जिल्ला अस्पताल तेह्रथुमको अस्पताल व्यवस्थापन समितिको निर्णय वमोजिम मिति २०८२ /०४/०१ गते बाट लागु हुने गरी निर्धारीत अस्पतालबाट उपलव्ध सेवाहरुको सेवा शुल्कको विवरण

प्रयोगशालाबाट प्रदान गरिने सेवाहरुको सेवा शुल्क विवरण

S.N.	SERVICE NAME	SERVICES CHARGE	REMARKS
1	24 HOUR URINARY CREATININE	120.00	
2	24 HOUR URINE FOR PROTEIN	120.00	
3	24 HRS URINE CALCIUM	180.00	
4	24 HRS URINE PHOSPHATE	1000.00	
5	24 HRS URINE POTASSIUM	50.00	
6	24 HRS URINE SODIUM	360.00	
7	24 HRS URINE URIC ACID	90.00	
8	24 HRS. CREATININE CLEARIENCE	120.00	
9	A/G RATIO	320.00	
10	ABG (ALL PARAMETERS)	1000.00	
11	ABSOLUTE COUNT	55.00	
12	ACID PHOSPHATASE	240.00	
13	ADA TEST	360.00	
14	AFB STAIN	1.00	
15	ALBUMIN	90.00	
16	ALDEHYDE TEST	100.00	
17	ALKALINE PHOSPHATASE	60.00	
18	ALPHA FETOPROTEIN (AFP)	450.00	
19	ANTI CCP ANTIBODY	1000.00	
20	ANTI NUCLEAR FACTOR (ELISA)	600.00	
21	ANTI TPO ANTIBODY	700.00	
22	APTT	180.00	
23	ASO TITRE	200.00	
24	BACTEC CULTURE	700.00	
25	BETA HCG	600.00	
26	BILE PIGMENT	30.00	
27	BILE SALT	30.00	

28	BILIRUBIN CONJUGATED / TOTAL (EACH)	50.00	
29	BIOPSY (BIG) *	1500.00	
30	BIOPSY (MEDIUM)*	1000.00	
31	BIOPSY (SMALL) *	500.00	
32	BLEEDING PROFILE (BT,CT,PT,APTT)	420.00	
33	BLOOD GROUPING AND RH TYPING	50.00	
34	BLOOD TRANSFUSION (INCLUDING BAG, SEROLOGY, CROSSMATCH AND SCREENING)	1000.00	
35	BLOOD UREA	60.00	
36	BODY FLUID RE/ME	300.00	
37	BT/CT (EACH)	60.00	
38	CA 125	500.00	
39	CALCIUM	220.00	
40	CAPILLARY RESISTANCE TEST	50.00	
41	CBC(COMPLETE BLOOD COUNT) I.E.WBC,DIFF,HCT, RBC, PLATELET, MCV, MCH, MCHC)	230.00	
42	CEA	700.00	
43	CHLORIDE	150.00	
44	CHOLESTEROL	150.00	
45	COOMBS CROSS MATCH	150.00	
46	COOMB'S TEST (DIRECT)	100.00	
47	CORTISOL TEST	720.00	
48	CPK TOTAL (NAC)	230.00	
49	CPK-MB	330.00	
50	CRP LATEX	160.00	
51	CRP QUANTITATIVE	500.00	
52	CT (CLOTTING TIME)	60.00	
53	CULTURE & SENSITIVITY	200.00	
54	D-DIMER	500.00	
55	DENGUE RAPID TEST	400.00	
56	DIFFERENTIAL COUNT (DC)	40.00	
57	DIRECT BILLIRUBIN	120.00	
58	DS-D.N.A (ELISA)	360.00	
59	ECG	300.00	

60	ESR	40.00	
61	ESTROGEN	500.00	
62	FIBRINOGEN	480.00	
63	FLUID (PERICARDIAL, PERITONEAL, SYNOVIAL,PLEURAL) - ALBUMIN	60.00	
64	FLUID (PERICARDIAL, PERITONEAL, SYNOVIAL,PLEURAL)- LDH	240.00	
65	FLUID (PERICARDIAL, PERITONEAL, SYNOVIAL,PLEURAL)- PROTEIN	60.00	
66	FLUID (PERICARDIAL, PERITONEAL, SYNOVIAL,PLEURAL) SUGAR	60.00	
67	FLUID R/E (PL FLUID, ASC FLUID , JT FLUID)	150.00	
68	FOLIC ACID LEVEL	1000.00	
69	FSH	500.00	
70	FT3	300.00	
71	FT4	300.00	
72	GAMMA G.T.	160.00	
73	GCT	60.00	
74	GLOBULIN	120.00	
75	GRAM STAIN	50.00	
76	GROWTH HORMONE	700.00	
77	H. PYLORI ANTIGEN/ ANTIBODY	600.00	
78	HB	40.00	
79	HB A1C	500.00	
80	HB ELECTROPHORESIS	600.00	
81	HBS AG TEST	200.00	
82	HCV SPOT	250.00	
83	HCV-HIV-HBS QUICK	750.00	
84	HISTO BIOPSY INTERMEDIATE	480.00	
85	HISTO BIOPSY MAJOR	540.00	
86	HISTO BIOPSY MINOR	420.00	
87	HIV I & II (SPOT)	300.00	
88	IRON PROFILE(SERUM IRON, FERRITIN,TIBC,TRANSFERRIN)	1500.00	
89	KOH PREPARATION	50.00	
90	LACTATE	500.00	

91	LEPTOSPIRA RAPID TEST	400.00	
92	LFT BASIC (SGPT,SGOT,ALP,BIL T &D)	120.00	
93	LH/FSH (EACH)	550.00	
94	LIPID PROFILE (TG,CHOLESTEROL, VLDL,LDL,HDL)	700.00	
95	MANTOUX TEST	60.00	
96	MCH	30.00	
97	MCHC	30.00	
98	MCV	30.00	
99	MICRO ALBUMIN	500.00	
100	OCCULT BLOOD	80.00	
101	OGTT (100 GMS/ 75 GMS)	200.00	
102	PCV	30.00	
103	PERIPHERAL CYTOLOGY	120.00	
104	PERIPHEREL BLOOD SMEAR (PBS)	110.00	
105	PHLEBOTOMY	110.00	
106	PHOSPHOROUS	120.00	
107	PLATELET COUNT	30.00	
108	POTASSIUM	120.00	
109	PREGNANCY TEST	30.00	
110	PROCALCITONIN (PCT)	700.00	
111	PROGESTERONE	650.00	
112	PROLACTIN TEST	600.00	
113	PRP(ROUTINE)	840.00	
114	PT/INR	200.00	
115	RA FACTOR	100.00	
116	RA QUANTITATIVE	500.00	
117	RBC	30.00	
118	RBC MORPHOLOGY	110.00	
119	RETICS COUNT	60.00	
120	RFT (UR,CR,NA,K)	500.00	
121	R-K39	0.00	
122	SCRUB TYPHUS RDT	600.00	
123	SEMEN ANALYSIS	110.00	

124	SERUM AMYLASE	120.00	
125	SERUM CREATININE	110.00	
126	SERUM ELECTROLYTE (SODIUM + POTASSIUM)	240.00	
127	SERUM FERRITIN	800.00	
128	SERUM IRON	120.00	
129	SERUM LDH	320.00	
130	SERUM LIPASE	200.00	
131	SERUM MAGNESIUM	300.00	
132	SERUM TRANSFERRIN	550.00	
133	SERUM TRIGLYCERIDES	120.00	
134	SGPT	100.00	
135	SGOT	100.00	
136	SODIUM	120.00	
137	SPUTUM FOR EOSINOPHIL	60.00	
138	STOOL RE/ME	50.00	
139	SUGAR F/PP/R (EACH)	60.00	
140	TESTOSTERONE	700.00	
141	TFT (T3,T4,TSH)	900.00	
142	THYROGLOBULIN ANTIBODY	600.00	
143	TIBC	120.00	
144	TOTAL BILLIRUBIN	100.00	
145	TOTAL COUNT (TC)	40.00	
146	TOTAL PROSTRATE SPECIFIC ANTIGEN (TPSA)	480.00	
147	TOTAL PROTEIN	60.00	
148	TPHA	250.00	
149	TRIGLYCERIDE	250.00	
150	TROPONIN I QUALITATIVE	700.00	
151	TROPONIN QUANTITATIVE	700.00	
152	TSH	300.00	
153	TYPHOID RDT	350.00	
154	UREA BREATH TEST	1500.00	
155	URIC ACID	75.00	
156	URINE (SUGAR & ALBUMIN)	50.00	

157	URINE ACETONE/KETONE	30.00	
158	URINE R/E	30.00	
159	UROBILINOGEN	30.00	
160	VDRL TITRE	250.00	
161	VDRL	60.00	
162	VITAMIN B12	1000.00	
163	BLOOD C/S	500.00	
164	URINE C/S	400.00	
165	PUS C/S	500.00	
166	SPUTOM C/S	500.00	
167	STOOL C/S	400.00	
168	SWAB C/S	500.00	
169	HVS C/S	200.00	
170	BODY FLUID C/S	500.00	
171	VITAMIN D	1500.00	
172	WIDAL TEST	110.00	

** माथि उल्लेखित सेवाहरुमा यस अस्पतालमा कार्यरत कर्मचारीहरुलाई स्वयंमको लागि सेवा आवश्यक परेमा 50 प्रतिसत छुट प्रदान गर्ने। उक्त छुट लिनको लागि स्वास्थ्य विमा वा सामाजिक सुरक्षा कोषमा अनिवार्य आवद्धता भएको हुनुपर्नेछ।

** माथि उल्लेखित सेवाहरु वाहेकको LAB सेवा शुल्कको हकमा स्वास्थ्य विमा वोर्डबाट प्रदान गरिने सुविधा थैलि रकम नै अस्पतालबाट लिने सेवा शुल्क हुनेछ।

DENTAL शाखाबाट प्रदान गरिने सेवाहरुको सेवा शुल्क विवरण

S.N.	SERVICE NAME	SERVICE CHARGE	REMARKS
1	3Rd Molar Imapction(Bony)	2500.00	
2	3Rd Molar Imapction(Soft Tissue)	2500.00	
3	All Ceramic Prosthesis	5000.00	
4	Alveloplasty	2500.00	
5	Anterior Ext. (1,2,3)	300.00	
6	Anterior Rct (Per Visit)	1000.00	

7	Anterior Rct (All Visit)	3000.00	
8	Apextomy	2500.00	
9	Cervical Restoration	300.00	
10	Child Ext.	150.00	
11	Complete Denture (High) Double	30000.00	
12	Complete Denture (High) Single	15000.00	
13	Complete Denture (Low) Double	20000.00	
14	Complete Denture (Low) Single	10000.00	
15	Complete Denture (Medium) Double	25000.00	
16	Complete Denture (Medium) Single	13000.00	
17	Complex Dental Surgical Procedure	2500.00	
18	Composite (Filling)	500.00	
19	Composite Build Up	1500.00	
20	Coronoplastic Per Tooth	300.00	
21	Deep Scaling	1000.00	
22	Dental Minor Ot	2500.00	
23	Dental Suturing	250.00	
24	Dental X-Ray (Iopa/Rvg)	150.00	
25	Direct Pulp Capping (Dpc)	800.00	
26	Facial Esthetic Suturing	1500.00	
27	Frenectomy	2500.00	
28	Functional Space Maintainer	2000.00	
29	Gic (Filling)	300.00	
30	Gic Restoration Dcm	500.00	
31	Incision And Drainage(Abscess)	1000.00	
32	Indirect Pulp Capping (Ipc)	600.00	
33	Iopar	150.00	
34	Labial Bow Appliance	1500.00	
35	Manual Scaling	700.00	
36	Metal Ceramic Prosthesis Per /Tooth	3500.00	
37	Metal Crown Per Unit	2000.00	
38	Mild Scalling	500.00	
39	Moderate Scalling	700.00	

40	Mouth Guard	2000.00	
41	Non Functional Space Maintainer	1500.00	
42	Obturator Feeding Plate	3000.00	
43	Operculectomy Under La	1500.00	
44	Orthodontic Debonding + Retainer	500.00	
45	Orthodontic E-Chain Replacement	200.00	
46	Orthodontic E-Module Replacement	100.00	
47	Pit And Fissure Selent	2500.00	
48	Post And Core Per Tooth	4000.00	
49	Post Scaling Polishing	200.00	
50	Posterior Bite Plate	1500.00	
51	Posterior Ext.(4,5,6,7,8)	500.00	
52	Posterior Rct(All Visit)	4000.00	
53	Posterior Rct(Per Visit)	1000.00	
54	Pulpectomy	2500.00	
55	Re- Rct	5000.00	
56	Rpd/Unit	800.00	
57	Scaling And Root Planing	2000.00	
58	Severe Scalling	1500.00	
59	Surgical (Fibroma)	2500.00	
60	Surgical (Lipoma)	2500.00	
61	Surgical (Mucoseal)	2500.00	
62	Tooth Filling(Miracle Mix)	500.00	
63	Tooth Grinding	100.00	
64	Zirconia Prosthesis /Per Tooth	10000.00	
65	Difficult Posterior Extraction	800.00	
66	Minor Dental Surgery	3000.00	
67	Scalling And Polishing	1500.00	
68	Spiliting Anterior	1000.00	
69	Spiliting Full Arch	2000.00	
70	Surgical Extraction Teeth	1500.00	
71	Suture Removal	150.00	
72	Third Molar (Complicated)	1500.00	

73	Third Molar Extraction	1000.00	

** माथि उल्लेखित सेवाहरुमा यस अस्पतालमा कार्यरत कर्मचारीहरुलाई स्वयंमको लागि सेवा आवश्यक परेमा २० प्रतिसत छुट प्रदान गर्ने। उक्त छुट लिनको लागि स्वास्थ्य विमा वा सामाजिक सुरक्षा कोषमा अनिवार्य आवद्धता भएको हुनुपर्नेछ।

** माथि उल्लेखित सेवाहरु वाहेकको LAB सेवा शुल्कको हकमा स्वास्थ्य विमा वोर्डबाट प्रदान गरिने सुविधा थैलि रकम नै अस्पतालबाट लिने सेवा शुल्क हुनेछ।

विभिन्न सेवाहरु प्रदान गरे वापत लिइने सेवा शुल्क विवरण

S.N.	SERVICE NAME	SERVICE CHARGE	REMARKS
1	Arv Charge (Per Dose)	100.00	
2	Axillary Block	500.00	
3	Bed Charge Per Day (General)	50.00	
4	Body Fluid Aspiration	500.00	
5	Dead Body Fridge Charge Per Day	1500.00	
6	Dressing Major	100.00	
7	Dressing Minor	50.00	
8	Gastric Lavage	250.00	
9	NG Cathaterization	100.00	
10	Foley's Cathaterization	100.00	
11	Foreign Body Removal(Ear, Nose, Throat)	250.00	
12	Ear Irrigation & Syringing	250.00	
13	Ganglion Aspiration And Steroid Injection	250.00	
14	Large Joints Dislocation Reduction	500.00	
15	I & D Large	500.00	
16	I & D Small	250.00	
17	Intermediate Ot Charge Under IVA	6500.00	
18	Intermediate Ot Charge Under LA	3500.00	
19	Intra Lesional Steroid Injection	250.00	
20	K-Wire Per Piece	750.00	
21	K-Wire Removal	250.00	
22	Major Ot Charge	12000.00	
23	Medical Certificate	500.00	

24	Minor Ot Large	1500.00	
25	Minor Ot Small	600.00	
26	Nasal Packing	100.00	
27	Ojt (1Month) Cma/Anm/Lab Ass	1000.00	
28	Ojt (1Month) For Ha/Sn/Lab Tech	1500.00	
29	Oxygen Cylinder(Big Size) Filling Charge	800.00	
30	Oxygen Cylinder(Small Size) Filling Charge	500.00	
31	Oxygen Flowmeter (Refundable)	3500.00	Not refundable (If broken & Damage)
32	Oxygen Gas Charge Per Cylinder For Hospital Patients	100.00	
33	Physiotherapy Package 1 Week (Level1)	875.00	
34	Physiotherapy Package 1 Week (Level2)	1750.00	
35	Physiotherapy Per Sitting	150.00	
36	Plaster Major	1000.00	
37	Plaster Minor	600.00	
38	Plaster Removal	50.00	
39	Police Case Report	500.00	
41	Suture Major	500.00	
42	Suture Minor	250.00	
43	Suture Removal	50.00	
44	Suturing Complicated	1000.00	
45	Oxygen Cylinder For Personal/Private Use (Home Use For General Public) (Maximum Day 10)	10000 (Refundable)	Not refundable (If broken & Damage, or returned within specified time)
46	Oxygen Concerntrator For Personal/ Privet Use (Home Use For General Public) per Day (Maximum Day 15)	200.00	
47	Oxygen Concerntrator For Personal/ Privet Use (Home Use For General Public) (Maximum Day 10)	10000 (Refundable)	Not refundable (If broken & Damage, or returned within specified time)

48	** माथि उल्लेखित सेवाहरुमा यस अस्पतालमा कार्यरत कर्मचारीहरुलाई स्वयंमको लागि सेवा आवश्यक परेमा 50 प्रतिसत छुट प्रदान गर्ने। उक्त छुट लिनको लागि स्वास्थ्य विमा वा सामाजिक सुरक्षा कोषमा अनिवार्य आवद्धता भएको हुनुपर्नेछ।
49	** माथि उल्लेखित सेवाहरु वाहेकको सेवा शुल्कको हकमा स्वास्थ्य विमा वोर्डबाट प्रदान गरिने सुविधा थैलि रकम नै अस्पतालबाट लिने सेवा शुल्क हुनेछ।