

COMPARATIVE STATEMENT OF EXISTING & PROPOSED TARIFF STRUCTURE

The changes made in the existing Tariff Structure have been indicated in the table below point wise

A. GENERAL INFORMATIONS

SL. NO.	Revised
A2	<p>Consultation Fees at Out Patient Department (OPD) For OPD treatment, Consultation Fees have to be paid at the time of registration for each consultation</p> <p>a) Consultation Fees for KoPT in house doctors for each visit - Rs.100/- b) Consultation Fees for CMO, CS, CP, MS and Visiting Consultants for each visit - Rs.200/-</p>
A3	<p>Deposit for Indoor treatment. a) Ward - Rs.5000 Cabin & ICU - Rs.7000</p> <p>The patient party will have to pay the deposit amount as advance at the time of admission & will have to replenish the same as and when the cost of treatment exceeds 50% of the amount initially deposited as advance. The amount of advance will be adjusted against the bills raised for indoor treatment. The patient/patient party has to clear all dues of the hospital before the patient is finally discharged from the hospital</p>
A6	<p>Rate of Charges</p> <p>The rate of charges will be applicable as per the rate lists below. The rate of charges mentioned are in Indian rupees.</p> <p>Bed charge will be inclusive of Linen, standard meal/food provided by the hospital, minor bedside procedures & minor dressing materials.</p> <p>The hospital shall supply medicines, consumables, implants etc. subject to availability, to non-KoPT patients. However depending on circumstances & when not available, medicines & allied items, as prescribed by the Doctors, shall have to be supplied by the Patient / Patient's party when asked for. If the Centenary Hospital supplies the medicines etc. the actual cost with an overhead charge of 19.25% will have to be paid by the patient / party.</p>

A10	<p>Fees of visiting consultants</p> <p>The Regular & on Call Visiting Consultants will be paid 75% of the Surgeon's Fees / Anesthetist's Fees / consultation fees & 20% of the investigation charges if the procedure is performed / reported by the Visiting Consultants subject to the following -</p> <p>The On Call Visiting Consultants will be paid charges when called upon to operate on paying patients as well as KoPT entitled patients at the same rate.</p> <p>Regular Visiting Consultants will be paid only for paying patients.</p> <p>75% of the Assistant Fees will be paid when outside assistant surgeon is brought by the operating Surgeon with the approval of CMO.</p> <p>75% of the instrument charge will be paid to the concerned operating Surgeon if instruments / equipments are brought by the operating Surgeon himself to perform an operation, due to non availability of the same in the hospital, with prior approval of CMO.</p> <p>On call visiting consultants will be paid 75% of the consultation fees as at 2. b) when they treat KoPT entitled patients at OPD.</p>
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B. RATE LIST

a) INVESTIGATION CHARGES

1. RADIOLOGY:

Code N	Item	Revised
IR01	Radiograph per film	130/-
IR02	2 exposures in one film	195/-
IR03	Ba-Meal Stomach & Duodenum	810/-
IR04	Ba-Meal Stomach & Duodenum Follow Through	1295/-
IR05	Ba-Meal of Ileocaecal Region	810/-
IR06	Barium swallow of Oesophagus	490/-
IR07	Ba-Swallow Oeso & Ba-meal Stomach+Duodenum	1130/-
IR08	Barium enema	810/-
IR09	Cholangiography (T-Tube)	490/-
IR10	Dental X-ray (per tooth)	130/-
IR11	Hysterosalpingography	810/-
IR12	Pyelography IV	1375/-
IR13	Portable X-Ray per exposure	325/-
IR14	X-Ray in O.T (Orthopaedic) per film	970/-
IR15	KUB	325/-
IR16	Sinogram/Fistulogram/Sialogram	1375/-

NOTE : Dyes required for Radiology investigations are to be supplied by party.

2. ULTRASONOGRAPHY

Code N	Item	Revised
US01	Lower Abdomen	730/-
US02	Upper Abdomen (Liver, GB, Pancreas)	730/-
US03	Pelvis	730/-
US04	Upper & Lower Abdomen	1210/-
US05	KUB	730/-
US06	Single Organ	650/-
US07	USG guided (FNAC) Biopsy	325/-
US08	USG guided Aspiration	810/-
US09	Screening Upper Abdomen	325/-
US10	Screening Lower Abdomen	325/-
US11	Screening Whole Abdomen	650/-

3. COLOUR FLOW IMAGING

Code N	Item	Revised
CFI01	Carotid (one side)	1615/-
CFI02	Abdomen/Pelvis Upper (Portal Venous system)	1295/-
CFI03	Limbs (Upper/Lower) Artery	1780/-
CFI04	Limbs (Upper/Lower) Vein	970/-

4. ECHO-CARDIOGRAPHY / DOPPLER / ECG

Code N	Item	Revised
EC01	Echo-Cardiogram (Screening)	650/-
EC02	Echo Colour Doppler Study	1780/-
EC03	Extra Video Cassette	650/-
EC04	Pericardial Effusion Tapping under OT Central/Echo	1615/-
EC05	Echo Doppler Study of Abdomen Aorta	1615/-
EC06	Peripheral Doppler Study (Lower Limb)	Single Limb A 1000/- Single Limb V 1000/- Single
EC07	Echocardiography 2D	1215/-
EC08	E.C.G	125/-

NOTE : 20% of the charges will be paid to the Visiting Specialist who does the procedure and gives Report.

5. HAEMATOLOGY

Code N	Item	Revised
IHM01	TC DC HB ESR	125/-
IHM02	Total Count	35/-
IHM03	Differential Count	35/-
IHM04	Haemoglobin	40/-
IHM05	E S R	40/-
IHM06	P C V	35/-
IHM07	R B C	35/-
IHM08	B T	35/-
IHM09	C T	35/-
IHM10	M P	50/-
IHM11	M F	65/-
IHM12	Reticulocytes	100/-
IHM13	Aldehyde Test	80/-
IHM14	Peripheral Blood Film Study	60/-
IHM15	Peripheral Blood Film Study with ABS Values	125/-
IHM16	Platelets Count	80/-
IHM17	COM haemogram with ABS values	205/-
IHM18	Bone Marrow Study (LD Bodies)	570/-
IHM19	LE Cell Detection	100/-
IHM20	Glucose 6 PD	245/-
IHM21	Prothrombin Time	165/-
IHM22	PTTK/APTT	650/-

6. CLINICAL PATHOLOGY

Code N	Item	Revised
ICP01	CSF for Cell count	80/-
ICP02	CSF for Cell Type	80/-
ICP03	CSF for AFB Stain	80/-
ICP04	CSF for Gram's Stain	80/-
ICP05	Peritoneal /Pleural Fluid – Cell Count	80/-
ICP06	Peritoneal/Pleural Fluid – Cell Type	80/-
ICP07	Peritoneal/Pleural Fluid – Gram's Stain	80/-
ICP08	Peritoneal/Pleural Fluid – AFB Stain	80/-
ICP09	Semen Analysis	125/-
ICP10	Urine Routine Examination	50/-
ICP11	Acetone in Urine	35/-
ICP12	Bile Salt in Urine	25/-
ICP13	Bile Pigment in Urine	25/-
ICP14	Urobilinogram & others in Urine	35/-
ICP15	Bence- Jones Proteins in Urine	80/-
ICP16	Quantitative Test for Albumin	80/-
ICP17	Chylous Urine for Study	80/-
ICP18	Swab for Trichomonas	50/-
ICP19	Stool Routine Examination	35/-
ICP20	Occult Blood	40/-

ICP21	Sputum direct smears for AFB	65/-
ICP22	Sputum by Conc. Method for AFB	100/-
ICP23	Smears from Any Specimen for Gram's Stain	60/-
ICP24	Smears from any Oth specimen – AFB Stain	65/-
ICP25	Parasite F (Falciparum)	405/-
ICP26	Falciparum & Vivax Antigen	570/-

7. IMMUNOLOGY

Code N	Item	Revised
IIM01	Mantoux Test	65/-
IIM02	VDRL	65/-
IIM03	Kahn Test	65/-
IIM04	Widal Test	100/-
IIM05	Latex Test for Ra Factor	165/-
IIM06	Anti-Nuclear Antibody Test (Latex)	405/-
IIM07	CRP Test	245/-
IIM08	ASO Titre Test	285/-
IIM09	Australia Antigen by Immunochromatography	285/-
IIM10	ANF	485/-
IIM11	HIV (For IPD patients) -Immunochromatography	325/-
IIM12	HCV (Igm) - Immunochromatography	325/-

8.MICROBIOLOGY

Code N	Item	Revised
IMB01	Blood Culture	325/-
IMB02	Culture of any specimen (Aerobic)	325/-
IMB03	Throat Swab – IMM KLB report	65/-
IMB04	C & S of any specimen except TB	325/-
IMB05	Urethral Smears for Gram Stain	80/-
IMB06	Urethral Smears for AFB Stain	80/-
IMB07	Nail Scraping for Fungus	80/-
IMB08	Skin Slit Smears for Hansens	80/-

9. HISTOPATHOLOGY

Code N	Item	Revised
IH01	Each Specimen with one Block	285/-
IH02	Each Specimen with two Blocks	325/-
IH03	Each Specimen with multiple Blocks	405/-
IH04	F.N.A.C	405/-

10.CYTOLOGY

Code N	Item	Revised
ICY01	Cell Morphology	165/-
ICY02	PAP Stain Smear	165/-
ICY03	HE Stain Smear	165/-
ICY04	Smear for Malignant Cell	165/-
ICY05	VAG Smear for Dyto Hormonal Assay	165/-

11.BIOCHEMISTRY

Code	Item	Revised
IB01	Sugar – Blood/CSF/BLU.FLU/ASC each	60/-
IB02	Hb% Glycosylated (Hb A1C)	565/-
IB03	Glucose Tolerance Test	285/-
IB04	Blood Plasma/Serum Creatinine	65/-
IB05	Blood NPN	65/-
IB06	Blood Urea BUN	65/-
	Creatinine Clearance Test	245/-
IB07	Urea Clearance Test	195/-
IB08	Blood/ Serum uric Acid	80/-
IB09	CSF/PF/Protein	65/-
IB10	CSF/PF/af/Serum Chloride	100/-
IB11	Cardiac Enzyme (LDH/SGOT/CPK/CPK-MB)	810/-
IB12	LDH	240/-
IB13	Serum CPK-MB	365/-
IB14	Serum CPK	285/-
IB15	Serum Amylase	245/-
IB16	Serum lipase	365/-
IB17	Serum LFT (PRT/ALB/GLB/ALKPH/BLR/SGPT)	525/-
IB18	Serum Bilirubin (Total)	65/-
IB19	Serum Bilirubin (Conj/Unconj+Total)	125
IB20	Serum GOT (AST)	100/-
IB21	Serum GPT (ALT)	125/-
IB22	Serum Protein (Total Alb & Glb)	80/-
IB23	Serum ALK. Phosphatase Total	125/-
IB24	Serum Acid Phosphatase Total	365/-
IB25	Serum Acid Phosphatase Prostatic	365/-
IB26	Lipid profile	790/-
IB27	Blood Plasma/Serum Cholesterol	100/-
IB28	Serum Cholesterol HDL	245/-
IB29	Serum Cholesterol LDL	265/-
IB30	Serum Cholesterol VLDL	165/-
IB31	Serum Triglycerides	195/-
IB32	Serum Electrolyte (sodium, Potassium Chloride)	290/-
IB33	Serum Potassium	100/-
IB34	Serum Sodium	100/-
IB35	Serum Iron	125/-

IB36	Serum Transferrin	125/-
IB37	Calcium Profile (Calcium+Alkaphos+Phosphorus)	440/-
IB38	Serum Calcium	100/-
IB39	T3, T4, TSH all three	460/-
IB40	T3	165/-
IB41	T4	165/-
IB42	TSH	195/-
IB43	Serum Prostatic Specific Antigen (PSA)	390/-
IB44	Serum C Reactive Protein	245/-
IB45	Arterial Blood Gas Studies	1215/-
IB46	Urinary Amylase	165/-
IB47	Urinary Bilirubin	65/-
IB48	Urinary Calcium	100/-
IB49	Urinary Chloride	100/-
IB50	Urinary Creatinine	65/-
IB51	Urinary Creatinine Clearance	165/-
IB52	Urinary inorganic Phosphorus	125/-
IB53	Urinary Protein (Total) Random	65/-
IB54	Urinary Protein 24 hrs.	80/-
IB55	Urinary Phenyl Ketones	125/-
IB56	Urinary Urea	65/-
IB57	Urobilinogen	35/-
IB58	Urinary Microalbumin : Creatinine ratio	565/-

12. GENETICS changed to SEROLOGY

Code	Item	Revised
IG01	ABO+RH+Q	145/-
IG02	Coomb's Test (single) Indirect	165/-
IG03	Coomb's Test (single) Direct	245/-

13. ENDOSCOPY

Code	Endoscopic Investigations	OT/ Room charge	Instrument charge	Anesthetist fees (if applicable)	Doctor's Fees	
					Diagnostic (without Procedure)	Therapeutic (with Procedure)
		Revised	Revised	Revised	Revised	Revised
1	2	3	4	5	6	7
IE01	Bronchoscopy	485	485	485	485	810
IE03	Laryngoscopy (Direct)	485	325	485	485	1130
IE04	Sigmoidoscopy	485	325	485	325	485
IE05	Colonoscopy	485	485	485	645	970
IE06	UGI Endoscopy	485	485	485	325	645
IE07	ERCP	485	810	485	2425	4040

IE08	Flexible Laryngoscopy	485	485	485	485	810
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NOTE: Endoscopy charges will be the total of column 3, 4 & 6 if endoscopy done without any procedure & 3, 4 & 7 if endoscopy done with procedure. Anesthetist fees at 5 will be added only if Anesthesia is given.

75% of the Doctor's fees will be paid to the Visiting Specialist who does investigation/procedure and gives Report.

14. OTHER INVESTIGATIONS

Code	Item	Revised
IO01	Eye Refraction	165/-
IO02	Glaucoma Examination	165/-
IO03	Lung Function Test	485/-
EY04	Biometry	245/-
EY05	Perimetry	565/-
EY06	Fundus Fluroscein Angiography (FFA)	970/-

b) PHYSIOTHERAPY CHARGES

Code	Item	Revised
TH01	Physiotherapy with or without mechanical appliances per sitting	50/-
TH02	Physiotherapy with electrical/electronic appliances per sitting	75/-

c) BED CHARGES

Code	Item		Revised
Service	Type of Bed		Rates per day or part thereof
DC01	General Bed		500
DC02	Cabin	Double Occupancy	900
		Single Occupancy	1100
DC03	ICU	Without life support	1500
		With life support	2500

NOTE : The cabins shall not normally be available. Only in exceptional circumstances, the cabins may be allotted, subject to availability, with prior approval of the CMO.

Bed charges will be inclusive of linen, standard meal/food provided by the hospital, minor bedside procedures & minor dressing materials. Bed charge will be charged per day of occupation or part thereof.

d) OTHER CHARGES

Code	Item	Revised
EX01	Alpha Bed/Ripple Bed/ Water Bed per day or part	50/-
EX02	Cold Storage of Dead per Day or part thereof	500/-
MIS01	Issue of Medical Report/ Records/ Certificate/ LIC Claims	200/-
CA01	Use of External Pacemaker per day*	500/-
CA02	Defibrillation*	omitted
CA03	Pacemaker Screening*	omitted
CT01	Chemotherapy*	250/- per day of infusion

NOTE: * - Charge is for procedure only

**e) OPERATION CHARGES:
Last Revised in 2010**

OPERATION GRADE	Instrument charge	OT Charge	Anesthetist Fees	Surgeon's Fees	Assistant's Fees	TOTAL
MAJOR OPN	Revised	Revised	Revised	Revised	Revised	Revised
GRADE A	660	1314	394	1314	263	3285
GRADE B	985	1971	788	3285	526	6570
GRADE C	1314	2628	1314	4598	660	9200
GRADE D	2628	3285	1971	6570	660	12485
GRADE E	2628	3941	2365	7883	920	15110
GRADE F	2628	4598	2628	9200	1314	17740
GRADE G	2628	6570	3285	10510	1971	22335
DAY CARE						
GRADE I	-	66	394	131	-	200
GRADE II	-	131	394	263	-	394
GRADE III	-	263	394	394	-	660
GRADE IV	-	660	394	660	-	1314

NOTE : The Operation Charge will include O.T. charge, surgeon's fees, anaesthetist fees & assistant's fees.

Instrument charge will be applicable if the surgery is done with instruments/equipments not available in the hospital & brought by the operating surgeons, with the approval of CMO. 75% the instrument charge will be paid to the concerned Surgeon.

The Operation Theatre charges would include, use of OT equipments like Anaesthetic apparatus, Monitors, Diathermy, Suction machine, C-Arm, Gases, routine surgical instruments, sutures & clips, dressing materials etc.

For operation performed by Visiting Consultants an additional charge of 20% on the total operation charge will be applicable.

If the Assisting Surgeon is brought by Visiting Surgeons with the approval of CMO then 75% of the Assistant fees will be paid to the Visiting Surgeons & 25% will be retained by KoPT.

Extra charges shall be payable for the following:

I Consumables like Special Catheters, Special Sutures, Implants, Meshes, TURP sets, Suction & drainage sets, Infusion sets etc.

II Medicines, dyes etc.

The decision of the Hospital Administration shall be final in listing operations in any Group, selecting the type of items, mentioned in I & II and consequent fixation of charges, if the same is not available in the list. If any operation is done outside the operation list, its Grade will be decided by the Hospital Administration, and charges shall be payable accordingly.

The Grade of any Operation will be as per the 'List of operations'. However it may be upgraded or downgraded by the Hospital Administration depending upon the actual Operation carried out. If more than one operation is performed in a single sitting then the operation charge will be that of the higher grade of surgery plus 50% of the charge of the lower grade of surgery.

OT charge will also include Local Anaesthesia where applicable. Anaesthesia charge will be applicable if General Anaesthesia is given in Day Care Surgeries.

f) CONSULTATION CHARGES FOR INDOOR VISITS

Code	Visits	Type	Visiting doctors		In-house	
New CF01	Indoor Consultation	A. All wards / cabins	200 per day	250 per day	100 per day	100 per day
		B. ICU	250 per day	400 per day	125 per day	150 per day
New CF02	Subsequent visit / Post Operative Visit	A. All wards / cabins	100 per day	150 per day	50 per day	50 per day
		B. ICU	125 per day	200 per day	75 per day	75 per day

No. of Chargeable Post Operative Visits

Type of operation	Maximum no. of Chargeable
Category 'A'	1 day
Category 'B'	2
Category 'C'	3
Category 'D'	4
Category 'E'	5 days
Category 'F'	5
Category 'G'	5

NOTE : In case the Operating Surgeon or a Consultant refers the patient to Consultants of another discipline, then such Consultants shall also be paid as per rate schedule above.

The no. of days mentioned under Chargeable visit(s) against each category of operation indicates the maximum no. of post operative visits for which the visiting surgeons shall be entitled to payment. However if the patient continues to be under care of the surgeon, in the Centenary Hospital even after the expiry of such period, then the concerned surgeon will be required to continue to attend / visit the patient till he or she is discharged from the hospital.

g) **AMBULANCE SERVICE**

Code	Item	Revised
AMB01	Within municipal limits of Kolkata only	Minimum 250/- upto first 8 KM. - Thereafter Rs. 15/- per KM. plus detention Rs. 100/-

LIST OF OPERATIONS

REVISED – In the existing list the type of operations are not available

2	GYNAECOLOGY
DCS	DAY CARE SURGERY
GRADE I	Cervical PAP smear
GRADE II	IUCD insertion
GRADE III	Hydrotubation

PROPOSED - In the existing list the type of operations are not available

3	ORTHOPAEDICS
DCS	
GRADE III	
OGIII01	Colles Plaster
OGIII02	Plaster – below elbow cast
OGIII03	Plaster – long Arm cast
OGIII04	Plaster – long leg cast
OGIII05	Plaster – below knee cast
OGIII06	Plaster casing

3	ORTHOPAEDICS	
OPN	OPERATION	
	Revised	
	OGB12	Meniscectomy
	OGB13	Arthroscopy
	OGC05	Femoral neck, Femoral condyle – DHS / CCS / DCS
	OGC09	Inter-locking. Nailing
	OGC15	Osteotomy, Dickson’s Geometric/ High Tibial

	OGC16	Prosthesis

PROPOSED - In the existing list the type of operations are not available

3	ORTHOPAEDICS
OPN	
GRADE D	
OGD04	Prosthesis – Modular with or without bone cement internal fixation # pelvis
GRADE E	
OGE01	Total hip replacement
OGE02	Total knee replacement
OGE03	High tibial osteotomy – open edge
OGE04	Shoulder arthroplasty

6	CARDIOTHORACIC SURGERY	
	OPERATION	
	Revised	
	CGA03	Pericardiocentesis
	CGC04	Permanent pace maker implantation (single chamber) / Replacement of pace maker
	CGE04	Permanent pace maker-Dual chamber implantation