

All Services Rate List

Investigation	Department	Rate
3-D evaluation of fetal congenital anomaly	Ultrasound & CD	1000.00
3-D evaluation of fetal face	Ultrasound & CD	1000.00
3-D multiplanner evaluation of abdominal mass	Ultrasound & CD	900.00
3-D multi-planner evaluation of adnexal mass	Ultrasound & CD	1000.00
3-D multiplanner evaluation of uterine mass/anomaly	Ultrasound & CD	900.00
4-D evaluation of fetus in early pregnancy	Ultrasound & CD	1000.00
AFP (Alpha fetoprotein)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
ANF	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	800.00
Anti DNA Antibody	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
Anti Tg Antibody (Tg Ab)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
Anti-thyroid Ab + Anti-thyroid microsomal Ab	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1000.00
Anti-thyroid Ab + Anti-thyroid microsomal Ab + Anti TP Ab	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1200.00
Anti-thyroid antibody	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	400.00
Blood Vitamin-D	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	2000.00
BMD (Bone Mineral Density) Study	BMD (Bone Mineral Densitometry)	1500.00
Both lower limb Vessels (Color Doppler)	Ultrasound & CD	1200.00
Brain CT with reporting	Therapeutic	2000.00
Brain CT without reporting	Therapeutic	1500.00
Brain Perfusion CT with reporting	Therapeutic	2200.00
Brain Perfusion CT without reporting	Therapeutic	1700.00
Brain tumor recurrence	Therapeutic	6750.00
CA-125	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	800.00
Calcitonine	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
Carcinoembryonic antigen	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
Carcinoid tumor evaluation with octreotide	Scintigraphy	15000.00

Investigation	Department	Rate
Cardiac first pass	Scintigraphy	800.00
Cardiac MUGA	Scintigraphy	1500.00
Cervical CT with reporting	Therapeutic	2000.00
Cervical CT without reporting	Therapeutic	1500.00
Chest CT with reporting	Therapeutic	2500.00
Chest CT without report	Therapeutic	2000.00
Color Doppler evaluation of Carotid arteries	Ultrasound & CD	1000.00
Color Doppler evaluation of Carotid & vertebral arteries	Ultrasound & CD	1000.00
Cortisol	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
CT Reporting	Therapeutic	500.00
DMSA-Renal Scan (Tc-99m)	Scintigraphy	800.00
Dopper both upper limb vessles	Ultrasound & CD	1200.00
Dopper evaluation of abdominal tumor	Ultrasound & CD	1000.00
Dopper evaluation of cirrhosis & portal hypertension	Ultrasound & CD	1000.00
Dopper vessels of left lower limb	Ultrasound & CD	800.00
Dopper vessels of one lower limb	Ultrasound & CD	800.00
Dopper vessels of right lower limb	Ultrasound & CD	800.00
Doppler evaluation of ectopic pregnancy	Ultrasound & CD	800.00
Doppler evaluation of one upper limb vessels	Ultrasound & CD	800.00
Doppler evaluation of peripheral mass	Ultrasound & CD	1000.00
Doppler evaluation of uterus adnexa	Ultrasound & CD	800.00
Doppler Renal artery evaluation	Ultrasound & CD	1200.00
Doppler Renal transplant evaluation	Ultrasound & CD	1200.00
Doppler varicocele evaluation	Ultrasound & CD	800.00
DTPA-Brain Scan (Tc-99m)	Scintigraphy	600.00
DTPA-Captopril Renogram (Tc-99m)	Scintigraphy	1500.00
DTPA-Renogram and Serum sample GFR (Tc-99m)	Scintigraphy	1200.00
DTPA-Renogram and Split Renal Function (Tc-99m)	Scintigraphy	1000.00
DTPA-Renogram with camera GFR (Tc-99m)	Scintigraphy	1000.00
DTPA-Scan for Soft tissue tumor (Tc-99m)	Scintigraphy	1000.00
Endocavitary color Doppler (TVS/TRUS)	Ultrasound & CD	1200.00

Investigation	Department	Rate
ETT	Scintigraphy	1200.00
Evaluation of pregnancy (Color Doppler)	Ultrasound & CD	1000.00
Fetal Velocimetry (Color Doppler)	Ultrasound & CD	1000.00
Follow up per visit	Thyroid	200.00
FSH (Follicle stimulating hormone)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
FSH + LH + PRL + Progestrone	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1200.00
FSH + LH + PRL + Progestrone + Testosterone	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1500.00
FT3 (Free Triiodothyronine)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	450.00
FT3 + FT4 + TSH (Free T3, Free T4, TSH)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1100.00
FT3 + TSH	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	800.00
FT3 + TSH (Only for NM follow-up patients)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
FT3+FT4+TSH+TG	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	800.00
FT4 (Free Thyroxine)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	450.00
FT4 + TSH (Only for NM follow-up patients)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
FT4 + TSH	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	800.00
Gallium tumor/infection evaluation	Scintigraphy	3500.00
Hemangioma/AVM evaluation (Color Doppler)	Ultrasound & CD	800.00
Hepatobiliary scan (Tc-99m)	Scintigraphy	1200.00
HRUS of breast & axilla	Ultrasound & CD	500.00
HRUS of Endocavitary status (TVS/TRUS)	Ultrasound & CD	700.00
HRUS of eye ball & orbit (One eye)	Ultrasound & CD	300.00
HRUS of eye ball & orbit (Two eye)	Ultrasound & CD	400.00
HRUS of infant hypertrophic pyloric stenosis	Ultrasound & CD	400.00
HRUS of inflamed appendix	Ultrasound & CD	400.00
HRUS of joint	Ultrasound & CD	500.00
HRUS of local part	Ultrasound & CD	350.00
HRUS of Local Part (Chest, Neck, Superficial organ etc.)	Ultrasound & CD	400.00

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HRUS of muscle injury	Ultrasound & CD	400.00
HRUS of Parietal mass	Ultrasound & CD	350.00
HRUS of pediatric brain	Ultrasound & CD	400.00
HRUS of psoas abscess	Ultrasound & CD	400.00
HRUS of Right Breast /Left Breast	Ultrasound & CD	500.00
HRUS of scrotum	Ultrasound & CD	400.00
HRUS of Thyroid	Ultrasound & CD	300.00
HRUS of thyroid + Serum FT3,FT4,TSH	Thyroid	1300.00
HRUS of thyroid + Serum T3,T4,TSH	Thyroid	1300.00
HRUS of Thyroid + T3 + T4 + TSH	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1300.00
Hysterosalphingo Scintigraphy (Tc-99m)	Scintigraphy	1000.00
I-131 Thyroid Scan	Scintigraphy	500.00
LH (Luteinizing hormone)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
LH + FSH	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	700.00
LH + FSH + PRL Package (General)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1000.00
Liver flow scan (Tc-99m)	Scintigraphy	700.00
Liver perfusion (planner)	Scintigraphy	1200.00
Liver study for differentiation of benign Imalignant tumor with Tc-99m MAA	Scintigraphy	1700.00
Lower Abdomen CT with reporting	Therapeutic	2000.00
Lower Abdomen CT without reporitng	Therapeutic	1500.00
Lumber CT with reporting	Therapeutic	2000.00
Lumber CT without reporting	Therapeutic	1500.00
Lung perfusion (Planner)	Scintigraphy	1200.00
Lung VQ Scan	Scintigraphy	1500.00
Lung VQ Scan (planner)	Scintigraphy	1500.00
Lymphoscintigraphy for lymphatic drainage evaluation (Tc-99m)	Scintigraphy	1500.00
Lymphoscintigraphy for sentinel LN (Tc-99m)	Scintigraphy	800.00
Meckels Diverticulum Scan (Tc-99m)	Scintigraphy	1000.00
MIBG Scan	Scintigraphy	13000.00
Neonatal hypothyroid screening filter paper TSH	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	300.00

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Oestrogen	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
Oestrogen + Progesterone	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	700.00
Oestrogen + Progesterone + LH + FSH	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1000.00
Oestrogen + Progesterone + LH + FSH + Prolactin	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1500.00
Oestrogen + Progesterone + LH + FSH + Prolactin + Testosterone	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1800.00
Oestrogen + Progesterone + Prolactin	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1000.00
Oestrogen + Progesterone + Testosterone	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1200.00
Oncological study MIBI, Thallium or Gallium	Scintigraphy	12000.00
Orbit/Sinus CT with reporting	Scintigraphy	2000.00
Orbit/Sinus CT without reporting	Scintigraphy	1500.00
Other maker not mentioned	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
Other parts CT with reporting	Therapeutic	2500.00
Other parts CT without reporting	Therapeutic	2000.00
PRL (Prolactin)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
Probe Renogram	Scintigraphy	600.00
Progesterone	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
PSA	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
PTH (Parathyroid Hormone)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	800.00
RBC-Scan for Hemangioma (Tc-99m)	Scintigraphy	1000.00
Salivary Scan (Tc-99m)	Scintigraphy	800.00
Scrotal Doppler	Ultrasound & CD	800.00
Serum Sample GFR	Scintigraphy	800.00
Single spot Bone scan (Tc-99m)	Scintigraphy	800.00
SPECT Bone Scan	Scintigraphy	2500.00
SPECT DTPA Cerebral Imaging	Scintigraphy	1500.00
SPECT HMPAO Cerebral Perfusion Imaging (Tc-99m)	Scintigraphy	3000.00
SPECT Kidney Scan	Scintigraphy	1200.00

Investigation	Department	Rate
SPECT Liver Scan	Scintigraphy	1200.00
SPECT Lung perfusion	Scintigraphy	1500.00
SPECT Lung VQ Scan	Therapeutic	2500.00
SPECT MIBI Parathyroid imaging (Tc-99m)	Scintigraphy	3000.00
SPECT Myocardial perfusion (rest)	Scintigraphy	3500.00
SPECT Myocardial perfusion (stress + rest)	Scintigraphy	7000.00
T3 (Triiodothyronine)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	450.00
T3 + T4 + TSH	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	1100.00
T3 + T4 + TSH + TG (Only for NM follow-up patients)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	800.00
T3 + TSH	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	800.00
T4 (Thyroxine)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	450.00
T4 + TSH	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	800.00
T4 + TSH (Only for NM follow-up patients)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
Testicular Scan (Tc-99m)	Scintigraphy	800.00
Testosterone	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
Testosterone + Oestrogen	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	700.00
TG (Only for NM follow-up patients)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	300.00
Tg (Thyroglobulin)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
Thoracic CT with reporting	Therapeutic	2000.00
Thoracic CT without reporting	Therapeutic	1500.00
Three phase Bone scan (Tc-99m)	Scintigraphy	1500.00
Thyroid Scan (Tc-99m)	Scintigraphy	500.00
Thyroid scan + HRUS of thyroid + Serum FT3, FT4, TSH	Thyroid	1400.00
Thyroid scan + HRUS of thyroid + Serum T3,T4,TSH	Thyroid	1400.00
Thyroid scan + Serum FT3, FT4, TSH	Thyroid	1400.00
Thyroid scan + Serum T3,T4,TSH	Thyroid	1300.00

Investigation	Department	Rate
Thyroid scan + Uptake + HURS + Serum FT3,FT4, TSH	Thyroid	1600.00
Thyroid scan + Uptake + HURS + Serum T3,T4, TSH	Thyroid	1600.00
Thyroid scan + Uptake + Serum FT3,FT4, TSH	Thyroid	1400.00
Thyroid scan + Uptake + Serum T3,T4, TSH	Thyroid	1400.00
Thyroid uptake study	Thyroid	400.00
TMAb (Thyroid microsomal Antibody) Antithyroid Ab/Anti TPAb	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
TSH (Thyroid stimulation hormone)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	350.00
TSH + TG (Only for NM follow-up patients)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	500.00
TSH Receptor Auto Ab (TSI)	In-Vitro (Radioimmuno Assay and Immunoradioimetric Assay)	600.00
Upper Abdomen CT with reporting	Therapeutic	2000.00
Upper Abdomen CT without reporting	Therapeutic	1500.00
US guided Aspiration	Ultrasound & CD	800.00
US guided FNAC	Ultrasound & CD	600.00
USG of Biophysical Profile	Ultrasound & CD	1000.00
USG of Chest/Neck/Lung/Brain	Ultrasound & CD	350.00
USG of Fetal Conditon	Ultrasound & CD	300.00
USG of HBS (Hepatobiliary System)	Ultrasound & CD	300.00
USG of HBS Pancreases & Upper Abdomen	Ultrasound & CD	400.00
USG of HBS, PAN, SPLEEN	Ultrasound & CD	300.00
USG of KUB & HBS	Ultrasound & CD	400.00
USG of KUB & Prostate	Ultrasound & CD	300.00
USG of KUB & Uterus adnexa	Ultrasound & CD	400.00
USG of KUB (Renal system)	Ultrasound & CD	300.00
USG of KUB with PVR	Ultrasound & CD	400.00
USG of KUB, Prost, MCC, PVR	Ultrasound & CD	400.00
USG of Lower abdomen	Ultrasound & CD	300.00
USG of Pregnancy Profile	Ultrasound & CD	300.00
USG of Pregnancy Profile with Anomaly Scan	Ultrasound & CD	1000.00
USG of Prostate	Ultrasound & CD	300.00
USG of Two system (HBS & KUB, HBS & UTAD etc)	Ultrasound & CD	400.00

Investigation	Department	Rate
USG of Upper abdomen	Ultrasound & CD	300.00
USG of Uterus adnexa	Ultrasound & CD	300.00
USG of Whole Abdomen	Ultrasound & CD	450.00
Vesicoureteric reflux study	Scintigraphy	800.00
Whole Abdomen CT with reporting	Therapeutic	4000.00
Whole Abdomen CT without reporting	Therapeutic	3500.00
Whole body Bone scan (Tc-99m)	Scintigraphy	1000.00
Whole body Iodine scan with I-131	Scintigraphy	1200.00
Whole Spine CT with reporting	Therapeutic	4000.00
Whole Spine CT without reporting	Therapeutic	3500.00