



S.No	Investigation	CHARGES
CT-Scan		
1	Chest & Abdomen	6,000.00
2	PNS (Axial & Coronal)	3,000.00
3	Neck & Chest	6,500.00
4	CT Guided Biopsy	6,000.00
5	Neck & Sinuses	6,000.00
6	Wrist Joint	3,000.00
7	Reporting, CT / MRI	500.00
8	Brain & Orbit	4,500.00
9	FOOT	3,000.00
10	CT Duplicate report	100.00
11	Extra Film / Copy (charges per)	400.00
12	Thoracic Spine	3,000.00
13	Brain (with & without Contrast)	4,500.00
14	LS Spine	3,000.00
15	Brain & PNS (Axial & Coronal)	5,000.00
16	Abdomen & Chest	7,000.00
17	Chest	5,000.00
18	CT Pelvimetry	2,000.00
19	Pelvis	4,500.00
20	Abdomen & Pelvis	6,000.00
21	Abdomen	5,000.00
22	Temporal Bone / Brain	3,000.00
23	Orbit	4,000.00
24	Nasopharynx	4,000.00
25	Nasopharynx & PNS	5,000.00
26	Brain & PNS (Axial Only)	4,000.00
27	Neck with contrast	4,000.00
28	Brain	3,000.00
29	Cervical Spine (Bone Window)	3,000.00
30	Abdomen & Pelvis {female}	5,500.00
31	Abdomen & Pelvis (male)	5,500.00
32	Brain & Neck	5,500.00

S.No	Investigation	CHARGES
Doppler/Procedures		
33	Upper Limb, left (Arterial & V	1,500.00
34	Abdominal / Mesenteric Arter	1,000.00
35	Upper Limb, right (Arterial &	1,500.00
36	Upper Limb, right (Arterial)	1,000.00
37	RENAL DOPPLER	2,000.00
38	DOPPLER SUBCLAVIAN VEIN	1,000.00
39	Testicular / Scrotal	1,000.00
40	Guided Therapeutic Aspiration	3,500.00
41	US Guided Diagnostics Aspira	1,500.00
42	US Guided Biopsy	5,000.00
43	Cranial Doppler	1,000.00
44	Upper Limb, right (Venous)	1,000.00
45	Carotid (Bilateral)	1,500.00
46	Lower Limb, right (venous)	1,000.00
47	Lower Limb, right (Arterial)	1,000.00
48	Lower Limb, right (Arterial &	1,500.00
49	Obstetrical / Umbilical Artery	1,000.00
50	Upper Limb, left (Arterial)	1,000.00
51	Upper Limb, left (Venous)	1,000.00
52	Lower Limb, left (Arterial & V	1,500.00
53	Lower Limb, left (Arterial)	1,000.00
54	Lower Limb, left (venous)	1,000.00
55	Guided FNAC	1,500.00
MRI		
56	TONGUE (without & with con	8,000.00
57	Palate (without & with contra	8,000.00
58	BREAST (without & with cont	8,000.00
59	BREAST (without contrast)	5,000.00
60	FISTULOGRAM (without & wi	8,000.00

S.No	Investigation	CHARGES
61	FISTULOGRAM (without cont	5,000.00
62	MRU (without contrast)	5,000.00
63	MRCP (without contrast)	5,000.00
64	ANKLE JOINT (without & with	8,000.00
65	ANKLE JOINT (without contra	5,000.00
66	LEG / TIBIA & FEBULA (with	8,000.00
67	LEG / TIBIA & FEBULA (with	5,000.00
68	KNEE (without & with contra	8,000.00
69	KNEE (without contrast)	6,000.00
70	THIGH / FEMUR (without & v	8,000.00
71	THIGH / FEMUR (without cor	5,000.00
72	HIP JOINT (without & with c	8,000.00
73	HIP JOINT (without contrast)	5,000.00
74	PELVIS (without & with contr	8,000.00
75	PELVIS (without contrast)	5,000.00
76	HAND (without & with contra	8,000.00
77	HAND (without contrast)	6,000.00
78	WRIST JOINT (without & with	8,000.00
79	WRIST JOINT (without contra	5,000.00
80	ELBOW JOINT (without & with	8,000.00
81	ELBOW JOINT (without contr	5,000.00
82	ABDOMEN (ROUTINE, withou	8,000.00
83	ABDOMEN (ROUTINE, withou	5,000.00
84	SHOULDER (without & with c	8,000.00
85	SHOULDER (without contrast	6,000.00
86	CHEST (without & without co	8,000.00
87	CHEST (without contrast)	5,000.00
88	LS SPINES (without & with c	8,000.00
89	THORACIC SPINES (without i	8,000.00
90	THORACIC SPINES (without c	5,000.00
91	CERVICAL SPINES (without 8	8,000.00
92	CERVICAL SPINES (without c	5,000.00
93	PNS (without & with contrast	8,000.00

S.No	Investigation	CHARGES
94	PNS (without contrast)	5,000.00
95	ORBIT (without & with contrast)	8,000.00
96	ORBIT (without contrast)	5,000.00
97	THYROID / BRACHIAL PLEXUS	5,000.00
98	NECK (without & with contrast)	8,000.00
99	FACE (without & with contrast)	8,000.00
100	FACE (without contrast)	5,000.00
101	BRAIN – CSF RHINORRHEA (5,000.00
102	NECK (with contrast)	6,000.00
103	BRAIN (chochlear implant, with	8,000.00
104	BRAIN (chochlear implant, with	5,000.00
105	BRAIN (MRA, without contrast)	5,000.00
106	BRAIN (stroke, without contrast)	5,000.00
107	BRAIN (for IAC / PETROUS, with	8,000.00
108	BRAIN (for IAC / PETROUS, with	5,000.00
109	BRAIN (for pituitary fossa, with	8,000.00
110	BRAIN (without & with contrast)	8,000.00
111	LS SPINES (without contrast)	5,000.00
112	FOOT (Without Contrast)	6,000.00
113	BRAIN (without contrast)	5,000.00
114	Palate (without contrast)	5,000.00
115	TONGUE (without contrast)	5,000.00

Ultra Sound

116	US Guided Biopsy/aspiration	6,000.00
117	Fetal Well being + BPP	1,600.00
118	On Call USG	800.00
119	US BED CASE	1,200.00
120	US Duplicate report	100.00
121	Testes	800.00
122	Neck	600.00
123	Scrotal	800.00
124	Skull	600.00

S.No	Investigation	CHARGES
125	Joint	600.00
126	US	600.00
127	Abdomen & Pelvis {male}	800.00
128	Chest	600.00
129	Swelling / mass	600.00
130	Parotid Gland	600.00
131	Fetal Wellbeing + Doppler	1,000.00
132	Obstetrical	800.00
133	Fetal well being	800.00
134	Abdomen	600.00
135	Breast (Sonomammo)	800.00
136	Pelvis {male}	600.00
137	TVS	600.00
138	Biophysical Profile (BPP)	1,000.00
139	Thyroid	600.00
140	Shoulder	600.00
141	Pelvis {female}	600.00
142	Eye	600.00
143	Abdomen & Pelvis (Female)	800.00

X-Ray

144	Joint Shoulder, left (AP Obliq	300.00
145	Joint Knee, left (AP & lateral	600.00
146	Joint Shoulder, left (Axial Vie	300.00
147	Clavicle, left (AP View)	300.00
148	Foot, left (AP & Oblique)	300.00
149	Fore Arm (left)	300.00
150	Hand, Left (lateral view)	300.00
151	Heel (right)	300.00
152	Humerus, right (AP & lateral	400.00
153	Barium Meal upper GIT	3,000.00
154	Contrast Enema	3,500.00
155	Barium Swallow	1,500.00

S.No	Investigation	CHARGES
156	ERCP	4,000.00
157	Urethrogram (Antigrade)	1,500.00
158	Thoraco Lumber / Darso Lurr	600.00
159	Thoracic Inlet	300.00
160	Thigh (AP & Lateral View)	600.00
161	Skull (TAGENTIAL View)	300.00
162	Skull (Pituitary Fossa View)	300.00
163	Skull (PA & Lateral) Basic	600.00
164	Skull (IAM view)	300.00
165	Skull (Base of Skull View)	300.00
166	Scapula (AP Oblique)	300.00
167	PNS	300.00
168	Pelvis (Lateral View)	300.00
169	Pelvis (AP View)	300.00
170	Neck (For Soft Tissue)	300.00
171	Nasal Bone	300.00
172	Mastoid (Ear)	600.00
173	Mandible	600.00
174	KUB	400.00
175	Joint Wrist (AP, Lateral & Ot	400.00
176	Joint TM Joint (Both Open &	600.00
177	Joint SI (both / single)	300.00
178	Joint Shoulder, right (Axial Vi	300.00
179	Joint Shoulder, right (AP Obli	300.00
180	Joint Knee, right (AP & latera	600.00
181	Joint Knee, right (skyline vie	300.00
182	Joint InterTarsal Joint (PA &	300.00
183	Joint HIP (Lateral / Oblique v	300.00
184	Joint HIP (Bilateral, AP View)	300.00
185	Joint Elbow (AP & Laterall Vie	300.00
186	Joint Big Toe	300.00
187	Joint Ankle (Stress Views)	600.00
188	Joint Ankle (Abduction / Add	600.00

S.No	Investigation	CHARGES
189	Joint Acromioclavicular (AP V	300.00
190	Joint (Lateral View) (left/right	300.00
191	Pyelography [antegrade]	4,000.00
192	Neck (AP view)	300.00
193	Neck (lateral view)	300.00
194	Both Knee joints (AP view on	400.00
195	Sacrum (AP view)	300.00
196	Sacro Coccygeal Spines (A.P	600.00
197	Sacro Coccygeal Spines (Late	300.00
198	Internal Auditory Meatis (IAM	400.00
199	Sinogram / Fistulogram	2,000.00
200	Barium Enema	3,500.00
201	Gastrograffin Swallow	2,500.00
202	Barium Meal (Follow Through	4,000.00
203	Femur, left (AP & Lateral Vie	600.00
204	Femur, right (AP & Lateral Vi	600.00
205	Joint Knee, left (skyline view)	300.00
206	Hand, Left (PA & Oblique Vie	400.00
207	Joint Ankle, left (AP & Latera	300.00
208	Joint Ankle, right (AP & Later	300.00
209	Joint Knee, left (Lateral view)	300.00
210	Joint Knee, right (Lateral view	300.00
211	Joint Knee, left (AP view)	300.00
212	Joint Knee, right (AP view)	300.00
213	Tibia & Fibula (left)	300.00
214	Tibia & Fibula (right)	300.00
215	Ulna & Radius, left (AP & Lat	300.00
216	Ulna & Radius, right (AP & La	300.00
217	Foot, left (Lateral View)	300.00
218	Arm, left (AP & Lateral Views	400.00
219	Skull (lateral view)	300.00
220	Skull (AP view)	300.00
221	LS - Spine (AP view only)	300.00

S.No	Investigation	CHARGES
222	Reporting Charges(Special In	500.00
223	Pyelography [reterograde]	3,000.00
224	X-Ray Bed Case (Any)	600.00
225	Both lower limbs [AP only]	400.00
226	Loopogram	3,000.00
227	Nephrostogram	3,000.00
228	LS - Spine (lateral view only)	300.00
229	Coccyx (lateral view only)	300.00
230	PTC	6,000.00
231	Gastrograffin Meal upper GIT	3,000.00
232	Joint (AP View) Any	300.00
233	Knee Joint (Ap View) Only	300.00
234	Face Ap & Lateral	600.00
235	Abdomen Supines	300.00
236	Femur (Lateral View)	300.00
237	Femur (AP View)	300.00
238	Hysterosalpingiography (HSG)	2,000.00
239	Facial Bones	300.00
240	Scapula (Lateral View)	300.00
241	Urethrogram (Retrograde)	2,500.00
242	Baby Gram	300.00
243	Joint Ankle, both (AP & Later	400.00
244	Gastrograffin Meal (Follow T	4,000.00
245	Joint Knee, both (Lateral view	300.00
246	Joint Knee, both (AP view)	300.00
247	Cervical Spine (Lateral View)	300.00
248	Cervical Spine (AP View)	300.00
249	Fluoroscopy	500.00
250	T-Tube Cholangiogram	2,500.00
251	Joint (Lateral View) (Both)	400.00
252	Abdomen Errect & supine	600.00
253	T-Tube Cholengiography	1,500.00
254	Humerus, left (AP & Lateral \	400.00

S.No	Investigation	CHARGES
255	Heel (left)	300.00
256	Hand, Right (PA & Oblique Vi	400.00
257	Hand, Right (Lateral View)	300.00
258	Hand (Both Oblique / PA, on	300.00
259	Fore Arm (right)	300.00
260	For Bone Age (Both Hand, P	300.00
261	Foot, right (PA & Oblique Vie	300.00
262	Clavicle, right (AP View)	300.00
263	Chest (PA)	300.00
264	Chest (Lateral Right/Left)	300.00
265	Cervical Spines (Oblique View	600.00
266	Cervical Spines (AP & Lateral	600.00
267	Cervical Spine (Flexion & Extr	600.00
268	Calcaneun	300.00
269	Arm, right (AP & Lateral View	400.00
270	Adenoids / Nasopharynx	300.00
271	Abdomen (Errect)	300.00
272	Abdomen & Pelvis	400.00
273	Abdomen	300.00
274	MCUG (Micturating Cystouret	3,000.00
275	IVU	4,000.00
276	Chest (Oblique)	300.00
277	Lumbosacral Spines	600.00
278	Bone Age	300.00
279	Foot, right (Lateral View)	300.00
280	Finger	300.00
281	Femur, both (AP & Lateral Vi	600.00
282	Dorsal / Thoracic Spines	600.00
283	Ulna & Radius, both (AP & La	300.00
284	Tibia & Fibula (both)	300.00
285	Thumb (Hand)	300.00