

ANNEXURES

Various applicable charges for the services provided to the patients
Various applicable charges for the services provided to the patients

All charges sanctioned by standing committee resolutions.

Annexure. 1 & 2:Registration charges and deposit fee for admission to wards:

Sr. No	Ward	Charges/fee (Rs)	
		Registration	Deposit
1	General ward	20/-	100/-
2	Semi special/Special/ Deluxe registration fee	40/-	1000/-
3	Intermediate MICU/IPICU/ISICU/INICU		200/-
3	All ICU/ICCU/Burns ward/Semi Special/ Special/Deluxe		1000/-

Note: Admitted patients of all ICU/ICCU/Burns Ward/Semi Special/Special/Deluxe rooms shall pay the deposit for every three days.

Annexure. 3:Treatment charges (per day) for the patients admitted to various wards:

Sr.No	Ward	Charges (Rs)
1	General ward	20/-
2	Intermediate MICU/IPICU/ISICU/INICU	50/-
3	All ICU/ICCU	300/-
4	Burns ward	50/-
5	Semi special	200/-
6	Special (Non A.C)	400/-
7	Deluxe (A.C)	600/-

Note:

1. The charges of general ward are applicable to isolation ward
2. Except to the patients admitted to semi special/special/deluxe, general ward charges will be levied on the patients treatment (excluding laboratory and x-ray)
3. General ward charges will be levied to the mothers in intermediate neonatal ward and new born babies in postnatal ward

Annexure. 4:Fee/charges for treatment/diagnosis of common services

Sr. No	Details of services	Ward	
		General Rs.	Semi special/special/ deluxe Rs.
1	Water Bed Charges per day	25/-	50/-
2	Air Mattress per day	25/-	50/-
3	Drip with infusion set	20/-	40/-
4	Nebulizer (per sitting)	15/-	30/-
5	O2 inhalation cylinder (per cylinder)	50/-	100/-
6	O2 inhalation (per hour)	5/-	10/-
7	Suction (Per day)	20/-	40/-
8	Blood glucose test by glucometer	15/-	30/-
9	Major ward procedure	75/-	150/-
10	Minor ward procedure	30/-	60/-
11	Monitor single reading	5/-	10/-
	Monitor up to 6 hour	10/-	20/-
	Monitor > 12 hour	20/-	40/-
	Monitor 12 to 24 hour	50/-	100/-
12	Syringe pump/infusion pump per day	50/-	100/-
13	EKG	30/-	60/-
14	Minor dressing	5/-	10/-
15	Major dressing	25/-	50/-
16	Burns dressing ward < 25 %	100/-	200/-
17	Burns dressing ward > 25 %	200/-	400/-
18	Fluorescent angiography (Eye)	20/-	40/-
19	Foreign body removal-Eye/Ent	15/-	30/-
20	Complete eye check up refraction	5/-	10/-
21	Audiogram (PTA)	40/-	80/-
22	CT scan screening only	100/-	200/-

Note: The classification of minor/major procedures will be done as per the opinion of respective heads of the departments

Annexure.: 5 Fee/charges for treatment/diagnosis of special services :

Sr. No	Details of services	Ward	
		General	Semi special/ special/deluxe
1	Colour Doppler	500/-	500/-
2	Plain CT (brain, neck, thorax, upper abdomen, pelvis, PNS, spine shoulder, joint, Bone)	900/-	900/-
3	Plain CT (whole abdomen)	1800/-	1800/-
4	CT (abdomen) with contrast	2200/-	2200/-
5	Head and neck with contrast	1800/-	1800/-
6	HRCT temporal bone/thorax	900/-	900/-
7	Contrast charge for CT scan	400/-	400/-
8	Per cutaneous Hepatic /Cholangiography & Biliary Drainage C-ARM Charge extra	500/-	500/-
9	Non-invasive ventilator/respirator (per day)	200/-	200/-
10	Invasive ventilator/respirator (per day)	500/-	500/-
11	ECHO	400/-	400/-
12	ECHO with CD	600/-	600/-
	TMT	400/-	400/-
13	ECHO- only screening	100/-	100/-
15	Stress ECHO	600/-	600/-
16	Holster monitor	600/-	600/-
17	D C shock	100/-	100/-
18	Pacemaker	200/-	200/-
19	Hemodialysis	450/-	900/-
20	Peritoneal dialysis	150/-	300/-
21	PFT	100/-	100/-
22	ECT	100/-	100/-
23	EEG charge	400/-	400/-
24	Uroflowmeter first visit	100/-	100/-
	Uroflowmeter follow up	50/-	50/-
25	YAG Laser per eye	100/-	200/-
26	DIODE laser charge		
	Ist sitting	200/-	400/-
	2 nd sitting	150/-	300/-

Sr. No	Details of services	Ward	
		General	Semi special/ special/deluxe
27	Specular Microscope (clinical)	100/-	200/-
28	Perimetry (automated) per eye	100/-	200/-
29	B Scan/ USG eye	100/-	200/-
30	Pachymetry	100/-	200/-
31	Impedance audiometry test	100/-	200/-
32	HB Electrophoresis	200/-	200/-
33	S. Protein electrophoresis	200/-	200/-
34	BACT/ALERT 3D culture & sensitivity	500/-	500/-
35	Dengue test	400/-	400/-
36	HIV PCR	1100/-	1100/-
37	TB PCR	900/-	900/-
38	Antigen detection for bacterial meningitis		
	• Meningococcus with E.coli	400/-	400/-
	• S. Pneumoniae	200/-	200/-
	• H Influenzae	200/-	200/-
	• Streptococcus groupd-B	200/-	200/-
	• Malaria antigen detection kit	150/-	150/-
39	Syphistics (for Syphilis)	100/-	100/-
	Fertility profile		
	• L H	125/-	200/-
	• FSH	125/-	200/-
	• Testosterone	200/-	300/-
	• Prolactin	125/-	200/-
40	TROPONIN	300/-	300/-
41	Leptospira IgM	280/-	280/-
42	IgM S.Typhi	90/-	90/-

Note:

1. Various investigations/procedures mentioned in Sr. No. 5, the charges/fee can be commuted upto a maximum of 50% by the recommendation of competent person/officer

Rs.10/- will be charged for the commute card meant for dialysis procedure

**Annexure 6: LABORATORY ANALYSIS- INVESTIGATION FEE
PATHOLOGY: HAEMATOLOGY**

Sr.No	Details of services	Ward	
		General	Semi special/ special/deluxe
1	Haemoglobin alone	10	20
2	CBC/RBC/WBC/DC/Platelet	20	40
3	CBC with indices	20	40
4	ESR Blood Smear	10	20
5	Examination (PSCM)	10	20
6	AEC	10	20
7	MP	10	20
8	Blood for microfilaria	10	20
9	Reticulocyte count	10	20
10	Sickling test	10	20
11	G6 PD deficiency	30	60
12	Bleeding time (B.T)	10	20
13	Clotting time (CT)	10	20
14	Prothrombin time (PT)	20	40
15	APTT	30	60
16	Bone marrow examination	50	100
17	Coomb's test	20	40
18	Blood grouping	10	20
19	Osmotic fragility test	20	40
20	Foetal hemoglobin	20	40
21	Lupus erythmetosus test	20	40

b) CLINICAL PATHOLOGY :

S.No	Details of services	Ward	
		General	Semi special/ special/deluxe
1	Complete urine	10	20
2	Urine bile salts/bile pigments (BS/BP)	5	10
3	Urine sugar	5	10
4	Urine acetone	5	10
5	Urine albumin	5	10
6	Urine haemoglobin	5	10
7	Urine urobilinogen	5	10
8	Urine PH	5	10
9	Urine specific gravity	5	10
10	Bence Jones protein	15	30
11	Urine for pregnancy test	20	40
12	Stool complete (stool routine)	10	20
13	Semen examination	20	40
14	MT	10	20
15	Histopathology/ Biopsy	50	100
16	F.N.A.C	50	100
17	Fluid cytology (CSF,Pleural, Ascitic fluid)	20	40
18	Body fluid routine micro ((CSF,Pleural, Ascitic fluid)	10	20
19	PAP smear	50	100

MICROBIOLOGY:

Sr. No.	Details of services	Ward	
		General	Semi special/ special/deluxe
1	AFB ZN staining	10	20
2	Culture of AFB by conventional method	50	100
3	HBS AG	30	60
4	HIV	100	200
5	Skin S. for fungus	10	20
6	Sputum for AFB ZN staining	10	20
7	S. WIDAL	10	20
8	Skin scraping culture for AFB	10	20
9	Throat swab for diphtheria (Albert & gram staining)	10	20
	Urine for AFB Z N staining	10	20
10	A.S.O Titre	20	40
11	24 hour urine protein	15	30
12	RA test	20	40
13	C.R.P	20	40
14	HCV	80	160
15	Any routine culture	30	60
16	Any routine smear	10	20
17	V.D.R.L/R.P.R	10	20
18	Test for brucellosis	20	40
19	Casonis's test	30	60

BIOCHEMISTRY:

S.No	Details of services	Ward	
		General	Semi special/ special/deluxe
1	Blood sugar	10	20
2	Glucose tolerance curve (GTT)	40	80
3	Serum creatinine	20	40
4	Serum total protein	15	30
5	Serum triglyceride	25	50
6	Liver function tests (LFT)	70	140
7	Renal function tests (RFT)	50	100
8	Blood urea nitrogen (BUN)	10	20
9	Blood urea	10	20
10	Creatine phosphokinase (CPK)	50	100
11	CPK-MB	75	150
12	CPK & CPK-MB	125	250
13	HDL cholesterol	30	60
14	Lactic dehydrogenase (LDH)	25	50
15	Serum acetone	15	30
16	Serum acid phosphatase	20	40
17	Serum alkaline phosphatase	20	40
18	Serum bicarbonate	35	70
19	Serum bilirubin (per component)	10	20
20	Serum cholesterol	10	20
21	Serum electrolyte	15	30
22	Serum lipid profile	70	140
23	Serum phosphorus	15	30
24	S amylase	15	30
25	SGOT (AST)	10	20
26	SGPT (ALT)	10	20
27	Serum uric acid	15	30

S.No	Details of services	Ward	
		General	Semi special/ special/deluxe
28	S cholinesterase	70	140
29	T3	60	100
30	T4	60	100
31	TSH	60	100
32	T3 T4 & TSH	180	300
33	ABG	175	225
34	Serum calcium	20	40
35	Gama glutamyl trans peptidase	50	100
36	Total iron & total iron binding capacity	50	100

Annexure.-7 :

Sr.No	Details of services	Ward	
		General	Semi special/ special/deluxe
1	X-Ray	50	100
2	Dental X-Ray	40	80
3	Digital X-Ray	60	120
4	Portable X-Ray	75	150
5	Sonography	100	200
6	Bed side USG/Portable USG	150	300
7	IVP, MCU, AUG, STNO/FISTULA	50+25	50+50
8	HSG	per plate	per plate
9	BARIUM	50+25	50+50
		per plate	per plate

Annexure.-8 :

Sr. No.	Details of Services	Charges
1.	Extraction (per teeth)	20
2.	Open method Extraction	30
3.	Impaction	500
4.	Apisectomy per teeth	100
5.	Alveolectomy per segment	50
6.	Excision of Epulis	50
7.	Pericolonal Flap Removal	50
8.	TMJ Dislocation reduction	30
9.	Ginjevectomy per segment	50
10.	Scaling	100
11.	Silver Filing	60
12.	Composite Filing	50
13.	GI filing	50

Sr. No.	Details of Services	Charges
14.	Root canal treatment	500
15.	Zinc phosphate filing	20
16.	Crown Luting per teeth	50
17.	Full Denture	350
18.	Half Denture	250
19.	Partial Denture Single teeth	50+10 per teeth
20.	RPD additional teeth	30
21.	Repair of denture	40
22.	Denture Relinig/Rebasing	100
23.	White metal crown per teeth	350
24.	Porceline crown per teeth	750
25.	Gold crown per teeth	200
26.	Acrylic crown per teeth	100
27.	Clasp Ordinary	10
28.	I & d of ABCESS	70
29.	Frenectomy	50
30.	Oral Prophylaxis	50
31.	Gingival Curettage	50
32.	Mucogingival Surgery	50
33.	Obturator or Acrylic splint	200
34.	Occlusal X -Ray Film	60
35.	INJ Kenacort	40
36.	Post custom made	150
37.	Pulptomy	20
38.	Reimplantion/Transplantation of tooth	100
39.	Special clasp	10
40.	Study Model	50
41.	Treatment Appliance	150

Annexure.-9:

Sr. No	Details of services	Ward	
		General	Semi special/ special/deluxe
1.	Diathermy	10	20
2.	S.W.D.	10	20
3.	L.T.	10	20
4.	U.S.	10	20
5.	C.T.	10	20
6.	T.E.N.S.	10	20
7.	C.P.M.	10	20
8.	Exercise	10	20

Annexure.-10 :

Sr. No	Details of services	Ward	
		General	Semi special/ special/deluxe
1.	Developmental Assesment Scale	60	120
2.	For Indian Infants Developmental Screening Test	15	30
3.	KOH's block design test	20	40
4.	Cube construction	20	40
5.	Malins intelligence scale for Indian children	60	120
6.	Draw a men test	25	50
7.	Vineland social maturity test	20	40
8.	Children apperception test	35	70
9.	Rorsctach test	80	160
10.	Bender visualmotor gestat test	60	120
11.	Psychotherapy	15	30
12.	Individual counselling	10	20
13.	Parent counselling	10	20
14.	Family counselling	10	20

Annexure.-11 :

Sr.No	Details of services	Ward	
		General	Semi special/ special/deluxe
1	Vaginal Delivery	75	150
2	LSCS	400	800
3	MTP	100	200
4	D & C cervical biopsy	100	200

Annexure.-12 :

Sr.No	Details of services	Ward	
		General	Semi special/ special/deluxe
POP :			
1	Single Limb/region ped.pt	75	150
	Single limb/region adult	100	200
Arthroscopy :			
1	Diagnostic scopy	200	400
2	Therapeutic scopy	400	800
3	Traction	500	100
4	C-ARM Charge per Miniute Charge	300	600
6	Joint replacement of HIP/Knee/Shoulder/Elbow replacement	600	1200

* charge as per supra major operation & implant patient has to purchase.

Annexure.-13 :

Sr.No	Details of services	Ward	
		General	Semi special/ special/deluxe
1	Cataract surgery	125	250
2	Phaco	125	250
3	Contact lens fitting	75	150

Annexure.-14 :

Sr. No.	Details of services	Ward	
		General	Semi special/ special/deluxe
I	Anaesthesia For		
(A)	Minor Operation	30	60
(B)	Moderate	50	100
(C)	Major	100	200
(D)	Supra major	150	300
II	Anaesthesia For		
(A)	Diagnostic Scopy	30	60
(B)	Therapeutic Scopy		
	Minor	30	60
	Major	100	200
III	Anaesthesia for Laproscopy		
	Diagnostic	30	60
	Therapeutic	100	200
IV	Anaesthesia for super speciality surgery		
(A)	Minor super specialty surgery	30	60
(B)	Moderate super specialty surgery	50	100
(C)	Major super specialty surgery	150	300
(D)	Super Major super specialty surgery	200	400

Annexure.-15 :

Sr. No	Details of services	Ward	
		General	Semi special/ special/deluxe
Operation (Surgery & Allied Brach)			
1	Minor Operation	100	200
2	Moderate Operation	200	400
3	Major Operation	400	800
4	Supramajor Operation	600	1200
Scopy			
1	Diagnostic Scopy	100	200
Therapeutic Scopy			
	Therapeutic Scopy Major	500	1000
	Therapeutic Scopy Minor	200	400
Laproscopy			
	Diagnostic Laproscopy	200	400
	Therapeutic Laproscopy	500	1000
Super Specialty Surgery			
	Minor Operation	100	200
	Moderate Operation	200	400
	Major Operation	400	800
	Supra Major	1000	2000

* Rs. 500/- extra if harmonic scalpel use

FEE/CHARGES WAIVER POLICY:

- Persons belongs to red case category are entitled for free treatment/diagnostic facilities but in case of admission to semi-special room/ special room/ deluxe room/ all ICU/CCU will have to bear 50% of charges
- Any other category of patients apart from the red case category are not entitled for fee waiver either fully or partially in case of admission to semi-special room/ special room/ deluxe room

- On the recommendations of Mayor Shri, Deputy Mayor Shri, Chairman Shri (Standing committee), Leader Shri of ruling party, Leader Shri of Opposition party, Chairman Shri (Hospital Committee), Municipal Commissioner Shri, Deputy Commissioner Shri (H & H), Dean Shri (SMIMER), Medical Superintendent Shri (SMIMER Hospital), Medical Superintendent & Director Shri (Maskati Hospital), Medical Officer Shri, Health enforcement officer of concerned hospital, dispensary, maternity home, health centre, pathology laboratory section and donors of hospital material as per the terms of their donation, can waive off the fee/ part of fee in fit cases. In such case the reasons for waiving of fee need to be given.
- In annexure number 5 and 8 mentioned special treatment/diagnosis charges, maximum upto 50% can be waived off with the recommendations of competent/designated leaders of corporation /officers
- In Annexure number-1 to 4, 6,7 and 9 to 15 mentioned treatment/diagnosis charges, upto 100% can be waived off with the recommendations of competent/designated leaders of corporation/officers. (In serial number-3 applicable to the patients admitted into the general wards/all the intermediate and ICU/burns wards)
- In various ICU/ICCU admitted patients upto a maximum of 50% (including x-ray, laboratory, monitor and ventilator) can be waived off with the recommendations of competent/designated leaders of corporation/officers.
- With the permission of the Commissioner Shri fee/charges can be waived off during epidemic
- Charges will not be levied on the Post Graduate students in case of desertation/study, if concerned Head of the department certifies.
- ❖ For counting of charges for the days in ward/ICU/special room, the day of admission and the day of discharge will be taken together and counted as one day. If the patient is discharged on the day of admission, it will be counted as one day. If a patient is admitted into ward/room and after taking treatment shifted to other ward/ room, the admission day and discharge will be taken together and for that day charges for the higher category room are applicable

- ❖ If a patient is shifted from one ward to another ward, after shifting if that patient is admitted as per the category, he/she will be charged as per the laid charges. From the date of shifting to another category room, from that day the charges of that room are applicable.
- ❖ If the reagent kits/stain are supplied by the government without charge, no charges will be levied of those tests
- ❖ During the treatment, examination if the equipment service breaks down, and diagnosis, examination and operation is cancelled in that case with the recommendations of the concerned head of the department, medical superintendent shri/ refund of the charges will be done
- ❖ In case of operation/procedure if the costly consumable (ex. during joint replacement, the required implant) or medicine/injection are not available in the hospital and central medical store, such consumables has to be purchased by the concerned patient. The patients admitted if required medicine and other items are not available in the hospital, need to procure from outside
- ❖ For on duty hospital/ health staff, prophylactic vaccine (ex. Anti-rabies vaccine/ hepatitis-B vaccine) will be provided free of charge as per the requirement
- ❖ For the legal matters, insurance or other matters, if OPD or indoor case papers are required, the concerned person need to put an application to senior RMO and pay Rs. 2 for each page to the Xerox copy of such papers
- ❖ By the letter of competent/designated leaders, waiver the charges/will be given as per the rules. In such cases the patients need to produce the proof of residence. In case inability to produce the proof of residence, the patient need to bring letter of identity as per the format given in B.S.

MRI AND CT SCAN FACILITIES



Standing committee of the Surat Municipal Corporation has passed a resolution (no. 1816/2011) making available the facility of MRI and C T SCAN at SMIMER hospital under the PPP. A policy decision was taken earlier by the Standing Committee vide its resolution 1443/2010 dated 20/08/2010. Standing committee has passed resolution No. 408/2011 dated 01/04/11 taking decision to make available this facility with Apollo hospital enterprises limited under PPP after publication of the expression of interest. As per this resolution the Apollo hospital enterprises limited and Surat Municipal Corporation were entered into MOU on 13/05/2011. As per the tender and MOU conditions, MRI and C T SCAN facilities have been made available in SMIMER hospital under public private partnership and the below given charges are applicable as per the standing committee resolution. This is subject to approval of General Body of Surat Municipal Corporation.

- (1) Below given annexure- As per A and B package rate for the patients of Surat Municipal Corporation

Annexure-A : Rate List for M.R.I.

Sr.No.	MRI Study Description	Rates for SMC patients (Rs.)
1	2	3
1.	Abdomen	2300
2.	Angio-Abdominal Aorta	2300
3.	Angio Thoracic Aorta	2300
4.	Ankle Joint (Single)	2300
5.	Brachial Plexus	2300
6.	Brain full study	2300
7.	Brain Limited	1500
8.	Cardiac MRI/Tectography/3Dcochlear/Epilepsy with hippocampal volume	5000
9.	Cervical Spine	2300
10.	Contrast charges	1600
11.	Dorsal Spine	2300
12.	Elbow	2300
13.	Foot (Single)	2300
14.	Hip Joint	2300
15.	Knee Joint (Single)	2300
16.	LS Spine	2300
17.	MR screening additional segment	600
18.	MRCP	2300
19.	Neck	2300
20.	Orbits	2300
21.	Pelvis	2300
22.	Perfusion (Contrast Additional)	2300
23.	Peripheral Angio (Contrast Additional)	4000
24.	PNS	2300

Sr.No.	MRI Study Description	Rates for SMC patients (Rs.)
1	2	3
25.	Prostate/ Breast	2300
26.	Sella	2300
27.	Shoulder	2300
28.	SI Joint	2300
29.	Spectroscopy -Brain	4000
30.	Thorax	2300
31.	TM Joint	2300
32.	Tongue	2300
33.	Urography	2300
34.	Angiography (Brain & Neck)	4000
35.	Venography (Brain)	3500
36.	Whole Body Screening	4500
37.	Whole spine screening extra	1200
38.	Wrist	2300

Annexure-B : Rate List CT Scan

Sr. No.	CT Scan study Description	Rates for SMC patients (Rs.)
1	2	3
1.	Brain Plain	1400
2.	PNS (Coronal Cut LTD)	1200
3.	Nasopharynx (Plain)	1400
4.	Orbit (Plain)	1500
5.	Upper abdomen (plain)	1700
6.	Pelvis Plain	1700
7.	Thorax (chest) plain	1700
8.	Joints Plain	1700
9.	PNS Plain (Axial and Coronal cut)	1700
10.	Neck Plain	2200
11.	Mandible Plain	1700
12.	Brain + Orbit Plain	1700
13.	Brain + Contrast	1700
14.	Thorax HRCT Plain	1700
15.	SI Joints Plain	1700
16.	PNS (Coronal or Axial Cut) + Contrast	2300
17.	Nasopharynx + Contrast	2300
18.	TM Joint + Contrast	2300
19.	Orbit + Contrast	2300
20.	Body pelvis plain + 3D	2300
21.	Joints + 3D	2300
22.	Mandible + 3D	2300
23.	Temporal Bone - HRCT Plain	2300
24.	SI Joints + 3D	2300
25.	TM joint + Contrast + 3D	2300
26.	3D CT -CV junction	2500
27.	3D CT Facio Maxillary	2300

Sr. No.	CT Scan study Description	Rates for SMC patients (Rs.)
1	2	3
28.	3D CT -Paediatric Skull	2300
29.	3D CT Leg- Thigh/Arm/Forearm plain	2300
30.	Brain + orbit + Contrast	2500
31.	Body Upper Abdomen + Contrast	2300
32.	Body pelvis + Contrast	2300
33.	Cervical + Contrast	2300
34.	Dorsal + Contrast	2300
35.	Lumber + Contrast	2300
36.	Sacro + Contrast	2300
37.	Chest + Contrast	2300
38.	Joints + Contrast	2300
39.	PNS (Coronal & Axial Cut) + Contrast	2300
40.	Mandible + Contrast	2300
41.	Body Abdomen + Pelvis Plain	2300
42.	Temporal Bone-HRCT + Contrast	2500
43.	Head & Neck + Contrast	2500
44.	Brain + Cisternography + Contrast	2500
45.	SI Joint + Contrast	2200
46.	Body - pelvis + contrast + 3D	2500
47.	Joints + contrast + 3D	2500
48.	Mandible + contrast + 3D	2500
49.	3D CT-LEG/Thigh/Arm/Forearm + Contrast	2850
50.	Whole body trauma plain	2850
51.	Body abdomen + Pelvis + Contrast	3000
52.	Thorax (Chest) + HRCT + Contrast	2700
53.	SI joints + Contrast + 3D	2500
54.	Renal Angiography	3500
55.	Body Triphasic Liver + Contrast	4500

Sr. No.	CT Scan study Description	Rates for SMC patients (Rs.)
1	2	3
56.	Whole Body -Tumour Staging (Chest/ Abdomen/Pelvis) + Contrast	5500
57.	Whole Body Lymph node + contrast	6000
58.	Brain Cerebral Angiography	4500
59.	Carotid Angiography	4500
60.	Thoracic Aorta Angiography	4500
61.	Aorta Abdominal Including Mesenteric Vesles Angiography	4500
62.	Aorta- Iliac Angiography	3600
63.	Body Triphasic Upper Abdomen Contrast	4500
64.	Whole Body Lymph node (Neck + Chest + Abdomen & Pelvis) + Contrast	6000
65.	Head and Neck + chest + abdomen & pelvis	6500
66.	Aorta Thoracic & abdominal angiography	6500
67.	PNS limited with contrast	1500
68.	CT Guided Biopsy (Biopsy Gun Purchase By SMIMER For SMIMER Patients)	1500
69.	Bone Densitometry	1600
70.	Extra Cut	500
71.	CT Guided Biopsy (Biopsy Gun Purchase By SMIMER For SMIMER Patients)	1500

Note : The above mentioned rates (Annexure-A & B) are subject to the following stipulations :

- (1) For patient referred from Party –II, the anaesthetist will be provided by SMIMER Hospital.
- (2) Minimum 4 four) films for MRI and minimum 2 (Two) films for CT Scan to be given to patients. Extra films, if required, may be charged Rs.120/- extra.
- (3) In case of free patients contrast will be charged.

Annexure –C : Contrast Rate List for free patients of CT Scan

Sr. No.	Region	Contrast Rate (Rs.)
1.	Brain	225
2.	Neck	239
3.	PNS	734
4.	Naspharynx	734
5.	orbit	734
6.	Upper / lower ABD	580
7.	Whole Abdoment	343
8.	Thorax + HRCT	855
9.	Joint /Bone	341
10.	Whole Body stagig	1805
11.	Whole Body Lymphnodes	1805
12.	Cerebral Angio	2385
13.	Renal Angio	905
14.	Other Angio	2000
15.	Triphasic liver	945
16.	CT Myegraphy Study	600

- Beneficiaries of red cases taking treatment in Surat Municipal Corporation hospitals and health centres are eligible for 100% waive off the fee/charges by the competent/designated leaders/officers. Other than these patients, all others are eligible for upto a maximum of 50% waiving fees/charges by the competent/designated leaders/officers
- Patients other than beneficiaries of red cases taking treatment in the Surat Municipal Corporation hospitals and health centres will have to pay the remaining fee/charges as per the annexure A and B at SMIMER after waiving of the partial fee/charges by the respective designated leaders/officers

5. Beneficiaries of red cases who are eligible for 100% waiving of the fee/charges should not pay any amount at the counter of Apollo hospital enterprises. At the end of the each month payments of such patients will be submitted by the Apollo hospital enterprises and the amount will be paid as per the render and MOU conditions of No. 19.
6. In case of free cases during the procedure if contrast is required for MRI as per serial number 38 in annexure-A and for CT SCAN as per serial number of Annexure-B and if the bill is presented the permission is granted to Apollo hospital enterprises for treatment as per the serial no 18 of MOU
7. In-charge Medical Superintendent Shri, SMIMER is authorized to waive off 100% of fee/charges in MRI and CT SCAN if an unattended patient is brought in emergency or by 108 ambulance.
8. Serial number 22 of section 4 and serial number 2-29 of section 5 in relation with special treatment/diagnosis fee charges in relation with radiological diagnosis only have been cancelled as per the resolution No 177/2011 dated 27/04/11 by the General Board

Resolution No. 4/2011 is passed unanimously

સુરત મહાનગરપાલિકાની સ્થાયી સમિતિની તા.૧૩-૧૦-૨૦૧૭ ના
રોજ મળેલ સભામાં નીચે મુજબનો ઠરાવ પસાર થયો હતો :-

મ્યુ.કમિશનરશ્રીના તા.૧૩-૧૦-૧૭ ના પત્ર નં.સી.સ્થા.સ./૭૫૪ થી વિદિત થઈ,
સ્મીમેર હોસ્પિટલ ખાતે રેડિયોલોજી વિભાગમાં એન્જીયોગ્રાફી સારવાર અંગેના નીચે કોષ્ટક-અ માં
દર્શાવ્યા મુજબના પ્રોસીજરના ચાર્જીસ સામાન્ય સભાની મંજૂરીની અપેક્ષાએ મંજૂર કરવામાં આવે
છે.

કોષ્ટક-અ

Interventional Procedure	SMIMER Hospital PROPOSED Rate General ward (Rs.)	SMIMER Hospital PROPOSED RATE Special Room (Rs.)
DSA Charges Basic Arterial / Therapeutic (Only Procedure)	3500/-	5,000/-
DSA Charges Basic Venous/Therapeutic (Only Procedure)	3500/-	5,000/-
Embolization coil	3500/-	5,000/-
Embolization with Device/glue	3500/-	5,000/-
IVC Filter	3500/-	5,000/-
Vascular Stent	3500/-	5,000/-
P.T.A.(Periphara,carotid,Abdominal Angiography)	5,000/-	7,000/-
Aortic Stent or Graft	25,000/-	35,000/-
P.T.B.D	3,000/-	4,000/-
Venous/Arterial thrombolysis	3,500/-	5,000/-
Vericose Vein Sclero therapy	1,000/-	1,500/-

- જનરલ વોર્ડમાં દાખલ દર્દીઓ સક્ષમ સત્તાધીશશ્રીની માફી ચિઠ્ઠીથી મહત્તમ ૫૦% સુધીની રાહત મેળવી શકશે.
- સ્મીમેર હોસ્પિટલના સુચિત ચાર્જીસમાં ફક્ત કોન્ટ્રાક્ટ અને પ્રોસીજરના ચાર્જ સામેલ છે. કેથેટર, સ્ટેન્ટ કોઈલ વગેરેનો ખર્ચ પેશન્ટે અલગથી ભોગવવાનો રહેશે.
- ઉપરોક્ત કિંમતમાં રહેવાનો, લેબ કે ટ્રીટમેન્ટ ચાર્જ સામેલ નથી.

ઠરાવ નં.૧૪૯૪/૨૦૧૭ સર્વાનુમતે મંજૂર.

પ્રો.રા. જનરલ બોર્ડ,

સુરત મહાનગરપાલિકા
તા.૧૫-૧૦-૨૦૧૭.

નકલ સ.ર.મ્યુ.કમિશનરશ્રી પ્રતિ,

Received On
Dt. 21/10/17


નં. સીસ્થાસ/૭૫૦
તા.૧૫/૧૦/૨૦૧૭

DR. RMO / HOD Radiology
S.O.
- 10-17
I.C.M.S - CSMIMER

HOSP./IN/No 7440
DATE 26/10/17

સવિનય રીપોર્ટ જે. મ્યુ.કમિશનર શ્રીના તા.૧૩/૧૦/૨૦૧૭ના પત્ર નં. સી.સ્થા.૨/૭૫૪ થી નિહિત થઈ સ્મીમેર હોસ્પિટલ ખાતે રેડિયોલોજી વિભાગમા એન્જીઓગ્રાફી સારવાર અંગેના ચાર્જીસ સ્થાયી સમિતિના ઠરાવ નંબર ૧૪૯૪/૨૦૧૭ થી આ સાથે સામેલ કોષ્ટક મુજબ મંજૂર કરવામાં આવેલ છે.

ઉપરોક્ત ઠરાવ મુજબ ચાર્જીસ વસુલ કરવા તથા HOD રેડિયોલોજીના પત્રમાં જણાવ્યા મુજબ પ્રોટોકોલનું અનુસરણ કરવા તમામ વિભાગ પ્રતિ લખાઈ જવા તથા આ સાથેની નોંધમાં સહી થઈ આવવા વિનંતી.


સેક્શન ઓફિસર
સ્મીમેર હોસ્પિટલ


આર.એમ.આ.


સી.ની. આર.એમ.એ

ઈ.ચા.મેડીકલ સુપ્રિન્ટેન્ડન્ટશ્રી


ઈ.સી.મી.પી.