



Memon Medical Institute Hospital

A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
1	MRI BRAIN (PLAIN + CONTRAST) (DUH)	8,360
2	MRI KNEE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
3	MRI THIGH (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
4	MRI CONTRAST (DUH)	4,950
5	MRI CONTRAST (DUH)	4,950
6	MRI CONTRAST (DUH)	4,950
7	MRI M.R.C.P (DUH)	6,050
8	MRI M.R.C.P (DUH)	6,050
9	MRI M.R.C.P (DUH)	6,050
10	MRI PELVIS (FULL STUDY) PLAIN (DUH)	6,050
11	MRI PELVIS (FULL STUDY) PLAIN (DUH)	6,050
12	MRI PELVIS (FULL STUDY) PLAIN (DUH)	6,050
13	MRI PELVIS (PLAIN + CONTRAST) (DUH)	9,020
14	MRI PELVIS (PLAIN + CONTRAST) (DUH)	9,020
15	MRI PELVIS (PLAIN + CONTRAST) (DUH)	9,020
16	MRI LEG (PLAIN + CONTRAST) (DUH)	9,020
17	MRI LEG (PLAIN + CONTRAST) (DUH)	9,020
18	MRI LEG (PLAIN + CONTRAST) (DUH)	9,020
19	MRI LEG (FULL STUDY) PLAIN (DUH)	6,050
20	MRI LEG (FULL STUDY) PLAIN (DUH)	6,050
21	MRI LEG (FULL STUDY) PLAIN (DUH)	6,050
22	MRI THIGH (PLAIN + CONTRAST) (DUH)	9,020
23	MRI THIGH (PLAIN + CONTRAST) (DUH)	9,020
24	MRI THIGH (PLAIN + CONTRAST) (DUH)	9,020
25	MRI THIGH (FULL STUDY) PLAIN (DUH)	6,050
26	MRI THIGH (FULL STUDY) PLAIN (DUH)	6,050
27	MRI THIGH (FULL STUDY) PLAIN (DUH)	6,050
28	MRI FOOT (PLAIN + CONTRAST) (DUH)	9,020
29	MRI FOOT (PLAIN + CONTRAST) (DUH)	9,020
30	MRI FOOT (PLAIN + CONTRAST) (DUH)	9,020
31	MRI FOOT (FULL STUDY) PLAIN (DUH)	6,050
32	MRI FOOT (FULL STUDY) PLAIN (DUH)	6,050
33	MRI FOOT (FULL STUDY) PLAIN (DUH)	6,050
34	MRI KNEE (PLAIN + CONTRAST) (DUH)	9,020
35	MRI KNEE (PLAIN + CONTRAST) (DUH)	9,020
36	MRI KNEE (PLAIN + CONTRAST) (DUH)	9,020
37	MRI KNEE (FULL STUDY) (DUH)	6,050
38	MRI KNEE (FULL STUDY) (DUH)	6,050
39	MRI KNEE (FULL STUDY) (DUH)	6,050
40	MRI HIP (PLAIN + CONTRAST) (DUH)	9,020
41	MRI HIP (PLAIN + CONTRAST) (DUH)	9,020
42	MRI HIP (PLAIN + CONTRAST) (DUH)	9,020
43	MRI HIP (FULL STUDY) (DUH)	6,050
44	MRI HIP (FULL STUDY) (DUH)	6,050
45	MRI HIP (FULL STUDY) (DUH)	6,050
46	MRI HAND (PLAIN + CONTRAST) (DUH)	9,020
47	MRI HAND (PLAIN + CONTRAST) (DUH)	9,020
48	MRI HAND (PLAIN + CONTRAST) (DUH)	9,020
49	MRI HAND (FULL STUDY) (DUH)	6,050
50	MRI HAND (FULL STUDY) (DUH)	6,050
51	MRI HAND (FULL STUDY) (DUH)	6,050
52	MRI NECK (PLAIN + CONTRAST) (DUH)	9,020
53	MRI NECK (PLAIN + CONTRAST) (DUH)	9,020
54	MRI NECK (PLAIN + CONTRAST) (DUH)	9,020



Memon Medical Institute Hospital

A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
55	MRI NECK (FULL STUDY) (DUH)	6,050
56	MRI NECK (FULL STUDY) (DUH)	6,050
57	MRI NECK (FULL STUDY) (DUH)	6,050
58	MRI LUMBAR SPINE (PLAIN + CONTRAST) (DUH)	9,020
59	MRI LUMBAR SPINE (PLAIN + CONTRAST) (DUH)	9,020
60	MRI LUMBAR SPINE (PLAIN + CONTRAST) (DUH)	9,020
61	MRI LUMBAR SPINE (FULL STUDY) (DUH)	6,050
62	MRI LUMBAR SPINE (FULL STUDY) (DUH)	6,050
63	MRI LUMBAR SPINE (FULL STUDY) (DUH)	6,050
64	MRI LUMBAR SPINE (SCREENING) (DUH)	2,420
65	MRI LUMBAR SPINE (SCREENING) (DUH)	2,420
66	MRI LUMBAR SPINE (SCREENING) (DUH)	2,420
67	MRI DORSAL SPINE (PLAIN + CONTRAST) (DUH)	9,020
68	MRI DORSAL SPINE (PLAIN + CONTRAST) (DUH)	9,020
69	MRI DORSAL SPINE (PLAIN + CONTRAST) (DUH)	9,020
70	MRI DORSAL SPINE (FULL STUDY) (DUH)	6,050
71	MRI DORSAL SPINE (FULL STUDY) (DUH)	6,050
72	MRI DORSAL SPINE (FULL STUDY) (DUH)	6,050
73	MRI DORSAL SPINE (SCREENING) (DUH)	2,420
74	MRI DORSAL SPINE (SCREENING) (DUH)	2,420
75	MRI DORSAL SPINE (SCREENING) (DUH)	2,420
76	MRI CERVICAL SPINE (PLAIN + CONTRAST) (DUH)	9,020
77	MRI CERVICAL SPINE (PLAIN + CONTRAST) (DUH)	9,020
78	MRI CERVICAL SPINE (PLAIN + CONTRAST) (DUH)	9,020
79	MRI CERVICAL SPINE (FULL STUDY) (DUH)	6,050
80	MRI CERVICAL SPINE (FULL STUDY) (DUH)	6,050
81	MRI CERVICAL SPINE (FULL STUDY) (DUH)	6,050
82	MRI CERVICAL SPINE (SCREENING) (DUH)	2,420
83	MRI CERVICAL SPINE (SCREENING) (DUH)	2,420
84	MRI CERVICAL SPINE (SCREENING) (DUH)	2,420
85	MRI BRAIN MRA + MRV (PLAIN) (DUH)	7,150
86	MRI BRAIN MRA + MRV (PLAIN) (DUH)	7,150
87	MRI BRAIN MRA + MRV (PLAIN) (DUH)	7,150
88	MRI BRAIN (FULL STUDY) (DUH)	5,720
89	MRI BRAIN (FULL STUDY) (DUH)	5,720
90	MRI BRAIN (FULL STUDY) (DUH)	5,720
91	MRI BRAIN (SCREENING) (DUH)	2,420
92	MRI BRAIN (SCREENING) (DUH)	2,420
93	MRI BRAIN (SCREENING) (DUH)	2,420
94	MRI ABDOMEN (PLAIN + CONTRAST) (DUH)	9,020
95	MRI ABDOMEN (PLAIN + CONTRAST) (DUH)	9,020
96	MRI ABDOMEN (PLAIN + CONTRAST) (DUH)	9,020
97	MRI ABDOMEN (FULL STUDY) PLAIN (DUH)	6,050
98	MRI ABDOMEN (FULL STUDY) PLAIN (DUH)	6,050
99	MRI ABDOMEN (FULL STUDY) PLAIN (DUH)	6,050
100	MRI KNEE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
101	MRI KNEE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
102	MRI KNEE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
103	MRI THIGH (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
104	MRI THIGH (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
105	MRI THIGH (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
106	MRI HIP (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
107	MRI HAND (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
108	MRI HAND (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900



Memon Medical Institute Hospital

A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
109	MRI NECK (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
110	MRI NECK (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
111	MRI LUMBAR SPINE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
112	MRI LUMBAR SPINE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
113	MRI LUMBAR SPINE (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
114	MRI DORSAL SPINE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
115	MRI DORSAL SPINE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
116	MRI DORSAL SPINE (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
117	MRI CERVICAL SPINE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
118	MRI CERVICAL SPINE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
119	MRI CERVICAL SPINE (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
120	MRI BRAIN MRA + MRV (PLAIN) (ZIAUDDIN HOSPITAL)	9,900
121	MRI BRAIN (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
122	MRI BRAIN (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
123	MRI ABDOMEN (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
124	MRI BRAIN (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
125	MRI OTHER (ZIAUDDIN HOSPITAL)	9,900
126	MRI OTHER (ZIAUDDIN HOSPITAL)	9,900
127	MRI OTHER (ZIAUDDIN HOSPITAL)	9,900
128	MRI CONTRAST (ZIAUDDIN HOSPITAL)	9,900
129	MRI CONTRAST (ZIAUDDIN HOSPITAL)	9,900
130	MRI CONTRAST (ZIAUDDIN HOSPITAL)	9,900
131	MRI M.R.C.P (ZIAUDDIN HOSPITAL)	9,900
132	MRI M.R.C.P (ZIAUDDIN HOSPITAL)	9,900
133	MRI M.R.C.P (ZIAUDDIN HOSPITAL)	9,900
134	MRI PELVIS (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	16,500
135	MRI PELVIS (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	16,500
136	MRI PELVIS (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	16,500
137	MRI PELVIS (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	9,900
138	MRI PELVIS (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	9,900
139	MRI LEG (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
140	MRI LEG (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
141	MRI LEG (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
142	MRI LEG (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
143	MRI PELVIS (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	9,900
144	MRI LEG (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
145	MRI LEG (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
146	MRI FOOT (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
147	MRI FOOT (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
148	MRI FOOT (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
149	MRI FOOT (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
150	MRI FOOT (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
151	MRI FOOT (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
152	MRI HIP (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
153	MRI HIP (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
154	MRI HIP (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
155	MRI HIP (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
156	MRI HIP (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
157	MRI ABDOMEN (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
158	MRI HAND (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
159	MRI HAND (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
160	MRI HAND (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
161	MRI HAND (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
162	MRI NECK (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
163	MRI NECK (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
164	MRI NECK (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
165	MRI NECK (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
166	MRI LUMBAR SPINE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
167	MRI LUMBAR SPINE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
168	MRI LUMBAR SPINE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
169	MRI LUMBAR SPINE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
170	MRI LUMBAR SPINE (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
171	MRI LUMBAR SPINE (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
172	MRI DORSAL SPINE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
173	MRI DORSAL SPINE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
174	MRI DORSAL SPINE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
175	MRI DORSAL SPINE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
176	MRI DORSAL SPINE (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
177	MRI DORSAL SPINE (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
178	MRI CERVICAL SPINE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
179	MRI CERVICAL SPINE (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
180	MRI CERVICAL SPINE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
181	MRI CERVICAL SPINE (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
182	MRI CERVICAL SPINE (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
183	MRI CERVICAL SPINE (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
184	MRI BRAIN MRA + MRV (PLAIN) (ZIAUDDIN HOSPITAL)	9,900
185	MRI BRAIN MRA + MRV (PLAIN) (ZIAUDDIN HOSPITAL)	9,900
186	MRI BRAIN (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
187	MRI BRAIN (PLAIN + CONTRAST) (ZIAUDDIN HOSPITAL)	16,500
188	MRI BRAIN (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
189	MRI BRAIN (FULL STUDY) (ZIAUDDIN HOSPITAL)	9,900
190	MRI BRAIN (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
191	MRI ABDOMEN (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
192	MRI ABDOMEN (FULL STUDY) PLAIN (ZIAUDDIN HOSPITAL)	9,900
193	MRI BRAIN (SCREENING) (ZIAUDDIN HOSPITAL)	4,950
194	ZYGO - ZYGOMATIC ARCHES	660
195	ZYGO - ZYGOMATIC ARCHES	660
196	X-RAY NASAL BONE	275
197	X-RAY NASAL BONE	275
198	WRIB-UPPER EXTREMITY WRIST (BILATERAL)	1,408
199	WRIB-UPPER EXTREMITY WRIST (BILATERAL)	1,408
200	WRI - UPPER EXTREMITY WRIST RIGHT	715
201	WRI - UPPER EXTREMITY WRIST RIGHT	715
202	WRI - UPPER EXTREMITY WRIST LEFT	715
203	WRI - UPPER EXTREMITY WRIST LEFT	715
204	VER - VARICOCELE/SCROTUM(COLOR DOP.)	3,520
205	VER - VARICOCELE/SCROTUM(COLOR DOP.)	3,520
206	UROF- UROFLOWMETRY	550
207	UROF- UROFLOWMETRY	550
208	URET & URETHROGRAM	3,025
209	URET & URETHROGRAM	3,025
210	U ABD - ABDOMEN	1,089
211	U ABD - ABDOMEN	1,089
212	TRU B - TRUCUT/SURECUT BIOPSY	3,663
213	TRU B - TRUCUT/SURECUT BIOPSY	3,663
214	TRF - TRANSRECTAL (FEMALE)	1,089
215	TRF - TRANSRECTAL (FEMALE)	1,089
216	TOEB-LOWER EXTREMITY TOES (BILATERAL)	660



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
217	TOEB-LOWER EXTREMITY TOES (BILATERAL)	660
218	TOE - LOWER EXTREMITY TOES RIGHT	352
219	TOE - LOWER EXTREMITY TOES RIGHT	352
220	TOE - LOWER EXTREMITY TOES LEFT	352
221	TOE - LOWER EXTREMITY TOES LEFT	352
222	TL SPI - THORACO-LUMBAR SPINE	1,210
223	TL SPI - THORACO-LUMBAR SPINE	1,210
224	TIB - TIBIA RIGHT	770
225	TIB - TIBIA RIGHT	770
226	TIB - TIBIA LEFT	770
227	TIB - TIBIA LEFT	770
228	THY - THYROID	1,089
229	THY - THYROID	1,089
230	TH - THUMB RIGHT	330
231	TH - THUMB RIGHT	330
232	TH - THUMB LEFT	330
233	TH - THUMB LEFT	330
234	TEST - TESTES	1,452
235	TEST - TESTES	1,452
236	T SPI - THORACIC SPINE	1,265
237	T SPI - THORACIC SPINE	1,265
238	T M JTS - TEMPORO MANDIBULAR JOINTS	1,210
239	T M JTS - TEMPORO MANDIBULAR JOINTS	1,210
240	T IN - THORACIC INLET	880
241	T IN - THORACIC INLET	880
242	SUR M - SURVEYS METASTATIC/SKELETAL	3,300
243	SUR M - SURVEYS METASTATIC/SKELETAL	3,300
244	SUR H - SURVEYS HEMATOLOGICAL	3,850
245	SUR H - SURVEYS HEMATOLOGICAL	3,850
246	STRE - LOWER EXTREMITY STRESS VIEWS	660
247	STRE - LOWER EXTREMITY STRESS VIEWS	660
248	STERN - STERNUM	715
249	STERN - STERNUM	715
250	SPI 1 - SPINE (1 VIEW)	506
251	SPI 1 - SPINE (1 VIEW)	506
252	SPECI - SPECIMEN RADIOGRAPHY	759
253	SPECI - SPECIMEN RADIOGRAPHY	759
254	SP LF - SPINE (LONG FILM) AP	1,540
255	SP LF - SPINE (LONG FILM) AP	1,540
256	SKY - SKYLINE VIEW KNEE	440
257	SKY - SKYLINE VIEW KNEE	440
258	SKUL - SKULL RIGHT	869
259	SKUL - SKULL RIGHT	869
260	SKUL - SKULL LEFT	869
261	SKUL - SKULL LEFT	869
262	SKUL - SKULL	869
263	SKUL - SKULL	869
264	SINO - SINOGRAM	1,980
265	SINO - SINOGRAM	1,980
266	SI JTS 3 - SACRO ILIAC JOINTS (1-3 VIEWS)	924
267	SI JTS 3 - SACRO ILIAC JOINTS (1-3 VIEWS)	924
268	SI JTS 1 - SACRO ILIAC JOINTS (AP)	473
269	SI JTS 1 - SACRO ILIAC JOINTS (AP)	473
270	SHOB-UPPER EXTREMITY SHOULDER (BILATERAL)	1,540



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
271	SHOB-UPPER EXTREMITY SHOULDER (BILATERAL)	1,540
272	SHO - UPPER EXTREMITY SHOULDER RIGHT	803
273	SHO - UPPER EXTREMITY SHOULDER RIGHT	803
274	SHO - UPPER EXTREMITY SHOULDER LEFT	803
275	SHO - UPPER EXTREMITY SHOULDER LEFT	803
276	SELL - SELLA TURCICA	649
277	SELL - SELLA TURCICA	649
278	SCO - SPINE SCOLIOSIS 2-3 VIEWS	1,870
279	SCO - SPINE SCOLIOSIS 2-3 VIEWS	1,870
280	SCAP - UPPER EXTREMITY SCAPHOID	770
281	SCAP - UPPER EXTREMITY SCAPHOID	770
282	SCA - UPPER EXTREMITY SCAPULA	770
283	SCA - UPPER EXTREMITY SCAPULA	770
284	SC0 5 - SPINE SCOL. SERIES 4-5 FILMS	3,850
285	SC0 5 - SPINE SCOL. SERIES 4-5 FILMS	3,850
286	SAC - SACRUM	792
287	SAC - SACRUM	792
288	S C JTS - STERNO-CLAVICULAR JOINTS	594
289	S C JTS - STERNO-CLAVICULAR JOINTS	594
290	RIB U - RIBS UNILATERAL RIGHT	495
291	RIB U - RIBS UNILATERAL RIGHT	495
292	RIB U - RIBS UNILATERAL LEFT	495
293	RIB U - RIBS UNILATERAL LEFT	495
294	RIB B - RIBS BILATERAL	814
295	RIB B - RIBS BILATERAL	814
296	PULMONARY FUNCTION TEST (PFT)	880
297	PULMONARY FUNCTION TEST (PFT)	880
298	PROS - INTRA-RECTAL PROSTATE	1,210
299	PROS - INTRA-RECTAL PROSTATE	1,210
300	PORT - PORTABLE X-RAY	385
301	PORT - PORTABLE X-RAY	385
302	PORT - PORTABLE U/S	242
303	PORT - PORTABLE U/S	242
304	PNS 4 - PARA NASAL SINUSES (4 VIEWS)	836
305	PNS 4 - PARA NASAL SINUSES (4 VIEWS)	836
306	PNS 2 - PARA NASAL SINUSES (TWO VIEWS)	770
307	PNS 2 - PARA NASAL SINUSES (TWO VIEWS)	770
308	PN SP - POST NASAL SPACE	418
309	PN SP - POST NASAL SPACE	418
310	PLU A - PLURAL ASP. UNDER ULTRASOUND (THERAPUTIC)	3,025
311	PLU A - PLURAL ASP. UNDER ULTRASOUND (THERAPUTIC)	3,025
312	PHYSIOTHERAPY OUT PATIENT	385
313	PHYSIOTHERAPY OUT PATIENT	385
314	PHYSIOTHERAPY MOBILIZATION	275
315	PHYSIOTHERAPY MOBILIZATION	275
316	PHYSIOTHERAPY LIMB	275
317	PHYSIOTHERAPY LIMB	275
318	PHYSIOTHERAPY CHEST	275
319	PHYSIOTHERAPY CHEST	275
320	PHYSIO HOME BASE INITIAL VISIT	550
321	PHYSIO HOME BASE INITIAL VISIT	550
322	PHYSIO HOME BASE FOLLOW UP 2 WEEK	468
323	PHYSIO HOME BASE FOLLOW UP 2 WEEK	468
324	PHYSIO HOME BASE FOLLOW UP 1 WEEK	495



Memon Medical Institute Hospital

A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
325	PHYSIO HOME BASE FOLLOW UP 1 WEEK	495
326	PHYSIO HOME BASE FOLLOW UP 4 WEEK	440
327	PHYSIO HOME BASE FOLLOW UP 4 WEEK	440
328	PELV 2 - ABDOMEN PELVIMETRY (AP & LAT)	869
329	PELV 2 - ABDOMEN PELVIMETRY (AP & LAT)	869
330	PELV 1 - LATERAL PELVIMETRY ONLY	715
331	PELV 1 - LATERAL PELVIMETRY ONLY	715
332	PELM - PELVIS FOR MALE	550
333	PELM - PELVIS FOR MALE	550
334	PEL TV - PELVIS (TRANSVAGINAL)	1,210
335	PEL TV - PELVIS (TRANSVAGINAL)	1,210
336	PEL OB - PELVIS FOR FEMALE(OBS.) FOR TWIN PREGNANCY	1,760
337	PEL OB - PELVIS FOR FEMALE(OBS.) FOR TWIN PREGNANCY	1,760
338	PEL OB - PELVIS FOR FEMALE(OBS.).	550
339	PEL OB - PELVIS FOR FEMALE(OBS.).	550
340	PEL DOP - PELVIS / OBS. DOPPLER STUDIES	1,936
341	PEL DOP - PELVIS / OBS. DOPPLER STUDIES	1,936
342	PEL - PELVIS FOR FEMALE	550
343	PEL - PELVIS FOR FEMALE	550
344	PEL - PELVIS	660
345	PEL - PELVIS	660
346	PATE - LOWER EXTREMITY PATELLA 2 VIEW	594
347	PATE - LOWER EXTREMITY PATELLA 2 VIEW	594
348	ORB FB - ORBITS (F.B) LOCAL	1,078
349	ORB FB - ORBITS (F.B) LOCAL	1,078
350	ORB - ORBITS	803
351	ORB - ORBITS	803
352	O FORA - OPTIC FORAMEN	814
353	O FORA - OPTIC FORAMEN	814
354	NIC 80 - NON IONIC CONTRAST 80 ML.	4,840
355	NIC 80 - NON IONIC CONTRAST 80 ML.	4,840
356	NIC 40 - NON IONIC CONTRAST 40 ML	2,420
357	NIC 40 - NON IONIC CONTRAST 40 ML	2,420
358	NIC 20 - NON IONIC CONTRAST 20 ML	1,210
359	NIC 20 - NON IONIC CONTRAST 20 ML	1,210
360	NIC - NON IONIC CONTRAST IO ML	605
361	NIC - NON IONIC CONTRAST IO ML	605
362	NEPHSTO - NEPHROSTOMY	8,250
363	NEPHSTO - NEPHROSTOMY	8,250
364	NEPHG - NEPHROSTOGRAM	1,980
365	NEPHG - NEPHROSTOGRAM	1,980
366	NECK F B - NECK (FOREIGN BODY)	462
367	NECK F B - NECK (FOREIGN BODY)	462
368	NECK - NECK SOFT TISSUE/ADENOIDS	495
369	NECK - NECK SOFT TISSUE/ADENOIDS	495
370	NECK - NECK	1,331
371	NECK - NECK	1,331
372	MONOPTY - BIOPSY WITH MONOPTY GUN	7,700
373	MONOPTY - BIOPSY WITH MONOPTY GUN	7,700
374	MCUG & MICTURATING CYSTOURETHROGRAM	3,498
375	MCUG & MICTURATING CYSTOURETHROGRAM	3,498
376	MAS - MASTOIDS	968
377	MAS - MASTOIDS	968
378	MAND - MANDIBLE	1,045



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
379	MAND - MANDIBLE	1,045
380	MAMMOGRAPHY WITH ULTRASOUND (EXEC. PKG)	1,650
381	MAMMOGRAPHY WITH ULTRASOUND (EXEC. PKG)	1,650
382	MAMMOGRAPHY UNILATERAL WITH ULTRASOUND PACKAGE RIGHT	1,980
383	MAMMOGRAPHY UNILATERAL WITH ULTRASOUND PACKAGE RIGHT	1,980
384	MAMMOGRAPHY UNILATERAL ULTRASOUND PACKAGE LEFT	1,980
385	MAMMOGRAPHY UNILATERAL WITH ULTRASOUND PACKAGE LEFT	1,980
386	MAMMOGRAPHY UNILATERAL WITH ULTRASOUND PACKAGE	1,980
387	MAMMOGRAPHY UNILATERAL WITH ULTRASOUND PACKAGE	1,980
388	MAMMOGRAPHY UNILATERAL RIGHT	880
389	MAMMOGRAPHY UNILATERAL RIGHT	880
390	MAMMOGRAPHY UNILATERAL LEFT	880
391	MAMMOGRAPHY UNILATERAL LEFT	880
392	MAMMOGRAPHY SCREENING	660
393	MAMMOGRAPHY SCREENING	660
394	MAMMOGRAPHY NEEDLE LOCALIZATION ADDITIONAL NEEDLE	3,009
395	MAMMOGRAPHY NEEDLE LOCALIZATION ADDITIONAL NEEDLE	3,009
396	MAMMOGRAPHY NEEDLE LOCALIZATION	4,400
397	MAMMOGRAPHY NEEDLE LOCALIZATION	4,400
398	MAMMOGRAPHY MAGNIFIED VIEW/SINGLE VIEW/CONE VIEW	770
399	MAMMOGRAPHY MAGNIFIED VIEW/SINGLE VIEW/CONE VIEW	770
400	MAMMOGRAPHY LIMITED	1,980
401	MAMMOGRAPHY LIMITED	1,980
402	MAMMOGRAPHY BILATERAL WITH ULTRASOUND PACKAGE	2,420
403	MAMMOGRAPHY BILATERAL WITH ULTRASOUND PACKAGE	2,420
404	MAMMOGRAPHY BILATERAL MLO	770
405	MAMMOGRAPHY BILATERAL MLO	770
406	MAMMOGRAPHY BILATERAL	1,320
407	MAMMOGRAPHY BILATERAL	1,320
408	LTD US - LIMITED ULTRASOUND (ONE ORGAN)	605
409	LTD US - LIMITED ULTRASOUND (ONE ORGAN)	605
410	LOOP - LOOPOGRAM	2,475
411	LOOP - LOOPOGRAM	2,475
412	LIV GB - LIVER/G.BLADDER OR BOTH	726
413	LIV GB - LIVER/G.BLADDER OR BOTH	726
414	LAT S - LATERAL SKULL	462
415	LAT S - LATERAL SKULL	462
416	L SPI 5 - LUMBO SACRAL SPINE (4-5 VIEWS)	1,650
417	L SPI 5 - LUMBO SACRAL SPINE (4-5 VIEWS)	1,650
418	L SPI 3 - LUMBO SACRAL SPINE (2-3) VIEWS)	1,034
419	L SPI 3 - LUMBO SACRAL SPINE (2-3) VIEWS)	1,034
420	KUB - KIDNEYS URETERS & BLADDER	1,089
421	KUB - KIDNEYS URETERS & BLADDER	1,089
422	KNE SKB - KNEES BOTH & SKYLINE VIEWS	1,562
423	KNE SKB - KNEES BOTH & SKYLINE VIEWS	1,562
424	KNE SK - KNEE WITH SKYLINE VIEW RIGHT	1,012
425	KNE SK - KNEE WITH SKYLINE VIEW RIGHT	1,012
426	KNE SK - KNEE WITH SKYLINE VIEW LEFT	1,012
427	KNE SK - KNEE WITH SKYLINE VIEW LEFT	1,012
428	KNE B - KNEE JOINTS BOTH	1,320
429	KNE B - KNEE JOINTS BOTH	1,320
430	KNE - LOWER EXTREMITY KNEE RIGHT	693
431	KNE - LOWER EXTREMITY KNEE RIGHT	693
432	KNE - LOWER EXTREMITY KNEE LEFT	693



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
433	KNE - LOWER EXTREMITY KNEE LEFT	693
434	KID - KIDNEYS	847
435	KID - KIDNEYS	847
436	IVP - IVP / IVU	3,685
437	IVP - IVP / IVU	3,685
438	IMM CHE - CHEST (MED. EXAMINATION)	605
439	IMM CHE - CHEST (MED. EXAMINATION)	605
440	IAC - INTERNAL AUDITORY CANAL	858
441	IAC - INTERNAL AUDITORY CANAL	858
442	HUMB-UPPER EXTREMITY HUMERUS (BILATERAL)	1,320
443	HUMB-UPPER EXTREMITY HUMERUS (BILATERAL)	1,320
444	HUM - UPPER EXTREMITY HUMERUS RIGHT	682
445	HUM - UPPER EXTREMITY HUMERUS RIGHT	682
446	HUM - UPPER EXTREMITY HUMERUS LEFT	682
447	HUM - UPPER EXTREMITY HUMERUS LEFT	682
448	HIP 2 - LOWER EXTREMITY HIPS AP LAT	1,309
449	HIP 2 - LOWER EXTREMITY HIPS AP LAT	1,309
450	HIP 1 - PELVIS AP & LAT HIP	880
451	HIP 1 - PELVIS AP & LAT HIP	880
452	HEELB - LOWER EXTREMITY OSCALCIS (BILATERAL)	1,298
453	HEELB - LOWER EXTREMITY OSCALCIS (BILATERAL)	1,298
454	HEEL - LOWER EXTREMITY OSCALCIS RIGHT	660
455	HEEL - LOWER EXTREMITY OSCALCIS RIGHT	660
456	HEEL - LOWER EXTREMITY OSCALCIS LEFT	660
457	HEEL - LOWER EXTREMITY OSCALCIS LEFT	660
458	HEA - HEAD	847
459	HEA - HEAD	847
460	HANB-UPPER EXTREMITY HAND (BILATERAL)	1,408
461	HANB-UPPER EXTREMITY HAND (BILATERAL)	1,408
462	HAN-UPPER EXTREMITY HAND (UNILATERAL) RIGHT	715
463	HAN-UPPER EXTREMITY HAND (UNILATERAL) RIGHT	715
464	HAN-UPPER EXTREMITY HAND (UNILATERAL) LEFT	715
465	HAN-UPPER EXTREMITY HAND (UNILATERAL) LEFT	715
466	FP - FAILED PROCEDURE	847
467	FP - FAILED PROCEDURE	847
468	FORB - UPPER EXTREMITY FOREARM (BILATERAL)	1,298
469	FORB - UPPER EXTREMITY FOREARM (BILATERAL)	1,298
470	FOR - UPPER EXTREMITY FOREARM RIGHT	660
471	FOR - UPPER EXTREMITY FOREARM RIGHT	660
472	FOR - UPPER EXTREMITY FOREARM LEFT	660
473	FOR - UPPER EXTREMITY FOREARM LEFT	660
474	FOOTB - LOWER EXTREMITY FOOT (BILATERAL)	1,298
475	FOOTB - LOWER EXTREMITY FOOT (BILATERAL)	1,298
476	FOOT 1 - LOWER EXTREMITY FOOT (1 VIEW)	396
477	FOOT 1 - LOWER EXTREMITY FOOT (1 VIEW)	396
478	FOOT - LOWER EXTREMITY FOOT RIGHT	660
479	FOOT - LOWER EXTREMITY FOOT RIGHT	660
480	FOOT - LOWER EXTREMITY FOOT LEFT	660
481	FOOT - LOWER EXTREMITY FOOT LEFT	660
482	FOLL - PELVIS,FOLLICLE GROWTH	787
483	FOLL - PELVIS,FOLLICLE GROWTH	787
484	FIST - FISTULOGRAM	1,320
485	FIST - FISTULOGRAM	1,320
486	FIN - UPPER EXTREMITY FINGER RIGHT	330



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
487	FIN - UPPER EXTREMITY FINGER RIGHT	330
488	FIN - UPPER EXTREMITY FINGER LEFT	330
489	FIN - UPPER EXTREMITY FINGER LEFT	330
490	FEMB - LOWER EXTREMITY FEMUR (BILATERAL)	1,408
491	FEMB - LOWER EXTREMITY FEMUR (BILATERAL)	1,408
492	FEM - LOWER EXTREMITY FEMUR RIGHT	715
493	FEM - LOWER EXTREMITY FEMUR RIGHT	715
494	FEM - LOWER EXTREMITY FEMUR LEFT	715
495	FEM - LOWER EXTREMITY FEMUR LEFT	715
496	FASTP - FETAL ANOMALY SCAN FOR TWIN PREGNANCY	1,980
497	FASTP - FETAL ANOMALY SCAN FOR TWIN PREGNANCY	1,980
498	FAST P - FAST ULTRASOUND PORTABLE	1,210
499	FAST P - FAST ULTRASOUND PORTABLE	1,210
500	FAST - FAST ULTRASOUND	968
501	FAST - FAST ULTRASOUND	968
502	FAS - FETAL ANOMALY SCAN	1,100
503	FAS - FETAL ANOMALY SCAN	1,100
504	FAIL SP - FAILED SPECIAL PROCEDURE	957
505	FAIL SP - FAILED SPECIAL PROCEDURE	957
506	FAC B - FACIAL BONES	913
507	FAC B - FACIAL BONES	913
508	EXT LF - EXTREMITY (LONG FILM)	2,200
509	EXT LF - EXTREMITY (LONG FILM)	2,200
510	EXT - EXTREMITY	847
511	EXT - EXTREMITY	847
512	EXT - DUPLICATE FILM(S)	550
513	EXT - DUPLICATE FILM(S)	550
514	EXERCISE TOLERANCE TEST (ETT)	1,650
515	EXERCISE TOLERANCE TEST (ETT)	1,650
516	EXERCISE STRESS ECHOCARDIOGRAPHY (ESE)	8,250
517	EXERCISE STRESS ECHOCARDIOGRAPHY (ESE)	8,250
518	ELBOB - UPPER EXTREMITY ELBOW (BILATERAL)	1,485
519	ELBOB - UPPER EXTREMITY ELBOW (BILATERAL)	1,485
520	ELBO - UPPER EXTREMITY ELBOW RIGHT	748
521	ELBO - UPPER EXTREMITY ELBOW RIGHT	748
522	ELBO - UPPER EXTREMITY ELBOW LEFT	748
523	ELBO - UPPER EXTREMITY ELBOW LEFT	748
524	ECHOCARDIOGRAPHY WITH STRESS (DSE)	8,250
525	ECHOCARDIOGRAPHY WITH STRESS (DSE)	8,250
526	ECHOCARDIOGRAPHY WITH CONTRAST	2,750
527	ECHOCARDIOGRAPHY WITH CONTRAST	2,750
528	ECHOCARDIOGRAPHY PORTABLE	3,575
529	ECHOCARDIOGRAPHY PORTABLE	3,575
530	ECHOCARDIOGRAPHY ADULT	2,255
531	ECHOCARDIOGRAPHY ADULT	2,255
532	DOP P - PENILE DOPPLER STUDIES	2,420
533	DOP P - PENILE DOPPLER STUDIES	2,420
534	DOP - DOPPLER B/W	2,750
535	DOP - DOPPLER B/W	2,750
536	CT VCS - VIRTUAL COLONOSCOPY	9,350
537	CT VCS - VIRTUAL COLONOSCOPY	9,350
538	CT TRIPLE RULE OUT	7,425
539	CT TRIPLE RULE OUT	7,425
540	CT TRI-PHAS- TRIPHASIC	8,333



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
541	CT TRI-PHAS- TRIPHASIC	8,333
542	CT TEMPORAL BONE CT	6,600
543	CT TEMPORAL BONE CT	6,600
544	CT STA-STAGING	9,433
545	CT STA-STAGING	9,433
546	CT SPINE PLAIN (AREA OF INTEREST)	3,300
547	CT SPINE PLAIN (AREA OF INTEREST)	3,300
548	CT SOPI- SECOND OPINION ON CT PROCEDURE	545
549	CT SOPI- SECOND OPINION ON CT PROCEDURE	545
550	CT SCANOGRAM	550
551	CT SCANOGRAM	550
552	CT PITUITARY FOSSA PLAIN AND CONTRAST AXIAL & CORONAL	6,600
553	CT PITUITARY FOSSA PLAIN AND CONTRAST AXIAL & CORONAL	6,600
554	CT PELVIS WITH CONTRAST	4,950
555	CT PELVIS WITH CONTRAST	4,950
556	CT PELVIS PLAIN AXIAL	2,200
557	CT PELVIS PLAIN AXIAL	2,200
558	CT PELVIS PLAIN AND CONTRAST AXIAL	4,950
559	CT PELVIS PLAIN AND CONTRAST AXIAL	4,950
560	CT PELVIMETRY CT	550
561	CT PELVIMETRY CT	550
562	CT P.N.S PLAIN CORONAL	2,750
563	CT P.N.S PLAIN CORONAL	2,750
564	CT P.N.S PLAIN AXIAL & CORONAL	4,950
565	CT P.N.S PLAIN AXIAL & CORONAL	4,950
566	CT P.N.S PLAIN AXIAL	2,750
567	CT P.N.S PLAIN AXIAL	2,750
568	CT P.N.S PLAIN AND CONTRAST CORONAL	5,500
569	CT P.N.S PLAIN AND CONTRAST CORONAL	5,500
570	CT P.N.S PLAIN AND CONTRAST AXIAL & CORONAL	6,600
571	CT P.N.S PLAIN AND CONTRAST AXIAL & CORONAL	6,600
572	CT P.N.S PLAIN AND CONTRAST AXIAL	5,500
573	CT P.N.S PLAIN AND CONTRAST AXIAL	5,500
574	CT ORBIT PLAIN AXIAL & CORONAL	4,400
575	CT ORBIT PLAIN AXIAL & CORONAL	4,400
576	CT ORBIT PLAIN AND CONTRAST CORONAL	5,500
577	CT ORBIT PLAIN AND CONTRAST CORONAL	5,500
578	CT ORBIT PLAIN AND CONTRAST AXIAL CORONAL	7,150
579	CT ORBIT PLAIN AND CONTRAST AXIAL CORONAL	7,150
580	CT ORBIT PLAIN AND CONTRAST AXIAL	6,050
581	CT ORBIT PLAIN AND CONTRAST AXIAL	6,050
582	CT ORBIT (PLAIN CORONAL)	2,200
583	CT ORBIT (PLAIN CORONAL)	2,200
584	CT ORBIT (PLAIN AXIAL)	2,200
585	CT ORBIT (PLAIN AXIAL)	2,200
586	CT NON IONIC CONTRAST (PER 50 ML)	1,100
587	CT NON IONIC CONTRAST (PER 50 ML)	1,100
588	CT NECK CONTRAST AXIAL	6,600
589	CT NECK CONTRAST AXIAL	6,600
590	CT LIMITED STUDY PLAIN (AREA OF INTEREST)	2,200
591	CT LIMITED STUDY PLAIN (AREA OF INTEREST)	2,200
592	CT LIMITED STUDY CONTRAST (AREA OF INTEREST)	3,850
593	CT LIMITED STUDY CONTRAST (AREA OF INTEREST)	3,850
594	CT JOINT EACH RIGHT	3,300



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
595	CT JOINT EACH RIGHT	3,300
596	CT JOINT EACH LEFT	3,300
597	CT JOINT EACH LEFT	3,300
598	CT HRCT SCAN (AREA OF INTEREST)	4,950
599	CT HRCT SCAN (AREA OF INTEREST)	4,950
600	CT HIP JOINT	3,300
601	CT HIP JOINT	3,300
602	CT GUIDED PLACEMENT OF PIGTAIL DRAINAGE CATHETER WIT	12,100
603	CT GUIDED PLACEMENT OF PIGTAIL DRAINAGE CATHETER WIT	12,100
604	CT GUIDED BIOPSY	4,400
605	CT GUIDED BIOPSY	4,400
606	CT GUIDED ASPIRATION	4,400
607	CT GUIDED ASPIRATION	4,400
608	CT GASTROGASTROFFIN 50 ML	770
609	CT GASTROGASTROFFIN 50 ML	770
610	CT FILM DUPLICATE SINGLE CT	330
611	CT FILM DUPLICATE SINGLE CT	330
612	CT FILM ADDITIONAL SINGLE CT	330
613	CT FILM ADDITIONAL SINGLE CT	330
614	CT FILM 3-D SINGLE CT RIGHT	440
615	CT FILM 3-D SINGLE CT RIGHT	440
616	CT FILM 3-D SINGLE CT LEFT	440
617	CT FILM 3-D SINGLE CT LEFT	440
618	CT FACE PLAIN AND CONTRAST AXIAL & CORONAL	6,600
619	CT FACE PLAIN AND CONTRAST AXIAL & CORONAL	6,600
620	CT FACE PLAIN AND AXIAL CORONAL	4,400
621	CT FACE PLAIN AND AXIAL CORONAL	4,400
622	CT FACE CONTRAST AXIAL AND CORONAL	6,600
623	CT FACE CONTRAST AXIAL AND CORONAL	6,600
624	CT EXT- EXTREMITIES	4,125
625	CT EXT- EXTREMITIES	4,125
626	CTDUP-DUPLICATE CT FILM CHARGES	413
627	CTDUP-DUPLICATE CT FILM CHARGES	413
628	CTCON-CONTRAST 100 ml	3,845
629	CTCON-CONTRAST 100 ml	3,845
630	CTCHEST PLAIN AXIAL	3,300
631	CTCHEST PLAIN AXIAL	3,300
632	CTCHEST PLAIN AND CONTRAST AXIAL	7,700
633	CTCHEST PLAIN AND CONTRAST AXIAL	7,700
634	CTCHEST H.R.C.T	4,400
635	CTCHEST H.R.C.T	4,400
636	CTCHEST CONTRAST AXIAL	6,050
637	CTCHEST CONTRAST AXIAL	6,050
638	CTCD-CT CD CHARGES	523
639	CTCD-CT CD CHARGES	523
640	CTCD CHARGE	880
641	CTCD CHARGE	880
642	CTCALCANEUM (EACH SIDE)	2,750
643	CTCALCANEUM (EACH SIDE)	2,750
644	CTBRAIN PLAIN+CONTRAST	4,950
645	CTBRAIN PLAIN+CONTRAST	4,950
646	CTBRAIN PLAIN	1,980
647	CTBRAIN PLAIN	1,980
648	CTBRAIN AXIAL PLAIN	1,650



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
649	CTBRAIN AXIAL PLAIN	1,650
650	CTBRAIIN PLAIN/TRAUMA	2,200
651	CTBRAIIN PLAIN/TRAUMA	2,200
652	CTANAES-ANTHESIA CHARGES	3,850
653	CT ANAES-ANTHESIA CHARGES	3,850
654	CT ABDOMEN PLAIN AXIAL	4,400
655	CT ABDOMEN PLAIN AXIAL	4,400
656	CT ABDOMEN PLAIN AND CONTRAST AXIAL	8,800
657	CT ABDOMEN PLAIN AND CONTRAST AXIAL	8,800
658	CT ABDOMEN KUB\PYELOGRAM	4,840
659	CT ABDOMEN KUB\PYELOGRAM	4,840
660	CT ABDOMEN FOR TRAUMA	8,800
661	CT ABDOMEN FOR TRAUMA	8,800
662	CT ABDOMEN FACT (FOCUS APPENDICEAL CT)	5,500
663	CT ABDOMEN FACT (FOCUS APPENDICEAL CT)	5,500
664	CT ABDOMEN CONTRAST	8,800
665	CT ABDOMEN CONTRAST	8,800
666	CT AA - ANGIOGRAPHY	8,333
667	CT AA - ANGIOGRAPHY	8,333
668	CT 3D-3D CHARGES	5,225
669	CT 3D-3D CHARGES	5,225
670	COCC - COCCYX	836
671	COCC - COCCYX	836
672	CLAVB - UPPER EXTREMITY CLAVICLE (BILATERAL)	715
673	CLAVB - UPPER EXTREMITY CLAVICLE (BILATERAL)	715
674	CLAV - UPPER EXTREMITY CLAVICLE RIGHT	374
675	CLAV - UPPER EXTREMITY CLAVICLE RIGHT	374
676	CLAV - UPPER EXTREMITY CLAVICLE LEFT	374
677	CLAV - UPPER EXTREMITY CLAVICLE LEFT	374
678	CHE P - CHEST PORTABLE	792
679	CHE P - CHEST PORTABLE	792
680	CHE LAT - CHEST LATERAL RIGHT	396
681	CHE LAT - CHEST LATERAL RIGHT	396
682	CHE LAT - CHEST LATERAL LEFT	396
683	CHE LAT - CHEST LATERAL LEFT	396
684	CHE 3 - CHEST (3 VIEWS)	1,155
685	CHE 3 - CHEST (3 VIEWS)	1,155
686	CHE 2 - CHEST (2 VIEWS)	770
687	CHE 2 - CHEST (2 VIEWS)	770
688	CHE 1 - CHEST ROUTINE	385
689	CHE 1 - CHEST ROUTINE	385
690	CH - CHEST	847
691	CH - CHEST	847
692	CARM30 - USE OF C ARM FOR 30 MIN.OR LESS	2,552
693	CARM30 - USE OF C ARM FOR 30 MIN.OR LESS	2,552
694	C SPI 5 - CERVICAL SPINE (3-5 VIEWS)	1,540
695	C SPI 5 - CERVICAL SPINE (3-5 VIEWS)	1,540
696	C SPI 1 - CERVICAL SPINE	715
697	C SPI 1 - CERVICAL SPINE	715
698	C SP 2 - CERVICAL SPINE (2 VIEWS	825
699	C SP 2 - CERVICAL SPINE (2 VIEWS	825
700	C DOP V - COLOR DOPPLER VISCERAL (RENAL/PORTAL VEIN)	3,993
701	C DOP V - COLOR DOPPLER VISCERAL (RENAL/PORTAL VEIN)	3,993
702	C DOP EB - COLOR DOPPLER EXTREMITY (BOTH)	6,050



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
703	C DOP EB - COLOR DOPPLER EXTREMITY (BOTH)	6,050
704	C DOP E - COLOR DOPPLER EXTREMITY	3,025
705	C DOP C - COLOR DOPPLER CAROTID	3,993
706	C DOP C - COLOR DOPPLER CAROTID	3,993
707	C DOP E - COLOR DOPPLER EXTREMITY	3,025
708	C ARM ADD. - C ARM ADDL.HR. OR PART	2,838
709	C ARM ADD. - C ARM ADDL.HR. OR PART	2,838
710	C ARM - USE OF C ARM 1 HR. OR LESS	4,169
711	C ARM - USE OF C ARM 1 HR. OR LESS	4,169
712	BRE B - BREAST (BOTH)	1,452
713	BRE B - BREAST (BOTH)	1,452
714	BRE - BREAST	726
715	BRE - BREAST	726
716	BONE - EXTREMITY (BONE AGE PED.)	616
717	BONE - EXTREMITY (BONE AGE PED.)	616
718	BON A - BONE AGE (ADULT)	941
719	BON A - BONE AGE (ADULT)	941
720	BLAD - BLADDER	726
721	BLAD - BLADDER	726
722	BIO TV - BIOPSY (TRANS VAGINAL)	2,750
723	BIO TV - BIOPSY (TRANS VAGINAL)	2,750
724	BIO PROS - BIOPSY PROSTATE	4,620
725	BIO PROS - BIOPSY PROSTATE	4,620
726	BIO P D - BIOPHYSICAL PROF.WITH DOPPLER	1,936
727	BIO P D - BIOPHYSICAL PROF.WITH DOPPLER	1,936
728	BIO P - BIOPHYSICAL PROFILE	2,057
729	BIO P - BIOPHYSICAL PROFILE	2,057
730	BIO - BIOPSY (FNA)	3,025
731	BIO - BIOPSY (FNA)	3,025
732	BIL-LAT BILATERAL KNEE AP & RT. LAT	990
733	BIL-LAT BILATERAL KNEE AP & RT. LAT	990
734	BIL-LAT BILATERAL KNEE AP & LT. LAT	990
735	BIL-LAT BILATERAL KNEE AP & LT. LAT	990
736	BABY - BABYGRAM	660
737	BABY - BABYGRAM	660
738	BA SW - BARIUM SWALLOW	1,650
739	BA SW - BARIUM SWALLOW	1,650
740	BA MEAL FT - BARIUM MEAL FOLLOW THROUGH	4,950
741	BA MEAL FT - BARIUM MEAL FOLLOW THROUGH	4,950
742	BA ME - BARIUM MEAL	3,080
743	BA ME - BARIUM MEAL	3,080
744	BA EN SIN - BARIUM ENEMA SINGLE CONTRAST	3,025
745	BA EN SIN - BARIUM ENEMA SINGLE CONTRAST	3,025
746	BA EN DOU - BARIUM ENEMA DOUBLE CONTRAST	4,950
747	BA EN DOU - BARIUM ENEMA DOUBLE CONTRAST	4,950
748	ASP DIAG - DIAGNOSTIC ASPIRATION	1,815
749	ASP DIAG - DIAGNOSTIC ASPIRATION	1,815
750	ASP ADD - ASPIRATION/DRAINAGE ADDITIONAL	3,388
751	ASP ADD - ASPIRATION/DRAINAGE ADDITIONAL	3,388
752	ASC T - ASCITIC TAP (THERAPUTIC)	3,025
753	ASC T - ASCITIC TAP (THERAPUTIC)	3,025
754	APP - APPENDIX	715
755	APP - APPENDIX	715
756	ANKB-LOWER EXTREMITY ANKLE (BILATERAL)	1,430



Memon Medical Institute Hospital

A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
757	ANKB-LOWER EXTREMITY ANKLE (BILATERAL)	1,430
758	ANK - LOWER EXTREMITY ANKLE RIGHT	743
759	ANK - LOWER EXTREMITY ANKLE RIGHT	743
760	ANK - LOWER EXTREMITY ANKLE LEFT	743
761	ANK - LOWER EXTREMITY ANKLE LEFT	743
762	AMN JP - AMNIOCENTESIS	3,388
763	AMN JP - AMNIOCENTESIS	3,388
764	AMN IN - AMNIOTIC FLUID INDEX	363
765	AMN IN - AMNIOTIC FLUID INDEX	363
766	AMN - ASPIRATION AMNIOTIC FLUID	3,080
767	AMN - ASPIRATION AMNIOTIC FLUID	3,080
768	ADD 1 - ADDL.1 VIEW	352
769	ADD 1 - ADDL.1 VIEW	352
770	ABDC - ABDOMEN COMP WITH PELVIS	1,815
771	ABDC - ABDOMEN COMP WITH PELVIS	1,815
772	ABD W ASP - ABDOMEN WITH ASPIRATION/DRAIN	3,025
773	ABD W ASP - ABDOMEN WITH ASPIRATION/DRAIN	3,025
774	ABD HEM - ABDOMEN (ONE SIDE)	715
775	ABD HEM - ABDOMEN (ONE SIDE)	715
776	ABD E - ABDOMEN ERECT	512
777	ABD E - ABDOMEN ERECT	512
778	ABD 3 - ABDOMEN 3 VIEWS	1,265
779	ABD 3 - ABDOMEN 3 VIEWS	1,265
780	ABD 2 - ABDOMEN (2 VIEWS)	902
781	ABD 2 - ABDOMEN (2 VIEWS)	902
782	ABD 1 - ABDOMEN (KUB)1 VIEW	660
783	ABD 1 - ABDOMEN (KUB)1 VIEW	660
784	A C J B - AC JOINTS BOTH	627
785	A C J B - AC JOINTS BOTH	627
786	CLVIR - PERIPHERAL LIMB SALVAGE	88,000
787	CLVIR - TRANSJUGULAR BIOPSY OF LIVER	77,000
788	CLVIR - PERCUTANEOUS GASTROSTOMY	44,000
789	CLVIR - TACE WITHOUT MICRO - CATHETER	55,000
790	CLVIR - TACE WITH MICRO - CATHETER	88,000
791	CLVIR - UTERINE FIBROID EMBOLIZATION	82,500
792	CLVIR - TRANSARTERIAL EMBOLIZATION WITH COIL (SINGLE)	33,000
793	CLVIR - TRANSARTERIAL EMBOLIZATION WITH PVA	28,600
794	CLVIR - TRANSARTERIAL EMBOLIZATION WITH GEL FOAM	22,000
795	CLVIR - IVC FILTER INSERTION	99,000
796	CLVIR - PIGTAIL INSERTION	6,600
797	CLVIR - DJ STENTING UNILATERAL	19,800
798	CLVIR - DJ STENTING BILATERAL	33,000
799	CLVIR - PCN BILATERAL	16,500
800	CLVIR - PCN UNILATERAL	8,250
801	CLVIR - PERMACATH INSERTION	22,000
802	CLVIR - PICC LINE	17,600
803	CLVIR - CVP LINE INSERTION	5,500
804	CLVIR - FLUOROSCOPY ASSISTANCE FOR VIR	1,815
805	CLVIR - FLUOROSCOPY BASIC	880
806	CLVIR -PTC DIAGNOSIS	11,000
807	CLVIR - PTC WITH STENTING	110,000
808	CLVIR - PTC WITH DRAINAGE CATHETER	27,500
809	CL LHC (LEFT HEART CATH) CORONARY ANGIOGRAPHY	16,500
810	CL PRIMARY PCI	66,000



Memon Medical Institute Hospital
A Project of Memon Health & Education Foundation, MHEF

RADIOLOGY RATE LIST

S.No	TEST NAMES	RATE
811	POEEG & PORTABLE ELECTROENCEPHALOGRAPHY	3,850
812	POEMG- PORTABLE ELECTROMYOGRAPHY	6,600
813	EMG- ELECTROMYOGRAPHY	5,500
814	EEG & ELECTROENCEPHALOGRAPHY	2,750
815	CL PCI (PERCUTANEOUS CORONARY INTERVENTION) ANGIOPLASTY	55,000
816	CLVIR PERIPHERAL ANGIOGRAPHY	16,500
817	CLVIR - PERIPHERAL PROFESSION FEES	11,000
818	CLVIR - PERIPHERAL ANGIOPLASTY	27,500
819	CLVIR - CATH LAB CHARGES	16,500
820	CL 15 MIN FLUOROSCOPY CARDIAC	1,650
821	CL PERIPHERAL ANGIOGRAPHY	27,500
822	CL RHC (RIGHT HEART CATH)	27,500
823	CL PTMC (MITRAL COMMISUROTOMY)	121,000
824	CL PERICARDIOCENTESIS	2,750
825	CL PPM (PERMANANT PACEMAKER) INSERTION. DUAL CHAMBER	44,000
826	CL PPM (PERMENANT PACEMAKER) INSERTION. DUAL CHAMBER	33,000
827	CL TPM (TEMPORARY PACEMAKER INSERTION)	5,940
828	CL IABP (INTRA AORTIC BALOON PUMP) INSERTION)	16,500
829	CL RELOOK ANGIOGRAPHY	5,500
830	CL GRAFT STUDY	33,000
831	CL C-ANGIO CORONARY ANGIOGRAPHY + ANGIOPLASTY	126,500
832	HYSTO - HYSTEROSALPINGOGRAM	1,980
833	ESWL - LITHOTRIPSY FOLLOW UP SESSION	3,300
834	ESWL - LITHOTRIPSY FIRST SESSION	13,200
835	OPG & CEPH	1,430
836	OPG & CEPH	1,430
837	OPG & CEPH	1,430
838	CEPH	935
839	CEPH	935
840	CEPH	935
841	OPG - ORTHOPANTOMOGRAPHY	550
842	OPG - ORTHOPANTOMOGRAPHY	550
843	OPG - ORTHOPANTOMOGRAPHY	550
844	EXERCISE THERAPY AND FITNESS PACKAGE	5,500
845	ULTRASOUND PROSTATE	770