Template for clinical establishment Rate/Charges

Name and Address of establishment

With email address: Regn no. in that permanent/provision only:

Type of establishment:

I. Facility available for year:
   a. OPD General
      Specialty single
        Multiple
        Super specialty
   b. IP general ward
      Special ward Delux
        Fully private
        Semi private
   c. Emergency
      Trauma care
      NICU PICU
      ICU
      CCU
      SURGECAL ICU
      TOXICOLOGY
      DIALYSIS

II. Investigation /diagnostic
    1. Pathology clinical pathology – Blood, urine,sputum,stool
       Body fluids
       HPE
    2. Hematology
    3. Biochemistry
    4. Microbiology
    5. Imaging/radiology
       X ray, CT, Doppler,MRI
    6. other investigation –ECG,EEG,ECHO,ANGIO,TMT

III. therapeutic charges
    Medical: doctor visit + nursing care + other consumable expenditure
    Actual- drugs, disposals
    Surgery:
    Surgeon charge
    Anesthetist charge
    Nursing charges
    O T charges
    Consumable charges including drugs during surgery
Specialty: including OBG, ENT, EYE, ORTHO, URO, CARDIC, CARDIO THORASIC, PLASTIC SURGERY, NEURO SURGERY

Dental procedure & charges:

- Organ transplantation procedural charges
- Occupational therapy & physio therapy
- Other establishments
- Radio therapy
- Behavioral health (counseling, marriage and family therapy)
- Nuclear medicine technology
- Optometry
- Orthotics
- Orthotics And prosthetics
- Respiratory therapy
- Sonography
- Speech pathology
- Welbeing centre service charges

Ambulance:

- Organ transplantation Procedures
- Physio therapy & occupational therapy
- Other Establishments
- Radio therapy