CONTAST)	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1092	932	CT SCAN OF THIGH PLAIN	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1093	933	CT SCAN PAROTID REGION CONTRAST(AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1094	934	CT SCAN PAROTID REGION PLAIN(AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1095	935	CT SCAN SINOGRAM WITH CONTRAST	RADIO DIAGNOSIS-CTS	5250	4200	4725	5250	5775	6563
30.1096	936	CT SCAN STERNAL CALVICULAR JOINT	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1097	937	CT SCAN TEMPORAL BONE/MASTOID CONTRAST(AXIAL/CORONAL/SAGITAL	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1098	938	CT SCAN TEMPORAL BONE/MASTOID PLAIN(AXIAL/CORONAL/SAGITAL)	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1099	939	CT SCAN THIGH CONTRAST	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.11	940	CT SCAN THORAX CONTRAST	RADIO DIAGNOSIS-CTS	7625	6100	6863	7625	8388	9531
30.1101	941	CT SCAN UPPER ABDOMEN WITH TRIPLE PHASE(INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	10625	8500	9563	10625	11688	13281
30.1102	942	CT SCAN WHOLE ABDOMEN TRIPLE PHASE INCLUDED CONRAST	RADIO DIAGNOSIS-CTS	13625	10900	12263	13625	14988	17031
30.1103	943	CT-ABDOMINAL SINGLE ORGAN PERFUSION	RADIO DIAGNOSIS-CTS	10625	8500	9563	10625	11688	13281
30.1104	944	CT-ANGIOGRAPHY OF ABDOMEN (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	13625	10900	12263	13625	14988	17031
30.1105	945	CT-ANGIOGRAPHY OF ABDOMINAL AORTA (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	10625	8500	9563	10625	11688	13281
30.1106	946	CT-ANGIOGRAPHY OF BRAIN & NECK (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	18875	15100	16988	18875	20763	23594
30.1107	947	CT-ANGIOGRAPHY OF BRAIN (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	9125	7300	8213	9125	10038	11406
30.1108	948	CT-ANGIOGRAPHY OF FACE (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	9125	7300	8213	9125	10038	11406
30.1109	949	CT-ANGIOGRAPHY OF LUNGS (PULMONARY VESSELS) (INCLUDED CONTRA	RADIO DIAGNOSIS-CTS	9125	7300	8213	9125	10038	11406
30.111	950	CT-ANGIOGRAPHY OF NECK (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	9875	7900	8888	9875	10863	12344
30.1111	951	CT-ANGIOGRAPHY OF PENIS (PUDENDAL ARTERY) (INCLUDED CONTRAST	RADIO DIAGNOSIS-CTS	9125	7300	8213	9125	10038	11406

Applicable from 1st January 2025									
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Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.1112	952	CT-ANGIOGRAPHY OF THORASIC & ABDOMINAL AORTA (INCLUDED CONTR	RADIO DIAGNOSIS-CTS	18875	15100	16988	18875	20763	23594
30.1113	953	CT-ANGIOGRAPHY OF THORASIC AORTA (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	9125	7300	8213	9125	10038	11406
30.1114	954	CT-BRAIN PERFUSION	RADIO DIAGNOSIS-CTS	10625	8500	9563	10625	11688	13281
30.1115	955	CT-BRONCHOSCOPY	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1116	956	CT-COLONOSCOPY	RADIO DIAGNOSIS-CTS	13625	10900	12263	13625	14988	17031
30.1117	957	CT-DENTA SCAN BOTH JAW	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1118	958	CT-DENTA SCAN LOWER JAW	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.1119	959	CT-DENTA SCAN UPPER JAW	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.112	960	CT-IMRT- BRAIN WITH CONTRAST	RADIO DIAGNOSIS-CTS	10625	8500	9563	10625	11688	13281
30.1121	961	CT-IMRT CERVICAL SPINE (PLAIN)	RADIO DIAGNOSIS-CTS	18125	14500	16313	18125	19938	22656
30.1122	962	CT-IMRT CHEST (CONTRAST)	RADIO DIAGNOSIS-CTS	18125	14500	16313	18125	19938	22656
30.1123	963	CT-IMRT FACE CONTRAST	RADIO DIAGNOSIS-CTS	18125	14500	16313	18125	19938	22656
30.1124	964	CT-IMRT- NECK CONTRAST	RADIO DIAGNOSIS-CTS	18125	14500	16313	18125	19938	22656
30.1125	965	CT-IMRT-L.S. SPINE (PLAIN)	RADIO DIAGNOSIS-CTS	18125	14500	16313	18125	19938	22656
30.1126	966	CT-IMRT-PELVIS/LOWER ABDOMEN (CONTRAST)	RADIO DIAGNOSIS-CTS	18125	14500	16313	18125	19938	22656
30.1127	967	CT-IMRT-THORACIC SPINE (PLAIN)	RADIO DIAGNOSIS-CTS	18125	14500	16313	18125	19938	22656
30.1128	968	CT-IMRT-UPPER ABDOMEN (CONTRAST)	RADIO DIAGNOSIS-CTS	18125	14500	16313	18125	19938	22656
30.1129	969	CT-PERIPHERAL ANGIOGRAPHY OF BOTH LOWER LIMBS (INCLUDED CONT	RADIO DIAGNOSIS-CTS	11375	9100	10238	11375	12513	14219
30.113	970	CT-PERIPHERAL ANGIOGRAPHY OF SINGLE LOWER LIMB (INCLUDED CON	RADIO DIAGNOSIS-CTS	11375	9100	10238	11375	12513	14219
30.1131	971	CT-PERIPHERAL ANGIOGRAPHY OF SINGLE UPPER LIMB (INCLUDED CON	RADIO DIAGNOSIS-CTS	10625	8500	9563	10625	11688	13281
30.1132	972	CT-PERIPHERAL VENOGRAPHY OF BOTH LOWER LIMBS (INCLUDED CONTR	RADIO DIAGNOSIS-CTS	9875	7900	8888	9875	10863	12344
30.1133	973	CT-PERIPHERAL VENOGRAPHY OF SINGLE LOWER LIMB (INCLUDED CONT	RADIO DIAGNOSIS-CTS	9875	7900	8888	9875	10863	12344
30.1134	974	CT-PERIPHERAL VENOGRAPHY OF SINGLE UPPER LIMB (INCLUDED CONT	RADIO DIAGNOSIS-CTS	9875	7900	8888	9875	10863	12344
30.1135	975	CT-RENAL ANGIOGRAPHY (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	12125	9700	10913	12125	13338	15156
30.1136	976	CT-SPLENO-PORTOGRAM	RADIO DIAGNOSIS-CTS	20375	16300	18338	20375	22413	25469

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Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
30.1137	977	CT-VENOGRAPHY OF BRAIN & NECK (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	18875	15100	16988	18875	20763	23594
30.1138	978	CT-VENOGRAPHY OF BRAIN (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	9125	7300	8213	9125	10038	11406
30.1139	979	CT-VENOGRAPHY OF NECK (INCLUDED CONTRAST)	RADIO DIAGNOSIS-CTS	9875	7900	8888	9875	10863	12344
30.114	980	DORSAL SPINE CONTRAST	RADIO DIAGNOSIS-CTS	6875	5500	6188	6875	7563	8594
30.1141	981	DUPLICATE CD CHARGES	RADIO DIAGNOSIS-CTS	375	300	338	375	413	469
30.1142	982	CT SCAN LUMBAR SPINE	RADIO DIAGNOSIS-CTS	6000	4800	5400	6000	6600	7500
30.2001	983	ARTERIAL SYSTEM BOTH UPPER LIMBS/BOTH LOWER LIMBS	RADIO DIAGNOSIS-DOP	6000	4800	5400	6000	6600	7500
30.2002	984	ARTERIAL SYSTEM DOPPLER (ONE LIMB)	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2003	985	B/L LOWER LIMB ARTERIAL DOPPLER	RADIO DIAGNOSIS-DOP	6000	4800	5400	6000	6600	7500
30.2004	986	COLOR DOPPLER OF ABDOMEN	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2005	987	COLOR DOPPLER STUDY CAROTID / NECK REGION	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2006	988	DOPPLER STUDY OF SCROTUM	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2007	989	DOPPLER STUDY ONE LIMB (SCREENING)	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2008	990	DOPPLER STUDY PORTAL VENOUS SYSTEM	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2009	991	DOPPLER STUDY OF AORTO - ILIAC VESSELS	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.201	992	GYNAE DOPPLER	RADIO DIAGNOSIS-DOP	5250	4200	4725	5250	5775	6563
30.2011	993	OBSTETERIC DOPPLER STUDY	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2012	994	PERIPHERAL VENOUS DOPPLER STUDY (ONE LIMB)	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2013	995	PERIPHERAL VENOUS TWO LIMBS SYSTEM	RADIO DIAGNOSIS-DOP	6000	4800	5400	6000	6600	7500
30.2014	996	RENAL ARTERY DOPPLER	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2015	997	VERTEBRAL ARTERY DOPPLER STUDY	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750

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Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
30.2016	998	COLOUR DOPPLER UPPER LIMB	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.2017	999	COLOUR DOPPLER LOWER LIMB	RADIO DIAGNOSIS-DOP	3000	2400	2700	3000	3300	3750
30.3001	1000	MRCP	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3002	1001	MRI - DORSAL SPINE (SCREENING)	RADIO DIAGNOSIS-MRI	4500	3600	4050	4500	4950	5625
30.3003	1002	MRI ANGIOGRAPHY BRAIN (INC. BRAIN SCREENING)	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3004	1003	MRI ANGIOGRAPHY BRAIN CONTRAST (INC. BRAIN SCREENING)	RADIO DIAGNOSIS-MRI	13625	10900	12263	13625	14988	17031
30.3005	1004	MRI ANGIOGRAPHY NECK	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3006	1005	MRI ANGIOGRAPHY NECK CONTRAST	RADIO DIAGNOSIS-MRI	13625	10900	12263	13625	14988	17031
30.3007	1006	MRI ANGIOGRAPHY OF PERIPHERAL LIMB	RADIO DIAGNOSIS-MRI	13625	10900	12263	13625	14988	17031
30.3008	1007	MRI ANGIOGRAPHY OF PERIPHERAL LIMB CONTRAST	RADIO DIAGNOSIS-MRI	11375	9100	10238	11375	12513	14219
30.3009	1008	MRI BOTH HIP JOINT	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.301	1009	MRI BOTH HIP JOINT CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3011	1010	MRI BOTH JOINTS (SHOULDER/KNEE/ELBOW)	RADIO DIAGNOSIS-MRI	16625	13300	14963	16625	18288	20781
30.3012	1011	MRI BOTH JOINTS CONTRAST (SHOULDER/KNEE/ELBOW)	RADIO DIAGNOSIS-MRI	22750	18200	20475	22750	25025	28438
30.3013	1012	MRI BOTH LIMBS	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3014	1013	MRI BOTH LIMBS CONTRAST	RADIO DIAGNOSIS-MRI	16625	13300	14963	16625	18288	20781
30.3015	1014	MRI BRACHIAL PLEXUS	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3016	1015	MRI BRACHIAL PLEXUS CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3017	1016	MRI BRAIN + MRI ANGIOGRAOHY BRAIN & NECK	RADIO DIAGNOSIS-MRI	22750	18200	20475	22750	25025	28438
30.3018	1017	MRI BRAIN + MRI ANGIOGRAPHY	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3019	1018	MRI BRAIN + MRI ANGIOGRAPHY BRAIN & NECK	RADIO DIAGNOSIS-MRI	30250	24200	27225	30250	33275	37813
30.302	1019	MRI BRAIN + MRI ANGIOGRAPHY CONTRAST	RADIO DIAGNOSIS-MRI	22750	18200	20475	22750	25025	28438
30.3021	1020	MRI BRAIN COMPLETE STUDY	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3022	1021	MRI BRAIN COMPLETE STUDY WITH CONTRAST	RADIO DIAGNOSIS-MRI	13625	10900	12263	13625	14988	17031
30.3023	1022	MRI BRAIN WITH NASOPHARYNX CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3024	1023	MRI BRAIN WITH PITUITARY GLAND	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3025	1024	MRI BRAIN WITH PITUITARY GLAND CONTRAST	RADIO DIAGNOSIS-MRI	22750	18200	20475	22750	25025	28438
30.3026	1025	MRI BRIN WITH NASOPHARYNX	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906

Applicable from 1st January 2025									
List of Investigations & Diagnostic/ Procedures at Soni Hospital									
Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows									
Charges are same as Standard Charges for Delux Category.									
Charges are 25% Less on Standard Charges for General/ Sharing Ward Category									
Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.3027	1026	MRI CERVICAL SPINE (ROUTINE)	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3028	1027	MRI CERVICAL SPINE (ROUTINE) CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3029	1028	MRI CHEST	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.303	1029	MRI CHEST CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3031	1030	MRI CSF FLOW STUDY	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3032	1031	MRI EXTRA FILM CHARGES	RADIO DIAGNOSIS-MRI	375	300	338	375	413	469
30.3033	1032	MRI FUNCTIONL IMAGING	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3034	1033	MRI HIP - WITHOUT CONTRAST	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3035	1034	MRI KNEE BOTH JOINT - WITH CONTRAST	RADIO DIAGNOSIS-MRI	22750	18200	20475	22750	25025	28438
30.3036	1035	MRI KNEE BOTH JOINT - WITHOUT CONTRAST	RADIO DIAGNOSIS-MRI	18125	14500	16313	18125	19938	22656
30.3037	1036	MRI KUB REGION	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3038	1037	MRI KUB REGION CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3039	1038	MRI LOWER ABDOMEN	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.304	1039	MRI LOWER ABDOMEN CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3041	1040	MRI LUMBAR PLEXUS	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3042	1041	MRI LUMBAR PLEXUS CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3043	1042	MRI LUMBAR SPINE (ROUTINE)	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3044	1043	MRI LUMBAR SPINE (ROUTINE) CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3045	1044	MRI NASOPHARYNX	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3046	1045	MRI NASOPHARYNX CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3047	1046	MRI NECK	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3048	1047	MRI NECK CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3049	1048	MRI NECK CONTRAST STUDY	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.305	1049	MRI NECK PLAIN	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3051	1050	MRI OF ABDOMINAL AORTA	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3052	1051	MRI OF ABDOMINAL AORTA CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3053	1052	MRI OITUITARY GLAND CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3054	1053	MRI ORBITS	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3055	1054	MRI ORBITS CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows

Charges are same as Standard Charges for Delux Category.

Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
30.3056	1055	MRI PITUITARY GLAND	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3057	1056	MRI PROSTATE	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3058	1057	MRI PROSTATE CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3059	1058	MRI PROSTATE SPECTROSCOPY	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.306	1059	MRI RENAL ANGIOGRAPHY	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3061	1060	MRI RENAL ANGIOGRAPHY CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3062	1061	MRI ROUTINE BRAIN	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3063	1062	MRI ROUTINE BRAIN CONTRAST	RADIO DIAGNOSIS-MRI	13625	10900	12263	13625	14988	17031
30.3064	1063	MRI SCREENING (BRAIN)	RADIO DIAGNOSIS-MRI	4500	3600	4050	4500	4950	5625
30.3065	1064	MRI SINGLE JOINT (SHOULDER/KNEE	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3066	1065	MRI SINGLE JOINT (SHOULDER/KNEE/ELBOW	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3067	1066	MRI SINGLE LIMB	RADIO DIAGNOSIS-MRI	13625	10900	12263	13625	14988	17031
30.3068	1067	MRI SINGLE LIMB CONTRAST	RADIO DIAGNOSIS-MRI	11375	9100	10238	11375	12513	14219
30.3069	1068	MRI SPECTROSCOPY	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.307	1069	MRI SPINE COMPLETE STUDY (ONE PART)	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3071	1070	MRI SPINE COMPLETE STUDY (ONE PART) CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3072	1071	MRI SPINE SCREENING (ONE PORTION)	RADIO DIAGNOSIS-MRI	4500	3600	4050	4500	4950	5625
30.3073	1072	MRI THORACIC SPINE (ROUTINE)	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3074	1073	MRI THORACIC SPINE (ROUTINE) CONTRAST	RADIO DIAGNOSIS-MRI	13625	10900	12263	13625	14988	17031
30.3075	1074	MRI TONGUE CONTRAST STUDY	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3076	1075	MRI TONGUE PLAIN	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3077	1076	MRI UPPER ABDOMEN	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.3078	1077	MRI UPPER ABDOMEN CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3079	1078	MRI VENOGRAPHY (INC. BRAIN SCREENING)	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.308	1079	MRI VENOGRAPHY (INC. BRAIN SCREENING) CC	RADIO DIAGNOSIS-MRI	7625	6100	6863	7625	8388	9531
30.3081	1080	MRI WHOLE ABDOMEN	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3082	1081	MRI WHOLE ABDOMEN CONTRAST	RADIO DIAGNOSIS-MRI	15125	12100	13613	15125	16638	18906
30.3083	1082	MRI WHOLE BODY	RADIO DIAGNOSIS-MRI	68125	54500	61313	68125	74938	85156
30.3084	1083	MRI WHOLE SPINE	RADIO DIAGNOSIS-MRI	22750	18200	20475	22750	25025	28438

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Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.3085	1084	MRI WHOLE SPINE CONTRAST	RADIO DIAGNOSIS-MRI	30250	24200	27225	30250	33275	37813
30.3086	1085	MRI-SI JOINT	RADIO DIAGNOSIS-MRI	8250	6600	7425	8250	9075	10313
30.4001	1086	BIOPHYSICAL PROFILE	RADIO DIAGNOSIS-USG	3000	2400	2700	3000	3300	3750
30.4002	1087	BOTH BREAST USG	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670
30.4003	1088	BOTH EYE-B-SCAN	RADIO DIAGNOSIS-USG	3000	2400	2700	3000	3300	3750
30.4004	1089	FWB / OBS SONOGRAPHY	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670
30.4005	1090	KUB SONOGRAPHY	RADIO DIAGNOSIS-USG	2200	1650	1980	2200	2420	2750
30.4006	1091	LOWER ABDOMEN / PELVIS (MALE/FEMALE)	RADIO DIAGNOSIS-USG	2200	1650	1980	2200	2420	2750
30.4007	1092	OVULATION STUDY (COMPLETE)	RADIO DIAGNOSIS-USG	3000	2400	2700	3000	3300	3750
30.4008	1093	SCROTAL SONOGRAPHY	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670
30.4009	1094	SINGLE ORGAN STUDY SONOGRAPHY	RADIO DIAGNOSIS-USG	2200	1650	1980	2200	2420	2750
30.401	1095	T.V.S. SONOGRAPHY	RADIO DIAGNOSIS-USG	2200	1650	1980	2200	2420	2750
30.4011	1096	THYROID SONOGRAPHY	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670
30.4012	1097	TRANS RECTAL SONOGRAPHY	RADIO DIAGNOSIS-USG	2200	1650	1980	2200	2420	2750
30.4013	1098	USG BED - SIDE / ONCALL (EXTRA CHARGES)	RADIO DIAGNOSIS-USG	1467	1100	1320	1467	1610	1830
30.4014	1099	USG BRAIN	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670
30.4015	1100	USG CHEST	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670
30.4016	1101	USG GUIDED ASPIRATION	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670
30.4017	1102	USG GUIDED FNAC (SONOGRAPHY CHARGES ONLY)	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670
30.4018	1103	USG NECK	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670

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Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
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30.4019	1104	USG UPPER ABDOMEN	RADIO DIAGNOSIS-USG	2200	1650	1980	2200	2420	2750
30.402	1105	WHOLE ABDOMEN SONOGRAPHY (MALE/FEMALE)	RADIO DIAGNOSIS-USG	2933	2200	2640	2933	3230	3670
30.4021	1106	BOTH EYES-B-SCAN SCREENING	RADIO DIAGNOSIS-USG	3000	2400	2700	3000	3300	3750
30.4022	1107	KUB SONOGRAPHY (SCREENING)	RADIO DIAGNOSIS-USG	1760	1320	1580	1760	1940	2200
30.4023	1108	T.V.S. SCREENING	RADIO DIAGNOSIS-USG	1875	1500	1688	1875	2063	2344
30.4024	1109	THYROID SCREENING	RADIO DIAGNOSIS-USG	1875	1500	1688	1875	2063	2344
30.5001	1110	RETROGRADE URETHROGRAM	RADIO DIAGNOSIS-XDG	1875	1500	1688	1875	2063	2344
30.5002	1111	X-RAY ABDOMEN ERECT/STANDING/UPPRIGHT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5003	1112	X-RAY ABDOMEN FLAT PLATE	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5004	1113	X-RAY ABDOMEN KUB	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5005	1114	X-RAY ANKLE JOINT AP & LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5006	1115	X-RAY ANKLE JOINT AP/LAT/OBLIQUE (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5007	1116	X-RAY ARM AP/ LAT/OBLIQUE (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5008	1117	X-RAY ARM WITH SHOULDER AXIL (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5009	1118	X-RAY APICOGRAM / LORDOTIC	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.501	1119	X-RAY ARM AP & LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5011	1120	X-RAY ARM WITH SHOULDER AP (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5012	1121	X-RAY ARM WITH SHOULDER LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5013	1122	X-RAY BARIUM ENEMA	RADIO DIAGNOSIS-XDG	3000	2400	2700	3000	3300	3750

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Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.5014	1123	X-RAY BARIUM MEAL FOLLOW THROUGH (EXCLUDING BARIUM CHARGES)	RADIO DIAGNOSIS-XDG	4500	3600	4050	4500	4950	5625
30.5015	1124	X-RAY BARIUM MEAL UPPER GIT	RADIO DIAGNOSIS-XDG	3000	2400	2700	3000	3300	3750
30.5016	1125	X-RAY BARIUM SWALLOW & OESOPHAGUS WITH IONIC CONTRAST MEDIA	RADIO DIAGNOSIS-XDG	3000	2400	2700	3000	3300	3750
30.5017	1126	X-RAY BASE OF SKULL	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5018	1127	X-RAY BOTH ELBOW AP/LAT	RADIO DIAGNOSIS-XDG	1375	1100	1238	1375	1513	1719
30.5019	1128	X-RAY BOTH FOOT AP/LAT	RADIO DIAGNOSIS-XDG	1375	1100	1238	1375	1513	1719
30.502	1129	X-RAY BOTH FOREARM AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5021	1130	X-RAY BOTH FOREARM AP & LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5022	1131	X-RAY BOTH HAND AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5023	1132	X-RAY BOTH HAND AP & LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5024	1133	X-RAY BOTH HAND AP/LAT/OBLIQUE	RADIO DIAGNOSIS-XDG	2250	1800	2025	2250	2475	2813
30.5025	1134	X-RAY BOTH HIP FROG AP VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5026	1135	X-RAY BOTH KNEE AP /LAT (STANDING)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5027	1136	X-RAY BOTH KNEE AP/LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5028	1137	X-RAY BOTH LEG AP/LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5029	1138	X-RAY BOTH MASTOID LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.503	1139	X-RAY BOTH ORBITS AP/LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5031	1140	X-RAY BOTH ORBITS LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5032	1141	X-RAY BOTH ORBITS PA	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938

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Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.5033	1142	X-RAY BOTH S.I. JOINTS, BONY PELVIS	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5034	1143	X-RAY BOTH SHOULDER AP	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5035	1144	X-RAY BOTH SHOULDER AP/LAT	RADIO DIAGNOSIS-XDG	2250	1800	2025	2250	2475	2813
30.5036	1145	X-RAY BOTH THIGH AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5037	1146	X-RAY BOTH THIGH LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5038	1147	X-RAY BOTH WRIST AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5039	1148	X-RAY BOTH WRIST AP & LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.504	1149	X-RAY CALCANEUM / HEEL AXIAL & LAT (LEFT & RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5041	1150	X-RAY CHEST AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5042	1151	X-RAY CHEST DECUBITUS	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5043	1152	X-RAY CHEST LATERAL VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5044	1153	X-RAY CHEST OBLIQUE	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5045	1154	X-RAY CHEST PA	RADIO DIAGNOSIS-XDG	500	400	450	500	550	625
30.5046	1155	X-RAY CLAVICLE AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5047	1156	X-RAY ELBOW AP /LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5048	1157	X-RAY FEMUR AP (RIGHT OR LEFT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5049	1158	X-RAY FEMUR AP LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.505	1159	X-RAY FINGER/THUMB AP/LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5051	1160	X-RAY FISTULOGRAM	RADIO DIAGNOSIS-XDG	2250	1800	2025	2250	2475	2813

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

Charges for all Procedures, Surgery & Investigations (except CT/MRI & Consultation) will vary as follows

Charges are same as Standard Charges for Delux Category.

Charges are 25% Less on Standard Charges for General/ Sharing Ward Category

Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
30.5052	1161	X-RAY FOOT AP / LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5053	1162	X-RAY FOOT AP/LAT/ OBLIQUE (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5054	1163	X-RAY FOOT AP/OBLIQUE (RIGHT/LEFT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5055	1164	X-RAY FOREAM AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5056	1165	X-RAY FOREARM WITH ELBOW AP/LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5057	1166	X-RAY FOREARM WITH WRIST AP/LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5058	1167	X-RAY GASTROGRAPHY	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5059	1168	X-RAY HAND AP (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.506	1169	X-RAY HAND AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5061	1170	X-RAY HIP JOINT AP (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5062	1171	X-RAY HIP JOINT AP LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1375	1100	1238	1375	1513	1719
30.5063	1172	X-RAY HIP JOINT EXTERNAL / INTERNAL ROTATION (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5064	1173	X-RAY HIP JOINT LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5065	1174	X-RAY HSG	RADIO DIAGNOSIS-XDG	3000	2400	2700	3000	3300	3750
30.5066	1175	X-RAY HUMERUS AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5067	1176	X-RAY I.V.P.	RADIO DIAGNOSIS-XDG	4125	3300	3713	4125	4538	5156
30.5068	1177	X-RAY INVAERTOGRAM (AP OR LAT)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5069	1178	X-RAY KNEE JOINT AP (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.507	1179	X-RAY KNEE JOINT AP & LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875

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Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.5071	1180	X-RAY KNEE JOINT LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5072	1181	X-RAY KNEE JOINT (WEIGHT BEARING) AP (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5073	1182	X-RAY KNEE JOINT TUNNEL VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5074	1183	X-RAY HIP WITH FEMUR AP LEFT/RIGHT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5075	1184	X-RAY HIP WITH FEMUR AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1375	1100	1238	1375	1513	1719
30.5076	1185	X-RAY HIP WITH FEMUR LAT LEFT/RIGHT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5077	1186	X-RAY KNEE WITH FEMUR AP (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5078	1187	X-RAY LEFT KNEE WITH FEMUR AP/LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5079	1188	X-RAY MASTOID LAT-OBLIQUE LEFT/RIGHT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.508	1189	X-RAY WRIST WITH HAND AP/LAT LEFT/RIGHT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5081	1190	X-RAY MASTOID LAT-OBLIQUE LEFT/RIGHT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5082	1191	X-RAY LEG AP & LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1375	1100	1238	1375	1513	1719
30.5083	1192	X-RAY MANDIBLE LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5084	1193	X-RAY MANDIBLE OBLIQUE	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5085	1194	X-RAY MANDIBLE PA	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5086	1195	X-RAY MCU	RADIO DIAGNOSIS-XDG	2250	1800	2025	2250	2475	2813
30.5087	1196	X-RAY NASAL BONE LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5088	1197	X-RAY NASOPHARYNX LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5089	1198	X-RAY OPTIC FORAMEN (RIGHT & LEFT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938

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Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.509	1199	X-RAY PATELLA AXIAL AND LATERAL VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5091	1200	X-RAY PELVIS AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5092	1201	X-RAY PELVIS FROG LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5093	1202	X-RAY PELVIS OBLIQUE VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5094	1203	X-RAY PNS	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5095	1204	X-RAY RGU	RADIO DIAGNOSIS-XDG	3750	3000	3375	3750	4125	4688
30.5096	1205	X-RAY RIGHT / LEFT T.M. JOINT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5097	1206	X-RAY FORE ARM AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5098	1207	X-RAY SELLA- TURCICA LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5099	1208	X-RAY SHOULDER AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.51	1209	X-RAY SHOULDER JOINT AP (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5101	1210	X-RAY SIALOGRAPHY	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5102	1211	X-RAY SINOGRAPHY	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5103	1212	X-RAY SKULL AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5104	1213	X-RAY SKULL AP/LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5105	1214	X-RAY SKULL FOR STYLOID PROCESS	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5106	1215	X-RAY SKULL LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5107	1216	X-RAY SKULL PA	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5108	1217	X-RAY SKULL TOWNES VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938

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Charges are 10% Less on Standard Charges for Semi-Private Category									
Charges are 10% extra on standard charges for Super Delux category.									
Charges are 25% extra on standard charges for Emergency cases.									
Charges are 25% extra on standard charges for Royal Delux and Suite Room.									
Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)									
If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra									
Code	**PS**	**Service Name**	**Department**	**Standard Charges**	**General/ Sharing Wards**	**Semi-Private**	**Deluxe**	**Super Deluxe**	**Royal Deluxe**
30.5109	1218	X-RAY SOFT TISSUE NECK AP VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.511	1219	X-RAY SOFT TISSUE NECK AP/LAT VIEW	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5111	1220	X-RAY SOFT TISSUE NECK LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5112	1221	X-RAY SPINE C1 C2 LATERAL VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5113	1222	X-RAY SPINE C1 C2 OPEN MOUTH AP VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5114	1223	X-RAY SPINE CERVICAL AP/LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5115	1224	X-RAY SPINE CERVICAL LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5116	1225	X-RAY SPINE CERVICAL SPINE AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5117	1226	X-RAY SPINE D.L. AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5118	1227	X-RAY SPINE D.L. AP/LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5119	1228	X-RAY SPINE D.L. LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.512	1229	X-RAY SPINE DORSAL AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5121	1230	X-RAY SPINE DORSAL AP/LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5122	1231	X-RAY SPINE DORSAL LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5123	1232	X-RAY SPINE L.S. AP (DIGITAL)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5124	1233	X-RAY SPINE L.S. AP/LAT	RADIO DIAGNOSIS-XDG	1375	1100	1238	1375	1513	1719
30.5125	1234	X-RAY SPINE LS LAT (DIGITAL)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5126	1235	X-RAY SPINE SACRO COCCYX AP	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5127	1236	X-RAY SPINE SACRO COCCYX AP/LAT	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875

Applicable from 1st January 2025

List of Investigations & Diagnostic/ Procedures at Soni Hospital

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Charges are 10% Less on Standard Charges for Semi-Private Category

Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
30.5128	1237	X-RAY SPINE SACRO COCCYX LAT	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5129	1238	X-RAY STERNUM LATERAL VIEW	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.513	1239	X-RAY TOE AP / LAT (RIGHT OR LEFT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5131	1240	X-RAY WRIST AP / LAT/ OBLIQUE (RIGHT OR LEFT)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.5132	1241	X-RAY WRIST AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	750	600	675	750	825	938
30.5133	1242	X-RAY WRIST WITH HAND AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XDG	1500	1200	1350	1500	1650	1875
30.6001	1243	X-RAY ABDOMEN KUB	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6002	1244	X-RAY ANKLE JOINT AP & LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6003	1245	X-RAY ARM AP & LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6004	1246	X-RAY FOOT AP/LAT/ OBLIQUE (LEFT/RIGHT)	RADIO DIAGNOSIS-XRY	1500	1200	1350	1500	1650	1875
30.6005	1247	X-RAY FOREAM AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6006	1248	X-RAY LEG AP & LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XRY	1375	1100	1238	1375	1513	1719
30.6007	1249	X-RAY PNS	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6008	1250	X-RAY HUMERUS AP/LAT (LEFT/RIGHT)	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6009	1251	X-RAY SPINE CERVICAL AP/LAT	RADIO DIAGNOSIS-XRY	1500	1200	1350	1500	1650	1875
30.601	1252	X-RAY SPINE CERVICAL LAT	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6011	1253	X-RAY SPINE CERVICAL SPINE AP	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6012	1254	X-RAY SPINE D.L. AP	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6013	1255	X-RAY SPINE D.L. AP/LAT	RADIO DIAGNOSIS-XRY	1500	1200	1350	1500	1650	1875
30.6014	1256	X-RAY SPINE D.L. LAT	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6015	1257	X-RAY SPINE DORSAL AP	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.6016	1258	X-RAY SPINE DORSAL AP/LAT	RADIO DIAGNOSIS-XRY	1500	1200	1350	1500	1650	1875
30.6017	1259	X-RAY SPINE DORSAL LAT	RADIO DIAGNOSIS-XRY	750	600	675	750	825	938
30.7001	1260	MAMMOGRAPHY SINGLE BREAST	RADIO DIAGNOSIS-MAM	1500	1200	1350	1500	1650	1875
30.7002	1261	MAMMOGRAPHY BOTH BREAST	RADIO DIAGNOSIS-MAM	3000	2400	2700	3000	3300	3750

Applicable from 1st January 2025

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Charges are 10% extra on standard charges for Super Delux category.

Charges are 25% extra on standard charges for Emergency cases.

Charges are 25% extra on standard charges for Royal Delux and Suite Room.

Charges are same as Standard Charges for ICU Category (CCU,ICU,HDU)

If an Radiology/Doppler study investigation is required to be done at bed side the Charges are Rs. 300 extra

Code	PS	Service Name	Department	Standard Charges	General/ Sharing Wards	Semi-Private	Deluxe	Super Deluxe	Royal Deluxe
31.001	1262	BI-PAP	RESPITATORY MEDICINE	3000	2300	2700	3000	3300	3750
31.002	1263	DRUG ALLERGY ANESTHETIC	RESPITATORY MEDICINE	5250	4200	4725	5250	5775	6563
31.003	1264	DRUG ALLERGY COMMON	RESPITATORY MEDICINE	6875	5500	6188	6875	7563	8594
31.004	1265	POLYSOMNOGRAPHY COMPLETE	RESPITATORY MEDICINE	18125	14500	16313	18125	19938	22656
31.005	1266	POLYSOMNOGRAPHY COMPLETE	RESPITATORY MEDICINE	18125	14500	16313	18125	19938	22656
31.006	1267	POLYSOMNOGRAPHY DIAGNOSTIC	RESPITATORY MEDICINE	10125	8100	9113	10125	11138	12656
31.007	1268	POLYSOMNOGRAPHY TITRATION	RESPITATORY MEDICINE	9125	7300	8213	9125	10038	11406
31.008	1269	RAST	RESPITATORY MEDICINE	6875	5500	6188	6875	7563	8594
31.009	1270	RAST ONLY FOOD	RESPITATORY MEDICINE	6875	5500	6188	6875	7563	8594
31.01	1271	RAST ONLY POLLENS	RESPITATORY MEDICINE	5250	4200	4725	5250	5775	6563
31.011	1272	SKIN PRICK TEST (SPT)	RESPITATORY MEDICINE	4500	3600	4050	4500	4950	5625
31.012	1273	SPIROMETERY BASELINE	RESPITATORY MEDICINE	500	400	450	500	550	625
31.013	1274	SPIROMETRY COMPLETE	RESPITATORY MEDICINE	750	600	675	750	825	938
31.014	1275	SPT FOOD ONLY	RESPITATORY MEDICINE	3000	2400	2700	3000	3300	3750
31.015	1276	SPT FUNGUS	RESPITATORY MEDICINE	2250	1800	2025	2250	2475	2813
31.016	1277	SPT INHALANTS ONLY	RESPITATORY MEDICINE	2250	1800	2025	2250	2475	2813
31.017	1278	VENTILATION	RESPITATORY MEDICINE	3000	2300	2700	3000	3300	3750
31.018	1279	OXYGEN (24 hrs)	RESPITATORY MEDICINE	1500	1100	1350	1500	1650	1875