



Institute of Nuclear Medicine and Oncology

HOSPITAL SERVICES PRICE LIST

	Hospital Normal Rates	
	Morning	IBP
2D & 3D CRT 1-2 Fractions (Package)	50,000	50,000
2D & 3D CRT 5 - 10 Fractions (Packag	125,000	125,000
2D & 3D CRT Breast (Package)	175,000	175,000
2D & 3D CRT Head & Neck (Package)	200,000	200,000
2D & 3D CRT Pelvis/Chest/Abdomen (200,000	200,000
3DCRT/IMRT Radiations	1,500	1,500
ABL1 Kinase Domain Mutations	10,000	10,000
AFP	1,200	1,200
Albumin	300	300
Alkaline Phosphate	300	300
AntiHCV	1,000	1,000
Apheresis (Cell Separator)	6,050	6,050
Apheresis (Manual)	5,700	5,700
Astic Tap	1,000	1,000
ATG	1,000	1,000
B/L Mammography	3,500	3,500
B/L Sonomammography	2,000	2,000
B/L UltraSound Chest	2,000	2,000
BCR-ABL Qualitative (p210/p190)	2,500	2,500
BCR-ABL Quantitative p210 (IS)	10,000	10,000
Bilirubin Direct	300	300
Bilirubin Total	300	300
Biopsy under C.T. Guidance	10,000	10,000
BLOOD CULTURE & SENSITIVITY	600	600
Blood Group	300	300
Blood Screening Product	4,250	4,250

	Hospital Normal Rates	
	Morning	IBP
Blood Transfusion Charges	300	300
BONE SCAN	4,000	4,000
Bone Scan 3 Phase	7,000	7,000
BONE SPECT	7,000	7,000
Brachytherapy: 2D I/C	40,000	40,000
Brachytherapy: 3D I/C	50,000	50,000
Brachytherapy: Insertion of Applicator	4,000	4,000
Brachytherapy: Stump	25,000	25,000
Brachytherapy: Vaginal Cuff	2,000	2,000
BRCA1 & BRCA2 testing by NGS	65,000	65,000
BRCA1 Common Mutations Testing	15,000	15,000
BRCA-1/2 Carriers Testing	7,000	7,000
BUN	200	200
CA-125	1,600	1,600
Calcium	400	400
Carotid Doppler	2,500	2,500
CBC-Diff	450	450
CEA	1,500	1,500
Chemo Administration	1,000	1,000
Cholesterol	350	350
Consultation (First Visit)	500	500
Consultation (Follow Up)	500	500
Consultation Breast Clinic (First Visit)	1,100	1,100
Consultation Breast Clinic (Follow Up)	800	800
Core Biopsy	2,500	2,500
Cross Matching	5,450	5,450
CT Carotid Angiography	10,000	10,000
CT Coronary Angiography	18,000	18,000
CT Film	300	300
CT Film Duplicate	600	600
CT Guided FNAC / Biopsy	10,000	10,000
CT Peripheral Angiography	10,000	10,000
CT Planning	6,000	6,000
CT Scan (Triphasic/Biphasic)	6,500	6,500

	Hospital Normal Rates	
	Morning	IBP
CT Scan Contrast (Any combination + e	8,000	8,000
CT Scan Contrast (Any combination)	7,000	7,000
CT Scan Contrast (Five Regions)	10,000	10,000
CT Scan Contrast (Four Regions)	9,000	9,000
CT Scan Contrast (Single Region)	6,000	6,000
CT Scan Plain (Any Combination + each r	7,000	7,000
CT Scan Plain (Any Combination)	6,000	6,000
CT Scan Plain (Five Regions)	9,000	9,000
CT Scan Plain (Four Regions)	8,000	8,000
CT Scan Plain (Single Region)	5,000	5,000
CT Scan Reporting Only Per Section	1,000	1,000
CT Simulation	10,000	10,000
Dexa Scan	4,000	4,000
Dexa Scan - Whole Body	7,000	7,000
Digital X-Ray without film	600	600
DMSA Renal Scan	5,500	5,500
DMSA Renal Scan SPECT-CT	7,000	7,000
Doppler Arterial (Bilateral Limb)	3,000	3,000
Doppler Arterial (Single Limb)	2,000	2,000
Doppler Fetal (Obsterics)	2,500	2,500
Doppler Venous (Bilateral Limb)	2,500	2,500
Doppler Venous (Single Limb)	1,500	1,500
Dressing Charges	200	200
Drip Charges	300	300
Drug Test	1,500	1,500
DTP RENAL SCAN	5,000	5,000
ECG	400	400
Echocardiography	1,800	1,800
Elastography Sharewave	1,800	1,800
ELECTROLYTE	400	400
ESR	250	250
Fibro Scan	1,800	1,800
FNAC Breast	1,500	1,500
FNAC Thyroid	1,500	1,500

	Hospital Normal Rates	
	Morning	IBP
free β HCG	1,000	1,000
Free T3	750	750
Free T4	750	750
FSH	1,000	1,000
G.I. BLEED	8,500	8,500
Gastric Emptying Time	6,000	6,000
General Ward Bed Charges	500	500
GER SCAN	5,000	5,000
GFR/ERPF (Additional to Renal Dynam	1,000	1,000
Glucose (F)	250	250
Glucose (R)	250	250
HBsAg	1,000	1,000
HBV-DNA Qualitative	3,000	3,000
HBV-DNA Quantitative	4,000	4,000
HCV RNA-Qualitative	4,000	4,000
HCV RNA-Quantitative	5,000	5,000
HDL- Cholesterol	350	350
HIDA SCAN	6,000	6,000
HIV(ELS)	1,000	1,000
I/C Radiation	5,000	5,000
I/T Charges	3,000	3,000
I-131 Isolation Room Charges	4,000	4,000
I-131 MIBG without Medicine	8,000	8,000
I-131 Post Therapy Whole Body Scan	3,500	3,500
I-131 Whole Body Scan	6,000	6,000
IGBT - 3D Brachy Planning (per session)	5,000	5,000
IGRT	15,000	15,000
IMRT- Planning	12,000	12,000
JAK2 Mutation (V617F)	3,000	3,000
LDH	400	400
LDL	350	350
LH	1,000	1,000
LIVER SCAN	5,000	5,000
LIVER TOMOGRAPHY	5,500	5,500

	Hospital Normal Rates	
	Morning	IBP
LIVER TOMOGRAPHY (Labelled RBC	6,000	6,000
Lu-177 Post Therapy Whole Body Scan	5,000	5,000
Lu-177 PSMA Therapy	649,500	649,500
Lumber Puncture	2,500	2,500
LUNG PERFUSION SCAN	6,000	6,000
LUNG VENTILATION SCAN	6,000	6,000
Lymphoscintigraphy	7,000	7,000
MAG3 Renal Scan	5,000	5,000
Manual Marking	1,500	1,500
Mask Preparation	1,000	1,000
MECKELS SCAN	5,000	5,000
Medical Certificate	600	600
Medical Examination	4,170	4,170
Mg++	500	500
Mould	2,000	2,000
MRI Additional Region	4,000	4,000
MRI Breast B/L	8,000	8,000
MRI Breast U/L	6,000	6,000
MRI Film	300	300
MRI Film (Per Film) Duplicate	600	600
MRI Multipara-metric Prostate	9,000	9,000
MRI Multiphasic Liver	9,000	9,000
MRI Simulation	11,000	11,000
MRI Single Region (Contrast)	8,000	8,000
MRI Single Region (Plain)	8,000	8,000
MRI Spectroscopy	7,000	7,000
MUGA SCAN	6,500	6,500
Myocardial Perfusion Study (Gated)	12,000	12,000
Myocardial Perfusion Study (Non-Gated)	10,000	10,000
Myocardial Perfusion (Gated) Rest & Vi	13,000	13,000
Myocardial Perfusion (Non-Gated) Rest &	10,000	10,000
Myocardial Perfusion Pharmacological (13,000	13,000
Myocardial Perfusion Pharmacological (12,000	12,000
NM Consultation (First Visit)	500	500

	Hospital Normal Rates	
	Morning	IBP
NM Consultation (Follow up)	500	500
Nuclear Medicine Duplicate Report (CD/	800	800
Octreotoid Scan with Medicine	45,000	45,000
Octreotoid Scan without Medicine	8,000	8,000
P-32 Therapy	35,000	35,000
Pack Cells	1,270	1,270
PARATHYROID SCAN	6,000	6,000
PARATHYROID SCAN with SPECT-	7,000	7,000
PET CT FDG Imaging	50,000	50,000
PET CT Gallium-68 DOTA	55,000	55,000
PET CT Gallium-68 PSMA	55,000	55,000
PET CT SEMI	40,000	40,000
PET Scan CD	2,000	2,000
Plasma		
Platelets Charges	300	300
Plural Tap Radiology(Diagnostic)	1,200	1,200
Plural tape	1,000	1,000
Private Room Charges	2,500	2,500
PROLACTIN	1,000	1,000
PSA	1,600	1,600
Radiation	1,500	1,500
Radiology Duplicate CD Charges	500	500
Radiotherapy Single Fraction Only	10,000	10,000
RAI - 131 Above 100 Upto 150 mci	9,000	9,000
RAI - 131 Above 150 Upto 200 mci	10,000	10,000
RAI - 131 Above 200 Upto 300 mci	12,000	12,000
RAI - 131 Above 30 Upto 100 mci	8,000	8,000
RAI - 131 upto 30 mci	6,000	6,000
Registration	100	100
Renal Dynamic Study with ACEI	7,000	7,000
Renal Transplant Study	6,000	6,000
S. Protien	500	500
SCINTIMAMMOGRAPHY	7,000	7,000
Semi Private Room Charges	1,500	1,500

	Hospital Normal Rates	
	Morning	IBP
Sentinel Node Lymphoscintigraphy	8,000	8,000
Serum Creatinine	250	250
SGOT (AST)	300	300
SGPT (ALT)	300	300
simulation	5,000	5,000
Skeletal Survey	4,000	4,000
SPECT-CT Additional	5,000	5,000
Spleen Scan (Denatured RBCs)	6,000	6,000
β HCG	1,000	1,000
Tc-99 THYROID SCAN	4,500	4,500
Testicular Scan	4,500	4,500
Testosterone	1,200	1,200
TG	1,500	1,500
Thyroid Clinic Consultation (First Visit)	1,100	1,100
Thyroid Clinic Consultation (Follow up)	800	800
Total Protein	100	100
TP53 Mutations by NGS	65,000	65,000
Treatment Planning	5,500	5,500
Triglycerides	300	300
True Cut Biopsy	1,500	1,500
TSH	750	750
Tumour Board consultation Fee	2,500	2,500
U/L Mammography	2,000	2,000
U/L Sonomammography	1,000	1,000
U/L UltraSound Chest	1,000	1,000
UBT IMN	1,400	1,400
Ultrasound (Obstetrics)	1,000	1,000
Ultrasound Abdomen	1,000	1,000
Ultrasound Abdomen & Pelvis	1,000	1,000
Ultrasound Any Site/Organ	1,000	1,000
UltraSound Chest Wall	1,000	1,000
Ultrasound Fetal Anomaly Scan	2,000	2,000
Ultrasound Guided Aspiration (Diagnost	2,500	2,500
Ultrasound Guided Aspiration (Therapeut	2,800	2,800

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	Morning	IBP
Ultrasound Guided Biopsy	3,500	3,500
Ultrasound Guided Clipping	2,000	2,000
Ultrasound Guided FNAC	1,500	1,500
Ultrasound KUB	1,500	1,500
Ultrasound Neck	1,500	1,500
Ultrasound Scrotal	1,200	1,200
Ultrasound Sinogram	3,000	3,000
Ultrasound Thyroid	1,500	1,500
Ultrasound TVS	1,600	1,600
Uric Acid	300	300
Urine Complete	200	200
URINE CULTURE & SENSITIVITY	800	800
URINE PREGNANCY TEST	350	350
URINE-pH	200	200
Vacloc	3,500	3,500
VITAMIN D3	2,000	2,000
VLDL		
Whole Blood	120	120
X-Ray Film (Per Film)	200	200