NATIONAL INSTITUTE OF UNANI MEDICINE, BENGALURU-91

USER CHARGES RATE LIST

REGISTRATION CHARGES:		
S.No	**Description**	**Rates (In Rs.)**
01	Registration Charge for OPD	20.00
02	For subsequent visit	10.00
03	IPD-Semiprivate wards (per day)	250.00
04	IPD-Private wards (single rooms) per day	500.00
05	IPD-Health Huts	700.00
06	Admission Fees	60.00
Note: For the patients holding Senior Citizen Card, BPL Card, belonging to SC/ST/physically challenge the registration fee will free and investigation charges will be slashed 50% on submission of relevant documents		

REGIMENAL PROCEDURES

Sl. No.	Procedure	OPD (Rs.)	General (Rs.)	Semi Special / Health Huts (Rs.)
1	Dalk (Massage) – Whole Body	150	80	150
2	Dalk (Massage) – Half-Body (Upper /lower/Right/ Left)	80	20	80
3	Dalk (Massage) – Single Limb (Right/Left arm) (Right/Left Leg)	50	20	50
4	Dalk (Massage) – Single Joint	30	20	30
5	Inkebab Ma' Advia (Medicated Steam Bath)	80	20	50
6	Hammam (Turkish Bath)	150	70	200/250
7	Inkebab Sada (Plain Steam Bath)	50	20	50
8	Hammam Muarriq (Sauna Bath)	80	40	80
9	Hip Bath	30	20	30
10	Spinal Bath	50	20	50
11	Aabzan (Immersion Bath)	50	20	50
12	Dast Shoya	30	20	30
13	Pashoyah	30	20	30
14	Qai (Emesis)	30	20	30
15	Huqna (Enema)	50	20	50
16	Nutool with Roghan (Irrigation withOil)- First Sitting	150	20	70
	Subsequent Sittings	50	20	50
17	Nutool with Roghan (Irrigation with Decoction)- First Sitting	50	20	50
	Subsequent Sittings	30	20	30
18	Irsale Alaq (Leeching)- First Sitting	140	100	140
	Subsequent Sittings	50	30	50
19	Hijamat Bila Shart (Dry Cupping)	30	20	30
20	Hijamat Bish Shart (Wet Cupping)	60	20	60
21	Fasd (Venesection)	30	20	30
22	Ish'aa (Infrared)	40	20	40

PHYSIOTHERAPY UNIT

S. No.	Procedures	OPD (Rs.)	General IPD(Rs.)	Semi Special / Health Huts (Rs.)
1.	Ultrasound Therapy	70	30	70
2.	Interferential Therapy	70	30	70
3.	Nerve Stimulation	70	20	70
4.	Short Wave Diathermy	70	20	70
5.	Long Wave Diathermy	70	40	70
6.	Intermittent Traction	70	30	70
7.	Paraffin Wax Bath	70	30	150
8.	Chest Physiotherapy	70	30	70
9.	Exercise Therapy	70	20	70
10.	Electrotherapy With Exercise therapy	120	60	120
11.	Specialized Gait Therapy	50	20	50
12.	TENS	70	30	70
13.	Hydrocollator Moist Heat therapy	140	20	50
14.	Ultraviolet	70	20	70
15.	Traction	70	20	70

Note: Poor and needy patients may be provided above mentioned procedures free of cost on the approval of HOD

INVESTIGATIONS

S. No	Description	OPD	IPD
01	CANWIN	80	40
02	ATHEROWIN	80	40
03	VIBROSENSE	80	40
04	PERISCOPE	120	60
05	ECHO	500	250
06	TMT	400	200
07	ECG	80	40
08	PFT	100	50
09	HOLTER	600	300

Hammam Charges

Sl. No.	OPD/ Ward Name	Charges per Sitting
1	For OPD Patient	100/-
2	IPD General Ward	25/-
3	Semi Special Ward	200/-
4	Special Ward	250/-
5	Health Huts	250/-

RATE LIST FOR VARIOUS PATHOLOGICAL AND BIO-CHEMISTRY INVESTIGATIONS FOR OPD & IPD PATIENTS VISITING NIUM, HOSPITAL

S. No.	Name of Investigation	OPD	IPD
1.	Mantoux Test	40.00	20.00
2.	24 hours proteinuria	40.00	20.00
3.	MCV	40.00	20.00
4.	MCH	40.00	20.00
5.	MCHC	40.00	20.00
6.	Bance Jones protein urea	40.00	20.00
7.	RBC count	40.00	20.00
8.	PCV	40.00	20.00
9.	Peripheral Smear Study	40.00	20.00
10.	Platelet Count	30.00	15.00
11.	Sickling Test	70.00	40.00
12.	Reticulocyte Count	40.00	20.00
13.	Hb A$_1$ C	250.00	250.00
14.	PAP smear	160.00	100.00
15.	FNAC	160.00	100.00
16.	Semen Analysis	160.00	100.00
17.	Rapid Diagnostic Test	160.00	100.00
18.	HB	30.00	10.00
19.	TLC	30.00	10.00
20.	DLC	30.00	10.00
21.	ESR	30.00	10.00
22.	Haemogram (HB, TLC, DLC)	60.00	10.00
23.	Blood grouping & Rh factor	60.00	10.00
24.	Bleeding time (BT)	20.00	10.00
25.	Clotting time (CT)	20.00	10.00
26.	AEC (Absolute Eosinophils count)	30.00	10.00
27.	PS for MP (Malarial parasite)	30.00	10.00
28.	Urine Microscopy	20.00	10.00
29.	Routine Urine analysis (Alb, Sug, Mic)	30.00	10.00
30.	Fasting Urine Sugar (FUS)	20.00	10.00
31.	P.P. Urine sugar (PPUS)	20.00	10.00
32.	Complete Urine Analysis	50	25
33.	Urine strip (Sug, Ketone Bodies)	30.00	10.00
34.	Urine strip (Sug, Alb, pH, Sp gra)	30.00	10.00
35	Urine strip (Sug, Alb, pH, Sp gra, Ketone, Nit, Bil, Urobil, Blood)	50.00	10.00
36.	Urine for Bile salt, Bile Pigments	50.00	10.00
37.	Stool Microscopy	30.00	15.00
38.	Stool Exam (ova, Cyst)	30.00	10.00
39.	Stool exam (Reducing substances)	30.00	10.00
40.	Stool for Occult Blood	40.00	10.00
41.	Fasting Blood sugar	40.00	10.00
42.	P.P Blood sugar	40.00	10.00
43.	Random Blood sugar	40.00	10.00
44.	FBS/PPBS	60.00	10.00
45.	GRBS	30.00	
46.	Urine Pregnancy test	60.00	30.00
47.	S. cholesterol	60.00	30.00
48.	S. Triglycerides	60.00	30.00
49.	HDL-Cholesterol	60.00	30.00

50.	Lipid Profile	180.00	90.00
51.	Blood urea	40.00	30.00
52.	Serum Creatinine	40.00	20.00
53.	S. Uric acid	40.00	20.00
54.	SGOT-(AST)	40.00	20.00
55.	SGPT-(ALT)	40.00	20.00
56.	Alkaline Phosphatase (Alkp)	40.00	20.00
57.	Total Bilirubin	40.00	30.00
58.	Direct Bilirubin	110.00	60.00
59.	LDH (Lactate Dehydrogenase)	210.00	210.00
60.	GGT (Gama Glutamyl Transferase)	210.00	210.00
61.	Total Protein	60.00	30.00
62.	S. Amylase	60.00	30.00
63.	S. Calcium	60.00	30.00
64.	Serum Electrolytes (Sodium, Potassium, Chloride)	120.00	60.00
65.	RA test	60.00	30.00
66.	ASO	60.00	30.00
67.	CRP	60.00	30.00
68.	VDRL	60.00	30.00
69	Complete Blood Count (CBC)	200.00	100.00
70	Widal test	60.00	30.00
71	HIV I & II	150.00	80.00
72.	HCV	130.00	80.00
73.	HbsAg	150.00	80.00
74.	OGTT	150.00	80.00
75.	OGCT	30.00	10.00
76.	PT	100.00	100.00
77.	APTT	150.00	150.00

RATE LIST OF SURGICAL & OT PROCEDURES (Dept. of Ilmul Jarahat)

Sl. No.	Nature of Surgical Procedures	O.T. Charges in Rs
1.	Surgical procedures under Local Anaesthesia	Rs.80/
2	Surgical procedures under Spinal/Regional	Rs.300/
3	General Anaesthesia	Rs. 400/
4.	Lap Surgery	Rs. 500/

Sl. No.	Name of the Disease/ Procedure	Charges In Rs
1.	Sebaceous cyst.	80
2.	Superficial lipoma	80
3.	Neurofibroma	80
4.	Dermoid cyst.	80
5.	Keloid	80
6.	Breast abscess: (with local Anaesthesia) (With General Anaesthesia)	80 400
7.	Breast lump	80
8.	Abscess	80
9.	Suturing of small wounds	80
10.	Lymph node Biopsy	80
11.	Biopsy of ulcers	80
12.	Suprapubic (cystostomy) drainage	300
13.	Hydrocele LA/GA	80/400
14.	Circumcision LA/GA	80/400
15.	Dorsal ganglion	80
16.	Split ear	80
17.	Paronychia	80
18.	Nose pricking and ear pricking	10
19.	Carbuncle	80
20.	Vasectomy	400
21.	In-growing toenail	80
22.	Burst Abdomen	400
23.	Subcuticular abscess	80
24.	Infection of pulp space	80
25.	Web infection	80
26.	Branchial cyst, sinus, fistula	400
27.	Ludwig's angina	400
28.	Aspiration cytology	80
29.	Trucut needle Biopsy	80
30.	Liver Abscess (aspiration)	300
31.	Appendicitis (Elective Appendicectomy)	300
32.	Appendicular mass and abscess	300
33.	Haemorrhoids	300
34.	Sclerosant injection therapy	80
35.	Prolapse of rectum (wiring)	300

36.	Fissure in Ano (Dilatation)	300
37.	Anorectal abscess	400
38.	Fistula in Ano	300
39.	Rectal Biopsy	80
40.	Pilonidal Sinus	400
41.	Inguinal Hernia	400
42.	Femoral Hernia	400
43.	Umbilical Hernia	400
44.	Incisional Hernia	400
45.	Epigastric Hernia	400
46.	Rectal Polyp	80
47.	Vesical calculus	300
48.	Benign Prostatic Hyperplasia	300
49.	Rupture of Urethra (Rail Road)	300
50.	Urethral Dilatation	80
51.	Varicocele	300
52.	Skin Grafting	250
53.	Varicose Vein	300
54.	Popliteal Cyst	300
55.	Barron's Banding	80
56.	Rectopexy	300

Note: For needy and poor patients' provision for free of cost on recommendation of consultant and HoD. The institute will not provide medicine.
Those surgeries that are not listed, will be charged accordingly.

RATE LIST OF MATERNITY UNIT AND O.T. PROCEDURES

S. No.	Description	Charges (In Rs)
1.	Normal Delivery with episiotomy	400
2.	Normal Delivery without Episiotomy	350
3.	D&C and Cervical Biopsy	150
4.	Diagnostic D&C and Biopsy	150
5.	Vaginal Cyst. Excision	150
6.	Abortion check curettage	200
7.	MTP 1st trimester	200
8.	MTP 2nd trimester	200
9.	Section Evacuation-vesicular mole	350
10.	Endometrial Biopsy	150
11.	Cervical Cryocautery	200
12.	Caesarean section	550
13.	Salpingo-Oopherectomy	550
14.	Manual Removal of placenta	200
15.	Gaping abdominal wound secondary suturing	200
16.	Complete perineal tear repair	200
17.	Abdominal hysterectomy	550
18.	Vaginal hysterectomy	550
19.	Sterilization postpartum	100
20.	Laparotomy	550
21.	Polypectomy	200
22.	Re Suturing Episiotomy	200
23.	Ovariotomy	450
24.	Ovarian cyst excision	450
25.	Ectopic rupture (operation)	350
26.	Post colpoperineorrhaphy	300

RADIOLOGY

S. No.	NAME OF THE X-RAY	OPD	IPD/BPL/Sr. Citizen/SC/ST
01	Skull AP/LAT	250	125
02	PNS	140	70
03	Mandible AP/LAT	140	70
04	Mastoid /LAT	140	70
05	Nasal Bone Lat.	140	70
06	Cervical Spine AP/LAT	200	100
07	Chest PA View	200	100
08	Chest AP View	200	100
09	Chest RT /LAT View	200	100
10	Shoulder AP	140	70
11	Humerus AP/LAT	180	90
12	Elbow joint AP/LAT	140	70
13	Fore-Arm AP/LAT	160	80
14	Wrist joint AP/LAT	140	70
15	Hand AP/LAT	140	70
16	Clavicle Rt./Lt.	140	70
17	Erect Abdomen	140	70
18	Thoracic Spine AP/LAT	340	170
19	L.S. Spine AP/Lat	260	130
20	T.L. Spine AP/Lat.	300	150
21	Pelvis AP View	200	100
22	Both Hip joint AP	200	100
23	Hip Joint AP	160	80
24	Rt./ Lt. Femur AP/Lat.	180	90
25	Knee Joint AP/Lat.	160	80
26	Both Knee Joint AP	160	80
27	Both Knee Joint AP/Lat.	260	130
28	Rt./Lt/ Leg AP/Lat.	180	90
29	Both Leg AP/Lat.	300	150
30	Patella Skyline View	140	70
31	Rt. /Lt. ankle Joint AP/Lat.	140	70
32	Rt./Lt. Foot AP/Oblique	140	70
33	Rt. /Lt. Calcanium AP/Lat.	140	70
34	KUB	200	100
35	Apicogram	160	80
	SPECIAL INVESTIGATIONS	**CHARGES IN Rs.**	
A*	Barium Meal	260	130
B*	Barium Swallow	200	100
C*	Barium Meal Follow-Through	600	300
D*	Barium Enema	300	150
E*	I.V.P/I.V. U	800	400
F*	H.S.G.	280	140

Note: * Required items (e.g., dye, butterfly, etc.) for contrast X-ray must be purchased by the patient.

ULTRASOUNDS

S. No.	Name of the test	OPD	IPD/BPL/Sr. Citizen/SC/ST
1	Ultrasound Neck/Thyroid scan	160	80
2	Ultrasound Thorax /Chest /Lungs scan	170	80
3	Ultrasound Abdomen and Pelvis scan	170	80
4	Ultrasound Follicular study	170	80
5	Ultrasound Transvaginal scan (TVS)	170	80
6	Ultrasound Transrectal (TRUS)	400	200
7	Ultrasound for nonspecific swelling of the body	160	80
8	Sonofistulogram	400	200
9	Ultrasound Early Pregnancy	170	80
10	Ultrasound Obstetrics scan	170	80
11	Ultrasound Biophysical profile (BPP)	170	80
12	Ultrasound Obstetrics with Biophysical Profile (BPP)	170	80
13	Ultrasound Obstetric Doppler	170	80
14	Ultrasound 3d anomaly scan	170	80
15	Ultrasound Extremities	170	80
16	Carotid Doppler	400	200
17	Renal Doppler	400	200
18	Scrotal Doppler	400	200
19	Arterial Doppler RT lower limb	400	200
20	Arterial Doppler LT lower limp	400	200
21	Venous Doppler RT lower limb	400	200
22	Venous Doppler LT lower limb	400	200
23	Duplex Doppler LT lower limb	750	370
24	Duplex Doppler LT lower limb	750	370
25	Arterial Doppler RT Upper limb	400	200
26	Arterial Doppler RT Upper limb	400	200
27	Venous Doppler LT Upper limb	400	200
28	Venous Doppler RT Upper limb	400	200
29	Duplex Doppler RT Upper limb	770	380
30	Duplex Doppler LT Upper limb	770	380
31	Duplex Doppler Both Limb	1500	600

Dermatopathology Lab

Sl. No.	Test Name	Charges in Rs.
1	KOH Preparation	15
2	Scabies Preparation	15
3	Shave Biopsy	300
4	Punch Biopsy	300
5	Patch Test/T.R.U.E. Test	60
6	Bacterial Culture- Skin Scrapping	30
7	Pus Swab for microscopic examination for fungus	15
8	Skin Scrapping and Hair etc. for microscopic examination	15
9	Culture for Skin scrapping swab and pus fungus	15
10	Fluorescent antibody Test	60
11	Tzanck Test (Histopathology in bullous Disorder)	20

Procedures Skin & Cosmetology OPD

Sl. No.	Procedure	Proposed Charges in Rs.
1	Gaza / Zamad Face	10
2	Takmeed Face	10
3	Hair Stream	10
4	Lattookh wa Dalak Face (Minor)	15
5	Lattookh wa Dalak Face & Arm (Major)	60
6	Hair Nutool	25
7	Feet Bath Massage	25
8	Phototherapy Therapy	25
9	Amale Kai (Cauterization)	35
10	Cryotherapy	35

WARD CHARGES

Sl. No.	Name of the ward	Charges (in Rs.)
1	Health Huts	700/-per day
2	Special Wardroom charges	400/-per day
3	Semi Special Ward	200/per bed/ day
4	General Ward	Free
5	Common General Ward	Free

Dental Procedures

Sl. No.	Treatment Name	General Rate	B.P.L. Discount
1	Extraction (normal) per tooth	100	50
2	Surgical/ Complicated Extraction	250	125
3	Frenectomy	200	100
4	Impaction (Canine)	120	60
5	Impaction (Molar)	120	60
6	Incision and Drainage of Abscess	150	75
7	Scaling and Polishing	350	175
8	Dental Radiograph	60	30
9	Alveoloplasty	250	125