All Services Rate List

Investigation	Department	Rate
25 OH D3 Level	In-Vitro	2000.00
Anti Tg Antibody	In-Vitro	600.00
Anti-thyroid antibody	In-Vitro	600.00
BMD (Bone Mineral Densitty) Study	BMD (Bone Mineral Density)	1500.00
Brain CT with reporting	Radiology Imaging (CT Scan)	1500.00
Brain CT without reporting	Radiology Imaging (CT Scan)	1500.00
Ca- thy. Treatment. Up to 100 mCi	Thyroid	5000.00
Ca- thy. Treatment. Up to 200 mCi	Thyroid	8000.00
CA-125	In-Vitro	800.00
CA-15-3	In-Vitro	600.00
Cervical CT	Radiology Imaging (CT Scan)	1500.00
Cervical CT with reporting	Radiology Imaging (CT Scan)	2000.00
Cervical CT without reporting	Radiology Imaging (CT Scan)	1500.00
Chest CT	Radiology Imaging (CT Scan)	2000.00
Chest CT with reporting	Radiology Imaging (CT Scan)	2500.00
Chest CT without reporting	Radiology Imaging (CT Scan)	2000.00
CT Reporting	Radiology Imaging (CT Scan)	500.00
DMSA-Renal Scan	Scintigraphy	800.00
DTPA-Brain Scan (Tc-99m)	Scintigraphy	800.00
DTPA-Renogram	Scintigraphy	1000.00
Duplex Evaluation of Abdominal Tumor	Ultrasound & CD	1000.00
Duplex Evaluation of Carotid & Vertebral Arteries	Ultrasound & CD	1000.00
Duplex Evaluation of Uterus & Adnexa	Ultrasound & CD	800.00
Endocavitary color Doppler (TVS/TRUS)	Ultrasound & CD	1200.00
Estrogen	In-Vitro	500.00
Fetal Anomaly Scan	Ultrasound & CD	1000.00
Follow up per visit	BMD (Bone Mineral Density)	200.00
FSH (Follicle stimulating hormone)	In-Vitro	500.00
FSH + LH + PRL	In-Vitro	1000.00
FSH + LH + PRL + Estrogen	In-Vitro	1200.00
FSH + LH + PRL + Testosterone	In-Vitro	1200.00

Investigation	Department	Rate
FSH+LH	In-Vitro	700.00
FSH+PRL	In-Vitro	700.00
FT3/T3+FT4/T4+TSH+Tg(Only therapy f. up pt)	In-Vitro	800.00
FT4 (Free Thyroxine)	In-Vitro	450.00
Hepatobiliary scan (Tc-99m)	Scintigraphy	1200.00
HRUS of breast	Ultrasound & CD	400.00
HRUS of breast & axilla	Ultrasound & CD	500.00
HRUS of Local Part (Chest, Neck, Superficial organ etc.)	Ultrasound & CD	400.00
HRUS of scrotum	Ultrasound & CD	400.00
HRUS of thyroid	Ultrasound & CD	300.00
Hysterosalphingo Scintigraphy (Tc-99m)	Scintigraphy	1000.00
I-131 Therapy for thyrotoxicosis	Thyroid	1200.00
I-131 Thyroid Scan	Scintigraphy	500.00
LH (Luteinizing hormone)	In-Vitro	500.00
LH+FSH+PRL Package (general)	In-Vitro	1000.00
LH+PRL	In-Vitro	700.00
Liver Spleen Scan (Tc-99m)	Scintigraphy	600.00
Lower Abdomen CT with reporting	Radiology Imaging (CT Scan)	1500.00
Lower Abdomen CT without reporting	Radiology Imaging (CT Scan)	1500.00
Lumber CT with reporting	Radiology Imaging (CT Scan)	2000.00
Lumber CT without reporting	Radiology Imaging (CT Scan)	1500.00
Meckels Diverticulums Scan	Scintigraphy	1000.00
Neonatal TSH	In-Vitro	300.00
Obstetric Duplex (Pregnency, Fetal velocimetry/Fetal Echo)	Ultrasound & CD	1000.00
Oestrogen+Progesterone Package (general)	In-Vitro	600.00
Oestrogen+Progesterone+LH+FSH Package (general)	In-Vitro	1000.00
Oestrogen+Progesterone+LH+FSH+Prolactin Package (general)	In-Vitro	1200.00
Oestrogen+Progesterone+Prolactin Package (general)	In-Vitro	800.00
Oestrogen+Progesterone+Testosteron Package (general)	In-Vitro	1000.00
Orbit/Sinus CT with reporting	Radiology Imaging (CT Scan)	2000.00

Investigation	Department	Rate
Orbit/Sinus CT without reporting	Radiology Imaging (CT Scan)	1500.00
Other parts CT with reporting	Radiology Imaging (CT Scan)	2500.00
Other parts CT without reporting	Radiology Imaging (CT Scan)	2000.00
Post-operative thyroid ablation with I-131 for differentiated thyroid Cancer (100 mCi)	Thyroid	5000.00
Post-operative thyroid ablation with I-131 for differentiated thyroid Cancer (large dose >100 mCi)	Thyroid	8000.00
PRL (Prolactin)	In-Vitro	500.00
PRL (Prolactin)+Testosterone	In-Vitro	700.00
Progesterone	In-Vitro	500.00
PSA	In-Vitro	600.00
SPECT Bone Scan	Scintigraphy	900.00
SPECT CT WHOLE BODY SCAN	Scintigraphy	3000.00
SPECT Kidney Scan	Scintigraphy	1200.00
SPECT Liver Scan	Scintigraphy	1200.00
T3 + T4 + TSH (FT3+FT4+TSH)	In-Vitro	1100.00
T3/T4/FT3/FT4	Thyroid	400.00
T4 (Thyroxine)	In-Vitro	450.00
T4+TSH/FT4+TSH	Thyroid	800.00
Testosterone	In-Vitro	600.00
Tg (Thyroglobulin)	In-Vitro	600.00
TGAb	In-Vitro	600.00
Thoracic CT with reporting	Radiology Imaging (CT Scan)	2000.00
Thoracic CT without reporting	Radiology Imaging (CT Scan)	1500.00
Three phase Bone scan (Tc-99m)	Scintigraphy	1500.00
Thyroid Scan	Thyroid	2000.00
Thyroid Scan (Tc-99m)	Scintigraphy	500.00
Thyroid Uptake	Thyroid	2500.00
Thyroid uptake study	Scintigraphy	400.00
TMAb (Thyroid microsomal antibody)/ Antithyroid Ab/ Anti TPAb	In-Vitro	600.00
Transvaginal Sonography	Ultrasound & CD	700.00
TSH	Thyroid	300.00
TSH (Thyroid stimulation hormone)	In-Vitro	350.00
Upper Abdomen CT with reporting	Radiology Imaging (CT Scan)	2000.00

Investigation	Department	Rate
Upper Abdomen CT without reporting	Radiology Imaging (CT Scan)	1500.00
USG of HBS/Upper abdomen	Ultrasound & CD	300.00
USG of KUB	Ultrasound & CD	400.00
USG of KUB+PVR	Ultrasound & CD	400.00
USG of Lower abdomen	Ultrasound & CD	300.00
USG of Pregnancy Profile	Ultrasound & CD	300.00
USG of Whole Abdomen	Ultrasound & CD	300.00
Vitamin D3	In-Vitro	2000.00
Whole Abdomen CT with reporting	Radiology Imaging (CT Scan)	4000.00
Whole Abdomen CT without reporting	Radiology Imaging (CT Scan)	3500.00
Whole Spine CT with reporting	Radiology Imaging (CT Scan)	4000.00
Whole Spine CT without reporting	Radiology Imaging (CT Scan)	3500.00