



## HOSPITAL TARIFF

S.NO.	PARTICULARS	AMOUNT
1	REGISTRATION CHARGES	500/-
2	ICU	4000/-DAY
3	DR. VISIT	2000/-
4	EMO	1500/-DAY
5	NURSING	500/-DAY
6	MONITER CHARGES	1000/-DAY
7	INFUSION	800/-
8	RBS	100/-
9	NEBULIZATION	150/-
10	VENTILETOR	4500/-DAY
11	BIPAP	3500/-DAY
12	INTUBATION	3000/-
13	CVP LINE	4000/-
14	CSF	4000/-
15	EMERGENCY CHARGES	3000/-
16	PHYSIOTHERPY	600/-
17	OXYZEN CHARGES	200/HRS
18	DELUX ROOM	3500/DAY



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19	SEMI PVT. ROOM	2500/-DAY
20	NICU(WARMAER)	4500/-
21	DAY CARE CHARGES	2000/-DAY
22	VENTILETOR( PEDIA)	5000/-DAY
23	BLOOD TRANSFUSION	500/-
24	AIR MATRESS	500/-DAY
25	TRICOSTOMY	7000/-
26	X-RAY	400/-
27	ABG	1800/-
28	OT CHARGES WITHOUT C-ARM MACHINE	2000/-
29	OT CHARGES WITH C- ARM MACHINE	5000/-
30	SURGERY ORTHO,NUERO,WITHOUT IMPLANT	35000/-
31	ANAESTHETIST CHARGE	3000/-HRS
32	DELIVERY CHARGE	8000/-
33	CESAREAN CHARGE	20000/-
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