



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 Breast Package(CT Sim &	40,000	40,000
2D & 3D CRT Breast Package(Planning a	135,000	135,000
2D & 3D CRT Head & Neck (Package)	200,000	200,000
3DCRT/IMRT Radiations	2,000	2,000
5 - 10 Fractions (CT Sim & Mask Prepara	40,000	40,000
5 - 10 Fractions (Treatment Planning & D	85,000	85,000
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
APTT	300	300
Astic Tap	1,000	1,000
ATG	1,500	1,500
B/L Mammography	4,000	4,000
B/L Sonomammography	2,000	2,000
B/L UltraSound Chest	2,000	2,000
Bilirubin Direct	300	300
Bilirubin Total	300	300
Biopsy under C.T. Guidance	10,000	10,000
BLOOD CULTURE & SENSITIVITY	1,200	1,200

	Hospital Normal Rates	
	Morning	IBP
Blood Group	300	300
Blood Screening Product	4,250	4,250
Blood Transfusion Charges	300	300
BONE SCAN	6,000	6,000
Bone Scan 3 Phase	7,000	7,000
BONE SPECT/CT	8,000	8,000
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
BUN	300	300
CA-125	1,600	1,600
Calcium	500	500
Carotid Doppler	2,500	2,500
Carotid/Renal Artery Stenosis	3,500	3,500
CBC	550	550
CEA	1,500	1,500
Chemotherapy Administration	1,000	1,000
Cholesterol	400	400
Consultation Breast Clinic (First Visit)	1,100	1,100
Consultation Breast Clinic (Follow Up)	800	800
Consultation Oncology (First Visit)	500	500
Consultation Oncology (Follow Up)	500	500
Consultation WIC (First Visit)	500	500
Consultation WIC (Follow Up)	500	500
Core Biopsy	2,500	2,500
Cross Matching	5,450	5,450
CT Carotid Angiography	15,000	15,000
CT Coronary Angiography	18,000	18,000
CT Film	300	300
CT Film Duplicate	600	600

	Hospital Normal Rates	
	Morning	IBP
CT Guided FNAC / Biopsy	10,000	10,000
CT Periphral Angiography	10,000	10,000
CT Planning	6,000	6,000
CT Scan (Triphasic/Biphasic)	6,500	6,500
CT Scan Contrast (Any combination + e	9,000	9,000
CT Scan Contrast (Any combination)	8,000	8,000
CT Scan Contrast (Five Regions)	11,000	11,000
CT Scan Contrast (Four Regions)	10,000	10,000
CT Scan Contrast (Single Region)	7,000	7,000
CT Scan Plain (Any Combination + each r	8,000	8,000
CT Scan Plain (Any Combination)	7,000	7,000
CT Scan Plain (Five Regions)	10,000	10,000
CT Scan Plain (Four Regions)	9,000	9,000
CT Scan Plain (Single Region)	5,500	5,500
CT Scan Reporting Only Per Section	1,000	1,000
CT Simulation	10,000	10,000
Dexa Scan	5,000	5,000
Dexa Scan - Whole Body	7,000	7,000
Digital X-Ray without film	600	600
DMSA Renal Scan	6,000	6,000
DMSA Renal Scan SPECT-CT	7,000	7,000
Doppler Arterial (Bilateral Limb)	4,000	4,000
Doppler Arterial (Single Limb)	3,000	3,000
Doppler Fetal (Obsterics)	3,000	3,000
Doppler Venous (Bilateral Limb)	3,500	3,500
Doppler Venous (Single Limb)	2,500	2,500
Dressing Charges	200	200
Drip Charges	300	300
Drug Test	2,000	2,000
DTP RENAL SCAN	7,000	7,000
ECG	400	400
Echocardiography	2,500	2,500
Elastography Sharewave	2,500	2,500
ELECTROLYTE	1,200	1,200

	Hospital Normal Rates	
	Morning	IBP
ESR	250	250
Fibro Scan	3,000	3,000
FLT3-ITD Mutation	6,000	6,000
FLT3-ITD/D835 Mutation	7,000	7,000
FNAC Breast	1,500	1,500
FNAC Thyroid	1,500	1,500
free β HCG	1,500	1,500
Free T3	750	750
Free T4	750	750
FSH	1,000	1,000
G.I. BLEED	10,000	10,000
Gastric Emptying Time	7,000	7,000
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
HbA1c	1,200	1,200
HBsAg	1,000	1,000
HCV RNA-Qualitative	4,000	4,000
HCV RNA-Quantitative	5,000	5,000
HDL- Cholesterol	400	400
Head & Neck Package (CTSim, Mask Pr	40,000	40,000
Head & Neck Package (Treatment Plan. a	160,000	160,000
HIDA SCAN	7,000	7,000
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	4,000	4,000
I-131 Whole Body Scan	7,000	7,000
IGBT - 3D Brachy Planning (per session)	5,000	5,000
IGRT	15,000	15,000

	Hospital Normal Rates	
	Morning	IBP
IMRT- Planning	12,000	12,000
INR	350	350
JAK2 Mutation (V617F)	7,000	7,000
LDH	500	500
LDL	400	400
LFT	1,200	1,200
LH	1,000	1,000
Lipid Profile	1,500	1,500
LIVER SCAN	5,000	5,000
LIVER TOMOGRAPHY	5,500	5,500
LIVER TOMOGRAPHY (Labelled RBC	6,000	6,000
Lu-177 Post Therapy Whole Body Scan	6,000	6,000
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	18,000	18,000
MAG3 Renal Scan	7,000	7,000
Malarial Parasite/ICT Method	350	350
Manual Marking	1,500	1,500
Mask Preparation	1,000	1,000
MECKELS SCAN	6,000	6,000
Medical Certificate	600	600
Medical Examination	7,000	7,000
Mould	2,000	2,000
MRI (Brain + Spectroscopy)	9,000	9,000
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

	Hospital Normal Rates	
	Morning	IBP
MRI Single Region (Contrast)	8,000	8,000
MRI Single Region (Plain)	8,000	8,000
MRI Whole Spine Screening	12,000	12,000
MUGA SCAN	6,500	6,500
Myocardiac Perfusion Study (Gated)	12,000	12,000
Myocardiac 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
NM Consultation (Follow up)	500	500
Nuclear Medicine Duplicate Report (CD/	800	800
Octreotoid Scan with Medicine	75,000	75,000
Octreotoid Scan without Medicine	8,000	8,000
P-32 Therapy	35,000	35,000
Pack Cells	1,270	1,270
PARATHYROID SCAN	8,000	8,000
PARATHYROID SCAN with SPECT-	7,000	7,000
Pelvis Package (CT Sim & Immobilization	40,000	40,000
Pelvis Package (Treatment Planning & D	160,000	160,000
PET CT C-11 MET	30,000	30,000
PET CT C-11 MET SEMI	25,000	25,000
PET CT C-11 PIB	30,000	30,000
PET CT C-11 PIB SEMI	25,000	25,000
PET CT C-11 RACLOPRIDE	75,000	75,000
PET CT C-11 RACLOPRIDE SEMI	25,000	25,000
PET CT F-18 PSMA	75,000	75,000
PET CT F-18 PSMA SEMI	45,000	45,000
PET CT FAPI	55,000	55,000
PET CT FAPI SEMI	45,000	45,000
PET CT FDG BRAIN	50,000	50,000
PET CT FDG BRAIN SEMI	25,000	25,000
PET CT FDG CARDIAC	50,000	50,000

	Hospital Normal Rates	
	Morning	IBP
PET CT FDG CARDIAC SEMI	25,000	25,000
PET CT FDG ONCOLOGY	75,000	75,000
PET CT FDG SEMI	50,000	50,000
PET CT FDOPA	75,000	75,000
PET CT FDOPA SEMI	35,000	35,000
PET CT FES	75,000	75,000
PET CT FES SEMI	25,000	25,000
PET CT FET	75,000	75,000
PET CT FET SEMI	25,000	25,000
PET CT FLT	75,000	75,000
PET CT FLT SEMI	25,000	25,000
PET CT FMISO	75,000	75,000
PET CT FMISO SEMI	25,000	25,000
PET CT Gallium-68 DOTA	100,000	100,000
PET CT Gallium-68 PSMA	100,000	100,000
PET CT N-13 Ammonia Myocardial Pe	50,000	50,000
PET CT N-13 Ammonia Myocardial Pe	20,000	20,000
PET CT NaF	50,000	50,000
PET CT NaF SEMI	15,000	15,000
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
Protein Total	300	300
PSA	1,600	1,600
PT	300	300
Radiationtherapy Administration	1,500	1,500
Radiology Duplicate CD Charges	500	500
Radiotherapy Single Fraction Only	15,000	15,000
RAI - 131 Above 100 Upto 150 mci	16,000	16,000
RAI - 131 Above 150 Upto 200 mci	18,000	18,000

	Hospital Normal Rates	
	Morning	IBP
RAI - 131 Above 200 Upto 300 mci	20,000	20,000
RAI - 131 Above 30 Upto 100 mci	12,000	12,000
RAI - 131 upto 30 mci	10,000	10,000
Registration	100	100
Renal Dynamic Study with ACEI	7,000	7,000
Renal Transplant Study	6,000	6,000
RFT	600	600
SCINTIMAMMOGRAPHY	7,000	7,000
Screening	600	600
Semi Private Room Charges	1,500	1,500
Send to NM		
Sentinel Node Lymphoscintigraphy	30,000	30,000
Serum Creatinine	300	300
SGOT (AST)	300	300
SGPT (ALT)	300	300
simulation	5,000	5,000
Skeletal Survey	4,000	4,000
SPECT-CT Additional	6,000	6,000
Spleen Scan (Denatured RBCs)	6,000	6,000
β HCG	1,500	1,500
TC-99 PSMA WHOLE BODY SPECT C	30,000	30,000
TC-99 PSMA WHOLE BODY SPECT C	25,000	25,000
Tc-99 THYROID SCAN	4,500	4,500
Testicular Scan	4,500	4,500
Testosterone	1,200	1,200
TG	2,000	2,000
Thyroid Clinic Consultation (First Visit)	1,100	1,100
Thyroid Clinic Consultation (Follow up)	800	800
TP53 Mutations by NGS	65,000	65,000
Treatment Planning (Per Plan)	5,500	5,500
Triglycerides	400	400
True Cut Biopsy	1,500	1,500
TSH	750	750
Tumour Board consultation Fee	2,500	2,500

	Hospital Normal Rates	
	Morning	IBP
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)	1,200	1,200
Ultrasound Abdomen	1,200	1,200
Ultrasound Abdomen & Pelvis	1,200	1,200
Ultrasound Any Site/Organ	1,200	1,200
UltraSound Chest Wall	1,200	1,200
Ultrasound Fetal Anomaly Scan	2,000	2,000
Ultrasound Guided Aspiration (Diagnost	2,500	2,500
Ultrasound Guided Aspiration (Theraput	4,000	4,000
Ultrasound Guided Biopsy	4,000	4,000
Ultrasound Guided Clipping	4,000	4,000
Ultrasound Guided FNAC	3,000	3,000
Ultrasound KUB	1,500	1,500
Ultrasound Neck	1,500	1,500
Ultrasound Scrotal	1,500	1,500
Ultrasound Sinogram	3,000	3,000
Ultrasound Thyroid	1,500	1,500
Ultrasound TVS	2,000	2,000
Uric Acid	400	400
Urine Complete	250	250
URINE CULTURE & SENSITIVITY	1,000	1,000
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