



ATOMIC ENERGY CANCER HOSPITAL (SINOR)

HOSPITAL SERVICES PRICE LIST

	Hospital Normal Rates		NCA Employees	
	IBP	Morning	IBP	Morning
AFP (Alpha Feto Protein)	1,000	1,000	-	-
Alkaline Phosphatase	250	250	-	-
Anti HCV	250	250	-	-
Anti TPO	1,000	1,000	-	-
Arterial (Bilateral Limb)	2,000	2,000	2,000	2,000
Aspiration of Fluid any site (Diagnostic)	1,500	1,500	1,500	1,500
Aspiration of Fluid any site (Therapeutic)	2,000	2,000	2,000	2,000
ATG (Anti Thyroglobulin)	1,000	1,000	-	-
B/L Mammography	2,500	2,500	-	-
B/L Sonomammography	1,000	1,000	-	-
Bilirubin Total	250	250	-	-
Bleeding Time	150	150	-	-
Blood CP	350	350	-	-
Blood Group	200	200	-	-
Blood Transfusion	1,000	1,000	1,000	1,000
Blood Urea	250	250	-	-
BONE SCAN	5,000	5,000	5,000	5,000
CA-125	1,000	1,000	-	-
Calcium	350	350	-	-
CAPTOPRIL RENOGRAPHY	4,000	4,000	4,000	4,000
Cardiac MP Viability Study (Gated)	8,000	8,000	8,000	8,000
Cardiac MP Viability Study (Non-Gated)	8,000	8,000	8,000	8,000
Cardiac MPS Stress & Rest (Gated)	10,000	10,000	10,000	10,000
Cardiac MPS Stress & Rest (Non-Gated)	10,000	10,000	10,000	10,000
Cardiac MPS with Pharmacological Stress (Gated)	10,000	10,000	10,000	10,000
Cardiac MPS with Pharmacological Stress(NONGated)	10,000	10,000	10,000	10,000
Case Discussion Tumor Board	2,000	2,000	2,000	2,000
CEA(Carcinoembryonic Ag)	1,000	1,000	-	-
Chemotherapy Administration	1,000	1,000	1,000	1,000

	Hospital Normal Rates		NCA Employees	
	IBP	Morning	IBP	Morning
cholesterol	300	300	-	-
Clotting Time	150	150	-	-
Color Doppler USG (any Site)	1,000	1,000	1,000	1,000
CONSULTATION (1st Visit) (Nuclear Medicine)	1,000	1,000	-	-
Consultation (1st Visit) Breast Clinic	600	600	-	-
Consultation (1st Visit) Oncology Clinic	1,500	1,500	-	-
CONSULTATION (1st Visit) Thyroid Clinic	1,000	1,000	-	-
Conventional 2D (TPS)	3,000	3,000	3,000	3,000
CT Planning (3D)	5,000	5,000	5,000	5,000
Denaturated RBC SCAN (Spleen Scan)	6,000	6,000	6,000	6,000
Dengue NS1	600	600	-	-
DEXA Scan Standard	3,000	3,000	3,000	3,000
DEXA Whole Body	5,000	5,000	5,000	5,000
Digital X-Ray (Per Film)	500	500	-	-
Digital X-Ray (Without Film)	400	400	-	-
DMSA	5,000	5,000	5,000	5,000
Doctor Private Room Visit Fee (Per Day)	1,000	1,000	1,000	1,000
Dressing Charges	200	200	200	200
Drip Administration Charges	300	300	300	300
DTPA SCAN	5,000	5,000	5,000	5,000
Duplicate NM Report (CD and/or Print)	1,000	1,000	1,000	1,000
ECG	500	500	500	500
ESR	250	250	-	-
ETT	1,000	1,000	1,000	1,000
Filter Clinic Consulation	1,000	1,000	-	-
Free T3	800	800	-	-
Free T4	800	800	-	-
FSH	800	800	-	-
G.I. BLEED	6,000	6,000	6,000	6,000
Gastric Emptying Time (liquid or solid each)	6,000	6,000	6,000	6,000
Gastroesophageal Reflux (GER) Study	5,000	5,000	5,000	5,000
General Ward	500	500	500	500
GFR	500	500	500	500
Glucose (F)	200	200	-	-

	Hospital Normal Rates		NCA Employees	
	IBP	Morning	IBP	Morning
Glucose (R)	200	200	-	-
H. Pylori	200	200	-	-
HBS Ag	250	250	-	-
HDL Cholestrol	300	300	-	-
Heating & Cooling Charges (Per Day)	1,000	1,000	1,000	1,000
HIDA SCAN	5,000	5,000	5,000	5,000
HIV	250	250	-	-
I-131: PostTherapy Whole Body Scan	3,000	3,000	3,000	3,000
I-131: Thyroid Scan	3,000	3,000	3,000	3,000
I-131: Whole Body Scan	4,000	4,000	4,000	4,000
IGRT	10,000	10,000	10,000	10,000
IMRT	10,000	10,000	10,000	10,000
Intrathecal Injection	2,000	2,000	2,000	2,000
Iodine BTd (Less than 30 mCi)	8,000	8,000	8,000	8,000
Iodine CA (Above 100 upto 150mCi)	45,000	45,000	45,000	45,000
Iodine Ca (Above 150 upto 200mCi))	55,000	55,000	55,000	55,000
Iodine Ca (Above 200 upto 300mCi))	75,000	75,000	75,000	75,000
Iodine CA (Above 30 upto 100mCi)	35,000	35,000	35,000	35,000
Isolation Room Charges for I-131	4,000	4,000	4,000	4,000
IV, IM, SC Injection	100	100	100	100
Large Core Biopsy	1,500	1,500	1,500	1,500
LDH	300	300	-	-
LDL Cholestrol	300	300	-	-
LH	1,000	1,000	-	-
LIVER SCAN	5,000	5,000	5,000	5,000
Liver Tomography/Blood Pool Scan (Labelled RBC)	6,000	6,000	6,000	6,000
LUNG PERFUSION SCAN	5,000	5,000	5,000	5,000
LUNG VENTILATION SCAN	5,000	5,000	5,000	5,000
lympho Scintigraphy	6,000	6,000	6,000	6,000
MAG-3	5,000	5,000	5,000	5,000
Malarial Parasite	150	150	-	-
Manual Marking	1,500	1,500	1,500	1,500
Mask Preparation (Per Plan)	2,000	2,000	2,000	2,000
MECKELS SCAN	5,000	5,000	5,000	5,000

	Hospital Normal Rates		NCA Employees	
	IBP	Morning	IBP	Morning
MIBG	7,000	7,000	7,000	7,000
MIBI Whole Body Scan	8,000	8,000	8,000	8,000
MILK SCAN (GER STUDY)	4,000	4,000	4,000	4,000
Moulds (Per Block Tray)	2,500	2,500	2,500	2,500
MUGA SCAN	6,000	6,000	6,000	6,000
Neonatal TSH	800	800	-	-
NG Intubation	300	300	300	300
OTHERS()	-	-	-	-
P32 Therapy	40,000	40,000	40,000	40,000
PARATHYROID SCAN	8,000	8,000	8,000	8,000
Photo Dynamic Therapy (per session)	3,000	3,000	3,000	3,000
Private Room Rent (Per Day)	3,000	3,000	3,000	3,000
PROLACTIN	1,000	1,000	-	-
PSA (Prostate Specific Ag)	1,000	1,000	-	-
PTH	1,000	1,000	-	-
Radiationtherapy Administration	1,200	1,200	1,200	1,200
Radiotherapy (Single Fraction)	3,000	3,000	3,000	3,000
RBC SCAN	3,000	3,000	3,000	3,000
Registration	100	100	100	100
Renal Dynamic Study with ACEI	5,000	5,000	5,000	5,000
Salivary Gland Scan	4,000	4,000	4,000	4,000
SCINTIMAMMOGRAPHY	8,000	8,000	8,000	8,000
Semi Private Room Rent (Per Day)	1,500	1,500	1,500	1,500
Sentinel Lymphnode scintrigraphy	5,000	5,000	5,000	5,000
Serum Creatinine	300	300	-	-
SGPT (ALT)	250	250	-	-
Simulation	4,000	4,000	4,000	4,000
Simulation CT (Per Plan) Any Site	10,000	10,000	10,000	10,000
Small Biopsy	800	800	800	800
SPECT (Additional, any site)	3,000	3,000	3,000	3,000
Splenic Sequestration Study/Spleen Scan	6,000	6,000	6,000	6,000
β HCG	1,000	1,000	-	-
Stationery Charges	50	50	50	50
Subsequent Visit (Nuclear Medicine)	500	500	500	500

	Hospital Normal Rates		NCA Employees	
	IBP	Morning	IBP	Morning
Subsequent Visit Breast Clinic	300	300	300	300
Subsequent Visit Oncology Clinic	600	600	600	600
Subsequent Visit Thyroid Clinic	500	500	500	500
Supportive Care	150	150	150	150
TESTICULAR SCAN	4,000	4,000	4,000	4,000
TESTO	1,000	1,000	-	-
TG (Thyroglobulin)	1,000	1,000	-	-
THREE PHASE BONE SCAN	6,000	6,000	6,000	6,000
Thyroid Scan with Tc99m W/WO Uptake Values	3,000	3,000	3,000	3,000
Treatment Planning (Per Plan)	1,500	1,500	1,500	1,500
Triglycerides	300	300	-	-
TSH	800	800	-	-
Typhidot IgG	300	300	-	-
Typhidot IgM	300	300	-	-
U/L Mammography	1,500	1,500	-	-
U/L Sonomammography	500	500	-	-
ULTRASOUND (Neck)	500	500	500	500
ULTRASOUND Abdomen & Pelvis	500	500	-	-
ULTRASOUND ARTERIAL (BILATERAI LIMB)	1,500	1,500	-	-
ULTRASOUND ARTERIAL (ONE LIMB)	1,000	1,000	-	-
ULTRASOUND BIOPHYSICAL PROFILE	1,000	1,000	-	-
ULTRASOUND CAROTID	1,000	1,000	-	-
ULTRASOUND DOPPLER STUDY (Any Site)	1,000	1,000	-	-
ULTRASOUND FETAL	1,000	1,000	-	-
ULTRASOUND FNA	1,500	1,500	-	-
Ultrasound Guided Biopsy	3,000	3,000	-	-
Ultrasound Guided FNAC	1,500	1,500	-	-
Uric Acid	250	250	-	-
Urinary Catheterization	500	500	500	500
URINE PREGNANCY TEST	250	250	-	-
URINE RE	200	200	-	-
USG :Ultrasound Guided intra lesional clip placmnt	2,000	2,000	-	-
USG Guided Aspiration (Diagnostic)	1,500	1,500	-	-
USG Guided Aspiration (Therapeutic)	3,000	3,000	-	-

	Hospital Normal Rates		NCA Employees	
	IBP	Morning	IBP	Morning
USG: Any Organ/Site/Obstrectics/Other (Each)	500	500	-	-
VDRL	600	600	-	-
Venous (Bilateral Limb)	2,000	2,000	2,000	2,000
Vit D	1,200	1,200	-	-